

## GHA BOARD MEETING AGENDA

Venue: John Mackintosh Hall, Charles Hunt Room

Friday 26 October 2018 at 1pm

1. Apologies for absence
2. Minutes of the meeting held on Friday 11<sup>th</sup> May 2018
3. Matters arising
4. Statement by the Minister for Health
5. Matters for report
  - 5.1 Report: Medical Director and Executive Summary
  - 5.2 Report: Director of Public Health
  - 5.3 Report: Head of Estates and Clinical Engineering
  - 5.4 Report: Director of Nursing Services
  - 5.5 Report: Human Resources Manager
  - 5.6 Report: Hospital Services - General Manager
  - 5.7 Report: Primary Care Services – Deputy Medical Director
  - 5.8 Report: Mental Health – General Manager
  - 5.9 Report: Director of Information Management and Technology
  - 5.10 Report: School of Health Studies
6. Date and time of next meeting
7. In-Camera session



# GHA Board report – April 2018 to June 2018

## Minutes of the meeting held on Friday 11 May 2018

### GIBRALTAR HEALTH AUTHORITY

Minutes of the meeting held on Friday 11 May 2018, at 1.00 in the afternoon at the Charles Hunt Room, John Mackintosh Hall.

#### Present:

Dr D Cassaglia (DC)	Acting Chairman
Mr D Grech (DG)	Chief Secretary
Mr E Tomsett (ET)	Deputy Financial Secretary
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
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#### In Attendance:

Mrs J Montado	Head of Finance & Procurement
Mr C Sanchez	Human Resources Manager (Ag)
Ms L Louise	Head of Public Service Human Resources, Business Support Unit
Mr C Chipolina	General Manager, Mental Health
Dr K. Rawal	Deputy Medical Director
Dr V Kumar	Director of Public Health
Ms S Gracia	Director of Nursing Services (Ag)
Mr T Dolding	Head of Estates and Clinical Engineering

#### Secretary:

Mrs E Baw

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### **1. Apologies for absence:**

The Hon N F Costa (MH) Chairman

**Welcome from Chairman:** The Acting Chairman opened the meeting. MH was held up at a meeting with the Chief Minister. MH would join the meeting as soon as he was able to.

### **2. Minutes:**

The minutes of the meeting held on Friday 16 February 2018 were approved as a true record.

### **3. Matters arising:**

No matters arising.

### **4. Statement by the Minister:**

The Minister had been unavoidably delayed due to a meeting with the Chief Minister; in the circumstances, this item was not taken.

### **5. Matters for Report:**

The Medical Director guided the Board through the Executive Summary for the first quarter, January to March 2018.

**All Directors' Reports were taken as read and accepted.**

### **6. Question Time:**

JZ – Do we have feedback from the outcome measures or audit from Qiron?

DC – Qiron are giving feedback and the results were acceptable. The local Clinical Governance team are monitoring and evaluating the feedback and the Datix system highlights any technical issues with tertiary centres.

CL – Is it normal to be able to acquire a medical certificate for up to five continuous days of sick leave without seeing a GP? What is the UK practice?

KR – Practice in UK is for up to seven days.

EL – This is more of an employment issue than a health issue.

### **7. Next Meeting**

The next meeting was set down for 07 September 2018, at 1.00 in the afternoon 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 2<sup>nd</sup> Quarter of 2018.

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

#### **Sustained bed availability, effective Bed Management and improved patient access**

Bed availability has been sustained over the second quarter. Average availability has been excellent, with an average of 50 beds available daily over the quarter. This represents an average with lower availability at the beginning of the quarter and higher availability towards the end. Summer is less busy and increased bed availability is expected.

We reduced our hospital long stay patient numbers, from 46 at the beginning of the quarter, to 10 by the end of the quarter (36 patients in total). This was partly due to the availability of 16 extra beds for elderly residential patients at the newly refurbished floor of John Mac Wing.

The GHA has continued with all planned surgery without the need to cancel patients due to non-availability of beds.

Evening Clinics at the PCC started formally on 21 May 2018 with two highly experienced GPs. Evening appointments will allow patients more flexibility to attend a GP appointment after normal business hours.

The 'MyGHA' 24-hour automated telephone system for PCC appointments was fully activated at 6pm on Sunday 3 June 2018. This system allows patients to book appointments 24/7 via telephone.

#### **Improvement and expansion of services available at the GHA, including Repatriation of Services**

Dr Chimene Taylor, a GP with special interest in addiction and substance misuse, will be providing medical services and support to residents at Bruce's Farm in addition to a community detox service via her clinic at the Primary Care Centre.

A new Sexual Health and Family Planning Service will commence in October 2018 at the PCC as part of a Well Person Unit also dealing with Well Man and Well Woman Screening. Dr Lynsey Dunckley, a Gibraltar GP and expert in this field has been recruited to set up this service.

Dr Sapundjieski, an experienced Consultant General Radiologist started work at the GHA in April 2018. This increases the number of Radiologists to 4 Consultants. Due to repatriation of services, the number of radiology investigations at the GHA (mainly CT scanning) has increased significantly. The 4<sup>th</sup> Radiologist will allow the GHA to manage our increased demand and ensure waiting times for radiology reports are kept to a minimum.

### **Establish and embed Clinical Governance structures and systems**

The Drugs, Therapeutic and Medicines Risk Committee was established in April 2018 as part of the strategy to establish Clinical Governance Structures at the GHA. This Committee will review and control all aspects of medicine usage relating to safety, efficacy, risk management and patient acceptability.

### **Improve the patient experience and increase community participation in formal GHA structures**

The Mental Health Act 2016 and the Lasting Powers of Attorney and Capacity Act 2018 commenced in April 2018. The Act aims to ensure vulnerable people are safeguarded and sets out the processes that must be followed to ensure patients are not inappropriately detained or treated.

The main changes in respect of the Mental Health Act are the creation of a new and independent Mental Health Board and also the introduction of Community Treatment Orders for patients following a period of detention in hospital to assist in their transition back into the community.

GHA Paediatric Diabetes Specialist Nurse, Ms Cynthia Maoko attended an awards ceremony hosted by Diabetes UK after being nominated for one of its prestigious annual Inspire Awards for going the extra mile to help children with diabetes. Ms Maoko was the only person outside of the UK to have been nominated.

Respectfully submitted,

Dr D Cassaglia

Medical Director

## 5.2 Director of Public Health

### **Screening Programmes**

#### **Colorectal Cancer Screening Programme**

During the period spanning the months of April to July 2018, a total of 1554 invitations were mailed to eligible participants inviting them to take part in the Colorectal Cancer Screening Programme. During this same period, 1590 test-kits were prepared and mailed to the participants and 633 samples were returned to the hospital laboratory for analysis. Of these, 53 tested positive for occult blood results.

Five invitees refused to participate in the screening programme and will be re-invited to participate in two years time. Two individuals aged over 74 were included at special request.

During these months, the Surgical Out-Patient Department notified the Screening Office of the following colonoscopy outcomes.

	January	February	March	April	May	Total
Cancer	1					1
Adenomas	3	6	3		2	14
Other Diseases	2	2				4
Nil	6	3	3			12

The Response Rate of the programme continues to be disappointing (43% since the programme started) when compared to that of the UK, which is around 60%.

#### **Abdominal Aortic Aneurysm Screening Programme**

During this quarter, 54 men were screened. Of these screenings, 52 were found to be normal. One man with a known small aneurysm was re-tested and will be tested again in 3 months in line with protocol. Another man was found to have previously undergone surgery to correct an aneurysm and was removed from the Programme in line with protocol.

'Reconsider' letters were issued to 62 invitees who did not reply and 49 invitees were marked as 'Inactive'.

### **Health Improvement**

From 1<sup>st</sup> April, the Health Promotion section, including the two Health Promotion Officers transferred to the Ministry of Public Health.

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- The Infection Control Practitioners met with the Dental Department to discuss the new PCC layout.
- The Infection Control Practitioners met with the newly appointed lead for sexual health services, Dr Lindsey Dunckley, to discuss the Well Person Clinic and Sexual Health Clinic.
- Alert system introduced in the A&E Symphony Information System to identify known colonisers of ESBL, MRSA, CRE and persons with known Clostridium Difficile Infection history, helping staff to follow necessary precautions for admission.
- Policy Review rolling programme is currently on-going.

Environmental audits of the following wards were carried out:

- Critical Care Unit
- A&E
- Maternity
- Rainbow
- Captain Murchison

### **Outbreaks**

- 4 Cases of Clostridium Difficile Infection occurred during this period, including a recurrent episode.
- An outbreak of 27 cases of diarrhoea and vomiting occurred during April-May on Care Agency premises. Stool specimens were negative and clinical course brief. The outbreak was presumed to be due to Norovirus.
- Investigation into a cluster of six cases of Bordetella Pertussis found no spatial, temporal or other link.

Respectfully submitted,

Dr V. Kumar

Director of Public Health

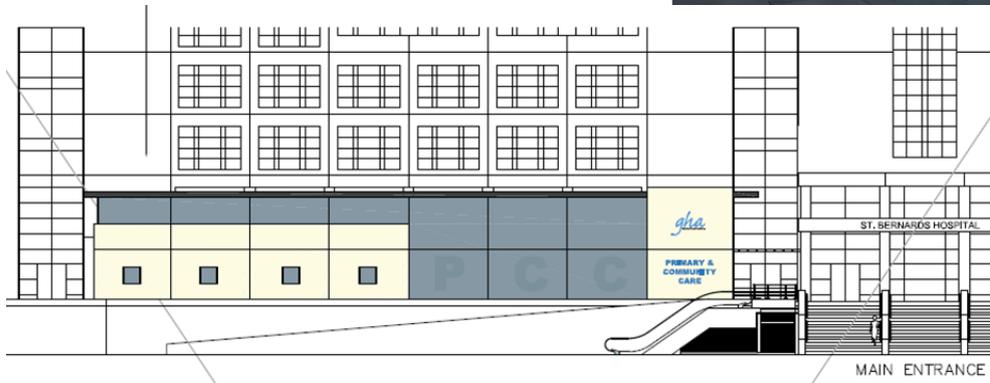
## 5.3 Estates and Clinical Engineering

### Projects & Operational Development

- Installation of cylinder brackets throughout the hospital to secure medical gas cylinders at wards and departments – Complete
- Provision of oxygen to portable resuscitation trolleys throughout the GHA in conformance with CPR Guidance for Clinical Practice and Training in Hospitals – In progress.

**SBH Outpatients** – We have created a new Urology and Colonoscopy Clinic within level 1 outpatient's, this work has been carried out by our in-house teams.

**New PCCC & CPCC** – I can report that the CPCC is well under way and at present is on schedule for completion on time. The PCCC is also under construction with the first phase of the structural works now complete.



Respectfully submitted,

Tony Dolding MARU MSc, MIHEEM

Head of Estates and Clinical Engineering



### 5.4 Director of Nursing Services

#### **PRIMARY CARE**

The Clinical Nurse Manager of Primary Care Services continues to work closely together with community advocacy groups with the on-going aim to help raise awareness regarding the different types of disabilities that exist amongst our community.

The aim is to educate health care professionals, so that individualised care is delivered to a diverse section of health care users to meet their specific health care needs, which covers the cultural, social and medical contexts of understanding disabilities.

#### **SECONDARY CARE (SBH)**

##### **Bed Management**

Bed availability throughout this second quarter has seen an increase, with an average of 50 available beds on any given day thanks to the collective efforts of a wide spectrum of health care professionals, who actively take part in the on-going management of beds to ensure that St Bernard's is maintained as an acute hospital setting.

In turn, the hospital at large has seen a dramatic reduction in the numbers of long-stay elderly persons with the provision of individual packages of care in the community and the transfer of elderly persons to the existing Elderly Residential facilities.

#### **MEDICAL DIRECTORATE**

##### **John Macintosh Ward**

On-going new initiatives specific to an acute medical ward setting such as John Ward, has seen the introduction of the Intentional Rounding Log (IRL). This is specifically designed to promote patient safety, patient dignity, and pressure sore prevention and ensure all fundamental care needs of each and every patient are met.

##### **Critical Care Unit**

Our Critical Care Nurses continue to focus on promoting a holistic view of Critical Care Nursing to ensure that the patient and the family are at the centre of any care they provide. Therefore, a number of fundamental and significant changes are being undertaken to our philosophy of critical care delivery. The team have embraced a well established worldwide approach to humanise the care we give to our patients and their families in the critical care

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setting. We are planning to start with a more flexible “family time” to give access to an identified main carer of our patients over a 24-hour period.

On-going research and a trial period has proved that patient contact with their families is the most effective non-pharmacological measure to reduce Critical Care Unit delirium and minimise patient anxiety and stress levels, leading to a decrease in ventilator time periods and reduction in post-traumatic Critical Care Unit stress syndrome and cognitive impairments.

These significant changes will be introduced by the newly appointed Ward Charge Nurse with the assistance of our four local Registered Nurses who have just returned from Salford University after having successfully completed their Master’s Degree in Critical Care Nursing.

### **Accident & Emergency Department**

An Ambulance / A&E Governance group was established in June with an aim to look at enhancing the patient journey from pre-hospital care, through to emergency department care delivery.

The months of April to June 2018 saw a total of 7,652 attendances to the department, resulting in 681 admissions.

### **Emily Mackintosh Maternity Unit**

The months of April to June 2018 saw a total number of 111 births including 4 sets of twins and 8 premature (<37 weeks) deliveries.

### **Rainbow ☀️ (Paediatric Services)**

In April, May and June 2018 both our adult and paediatric Diabetic Nurse Specialists assisted the local Diabetes Gibraltar Charity in raising awareness of Type 1 Diabetes.

In May, our Paediatric Diabetic Nurse Specialist was nominated for a Diabetes UK award and was invited to Wales for the award ceremony where she had a chance to meet with other healthcare professionals involved with diabetes. This moment was utilised to unofficially benchmark our local services and it was pleasing to learn that the GHA Paediatric Diabetes Services are of a high standard of care.

### **Palliative Care**

During the second quarter of 2018, the two Palliative Care Nurse Specialists carried out a total of 280 patient visits and assessments, which included inpatients, home visits and oncology appointments. Additionally, a total of 63

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new referrals were received and the service provided holistic end of life care for 27 people during this period.

In May 2018, both Palliative Care Nurses attended an International Palliative Care Conference in Dublin, Ireland. The Conference proved to be an excellent opportunity for wider networking with the wider Palliative Care Community as well as delivering updates on new developments in research, symptom management and holistic care. Findings from the Conference are now being implemented by the specialist Nurses as part of the wider Palliative Care strategy across the GHA.

Other new developments include:

The development of a Community Palliative Multi-Disciplinary Group, which meets once a month to facilitate co-ordination of care.

On-going Palliative Care training sessions being rolled out across the GHA, including the Elderly Residential Services and other government agencies.

### **SURGICAL DIRECTORATE**

#### **Operating Theatres**

Alongside the repatriation of services and the expansion of surgical services, we are actively recruiting an additional 6 members for the Operating Theatres Nursing Team. This will see a further 4 highly specialised Operating Department Practitioners and 2 Specific Scrub Nurses with the aim of extending our elective operating lists.

This will coincide with our joint recruitment campaign alongside Oxford Brookes University in delivering a BSc (Hons) Operating Department Practice programme locally in early 2019.

#### **Day Surgery**

The Day Surgery Unit continues to undertake on average 90% - 95% of all elective surgical sub specialities, with the Day Surgery Theatres performing more complex and extensive surgical procedures. The months of April 2018 - June 2018 saw a total of 879 patients being admitted through the Day Surgery Unit and 773 classified Day Surgery procedures undertaken, including dedicated Plastic Surgery lists.

#### **Endoscopy Services**

One of our Endoscopy Staff Nurses has recently completed his JAG / GETS accredited Endoscopy Training Programme delivered by St Georges and Kingston University to become a fully accredited Endoscopy Nurse Specialist and an autonomous practitioner.

### **Captain Murchison Ward**

Captain Murchison Ward has successfully seen the transition from a long-stay ward into an effective rehabilitation ward for the frail and elderly and all patients diagnosed with a stroke or transient ischemic attack (mini stroke). The ward team's main aim is to return patients back to good health and to ensure they regain their independence to return to a community setting, through an individualised care plan and therapies.

Respectfully submitted,

Ms Sandra Gracia

Director of Nursing Services

**5.5 Human Resources**

**EXECUTIVE SUMMARY**

Within medical recruitment, successful interviews for Consultant positions in Psychiatry and Paediatrics have been completed.

Our recruitment strategy for junior doctors continues to focus on providing a working environment which maximises learning and development, whilst encouraging Resident Medical Officers to seek training positions within recognised teaching hospitals, after 12 to 24 months within the GHA. Successful junior doctor selection boards in areas of General Medicine, General Surgery, Orthopaedics, Intensive Care, Anaesthesia and Accident & Emergency have delivered a smooth staffing transition within these departments. Furthermore, our department is making preparations to participate in this year's British Medical Journal Careers Fair, held in London in October 2018, in order to further enhance our recruitment.

Successful Sister/Charge Nurse interviews in Primary Care, Accident & Emergency, Critical Care and Mental Health have provided career progression opportunities within nursing and delivered effective succession planning in these areas. In addition, successful interviews and appointments have also taken place within the Allied Health Professional grades, in areas such as Physiotherapy, Pathology, Psychology, Speech and Language Therapy and Occupational Therapy.

The department has been working in collaboration with Government's Enterprise Resource Planning (ERP) Team on the Public Sector eServices initiative, which will provide an electronic and integrated HR, Payroll and Finance Information System that, will deliver more effective, efficient and user- friendly HR practices.

Respectfully submitted,

Mr Christian Sanchez

Human Resources Manager (Ag)



## GHA Board report – April 2018 to June 2018

### 5.6 Hospital Services

This Board Report covers the 2nd Quarter period of the 2018 from April to June 2018 and the 1st Quarter of the Financial Year 2018-2019

During this quarter, we have continued with on-going improvements and refurbishment programmes within St Bernard's Hospital, for example, the creation of new clinic rooms within General Surgical Outpatient Wards and the Ophthalmic Department, relocation of PTS Office of the Ambulance Service, completion of the IMT Server Room, new Stroke Rehabilitation Unit and progressing on the waterproofing of rooftops. Most of these improvements and infrastructure developments are in line with the introduction of new services or the repatriation of services to Gibraltar.

The Estates and Clinical Engineering team have also led and assisted with other projects at the Primary Care Centre as a result of the on-going reforms such as the GP evening clinics, See & Treat area and new Well Person Clinic.

The Minister for Health, Care and Justice, the Hon. Neil F Costa MP, published regulations prohibiting smoking, subject to certain exemptions, across all Gibraltar Health Authority (GHA) and Elderly Residential Services (ERS) premises on 19 June 2018.

The Gibraltar Health Authority recognizes the hazards caused by exposure to environmental tobacco smoke, which include the life threatening diseases linked to the use of all forms of tobacco. Therefore, the GHA will provide a smoke-free environment for all employees, patients and visitors across all of the GHA & ERS Estates and Facilities.

The GHA will embark on an awareness campaign to inform the general public and staff that the Gibraltar Health Authority and Elderly Residential Services will be a Smoke Free Zone under the Smoking Prohibition (Smoking on GHA Grounds) Regulations 2018 that come into force on 1st October 2018.

A new Stop Smoking Clinic has been established specifically for employees on Monday afternoons and Thursday mornings at the Primary Care Centre. Telephone 20007865 to book an appointment with the Nurse Practitioner.

#### Ambulance Service

##### Emergency Ambulance Deployments - Apr 2018 – Jun 2018

Month	Total	Average per day
Apr	462	15
May	464	15
Jun	465	16

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### Main Zone Deployments

<b>Month</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Total</b>
Gib Port	8	9	9	26
North Area	56	67	79	202
Eastside Area	101	8	9	118
Westside Area	171	158	164	493
South District	109	99	104	312
Upper Town	25	36	28	89
Town Area	93	98	88	279
Frontier/Airport	10	14	8	32
Nature Reserve	4	5	2	11
Gib Dock	0	1	0	1
Maritime	0	1	0	1

Respectfully submitted,

Mr D Figueredo

General Manager – Hospital Services

### 5.7 Primary Care Services

#### **Evening Clinics**

As announced in Press Release 299/18, Evening Clinics started with two highly experienced GPs alternating between Evening Clinics and afternoon routine clinics for chronic disease management and follow up of patients initially seen in the evenings. Clinics run from 5pm to 8pm every weekday and consist of 25 appointments of 5 minutes each. Patients are able to book appointments in these clinics from 4.30 pm on the day of the clinic.

#### **'MyGHA' Automated Telephone System**

The 'MyGHA' automated telephone system was fully activated at 6pm on Sunday 3 June 2018 to enable appointment bookings to start for the publicised launch date of 4 June 2018.

Gradually the ratio of 'MyGHA' appointments to routine appointments is being adjusted as the demand and awareness of the system rises, with an aim to work towards 50% of all appointments open to booking through 'MyGHA'. To support the launch of this initiative, leaflets are being given out to patients to inform them of the new service and to provide a take-home navigation aid to make using the system quick, efficient and easy. A dedicated member of the PCC clerical staff is on hand at the PCC Enquiries Desk to explain the service and to update the personal contact details that are used by the system.

#### **Routine Medical Clinics**

To reflect the increase in walk-in type clinic appointments (Evening Clinics, See and Treat Minor Illness Unit), the routine GP appointments have been increased to allow GPs more time to manage chronic disease and their own regular patient reviews.

#### **Bruce's Farm and HM Prison Windmill Hill**

Dr Chimene Taylor and Dr Elaine Flores dedicate Wednesday morning clinics to providing services outside the Primary Care Centre.

#### **Sub Departments and Key Activities Statistics**

##### *Training*

On 11 and 12 April GHITA held talks for the staff at the Primary Care Centre which were attended by 28 staff members. On 8 May, Clubhouse Gibraltar gave talks on Mental Health Awareness which were attended by 20 members of staff.

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### (c) GP clinics

Daily statistics of appointment demand and usage show an average of 498 patients seen daily with 83 unused slots each day.

### (d) Key Activities Statistics

<b>Services</b>	<b>Apr 18</b>	<b>May 18</b>	<b>Jun 18</b>	<b>Total</b>
<b>Calls to 200 52441</b>				
Offered	13682	17151	13034	43867
Answered	6446	6879	5141	18466
Terminated	1926	2859	1774	6559
Abandoned	5310	7413	6119	18842
<b>Administration</b>				
Repeat Prescription	483	534	519	1536
Registration	1413	1255	1355	4023
<b>Audiology</b>				
Attended	136	129	128	393
Did Not Attend	4	11	10	25
Booked	140	140	138	418
<b>Dental</b>				
Attended	1796	2243	1968	6007
Did Not Attend	364	520	520	1404
Booked	2160	2763	2488	7411
<b>Dermatology Cons</b>				
Attended	213	0	43	256
Did Not Attend	22	0	12	34
Booked	235	0	31	266
<b>Dermatology GP</b>				
Attended	280	416	358	1054
Did Not Attend	25	52	59	136
Booked	305	468	417	1190

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General Practitioners				
Attended	5995	7963	6684	20642
Did Not Attend	249	284	246	779
Booked	6244	8247	6930	21421
Advanced Appointments	1170	1179	586	2935
Appointments under 16's	987	1155	803	2945
Home Visits	237	199	215	651
Avg Waiting Time (mins)	8.93	8.35	10.47	9.25
Telephone Sick Notes	293	284	280	857

Respectfully submitted,

Dr K Rawal

Deputy Medical Director



**5.8 Mental Health Services**

**Section one – monthly activity**

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

The development and implementation of a Crisis Outreach Team has led to service users and their families now being able to contact the service when that extra support is required. Data presented below shows that on average at Coaling Island, 130 patient contacts per month are made with a Consultant Psychiatrist and 269 contacts with nursing staff. Added to this is the nursing contact that the team have with an average of 300 service user contacts per month. This means that on average the MDT at Coaling Island has on average 700 service user contacts per month. Crisis component to this team includes service user and family interventions in times of crisis and distress, which in previous times may have resulted in admission to hospital.

Data below presents service user contacts with nursing staff both at Coaling Island and within the community settings (this could be in town, service user home or club house facility).

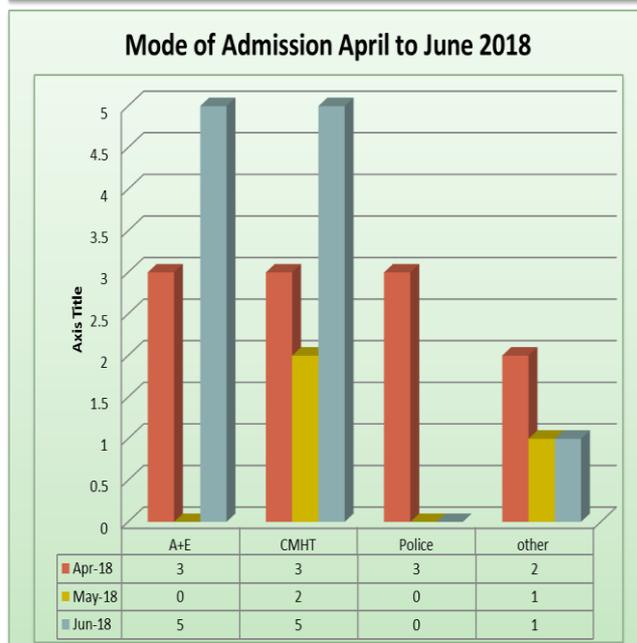
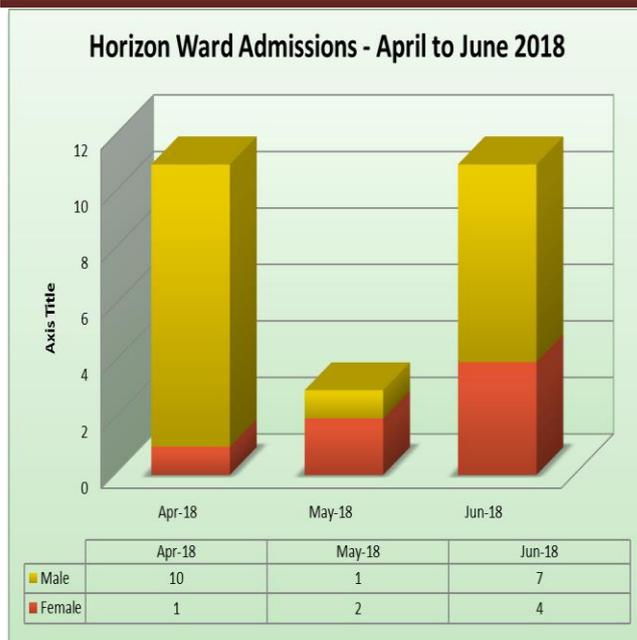
	Patients seen at CMHT	Depot clinics / patients seen	Patient contact in community setting	Out of hours – crisis service contacts
April 2018	293	53	271	7
May 2018	190	52	298	12
June 2018	173	46	310	4

**In-patient data and activities**

Horizon - Sky / Dawn - Flats / Sunshine / ARC

Below data presents admission, diagnosis, mode of admission and mental health status. The majority of admissions for this quarter show increase in male admissions compared to the last report, with all appeals being male also. Also worth noting is the impact of the crisis outreach service which appears to have had a positive effect on involuntary admissions, with an average of 3 per month.

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The rehabilitation services (Dawn ward) has seen 4 discharges over the last quarter, taking into account these service users may have been in hospital for anything between 10 – 14 years. This is a fantastic achievement for both service users and the MDT with Mental Health Services, as many of these individuals thought discharge was impossible. As the rehabilitation service continues to grow and develop, there has also been an increase, not only in sectioned service users being admitted to the ward, but also an increase in Supreme Court orders, with 3 Section 38 service users currently admitted. Again, this is progress as these individuals would previously have been detained in prison and may not have had the support and treatment they required.

### **Activities within the ward**

In June this year we introduced the Pawsative Pets Activity (PPA) programme, where 2 members of the public bring their small dogs in to the unit to meet and interact with service users in the garden area. This has seen a very positive response from service users and their families who were all consulted prior to this initiative's implementation. Currently, the dogs (Ant and Dec) visit us weekly, staff will be keeping records of service user response (positive and negative) and, although this was initially implemented for our elderly service users, there is a hope that this will be introduced to a wider audience at some stage in the future.

### **Monthly sessional attendance by patients to the ARC.**

Recently a gardening group has been added to the programme to enhance the variety of activities available. This is taking place in the ARC garden area, and will hopefully be able to produce some vegetables, fruit and herbs that can be used by the cooking groups.

The beach outings have recently started, and many of the service users from the wards appreciate the opportunity to go to the beach. This is a normal event for many people in Gibraltar, but one which many service users would not have the opportunity without this group. These outings will take place for the summer season.

Respectfully submitted,

Mr Chris Chipolina

Mental Health Services Manager



**Information Technology**

**Video Conferencing System**

After a successful trial, we have now began rolling out the video-conferencing system. It is currently being used by the PCC Dental Team, HR Department and Sponsored Patient's Department.

As we roll out further across the organisation, the need for patients to travel to the UK, Spain or elsewhere for consultations will lessen. This will greatly reduce the inconvenience to patients and additionally reduce GHA expenditure in this area.

**Server Programme**

Work has began on the installation and configuration of a new, highly available, server system, which will facilitate additional medical systems such as Dialysis. It is expected that this will be completed and ready to receive the systems by the middle of the next quarter.

As the GHA continues to expand on services provided, and introduces computer systems that aid the clinicians in providing the optimum patient care, these systems will be hosted on this new hardware and will ensure that they are available 24/7 365 days a year.

Respectfully submitted,

Heath Watson

Director of Information Management & Technology



### 5.10 School of Health Studies

Selection activities are taking place for three programmes of study commencing September 2018; BSc (Hons) Nursing (Adult), BSc (Hons) Nursing (Mental Health), Diploma Higher Education (Nursing). Selection and recruitment is transparent and robust ensuring (as far as is possible) that the right applicants are selected to the programmes. Clinicians are actively involved in selection processes, as are service users. Other programme developments continue, the BSc (Hons) Operating Department Practice is progressing with a Health and Care Professions Council validation event taking place November 2018. Working with the CEO Care Agency, the SHS are facilitating recruitment and selection to the BA (Hons) Social Work. A Health and Care Professions Council validation event will take place October 2018.

The Enrolled Nurse/QCF Level 3 programme continues. It is anticipated that all pupils will complete this programme in August 2018 and will be eligible to make an application to the Nurses, Midwives and Health Visitors Registration Board Gibraltar (NMHVRBG) for registration. An external visit was undertaken by Pearson/Edexcel in June 2018. The outcome of the visit and External Visitor's comments were outstanding. The programme is fit for purpose and the quality of instruction and support by staff in the SHS and in the various clinical areas was singled out as excellent.

The 2015 BSc (Hons) Nursing (Adult) 3<sup>rd</sup> year students programme is close to conclusion. It is anticipated that all students will complete this programme successfully, with a significant number of high honours classifications. All students have been offered employment with the GHA and Elderly Residential Services and will be eligible to make an application to the NMHVRBG for registration.

The SHS is pleased to report that the first year of the MSc Leadership and Management for Health Care Practice 1<sup>st</sup> year has completed with all students successfully progressing into the 2<sup>nd</sup> year. The 2<sup>nd</sup> year will commence in September 2018.

Four staff from the critical care unit have now returned to Gibraltar. All four students have successfully completed all components of the practice element of the MSc Nursing Practice with very complimentary comments being made by senior clinicians from the Salford NHS Foundation Trust. Further developments along the lines of another MSc Nursing Practice are being pursued with our Director of Nursing and Salford University.

Respectfully submitted,

Professor Ian Peate  
Head of School