

Team Brief - DMOP

November 2008

Please share this Briefing message widely within your team through regular meetings, printed copies and email as best meets the needs of your team.

1. Chairman's Awards

Congratulations to matrons Rhonda King and Vivien Alexander, who both won Chairman's awards this year. Rhonda was nominated for the excellent way that she managed the infection control decant and refurbishment of the South Block Wards at QAH last November and December – she says that the secret to success when encouraging workmen is bacon sandwiches or doughnuts! Vivien was nominated from her management of the refurbishment of the DMOP wards at GWMH, she managed to persuade Hampshire PCT, the League of Friends and PHT to spend more money than planned to improve the environment for patients.

2. Financial Position

For a variety of reasons the health economy across Hampshire is facing a financial deficit this year. All three Trusts within the Portsmouth and South East Hampshire area have agreed to work together to address this problem. DMOP is well placed in that we have met our savings target for the year and every ward well on the way to keeping spend within budget – well done to the ward sisters, matrons and operational managers.

However, we need to support the central Trust saving plans by preventing any unnecessary costs. This means not ordering clinical tests, e.g. blood test or CT scans, that might not be necessary, avoiding over ordering on stock etc. Every member of staff has a part to play in identifying areas where savings can be made, and ensuring that all resources are used wisely and not wastefully.

3. Farewell to Kim

Kim Bezzant, Division Senior Nurse, left DMOP earlier this month to take up a new career with Southampton University. She has in fact not move far because her new base is at St Mary's Hospital! Kim first joined the Division in 1984, as staff nurse and spent eight years working in various services including acute care, rehabilitation and continuing care. She left in 1994 to take up a post as lecturer-practitioner in Winchester but returned to her DMOP roots in 2000. Since her return she has been instrumental in making the DMOP nursing service a centre of excellence, particularly in regard to the care of people with dementia. She received two awards for the dementia care training that she developed, the Queen Mother's Health and Social Care Award and an award from the Alzheimer's Society.

We will miss Kim but are wish her every success in her new post.

4. Welcome to Gill

I am delighted to announce that Gill Gould has been substantively appointed to the post of Divisional Senior Nurse. Gill has worked within the Division for many years, and is very much looking forward to leading our nursing service forward as we move towards being a more autonomous business unit.

5. Ward Moves

Earlier this month the acute stroke unit moved from Mary Ward in South Block to F3 ward in main block QAH. A few days later, G2 ward moved to Mary Ward. Both ward teams must be congratulated on the way that these moves were handled. The Carillion ward move team said that these were the most efficiently organised ward moves that they had ever undertaken as part of the new hospital decant programme. Well done to both wards, who are settling well into their new environments, but of course it is still very hard work getting everything unpacked and stored away whilst getting used to working in very different circumstances.

6. Risk Management Update

- John Corben has produced the first of what will be quarterly risk reports, detailing the six most reported risks, amongst other key information. These reports will be widely circulated, along with actions that are being taken to reduce risks wherever possible.
- There has been a rise in sharps injuries in the last three months, please remember to be vigilant when handling any sharp clinical instruments, especially those used for invasive procedures
- We have dramatically reduced the incidence of both MSRA bacteraemias and C Diff. on all our wards.
- However, we have failed to undertake hand hygiene audits in many wards, and where audits have been carried out these sometimes identified areas of poor practice. It is essential that hand hygiene is always rigorous and that practice is audited every month on every ward
- Despite our best efforts to recruit staff and to fill shifts with NHSP or agency staff, there are occasions when some shifts, particularly at night, are single trained. This issue has been logged on the Divisional risk register, and an adverse incident report should be completed for each single trained shift. To help cover these gaps, systems are in place to report every incident at the trust wide bed meetings and/or with the clinical site manager/duty matron/duty manager – with the hope that staff can be relocated from other divisions.

7. Essential training

We have been so successful in improving the number of staff undergoing essential training, that the priority of some training has been altered to reflect the most current need. Please remember that you need to have completed all your essential training before you can be considered for non-essential training. You must always get the approval of your line manager before applying for any non-essential training courses.

8. Patient Surveys

Cedar and Blendworth 2 Wards have been piloting a new patients survey, with excellent results. The majority of the patients surveyed were happy with the service that they received, however most reported that they had not been made aware of the chaplaincy service or been offered the

opportunity to see a chaplain. These surveys will be rolled out across all DMOP wards in December.

10. Staff Surveys

If you have been selected to participate in the national staff survey, please make sure that you submit your questionnaire as soon as possible. Only a small percentage of staff are selected for this survey, so your views will be indicative of staff within your area of work. This is your opportunity to say what works well and what not so well, in your place of work. Each annual survey leads to a local action plan to address the key issues raised.

In December we will launch our own staff survey on all DMOP wards, this will be much simpler than the national survey. These surveys will be repeated every three months, and again action plans will be developed to address any key issues identified.

11. And finally – its Goodbye from Me!

As you may have heard, I will be leaving the Trust on 5th December, to become General Manager of Peartree House Rehabilitation service, in Bitterne. I have been DMOP Divisional General Manager for over seven years, and together we have made DMOP the most successful and well thought of Division within PHT. We have driven and delivered many clinical service developments, including the acute stroke unit and the community stroke rehabilitation service, the community geriatric services and the orthogeriatric service. But of course there have been difficulties and it has been impressive to see how every single ward and department has risen to the repeated challenges to save money or improve patient flow, and maintain quality at the same time.

It has been a pleasure to work with each and every one of you. The enthusiasm and professionalism within the Division has always been impressive, even in the most difficult of times. I have been so proud to be your DGM. For many private reasons it is the right time for me to move on to a new challenge, but the decision to leave you has not been easy. I will be passing by on the A27 every day and will look in from time to time. I particularly look forward to visiting next year when the acute wards are finally back together again at QAH

I wish you all every success as the Division moves on to the next exciting phase of being a more autonomous business unit. There will always be challenges and difficulties to be faced, but I have no doubt that the new MOP BU faces a bright and exciting future.

Kind regards

Lesley Humphrey
DGM
27 November 2008

Clinical Audit - Project Reporting Form

Please complete this form for all finalised Audit Projects. You will need to save to a local hard drive and then send as an e-mail attachment to:

If there is a written report or presentation available for this project, please also forward to the Clinical Audit Department (electronic preferable).

Project Title:

Audit Id:

Project lead:

<input type="text"/>	<input type="text"/>
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Start date:

Finish date:

<input type="text"/>	<input type="text"/>
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Good Practice Identified:

Key Issues or areas of concern identified:

Recommendations:

How were the findings disseminated? (Tick all that apply)

Presentations Published in national journal Audit meeting
 Written report Divisional Meeting Departmental meeting

Other:

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Describe the Actions Taken or Planned:

Changes/ Improvement	Implementation Date

Further Comments (please detail how this audit has improved patient care):

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