

re-file

**PORTSMOUTH HEALTHCARE NHS TRUST**

**DIVISIONAL REVIEW**

**GOSPORT & FAREHAM DIVISION**

**11TH NOVEMBER 1999**



*Divisional Offices  
The Potteries*

Lesley. - outline for DIV REVIEW

**Portsmouth HealthCare NHS Trust**

**FAREHAM & GOSPORT**  
**CONTRACT/DIVISIONAL REVIEW**

**Divisional Offices, The Potteries**

**11TH NOVEMBER 1999**

**AGENDA**

1. **Matters Arising from the Review held on 11th August 1999**
  - ◆ **Respite Care**
  - ◆ **Dental Update:**
    - \* **Lake Road Health Centre**
    - \* **Orthodontics Transfer**
    - \* **Capital Funding**
  - ◆ **IIP Award ~ 15.10.99**
  - ◆ **Blackbrook Update**
  - ◆ **Haslar**
2. **Finance Report ~ Martin Gould**
3. **Activity Reports ~ 2nd Quarter ~ General Manager**
4. **Quality Return Section**
  - ◆ **Complaint Stats**
  - ◆ **Clinical Audit Reports**
  - ◆ **Risk Management Stats**
  - ◆ **Letters of Thanks and Donations**

5. **Human Resource Paper ~ Maureen Mills/Melanie Kyme**
6. **Any Other Business**
  - ◆ **Podiatry Paper (David Clements)**
  - ◆ **Occupational Therapy Paper (Rosemary Salmond)**
  - ◆ **Community Hospitals Paper (Fiona Cameron)**
  - ◆ **Whiteley Paper ~ Liz Ross**
  - ◆ **Away Day ~ Action Plan**
  - ◆ **General Manager Transfer**
7. **Date and Time of Next Meeting ~ to be confirmed ~ Year 2000**

**Distribution:**

***Tony Horne***  
***Ian Piper***  
***Lesley Humphrey***  
***Peter King***  
***Bill Hooper***  
***David Clements***  
***Martin Gould***  
***Rosemary Salmond***  
***Liz Ross***  
***Jane Parvin***  
***Nick Torlot***  
***Annie Coulson***  
***Barbara Robinson***  
***Alan Jones***  
***Wendy Mills***  
***Julie Hawkins***  
***Fiona Cameron***

**Portsmouth HealthCare NHS Trust**

**FAREHAM & GOSPORT DIVISIONAL REVIEW**

**Divisional Offices, The Potteries**

**11th NOVEMBER 1999 ~ 9.30 AM**

*This will be the last Divisional Review written by the General Manager who will be transferring to the Elderly Medicine Division, effective from 10th January 2000.*

*Fiona Cameron, the new acting-up General Manager, who will assume management responsibility for the Gosport and Fareham Division was in attendance at this Review.*

**1. MATTERS ARISING FROM THE REVIEW HELD ON 11TH AUGUST 1999.**

**Respite Care**

- ◆ In response to the last Review and the pressures on the beds, the General Manager had written to Alan Thompson at the Health Authority, advising him of this continued financial pressure and demand for heavily dependent patients. To date, there had been no response to the letter.
- ◆ Also, in support of the Health Service Local Authority Circular HSC 1999/180, reference Coughlan, judgement in East Devon, the comments from the Elderly Medicine Division and Dr Sheikh were that the current respite criteria for nursing home beds was flexible and manageable for both client groups and there did not seem to be any need to change the Health Authority criteria at the present time.
- ◆ To date, there has been no official meeting to discuss the correspondence sent from the latter to the Chief Executive by Elizabeth Jorge on 1.9.99.

**Dental Update**

**Lake Road Health Centre**

- ◆ The upgrade and re-opening of this facility was now on target and was anticipated to be completed early in January 2000.
- ◆ Letter from CHC received on 28.10.99 with statistical queries is being answered by A Jones.

### Orthodontics Transfer

- ?
- ◆ Alan Jones was currently negotiating the possible transfer of this budget to the Acute Hospital Trust in the new year as the waiting list and recruitment levels were causing serious difficulties.
  - ◆ It was envisaged that with this transfer, another consultant post could be appointed and the community clinics for Orthodontics would continue as they are now Trustwide but under the management of the Acute Hospital Orthodontic Department.

### Capital Funding

?

Confirmation from Ian Piper, Finance Director that £20,000 had been released to upgrade a further dental suite at Havant Health Centre and it was intended that this capital funding would be processed within this financial year.

### IIP Award ~ 15.10.99

- ◆ The General Manager had attended the presentation at Botley Grange with five representatives from the Community Hospitals/Therapies who had participated in this assessment.
- ◆ Further plaques and certificates to cover the other sites were in the process of being ordered.

### Blackbrook Update

- 20/S.
- ◆ The General Manager met with the Martyn Dorey, General Manager of the Acute Hospital site and midwifery representatives to discuss both the site management and the year 2000 opening arrangements.
  - ◆ A separate letter outlining the financial pressures of maintaining open the peripheral standalone unit within the Divisional budget, had been sent on 27th October 1999 and the issues regarding the millennium opening had also been discussed in detail.

### Haslar

- favout associated with M.I.
- ◆ The General Manager, Barbara Robinson, Minor Injuries Sister and Fiona Cameron were now alternating at meetings with the Acute Hospital Casualty task force responsible for setting up the new arrangements to come into operation in the year 2000 for covering the closure of Casualty at Haslar at the end of June 2000.
  - ◆ The task force/Health Authority meeting workshop at Gosport Town Hall on 22nd October 1999 had been very positive and it was hoped that the way forward would soon be available in a further discussion document later in the new year.

## 2. FINANCE REPORT ~ MARTIN GOULD

- ◆ The enclosed report is the 2nd Quarter's financial situation for the Division and service groups under the new finance format.
- ◆ The General Manager had processed as requested in the 1st Quarter, the Trust Funds in the Gosport properties, successfully to this Quarter and the only unexplained underspend was in the Podiatry budget, which was programmed for a new piece of equipment with a computer chip which would **not** be purchased until 1st January 2000 to be sure that it was compliant.
- ◆ The General Manager and Finance Manager have discussed the continued overspend with the divisional/service groups to continue to attempt a financial break-even at year end. The allocation of £15,000 in this Quarter has slightly improved the current situation.
- ◆ Details of the attempt to restrict recruitment to vacancies and with the strict allocation of bank agency staff will be discussed at the Review.

## 3. ACTIVITY REPORTS 2ND QUARTER ~ GENERAL MANAGER

- ◆ The Division and Contract Groups 2nd Quarter statistics are enclosed to September 1999.
- ◆ There are no specific areas of concern but it should be noted that Dental statistics are being monitored in regard to the number of children that are handed over to GDP practices but are still held on our lists for a fail safe fall back situation.
- ◆ Also, the Occupational Therapy reconfiguration is continuing to have an effect on the statistical returns against the caseload and a further review of the workload and statistics in the system, is being monitored on a monthly basis by the Contract Group.
- ◆ It should be noted that there is continued pressure for Physiotherapy cover on the Acute Hospital site in regard to the increasing numbers of Orthopaedic surgeons who have been employed and continue to be employed against the funding which does not appear to have been released to sustain the Therapy infrastructure (Physio/OT/Medical Aids).
- ◆ The West Sussex Physiotherapy statistics are included as in the previous Review, which continue to show the increasing statistical input from this Physiotherapy cover into the 2nd Quarter.

## 4. QUALITY RETURN SECTION

### Complaint Stats

- ◆ There are only five named complaints within the current Quarter as highlighted:
- ◆ Two from Community Hospitals, two from Dental and one from Podiatry.

*CG action plans to be a feature.*

- ◆ The level of Podiatry telephone calls and concern in regard to the waiting list appears to be a daily occurrence and as far as possible are being diffused at source in regard to the workload which is increasing and unable to contain the referral pattern.

### **Clinical Audits**

There have been no audit title comments this Quarter.

### **Risk Management Statistics**

- ◆ The second report from the CAREKEY computer system has numerically listed the staff and patient incidents in Quarter 2, on a Trustwide basis.
- ◆ This has been very helpful in highlighting both the type of incidents for staff at the Health & Safety meeting held in October and for wards to use in regard to incidents to patients and volumes of incidents as per client grouping.
- ◆ The above information has been welcomed by Clinical Managers as a way of reviewing risks across departments.

### **Letters of Thanks and Donations**

The total summary sheet of letters of thanks and donations is included for information.

#### **5. HUMAN RESOURCE PAPER ~ MAUREEN MILLS & MELANIE KYME**

The 2nd Quarter report has some statistical information missing due to the inability to collate stats for September. The general position is that recruitment has been monitored on a one-to-one replacement by the General Manager and Senior Personnel Manager and the recruitment difficulties remain as staff transfer or leave as the statistics indicate.

#### **6. ANY OTHER BUSINESS**

##### **Podiatry Paper ~ David Clements**

- ◆ The enclosed option proposals have been discussed widely within the Service and across the Trust in regard to the increasing pressures on the Service as already mentioned, within the existing manpower levels.
- ◆ The PCG Groups are aware of this situation and it is anticipated that a way forward on a Trustwide focus will help to alleviate the Service pressure by reviewing the referral pattern to reduce it to within manageable levels.

##### **Occupational Therapy Paper ~ Rosemary Salmond**

- ◆ With the increasing pressure to provide community Occupational Therapy, it is proposed that more clerical time is provided to 'free-up' the professional input to

assist with patient discharge due to the workload requirements of the local shop steward's ability for both his professional and trade union duties.

- ◆ Under Proposal 2, discussions have been undertaken in regard to the Psychology budget support for the Learning Disability Service and the inability to recruit over the past 18 months to the Occupational Therapy Service.
- ◆ With the reallocation of this funding within the existing budget, it would be possible to provide management to Physical Disability in each locality and release sufficient funding to enhance the community Learning Disability team's requirements for Psychological Service input.
- ◆ The rationalisation and reallocation from within the existing Occupational Therapy budget should be sufficient to fund both Proposal 1 and 2, in the Paper.

### **Community Hospitals Paper ~ Fiona Cameron**

With the Community Hospitals Clinical Leadership programme now well under way, the enclosed Paper updates how successfully the system is working.

### **Whiteley Paper ~ Liz Ross**

The Whiteley Development Primary Care Paper will be discussed at the Primary Care Divisional Review but within the Division, the continued pressure of development on the Whiteley Estate for population, shows the increased demands for Primary Care staff input and GP surgery base requirements to support the teams in the longer term.

### **Away Day Action Plan**

- ◆ The Divisional Team Away Day on 20th September 1999 incorporated the locality PCG Chief Executive and team and possible implications for the future management and requirements for Service changes over the next 18 months.
- ◆ The enclosed Action Plan gives the highlighted points with the lead manager for next year's Divisional Services.

### **General Manager Transfer**

Confirmation that the General Manager will be transferring to Elderly Medicine in January 2000 and a full induction programme and handover will be undertaken with Fiona Cameron, in advance of her transfer to The Potteries on 10th January 2000.

## **7. DATE AND TIME OF MEETINGS FOR YEAR 2000:**

*To be confirmed.*



FAREHAM &amp; GOSPORT DIVISION

Q2 July - Sept : 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	1,458	50%	1,095	-363	0
6F1160 F&G Divisional Reserve	94,320	-12	0%	64,666	-64654	-90000
6F1190 Contract Beds	162,124	81,568	50%	83,370	1802	0
6F2100 F&G Primary Care	582,246	294,592	51%	301,522	6930	3000
6F2105 Podiatry	773,002	388,898	50%	388,943	45	0
6F2110 Occupational Therapy	416,623	208,994	50%	246,975	37981	10000
6F2115 Physiotherapy	1,644,698	810,095	49%	785,496	-24599	-25000
6F2120 F&G Small Hospitals	4,693,084	2,350,177	50%	2,420,260	70083	85000
6F2125 F&G EMH	2,424,684	1,209,499	50%	1,260,427	50928	123000
6FA130 Dental	1,656,260	817,847	49%	783,693	-34154	-40000
6FA140 F&G Headquarters	172,548	86,246	50%	98,140	11894	20000
	<b>12,622,506</b>	<b>6,249,362</b>	<b>50%</b>	<b>6,305,255</b>	<b>55,893</b>	<b>86000</b>

Forecast Assumptions:

Projections INCLUDE the £30,000 "Revenue support" funding.

Projections EXCLUDE the cost of Christmas and New Year pay and the additional Bank Holiday.

The Division will not receive any funding to the cost pressures detailed in the Financial Review report produced in April 1999.

Funding of £7k will be received to cover the revenue cost of The Potteries' rent.

Projections EXCLUDE any inflation funding due for the Initial Contracts

EMH

Medical <sup>DVs</sup> 13,000 ~~0/5~~  
 Commercial 26,000 "  
 Mulberry 30,000 "

SM Hosp. Admin + telemedical

Target £50,000

£36 to find

FAREHAM &amp; GOSPORT DIVISION

Q2 July - Sept : 1999 - 2000

Current Year Issues & Cost Pressures

Service / Care Group	Narrative
6F1150 F&G Divisional Training	
6F1160 F&G Divisional Reserve	
6F1190 Contract Beds	
6F2100 F&G Primary Care	
6F2105 Podiatry	
6F2110 Occupational Therapy	Mobile phone rental - £7200 Staff training - Consortium monies required
6F2115 Physiotherapy	Walking aids - A&C, Fracture clinic, early discharge. non return
6F2120 F&G Small Hospitals (includes bank/agency)	As from 1st November no agency staff can be authorised without the agreement of Barbara Robinson.

Portsmouth Healthcare NHS Trust

6F2125	F&G EMH	
6FA130	Dental	
6FA140	F&G Headquarters	Medical equipment maintenance increase.

FAREHAM & GOSPORT DIVISION

Q2 July - Sept : 1999 - 2000

Issues & Cost Pressures for Future Years

General	Narrative
<p><i>Review by area black 7 re deploy check null MRO 4/5 sick</i></p>	<p>Current proposals which will have some effect current year but are more aimed at recurring reduced costs are:                      * Assessment of all posts which become vacant with initial aim of delaying replacement for a minimum 3 months. To date this has not produced any results, the reasons for this will be analysed. It is planned to use this as a base to a full staff service review with aim of reducing 8.00 posts ( 1.4% of the current establishment)                      * Audit of Meals on Wheels service.</p>

FAREHAM & GOSPORT DIVISION

Q2 July - Sept : 1999 - 2000

Non-Recurring Programme:

Centre	Description	Annual Allocation	Spending to Date	Yend Projection
	Note: The current list of required items classified by managers as " Preventing Function of Service" stands at £70k. This list is scrutinised to see if Charitable Funds can be utilised.	0	0	0
		0	0	0
		0	0	0
	<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>

+ \* Stroke monies for OT.  
 \* MRO grs return March.  
 \* Admin post GWMH  
 \* Vicar going

\* 10,000 health promotion  
 \* Blackbrook £4000 ofc.

Amalgamate Dental & InfW. 04/11/99

## Portsmouth Healthcare NHS Trust

## FAREHAM &amp; GOSPORT DIVISION

Q2 July - Sept : 1999 - 2000

**Capital Expenditure:**

Centre	Description	Annual Allocation	Spending to Date	Y/end Projection
	Planned upgrading of Havant Health Centre Dental Suite.	0	0	0
		0	0	0
	<b>TOTAL</b>	0	0	0

**Charitable Fund Expenditure:**

Cost Centre	Fund Name	Balance 1/4/99	Current Balance 30/9/99	Target Balance	Still to be Spent
C71026	Gosport WMH Patients	30,796	34,500	15,398	19,102
C71030	St Christopher's Hospital Staff Fund	5,779	5,494	2,890	2,604
C71042	Gosport WMH Properties	92,713	27,978	46,357	18,379
C71052	Podiatry General	13,934	17,095	6,967	10,128
	<b>TOTAL</b>	<b>143,222</b>	<b>85,067</b>	<b>71,612</b>	<b>13,455</b>

**Notes:**

Comparison of costs for this period to 1998/99 show an increase of £103,000. The main reasons for this are;

Dental, ( plus £21k) Due to additional spend on staff with fewer vacancies over the period.

EMH / Small Hospitals(plus £54K) Due to clients requiring one to one " specialing " , resulting in increased agency costs.Additional 5.00wte in post. No material change in non-pa

Occupational Therapy ( plus £23k). Due to Agency costs to cover maty leave and lone workers mobile phone rental costs.

# CONTRACT A15a: MINOR INJURIES

## PORTSMOUTH HEALTH CARE NHS TRUST UNIT SUMMARY

CONTRACT CURRENCY	Annual	6				Quarter 1	Current	6	%	Contract	Forecast
	Targets	month target	JULY	AUG	SEPT	Cum	Cum	month	variance	Remaining	12 month
	99/00	99/00				Total	Total	Total	against		Total
						99/00	99/00	98/99	target		
<b>New Patients by site:</b>											
Gosport War Memorial	12346	6173	888	988	875	2891	5642	5950	-8.60%	6704	11144
Petersfield Hospital	3049	1525	340	314	249	867	1770	1694	16.10%	1279	3576
Havant War Memorial	588	294	73	67	52	158	350	348	19.05%	238	734
Victoria Cottage, Emsworth	500	250	44	53	51	144	292	306	16.80%	208	588
<b>Total</b>	<b>16483</b>	<b>8242</b>	<b>1345</b>	<b>1422</b>	<b>1227</b>	<b>4060</b>	<b>8054</b>	<b>8298</b>	<b>-2.28%</b>	<b>8429</b>	<b>16042</b>
<b>Total Patients by site:</b>											
Gosport War Memorial	0	0	1091	1185	1087	3465	6828	7205			13554
Petersfield Hospital	0	0	370	365	270	958	1963	1798			3973
Havant War Memorial	0	0	84	83	68	163	398	395			868
Victoria Cottage, Emsworth	0	0	49	58	55	152	314	343			638
<b>Total</b>	<b>0</b>	<b>0</b>	<b>1594</b>	<b>1691</b>	<b>1480</b>	<b>4738</b>	<b>9503</b>	<b>9741</b>			<b>19033</b>



**CONTRACT A15: GP BEDS****PORTSMOUTH HEALTH CARE NHS TRUST  
UNIT SUMMARY**

CONTRACT CURRENCY	Annual	6				Quarter 1	Current	6	%	Contract	Forecast
	Targets	month target	JULY	AUG	SEPT	Cum	Cum	month	variance	Remaining	12 month
Inpatients	99/00	99/00				Total	Total	Total	against		Total
						99/00	99/00	98/99	target		
<b>Finished Consultant Episodes:</b>											
Gosport War Memorial	0	0	32	32	32	89	185	181			377
Petersfield Hospital	0	0	29	29	23	104	185	162			347
Havant War Memorial	0	0	37	38	40	102	217	220			447
Victoria Cottage, Emsworth	0	0	25	18	21	71	135	120			263
Total - Elective	0	0	0	0	0	46	46	383			46
Total - Non-Elective	0	0	2	0	2	320	324	300			332
Total - All	1544	772	123	117	116	366	722	683	-6.48%	822	1434
<b>Occupied Bed Days:</b>											
Gosport War Memorial	0	0	487	411	434	1286	2618	2688			5282
Petersfield Hospital	0	0	451	444	466	1368	2729	2204			5451
Havant War Memorial	0	0	595	583	573	1593	3344	3676			6846
Victoria Cottage, Emsworth	0	0	323	352	241	971	1887	1582			3719
Total	0	0	1856	1790	1714	5218	10578	10150			21298

**CONTRACT A26:          PHYSIOTHERAPY****PORTSMOUTH COMMUNITY HEALTH CARE SERVICES UNIT  
UNIT SUMMARY**

CONTRACT CURRENCY	Annual	6				Quarter 1	Current	%	Contract	Forecast
	Targets	month target	JULY	AUG	SEPT	cum	cum	variance	Remaining	12 month
	99/00	99/00				Total	Total	against		Total
						99/00	99/00	target		
Contacts										
Initial contacts	0	0	2021	1798	1711	6107	11637			22697
Total contacts	171901	85951	13862	12231	12068	43259	81420			
Non-attributable activity	0	0	302	257	190	1489	2238			
<b>TOTAL ACTIVITY</b>	<b>171901</b>	<b>85951</b>	<b>14164</b>	<b>12488</b>	<b>12258</b>	<b>44748</b>	<b>83658</b>	<b>-2.67%</b>	<b>88243</b>	<b>161478</b>

**CONTRACT A20: Podiatry****PORTSMOUTH COMMUNITY HEALTH CARE SERVICES UNIT  
UNIT SUMMARY**

CONTRACT CURRENCY	Annual	6				Quarter 1	Current	%	Contract	Forecast
	Targets	month target	JULY	AUG	SEPT	cum	cum	variance	Remaining	12 month
	99/00	99/00				Total	Total	against		Total
						99/00	99/00	target		
<b>Contacts</b>										
Initial contacts	0	0	873	793	562	2105	4333			8789
Total contacts	87548	43774	7263	6948	6557	20142	40910			
Non-attributable activity	0	0	692	526	493	1826	3537			
<b>TOTAL ACTIVITY</b>	<b>87548</b>	<b>43774</b>	<b>7955</b>	<b>7474</b>	<b>7050</b>	<b>21968</b>	<b>44447</b>	<b>1.54%</b>	<b>43101</b>	<b>89405</b>



# CONTRACT A13: PHYSICALLY DISABLED

## PORTSMOUTH HEALTH CARE NHS TRUST UNIT SUMMARY

CONTRACT CURRENCY	Annual	6				Quarter 1	Current	%	Contract	Forecast
	Targets	month target	JULY	AUG	SEPT	Cum	Cum	variance	Remaining	12 month
	99/00	99/00				Total	Total	against		Total
						99/00	99/00	target		
Inpatients										
Finished Consultant Episodes										
Le Court	0	0	8	7	7	27	49			93
Westbury House	0	0	0	0	0	0				
Others	0	0	6	4	3	15	28			54
Total - Elective	170	85	14	11	10	42	77	-9.41%	93	147
Total - Non-Elective	0	0	0	0	0	0				
Total - All	0	0	14	11	10	42	77			147
Occupied Bed Days										
Le Court	0	0	84	112	82	258	536			1092
Westbury House	0	0	31	31	30	91	183			367
Others	0	0	73	44	57	236	410			758
Total - Long stay in Non-NHS	0	0	31	31	30	91	183			367
Total - Short stay in Non-NHS	0	0	157	156	139	494	946			1850

## CONTRACT A17: COMMUNITY DENTAL SERVICES

### PORTSMOUTH COMMUNITY HEALTH CARE SERVICES UNIT UNIT SUMMARY

CONTRACT CURRENCY	Annual	6				Quarter 1	Current	%	Contract	Forecast
	Targets	month target	JULY	AUG	SEPT	cum	cum	variance	Remaining	12 month
	99/00	99/00				Total	Total	against		Total
						99/00	99/00	target		
<b>Total Courses of Treatment</b>										
Commenced	0	0	331	329	319	1082	2061			4019
Completed	0	0	1295	1274	1306	3965	7840			15590
<b>Specialist Orthodontic</b>										
Cases Commenced	0	0	0	0	0	0				
Cases Completed	0	0	0	0	0	0				
<b>Domicilliary contacts</b>										
	0	0	141	186	127	416	870			1778
<b>Face to Face Contacts</b>										
Specialist Orthodontic	0	0	0	0	0	0				
Non-Specialist Orthodontic	0	0	149	158	161	807	1275			
Other	93500	46750	5724	3435	4933	17204	31296			
School Screening	0	0	852	0	1305	3030	5187			
<b>Total FTF Contacts</b>	93500	46750	6725	3593	6399	21041	37758			
Non-attributable activity	0	0	0	2	9	0	11			
<b>TOTAL ACTIVITY</b>	93500	46750	6725	3595	6408	21041	37769	-19.21%	55731	71225

## CONTRACT A27: OCCUPATIONAL THERAPY

### PORTSMOUTH COMMUNITY HEALTH CARE SERVICES UNIT UNIT SUMMARY

CONTRACT CURRENCY	Annual	6				Quarter 1	Current	%	Contract	Forecast
	Targets	month target	JULY	AUG	SEPT	cum	cum	variance	Remaining	12 month
	99/00	99/00				Total	Total	against		Total
						99/00	99/00	target		
<b>Contacts</b>										
Initial contacts	0	0	504	415	425	1666	3010			5698
Total contacts	65869	32935	4837	4079	4173	13738	26827			
Non-attributable activity	0	0	250	213	96	882				
<b>TOTAL ACTIVITY</b>	<b>65869</b>	<b>32935</b>	<b>5087</b>	<b>4292</b>	<b>4269</b>	<b>14620</b>	<b>28268</b>	<b>-14.17%</b>	<b>37601</b>	<b>55564</b>

PORTSMOUTH  
**HealthCare**  
TRUST

FROM: Jill Delaney  
Physio - Havant/Petersfield

TO: Bill Hooper  
Divisional General Manager  
The Potteries

DATE: 27 October 1999

Ref: JD/BL

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**NUMBERS OF:-**

- 1) West Sussex GP referrals April 99 - Oct 99 55 initial contacts
- Average number of treatments at @ 4.5 247 face-to-face contacts
  
- 2) West Sussex Consultant referrals 74 initial contacts
- Average number of treatments @ 4.5 333 face to face contacts

Total West Sussex Referrals received for 7 months April 99 - Oct 99:-

129 Initial  
580 Face to face @ average 4.5 treatments to initial

- 3) West Meon - former GP fundholder in Winchester catchment area
- 10% physio per week at their surgery
- Not significantly changed

This in total is 129 known initial contacts for West Sussex and GP and Consultant

I have underlined known because there will be others more difficult to trace by postcode.

*Wendy - what is this issue?*  
*Julie - " " " " ?*

## Complaints Received during Quarter 2, 1999 (July - September) Community Hospitals

Complaint No.	Complaint Date	Complainant Name	Complaint Type	Complaint Status	Resolution Date
B99/0026	20-07-1999	CONFIDENTIAL	Attitude of staff	Closed	30-07-1999
Summary: Code A wrote to complain about the attitude of the nurse in the minor injuries department at Gosport War Memorial Hospital when she attended there with her granddaughter. Resolution: Code A granddaughter refused to be treated by clinical manager on duty and it was felt that it would be safer if she was seen by an ENT doctor, hence the referral to Queen Alexandra Hospital. Apology given for distress caused.					
B99/0035	06-09-1999	CONFIDENTIAL	Attitude of staff	Closed	29-09-1999
Summary: Code A wrote to complain about the attitude of the receptionist at Emsworth Hospital. Resolution: System for podiatry appointments is not working. Apology for this and for receptionist's rudeness.					

Grand Total Count: 2

### Dental

Complaint No.	Complaint Date	Complainant Name	Complaint Type	Complaint Status	Resolution Date
B99/0025	14-07-1999	CONFIDENTIAL	Attitude of staff	Closed	06-08-1999
Summary: Code A wrote to complain about the attitude of the dentist when he telephoned her following a referral from her general practitioner. Resolution: Dentist felt he acted courteously and professionally at all times. Apology given.					
B99/0048	30-09-1999	CONFIDENTIAL	Admission, discharge and transfer arrang	Closed	26-10-1999
Summary: Code A wrote to complain about the fact that he was given out of date information regarding what his daughter could drink prior to attending for dental treatment under general anaesthetic and about how the dentist treated the family. Resolution: Apology given for distress and inconvenience. Offer made to reimburse Code A for lost day's pay.					

Grand Total Count: 2

### Podiatry

Complaint No.	Complaint Date	Complainant Name	Complaint Type	Complaint Status	Resolution Date
B99/0039	15-09-1999	CONFIDENTIAL	Appoint. delay/cancellation (outpatient)	Closed	12-10-1999
Summary: Commander D. wrote to complain about the length of time he had to wait between his podiatry appointments. Resolution: Unfortunately owing to increased demand on service patients can no longer be seen more frequently than twelve weekly. Apology given for inconvenience caused.					

Grand Total Count: 1

**Non-Patient incidents (Community Hospitals)**  
**Q2 1999/2000**

**By site**

Gosport War	15
Havant War	6
Petersfield	14
St Christopher's	14
VCH Emsworth	1
<b>Totals:</b>	<b>50</b>

**By event type;**

Assault (verbal abuse victim)	2
Assault (victim)	7
Back Injury/Pain	4
Bumped/Caught In/Struck By	8
Fire (actual)	2
Hazardous Exposure (Chemical/Electrical)	2
Infection risk (clinical sharp)	1
Manual Handling (object)	3
Manual Handling (person)	4
Medical collapse	1
Other Injury - Patient Care Related	1
Scald/Burn	2
Security (damaged property)	1
Security (intruder)	1
Security (missing property <£1000)	1
Service failure (utilities)	1
Slip/Fall/Trip	4
Staffing (nursing)	5
<b>Totals:</b>	<b>50</b>

**By severity;**

Near Miss	10
Minor	35
Moderate	2
Critical	3
<b>Totals:</b>	<b>50</b>

**By area;**

Briarwood Ward	2
Daedalus Ward	1
Dryad Ward	4
Gosport War	1
Havant War Memorial	5
Minor Injuries Depts	3
Mulberry Ward	6
Non-Clinical Area	3
Phoenix Day Hospital	1
Physiotherapy Dept (Others)	2
Rosewood Ward	7
Rowan Ward	5
Shannon Ward	3
Sultan Ward	2
Emsworth Hospital	1
Willows Ward	4
<b>Totals:</b>	<b>50</b>

## By site, by event type

**Site: Gosport War Memorial Hospital**

Assault (victim)	5
Back Injury/Pain	2
Bumped/Caught In/Stuck By	5
Hazardous Exposure (Chemical/Electrical)	1
Manual Handling (person)	1
Staffing (nursing)	1
<b>Totals:</b>	<b>15</b>

**Site: Havant War Memorial Hospital**

Back Injury/Pain	1
Fire (actual)	1
Hazardous Exposure (Chemical/Electrical)	1
Infection risk (clinical sharp)	1
Manual Handling (object)	2
<b>Totals:</b>	<b>6</b>

**Site: Petersfield Community Hospital**

Assault (verbal abuse victim)	1
Assault (victim)	1
Bumped/Caught In/Struck By	1
Manual Handling (person)	2
Medical collapse	1
Other Injury - Patient Care Related	1
Security (damaged property)	1
Security (missing property <£1000)	1
Slip/Fall/Trip	2
Staffing (nursing)	3
<b>Totals:</b>	<b>14</b>

**Site: St Christopher's Hospital**

Assault (verbal abuse victim)	1
Assault (victim)	1
Back Injury/Pain	1
Bumped/Caught In/Struck By	2
Fire (actual)	1
Manual Handling (object)	1
Manual Handling (person)	1
Scald/Burn	2
Security (intruder)	1
Service failure (utilities)	1
Slip/Fall/Trip	2
<b>Totals:</b>	<b>14</b>

**Patient Risk Events Q2 1999/2000  
Community Hospitals**

**By area;**

Briarwood Ward	4
Cedar Ward	1
Daedalus Ward	12
Dryad Ward	5
Havant War Memorial	9
Minor Injuries Depts	1
Mulberry Ward	149
Phoenix Day Hospital	5
Rosewood Ward	5
Rowan Ward	14
Shannon Ward	2
Sultan Ward	20
Victoria Cottage Hospital	9
Willows, The	16
<b>Totals:</b>	<b>252</b>

**By severity;****Severity: Near Miss**

Briarwood Ward	1
Daedalus Ward	4
Dryad Ward	1
Havant War Memorial	5
Mulberry Ward	56
Phoenix Day Hospital	1
Rosewood Ward	1
Rowan Ward	4
Sultan Ward	5
Victoria Cottage Hospital	4
Willows, The	5
<b>Totals:</b>	<b>87</b>

**Severity: Minor**

Briarwood Ward	3
Daedalus Ward	8
Dryad Ward	4
Havant War Memorial	4
Minor Injuries Depts	1
Mulberry Ward	89
Phoenix Day Hospital	2
Rosewood Ward	3
Rowan Ward	9
Shannon Ward	2
Sultan Ward	14
Victoria Cottage Hospital	5
Willows, The	11
<b>Totals:</b>	<b>155</b>



**Severity: Moderate**

Mulberry Ward	3
Phoenix Day Hospital	2
Rosewood Ward	1
Sultan Ward	1
<b>Totals:</b>	<b>7</b>

**Severity: Critical**

Cedar Ward	1
Mulberry Ward	1
Rowan Ward	1
<b>Totals:</b>	<b>3</b>

**By area;****Area: Briarwood Ward**

Fall (found on floor)	4
<b>Totals:</b>	<b>4</b>

**Area: Cedar Ward**

Fall (found on floor)	1
<b>Totals:</b>	<b>1</b>

**Area: Daedalus Ward**

Bumped/caught in/struck by	1
Fall (found on floor)	7
Fall (seen/reported)	2
Fall (slip/trip - seen/reported)	2
<b>Totals:</b>	<b>12</b>

**Area: Dryad Ward**

Fall (found on floor)	3
Fall (seen/reported)	1
Skin (damage to )	1
<b>Totals:</b>	<b>5</b>

**Area: Havant War Memorial**

Fall (found on floor)	8
Fall (seen/reported)	1
<b>Totals:</b>	<b>9</b>

**Area: Minor Injuries Depts**

Fall (found on floor)	1
<b>Totals:</b>	<b>1</b>

**Area: Mulberry Ward**

Assault (actual - assailant)	4
Assault (actual - victim)	4
Assault (verbal abuse - assailant)	1
Bumped/caught in/struck by	2
Fall (found on floor)	93
Fall (seen/reported)	29
Fall (slip/trip - seen/reported)	3
Medical collapse	1
Scald/burn	1
Skin (damage to )	11
Totals:	149

**Area: Phoenix Day Hospital**

Choking	1
Fall (found on floor)	2
Medical collapse	1
Skin (damage to )	1
Totals:	5

**Area: Rosewood Ward**

Bumped/caught in/struck by	2
Fall (found on floor)	1
Fall (seen/reported)	1
Fall (slip/trip - seen/reported)	1
Totals:	5

**Area: Rowan Ward**

Fall (found on floor)	12
Fall (seen/reported)	1
Skin (damage to )	1
Totals:	14

**Area: Shannon Ward**

Bumped/caught in/struck by	1
Fall (found on floor)	1
Totals:	2

**Area: Sultan Ward**

Bumped/caught in/struck by	1
Equipment (failure)	1
Fall (found on floor)	9
Fall (seen/reported)	6
Fall (slip/trip - seen/reported)	2
Medical collapse	1
Totals:	20

**Area: Victoria Cottage Hospital Emsworth**

Abscondment (actual)	1
Bumped/caught in/struck by	1
Fall (found on floor)	2
Fall (seen/reported)	4
Manual handling (person)	1
Totals:	9

**Area: Willows, The**

Fall (found on floor)	7
Fall (seen/reported)	7
Fall (slip/trip - seen/reported)	1
Skin (damage to )	1
Totals:	16

# QUALITY RETURNS

## GOSPORT & FAREHAM DIVISION

### QUARTERLY RETURN - LETTERS OF THANKS AND DONATIONS

Quarter Ending:- Sept '99

ST CHRISTOPHER'S HOSPITAL	5
GOSPORT WAR MEMORIAL HOSPITAL	35
THERAPIES	8
PETERSFIELD HOSPITAL	17
HAVANT	7
EMSWORTH	18
TOTAL:	<u>90</u>

**SUMMARY DOCUMENT**  
**DENTAL**  
**HEALTH PROMOTION**  
**F&G HEALTH CENTRES**  
**PODIATRY**  
**PHYSIOTHERAPY**  
**OCCUPATIONAL THERAPY**

**DIVISIONAL REVIEW**

**HUMAN RESOURCE INFORMATION**

**SECOND QUARTER**

**1999/2000 DIVISIONAL REVIEW**

Prepared by : Potteries Personnel Services

**HUMAN RESOURCE INFORMATION**  
**FAREHAM / GOSPORT**  
**SUMMARY**

This report contains the following performance indicators:

<b>Table 1</b>	<b>Staff in Post by contract group</b>
<b>Table 2.1</b>	<b>Wastage Rates by contract group</b>
<b>Table 2.2</b>	<b>Number of Leavers by contract group</b>
<b>Table 2.3</b>	<b>Reasons for Leaving (Summarised for all contract groups)</b>
<b>Table 2.4</b>	<b>Uptake of the exit questionnaires / interviews (Summary )</b>
<b>Table 3.1</b>	<b>Absence Rates by contract group</b>

**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			8.9
Admin & Clerical	5.6	5.6			5.3
<b>Total</b>	<b>17.0</b>	<b>16.2</b>			<b>14.2</b>

- 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			14.61

**Dental Staff in Post**

Staff in Post (WTE)	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Est
Dental Officers	12.4	12.8			17.5
Dental Nurses	32.7	31.6			33.4
Dental Therapists	8.3	9.3			8.3
Admin & Clerical	6.8	7.7			9.1
<b>Total</b>	<b>60.2</b>	<b>61.5</b>			<b>68.7</b>

- Dental Nurses includes Surgery Assistants
- Figures for Dental Therapists include Dental Health Educators
- Recruitment activity has been successful in this quarter and two Dentists and three Vocational Trainees have been appointed

### Podiatry Staff in Post across the Trust

Staff in Post (WTE)	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Est
Podiatrists	24.4	23.4			25.07
Podiatry Asst	3.9	3.9			4.03
Admin & Clerical	0.9	0.9			2.00
<b>Total</b>	<b>29.2</b>	<b>28.2</b>			<b>31.10</b>

- Funded for 1 whole time equivalent administration post, but currently sharing secretarial help

### 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	Est
Physiotherapists	60.7	63.0			60.48
Physio Assistants	7.9	8.7			6.53
Admin & Clerical	7.2	7.2			6.37
<b>Total</b>	<b>75.9</b>	<b>87.7</b>			<b>73.38</b>

### 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		
OT Assistants	6.7	10.3		
Admin & Clerical	3.6	3.8		
<b>Total</b>	<b>46.3</b>	<b>42.3</b>		

- The drop in qualified staff this quarter is partly because one rotational post for OT is seconded to Social Services and one to the Rowans.
- One OT was redeployed for health reasons from Elderly Medicine on a part time basis. Some of these hours are in excess of the budget.
- The aim will be to reduce OTA's through natural wastage and to employ Junior OTs instead as it is more useful to complete activity and it also provides a broader training ground for them



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

**Health Promotion Wastage Rates  
1/4/99 - 1/10/99**

Staff Group	to date	Predicted Total
Health Promotion Specialists	9.1	18.2
Admin & Clerical	17.9	35.8
<b>Total</b>	<b>15.0</b>	<b>30</b>

- Interviews for a Health Promotion Specialist will take place this month to fill a substantive vacancy and the temporary vacancy covering sabbatical leave starting in January 2000

**Health Centres Wastage Rates  
1/4/99 - 1/10/99**

Staff Group	to date	Predicted Total
Admin & Clerical	6.6	13.2

**Dental Wastage Rates  
1/4/99 - 1/10/99**

Staff Group	to date	Predicted Total
Dental Officers	8.7	17.4
Dental Nurse	4.3	8.6
Dental Therapists	0	0
Admin & Clerical	0	0
<b>Total</b>	<b>15.4</b>	<b>30.8</b>

**Podiatry Wastage Rates %  
1/4/99 - 1/10/99**

Staff Group	to date	Predicted Total
Podiatrists	2.5	5.0
Podiatry Asst	0	0
Admin & Clerical	0	0
<b>Total</b>	<b>2.1</b>	<b>4.2</b>

**Physiotherapy Wastage Rates**  
1/4/99 - 1/10/99

Staff Group		Predicted Total
Physiotherapists	11.4	22.8
Physio Assistants	12.1	21.2
Admin & Clerical	0	0
<b>Total</b>	<b>9.9</b>	<b>19.8</b>

- It is usual at this time of year to lose the junior therapists to promotion elsewhere. Two have left for this reason.

**Occupational Therapy Wastage Rates**  
1/4/99 - 1/10/99

Staff Group		Predicted Total
Occupational Therapists	5.0	10.0
OT Assistants	13.8	27.6
Admin & Clerical	7.8	15.6
<b>Total</b>	<b>7.0</b>	<b>14.0</b>

**Table 2.2**  
**Health Promotion Number of Leavers**

Staff Group	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Health Promotion Specialists	0	1		
Admin & Clerical	1	0		
<b>Total</b>	<b>1</b>	<b>1</b>		

**Health Centres Number of Leavers**

Staff Group	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Admin & Clerical	2	0		

**Dental Number of Leavers**

Staff Group	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Dental Officers	1	1		
Dental Nurses	1	1		
Dental Therapists	0	0		
Admin & Clerical	0	0		
<b>Total</b>	<b>2</b>	<b>2</b>		

**Podiatry Number of Leavers**

Staff Group	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Podiatrists	0	1		
Podiatry Asst	0	0		
Admin & Clerical	0	0		
<b>Total</b>	<b>0</b>	<b>1</b>		

**Physiotherapy Number of Leavers**

Staff Group	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Physiotherapists	2	4		
Physio Assistants	3	1		
Admin & Clerical	0	0		
<b>Total</b>	<b>5</b>	<b>5</b>		

## Occupational Therapy Number of Leavers

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

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				2
	Dismissal					
	End of contract	1				1
	Transfer of post in NHS					
Involuntary	Early/Ill Health Retirement					
	Death					
	Medical dismissal	1				1
Controllable	Career development	3	8			11
	Promotion					
	Training	1				1
	Dissatisfied with Trust	1				1
	Personal reasons	4	2			6
Reasons unknown						
<b>Total</b>		<b>13</b>	<b>10</b>			<b>23</b>

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**

<b>Month</b>	<b>Percentage Sickness Absence</b>						
	<b>Health Promo</b>	<b>Health Centres</b>	<b>Dental</b>	<b>Pod</b>	<b>Physio</b>	<b>OT</b>	<b>Trust</b>
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	0.3	4.6	2.0	2.5	6.0
August	5.5	1.5	0.1	0.2	3.3	1.6	4.8
September	-	-	-	-	-	-	-
October							
November							
December							
January							
February							
March							

- Data is not available for September

**COMMUNITY HOSPITALS**

**FAREHAM & GOSPORT REVIEW**

**SECOND QUARTER**

**1999/2000 CONTRACT GROUP REVIEW**

**HUMAN RESOURCE INFORMATION**

*Prepared by: Personnel Services, The Potteries*

**HUMAN RESOURCE INFORMATION****ST. CHRISTOPHER'S HOSPITAL**  
**&**  
**GOSPORT WAR MEMORIAL HOSPITAL**

This report contains three performance indicators:

<b>Table 1.1</b>	<b>Staff in Post</b>
<b>Table 1.2</b>	<b>Number of Starters</b>
<b>Table 2.1</b>	<b>Wastage Rates</b>
<b>Table 2.2</b>	<b>Number of Leavers</b>
<b>Table 2.3</b>	<b>Reasons for Leaving</b>
<b>Table 2.4</b>	<b>Exit Questionnaires</b>
<b>Table 3.1</b>	<b>Sickness Absence Rates for the Hospitals</b>
<b>Table 3.2</b>	<b>Absence per Service - sickness &amp; maternity</b>

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

**Table 1.1 Staff in Post by WTE (whole time equivalents)  
St. Christopher's Hospital and Gosport War Memorial Hospital**

Staff in Post	Qter 3 98 / 99	Qter 4 98 / 99	Qter 1 99 / 00	Qter 2 99 / 00	establishment
Qualified Nurses	71.95	72.59	70.82	72.47	79.03
Health Care Support Workers	82.47	83.28	83.65	87.90	84.76
Managers, Admin. Ancillary	59.02	57.84	61.21	59.52	60.72
<b>Total</b>	<b>213.44</b>	<b>213.71</b>	<b>215.68</b>	<b>219.89</b>	<b>224.51</b>

To save on the predicted overspend for the year, managers are asked to have their request for new staff accepted by the General Manager before advertising. This delays the process and will save money unless the shortfall is met by using Bank and Agency staff. There is no slack in the establishment, and this may prove difficult to do as safe levels of nursing have to be met. Interviews are to be held in October for trained and untrained staff.

It has proved difficult to reach the staffing levels budgeted for, despite continuing to recruit.

**Table 1.2 Number of starters external to the Trust excluding Bank staff**

Staff Group	1998/9	1/4/99 - 6/10/99
Qualified Nurses	13	4
Health Care Support Workers	18	5
Managers, Admin & Ancillary	8	8
<b>Total</b>	<b>39</b>	<b>17</b>



**Table 2.1 Wastage Rates %**

Staff Group	1/1/99 - 31/3/99	1/4/99 - 6/10/99	forecast for the year
Qualified Nurses	2.30	5.37	10.74
Health Care Support Workers	2.41	3.86	7.72
Managers, Admin & Ancillary	1.85	6.07	12.14
<b>Total</b>	<b>2.00</b>	<b>4.95</b>	<b>9.89</b>

**Table 2.2 Number of leavers from the Trust (excludes Bank Staff )  
St. Christopher's & Gosport War Memorial Hospitals**

Staff Group	1/10/98- 31/12/98	1/1/99- 31/3/99	1/4/99 - 6/10/99	exit interviews this quarter	exit questionnaire returned this quarter
Qualified Nurses	6	2	6	0	0
Health Care Support Workers	7	2	6	0	2
Managers, Admin & Ancillary	3	2	5	0	0
<b>Total</b>	<b>16</b>	<b>6</b>	<b>17</b>	<b>0</b>	<b>2</b>

**Table 2.3 Reasons for leaving 1999 / 2000  
St. Christopher's & Gosport War Memorial Hospitals**

	Reason for leaving	Apr - Jun	Jul - Sept	Oct- Dec	Jan - Mar
Controllable	Retirement	2	2		
	Dismissal				
	End of contract				
	Transfer of post				
Involuntary	Early/ill Health Retirement				
	Death				
	Medical dismissal	1	1		
Uncontrollable	Career development		1		
	Training		1		
	Dissatisfaction				
	Personal reasons	6	3		
Unknown Reason					
<b>Total</b>		<b>9</b>	<b>8</b>		

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 2.4 Uptake of the exit questionnaire / interview procedure**

exit questionnaires received this quarter	exit interviews requested this quarter
2	0

Absence data is not available for September 1999

**Table 3.1 % Absences for the Hospitals 1999 / 2000**

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		
October		
November		
December		
January		
February		
March		

**Table 3.2 Absences %**

	SCH	SCH	GWM	GWM
1999 / 2000	SICK	MAT	SICK	MAT
Apr - Jun	6.0	0.3	3.3	0.1
Jul + Aug	5.5	0	3.0	1.2
Oct - Dec				
Jan -Mar				

Absences are reducing, however, finding replacement nurses at short notice remains difficult. However, there have been no 'near misses' reported.

## Appraisal of Demand Management Options

*Demand Mgmt Gp  
District wide.*

### Portsmouth and South East Hants Podiatry Service

The Podiatry service is becoming unable to cope with the pressure on it's services. Action to curb the demand is essential. As a first step, patients who present with foot problems deemed self treatable such as verrucae, fungal foot infections and basic nail care are given advice on prevention and care and discharged following assessment. This in turn has placed increased strain on the service as the remaining patients have significant problems and are therefore more labour intensive. A further 20% reduction in the number of patients may only provide a 5 -10% reduction in workload.

The lack of a local Foot Health Strategy (unthinkable if this were oral health) as recommended in the Department of Health document 'Feet First' (1994), makes it difficult to clarify service priorities. This results in inconsistency between referrers and confusion for patients, carers and professionals regarding expectations and responsibility for service provision. Separating want from need in foot health has not been tackled on an inter - agency basis allowing a mass of uncontrolled expectation to build, what volume of foot health demand is health related and how much is social care is a debate essential for the effective provision of an NHS podiatry service. As part of the demand management process a Foot Health Strategy should be produced and time given for public consultation.

One of the principle ways of managing demand is to agree and apply strict access and referral criteria. The options, set out below, centre on who should apply the criteria, and to which groups of patients the criteria should be applied. Whether or not GP's and PCGs would wish to take on this extra work is debatable.

In addition a core set of condition specific packages of care should be specified and agreed alongside the referral/access criteria. As a minimum these should identify normal return periods, number of treatments before review, normal treatment regimens and expectation of discharge. This would provide an auditable pathway of care for patients with foot health problems.

#### 1. Stop all self referrals and apply strict referral criteria for GP's and other professionals.

##### Pros:

- Reduction in number of patients for assessment - possibly by up to 30%.
- Reduction in new patients coming onto the Podiatry list.
- Better referral information and improved communication.
- More time per patient - higher quality treatment and liaison
- Greater control by service commissioners

##### Cons:

- Increase in visits to GPs - gatekeeping and referral activity.
- Missed diagnosis.
- Opportunity for general foot health promotion and advice lost.
- Erosion of patient choice.
- Referral delays and increased letter / form filling.
- Expectation of treatment - 'my doctor sent me'
- No 'court of appeal' for patients.

#### 2. Stop all self referrals, apply strict referral criteria for GP's and identify practice allocations.

##### Pros: as in 1. plus:

- Equitable access
- Clear targets
- 'Ownership' of service by primary care
- Control of referral numbers

**Cons: as in 1. plus:**

- Inequitable access.
- Monitoring and reporting of variances.
- Possible increase in inappropriate referrals.
- Number of patients currently on books is inequitable.

3. Retain self referrals but apply strict access criteria and apply strict referral criteria for GP's and other professionals.

**Pros:**

- Reduction in number assessment sessions - possibly by 15%.
- Reduction in new patients coming onto the Podiatry list.
- More time per patient - higher quality treatment and liaison
- No increase in use of GP time
- Greater patient choice.
- No increase in paperwork
- Health promotion / footcare advice available to patients as 'one off' at assessment.

**Cons:**

- Apparent 'No change'.
- Lack of PCG control on patient access
- Less communication and liaison

4. Reassess and discharge all current Podiatry patients not meeting access criteria.

**Pros:**

- All patients assessed at same level - equity and consistency.
- Patient levels reduced to manageable levels - possibly 20% reduction
- Free up time for more intensive / specialist treatment

**Cons:**

- Patients discharged are less heavy users of service - 20% reduction in patient numbers may only reduce workload by about 5%.
- Unpopular with patients, many will have established a dependency nature on the service.
- Complaints

5. Reassess all domiciliary patients according to strict access criteria.

**Pros:**

- Reduce domiciliary workload - currently 12 - 15% of time for 7% of patients
- Reduce staff transport costs
- Improve staff morale

**Cons:**

- Increase requirement for patient transport.
- Increase in falls and accidents due to making the frail elderly go out.
- Increase in DNA rate.
- Unpopular with patients

These options need to be considered alongside the discussion paper 'Podiatry Services in Portsmouth and South East Hampshire', which gives the background to the issues touched on in this document. A timetable for consultation with all stakeholders (including patients, primary care, social services and Portsmouth Hospitals) should be agreed. Clear, considered action must result from the work, enabling the Podiatry Service to succeed in its primary function of improving local foot health.

# COMMUNITY OCCUPATIONAL THERAPY SERVICE

PAPER FOR DIVISIONAL REVIEW - NOVEMBER 11TH 1999

**Proposal 1:**                    *Increase dedicated administrative support to the  
Gosport Community Team - 1999/00 - £2070  
IT equip. - £1500*

- Increasing demand for Community Occupational Therapy requires that as much clinical time is freed up as is possible and this is the long term aim identified in the service plan.
- Currently there is no dedicated administrative support to this team.
- This issue was particularly highlighted as a solution to the increasing tension associated with a shop steward's ability to meet the workload requirements of both his professional and Trade Union Duties.
- This proposal will produce a cost pressure for this year up to March 2000.
- Proposal 2 will enable financing of this and the administrative support for the rest of the Community service from April 2000.
- The need for administrative support for Stewards was raised at the last JNC meeting.

**Proposal 2:**                    *Transfer 0.5 Sen 1 (£13000) to the psychology budget to  
support the development of a clinical psychology service  
within the Learning Disability Service.*

- The dedicated Occupational Therapy establishment to the Learning Disability service has been vacant for the last 18 months despite several attempts to recruit to it. (1.5wte Sen.1)
- Following a meeting with Ged Kearney and David Quinlan it was agreed that this situation should be addressed and the following was proposed:
  - Community OT will be responsible for advising on the management of physical disability and each Locality will have a named OT lead for this.
  - Unspent funding within OT and the Learning Disability Nursing Service should be used to contribute to an enhanced psychological service which was felt to be the priority need of the Community LD Team.
- In order to accommodate this work within the Community OT Service the clinical establishment was increased by 0.5wte at St Christopher's. The remaining 0.5wte Sen.1 will be used to increase administrative hours from April 2000, as described in proposal 1.

Rosemary Salmond District OT Advisor



## **COMMUNITY HOSPITALS CLINICAL LEADERSHIP PROGRAMME**

### **UPDATE**

- Four individuals, representing GP beds, minor injuries, elderly medicine and EMH within Community Hospitals were recruited and selected to the programme. They use the title 'practice development facilitator', (PDF) and have been working with each other and their colleagues across Community Hospitals since the programme concluded.
- A workshop was held in May to enable the PDF's and Clinical managers to clarify roles and begin to think about areas/issues which would benefit from PDF involvement. The major themes from this day were reflective practice awareness and training, intra-team communications (handovers etc) and documentation.
- The PDF's joined the service lead group (which is also the clinical governance group) and in this way represent nursing in community hospitals, contributing to service development and change management.
- Following the success of the May workshop a subsequent half day was planned specifically to tackle the clinical governance agenda. This workshop has now taken place resulting in considerable enthusiasm among the clinical managers with regard to pursuing a number of key clinical governance issues. Work is continuing in relation to the roll out of reflective practice to teams and more locally teams themselves are reviewing mechanisms for ongoing communication. Specifically however three sub groups reporting to the Service lead group have been set up to take forward work related to Involving users, Core competencies and near misses, (a process for utilising the data across community hospitals).
- The success of the above sessions has led to the view that a Trust wide meeting of clinical managers from all the community hospitals will ensure up to date, accurate and timely communications with all levels of staff.



## **FAREHAM & GOSPORT DIVISION**

**WHITELEY DEVELOPMENT**

**1996 - 1999**

## **BACKGROUND INFORMATION**

The Park Gate plan was first adopted by Fareham Borough Council in September 1986. The proposal dates back to 1979.

Despite this past planning the development of Whiteley is a recent phenomenon. Until 1990 it was assumed that the prediction of a population of up to 10,000 people would be forthcoming.

The drop in the housing market during the late 1980's meant that the development came to a complete standstill in April 1990.

After that date there was a gradual trickle of uptake on houses until 1998 when a surge took place.

## **PRIMARY HEALTHCARE PROVISION**

1995/96 Primary Care staff were informing their line managers that requests for visits to patients on the Whiteley Estate were increasing. Early in 1996 planning officers within Fareham Borough Council reported that contractors were starting building once again.

Discussions took place between Portsmouth Health Authority and GP practices during 1996 with a view to opening a surgery on the Whiteley Estate.

Portsmouth Health Authority has applied for the whole Whiteley area to be re-designated with Portsmouth Health Authority.

Application to LMC was processed for backing for C J Mowbray, Locks Road, to develop a practice on the Whiteley Estate, a Portacabin was in place during 1998.

NB: Primary/Junior school opened in Portacabins September 1998.

## **INFRASTRUCTURE ISSUES FOR STAFF WORKING ON WHITELEY ESTATE**

A Portacabin now exists but is fully utilised by surgery activities.

A Community Centre is not yet in operation. A Child Health Clinic operates out of the examination room in the Portacabin surgery. Developmental Assessments and one-to-one discussions with parents take place with difficulty in the restricted space and therefore families tend to travel to the Locks Road Surgery or Sylvan Community Office.

Mothers caring for babies and young children on the Whiteley Estate are experiencing isolation without a community infrastructure. This has necessitated the formation of groups in private homes for mothers suffering with the early signs of post natal depression. Some of these mothers are already on antidepressants prescribed by their GP. It is with great difficulty that these groups run in private homes and this puts added pressure on mothers suffering with early post natal depression.



## HEALTH VISITING

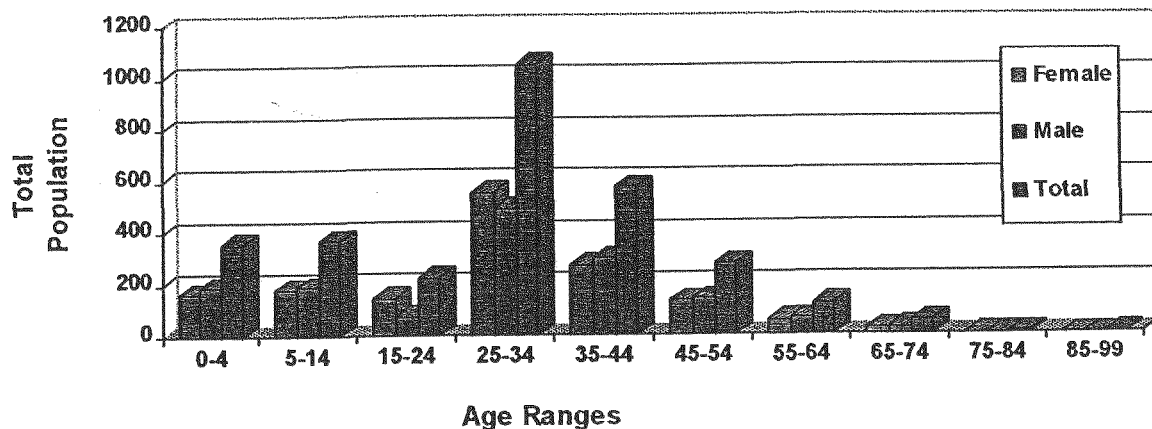
During the latter months of 1996 it was necessary to increase the health visitor hours to the C J Mowbray Practice and therefore to the Whiteley development and by September 1998 this was increased to 0.53 WTE (20 hours) to enable the health visitor to develop a separate satellite health visiting service to the Whiteley Practice.

However the figures are rising monthly and the under 14 children caseload of the health visitor is now 728, which accounts for 24% of the whole. It is now necessary to increase health visitor time from 20 hours to full time on the Whiteley Estate, thus increasing the total hours to the C J Mowbray practice by 22 hours.

The Doctors, C J Mowbray and Partners, have applied for planning permission to build a new surgery and it is envisaged that the small numbers of patients that are with peripheral GP's will transfer to C J Mowbray Practice when a new surgery premise is more central and provides a focus for the estate.

The likely positioning of this surgery is beside the new school and opposite the community centre which is planned in the future.

### Patient Profile - Whiteley Surgery



## AWAY DAY ACTION PLAN

### GOSPORT AND FAREHAM DIVISIONAL TEAM

The enclosed action plan was agreed on 20th September 1999 at the Away Day of the Divisional team.

- **Joint meetings with PCG management representatives/liaison for locality focus. Restructure the Divisional/Contract team meetings in year 2000 to encourage partnership working**

⇒ **Action:**

To improve communication in the Division and invite appropriate representatives from PCG/SSD as appropriate.

⇒ **Lead:** *Bill Hooper*

- **Possible pilot of a care pathway system.**

⇒ **Action:**

To encourage multi-disciplinary team with GP/HA/DN/Hospital Community/Therapies/SSD.  
Topic: Accident/Stats/Falls - Will build on HImP topic and possible bid for HIP protectors?  
Will link with the current Acute Hospitals Fractured Neck of Femur Care Pathway including the EMH input and use the data from the National Falls audit to help describe a possible care pathway from fall to treatment to rehabilitation etc.

⇒ **Lead:** *Rosemary Salmond*

- **Locality Strategy Focus**

⇒ **Action:**

Possible visions of Service development to share with PCGs in year.

⇒ **Lead:** *Heads of Departments*

- **Three Year Development Plan by end September 1999 from J Kirtley, PCG Executive. (Would include Primary Care Investment Plan).**

⇒ **Action:**

Agenda item for PCG Management Liaison Meetings.

⇒ **Lead:** *Heads of Departments.*

- **AMH Shadow Board in Locality.**

⇒ **Action:**

Monitoring its implementation as part of Health Improvement System, Primary Care Development etc.

⇒ **Lead:** *Annie Coulson to update.*

- **Two-Way communication between HImPs**

⇒ **Action:**

To review new HImP paper September 1999, involve Trust input and liaison with Tony Horne.

⇒ **Lead:** *Liz Ross/Nick Torlot to update Divisional team ~ Heads to produce updates on actions taken.*

- **Link with Health Authority Pharmacists (Hazel Bagshaw)**

⇒ **Action:**

Re. medication savings/Community Hospitals?

⇒ **Lead:** *Barbara Robinson*

- **Invite Max Millett to meet Divisional team November/December.**

⇒ **Action:**

Bill to report on Away Day at the Divisional Review in November and invite Max Millett to team meeting.

⇒ **Lead:** *Bill Hooper.*

- **Invite Diane Wilson re. Learning Disability Service Strategy**

⇒ **Action:**

To update the team on locality issues.

⇒ **Lead: *Bill Hooper***

- **Haslar Impact of Service Changes**

⇒ **Action:**

Vision for Locality Service changes e.g. EMH, OPD, Sub-Acute, other.

⇒ **Lead: *Barbara Robinson/Bill***

- **Keep up to date with PCG lists (GP Members)**

⇒ **Action:**

To maintain an updated lead list for HImP, non GP members, Prescribing, Community Hospitals, Clinical Governance etc.

⇒ **Lead: *Liz Ross.***

- **Clinical Governance**

⇒ **Action:**

To keep team members updated on a regular basis, on service specific initiatives.

To share good practice.

To work towards MDT/Service initiatives.

⇒ **Lead: *Heads of Departments.***