

## **Princess Elizabeth Hospital Review: Appendices**

**Health Systems Workshop**  
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**Appendix 1 – Specialty reviews and other reports**

**Appendix 2 – Acute Services Management Structure**

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**Appendix 4 – HAQU Commendations from Operational Plan 2013-2016: commendations**

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**Appendix 6 – Ward Staffing Levels recommended by UK University Hospitals Association (UKUHA)**

HSSD insert (replaces pp 3-6)

## **APPENDIX 1**

[This appendix has been redacted. It comprises of summaries of / extracts from confidential reports by other authors, which have not been approved for publication.]

## **Appendix 2 – Acute Services Management Structure**

Not included here.

HSSD insert (following p7)

[**Note on Appendix 2:** Please note that appendix 2 has not been redacted *per se*. It was not included in the final version of the report, and has since become outdated due to management changes within HSSD.]

HSSD insert (replaces pp 8-12)

### **APPENDIX 3**

[This appendix has been redacted under Exception 2.11 of the Code on Access to Public Information:  
"Information relating to incomplete analysis, research or statistics, where disclosure could be  
misleading or deprive the holder of priority of publication or commercial value."]

#### **Appendix 4 – HAQU Commendations from Operational Plan 2013-2016**

The organisation is to be commended for:

A comprehensive Quality Governance and Assurance framework which has been developed defining clear structures, objectives and roles and responsibilities (Criterion: 2.1)

The positive action undertaken by pharmacy in not supplying medicines if the prescription sheet has not been completed in relation to allergy status. (Criterion: 12.17)

The training and development department's comprehensive programme using many innovative methods to deliver their programmes. (Criterion: 18.34)

The recently revised, well developed policy and staff information around the area of sharps injuries, which will gain rewards in regards to staff and patient safety (Criterion: 20.16)

The facilities maintenance programme using the computerised SAP system. (Criterion: 23.7)

The pathology service for the breadth of involvement in governance, training and external audit which has resulted in the pathologist being awarded first place in the Wessex and SW England, General Histopathology EQA. (Criterion: 29.48)

Household services management method of training called 'toolbox talks'. This system has been very effective in improving staff knowledge about a variety of topics within the staff's remit. It also allows greater access to staff for training without leaving the work environment. (Criterion: 31.3)

The "Emergency response" knowledge and skills of the Telecommunication receptionist staff which was aptly demonstrated. (Criterion: 33.3)

The range and type of information available for patients. (Criterion: 39.37)

The excellent KSF development pack which assists staff in preparing for appraisal (Criterion: 34.6)

Induction / orientation programmes for new starters (Criterion: 34.18)

Occupational Therapy led Handyman team which carries out small home adaptations to patients' homes (Criterion: 65.31)

The excellent carer support systems (Criterion: 65.36)

Verified received appointment at the time of visit (Criterion: 40.19)

The development of the new Mental Health and Well Being Strategy. This should ensure that the needs of the patient group are both realistic and achievable (Criterion: 35.1)

Awarding a staff member with a bursary to be used to develop an interactive website for use by parents and carers. (Criterion: 52.40)

## **Appendix 5 – HAQU Recommendations from Operational Plan 2013-2016: improvements**

Issues on which the organisation may choose to take action. It is suggested that:

Continual quality improvement indicators and audit objectives are linked strategically. (Criterion: 2.32, 2.33)

An organisational audit programme is developed which includes service specific clinical audit programmes and which is monitored regularly. (Criterion: 2.40, 2.46)

Each service area should appoint a senior doctor to lead the clinical audit programme for their specific service areas (Criterion: 2.41)

Clinical guidelines and pathways are routinely audited and reviewed as part of the audit programme. (Criterion: 2.44)

Appropriate patient surveys are undertaken to gauge patient's views on the quality of their treatment. (Criterion: 2.61)

Consideration should be given to the development of an Information Governance Strategy. (Criterion: 4.4)

The process for the withdrawal of practising privileges should be documented. (Criterion: 5.17)

The Risk register should differentiate between various levels of risk. It should identify low to medium risks that can and should be managed at a local departmental level. Those higher risks that cannot be managed at a local level, should then be collated and reported to the organisation's Governance committee (Criterion: 7.7)

It is noted that the States of Guernsey do not currently require an HSSD Estates strategy. However it is recommended that an Estates strategy is an essential requirement for both operational and strategic purposes. (Criterion: 23.4)

A formal documented procedure for receiving visitors into the organisation should be developed. (Criterion: 32.7)



**Appendix 6 – Ward Staffing Levels recommended by UK University Hospitals Association (UKUHA)**

This clearly shows that there is a significant gap between what would be expected based upon national averages, and explains why staff on some wards do not get breaks!

**The Association of UK University Hospitals (AUKUH)  
Acuity/Dependency October 2012**

Ward	Bed Capacity	Average % Bed Occupancy	Allocated Whole Time Equivalents	Estimated Whole Time Equivalents Based upon actual occupancy (including 22%)	Estimated Whole Time Equivalents Based upon 80% occupancy (including 22%)	Estimated Whole Time Equivalents Professional Judgment applied by clinical managers
Victoria Wing	15	66	18.00	18.02	21.85	22.30
De Sausmarez	15	60	20.00	18.24	24.32	22.30
Carey	22	77	24.00	33.28	33.93	29.00