

GHA Board report – January 2018 to March 2018

GHA BOARD MEETING AGENDA

Venue: John Mackintosh Hall, Charles Hunt Room

Friday 11th May 2018 at 1pm

1. Apologies for absence
2. Minutes of the meeting held on Friday 16th February 2018
3. Matters arising
4. Statement by Minister
5. Matters for report
 - 5.1 Report: Executive Summary - Medical Director
 - 5.2 Report: Medical Director
 - 5.3 Report: Director of Public Health
 - 5.4 Report: Head of Estates and Clinical Engineering
 - 5.5 Report: Director of Nursing
 - 5.6 Report: Director of Human Resources
 - 5.7 Report: Hospital Services - General Manager
 - 5.8 Report: Primary Care Services – Deputy Medical Director
 - 5.9 Report: Mental Health – General Manager
 - 5.10 Report: Director of Information Management and Technology
 - 5.11 Report: School of Health Studies
 - 5.12 Complaints Handling and Patient Advisory Liaison Service
6. Date and time of next meeting
7. In Camera session

GHA Board report – January 2018 to March 2018

Minutes of the meeting held on Friday 16 February 2018

GIBRALTAR HEALTH AUTHORITY

Minutes of the meeting held on Friday 16 February 2018, at 11.00 in the morning in the Charles Hunt Room, John Mackintosh Hall.

Present:

Dr D Cassaglia (DC)	Acting Chairman
Mr J Zammit (JZ)	Medical Member
Mr C Lavarello (CL)	Non-Executive Member
Mrs P Galliano (PG)	Non-Executive Member
Mr E Lima (EL)	Non-Executive Member
Mr E Baglietto (EB)	GTC Member

Apologies:

The Hon. N F Costa (MH)	Chairman
Mr A Mena (AM)	Financial Secretary
Mr D Grech (DG)	Chief Secretary

In Attendance:

Mrs L Debono	SEO Finance & Procurement (Ag)
Mr C Sanchez	HR Manager
Mr C Chipolina	General Manager Mental Health
Dr K. Rawal	Deputy Medical Director
Mrs E Cervan	Principal Secretary
Mr D Figueredo	SBH – Operations Manager
Mr V Kumar	Director of Public Health
Ms S Gracia	Director of Nursing

Secretary:

Mrs E Baw

1. Apologies for absence:

The Hon N F Costa (MH)	Chairman
Mr A Mena (AM)	Financial Secretary
Mr D Grech (DG)	Chief Secretary

Welcome from Chairman: The Acting Chairman opened the meeting.

2. Minutes:

The minutes of the meeting held on Friday 20 October 2017, were approved as a true record.

GHA Board report – January 2018 to March 2018

3. Matters arising:

No matters arising.

4. Statement by the Minister:

The Minister had excused himself from the public meeting, in the circumstances, there was no Ministerial Statement.

5. Matters for Report:

The Medical Director guided the Board through the Executive Summary for the third and fourth quarter, July to December 2017.

All Directors' Reports were taken as read and accepted.

6. Question Time:

CL – Repatriation of services, has an analysis been carried out in order to establish cost effectiveness?

DC – Quality care analysis, cost effectiveness and the convenience of patients have all been taken into account. Many of the services have been repatriated at a zero cost or saving.

7. Next Meeting

The next meeting was set down for 11 May 2018, at 11.00 in the morning in the Charles Hunt Room.

8. Closure of Meeting

There being no further business, the meeting concluded. For the record, the meeting was quorate throughout.

5.1 Executive Summary - Medical Director

Mr Chairman, Board Members, this Executive Summary Report covers the 1st Quarter of 2018.

I will summarise the report highlights according to our GHA Strategic Objectives.

1. Sustained bed availability, effective Bed Management and improved patient access.

Bed availability has been sustained for the last 12 months, allowing the GHA to continue with all planned surgery without the need to cancel patients due to non-availability of beds. On average, there have been approximately 25-30 beds available on a daily basis. This quarter covers the winter season, which is usually the busiest time of year with emergency admissions.

In primary care, the Walk-In Clinic Service was extended to increase the number of On the Day and Walk-In Clinics provided by the existing GPs and locum GPs over the winter period to allow better access for short-term issues. Further improvements are planned with the introduction of Evening Clinics. Interviews were carried out in March 2018 for the recruitment of 2 GPs to start working in Evening Clinics from 5pm to 8pm every weekday. Patients will be able to book appointments in these clinics from late in the afternoon to avoid saturation of these clinics too early in the day.

The Sick Note Telephone Line Service has been improved and extended to allow a patient to phone in and obtain a sick note for up to 5 continuous days, once every 3 months as compared to the previous 2 days.

2 Improvement and expansion of services available at the GHA including Repatriation of Services.

Work continues to expand the number of services available locally. In this quarter, we have made a number of improvements.

The Vascular Surgery service has been restructured to include some procedures done locally (Varicose Veins & AV fistula formation required by Dialysis patients). More complex procedures will be carried out in Spanish Tertiary Centres. Accessing these specialist services nearby will mean faster emergency patient transfers and easier access for relatives and friends. For vascular surgery emergencies in particular, quick transfers can be lifesaving.

Four thyroid operations were carried out at St Bernard's Hospital by a visiting super-specialist in Thyroid surgery from the Royal Marsden & Imperial College NHS Trust. Medicine is becoming increasingly subspecialised and we plan to increase the repertoire of local services by expanding the number of visiting consultant specialists.

GHA Board report – January 2018 to March 2018

The Breast service has also been reformed, with the recruitment of local General and Breast Surgeon, Ms Christina Macano. Ms Macano spent some time working with the Breast Team at the Royal Marsden Hospital before coming to Gibraltar and she is heading the Breast Surgery Service at the GHA. The close links established with the Royal Marsden, where, Ms Macano is also an Honorary Consultant, mean better and more seamless access for GHA patients who need to travel abroad for more complex treatments not yet available in Gibraltar.

GHA patients are able to access organs on the UK transplant programme. As part of our reciprocal agreement with the UK Transplant Service, we have prepared the way for organ donation for Gibraltar residents following a high level visit from the Medical Director and Deputy of the NHS Blood and Transplant service. Gibraltar residents are now able to register as organ donors on the UK Organ donation website.

The restructuring of the ambulance service is almost complete. In this quarter the Ambulance Service absorbed the 3rd emergency ambulance service that had previously been provided by the Gibraltar Fire and Rescue Service. As a result, all emergency ambulances are now operating under the same umbrella, automatically standardising procedures, training and development.

3 Establish and embed Clinical Governance structures and systems

The Gibraltar Medical Ethics Committee (GMEC) was set up in March 2018 and will provide both confidential ethical advice to the Medical Director, and assurance to the GHA and the wider public that ethical issues arising from local clinical practice, health care policy and /or medical research undertaken within Gibraltar are considered carefully, compassionately, fairly and rationally.

The GMEC will be Chaired by Professor Robin Gill, Emeritus Professor of Applied Theology at the University of Kent. Robin has extensive experience in Medical ethics and is a current sitting member of the British Medical Association's Ethics Committee and of ethics committees of the Royal College of Obstetrics & Gynaecology and Medical Research Council. He will be joined by a number of other committee members who will bring to the table knowledge from the community and have expertise across a wide variety of fields including law, education, elderly care, medical, clinical academia and research.

4 Improve the patient experience and increase community participation in formal GHA structures.

The new Results Telephone Line Service at the Primary Care Centre is a completely new service that has 2 Nurses dedicated to telephoning patients for test results. GP's are able to screen their incoming results e-mails for Radiology and Pathology and advise the nurses as to which patients to telephone, to inform them that results are normal and that there is no need to attend for a follow-up appointment.

GHA Board report – January 2018 to March 2018

Respectfully submitted,

Dr D Cassaglia
Medical Director

5.2 Medical Director

Mr Chairman, Board Members, this report covers the first quarter of 2018.

- 1) **Organ Donation in Gibraltar** - The GHA has been working with the UK NHS Blood and Transplant Service (NHSBT) to enable organ donation in Gibraltar. The GHA hosted a high-level team from the NHSBT, including Dr Paul Murphy the NHSBT Medical Director and Dr Dale Gardiner, NHSBT Deputy Medical Director. The visit was aimed at providing local training, encouraging Gibraltarians to register on the UK Organ Donation Register and paving the way for organ donation by discussing the logistical aspects of organ retrieval with the GHA clinical teams and other agencies. The law allowing organ donation was updated in February 2018. The team at the GHA led by Dr Hamish Thomson, will now work with the NHSBT to set up the protocols and procedures to make Organ Donation a reality.
- 2) **Repatriation of Thyroid Surgery** – As part of our strategy to repatriate services to Gibraltar by expanding our Visiting Consultant Service, Mr Jonathan Bernstein, specialist Thyroid Surgeon at the Royal Marsden Hospital and Imperial College NHS Trust visited Gibraltar in January 2018 to carry out specialist Thyroid surgery on four patients. The visit was coordinated by local General Surgeon Mr Denes Kovacs and supported by the Consultant Physician specialising in Endocrine Medicine, Dr Berit Inkster. This meant that the four patients were able to have their operation in Gibraltar by a top super-specialist rather than have to travel to a tertiary centre for their operation.
- 3) **The Gibraltar Medical Ethics Committee (GMEC)** was set up in March 2018 and will provide both confidential ethical advice to the Medical Director and assurance to the GHA and the wider public that ethical issues arising from local clinical practice, health care policy and/or medical research undertaken within Gibraltar are considered carefully, compassionately, fairly and rationally. The GMEC will be Chaired by Professor Robin Gill, Emeritus Professor of Applied Theology at the University of Kent. Robin has extensive experience in Medical ethics and is a current sitting member of the British Medical Association's Ethics Committee and of ethics committees of the Royal College of Obstetrics & Gynaecology and Medical Research Council. He will be joined by a number of other committee members who will bring to the table knowledge from the community and have expertise across a wide variety of fields including law, education, elderly care, medical, clinical academia and research.
- 4) **Repatriation of Vascular Surgery Services** – The Vascular Surgery Service is now being provided by vascular specialists Dr Ruben Carvajal and Dr Teresa Carbonell from Quiron Hospital, Campo de Gibraltar. The regular vascular surgery clinics continue and, in addition, the GHA has now started providing minor vascular surgical procedures such as varicose vein laser surgery and Arteriovenous Fistula

GHA Board report – January 2018 to March 2018

formation (for dialysis patients) at St Bernard's hospital. Mr Denes Kovacs, Consultant General Surgeon at the GHA, has been engaged to coordinate the vascular surgery service. More complex vascular procedures will be carried out at Quiron Hospital, Campo de Gibraltar.

- 5) **Breast Surgery Service** - Ms Christina Macano, Consultant General and Breast Surgeon started work at the GHA in January 2018. Miss Macano had completed a fellowship at the Royal Marsden Hospital in London with the Breast Cancer Team and is also an Honorary Consultant at the Royal Marsden Hospital. Ms Macano will take charge of the GHA Surgical Breast Service and provide as many services as possible in Gibraltar. There will inevitably be patients who need to have treatment at the Royal Marsden and Ms Macano's close working relationship with this team will help make the coordination of care between the GHA and Royal Marsden as seamless as possible for our patients.
- 6) **Gynaecology waiting list initiative** – Mr Mohamed Matar, Senior Consultant Gynaecologist, started work at the GHA in February 2018. His first task was to deal with a backlog of Gynae outpatients, which had developed over the previous 12 months. This backlog had arisen due to increased demand at a time when the department had a reduced number of substantive medical staff. The recruitment of new consultants usually takes a minimum of 6 months although on this occasion has taken longer than usual. The backlog had been almost fully cleared by the end of March 2018.
- 7) **Blood Gas Machine in A&E** - A blood gas machine was installed at the A&E department. The analyser measures the levels of certain gases and compounds dissolved in the patient's blood stream and gives valuable, instant test results to the doctors and nurses allowing them to make a rapid analysis of a patient's condition and directly administer treatment, especially to those who are critically ill.

Respectfully submitted,

Dr D Cassaglia
Medical Director

5.3 Director of Public Health

Screening Programmes

Colorectal Cancer Screening Programme

During the period spanning the months of January to March 2018, a total of 1183 invitations (including 5 eligible participants residing in Spain) were mailed to eligible participants inviting them to take part in the Colorectal Cancer Screening Programme. During this same period 1226 test-kits were prepared and mailed to the participants and 479 samples were returned to the hospital laboratory for analysis. Of these 44 tested Positive for occult blood results.

Six invitees refused to participate in the screening programme and will be re-invited to participate in two years. One individual aged over 74 was included at special request.

Data on colonoscopy outcomes is awaited.

In line with the results of the public survey last year showing that people might take up the offer more if the image of the programme was less frightening, the programme literature has been critically reviewed and revised. The instructional video and DVDs have already been released and new versions of other literature will be released in a phased manner. It is hoped this will help raise the current participation rate.

The Response Rate of the programme continues to be disappointing (43.1% since the programme started) when compared to that of the UK, which is around 60%.

Abdominal Aortic Aneurysm Screening Programme

During this quarter 37 persons were issued with ultrasound appointments, 33 men were screened and one small aneurysm was newly diagnosed. A further two men had an undecided result and will have the test repeated.

'Reconsider' letters were issued to 28 invitees who did not reply and 23 invitees were marked as 'Inactive'.

Health Improvement

Public Events

- The Health Promotion Officers supported all the cancer Charities at the **World Cancer Day** event held at the piazza on Monday 5th February 2018.

GHA Board report – January 2018 to March 2018

- The Health Promotion Officers ran a campaign in the foyer of the ICC Building for **No Smoking Day** on Wednesday 14th March. A variety of resources were displayed and leaflets on smoking and how to quit were available to the public.
- The Health Promotion Officers participated in the **Youth Service Open Day** on Saturday 10th March offering promotional materials on healthy lifestyles, mental and sexual health.
- A team of multi-agency professionals came together to form **CHAMP** (Child Healthy and Active Multi-Agency Programme), first commencing as a small steering group of Gibraltar based professionals in January 2017. CHAMP's aim is to work together for the common cause of helping local children (and their families) live healthy and active lives. The initiative aims to create an informative, pragmatic and supportive environment in which children and families are empowered and encouraged to make appropriate choices towards healthy living.

Teaching and Training

- The Health Promotion Officers gave a presentation on **understanding blood pressure and cholesterol** to employees of the Helvetic Fund Administration on 20th March 2018 during their regular 'lunch and learn' session.
- The Health Promotion Officers delivered a presentation to the Enrolled Nurse students on Tuesday 6th February on '**Healthcare and the Nursing Role: A Health Promotion Perspective**'.
- The Health Promotion Officers also delivered the presentation to the BSc Nursing Students-first year cohort on the **fundamentals of Health Promotion**
- The Health Promotion Officers continued to deliver the talks on **healthy eating** at Bayside school (Year 8s and Year 10s), with the final one being completed on 28th February 2018.

Networking

- The Health Promotion Officers attended **Club House Gibraltar's** annual 'Time to Talk' event that promotes the public to take the time and discuss mental health issues openly.
- The Health Promotion Officers supported the GWA and Department of Equality at the **International Women's Day** event held the Piazza on Thursday 8th March 2018.
- The Health Promotion Officers assisted the Youth Service with information for a new **directory** for young people on support services, education, leisure activities and health.
- The Health Promotion Officers met with staff from **Cancer Relief Gibraltar** to support several campaigns (cervical health, lung health).

GHA Board report – January 2018 to March 2018

Publicity and the media

Health topics covered on GBC Radio health file included:

- Hand hygiene and Flu
- Healthy snacks
- The new Health Promotion website
- World Toothache Day
- No Smoking Day
- International Women's Day

Articles for the Gibraltar Chronicle included:

- Save that tooth
- The new Public Health Website
- Cervical Cancer Prevention Week 22nd-28th January 2018
- National Toothache Day , 9th February 2018
- No Smoking Day, 14th March 2018
- Allergy (Parts 1, 2)

New Resources

- Facebook and Twitter accounts were created for the department.
- New infomercial on Preventing Cancer produced.

Infection Control

This section of the department consists of the Director of Public Health and two Infection Control Practitioners who oversee the functions of infection prevention, control and preparedness. They also provide training to health-care staff, advise other government and non-government staff, and participate in public education programmes on matters of infection prevention and control.

Surveillance

- Daily surveillance of **highly resistant organisms** like MRSA, CRE & ESBL continues. All patients returning from tertiary Hospitals are screened for MRSA and CRE.
- Surveillance for **sexually transmitted infections** continues. During the period October - December, a total of 34 patients were seen. Isolations included:
 - Chlamydia.
 - Herpes simplex Virus.
 - Bacterial Vaginosis.
 - Treponema.
 - Gonorrhoea.

GHA Board report – January 2018 to March 2018

- All cases of Treponema were treated and followed up in Blood Borne Virus clinic by a visiting Consultant from Spain.
- Seven Cases of Clostridium difficile within this period, three of which were recurrent infections.

Teaching and Learning

- The Infection Control Practitioners are responsible for training GHA staff in infection prevention and control. The activities included:
 - Mandatory Training for GHA staff (2nd February; 23rd February and 27th March).

Blood-Borne Virus (BBV) prevention

- **Blood-Borne Virus Clinics** are held twice a month with a visiting consultant from Spain. The Infection Control Practitioners participate in reviewing patients with HIV and Hepatitis C infections.
- **Post Exposure Prophylaxis (PEP):** 3 persons had PEP administered after evaluation of exposure and consultation with HIV specialist. Three patients who had unprotected sex are being monitored in the BBV clinic.

Infection Prevention

- 6 month screening of long stay hospital patients. Out of 30 patients tested, only 3 were found to be positive for MRSA and were commenced on decolonisation therapy.
- Updating Alert functionality has been introduced in the Symphony IT system in the Emergency Department for identifying known colonisers with certain organisms (ESBL, MRSA, CRE and Clostridium difficile) and invoking necessary precautions at an early stage.
- Environmental audit of the following wards was carried out;
 - Victoria Mackintosh ward.
 - Captain Murchison ward.
 - John ward.
- Link Nurses established within CCU to assist with staff adherence to Infection prevention and control policies. Aim is to establish link workers on all wards.
- Risk assessment carried out with Matrons and other GHA staff in A&E and John ward.

Significant actions

- **Influenza Vaccination programme:** Programme is on-going and a total of **476** people have been vaccinated.

GHA Board report – January 2018 to March 2018

Respectfully submitted,

Dr. V. Kumar
Director of Public Health

5.4 Estates and Clinical Engineering

Department Strategic Plan

Training and CPD (Continued Professional Development) is important to ensure that our team remains competent and up to speed with technology and changes in guidance. To this end, we have reintroduced internal CPD sessions internally with the Head of Estates and Clinical Engineering delivering a one hour session on 'Specialised Ventilation in Healthcare Premises, creating a suitable environment and its role in Infection Control'. This was well received and further talks are planned for the next quarter.

Clinical Engineering

As part of our departmental resilience planning, we have recently started to develop Standard Operating Procedure (SOP) for the maintenance of medical equipment. This will enhance efficiency and allow less experienced staff to work to a predetermined standard on medical devices.

Datix

We have been responding to Datix as and when appointed as handlers. This is an extremely good system for ensuring that investigations are governed correctly and that root cause analysis is employed.

Projects & Operational Development

Established and implemented the procedure to regularly test the bacteriological quality of the EPS (Endoscope Processing System) final rinse water (Final rinse water should contain <10 cfu/100ml sample and shall be free from legionellae, Pseudomonas aeruginosa and mycobacteria). Validation reports are duly filed with the Clinical Engineering Officer

Electrical Training

The following training has been completed within the last quarter;

- Eye on the Ball Health and safety.
- Drugs & Alcohol Education /Awareness.
- IOSH Managing Safely.
- CPD training carried out in house - 'Specialised Ventilation in Healthcare Premises; Creating a suitable environment and its role in infection control'.

Mechanical Engineering

During this quarter, we have been able to carry out scheduled maintenance as planned. New works have not interrupted our daily routines as these have mainly been carried out after hours and with allocated budgets.

Training

All staff have completed the following in this quarter:

Eye on the Ball Health and safety.

Drugs & Alcohol Education /Awareness.

IOSH Managing Safely.

More IOSH Working Safely training to follow in the next quarter.

CPD training carried out in house - 'Specialised Ventilation in Healthcare Premises; Creating a suitable environment and its role in infection control.'

Projects Completed and On-Going

Infection Control Projects

The department has been involved with various infection prevention and control initiatives as follows;



HPV fogging – where we will be able to decontaminate a room or bed space quickly and effectively.

This system uses Hydrogen Peroxide Vapour to evenly cover all exposed surfaces in an enclosed area, including complex shapes and hard-to-reach places with true repeatability with a success rate of 99.9999%

pathogen reduction for a 6-log kill over every exposed surface. We have taken delivery of the two units this month. Training will need to take place, which will consist of an e-learning course to NVQ Level 2, followed by on-site training with the equipment by Bioquell.

Recent PCC Reform Changes

As part of Primary Care reforms, the department has been involved with several projects.

SBH and PCC Enhanced Security related works

Garage roller shutters

The department has recently installed new roller shutter doors to the entrance of the garage to enhance night security and enable more effective lockdown of the hospital.

PCC Data Protection

In order to ensure data protection the department has recently installed access control and added security measures on access points for patient's records and the main office.

SBH Server Room A/C

Install fit for purpose A/C and UPS resilience into block 1.

GHA Board report – January 2018 to March 2018

SBH Palliative Care

Palliative care has been relocated to the 2nd floor building 4, this work has been completed in house.

SBH Renal Dialysis

Within this quarter, the department has procured two new dialysis machines. This is the first stage of increasing the level of service to our dialysis patients. The department has also provided an isolation/side room facility in which the staff are now able to dialyse patients.

SBH Fire Alarm System

The department has managed to update all of the fire alarm systems peripheral devices under lifecycle (smoke detectors, heat detectors and sounders). This completes the 1st phase of upgrades of the system. A second phase is planned within the next quarter.

SBH A+E Phase 3 Ambulance entrance Canopy

These works are planned to go ahead to ensure protection of patients and the department from severe weather.



Respectfully submitted,

Tony Dolding MARU MSc, MIHEEM
Head of Estates and Clinical Engineering

5.5 Director of Nursing Services

Primary Care

Clinical Nurse Manager Suzanne Romero is working together with the Community Advocacy Council groups for health service users, to help raise awareness about different types of disabilities amongst health care professionals. A series of health educational talks has been organised by the different associations representing the support groups.

The first training session was delivered by the disability group on the 22nd and 23rd February on 'Understanding Disability'. This was very well attended by the Primary Care multi-disciplinary team, administration staff, and representatives from the different groups. Feedback was excellent.

The next training session will be delivered by the Gibraltar Hearing Impaired and Tinnitus Association, (GHITA). This will be held on the 11th and 12th April 2018.

Diabetic Services

The team is working through a three year plan as part of a re-structure of the Diabetic Service.

Diabetic Services provided in St Bernard's hospital;

- Type 1 Diabetes Education provided by DSN Julie Parker.
- Insulin pump service provided by Julie Parker.
- Gestational Diabetes care and follow-up provided by Julie Parker.
- Complex Care of the patients in the ward provided by Julie Parker.
- Outpatient clinic provided for the newly diagnosed patient education sessions provided by Julie Parker.
- Repeat prescriptions, emails and patient telephone consultations provided by Julie Parker.

Diabetic Services provided in Primary Care;

- Annual Diabetic Review clinic.
- Diabetic follow-ups.
- GP Insulin initiations with DSN follow-up.
- Telephone and email consultations.
- District liaison with community nurses.

Primary Care Clinics

Nursing staff members from the clinic section were trained in Lymphoedema management. They all successfully completed the training and were awarded certificates, during the month of January, February and March.

GHA Board report – January 2018 to March 2018

The Lymphoedema team has been working in collaboration with the Breast Nurse Specialist and all patients with history of upper lymphoedema have been assessed and treated as appropriate.

The department has now created a register and all patients with any type of Lymphoedema will be referred to the clinic for assessments, diagnosis, manual lymphoedema drainage, bandaging, skin care and hosiery management.

Surgical Directorate

Day Surgery

The Day Surgery Unit (DSU) undertakes the majority of all elective surgery.

During the period of January 2018– March 2018, a total of 859 patients have been admitted through Day surgery.

DSU Monthly Statistics 2018

	TOTAL	DSU	%
January	246	205	83.33
February	274	222	81.02
March	339	287	84.66

New developments in Day Surgery:

- New Urology lists with Mr Takacs.
- Shoulder surgery with Mr Negru.
- Halo & RAR surgery with Mr Mansour.
- Extensive Plastic surgery procedures done within Day Surgery Theatre with Mr Offer.
- Mr Matar newly appointed Consultant Gynaecologist with alternate weekly minor lists.
- Mr Kamil Baczynski, Orthopaedic Associate Specialist has weekly minor orthopaedic lists.

Operating Theatres

The Gibraltar Health Authority in collaboration with Edge Hill University are once again delivering Surgical First Assistant Training (HEA 3055).

A further five members of staff have qualified as Surgical First Assistants, enhancing the skill mix of the Theatre Team.

Out Patients Department

Orthopaedics

A further two members of staff have qualified as members of the British Association of Plaster Technicians. This has led to an increase in complement of qualified plaster technicians to three.

In an effort to improve efficiency and accessibility of out-patient care, a new orthopaedic virtual clinic has been set up. Benefits of this service will include improved patient satisfaction and the reduction of unnecessary appointments and journeys to hospital.

Dudley Toomey Ward

There continues to be no cancellations of elective surgery specifically due to bed unavailability. Improved hospital-wide bed management practices continue to have a positive impact on scheduled elective surgery, patient-flow and the discharge process.

The Thyroid list initiative performed by a Visiting Consultant Surgeon from the Royal Marsden Hospital in January 2018 was a success. The entire project followed a very good clinical path with theoretical/practical introductions and involvement of all possible specialities. The initiative proved to be a way forward to repatriate the thyroidectomies back to the GHA.

The introduction of the Matrons has also improved the quality and standards of care in Dudley Toomey ward in terms of increased compliance of the NEWS, administration of medicines, Infection Control and uniform policies. Their ability to diagnose potential problems and increase levels of need for intervention ensures that our critically ill patients are transferred to CCU in a timely manner. Working practices and skill mix are currently being explored in order to move away from task-orientated care towards a more patient-centred care.

Eye Department

The recent recruitment of a Nursing Assistant for eye screening and testing has had a positive impact on the department.

Palliative Care

- New Palliative Care Specialist nurse Jamesina Santos joined the team in January 2018.
- New Palliative Care offices are now located on the second floor of St Bernard's Hospital. Patients are now being seen in the new office as well as weekly and monthly MDT's held in the palliative office.

GHA Board report – January 2018 to March 2018

Medical Directorate

John Mackintosh Ward

With the Matrons working alongside the ward managers, an overall improvement has been noted in the quality and standards of care in John Ward. This is with respect to the management of core standards, enhancing care offered to the chronically ill, as well as acutely unwell patients.

Captain Murchison Ward

The two side rooms remain dedicated for the care of the dying patient. This includes an en-suite bathroom and a common area with a beverage bay for the comfort of the patient's family.

Accident & Emergency

The months of January 2018 to March 2018 saw a total 7323 attendances to the department, resulting in a total of 709 admissions.

Maternity

The months of January 2018 to March 2018 saw a total 97 births.

Bed Management

The active Bed Management process continues to ensure steady bed availability.

March 2018			
Ward	Activity	Average Occupancy	Average Number of Beds available per day
Dudley Toomey (Surgical Ward) 34 Beds	112 Admissions (76 emergency 36 elective)	66%	12
John Ward (Acute Medical Ward) 34 Beds	66 emergency admissions	81%	6

GHA Board report – January 2018 to March 2018

Critical Care 13 Beds	60 emergency admissions	56%	6
Captain Murchison (Rehabilitation Ward) 34 Beds	11 Discharges	87%	4
Victoria Ward (Long Stay) 34 Beds	7 transferred to Elderly Care	100%	0
Maternity 23 Beds	37 Admissions (34 emergency/ 3 elective)	26%	17
Rainbow 21 Beds	66 Admissions	13%	18

Respectfully submitted,

Sandra Gracia
Director of Nursing Services (Ag)

5.6 Human Resources

EXECUTIVE SUMMARY

Throughout this quarter, the department has made notable progress in areas of recruitment and selection, holding successful interviews across the range of professional groups. Parallel to this, the department continues to develop its proactive approach towards the provision of temporary cover, by continuing to successfully negotiate pro-rata short-term contracts that maximise public funds and promote continuity of patient care.

This collaborative engagement with the relevant heads of department has allowed the department to significantly contribute to staffing reconfigurations, most notably, within Ambulance Services and Speech and Language Therapy (SALT). The ambulance restructure has enabled the GHA to assume responsibility for the transfer of a third ambulance from the Gibraltar Fire and Rescue Service (GFRS), whilst strategic changes to the department's staffing model within Speech and Language Therapy, has secured the retention of critical expertise and provided improved career opportunities for returning students to join the department.

Welcomed staffing developments within Nursing include successful interviews in specialised areas such as Breast Care, Cardiac Rehabilitation and Dialysis Services, as well as the appointment of a Sister/Charge Nurse in John Ward.

Successful interviews held during the latter part of 2017 have resulted in the appointment of Consultants in Obstetrics and Gynecology and Paediatrics. In addition, Non-Consultant Hospital Doctors in General Medical and Accident & Emergency have also commenced employment during this quarter.

The department attended the Gibraltar's Annual CIPD Conference, entitled 'The Future of Work', where distinguished speakers shared their expertise on contemporary features of Human Resources and explored how the evolution of work affects working lives. This novel experience was greatly welcomed by all present, generating a raised awareness of how HR Practitioners may embrace and capitalise on this gradual transformation in our professional lives.

Respectfully submitted,

Mr Christian Sanchez
Human Resources Manager (Ag)

5.7 Hospital Services

The restructure to the Ambulance Service has finally come to fruition with the posts of additional Ambulance Care Assistants approved. One ACA is finalizing his training qualification at an accredited training programme delivered by the London Ambulance Service in the UK.

Mr Sigurd Haveland was successful in his appointment as Deputy Chief Ambulance Officer and this will assist the Chief Ambulance Officer in preparing a long-term succession plan and career path for staff and deliver the appropriate level of pre-hospital clinical care under a cohesive and structured Clinical Governance programme.

The EAS absorbed the 3rd emergency ambulance service that had been provided by the GFRS for the past 20 years in January 2018. As a result, Gibraltar has all pre-hospital emergency response assets operating under the same umbrella, automatically standardising vital areas such as emergency callout attendances, training, clinical development, protocols and the coordination and planning of major incident response procedures.

The plans for a new Ambulance Service facility are still at design and planning stage.

Final works and commissioning continue on major and minor projects for 2017-2018, with some having been completed this quarter, including the new treatment and storage room in Day Surgery, the Early Pregnancy Assessment Unit, the Lionel Perez Cardiac Rehabilitation Centre, Radiologist Office expansion, Domestic Mess Room, Ambulance Crew Room refurbishments, New Funeral Directors Office and the new The Isaac and Rachel Levy Lymphedema Clinic at the Primary Care Centre amongst others. A new Stroke Rehabilitation Unit is currently being prepared together with a new “See and Treat Area” at the Primary Care Centre and other infrastructure improvements in the security of entry and egress areas around St. Bernard’s Hospital will be implemented.

The upgrade to the fire prevention and detection systems within St. Bernard’s Hospital has been completed.

Respectfully submitted,

Mr D Figueredo
General Manager – Hospital Services

5.8 Primary Care Services

Executive summary

This quarter has been notable by the introduction of a number of reforms to the Primary Care Centre and how we deliver appointments for patients. The following reforms have been introduced:

1. Introduction of Evening Clinics

Interviews were carried out in March 2018 for the recruitment of 2 GPs to start working in Evening Clinics from 5pm to 8pm every weekday. Two excellent and very experienced GPs have been recruited and will commence work on the 21st May 2018. The Evening Clinics will consist of 25 appointments and will replicate an Emergency type clinic. Patients will be able to book appointments in these clinics from late in the afternoon to avoid saturation of these clinics too early in the day.

2. Sick Note Telephone Line Service

This has now been improved and extended to allow a patient to phone in and obtain a sick note for up to five continuous days, once every 3 months as compared to the previous two days.

3. Results Telephone Line Service

This is a completely new service that has 2 Nurses dedicated to telephoning patients for normal test results. GPs are able to screen their incoming results e-mails for Radiology and Pathology and advise the nurses as to which patients to telephone to inform them that results are normal and that there is no need to attend for a follow-up appointment.

4. Walk-In Clinic Service

The Walk-In Clinic Service has been extended to increase the number of On the Day and Walk-In Clinics provided by the existing GPs and locum GPs over the winter period to allow better access for short-term issues. The exact balance of On-the-Day and Walk-In appointments as compared to routine and advance appointments has yet to be decided and is being reviewed regularly.

5. House-Call Fees

The House-Call fees were increased to £15.00 for any patient under 65 years old in line with the retail price index increase since 1998. The charge for over 65s (£5) has not been changed.

2. Sub Departments and Key Activities Statistics

(a) Administration

GHA Board report – January 2018 to March 2018

On the 9 January 2018 the Clerks took over the running of the GP Areas to release Nursing Staff from this clerical role, back to more clinical duties. The Yellow Waiting Area has now been closed down in preparation for works to be carried out to accommodate the new See and Treat service.

(b) Training

The first of the training sessions organised in conjunction with the groups represented in the Advocacy Committee for Health Service Users was held on the 22nd and 23rd February 2018.

These training sessions for “Understanding Disabilities” were held at the Boardroom at the PCC and attended by 25 members of staff.

The third training session for Data Protection given by the GRA for staff at the PCC was held on the 8th January 2018; 73 members of staff have now received the training.

Two Officers also underwent training in Microsoft Excel, organised by Human Resources.

(c) GP clinics

Daily statistics of appointment demand and usage show an average of 485 patients being seen daily, with 52 unused slots each day.

(d) Key Activities Statistics

Services	Jan 18	Feb 18	Mar 18	Total
Calls to 20052441				
Offered	18,470	15,188	13,214	46,872
Answered	8,184	6,635	6,428	21,247
Terminated	2,372	1,927	1,777	6,076
Abandoned	7,914	6,626	5,009	19,549
Administration				
Repeat Prescription	580	526	532	1,638
Registration	1686	1874	1180	4,740
Audiology				
Attended	137	94	120	351
Did Not Attend	6	6	5	17
Booked	143	100	125	368
Dental				
Attended	1416	1524	1492	4,432
Did Not Attend	480	426	420	1,326
Booked	1896	1950	1912	5,758
Dermatology Cons				
Attended	0	106	0	106
Did Not Attend	0	34	0	34
Booked	0	140	0	140

GHA Board report – January 2018 to March 2018

Dermatology GP				
Attended	360	369	401	1,130
Did Not Attend	48	61	56	165
Booked	408	430	457	1,295

General Practitioners				
Attended	5508	5046	5523	16,077
Did Not Attend	276	226	215	717
Booked	5784	5272	5738	16,794
Advanced Appointments	1359	1230	846	3,435
Appointments under 16's	775	675	640	2,090
Home Visits	557	292	287	1,136
Avg Waiting Time (mins)	12.22	11.6	7.43	31
Telephone Sick Notes	410	373	311	1094
Nursing Clinics				
Attended	2895	2972	2864	8,731
Did Not Attend	403	444	500	1,347
Booked	3298	3416	3364	10,078
Occupational Therapy				
Attended	81	30	20	131
Did Not Attend	7	3	1	11
Booked	88	33	21	142
Physiotherapy				
Attended	148	138	171	457
Did Not Attend	12	12	14	38
Booked	160	150	185	495
Speech & Language				
Attended	180	173	64	417
Did Not Attend	33	20	8	61
Booked	213	193	72	478
Women Health				
Attended	403	289	385	1,077
Did Not Attend	70	57	57	184
Booked	473	346	442	1,261

Respectfully submitted,

K Rawal
Deputy Medical Director

5.9 Mental Health Services

Summary

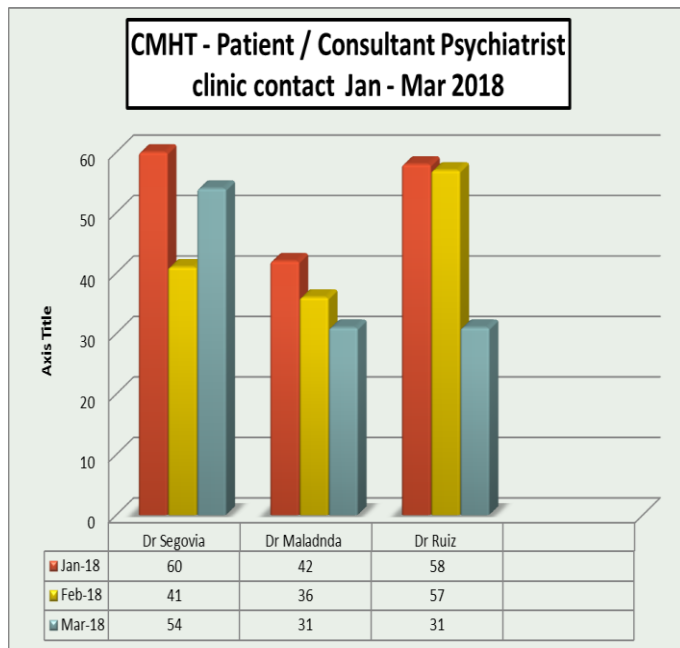
The Mental Health Services have continued to develop over the last quarter, with respect to both clinical, educational and management aspects of the services. The new outreach component of the community mental health team is working extremely well with service users and families in order to reduce anxieties, promote independence and prevent unnecessary admissions in crisis by actively engaging with service users out of hours and at weekends.

We have a number of staff completing educational programmes such as;

- Enrolled Nurse training (NO:5), 4 staff nurses completed their mentorship.
- 5 staff undertaking the Management of violence and aggression training as in-house trainers.
- 2 charge nurses have also attended a leadership course in order to enhance, develop and improve on their management skills.

Monthly activity

Community Mental Health Team (CMHT) – Patient contact/staff activity.



Data shows month-by-month clinic appointments held in Coaling Island

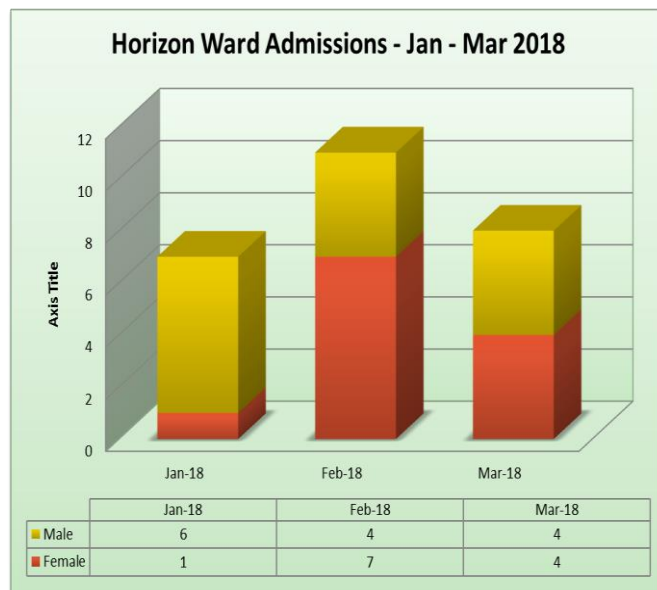
GHA Board report – January 2018 to March 2018

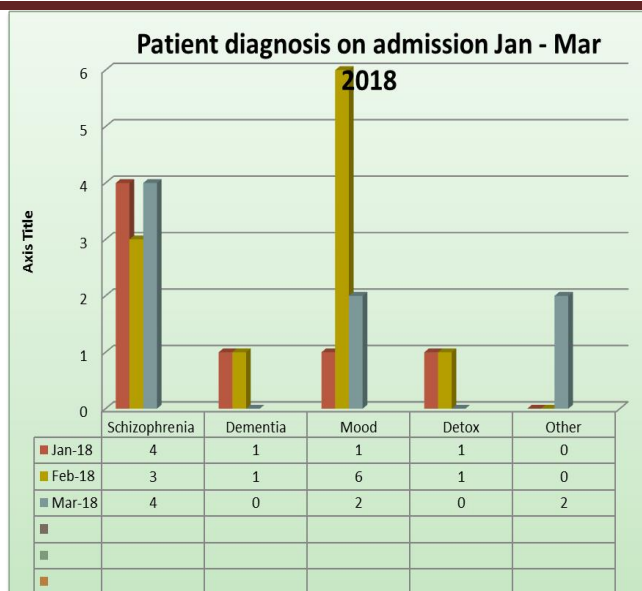
	Patients seen at CMHT	Depot clinics / patients seen	Patient contact in community setting
January 2018	255	50	253
February 2018	175	51	287
March 2018	157	48	255

In July 2017, the department saw the introduction of the crisis / outreach service development as part of the community mental health services. The outreach component of our services offers on-going support in times of service user crisis, reassurance for carers and family members and 1:1 therapeutic interactions in order to alleviate and reduce symptomatology such as anxiety, low mood and potential relapse of psychotic symptoms. During the last 3 months, there have been a total of 28 crisis visits during the out of hours period (after 5pm and at weekends), and this has resulted in a number of admissions being avoided during the months of January to March 2018.

In-patient data and activities
Horizon - Sky / Dawn - Flats / Sunshine / ARC

Horizon is a busy 13-bedded ward, which caters for a variety of service user needs, admissions ranging from low to severe mood and a variety of psychotic disorders, as well as addiction (both drugs and alcohol). The Acute Services have seen an average of 9 admissions per month, with on average 80% bed occupancy. This is a reflection of the work being carried out in improved, robust care planning; identification of service user needs to ensure that discharge planning is focused on from the point of admission, so that service users do not return to similar stressful environments that brought them to hospital in the first place.





Rehab activities in the community

Currently, as part of the on-going outreach support, the ward team offer support to 3 service users whilst on extended leave to encourage reintegration back into the community. This includes escorting the service user to their residence and enabling assessment of their needs and abilities in their home settings. This at times extends to offering twilight cover (20.00 – 00.00) on some nights to encourage patients to utilise overnight leave, feel supported and promote independence in the long term.

Monthly sessional attendance by patients to the ARC.

The statistics below provide the patient contacts seen by the Activity and Rehabilitation Centre for the last three months. Patients are seen regularly from all three wards of Ocean Views Mental Health Facility, and much work has been done to provide rehabilitation and support to facilitate patients' needs. Patients have been supported both in the hospital and in the community to support with issues such as housing, benefits, bills and general coping with living in the community.

Many groups and sessions are being facilitated within the Activity and Rehabilitation Centre, including cooking groups, arts and craft groups and social groups. These are well attended, especially from the rehabilitation (Dawn) ward where most of the patients have a structured programme to maintain their skills and independence.

The following statistics show an average of 18 patient contacts per day being seen by Arc staff.

GHA Board report – January 2018 to March 2018

Activities completed per month by Arc for ward / community patients January to March 2018			
	Jan	Feb	Mar
Horizon	14	39	66
Dawn	180	209	222
Sunshine	36	27	21
Community	84	92	87
Total completed sessions per patient:	314	367	396

CLINICAL DEVELOPMENTS

New 2016 Mental Health Act and ‘Capacity Act’

Much work has been put into ensuring the new Mental Health Act is implemented this year. A number of teaching sessions have been provided across the GHA by Dr Lillywhite to ensure that staff are aware of the changes and to enable them to pose questions and gain reassurance. Both Acts are due to come into legislation on 22nd April 2018.

EDUCATIONAL DEVELOPMENTS

Mentorship Training

Currently, the service has 4 Registered Nursing staff undertaking their mentorship course. This is part of the staff's continuous personal development (CPD) but also as part of the preparation for the BSc (Hons) mental health branch due to commence in September 2018.

Respectfully submitted,

Chris Chipolina
Mental Health Services - General Manager

5.10 Director of Information, Management and Technology

Information Technology

Patient Entertainment System

Following the successful pilot of new patient TVs in Dudley Toomey Ward, installation began in February in both Rainbow Ward and Captain Murchison Ward.

Deployment in both wards was completed in March 2018.

As stated in previous Board Reports, this upgrade to patient TVs is required due to the movement of many TV channels to HD Video which results in the gradual reduction of the number of channels available as time progresses.

All patients that are using the new TVs can now view all channels that were lost prior to the start of the move to HD

Information Systems Projects

Sponsored Patients

This module, which launches in April 2018 will prove to be an invaluable tool for the Sponsored Patient department and the Tertiary Referrals Board.

Care Agency

Development of the system to support the duties of the Care Agency social worker based in the GHA were completed and launched in January 2018.

This system allows a hospital ward to request the involvement of the social worker, when a ward has a patient who is due to be discharged soon and requires Care Agency support at home, via an online form that can be filled in and submitted electronically.

The social worker can use the system to view, manage and track these requests from the wards.

Enhancements to Screening application

The screening application continues to be used for Colorectal, AAA and Breast Screening programmes.

Further re-development of the screening application is on-going, providing additional features and functionality in a rolling programme.

Hospital Bed Management System

Development work within the Bed Management System continues with enhancements and close monitoring taking place in response to feedback received from users.

Electronic Registration of Deaths

Development of a system to produce and store Death Registration certificates electronically continues.

Respectfully submitted,

Heath Watson
Director of Information Management & Technology

5.11 School of Health Studies

There are a number of programme developments taking place within the School of Health Studies (SHS).

Her Majesty's Government of Gibraltar has agreed to support a BSc (Hons) Mental Health Nursing programme to commence in September 2018, this will be the first time a BSc (Hons) Mental Health Nursing programme has been taught and assessed in Gibraltar. The Pro Vice-Chancellor, Dean Faculty of Health and Life Sciences, Oxford Brookes University also visited the GHA to consider the provision of the first ever Gibraltar run BSc (Hons) Operating Department Practice. This programme is commencing January 2019, subject to HCPC approval.

The department is proud to report that Dr Ron Coram, Principal of the SHS, was awarded an Honorary Degree (Doctor of the University) from St George's University of London and Kingston University London in recognition of his outstanding contribution to enterprise, education and employment within Gibraltar. The current 3rd year BSc (Hons) Nursing (Adult) cohort are nearing completion of this three programme and it is predicted that all students will successfully complete this which will deem them eligible to apply to the Gibraltar Nurses, Midwives and Health Visitors Registration Board for registration and to practise in Gibraltar. The 1st year cohort of BSc (Hons) Nursing (Adult) students are progressing well in theory and practice. We have one student who has failed one assessment at first attempt and will be permitted a re-sit; all students are forecast to move into the 2nd year of the programme.

The MSc Leadership and Management for Health Care Practice second module has completed with a poster presentation assessment scheduled to take place beginning of May 2018. The first assessed piece of work was submitted early January 2018 and all students have progressed to the next stage of the programme. A three-day, bespoke, senior management development programme was provided at the end of February 2018 with staff attending from a number of areas within the GHA. The popular 30 and 60 credit work based learning module is progressing and we have commenced our next level 6 and level 7 Mentorship Module.

The SHS, working with the Director of Nursing and Clinical Nurse Managers, are actively recruiting to the various programmes of study. We continue to publish in professional journals

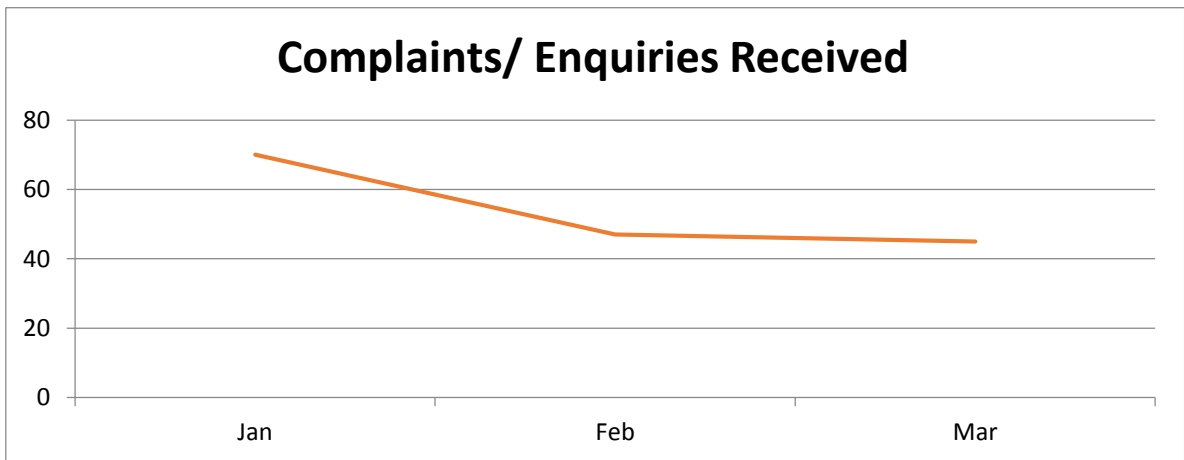
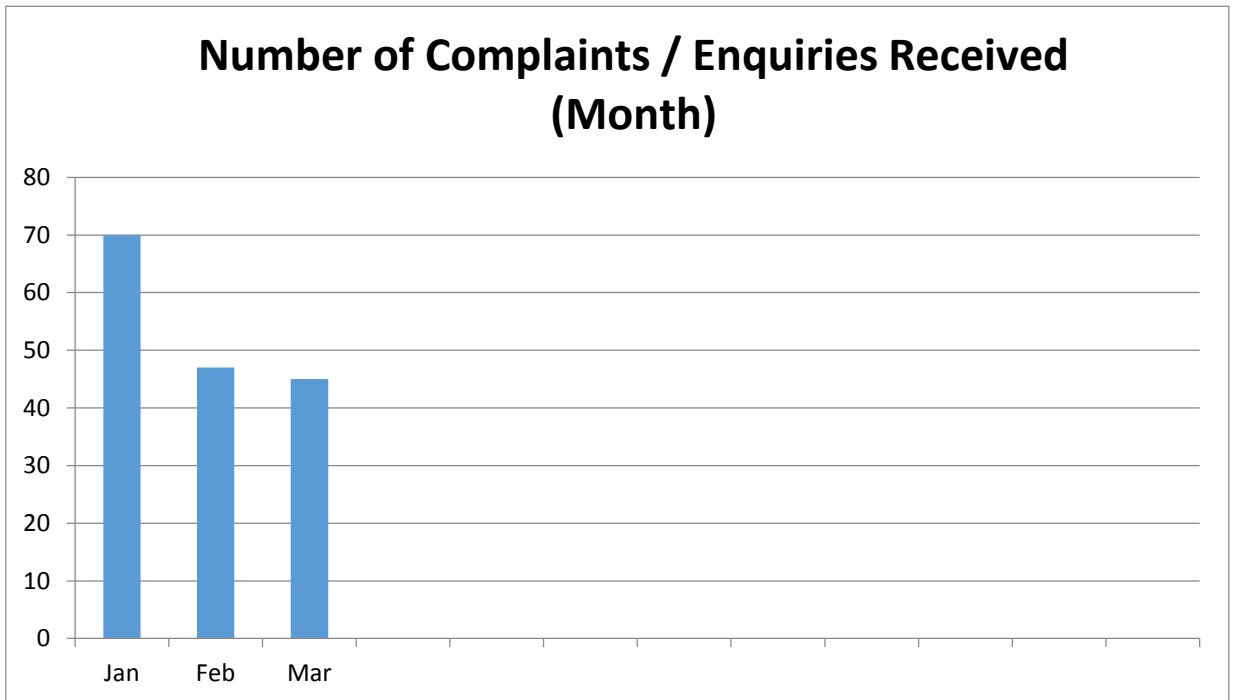
Respectfully submitted,

Prof Ian Peate

5.12 Complaints Handling and Patient Advisory Liaison Service

Volume of GHA Complaints /Enquiries

The Complaints Handling and PALS Unit received a total of 162 Complaints/Enquiries during the first Quarter of 2018 (January to March 2018). The busiest month in the quarter was January with 70 Complaints/Enquires received followed by February with 47 and March with 45. The monthly average number of Complaints/Enquiries received for this quarter was 54.



Complaints/Enquires by Unit

Complaints/Enquires by Unit

