PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY
DEFENCE SECONDARY CARE AGENCY
PORTSMOUTH HOSPITALS NHS TRUST
ROYAL HOSPITAL HASLAR

PORTSMOUTH PARTNERSHIP BOARD

10.00am. Tuesday 6 July 1999
Conference Room, Building 80, Royal Hospital Haslar, Gosport

There will be a DSCA presentation at the start of the meeting at 10.00 on the standard form of MDHU contract. This will be held in the Building 80 Lecture Theatre (above the Conference Room) – please assemble there

Shirley

AGENDA

1	**Apologies and Welcome**	
2	**Notes of Meeting held 24 May 1999**	Attachment 1
3	**Matters Arising:**	
	2.1 **Communications & Reports**	
	2.2 **PHT PFI**	
	2.3 **DSCA MDHU requirement**	
	3.1 **Children's services**	
4	**Risk Assessment and Contingency Planning**	To be tabled
	4.1 **Accident & Emergency**	
	4.2 **ITU & Anaesthetics**	
	4.3 **Trauma & Orthopaedics**	
5	**Timetable for Change and Management Structure**	
6	**Funding Issues**	
7	**Partnership Project Diary**	Attachment 2
8	**Any Other Business**	
9	**Dates agreed for future meetings:**	

Thursday 16 September, 9.00 at Finchdean House – *This date/time needs to be changed, please bring diaries*
Monday 8 November, 12.30 at Royal Hospital Haslar

Distribution: **Portsmouth & SE Hants HA and Gosport PCG**
Penny Humphris, Chief Executive
Dr Jane Barton, Chair PCG
John Kirtley, Chief Executive PCG

Defence Secondary Care Agency
Major General Chris Callow, Chief Executive
Maggie Somekh, Director of Corporate Development

Portsmouth Hospitals NHS Trust
Dick Bishop, Chief Executive
Sarah Smart, Director Strategic Alliances

Royal Hospital Haslar
Brigadier Guy Ratcliffe, Commanding Officer
Surgeon Commander Rodney Taylor, Medical Director

Royal Defence Medical College
Air Commodore David Rainford, Dean

Portsmouth Healthcare NHS Trust
Max Millett, Chief Executive

Wessex Deanery
Dr Graham Winyard CBE, Regional Post-graduate Dean

From:

Shirley Hardy, Integration Project Manager
Building 80, Royal Hospital Haslar, Gosport PO12 2AA
Phone 01705 854255 x 2745 Fax 01705 762403

29 June 1999

Portsmouth & S E Hampshire Health Authority & Gosport PCG
Defence Secondary Care Agency & Royal Hospital Haslar
Portsmouth Hospitals NHS Trust
Portsmouth Healthcare NHS Trust
Royal Defence Medical College

PORTSMOUTH PARTNERSHIP BOARD

Notes of the Meeting held 24 May 1999 at Fort Blockhouse

Present: Penny Humphris Chairman
Dr Jane Barton
Dick Bishop
Major General Chris Callow
Stephen Campion (for Brig Ratcliffe)
Shirley Hardy
John Kirtley
Max Millett
Sarah Smart
Maggie Somekh
Surgeon Commander Rodney Taylor

Observer: Air Commodore Warwick Pike

Apologies: Air Commodore David Rainford
Brigadier Guy Ratcliffe

No	Discussion	Action

1 Notes of the meeting held 22 April 1999

The notes of the last meeting of the Partnership Board, held 17 March 1999, were confirmed.

2 Communications and Reports

2.1 Portsmouth and South East Hampshire Health Authority

Penny Humphris said that the Health Authority had now produced outline proposals for *Future health services for residents of Gosport and South Fareham.* The document was due to be published at a Press conference to be held the next day, subject to Secretary of State approval for this, and the following time table for planning and consultation:

June-Aug 1999	Comments on proposals
Sept-Dec 1999	Detailed proposals developed
Jan-March 2000	Formal public consultation
May 2000	Decision on the future pattern of service

2.2 Portsmouth Hospitals NHS Trust

Dick Bishop said that the Trust still had no firm date for any PFI announcement and that all bids were still with the Treasury. The delay is leading to slippage in the whole PFI timetable and means that any major new building is unlikely at QAH before 2005/6. This means that any 'virtual MDHU' arrangement agreed between the Trust and the DSCA will continue to require use of the RH Haslar site. The key issue for the Trust is the timing of any change in the pattern of acute services, which needs to be in line with the HA proposals and the process of planning and public consultation which the HA wants to undertake.

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Maggie Somekh said that the Haslar Steering Group is still working with the DSCA to produce a Portsmouth MDHU contract requirement for negotiation with the Trust. This is initially being developed to establish a 'footprint' for the PFI, using the standard contract format, but particular work is required around military administration and accommodation requirements and the future of 'core hospital' services currently at Haslar. Work is being undertaken on the options for military residential and messing accommodation, looking at on site and parenting options. Specialist services currently provided at RH Haslar, such as Aeromed admissions and Burns and Plastics, could be retained in the Portsmouth MDHU or transferred to the Centre for Defence Medicine (CDM) when a decision is made on the location for this and the time scale for its operation. The Surgeon General has received at least 17 expressions of interest from Trusts in CDM, and short listing will take place at the beginning of June.

3 Risk Assessment and Contingency Planning

The paper requested by the NHSE from the Trust on Risk and Contingency Planning for Civilian Services in Gosport was received and it was noted that the Partnership Board planning for change had to be considered in three time frames:

I. Immediate: to respond to critical staff shortages in the Defence Medical Services (DMS) numbers at RH Haslar, and possibly, but not necessarily, linked to military deployments in the Balkans
II. Intermediate: to implement the change in pattern of services agreed as a result of the HA consultation on the future of health services for Gosport and to enable the DMS to maintain its necessary training accreditations and military patient services
III. Longer term: to achieve the final Trust/MDHU configuration at QAH following completion of the PFI development

All the organisations contributing to the Partnership agreed that they wished to see the current pattern of services retained at RH Haslar, to the extent that it is safe to do this, throughout the full HA consultation period and to allow time for a gradual reorganisation of services following the Health Authority final decision in May 2000. It was, however, important to undertake a risk assessment on a speciality by speciality basis and to determine the action which needs to be taken to achieve this objective, given the current DMS staffing shortages at RH Haslar. Staff at Haslar and in the Trust are well aware of these problems and need a clear timeframe for planning and consultation on impact in respect of those whose employment may be affected by change in the immediate, intermediate or long-term.

3.1 Children's services

The Board had already recognised the impact of inadequate patient numbers and medical staff availability on the viability of children's services at RH Haslar and requested plans for transfer of in-patient, and day case services to QAH and SMH. The impact of such transfers on children's accident and emergency services had also been considered. This decision had impacted on RSCN staffing at Haslar to the extent that the Commanding Officer now had to give notice that Ward D6 will have to close at the end of July 1999. In addition, the consultant staffing in Paediatrics, which had caused problems when one of the two consultants had to be away on military duties or leave, would be further reduced by the transfer of one consultant to Frimley Park MDHU from 1.8.99. In the light of the minimal number of RSCN staff at Haslar, it was reluctantly agreed that there was no alternative but to reduce the A&E service for children to one which only provided for minor accidents.

Portsmouth Hospitals Trust confirmed that it would be able to pick up the children's services but said that it would need additional RSCN staffing and transferred funding to do this. The RHH Medical Director confirmed that the number of civilian RHH employed RSCNs potentially available for employment in the Trust is now low (2/3 staff), and that they had only been recruited with generous grade and education packages. This would need to be followed up in the HR Working Group on 25 May. The Trust expressed concern that staffing numbers had fallen so low and asked the DSCA to look at the scope to deploy Service RSCNs into the Trust to help with the pick up of work.

More work remained to be done on the most suitable future location for children's out-patient services in Gosport. These are currently held at both RHH and GWMH and might best be co-located with support from the current RSCN OPD sister at RHH. More consideration also needs to be given to the arrangements for the introduction of a Minor Accident Treatment Service for children and the publicity required to explain this to the local population.

ACTION

a) Report to go to the next Health Authority meeting on 10 June 1999 on the impact of falling patient numbers and RSCN staffing shortages on children's services at RH Haslar together with a recommendation that in, day and emergency services should cease from 31.7.99 - **PH**
b) Arrangements to be put in place for the admission of elective in and day patients to QAH or SMH from 1.8.99 on the basis already agreed between specialities - **SS**
c) Arrangements to be agreed for the future location and organisation of children's outpatient services on the peninsula in line with PCG advice - **SC, SS, MM, JK/JB**
d) Requirements in respect of employment opportunities for Service and civilian RSCN staff in the Trust, and for any financial transfers to reflect transfer of work, to be agreed through the appropriate Integration Project Groups - **MS/SC, SS**
e) Discussions on the future provision to meet the military requirement in respect of community paediatrics to involve Portsmouth Healthcare Trust - **MS/SH, RT, MM**
f) Arrangements to introduce a MATS for children at RHH from 1.8.99 - See 3.2 (e) below

3.2 Accident and emergency services

The Medical Director RHH reported that only one Service SHO is scheduled to come to Haslar in August out of a required complement of 5. Civilian recruitment could be tried, but although this had been successful in February, there had been serious delays in getting security clearance and these staff had not commenced work. If more SHOs, or comparable staff grades, cannot be found, no adult A&E could be offered from August 1999 and a combined MATS service would appear to be the only option. The RHH A&E department would also be affected by the loss of the very experienced senior nurse manager who had been posted to the Surgeon General's office.

Penny Humphris said that the loss of the adult service, to be linked to the proposed MATS for children, would be completely unacceptable to the Health Authority and said that every effort must be made to find the staff to maintain this vital patient service while consultation and interim service planning took place. The Ministry of Defence had undertaken to maintain services until alternative arrangements were in place in Gosport and it was not acceptable for Service staff to be deployed to other MDHUs and directly into PHT at the expense of services to Gosport residents. This would have to be raised with the Secretary of State for resolution at this level if necessary.

ACTION

a) The DSCA to work with the Surgeon General and appointers to try and ensure that Service SHO staff are available to maintain the A&E service at RH Haslar through to August 2000 at the very least, and preferably into 2001, on the basis of two months rotation to QAH during their appointments - **CC/WP**

b) The Trust and RHH to arrange for the immediate advertisement of additional civilian SHO and Staff grade posts in A&E in Portsmouth to cover the department at Haslar if Service SHOs cannot be re-deployed to Haslar - **SS, SC**

c) Work to be put in hand on the requirements for introduction of MATS only in Gosport for implementation in 2000 or 2001, and with a contingency plan for earlier implementation if DMS deployment makes this unavoidable - **SS, GR/RT**

d) Immediate action to be taken to identify DMS or civilian A&E nursing staff who can be trained to work as nurse practitioners in a Gosport MATS and to retain the existing Service staff, including the senior nurse - **SS, GR/WP**

e) Immediate action to be taken to produce the necessary policies and protocols for a children's MATS at RHH from 1.8.99, involving the Hampshire Ambulance Trust, and for the necessary publicity to prepare people for this, subject to the HA decision on 10.6.99 - **SS, SC/RT**

3.3 **Anaesthetic & ITU services**

The establishment provides for 19 consultants in anaesthetics and intensive care at Haslar. And there are currently 14 posts filled, with 2 posts covered by staff grades and 2 by consultants over retiring age. Only 5 of the consultants are trained to cover ITU and patient throughput in ITU (expected 1999 out-turn 188) is falling below the level of 200 p.a. required for training recognition, affecting the availability of junior medical staff. The hospital has no specialist registrars and can only take SHOs for the first 12 months of their training. One consultant is due to leave at the end of August and one in 2000 and there will be a shortfall of SHOs to maintain services from the end of July.

The Board recognised this as another critical risk factor for the viability of current services at RH Haslar and agreed action as follows.

ACTION

a) The DSCA to try and secure re-direction of Service medical staff from other units to Haslar to maintain services – **CC/WP**

b) The DSCA and Trust to work together to place immediate advertisements for SHO posts to support intensive care and to agree and advertise consultant posts in both anaesthetics and intensive care – **SS, MS/RT**

c) Immediate action to be taken to identify major surgical work which could be transferred to Haslar on the basis of a booked ITU bed and theatre time to bring the expected annual throughput above the required figure of 200 – **SS, SC**

d) A contingency plan to be developed for full integration of services based on a hot/cold split and capable of implementation at short notice if either the above measures fail or increased DMS deployment makes the maintenance of separate Haslar services unsustainable.

3.4 Trauma and Orthopaedics

By September, there will be only two consultants, out of a normal complement of 7 at RH Haslar, seeing new cases – the senior consultant and a newly accredited colleague. The remaining 5, who have leaving dates in July (2), August, end September and December, will only be doing reviews and working through their waiting lists. The DSCA, which has major waiting list pressures in this speciality, is trying to reduce surgical deployments and to recruit locums, but this service is clearly at risk by the end of September when a 1:3 consultant rota will not support the SHO training and all levels of SpR training currently accredited at Haslar.

The Board agreed that given NHS waiting list pressures in this speciality, there would need to be urgent review of all DSCA and NHS resources in this speciality and an action plan to maintain the maximum level of local services.

ACTION

a) The DSCA and Trust to work together to launch a civilian consultant recruitment programme and to identify job plans and working arrangements which protect the maximum level of local services – **SS, MS/RT**

3.5 Other Services

General Surgery: The breast and colorectal surgeons at Haslar are both single handed, there are problems with bed and theatre availability linked to non medical staffing levels and a general decline in referrals and casemix undertaken at Haslar. However junior medical staffing is not under immediate threat and services can be maintained short of wider deployments.

ENT: The transfer of children's surgery to QAH will impact on training at RHH and the departments will be asked to work together to maintain accreditation.

Ophthalmology: The Haslar department has been greatly strengthened by the appointment of a second (civilian) consultant and a collaboration meeting is planned for June.

General Medicine: Two consultants are due to leave at the end of the year and the speciality will then be operating a 1:4 on call rota. SHO accreditations are being sustained and an Sp R post in gastro/endoscopy. A collaboration meeting is planned for early June.

Imaging: This area is stable and offers a range of specialist services which might be retained in Portsmouth or might go to the CDM. A series of collaboration meetings is on-going and the speciality will seek to respond to any change in requirements resulting from re-configuration in other specialities.

Pathology: The pathology departments at Haslar are busy, but under less difficulty than some areas of the Trust. The main concern for the military pathologists relates to maintenance of multi-disciplinary training and experience which is essential to their operational requirement.

4. Project Timetable & Communications

The Board agreed to maintain their joint approach to communications with the public and with the media working to the following Partnership timetable:

1999: 25/5 - Launch of HA plan for future health services in Gosport
10/6 - Health Authority meeting to consider future of children's services in Gosport
On-going - Contingency planning for military deployment
- Clinical Integration to maintain staffing and services in Gosport

Intermediate May 2000 – HA decision on future of health services in Gosport
2000/01 - Planned implementation of changes agreed in context of clinical integration between PHT and RHH and development of 'virtual MDHU' arrangements in Portsmouth

5 Dates of future meetings

Confirmed as:

Tuesday 6 July - 10.00 am at Royal Hospital Haslar

Thursday 16 September – 9.00 am at Finchdean House

Monday 8 November – 12.30 pm at Royal Hospital Haslar

SJH/032/06/1999

AS AT: 29 June 1999

PORTSMOUTH PARTNERSHIP & INTEGRATION PROJECTS

DIARY OF MEETINGS 1999

June 14	2.15	Community Paediatrics (RT,SS & PHCT) - Finchdean
15	10.00	Integration Project Lead Group (GR,MS,SS,SH) - RHH
	12.0	Orthopaedics – Specialty Gp (SS,SH)– QAH
	14.0	Clinical Integration Working Group (SS,JB, RT,SC,MS)– SMH
	16.0	ITU – Specialty Gp (SS,SH)– SMH
16		
17	14.00	Haslar Communications (PH) - Finchdean
18		
21		
22	12.00	PFI Project Board (PH,AT)
	15.00	HRM Working Group (AT,KG)
23	08.30	PHT Operational Advisory Board (KG,SC) – SMH
	15.00	IM&T Working Group (SC)
24		
25		
28	12.30	Haslar Steering Group (GR,MS)– RHH
	14.30	Integration Project Lead Group (GR,MS,SS,SH) - RHH
	15.30	RHH/PHT Executive Boards Jt Meeting – RHH
29	14.00	Imaging – Specialty Group (SS,SH) - RHH
	16.00	Integration Project Board (SS,MS) - RHH
30	13.00	Capital Working Group – (SS,SC) - QAH
July 1	08.45	Haslar Executive Board (GR) – RHH
	14.30	MDHU SOR – Accommodation – RHH
	16.00	Pre-brief for Gosport Council Meeting - 18.00 - (CC, PR, SS, PH)
2		
5	09.30	PHT Board (RB,GR) - SMH
6	10.00	Partnership Board (CC,PH,RB,MM,GR)- RHH
	14.30	Clinical Integration Working Group (JB,RT,MS) - RHH
7		
8	09.00	Anaesthetics – Specialty Group (SS,SH) - SMH
	14.30	Cross Boundary Management (GR,MS,SS,RB,SC, Dean) - SMH
9		
12		
13	12.00	ITU – Specialty Group (SS,SH)- QAH
14	08.30	PHT Strategic Advisory Bd (GR) - SMH
15		
16		
19		
20		
21	13.30	Finance & Contracts Working Group (SC) - SMH
22		NHSE South East visit to PHT & RHH
23		

26		
27	10.00	Haslar Steering Group - RHH
	12.00	PFI Project Board (PH,AT)
	15.30	Integration Project Board (SS,MS)- QAH
28	08.30	PHT Operational Board (SC) - SMH
	13.00	Oral/Maxfax – Specialty Gp (SS,MS)– SMH
	14.30	ENT – Specialty Group (SS,MS) - SMH
29		
30		Meeting with SE Region (PH,MS) – Eastbourne Terr.
August 2		
3		
4	13.30	Local Health & Social System Partnership Meeting (GR) - Finchdean
5	14.00	Haslar Executive Board (GR) - RHH
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11	08.30	PHT Strategic Advisory Bd (GR) - SMH
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24		DSCA Executive Board (GR) - London
25	08.30	PHT Operational Advisory Board (KG,SC) - SMH
		DSCA Awayday (GR)
26		
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31		
Sept 1		
2	13.30	Haslar Executive Board (GR) - RHH
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7	10.00	Haslar Steering Group - RHH
	13.30	Ophthalmology – Specialty Gp (SS,MS) – QAH
	15.30	Integration Project Board (SS,MS)- RHH
8	08.30	PHT Strategic Advisory Board (GR) - SMH
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14	12.00	PFI Project Board (PH,AT)
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16	09.00	Partnership Board - Finchdean
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22	08.30	PHT Operational Board (SC) - SMH
	13.30	Local Health & Social System Partnerships Meeting (GR) - SMH
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27	09.30	PHT Board Meeting (GR) - SMH
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13	08.30	PHT Strategic Advisory Board (GR) - SMH
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8	12.30	Partnership Board - RHH
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10	08.30	PHT Strategic Advisory Board (GR) - SMH
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12	09.00	PHT Trust Board (GR) - SMH
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Please advise any additions/changes to: Code A Building 80, RHH Code A

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3.1 Children's services

The Board had already recognised the impact of inadequate patient numbers and medical staff availability on the viability of children's services at RH Haslar and requested plans for transfer of in-patient, and day case services to QAH and SMH. The impact of such transfers on children's accident and emergency services had also been considered. This decision had impacted on RSCN staffing at Haslar to the extent that the Commanding Officer now had to give notice that Ward D6 will have to close at the end of July 1999. In addition, the consultant staffing in Paediatrics, which had caused problems when one of the two consultants had to be away on military duties or leave, would be further reduced by the transfer of one consultant to Frimley Park MDHU from 1.8.99. In the light of the minimal number of RSCN staff at Haslar, it was reluctantly agreed that there was no alternative but to reduce the A&E service for children to one which only provided for minor accidents.

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c) Work to be put in hand on the requirements for introduction of MATS only in Gosport for implementation in 2000 or 2001, and with a contingency plan for earlier implementation if DMS deployment makes this unavoidable - **SS, GR/RT**

d) Immediate action to be taken to identify DMS or civilian A&E nursing staff who can be trained to work as nurse practitioners in a Gosport MATS and to retain the existing Service staff, including the senior nurse - **SS, GR/WP**

e) Immediate action to be taken to produce the necessary policies and protocols for a children's MATS at RHH from 1.8.99, involving the Hampshire Ambulance Trust, and for the necessary publicity to prepare people for this, subject to the HA decision on 10.6.99 - **SS, SC/RT**

3.3 **Anaesthetic & ITU services**

The establishment provides for 19 consultants in anaesthetics and intensive care at Haslar. And there are currently 14 posts filled, with 2 posts covered by staff grades and 2 by consultants over retiring age. Only 5 of the consultants are trained to cover ITU and patient throughput in ITU (expected 1999 out-turn 188) is falling below the level of 200 p.a. required for training recognition, affecting the availability of junior medical staff. The hospital has no specialist registrars and can only take SHOs for the first 12 months of their training. One consultant is due to leave at the end of August and one in 2000 and there will be a shortfall of SHOs to maintain services from the end of July.

The Board recognised this as another critical risk factor for the viability of current services at RH Haslar and agreed action as follows.

ACTION

a) The DSCA to try and secure re-direction of Service medical staff from other units to Haslar to maintain services – **CC/WP**

b) The DSCA and Trust to work together to place immediate advertisements for SHO posts to support intensive care and to agree and advertise consultant posts in both anaesthetics and intensive care – **SS, MS/RT**

c) Immediate action to be taken to identify major surgical work which could be transferred to Haslar on the basis of a booked ITU bed and theatre time to bring the expected annual throughput above the required figure of 200 – **SS, SC**

d) A contingency plan to be developed for full integration of services based on a hot/cold split and capable of implementation at short notice if either the above measures fail or increased DMS deployment makes the maintenance of separate Haslar services unsustainable.

3.4 Trauma and Orthopaedics

By September, there will be only two consultants, out of a normal complement of 7 at RH Haslar, seeing new cases – the senior consultant and a newly accredited colleague. The remaining 5, who have leaving dates in July (2), August, end September and December, will only be doing reviews and working through their waiting lists. The DSCA, which has major waiting list pressures in this speciality, is trying to reduce surgical deployments and to recruit locums, but this service is clearly at risk by the end of September when a 1:3 consultant rota will not support the SHO training and all levels of SpR training currently accredited at Haslar.

The Board agreed that given NHS waiting list pressures in this speciality, there would need to be urgent review of all DSCA and NHS resources in this speciality and an action plan to maintain the maximum level of local services.

ACTION

a) The DSCA and Trust to work together to launch a civilian consultant recruitment programme and to identify job plans and working arrangements which protect the maximum level of local services – **SS, MS/RT**

3.5 Other Services

General Surgery: The breast and colorectal surgeons at Haslar are both single handed, there are problems with bed and theatre availability linked to non medical staffing levels and a general decline in referrals and casemix undertaken at Haslar. However junior medical staffing is not under immediate threat and services can be maintained short of wider deployments.

ENT: The transfer of children's surgery to QAH will impact on training at RHH and the departments will be asked to work together to maintain accreditation.

Ophthalmology: The Haslar department has been greatly strengthened by the appointment of a second (civilian) consultant and a collaboration meeting is planned for June.

General Medicine: Two consultants are due to leave at the end of the year and the speciality will then be operating a 1:4 on call rota. SHO accreditations are being sustained and an Sp R post in gastro/endoscopy. A collaboration meeting is planned for early June.

Imaging: This area is stable and offers a range of specialist services which might be retained in Portsmouth or might go to the CDM. A series of collaboration meetings is on-going and the speciality will seek to respond to any change in requirements resulting from re-configuration in other specialities.

Pathology: The pathology departments at Haslar are busy, but under less difficulty than some areas of the Trust. The main concern for the military pathologists relates to maintenance of multi-disciplinary training and experience which is essential to their operational requirement.

4. Project Timetable & Communications

The Board agreed to maintain their joint approach to communications with the public and with the media working to the following Partnership timetable:

1999: 25/5 - Launch of HA plan for future health services in Gosport
10/6 - Health Authority meeting to consider future of children's services in Gosport
On-going - Contingency planning for military deployment
- Clinical Integration to maintain staffing and services in Gosport

Intermediate May 2000 – HA decision on future of health services in Gosport
2000/01 - Planned implementation of changes agreed in context of clinical integration between PHT and RHH and development of 'virtual MDHU' arrangements in Portsmouth

5 Dates of future meetings

Confirmed as:

Tuesday 6 July - 10.00 am at Royal Hospital Haslar

Thursday 16 September – 9.00 am at Finchdean House

Monday 8 November – 12.30 pm at Royal Hospital Haslar

SJH/032/06/1999