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PORTSMOUTH HEALTHCARE NHS TRUST**DIVISIONAL REVIEW****GOSPORT & FAREHAM DIVISION****16TH MAY 2000**

*Divisional Offices
The Potteries*

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1. NOTES OF PREVIOUS MEETING

1.1 Risk Assessments

Falls

Both Mulberry and Sultan CMS are working with Juliette Diamond using National Falls guideline. Risk assessment now undertaken more effectively and earlier referral to Therapies resulting.

Havant & Petersfield similar to above. Ann Dalby picking up in Havant & Petersfield Review.

Critical Incidents ~ See 2.4.2

Sterilisers ~ Pete Tierney has produced a report for RMG. Has also discussed with Mike Cowan. Some process issues to be addressed but more detailed guidance is expected. In the meantime, Portsmouth Hospitals Trust have been issued with interim instructions and Mike/Pete will ensure this is available to us as well.

In the longer term it is likely that we will be required to be able to trace instruments to patients but that has not yet become a requirement.

1.2 Finance/Clinical Assistant payments

Discussion with PK has taken place. No provision for annual leave and sick leave cover in SLA with practices. Therefore, cost being borne by division and is in excess of available budget. Approximately, £3,000 in year.

1.3 Human Resources - Physio Establishments

The year end establishments returned to approximately 3 wte under budgeted establishment.

1.4 Fareham Health Centre - networking

This issue has been picked up by IM&T for 2000/2001.

2. CLINICAL GOVERNANCE INDICATORS

2.1 COMPLAINTS

	COMPLAINTS	REVIEW
Community Hospitals		
Formal	<p>Late Mrs P - Dryad Ward (Wilson) - no further info re complainant seeking criminal investigation.</p> <p>Mrs L & Mrs McK re. late Mrs Richards. Police enquiry continues. Further questions asked by DCI Burt - letter of 8.2.00. Awaiting MDU confirmation prior to sending letter.</p> <p>Mrs R and Mr D re. Mrs Devine - initial complaint answered and apologies made (via meeting with relatives) for service failings in terms of communication with relatives. However, new questions raised re. relatives belief that Mrs Ds life was terminated by Dr. Further meeting arranged between family, FC and Dr Ian Reid 19.5.00.</p>	
Informal	<p>Telephone call from Mr H accused St Xs of breach of confidentiality in relation to father, Mr H Snr. Mr H Snr discharged to care of landlady against son's wishes. Mr H Snr considered mentally fit to decide. Patient held nursing notes sent out with patient. Explained to son. Complaint leaflet sent. Appears resolved.</p> <p>Mrs H - re. loss of mother's slippers. Found in wardrobe. Letter from BR 22.2.00 - no further comment from relative. Action - staff to check carefully and avoid giving conflicting information.</p>	

	<p>Mrs S - Daedalus Ward - concerns re care of father - investigation by Philip Beed, meeting with BR 10.1.00 and follow up letter. No further communication - assumed resolved.</p> <p>Training sessions arranged to ensure staff are able to identify and be aware of patient distress/fear other than them expressing this verbally. In addition, to raise awareness that patients should have their possessions, beverages and meals within reach.</p>	
Dental (A17)		
Formal	<p>Mr & Mrs F (resolved) Dental staff member has met with Learning Disability staff and agreement re. future management reached.</p>	
Informal	<p>A number of complaints have been received in the last quarter relating to the length of time patients are having to wait for orthodontic treatment. A third part-time consultant has now been appointed by Portsmouth Hospitals and it is hoped that discussions will be held soon so that a timetable can be arranged for the consultants to conduct clinics in Community Dental Service surgeries.</p> <p>The current thinking is that Mr Birnie will conduct clinics at the Gosport Health Centre, Mr Robinson to conduct clinics at the Havant Health Centre and the newly appointed Miss Illing will conduct clinics at the Petersfield and Eastney Health Centres.</p> <p>There are a number of unresolved issues not least concerning the employment of the orthodontic nurse that is currently remunerated under the orthodontic budget which is being transferred to Portsmouth Hospitals.</p>	

	COMPLAINT	REVIEW
Podiatry (A20)		
Formal	Complainant Mrs F-G - legal action taken and settlement agreed. Concern raised by staff that settlement made despite 'no admission of liability' by Trust - staff are undermined as a result of the decision not to fight the action	
Informal	<p>Mrs A - Patient's daughter unhappy with clinician's attitude. Comment: Patient's daughter didn't like advice given and admonishment for late arrival. Resolution: Apology for any upset but re-emphasis on the importance of timekeeping and following professional advice.</p> <p>Mrs R - Re. being discharged.</p> <p>Mr J - Re. being discharged after assessment.</p> <p>Mrs W - Re. being discharged after assessment and clinician's attitude. Comment: New assessment criteria do exclude some patients who would have previously received treatment. Resolution: Criteria and need for them explained. Re-assessment offered.</p> <p>Mrs W - Time between appointments/unsatisfactory treatment. Comment: Increasing numbers of these complaints are being made from all over the district. This is mainly due to the stricter monitoring of return periods and in part, from the implementation of revised assessment criteria. Resolution: Clear guidance is given to patients on expected return period at the end of their appointment.</p>	

	COMPLAINT	REVIEW
Physiotherapy (A26)		
Formal	<p>Mrs B - Physio treatment and receptionist communication - letter from M Millett sent on 14.2.00 - no further communication, assumed resolved.</p> <p>Actions as a result:</p> <p>Transfer of patients when Physiotherapists rotate has been reviewed.</p> <p>Communication deficiencies that occurred with both previous staff have been highlighted.</p> <p>A more structured approach for staff on rotation between departments has been drawn up.</p> <p>The receptionist/switchboard staff are now fully aware of the complaints procedure.</p> <p>Mrs S - Access to OT Service issue - under review.</p>	
EMH		
Informal	<p>Mrs L raised concerns re CPN and mother's diagnosis. Internal investigation letter sent from Sue Hutchings. No further communication since 9.9.99 - assumed resolved.</p>	
PREMISES		
Formal	<p>Mr K - re hearing aid - no further action.</p>	

LETTERS OF THANKS AND DONATIONS

ST CHRISTOPHER'S HOSPITAL	30
GOSPORT WAR MEMORIAL HOSPITAL	65
PETERSFIELD	31
HAVANT	10
EMSWORTH	17
THERAPIES	18

2.2 CLINICAL GOVERNANCE ACTION PLAN

GP BEDS (A15)	A further workshop involving Practice Development Facilitators and Clinical Managers to take place in May to clarify and pursue clinical governance agenda.
MINOR INJURIES (A15A)	Review of guidelines nearing completion. ~ Will be routed via N.A.C.
DENTAL(A17)	
PODIATRY (A20)	Clinical Governance Group active and currently redrafting Action Plan. Regional Heads of Service group looking at CPD requirements and sharing of best practice.
PHYSIO (A26)	Clinical Governance Action Plan is being monitored through the Clinical Governance Group. Relationships with all four PCGs are good with continuing involvement at strategic level.
OT (A27)	NSF for stroke is currently being considered and an OT pathway being worked out. Second CPD training organised for 18.5.00 - once again fortunate to have Mike Hall from CPSM to speak on new Health Professions Council.
PREMISES	Clinical Supervision awareness training sessions set up.
HEALTH PROMOTION	Clinical Supervision awareness training sessions set up. Reflective Practice groups planned in the next six months. Evidence Practice group active in Health Promotion. Risk assessments updated - no outstanding action.

2.3 CLINICAL AUDIT REPORTS

PHYSICAL DISABILITY (A13)	None reporting this quarter.
GP BEDS (A15)	<ul style="list-style-type: none"> * Planned record and discharge audits in abeyance awaiting Trustwide audit. * Participation in re-audit nutritional stats. * Bed rail audit in initial stage of development.
DENTAL (A17)	A number of audits have been proposed with some still awaiting verification by the Health Authority.
PODIATRY (A20)	Biomechanics audit completed - currently with Health Authority.
PHYSIOTHERAPY (A26)	<ul style="list-style-type: none"> * Pelvic Floor Exercises audit proposal being formulated. * Post-operative respiratory physiotherapy is under proposal. * National Falls Audit - awaiting report. * Goal setting on Guernsey Ward, multi-disciplinary, now funded and starting soon. * Physiotherapy Audit Group is active in pursuing ideas for clinical audit within physiotherapy.
OT	<ul style="list-style-type: none"> * Second round of peer review groups started - attendance and involvement good. * Sickness within the audit department has caused holdups in the THR audit and in the implementing of another, necessary to support pilot projects. * A monitoring internal audit of our supervision protocol is to be carried out through the summer.

2.4 RISK ASSESSMENTS

2.4.1 RISK ASSESSMENT REPORTS

PATIENT INCIDENTS BY AREA AND CATEGORY

Mulberry - Found on floor - Total for quarter high in comparison. Work continues on environment and links established with EMH Falls Group.

Staff/Premises Incidents

50% increase in manual handling (person) in Quarter - to be monitored.

Fareham & Gosport Q4 1999/2000

Patient incidents by area and category;	Briarwood	Cedar Ward	Daedalus	Dolphin Day	Dryad	FarehamHC	Gosport War	Gosport HC	Havant War	Mulberry	OPD (P/field)	Phoenix Day	Physio	Redclyffe Hse	Rosewood	Rowan	Shannon	Sultan	Emsworth	Willows	TOTALS	
Abscondment (actual)																						0
Abscondment (attempted)																						0
Assault (actual-assailant)										1				1				1				3
Assault (actual-victim)										1				4								5
Assault (threatened-assailant)																						0
Assault (threatened-victim)																						0
Assault (verbal abuse-assailant)																						0
Assault (verbal abuse-victim)																			2			2
Bite (animal/insect)																						0
Bullying/intimidation																						0
Bumped/Caught in/Struck by	3		1		1					3				1	2						1	12
Choking			1																			1
Equipment (causing injury)																						0
Equipment (failure)													1									1
Fall (found on floor)	8	5	9		7				14	33				3	6	10	4	5	13	5		122
Fall (medical collapse-seen /reported)								1														1
Fall (seen-reported)		1	4		1				3	7		1		5	2	4		3	5	3		39
Fall (slip/trip-seen/reported)					1																	0
Fire																						0
Flood																						0
Harrassment (non-sexual)																						0
Harrassment (sexual)																						0
Infection risk (clinical sharp)			1								1											2
Manual handling (person)																						0
Medical collapse																						0
Medication errors	1								1								1	1				4
Pain (Complaint of)																						0
RTA																						0
Scald/Burn		1													1							2
SCIP use																						0
Security (damaged property)										1												1
Security (dangerous/illicit goods)																						0
Security (illegal entry attempt)																						0
Security (intruder)																						0
Security (key/combination loss)																						0
Security (missing patient)					1																	1
Security (missing property <£1000)																						0
Self harm																						0
Service failure (data protection)												1										1
Service failure (utilities)																					1	3
Skin (damage to)										2												0
Staffing (medical)																						0
Staffing (nursing)																						0
Suicide																						0
Suicide attempt																						0
Treatment consequence																			1			1
Unexpected death																						1
TOTALS	12	7	16	1	10	0	0	1	18	48	2	1	1	14	11	15	5	10	20	10	202	

Fareham & Gosport Q4 1999/2000

Staff / Premises incidents by area and event type

	Briarwood	Cedar Ward	Daedalus	Dolphin Day	Dryad	Emsworth	Fareham HC	Gosport War	Havant War	Mulberry	OT	Phoenix Day	Potteries	Redclyffe Hse	Rosewood	Rowan	Shannon	St X Kitchen	Sultan	Sylvan Clinic	Xray Gosp WM	Willows	TOTALS	
Assault (actual-victim)										5														5
Assault (threatened-victim)																								0
Assault (verbal abuse-victim)																	1							1
Back injury/ pain																								0
Bite (animal/insect)																						1		9
Bumped/Caught in/Struck by)			1		1					2					4									0
Choking																								0
Equipment (causing injury)																								0
Equipment (failure)																								0
Fire (actual)																								0
Fire (false alarm)																								0
Flood																								0
Harrassment (non-sexual)																								0
Harrassment (racial)																								1
Harrassment (sexual)											1							1		1				2
Hazardous exposure (chemical/electrical)										1														3
Infection risk (body fluids)					1	1				2							1							5
Infection risk (clinical sharp)																								0
Injury/pain onset - no causal activity																								0
Manual handling (object)																								0
Manual handling (person)			1		1	1				2					2	1	2		2					12
Medical collapse																								0
Medication errors																								0
Other injury - non pt care related			1			1								1										3
Pain (Complaint of)																								0
RTA																								0
Scald/ Burn						1														1				2
SCIP use																								0
Security (damaged property)																								0
Security (dangerous/illicit goods)																								0
Security (illegal entry attempt)																								0
Security (illegal entry)																								0
Security (intruder)																								0
Security (key/combination loss)																								0
Security (missing patient)																								0
Security (missing property <£1000)																								0
Security (missing property >£1000)																								0
Service failure (data protection)																								0
Service failure (utilities)																								0
Sharp - non-clinical																								1
Skin (damage to)											1													3
Slip/trip/fall									1	1								1						0
Staffing (medical)																								3
Staffing (nursing)				1						1							1							1
Staffing (support)										1														0
Unsafe practice conditions	0	0	4	0	3	6	0	0	0	3	14	1	0	0	1	6	3	5	1	2	1	1	0	51

Fareham & Gosport Q4 1999/2000

By severity;	Staff/Premises				Patients / Clients			
	N Miss	Minor	Mod	Critical	N Miss	Minor	Mod	Critical
Briarwood					2	10		
Cedar Ward						6	1	
Daedalus	1	3			2	14		
Dolphin Day					1			
Dryad	3				1	9		
Emsworth	1	5			1	18		1
FarehamHC								
Gosport HC						1		
Gosport War								
Havant War	2	1			1	15	2	
Mulberry		14				44	4	
OT		1						
OPD P'field					1		1	
Phoenix Day						1		
Physio						1		
Potteries								
Redclyffe Hse				1		9	5	
Rosewood		5	1			11		
Rowan		2	1			15		
St X Kitchen		1						
Shannon		4		1	1	4		
Sultan		2				7	1	2
Sylvan Clinic				1				
Willows						10		
Xray GospWM		1						
TOTALS	7	39	2	3	10	175	14	3

**Carekey Summary Report
Staff incidents graded "critical"
Q4 1999/2000 (F & Gosp)**

Incident No:	99/0279	Job Title:	HCSW	Location:	Bedroom
Name:	Cook, Glenys	Emp. Status:		Injury Type:	Sprain/Strain
Gender:	Female	Home Dept:	Community Hospitals	Prim. Body Part:	Back
Age at Inc.:	58 Years Old	Site:	St Christopher's Hospital	Severity:	Critical
Incident Date:	04-06-1999	Area:	Shannon Ward	Event Type:	Manual Handling (person)
Inc. Summary:	HCSW was washing a client, lent over to lift client's arm and felt a sharp pain in lower back radiating to her hip.				
Incident No:	99/0586	Job Title:	HCSW	Location:	Corridor/Lift
Name:	Thorpe, Clare	Emp. Status:	Portsmouth HealthCare Trust Employee	Injury Type:	Sprain/Strain
Gender:	Female	Home Dept:	Elderly Mental Health	Prim. Body Part:	Ankle
Age at Inc.:		Site:	Mental Health Community Home	Severity:	Critical
Incident Date:	23-06-1999	Area:	Redclyffe House	Event Type:	Other Injury - Non-Patient Care Related
Inc. Summary:	HCSW slipped in the corridor causing injury to ankle.				
Incident No:	99/0787	Job Title:		Location:	
Name:	Haworth, Lesley	Emp. Status:	Portsmouth HealthCare Trust Employee	Injury Type:	Electrical Shock
Gender:	Female	Home Dept:		Prim. Body Part:	Hand and Fingers
Age at Inc.:		Site:	Health Centre/Clinic	Severity:	Critical
Incident Date:	14-06-1999	Area:	Sylvan Clinic	Event Type:	Hazardous Exposure (Chemical/Electrical)
Inc. Summary:	unplugged angle poise lamp and received electric shock from cable				

Grand Totals Count: 3

Carekey Summary Report
Patient incidents graded "critical"
Q4 1999/2000

Name: Davidson, Robert	Incident No: 99/4962	Inc. Date/Time: 13-01-2000 19:00
Unit No:	Age at Inc: 82 Years Old	Gender: Male
Severity: Critical	Inc. Cat: Fall (found on floor)	Coverage Type: Public Liability
Sys./Ins.: PHCT	Area: Emsworth Hospital	
Site: Victoria Cottage Hospital Emsworth	Location: Ward/Adjacent areas	
Inc. Summary: Patient slipped to the floor and complained of painfull hip. Transferred to Q.A for fracture of neck of femur.		Service:

Name: Broadbank, Edith	Incident No: 99/5248	Inc. Date/Time: 09-02-2000 12:35
Unit No: G101692	Age at Inc: 67 Years Old	Gender: Female
Severity: Critical	Inc. Cat: Unexpected death	Coverage Type: Public Liability
Sys./Ins.: PHCT	Area: Sultan Ward	
Site: Gosport War Memorial Hospital	Location: Bedroom	
Inc. Summary: Patient found collapsed, no pulse or signs of respiration. CPR commenced and 9999 called. Attempt at resusitation stopped at 12.52.		Service:

Name: James, Lilian	Incident No: 99/6087	Inc. Date/Time: 24-03-2000 22:30
Unit No: G093296	Age at Inc: 98 Years Old	Gender: Female
Severity: Critical	Inc. Cat: Assault (actual - assailant)	Coverage Type: Public Liability
Sys./Ins.: PHCT	Area: Sultan Ward	
Site: Gosport War Memorial Hospital	Location: Bedroom	
Inc. Summary: Very aggressive patient. Pinching and slapping staff, throwing objects at staff, threatening other patients. Patient fell back hitting her head on a table, staff unable to examine due to patient attempting to bite. Duty Doctor contacted.		Service:

Grand Total: 3

MEDICATION ERRORS 1.4.99 - 31.3.00

Briarwood Ward	1
Daedalus Ward	1
Havant War Memorial	2
Mulberry Ward	2
Rosewood Ward	1
Rowan Ward	1
Shannon Ward	1
TOTAL	9

2.4.2 CRITICAL EVENT REPORTS

Critical - Patients Fareham & Gosport

- Failed resuscitation attempt - Sultan Ward
Followed up with team in structured and facilitated reflection. Support also sought from Resusc Dept.
- Aggressive patient - incident review conducted. Links to Mulberry strengthened.

Critical - Staff

- Back injury - did not result in Riddor - on reflection not critical.
- Electric shock - lamp checked by Estates
- Ankle injury - Resulted in Riddor.

Medication Errors

9 in total across Community Hospitals

6 relating to Fareham & Gosport (2 of these EMH).

Of the 4 remaining, 2 were near misses in that no inappropriate drugs actually taken by patient.

In relation to the other 2, the risk to the patient was negligible in both instances. All medication errors are followed up by the manager and remedial action (where required) agreed with staff member.

The 2 in EMH also followed up with individual members of staff, utilising a critical incident/reflective practice review.

2.4.3 OTHER SIGNIFICANT CLINICAL AND NON CLINICAL RISK

Community Hospitals

St Christopher's Hospital ~ Shannon Ward

Recent risk assessment identified clear problems associated with working in confined spaces

- * injuries
- * exits blocked for short periods
- * carrying items which be on a trolley
- * lack of privacy for patients and potential for minor injury to visitors.

Action taken previously includes clips to remove trailing wires from floor, storage for chairs, extra electric sockets and the purchase of 5 profiling beds.

The most recent proposal is to reduce the number of beds by 2. However, prior to pursuing this proposal further, Estates have agreed to support the Service Manager in a complete review of space utilisation on Shannon Ward.

Dental

The risk management procedures for community dentistry have been piloted and are being introduced for implementation across the Trust.

Podiatry

Somerstown Health Centre - Control of infection and Health & Safety issues still remain at this site.

Still awaiting Trust response regarding benchtop sterilisers. One local Trust has moved to a CSSD supply as it was deemed impossible to meet the requirements of HTM20/10.

2.5 WAITING TIMES FOR TREATMENT

Dental (A17)

This Service is still experiencing great difficulty in terms of recruitment and waiting times for treatment is increasing in most areas across the Trust. Although it has been helpful to refer back to General Practice the children who are dentally fit, this has meant that a very high proportion of all patients treated, have high treatment needs and a time consuming treatment delivery.

Podiatry (A20)

The wait for Biomechanics assessment and treatment remains over 35 weeks. Assessment only clinics initially reduced waiting times for initial assessment but these are beginning to rise again.

Hidden waiting lists for surgery for chronic nail conditions identified.

Bid for waiting list funding submitted to Health Authority.

Physiotherapy (A26)

Consultant waiting lists are high with QAH and Gosport War Memorial identified as particular hot spots (GWMH - 17 weeks). The increase of Orthopaedic consultants from 5 to 11 over the last 3 years with no increase in Physiotherapy provision is directly responsible for this.

The ongoing discussions with the PCGs and relevant consultants from Portsmouth Hospitals for a Triage Specialist Physiotherapist are progressing. This role should reduce the waiting time for those patients with back pain on consultant waiting lists.

Some GP practices in the Gosport/Fareham and Havant/Petersfield areas build up a long routine waiting list when they refer more patients than are contracted for by the PCG. Close communication with the practices and the PCG monitor this situation.

2.6 CLINICAL EFFECTIVENESS

Minor Injuries - Review of guidelines continues.

Podiatry

Joint working with Social Services to develop a carers training pack on basic foot care for residential homes. Initiative to be supported by commercial sponsorship. At initial roll-out stage.

Joint working with Social Services on an accredited course on 'Caring for the Diabetic Patient in Residential Care' at planning stage.

Random follow up of discharged patients to identify any foot health issues related to discontinued care.

Chapter 'Setting up a Podiatry Service' published in 'The Foot in Diabetes' 3rd Edition. Author David Clements.

Article on Podiatric Biomechanics published in 'American Journal of Podiatry'. Author P Harradine.

Article on Podiatric biomechanical Approach to the Diabetic Foot published in Diabetes Today. Author P Harradine.

Physiotherapy

Evidence based practice is now fully understood by all staff. Continued Professional Development is encouraged with all staff maintaining a portfolio.

A CPD group has been set up to arrange and monitor training in the musculo-skeletal field across the Trust. From this group in-service training and national courses will be organised as the need arises.

3. WORKLOAD /ACTIVITY

Dental

The inability to recruit Dental Officers has had a deleterious effect on workload activity. Although number of patient contacts could well be increased by carrying out more school dental screenings, this would only raise expectations that treatment would follow for all children thus screened at school.

For the reasons already expressed, the vast majority of patients being treated by the Community Dental Service have very high treatment needs and treatment provision is more time consuming. The referrals from Portsmouth Hospitals continue to increase at a steady rate and these patients thus referred also have high treatment needs.

Podiatry (A20)

Month 11	Target	Achieved	Variance
District Wide - Total	80252	77361	-3.6%
Portsea Island	19661	18854	-4.1%
East Hants	34335	33641	-2.02%
Fareham	15538	14024	-9.7%
Gosport	10719	10842	1.15%

Physiotherapy (A26)

The pressure on staff due to the high referral rates of both GPs and consultants is ongoing.

The practice based waiting lists in Gosport and Fareham and Havant/Petersfield area monitor the situation closely with regular feedback to the GPs.

The long consultant waiting lists, most noticeable at QAH and Gosport War Memorial Hospital, reflects the increase of Orthopaedic consultants by Portsmouth Hospital Trust with no increase in Physiotherapy allocation.

The recruitment of newly qualified staff who will start work in September 2000 has begun. There has been considerable interest in the Trust with over 40 attending the Junior Open Day. The Trust will recruit the junior staff who will be seconded to Haslar for the first time this year.

OT (A27)

In year, these have been affected by:

- * A blip of maternity leave
- * Loss of activity to Mencap Home
- * Errors - now coming under control
- * Provision of individual therapy instead of group therapy which is known to be more effective.

Health Promotion

The 2000/2001 Health Promotion Service Agreement will be actioned by the HIMP Programme. The Service urgently needs a link to the Internet in each of the locality offices:

- * Portchester
- * Somerstown
- * Orion Centre
- * Lee Health Centre

This proposal has been shared with Chris Tite.

Health Promotion Departments across the country link into the Internet to receive information from DOH/Health Dev. Agency and Regional Public Health Office and to network with other regions.

The increase in community development work, effective working across agencies and local Health Strategy Groups is limited, without this access.

4. FINANCE

4.1 MARTIN GOULD

FAREHAM & GOSPORT DIVISION

Q4 Jan - Mar : 1999 - 2000

Current & Projected Spending against Allocations

Revenue Budgets	Total Allocation	Budget to Date	% of Budget	Spending to Date	Current Variance	Y/end Forecast Variance
6F1150 F&G Divisional Training	2,917	2,917	100%	1,992	-925	0
6F1160 F&G Divisional Reserve	119,499	119,499	100%	-	-119499	0
6F1190 Contract Beds	162,124	162,124	100%	159,818	-2306	0
6F2100 F&G Primary Care	330,232	330,232	100%	343,247	13015	0
6F2100 Health Promotion	249,050	249,050	100%	228,154	-20896	0
6F2105 Podiatry	775,942	775,942	100%	789,900	13958	0
6F2110 Occupational Therapy	484,182	484,182	100%	480,269	-3913	0
6F2115 Physiotherapy	1,646,038	1,646,038	100%	1,633,647	-12391	0
6F2120 F&G Small Hospitals	4,736,125	4,736,125	100%	4,804,227	68102	0
6F2125 F&G EMH	2,475,343	2,475,343	100%	2,625,885	150542	0
6FA130 Dental	1,655,407	1,655,407	100%	1,626,957	-28450	0
6FA140 F&G Headquarters	171,971	171,971	100%	198,064	26093	0
	12,808,830	12,808,830	100%	12,892,160	83,330	0

Forecast Assumptions:

Note: The Division received £30,000 non - recurring "Revenue support " funding in 1999/2000.

FAREHAM & GOSPORT DIVISION

Current Year Issues & Cost Pressures

Service / Care Group	Narrative
6F1150 F&G Divisional Training	Hold on training
6F1160 F&G Divisional Reserve	Recurring position is £7K 1999/2000 , underspending from Dental £14k, Physio £12k, ad hoc one off income £20k, revenue Support £30k , unallocated non pay inflation £15k
6F1190 Contract Beds	Pressure to fill beds which become vacant Le Court inflation of 7%
6F2100 F&G Primary Care	Domestic Contract inflation shortfall of £10k .
6F2100 Health Promotion	Vacancy held for three months (Jan-Mar) Slippage on campaigns
6F2105 Podiatry	Unable to achieve reduction in bank usage Forced change of Supplier - patient appliances
6F2110 Occupational Therapy	Need to restrict discharge technician activity to total funding available.
6F2115 Physiotherapy	Special Walking Aids spend of £40k. Main underspend - Basic Grades . Currently assessing funding per locality required based on activity / wte - but overachievement on activity in previous years.
6F2120 F&G Small Hospitals (includes bank/agency)	St Christophers Catering £10k, Clinical assts £6k, Domestic contract £15k, Sylvan £14k

Portsmouth Healthcare NHS Trust

6F2125	F&G EMH	Summervale (1 : 1 client/staff ratio required) overspent by £72k, Mulberry £85k and Medical Services £12k.
6FA130	Dental	Vacancies
6FA140	F&G Headquarters	Medical Equipment Maintenance overspend relates to £8K in 98/99, and £4K last year and this year. (Increase includes items purchased from HA Charitable Funds)

Q4 Jan - Mar : 1999 - 2000

FAREHAM & GOSPORT DIVISION

Issues & Cost Pressures for Future Years

General	Narrative

Q4 Jan - Mar : 1999 - 2000

FAREHAM & GOSPORT DIVISION

Non-Recurring Programme:

Centre	Description	Annual Allocation	Spending to Date	Y/end Projection
	Note: The current list of required items classified by managers as " Preventing Function of Service" stands at £70k, the vast majority relating to Podiatry. In total bids for non-recurring items currently stand at £140K.	0	0	0
		0	0	0
		0	0	0
	TOTAL	0	0	0

Portsmouth Healthcare NHS Trust

FAREHAM & GOSPORT DIVISION

Q4 Jan - Mar : 1999 - 2000

Capital Expenditure:

Centre	Description	Annual Allocation	Spending to Date	Yend Projection
		0	0	0
		0	0	0
	TOTAL	0	0	0

Charitable Fund Expenditure:

Cost Centre	Fund Name	Balance 1/4/99	Current Balance 31/03/00	Target Balance	Still to be Spent
C71026	Gosport WMH Patients	30,796	601	15,398	0
C71030	St Christopher's Hospital Staff Fund	5,779	1,754	2,890	0
C71042	Gosport WMH Properties	92,713	0	46,357	0
C71052	Podiatry General	13,934	5,355	6,967	0
	TOTAL	143,222	7,710	71,612	0

Notes:

4.2 CURRENT FINANCIAL ISSUES

Community Hospitals

- ◆ Projected recurring overspend on GP/Clinical Assistant cover Dryad and Daedalus now overtaken by need to recruit to this post. Cover identified as required in excess of financial resource available. Discussions with EMH and PCG underway. £13,000
- ◆ Fareham and Gosport divisional on-call - Julie Jones has undertaken a piece of work to determine the cost associated with alarm system cover for all unmanned premises. Non recurring £5,500 + VAT, recurring £1,035. Completion of this would enable Community Hospitals to pursue Trustwide on-call (clinical) from 1.8.00. Estates have been approached in the first instance.
- ◆ Some initial exploration into budgets has begun. The Chaplaincy budget is overspent and initial discussions to identify some changes and cost savings are being explored with the chaplain and his team.
- ◆ In addition, cost of bank/agency is being assessed against activity. A workshop with Finance, Service Manager and Clinical Manager at Gosport is being set up.

EMH

- ◆ Continued management of client requiring male bank/agency cover at night continues. To be reviewed again with a view to twilight cover only (8-12). Letter to Health Authority from Dr Lusznat - no response.

Dental

- ◆ Relative analgesia machines are currently serviced by East HealthCare. Of the eight machines currently in use only one is within the recognised timescale as being adequately serviceable. The other seven machines range from twenty three to seventeen years old. The recognised life expectancy of these machines is ten years. Replacements of the aged machines will cost within the region of £25,000.

Podiatry

Overspend

The year overspend was £13,982 comprising:

0.2% underspend on Staffing
21% overspend on Non Staff.

The main pressure points have been:

- ◆ Orthotics £7,600 overspend - local orthotics manufacturer ceased trading in year. Service agreement with Isle of Wight NHS Orthotics Laboratory will come into place from 1st May 2000. Very heavy demand for orthotics remains.
- ◆ Travel £3,200 overspend - extra costs involved with student placements and supervision. Increased travel to ensure clinic cover and provide specialist input across the district.
- ◆ Disposable linen £2,900 - this needs investigation but is thought to be related to infection control measures.
- ◆ Staff uniforms £1600 - Infection control issue - no budget set for replacement uniforms.

Trust Fund

£13,000 of the Trust Fund has been used to purchase a diagnostic 'in shoe' pressure system for use by the specialist podiatrists in Biomechanic, Diabetes, Rheumatology and Podopaediatrics.

Physiotherapy

- ◆ The uncertainty over project schemes and their continued finance from 1st April 2000 makes staffing and recruitment difficult. In particular, winter pressures money and the lowering of the Stroke Service age.
- ◆ The PCG at Gosport and Fareham are investing more money into Primary Care Physiotherapy. Careful skill mixing and flexibility in working areas have resulted in some hours being filled.
- ◆ The pressure of achieving the GP activity laid down by their contracts does not allow for any vacant posts to remain unfilled. Staff salary savings are therefore minimal.

5.

FAREHAM & GOSPORT REVIEW

FOURTH QUARTER

1999/2000 CONTRACT GROUP REVIEW

HUMAN RESOURCE INFORMATION

Prepared by: Personnel Services, The Potteries

COMMUNITY HOSPITALS**St Christopher's Hospital****Gosport War Memorial Hospital**

This report contains three performance indicators:

Table 1 Staff in Post

Table 2 Absence

Table 3 Wastage Rates

The data does not include therapists, or EMH as those figures appear in the appropriate Contract reviews.

Table 1 Staff in Post by WTE (whole time equivalents)

Staff in Post	Qtr 4 98 / 99	Qtr 2 99 / 00	Qtr 3 99 / 00	Qtr 4 99 / 00
Qualified Nurses	72.59	72.47	72.37	71.91
Health Care Support Workers	83.28	87.90	85.48	89.91
Managers, Admin. Ancillary	57.84	59.52	58.45	58.25
Total	213.71	219.89	216.30	220.07

Table 2 Absences %

month	F/G	Trust
April	4.5	5.4
May	5.4	5.9
June	4.6	5.5
July	4.6	6.0
August	3.7	4.8
September	4.3	5.1
October	5.0	6.0
November	4.5	5.4
December	6.6	5.4
January	6.3	7.0
February	3.2	5.2
March	3.6	5.3

The beginning of the quarter saw the continued high absence due to the 'flu outbreak from the end of the last quarter.

Table 3 Wastage % WTE

Staff Group	1/4/99 - 3/4/00
Number of Leavers	29
Qualified Nurses	8.34
Health Care Support Workers	5.35
Managers, Admin & Ancillary	11.87
Total	8.13

The data on this page does not reflect the true position in the hospitals, as many staff leave for posts elsewhere in the Trust, and 'new' staff are also recruited from elsewhere in the Trust.

Table 1 Figures represent whole time equivalents in post

Health Promotion Staff in Post

Staff in Post (WTE)	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Est
Health Promotion Specialists	11.3	10.6	12.6	11.61	8.5
Admin & Clerical	5.6	5.6	5.6	7.22	2.4
Total	17.0	16.2	18.2	18.83	10.9

- There is also one member of staff employed on a secondment basis
- Includes staff at graphics and resources at St James and the Gay Men's Health Project.

Health Centres Staff in Post

Staff in Post (WTE)	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Est
Admin & Clerical	14.5	13.1	13.1	14.17	14.61

↓ coded wrongly.

Dental Staff in Post

Staff in Post (WTE)	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Est
Dental Officers	12.4	12.8	13.4	11.23	17.5
Dental Nurses	32.7	31.6	32.8	31.53	33.4
Dental Therapists	8.3	9.3	8.3	7.3	8.3
Admin & Clerical	6.8	7.7	9.3	9.72	9.1
Total	60.2	61.5	63.9	59.39	68.7

- Dental Nurses includes Surgery Assistants
- Figures for Dental Therapists include Dental Health Educators
- Dental Officer posts remain vacant due to lack of response to recent advertising

Podiatry Staff in Post across the Trust

Staff in Post (WTE)	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Podiatrists	25.3	24.3	26.6	26.2
Podiatry Asst	3.9	3.9	1.9	2.2
Admin & Clerical	0	0	0	0
Total	29.2	28.2	28.5	28.4

**Physiotherapy Staff in Post across the Trust
with the exception of those in the Elderly Medicine Division and EMH**

Staff in Post (WTE)	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Physiotherapists	60.7	63.0	61.6	59.7
Physio Assistants	7.9	8.7	9.6	9.0
Admin & Clerical	7.2	7.2	6.5	7.2
Total	75.9	87.7	77.7	75.9

**Occupational Therapy Staff in Post across the Trust
with the exception of those in the Elderly Medicine Division and EMH**

Staff in Post (WTE)	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Occupational Therapists	36.0	30.2	31.3	30.0
OT Assistants	6.7	10.3	9.2	11.7
Admin & Clerical	3.6	3.8	4.6	4.3
Total	46.3	42.3	45.1	47.0

Table 2.1 The figures below represent the percentage turnover of staff in whole time equivalents.

**Health Promotion Wastage Rates
1/4/99 - 31/3/00**

Staff Group	year to date
Health Promotion Specialists	8.7
Admin & Clerical	15.6
Total	11.17

Occupational Therapy Number of Leavers

Staff Group	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Occupational Therapists	2	0	1	2
OT Assistants	1	0	1	1
Admin & Clerical	0	1	0	0
Total	3	1	2	3

Table 2.3 Reasons for leaving (Summary for all contract groups)

Reason for Leaving		Number of leavers				
		1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total
Uncontrollable	Retirement	2			1	3
	Dismissal					
	End of contract	1			2	3
	Transfer of post in NHS					
Involuntary	Early/Ill Health Retirement				1	1
	Death					
	Medical dismissal	1				1
Controllable	Career development	3	8	3	2	16
	Promotion					
	Training	1				1
	Dissatisfied with Trust	1			1	2
	Personal reasons	4	2		3	9
Reasons unknown						
Total		13	10	3	10	36

Table 2.4 Uptake of the exit questionnaire / interview procedure (Summary for all contract groups)

exit questionnaires received this quarter	exit interviews requested this quarter
5	0

Table 3.1 Absence Rates

Month	Percentage Sickness Absence						
	Health Promo	Health Centres	Dental	Pod	Physio	OT	Trust
April	0.7	1.3	0.7	1.1	1.2	2.0	5.4
May	3.1	1.7	2.6	0.7	1.9	2.2	5.9
June	5.3	0.5	6.4	3.3	2.3	2.1	5.5
July	4.2	3.0	6.6	4.6	2.0	2.5	6.0
August	5.5	1.5	5.4	0.2	3.3	1.6	4.8
September	23.8	5.6	5.0	2.5	1.5	1.6	5.1
October	22.0	0.9	8.2	2.3	2.3	2.6	6.0
November	12.5	0.5	7.5	2.5	3.1	3.1	5.4
December	12.9	2.9	6.7	2.2	2.8	3.1	5.4
January	4.0	6.0	2.8	3.0	1.5	1.5	7.0
February	2.5	2.4	2.4	2.5	0.8	2.0	5.2
March	4.2	3.6	1.9	2.5	1.1	5.5	5.3

↑
actually
higher
rather
6%

5. HUMAN RESOURCES**Comment:****Dental (A17)**

One full-time and one part-time dental officer will continue their vocational training into general professional training for one further year in the Community Dental Service. Arrangements are in hand to employ three more Vocational Dental Practitioners replacing our current staff.

Podiatry (A20)

Recruitment is not a problem for Podiatry though maintaining sufficient staff on the bank is difficult. Lack of staff turnover is the major challenge.

Physiotherapy (A26)

Recruitment is slow in all grades except newly qualified staff.

6. OPERATIONAL ISSUES

GP BEDS (A15)

Haslar Closure

There is still no definite communication from the Health Authority as to the official closure of Minor Injuries at GWMH. A meeting on 19th April 2000 indicated that the official statement would be made on 11th May 2000 at a public meeting in the Thorngate Hall.

Staff are obviously very anxious as to their future and the effect that the loss of the Minor Injury Department will have on their working practice. Work is ongoing to identify staff needs and a skill-mix review is being undertaken.

Staff are being kept informed of the latest information and a meeting with all staff following the official declaration is being planned for 15th May 2000.

GOSDOC
P R .

Outpatients Clinics

Portsmouth Hospitals Trust have raised a concern within Outpatients that they may be removing the Dermatology Clinic to Haslar. The purpose of this is to meet clinical governance requirements for the medical teams.

There has been one discussion to date and we are waiting for more formal details. Should the clinic be transferred, at least one secretary will be at risk.

GOSDOC

A final decision in relation to the use of Minor Injury funding to source nursing to GOSDOC is awaited.

EMH

Summervale Staffing

Proposal being discussed to reduce continuing care beds in the division to 34, broadly in line with Havant & Petersfield. Work is also underway to analyse staffing associated with a bed split of Summervale 18/Redclyffe 16 which is in line with population size.

Consultants have agreed in principle. Need to clarify next steps.

DENTAL (A17)

The bid to Central Government for the development of Dental Access Centres in the Health Authority area has been successful. Detailed planning is now underway with regard to the Fareham and Petersfield Centres. These centres form phase one of the programme which

will have as phase two next year, the development of Gosport War Memorial Hospital and Portsmouth University.

PODIATRY (A20)

Control of Infection /Health & Safety

Clarification regarding the future use and policies for benchtop sterilisers is needed. Replacement if required, could be a large cost pressure.

Disinvestment/Demand Management

East Hants PCG/PCT have identified a wish to continue with self referral to Podiatry, a move which the Podiatry Department fully supports. Clarity regarding the preferred options of the other PCGs is sought.

Condemned Equipment

An increasing amount of equipment is being condemned and removed from service due to its age. We still have some drills, autoclaves and other basic equipment that is more than 18 years old. This year, 6 drills (£1K each) have been removed from service. A review of our inventory 18 months ago revealed a required spend in excess of £77K to replace the worst equipment. The budget has no funding for regular replacement of instruments.

PREMISES

Whiteley

Planning permission for new surgery still awaited.

Lee- on- Solent

Work has begun on building an estate of 1050 houses in Lee-on-Solent. GPs based in Lee-on-Solent Centre will pick up registration of these patients.

Extra accommodation needed at health centre, 1 x consultancy room, 1 x treatment room increased admin space and waiting area.

Initial discussions with Estates and Janet Kearney prior to possible feasibility study.

Gosport - Priddy's Hard

New housing estate east of Gosport in the process of being built.