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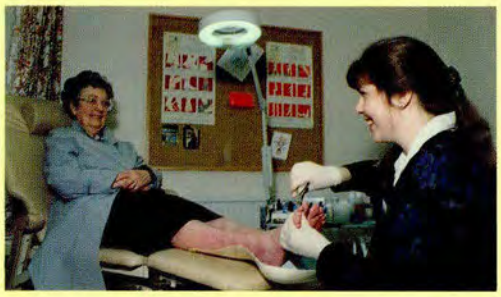

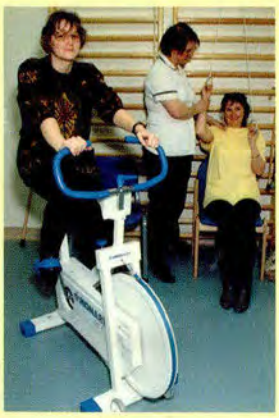

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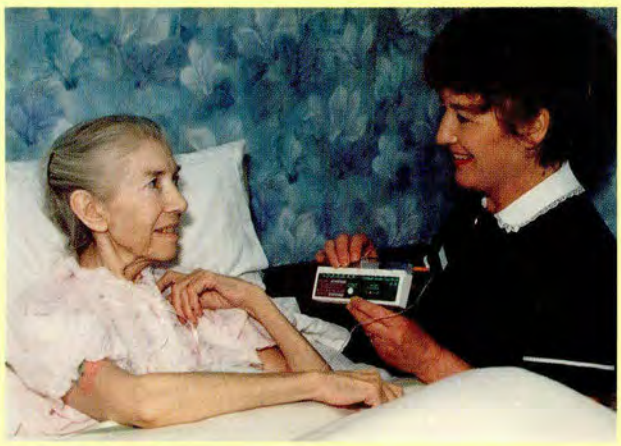
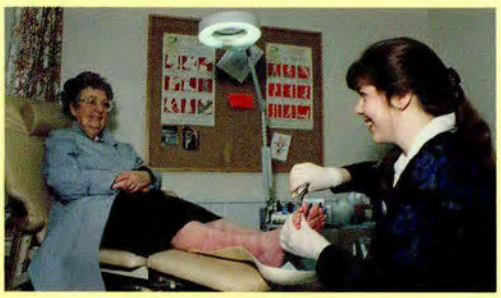




Application for NHS Trust Status APRIL 1993

Key to front cover photographs

1 District Nursing Sister Myra Smith, from Cosham Health Centre, sets up a drug pump for Elsie Short at her North End, Portsmouth, home.

2 Chiropodist Judy Cavilla attends to Lilian Dye at Cosham Health Centre.

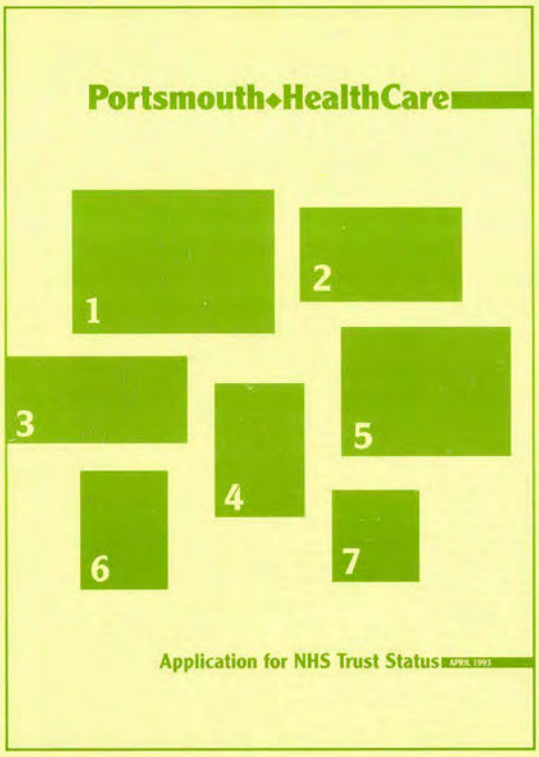
3 Relaxing in the day room for the Elderly Mental Health Service at The Willows, Petersfield Hospital.

4 Physiotherapist Christine Hayward shows the ropes to Zoe Southon and Sally Anstey at Gosport Community Hospital.

5 Health Visitor Gill Munden measures two-month-old baby Haydon, watched by his mother Michelle Thompson, at Havant Health Centre child clinic.

6 Woodwork Instructor Tom White (right), of the Sheltered Employment Rehabilitation and Training Service at St James' Hospital, Portsmouth, advises Alan on making telephone tables.

7 Under construction in Cosham: a new Admissions Unit for people with learning disabilities.



Portsmouth◆HealthCare

Application by Portsmouth and South East Hampshire Community Health Care Unit for Fourth Wave NHS Trust Status

April 1993

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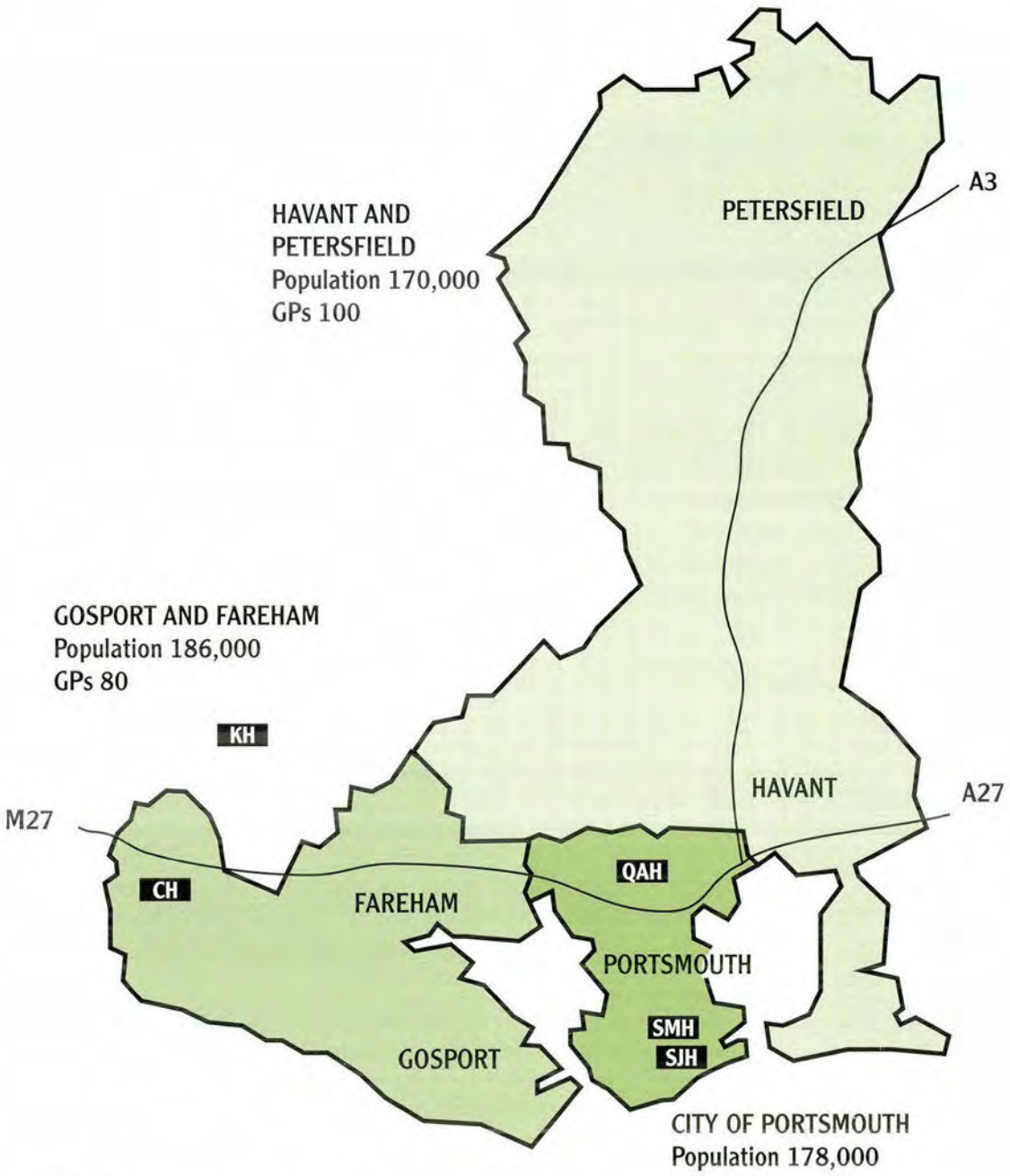
Portsmouth Health District



CH Coldeast Hospital
KH Knowle Hospital
QAH Queen Alexandra Hospital
SJH St James' Hospital
SMH St Mary's Hospital

Executive Summary

Introduction

This document sets out the Portsmouth Community Health Care Unit's application for NHS Trust status. It sets out why we believe moving to Trust status is the right way forward and how we see the Trust working.

Managing change

The application should be seen in the context of the wider changes occurring in the NHS with the implementation of the Government's reform programme. Community health services face a period of intense and substantial change over the next ten years. The scale and pace place a premium on flexibility at all levels of the organisation, both clinical and managerial. We need to:

- Be able to adapt successfully to the new environment.
- Identify opportunities to improve the range, responsiveness and quality of service to clients and to work in new ways with general practitioners and other agencies.
- Ensure that the interests of clients and carers are safeguarded as new patterns of service are implemented.
- Operate within resource constraints.

We believe that Trust status offers the right form of organisation to manage this process to ensure that the local community receives the best possible services within the resources available.

The Community Health Care Unit has a proven record of managing major change which should stand the Trust in good stead.

Local management of local services

Local health services are vital to the life of the community. We believe that they should be managed as closely as possible to clients, in close collaboration with general practitioners and other local agencies and in line with the feedback we receive from clients and carers. Our aim is to provide caring and effective services of high quality that are responsive to the needs of those who use them.

Trust status would provide a clearer local identity for community health services and give us the opportunity to build on two of the current Unit's main strengths: its strong locality focus in delivering services and its well-established working relationships with other agencies.

Primary and priority care services

Trust status would enhance the Unit's capacity to respond to the development of effective primary and community care and ensure a high profile for services for elderly, physically disabled and mentally ill people and those for people with a learning disability.

Developing the organisation

The present Community Health Care Unit was formed in 1990 by merging three smaller Units (Mental Health, Learning Disability, Community Health) with Acute Elderly Services. Since then we have been working to move the organisation away from the

Executive Summary

traditional public sector structures and methods of working (characterised by strict hierarchies, functional divisions, very formal and centralised decision making processes) towards a much more local, devolved, community-based pattern capable of responding flexibly to changing needs and opportunities.

An open and participative approach has been developed both internally with staff and externally with other agencies. This way of working contains a number of tensions that need to be recognised and managed. The Unit aims for a balance between:

- The maximum devolution of decision making **and** the need to ensure accountability.
- Encouraging staff to be creative in finding different ways of providing care and working with other agencies **and** ensuring that national, regional and Health Commission requirements are met.
- The focus on localities in managing and providing services **and** the need for district-wide strategy and co-ordination for each care group.

A lot has already been done to reshape its services and organisation to meet the challenges of the next few years; the main foundation stones needed to ensure effectiveness as a Trust are already in place. In many ways moving to Trust status is a natural next step in developing the organisation and this application will not be a surprise to most of the Unit's staff or the agencies with which it works.

This application

The document has the following sections:

- **Introduction to the proposal:** The changes and challenges facing the Trust; its scope and purpose; the benefits of becoming a Trust; the Unit's track record.
- **Services and contracts:** The services provided; the sound contract base from which the Trust would start; its longer-term business strategy; links with other services.
- **Quality of service:** Our approach to continually improving the quality of the services provided.
- **Leadership and management:** The organisation of the Trust; its strong locality focus within a strong corporate framework; arrangements for professional staff involvement; Board structure.
- **Human resources:** Strategy for attracting, retaining and developing staff.
- **Information:** Strategy for the future.
- **Estates:** The Trust's asset base and capital investment framework.
- **Finance:** The Unit's financial record; arrangements for sound financial management; strategy to meet the financial duties laid on Trusts by the NHS Management Executive.

Sponsors

This application is sponsored by:

Pam Grosvenor
Quality Director;

Tony Horne
Deputy Unit General Manager;

Peter King
Personnel Director;

Max Millett
Unit General Manager;

Ian Piper
Finance Director;

Margret Price
Health Authority Member;

Martin Severs
Consultant Geriatrician and Medical Director.

Introduction

Setting the scene

The next five to ten years will be both exciting and challenging for community health services: exciting because of new opportunities to provide improved and more innovative and flexible services; challenging because of the pressure to meet growing demand within limited resources.

The Trust would operate in an environment of wide-ranging, radical and continuous change. This will affect the way in which services have traditionally been delivered, organised and funded. The agenda for change has been set by the Government in the NHS and Community Care Act, the Children Act, the Patient's Charter and the "Health of the Nation" report.

Common themes from this reform programme include:

- Developing services that are responsive to **individual client need**.
- **Empowering** clients and carers.
- Improving the **quality** of services.
- Developing **care in the community** in preference to institutional care.
- Providing **integrated or seamless care** for the client, despite organisational boundaries.

Specific national and regional health priorities are:

- **Establishing primary care as the main focus for health and health care**.
- **Reshaping acute and community hospital provision** to meet the changing health needs of the population.
- **Implementing the "Health of the Nation" goals to improve the health status of the population**.
- **Ensuring the successful implementation of Community Care** in meeting the care needs of elderly and disabled people.

Demand for community health services will rise steadily due to:

- Demographic change; for example, the growing number of very elderly people who are heavy consumers of health care.
- Advances in medical science, such as more day surgery, earlier discharge from hospital.
- Increasing demand for more local and home-based services.
- Higher expectations amongst the public.

Growth in resources will not keep pace with demand. Increasingly, local health agencies will need to take a hard look at the way existing resources (whether cash, buildings, staff time or skills) are used, to find ways of using them more effectively and creatively to meet local priorities.

The key challenges we face

Shaping Services for the Future

- Working with general practitioners and the Health Commission to strengthen primary care:
  - Developing a joint strategy and action plan.
  - Minimising duplication of services.
  - Exploring the interface between secondary, primary and community care.
- For each care group (i.e. **Elderly, Children, Mental Health, Physical Disability, Learning Disability**) developing a

Introduction

comprehensive strategy that is jointly agreed with the Health Commission, Social Services, Portsmouth Hospitals and other agencies.

- For each locality, developing strategies which integrate care to foster the provision of more seamless services.
- Developing community-based services for Mental Health and Learning Disability with the associated rundown and closure of the three large institutions serving the District (Coldeast, Knowle, St James' Hospitals).

Achieving Effective Joint Working with Other Agencies

- Sustaining and developing the existing local joint planning framework for each care group involving all appropriate agencies.
- Further developing effective informal networks in each locality.
- Fostering a culture of partnership at both practitioner and management/planning levels.
- Establishing close working relationships with Social Services, particularly in respect of:
  - The development and implementation of assessment and care management processes.
  - The preparation of community care plans.
- Exploring possible collaborative ventures with the independent sector.
- Forging links with the Education service.

Creating a Strong Local Focus for Community Health Care in Each Locality

(i.e. City of Portsmouth, Havant/Petersfield, Gosport/Fareham)

- Encouraging good two-way communications with general practitioners.
- Ensuring that local health services are in touch with local consumer needs.
- Building formal and informal networks with local agencies and voluntary groups.
- Freeing up local teams to review priorities and options for redeploying of resources.
- Maintaining clear links between hospital-based acute services (particularly Elderly and Elderly Mental Health) and each locality.

Working Together with the Portsmouth Hospitals NHS Trust

- Taking a co-operative approach which recognises shared overall goals.
- Working to ensure the provision of a "seamless" service for patients.
- Ensuring close clinical links, in recognition of the interdependency of a number of specialties and services.
- Minimising any overlap of services and maximising the use of available resources.
- Co-operating in minimising length of hospital stay.

Implementing the Contracting Process

- Developing the business planning process throughout the Trust and using it to:
  - Sharpen up the specification for each service in terms of quality, cost and activity.
  - Review the effectiveness of current services.
  - Identify gaps or deficits in service and develop proposals for meeting these.
  - Establish the specialist "health" contribution each service has to make to community and/or primary care in the future.
- Managing performance: Setting explicit performance measures against objectives.
- Developing information systems to support the business planning/contracting process and management control.
- Developing effective quality assurance arrangements which are sensitive to client and carer views.

- Ensuring that infrastructure needs are met; for example, staff education and training, equipment, research and development, information technology.
- Clarifying the new relationship between the Trust as a Provider and its Purchasers, i.e. the local Health Commission, General Practitioner Fundholders and other Health Commissions.

Sustaining Services During a Time of Major Change and Uncertainty

- Ensuring the effective day-to-day running and provision of services/facilities.
- Maintaining financial control.
- Sustaining the Trust's capital programme.
- Ensuring that staff understand the changes taking place and their implications and enabling them to have the competence and confidence to deliver care for clients effectively despite all the changes.

Scope of the Trust

The Trust would provide a comprehensive range of health promotion, screening, surveillance, treatment, rehabilitation and care services for all client groups, in close partnership with general practitioners and other agencies. Services are provided in a variety of settings:

- People's homes.
- Residential care homes.
- GP surgeries.
- Health centres and clinics.
- Community hospitals.
- St Mary's and Queen Alexandra Hospitals (Elderly service).
- Day centres.
- Workplaces.
- Coldeast, Knowle and St James' Hospitals.
- Schools.

Population served	534,000
General Practitioners served	292
Total income 1991/92	£71 million
Asset base March 1992	£70 million
Staff (whole-time equivalent)	3,000

Key features of the Trust would be:

- Its **size** enabling it to:
  - Be flexible and innovative in providing and developing client services.
  - Attract and retain high calibre staff.
  - Realise economies of scale.
- A **strong locality focus** for providing and organising services within a clear District-wide strategy for each care group.
- Positive, **well-established links** with Social Services and other agencies placing it in a good position to contribute to the implementation of "Caring for People".

What we are here to do

OUR PURPOSE IS TO MEET THE HEALTH NEEDS OF OUR CLIENTS WITHIN THE FRAMEWORK SET BY NATIONAL POLICY, COMMISSIONERS' PRIORITIES AND AVAILABLE RESOURCES.

- **By "need" we mean the ability to benefit from health care.**
- **The challenge is to ensure that we are**

Introduction

meeting needs in the most effective way.

To this end our **key objectives** are:

- To achieve the **best health outcomes for individuals**. This involves:
  - Promoting health and minimising ill health.
  - Enabling people to live as fully and independently as they can in their own homes wherever possible.
  - A clear focus on individual client need.
  - A commitment to empower clients and involve carers in decision making.
  - Partnership with general practitioners and other agencies.
  - A flexible and creative approach to service provision within contract limits.
- To provide the **optimum care package for each individual**. This involves:
  - Rigorous assessment of need.
  - Maximising community resources.
  - Close inter-agency collaboration.
  - Care that is "seamless" for the individual.
  - Clear policies for managing risk.
- To maintain **financial viability**. This includes:
  - Securing and retaining contracts.
  - Controlling and managing costs.
  - Managing financial risk.
  - Accruals accounting.
  - Developing sound financial systems.
  - Delivering value for money.
- To provide **quality services**. This involves:
  - Recognising and exploiting opportunities to improve quality.
  - Developing a culture in which quality is seen to be paramount.
  - Working in partnership with Purchasers, including General Practitioner Fundholders and other agencies.
  - Having a framework to support quality activities and ensuring that each service has standards, measures of effectiveness and auditing system in place.
  - Encouraging innovation and research.
  - Openness to the views and wishes of clients, users and carers.
- To ensure that **staff are valued** for their contribution to service delivery. This includes:
  - Involving them in objective setting and service development.
  - Giving feedback on performance.
  - Providing support.
  - Facilitating staff education and training.
  - Using staff to their full potential.
  - Ensuring achievable workload in a safe working environment.
- To **demonstrate our beliefs by our actions**. This includes creating an organisational culture that:
  - Respects individuals.
  - Is open and honest.
  - Is outward looking.
  - Listens and is willing to learn.
  - Encourages participation.

The benefits of becoming a Trust

This application is based on a firm belief that Trust status would provide a better framework for securing improved services to the local community than remaining as a directly managed Unit. Trust status offers the opportunity to:

- Use the greater freedom a Trust has to manage its own affairs so that we can:
  - Strengthen locally provided health services to be more responsive to client need and changing priorities.
  - Improve the quality of our work through an explicit, quality-focused contracting process

with those commissioning our services.
- Develop new and more flexible working patterns and reward staff fairly for working them, in order to achieve better use of the Trust's facilities and to provide services at times and in ways which above all meet the needs of clients and carers.
- Plan and control capital and service developments with more certainty.

- Work more closely with general practitioners, local authorities and other agencies and voluntary groups to:
  - Ensure that services are sensitive to local need.
  - Provide more integrated, seamless health care.
  - Identify innovative ways of working together to develop better services.
  - Develop service agreements with general practitioner practices across the District.
- Build stronger links with local communities by:
  - Further developing the strong locality focus in the provision of services and management arrangements within the Trust.
  - Drawing in members of the local community as non-executive members of the Trust Board.
- Establish a strong organisation that is primarily concerned with priority care services and which will:
  - Provide a firm platform from which to represent the needs of priority care group clients and to press for the resources to address them.
  - Be able to stimulate interest in community-based care options amongst purchasing agencies.
  - Give priority to the implementation of "Caring for People".

Our track record

In the last five to ten years the Community Health Care Unit can demonstrate substantial achievement in managing change. It has shown itself to be:

- Proactive in identifying and using opportunities to improve services for clients.
- Ready to work innovatively and creatively with other agencies.
- Flexible in responding to changing organisational requirements.

Most specific services can show real improvement in the care provided. Some examples are as follows:

- Achieving local Patient's Charter targets including:
  - Shorter waiting lists for both outpatient consultation and inpatient care.
  - Shorter waiting times in clinics.
  - More information for users about available services.
  - Better signposting in health services premises.
  - A named nurse or keyworker for each patient or client.
- Improving access to services:
  - Introduction of mobile Dental and Chiropody clinics.
  - Evening clinics for Family Planning, Chiropody and Continence.
  - Outreach work with homeless families.
  - Extension of consultant outpatient clinics in local health centres.
  - Production of a directory of local and national services for people with a physical disability.
  - Elderly Mental Health Day Hospital, seven days a week.
- Initiatives to improve quality:
  - Development of service and professional standards in Community Nursing, Occupational Therapy, Speech Therapy, Physiotherapy, Chiropody, Dental and other services.
  - Standards for residential services at St. James' Hospital, Coldeast Hospital and community homes.
  - Care programme approach for people with Mental Health problems.

Introduction

- Medical and dental audit programme.
- Training programme in lifting/handling developed by District Nursing, available to all agencies.
- Development of palliative care ward for elderly people.

◆ Greater involvement of service users and carers:

- Introduction of parent-held child health records.
- Advocacy schemes in Learning Disability and Mental Health.
- A range of consumer satisfaction surveys of both community and hospital services.
- Service users involved in setting service standards (Havant/Petersfield).
- Participation in a variety of local planning fora.
- Active "user groups", for example, elderly care wards, Petersfield Hospital; Adult Mental Health Services.
- Independent review of short-term care for children with special needs.
- Self medication system in day hospital settings.
- Carers' groups, Elderly Mental Health service.

◆ Progressive development of flexible community-based services for people with Learning Disability or Mental Health problems and the associated rundown of large institutions:

- Community teams covering all localities.
- Network of day care/support services in conjunction with voluntary groups and Social Services.
- A range of local residential units and community houses; with a significant reduction in size of Coldeast and St. James' Hospitals.

◆ Well-established, devolved joint working arrangements with Social Services and other agencies:

- Joint planning fora in place for Elderly, Mental Health, Children, Learning Disability and Physical Disability in each major locality (City of Portsmouth, Havant/Petersfield, Gosport/Fareham).
- New joint service for home equipment loans.
- Child Development Centre funded through joint finance, due to open summer 1993.
- Preparation for implementation of Community Care Act — for example assessment, hospital discharge arrangements.
- Pilot care management project for elderly people (North Portsmouth).

◆ Improved use of resources:

- Effective financial control maintained.

	1990/91	1991/92	1992/93 (projected)
Total income	£000 41,200	£000 71,000	£000 77,126
+ Overspend	+ 197 0.5%	+ 15 0.02%	Breakeven

- Increased amount of care provided

	1990/91	1991/92	1992/93 (projected)
Finished consultant episodes	8,971	9,473	9,750
Outpatient and minor injury attendances	28,917	32,521	37,942
Day care attendances	26,221	32,366	37,516
Community contacts	834,627	852,815	874,135

- Better use of manpower:
  - — Good rates of staff retention.
  - — Considerable progress in reviewing skill mix to improve staff utilisation.
  - — Low "overhead" costs.

Services and Contracts

The services we provide

Elderly Medicine. A comprehensive acute treatment, rehabilitation, continuing care and palliative care service for people aged over 65. Acute services are concentrated in hospital facilities on the Queen Alexandra and St Mary's Hospital sites, with slower stream rehabilitation and continuing care services also provided at local community-based hospitals in Havant, Emsworth, Petersfield, Fareham and Gosport. A range of less acute and rehabilitation services are provided through day hospitals, outpatient clinics and domiciliary visits according to patient need and general practitioner choice.

Elderly Mental Health. A community-based assessment and treatment service for people aged over 65 with mental health problems; backed up by acute inpatient, outpatient and day hospital facilities, respite care, rehabilitation and continuing care services. Services are currently largely concentrated on the St James' Hospital site (serving Havant, Petersfield and the City of Portsmouth) and the Knowle Hospital site (serving Gosport/Fareham) but will be relocated more locally in the communities in due course.

Adult Mental Health. Aims to provide comprehensive care in partnership with general practitioners and other agencies for people aged between 16 and 64 who experience acute and long-term mental health problems. Services are provided through community-based mental health teams in each of the three localities (Portsmouth, Havant/Petersfield, Gosport/Fareham) linking with Social Services Area Offices as far as possible. Certain facilities (e.g. acute admission, long-term residential care and some district-wide services) are still provided on the St. James' and Knowle Hospital sites, until replacement local facilities are available.

Substance Abuse. A range of advisory, support and treatment services for people with problems of alcohol or drug misuse.

Learning Disability. A range of residential and community support services for adults with learning disability, provided in close co-operation with Social Services and voluntary agencies.

Child Health. A comprehensive range of services involving co-operation with general practitioners, teachers, parents and the Portsmouth Hospitals Paediatric Department, with the aim of maximising each child's health potential through the promotion of good health, prevention of disease and accidents, early detection and appropriate management of problems:

- Pre-school surveillance and school health programmes offering screening, developmental assessment, immunisation and vaccination, health education, support and advice for parents and teachers.
- A Special Needs service offering joint assessment, therapy, treatment and support for children with special needs and their families, provided from a central Child Development Centre complemented by a range of community-based services in each locality.
- Other specialist services, e.g. Special Care Baby Unit follow-up clinics, Enuresis clinics.

Child and Family Therapy. Specialist advice, support and a range of therapeutic

interventions aimed at enhancing the psychological well-being of children and their families. Provided through locally based community teams in Gosport/Fareham, Havant/Petersfield and City of Portsmouth.

Family Planning. A specialised service complementary to that provided by general practitioners. Advice on contraception, pregnancy testing; a range of counselling (e.g. on sterilisation, psychosexual problems, pre-menstrual syndrome, pre-conceptual care, genetic abnormalities); well person screening; unplanned pregnancy and termination service; domiciliary service.

Physical Disability. A range of services for people with a physical disability and their carers, aimed at maintaining individuals' independence and maximising their potential. These include:

- Family support and care attendant services.
- Nineteen beds in a number of nursing homes and Petersfield Community Hospital for both respite and longer-term care.
- Home respite care from the night sitting service.
- An equipment loan service provided jointly with Social Services.

District Nursing. A flexible, skilled nursing service provided mainly in people's own homes, offering direct patient treatment, support and training for carers, active promotion of good health and disease prevention; working closely with general practitioners. Available seven days a week with an evening/night sitting service.

General Practitioner Medicine. Practised at small hospitals in Petersfield, Havant, Emsworth and Gosport. General practitioners provide a minor injuries service and have a number of beds available to them for patients requiring medical care, convalescence, respite care, short-term rehabilitation, terminal care.

Health Visiting. Makes a major contribution to child health services and has a wider role in the community in promoting better health and accident prevention and in assessing health needs.

Dental Service. Offers a full range of dental care to people who have difficulty in obtaining treatment from the general dental services or who, because of circumstances, do not seek dental care. These include children, the elderly and housebound, people with learning or physical disabilities. Also provides dental screening for schools, runs dental health education programmes and organises surveys to check the state of dental health in the population.

Chiropody. A comprehensive footcare service providing both curative and maintenance treatment with an emphasis on health promotion and self care to enhance independence and the quality of life. People can refer themselves or be referred by medical, nursing or other staff.

Therapy Services. Physiotherapy, Occupational Therapy, Speech and Language Therapy offer a range of assessment and treatment services to people of all ages across all care groups; accessed either directly by general practitioners or through specialist hospital services. Staff from the three therapies work closely together to ensure a co-ordinated approach to achieve the maximum functional ability for each client.

Clinical Psychology. Assessment and treatment of clients; clinical supervision and consultancy support for staff; advice on

planning and organisation change, training and evaluation of services.

Health Promotion. Health Promotion services are provided both by a specialist Health Promotion Unit and as part of the overall services offered by other of our professional staff. Services are targeted on a variety of settings including the community, schools, colleges and youth clubs, primary care and workplaces, and take a variety of forms from direct support and advice to individual clients through to full topic-related programmes — "Look After Your Heart", family and child health, cancer education, smoking, substance abuse, sexual health. The national "Health of the Nation" document and other complementary guidance provide a clear set of priority areas for future targeting and we will continue to work closely with our main Purchaser and local Provider colleagues to translate these into concrete local action plans.

Palliative Care. Palliative Care is concerned with the care and support of people who are dying and their families. The aim is to concentrate on the quality of life and the alleviation of distressing symptoms within the framework of a co-ordinated service which includes inpatient or hospice care, day care services, support through a home visiting service including district nursing and night sitting, and bereavement care for relatives.

Our contract position

The Trust would be launched with a sound contracting base. The majority of its income would continue to come from a contract with the Portsmouth and South East Hampshire Health Commission. Services would also be provided through contracts with nine other Health Authorities/Commissions and from April 1993 six general practitioner fundholders.

SOURCE OF CONTRACTED INCOME 1992/93

Portsmouth Health Commission	91.9%
Wessex Regional Health Authority	6.9%
Other Health Authorities/Commissions	1.1%
Local General Practitioner Fundholders	0.1%

No major shift in purchasing patterns has been experienced since the introduction of the internal market for health services. Inevitably, however, new challenges and opportunities will present in future as Purchasing agencies' strategies and plans develop. In particular the extension in both the number of general practitioner fundholders and the increasing range of services they can purchase is likely to have significant consequences.

Initially, subject to agreement with Purchasers, contracts will continue to be predominantly on a block basis. However, the feasibility of testing more sophisticated forms of contract for some services as the Trust develops its information and financial infrastructure will be explored. Wherever possible business opportunities will be developed with the relevant local authorities, general practitioners and the independent sector.

The level of extra-contractual referrals is low, at 0.5% of total patient-related activity.

Looking ahead

Forecasting future demand and potential "markets" for the Trust's services is difficult, given the wide-ranging changes occurring in the primary and community care field. Whilst it is certain that the demand for more

treatment, care and support in the community will rise steadily, the way in which the demand is met may be different from the present pattern of service provision. There will be opportunities for new ways of working with General Practice, Social Services and Portsmouth Hospitals and the Trust would expect to be able to participate fully in such initiatives.

The Trust's longer-term business strategy would be based on:

- Conserving its present strong local market position as the major provider of community health care services for the local population through flexible responses to changing needs and purchaser requirements.
- A commitment to developing more responsive services for general practitioners; to focus services wherever possible on practice populations and to work together to plan services to meet client needs by the most appropriate use of the joint resources available.
- Exploring with general practitioners, the Health Commission and the Portsmouth Hospitals Trust the potential to increase the range of low-technology Acute services provided in local community hospitals.
- Developing with the local Health Commission, general practitioners and Social Services a shared vision for primary care in our local communities and identifying how the Trust can contribute to it.
- Identifying with the Portsmouth Hospitals Trust changes in clinical practice (e.g. extension of day surgery) that have workload implications in the community so that appropriate support is available for clients and carers upon discharge from hospital.
- A recognition that the Trust's survival would depend upon developing packages of care or service that Purchasers will want to buy (whether general practitioners, Health Commission or Social Services).
- Managing the impact of the Regional Health Authority's strategic objective to close long-stay institutions by the end of the century.

It is recognised that there may well be opportunities to extend the services the Trust provides (within or outside the district). The Trust's approach to such "new business" opportunities would be governed by the following.

- Any opportunity that flows naturally from the services already provided will be considered seriously.
- Any proposal must be within the framework of client-centred values developed within the Trust.
- New opportunities should be considered in partnership with other Providers (e.g. general practitioners, Social Services, Portsmouth Hospitals Trust, etc.), i.e. the Trust will not go for artificial competition that may duplicate services and/or waste scarce resources.
- Services will be provided only at or above the Trust's quality standards.
- The Trust will not provide services that it believes can be better provided by others.

Links with other services

Health care is a multi-agency responsibility requiring collaboration and co-ordination in order to provide an effective, seamless service to individuals to meet their assessed needs. It is, therefore, essential that the Trust integrates its services with those of local general

Services and Contracts

practitioners, the Portsmouth Hospitals Trust, Social Services and the voluntary and independent sectors.

The Trust would build on the considerable progress already made in developing shared care group plans and in establishing a variety of joint planning fora to consider common issues or proposed service changes.

Strong links already exist with the Portsmouth Hospitals Trust. The two Trusts would provide a range of services to each other which are specified and monitored through formal "service agreements" specifying clear activity, quality and financial targets.

Portsmouth Hospitals provides Portsmouth HealthCare with:

- Diagnostic services.
- Pharmacy services.
- Dietetics.
- Laundry, Transport, CSSD.
- Control of Infection.
- Legal services.
- Staff accommodation.
- Accommodation, facilities and support services for:
  - Acute Elderly services (on both Queen Alexandra and St Mary's Hospital sites).
  - Therapy services.
  - Education.

Portsmouth HealthCare provides Portsmouth Hospitals with:

- Physiotherapy.
- Occupational Therapy.
- Speech Therapy.
- Liaison Psychiatry.
- Psychology.
- Chiropody.
- Health Promotion.
- Palliative Care.
- Accommodation and facilities for maternity and acute outpatient services at a number of community hospital and health centre sites.

Specialist services: The Trust would act as Purchaser for the Regional Forensic service and the Regional Adolescent Psychiatry service. The Regional Drug Problem Team and Regional Drug Detoxification service would be managed by the Trust. These services are likely to be reviewed in the next few years in the light of changing referral patterns, developments in other Provider Trusts and Purchasing Authority strategies for these client groups.

The Trust would receive a supplies service from the NHS Supplies Authority.

Quality of Service

Our goal

The Trust's goal would be to achieve in all its services real improvements which are apparent to the people who use them — patients, clients and carers. They, and the staff who work most closely with them, are the ones who can tell us what they want from a service. They can help determine what quality is for each care group so that clear standards and targets can be set and progress in achieving them measured. Some things may take time — things cannot always be changed overnight — but if we know where we want to go we can be sure we are moving in the right direction.

A strategy for quality

Context. The Trust's quality activities would reflect the wider concerns of the NHS. We need to use the opportunities provided by national initiatives like the Patient's Charter and "Health of the Nation". Being aware of the wider picture can help to set local targets and objectives: For example, the "core NHS values" which have been identified give a yardstick against which to test local services:

- Equity.
- Effectiveness.
- Efficiency.
- Accessibility.
- Appropriateness.
- Responsiveness.

Client Focus. As plans are developed for each service or specialty we need to put clients in the centre of the picture: their needs should be paramount and their wishes respected. Reflecting the clients' perspective would mean that the Trust works to achieve:

- Wider choice and greater flexibility in the services available.
- Clinic appointments, home visits or treatment sessions at convenient times.
- A "special" member of staff in all residential homes, whether this is a nurse, a therapist or a care assistant, whom the client knows and who will help him or her to get the services he or she needs.
- Safe, comfortable and welcoming surroundings.
- Clinics, hospitals and health centres which people can get to easily and find their way round.
- Opportunities for people to ask questions and be given the information they need, in a language they understand.
- Courtesy from staff at all times and respect for individual differences.

Culture. We want a concern for quality to be shared by everyone who works in and for the Trust. This means that:

- Each person has a personal responsibility to achieve the highest possible standards.
- Teamwork is essential, based on respect for each individual's contribution.
- Excellence in any sphere is recognised and rewarded.
- Managers demonstrate their commitment to quality.
- Problems are recognised and tackled constructively.

Integration. The common threads in some of the less familiar activities we are undertaking need to be recognised:

Quality of Service

- Quality assurance.
- Medical and clinical audit.
- Resource management.
- Business planning.
- Risk management.
- Education and research.
- Performance management.

All of these involve identifying clearly what the purpose of our activities is, what outcomes we want and how we can achieve them.

Partnerships. Just as fostering teamwork within the Trust is crucial so is working in partnership with other agencies:

- With Purchasers, to develop a shared perception of quality and a commitment to achieving improvements and to respond to their requirements.
- With other Providers, including Portsmouth Hospitals; for example, the current joint project on patient discharge to ensure continuity of care and support when a patient leaves hospital.
- With other statutory agencies like Social Services and Education; for example, joint work with both agencies to improve care for clients with a learning disability who have exceptional needs.
- With educational, academic and professional bodies, including the Solent School of Health Studies and other departments in the University of Portsmouth, the Royal Colleges and other professional societies, and other agencies such as the King's Fund. Examples include:
  - **Joint educational/service audits in Mental Health and Community Nursing.**
  - **Using standards developed by the Society of Geriatricians to audit continuing care services for elderly people.**
  - **Developing organisational audit for learning disability services in association with Wessex Regional Health Authority and the King's Fund.**

Structures and Systems. If real improvements are to be achieved there needs to be a strong framework to support quality assurance activities. The mechanisms needed include:

- Managerial support and resources.
- A means of sharing ideas and developments within each division and the Trust as a whole.
- Identified quality facilitators to help staff take their ideas forward.
- Training in quality assurance techniques and customer awareness.
- Development of audit tools and monitoring systems, with Information Technology support.
- Regular reviews and reporting systems.

Client/Carer Involvement. Because we believe that quality implies looking at services from a client perspective we need to:

- Involve clients in discussions about service developments.
- Get service users to tell us where services fall short of their expectations. Current projects to do just this include speech and language therapy, chiropody and community nursing and in services for children with special needs.
- Helping people to express or channel their views, for example through developing advocacy schemes.
- Supporting voluntary activities including carers' and self-help groups.

Complaints. Complaints are a particular form of client feedback. These need to be used in a positive and constructive way. This means that the Trust would:

Quality of Service

- Ensure that people are aware of the complaints procedure.
- Continue to acknowledge all complaints promptly.
- Initiate a thorough investigation of the circumstances leading up to the complaint.
- Respond to the complainant within a given period with a full explanation of what happened and an apology for any shortcomings.
- Take action to prevent a recurrence.
- Give staff involved in a complaint feedback on the results of any investigation.
- Check with the people who have made a complaint to see if they are satisfied.

The Patient's Charter. The Patient's Charter introduced just over a year ago has already had a considerable impact. It has helped us to focus our activities, and is a key component of the Unit's approach to quality. In the coming year we shall concentrate on particular targets, including:

- Ensuring that all patients, especially residents in continuing care areas and community homes, are afforded privacy and that their dignity is maintained.
- Providing for sensory, cultural and religious needs.
- Improving the physical environment in which care is given.
- Reducing waiting times for hospital transport.
- Making sure that there is good physical access, including parking facilities, to all our buildings for people who use wheelchairs or walking aids or have babies or young children in prams and pushchairs. (An audit of all premises has been carried out to find out where the deficiencies are so that we have a baseline to measure progress in putting things right.)

Leadership & Management

Our approach

The key to ensuring continued responsiveness of services to individual client need is an organisation that:

- Has a clear framework of corporate objectives.
- Devolves responsibility and resources to practitioners so that they have the scope to deliver individual client-centred care.
- Decentralises operational management and planning to as local a level as possible.
- Involves staff in management and planning processes.
- Has a clear locality focus so that services can reflect the varying needs of different communities.
- Promotes the involvement of clients and carers in the provision and development of local services.
- Works closely together with general practitioners, Portsmouth Hospitals, and local authority and voluntary agencies to achieve a "seamless service".

A local focus

The principle of locality management would continue to shape the Trust's organisation below Board level with a clear focus on the three main localities with the District: **City of Portsmouth, Havant and Petersfield, Gosport and Fareham**. A locality focus is seen as essential for the following reasons:

- Providing genuinely client-centred services can only be achieved locally through staff from different agencies working closely together.
- Strengthening primary care needs to be worked out locally with our services becoming much more responsive to and integrated with general practitioner services.
- Effective involvement of clients and carers is more achievable.
- Forging good links with local authority services, voluntary and other community groups needs to take place at that level.
- The implementation of "Caring for People" is being led in Social Services areas and community health staff input to that process is crucial.
- The contracting process for health care will increasingly have a local focus as more general practitioners become fundholders and as Purchasers (whether general practitioners or the Health Commission) link investment increasingly to the assessment of health needs and priorities in local communities.
- The need to ensure that the best use is made of all the resources available to each local community.

In partnership with staff

The Trust can only achieve its goals for more responsive and improved services for the local community with the full commitment and involvement of staff of all disciplines. Clinical practice directly affects the Trust's viability in terms of:

- The use of resources and consequent expenditure/costs.
- The quality of the service provided to individual clients and overall.
- Shaping the way services develop for the future.

- Achieving Purchasers' contract targets.
- Links with General Practitioners.

A close partnership between professional and managerial staff would be crucial to the Trust's effectiveness.

Senior clinical and professional staff are already widely involved in the main management processes, i.e. business planning, objective setting, service review and care group planning.

Consultants would contribute to the Trust in three main ways: through their involvement as individuals; as representatives of their specialty; in specific management roles.

- **As individuals** they:
  - Are clinical leaders in their own areas of expertise.
  - Participate in the audit process.
  - Have an educational role with other health professionals including general practitioners.
  - Influence service development.
  - Are partners in the management process.
- **In representing the specialty** they are involved in:
  - Providing organisational advice both locally within operational management teams and district-wide in the Medical Advisory Committee, through "lead consultant" roles.
  - The medical committee structure within the Unit and in committees run jointly with Portsmouth Hospitals, e.g. Drugs and Therapeutics, Education, Audit.
  - Regional, national and Royal College activities.
- In **specific management roles** they lead or participate in:
  - Specialty management.
  - The general management of an operational Division. Each Divisional Management Team member includes a designated medical member.
  - The Trust Board, through the Medical Director role.

Professional advisory framework

The Trust would recognise the wealth of experience, ideas and energy within the range of professions employed within the Trust and maintain the well-established arrangements for the provision of professional advice:

- The Medical Advisory Committee, a representative forum involving all specialties.
- Designated professional heads of service for:

Occupational Therapy	Clinical Psychology
Physiotherapy	Dentistry
Speech Therapy	Chiropody
Nursing	Dietetics
Control of Infection	Catering
Health Promotion	Housekeeping

Holding things together in a devolved service

The Trust would ensure accountability and overall co-ordination by:

- Developing in conjunction with the major Purchaser clear service strategies for each care group to provide a policy and philosophy of care framework within which local teams work.
- A systematic objective setting process.
- A performance review system as part of the business planning/contracting process.
- A strong shared management culture, characterised by:
  - Keeping client-related needs to the forefront of the Trust's agenda.

- Strong commitment to working in genuine partnership with other agencies with — a shared ownership of problems and pressure points in services; a willingness to pool resources where appropriate; an open-ended rather than a defensive relationship.
- Making every pound count — a drive for cost-effectiveness in balance with maintaining a quality service.
- As "open" as possible an approach to staff, the public, external agencies — sharing information, acknowledging difficulties and shortcomings in services.
- Achieving a balance in objective setting and performance review between those issues that are determined nationally, regionally or through contracting, and those that are generated by staff.
- Encouraging staff to innovate in meeting client needs, within the limits set by contracts.
- A management process which mirrors the values that practitioners are being encouraged to adopt in direct client contact, e.g. recognition of individual worth, choice, respect, dignity.

The Trust Board

The Trust would be managed by a Board of Directors responsible for:

- The strategic direction of the Trust, developing a clear vision for the future.
- Determining the framework of overall policies, values and priorities needed to achieve it.
- Maintaining the Trust's financial viability.
- Ensuring the delivery of high-quality services.
- Setting and monitoring performance standards.

The Board would comprise:

- A Non-Executive Chairman appointed by the Secretary of State.
- Five Non-Executive Directors, two of whom will be drawn from the local community and appointed by the Regional Health Authority; three appointed by the Secretary of State on the Chairman's recommendation.
- A Chief Executive appointed by the Chairman and Non-Executive Directors.
- Four other Executive Directors appointed by the Chairman, Non-Executive Directors and Chief Executive.

The Chairman has a clear leadership role within the Trust Board and major representative/public relations role with external bodies.

The Non-Executive Directors are representative of the local community in the widest sense but do not represent any particular "special interest", i.e. specific geographical area, voluntary organisation, political party, etc.. We see the Non-Executive Directors bringing:

- A broad view and non-NHS perspective.
- Their wider business and community experience.
- A network of contacts with other agencies, organisations and services.
- A commitment to improving services for the local community.
- A willingness to share in representing and advocating for the Trust in the broader community.
- A commitment to equal opportunities.
- Enthusiasm, challenge and fresh ideas.

The five Executive Directors would be:

- **Chief Executive**
  - Is personally responsible for executing Trust Board policy.
  - Provides strategic direction for the development of services.

- Provides managerial leadership for the whole organisation.

◆ **Operational Services Director/Deputy Chief Executive**

- Co-ordinates operational management across the Trust.
- Leads the business planning and performance review process.
- Leads the contracting process.
- Ensures effective information, planning and estates services to the Trust.

◆ **Finance Director**

- Ensures control of resources through effective financial systems.
- Develops policies for the control of income and expenditure.
- Establishes effective contracting systems.
- Provides financial advice to the Board.
- Ensures the Trust's financial duties are fulfilled.

◆ **Medical Director**

- Advises the Board on clinical, medical manpower and contracting issues.
- Ensures that an effective medical and dental audit process is in place.
- Leads the research and development function.
- Provides professional leadership for the Trust's medical staff.

◆ **Quality Director**

- Develops a framework for quality for the Trust that ensures that standards are agreed, implemented and monitored.
- Ensures that the Trust's policies and management processes reflect the perspectives of clients, service users and carers.
- Leads the review and development of professional practice.
- Advises the Board on professional nursing issues.

In view of the size of the Trust and the substantial process of change currently under way and anticipated in the future, the Trust Board would co-opt the **Personnel Director** as a non-voting member, in order to:

- Develop human resource strategies.
- Lead staff development and training.
- Co-ordinate an effective corporate communications strategy.
- Advise on organisation development and the management of change.

Supporting management organisation

An Executive Management Group led by the Chief Executive would collectively implement Trust Board policy, establish a corporate approach to the development of a wide range of policies and focus on the interface with general practitioners, Social Services and other agencies. Its membership would include Executive Directors, General Managers, Chairman of the Medical Advisory Committee and Estates, Information, Planning and Business Managers (see below).

TRUST BOARD

Chairman
5 Non-Executives
5 Executives

CORPORATE POLICY AND LEADERSHIP

EXECUTIVE MANAGEMENT GROUP

Chief Executive
Operational Services Director
Finance Director
Medical Director
Quality Director
Personnel Director
General Managers
Chairman, Medical Advisory Committee
Estates Manager
Information Manager
Planning Manager
Business Manager

EXECUTIVE ACTION

Leadership & Management

PROFESSIONAL ADVISORY FRAMEWORK

Medical Advisory Committee
Designated Heads of Professional Services

PROFESSIONAL ADVICE

Operational management is currently based on seven divisions. It is envisaged that these will reduce to four as local community-based services develop for Learning Disabilities and Mental Health services in place of those based on large institutions (see below).

OPERATIONAL SERVICES DIRECTOR

General Manager	General Manager	General Manager	General Manager	General Manager	General Manager	General Manager
Community Health Services City of Portsmouth	Community Health Services Havant and Petersfield	Community Health Services Gosport and Fareham	Acute Elderly Services Queen Alexandra and St Mary's Hospitals	Elderly Mental Health Services St James' Hospital	Adult Mental Health Services St James' Hospital	Learning Disability Service Coldeast Hospital

Human Resources

Introduction

We are fortunate to be moving towards Trust status with a stable, well-educated and self-motivated workforce. The commitment of individual staff to help clients enjoy the best possible health is well established. The challenge for human resource management is to ensure that this is maintained in the climate of major change within which the Trust would operate.

Current workforce

The workforce is detailed in the table below.

Planning ahead

The Trust would have the capacity to produce workforce plans to ensure that staff are available to meet its business and health care commitments. We have invested in:

- Staff with skills in this field.
- Computerised information systems providing data for planning purposes and supporting staff operationally through a number of terminals across the district.
- The analysis and regular reporting of local and national labour market information.

Appropriate training opportunities for human resources management staff and line managers will continue to be utilised to enhance our capacity in this area.

The target staffing levels for the first year of the Trust's operation would reflect four main criteria.

- Resources needed to meet contract requirements.
- Affordable staff levels taking account of

CURRENT WORKFORCE

Staff Group	Women Number	Women W.T.E.	Men Number	Men W.T.E.	Total Number	Total W.T.E.
Medical and dental	96.00	65.24	123.00	73.06	219.00	138.30
Nurses and Health Visitors	2,262.00	1,674.32	264.00	241.12	2,526.00	1,915.44
Professional and Technical	366.00	245.79	50.00	31.92	416.00	277.71
Ancillary and Works	339.00	278.11	110.00	88.81	449.00	366.92
Administrative and Managerial	497.00	316.15	51.00	47.65	548.00	363.80
Totals	3,560.00	2,579.61	598.00	482.56	4,158.00	3,062.17

inflation.

- Planned internal skill mix changes.
- Health care developments.

Changing work patterns

The challenge of providing health care in different ways will require continuous adaptation by staff. The creation of new categories of job, the revision of existing jobs and designing new patterns of work would be a key feature in resourcing the Trust's business and health care plans. Staff will be involved in this process, particularly those who are affected by change and who have direct knowledge of client needs. The human resource management function has developed skills and approaches to the management of change and sees this as an important feature of its service.

Staff development

The Trust's capacity to deliver quality services and to cope with changing needs would hinge upon its ability first to obtain appropriately qualified staff and then to ensure that their skills and knowledge are continuously updated. The Trust would sustain and develop its commitment to the development of all staff:

- Development as a centre for BTEC and RSA for the provision of a wide range of vocational qualifications for all categories of staff.
- Placements for clinical experience for students from a variety of professions, e.g. medicine, nursing, occupational therapy, physiotherapy, etc..
- Postgraduate medical education, in conjunction with the Postgraduate Dean and in line with General Medical Council and Royal College guidelines.
- Co-operation with the new contractual arrangements for junior and career grade medical staff training.
- Post-basic nursing, health visiting and therapy training.
- Continuous development schemes such as PREPP (Post Registration Education and Practice Preparation) for nursing staff and similar approaches for other professional groups.
- The self-development of staff through processes such as individual performance review and personal developments plans.
- Access to libraries/resource centres for personal and professional updating.

Close links would be maintained with Southampton University Medical School, Portsmouth University (particularly its School of Health Studies) and a network of other independent education providers. The Trust would retain equal access to the St Mary's Hospital Education Centre.

The human resources management function is developing our internal capacity to manage staff development. This includes:

- Methods of identifying development needs.
- Open learning to support people in their workplace.
- Evaluation to ensure ultimate client benefit.

Management development

The Trust would continue to invest in the training and development of its managers through:

- Building on training initiatives established in conjunction with the University of Portsmouth and Portsmouth Hospitals:

- A foundation programme for new managers.
- Management development modules.
- Managing Health Services certificate course.

- Utilising everyday work opportunities for learning:
  - Management coaching.
  - Co-working.
  - Performance review.
  - Time-out.
  - Use of appropriate role models.
  - Development of clinicians as managers.
- Participation in the Wessex Management Development Consortium.

A comprehensive review of management development needs has been commissioned and an Organisational and Staff Development Adviser appointed to ensure that needs and opportunities are co-ordinated effectively across the Trust. A strategy has been prepared linking all staff development with organisational development.

Equality of opportunity

The Trust would recognise the need for policies that will ensure a balanced workforce, representative of the community which it serves, and provide opportunity for staff regardless of race, sex or disability.

A high proportion of the workforce are women. The Trust would continue to develop family-friendly policies and other initiatives that help to support women at work. We fully endorse the goals for women in the NHS outlined in "Opportunity 2000" and are implementing local policies needed to achieve them. These include:

- Flexible working arrangements.
- A development centre for aspiring women managers.

Pay and conditions

Staff transferring to the Trust can, if they wish, retain their existing terms and conditions of employment. Alternatively they would be able to opt for a new contract of employment with the Trust as it develops a new set of conditions of service.

The Trust intends to take advantage of the major opportunity provided by Trust status to develop a local strategy for pay that will underpin our service objectives. Our strategy would aim to:

- Ensure pay cost stability to provide maximum continuity and consistency of services for clients.
- Create pay structures that encourage a more flexible provision of care.
- Improve our capacity to respond quickly to emerging health care needs.
- Reward staff fairly and reasonably for the work they do.
- Improve the recruitment and retention of staff in areas of skill shortage.
- Simplify current pay systems.
- Reduce inflationary elements in pay systems.

In developing a local strategy, the Trust would take careful regard of current Whitley Council and Review Body agreements, seeking to preserve the best aspects of these whilst gradually using the new flexibility available to us to build up packages of pay and conditions more appropriate to our local needs and circumstances. We have already begun to invest in the staff skills required to support the local management of pay, and are building up a network of contacts and information about local and national labour markets.

Staff relations

The Trust would value the tradition of good

relations with staff and their representatives that it would inherit from the Community Health Care Unit and would seek to maintain and build on this. It would regard its primary relationship as being with the individual employee but fully respect employees' wishes to be represented by trade unions or professional associations.

Much has already been done to open and expand communication systems within the organisation. We will continue to encourage staff participation in objective setting, planning and information exchange processes.

Health and safety of staff

Ensuring the health and safety of staff would continue to be a priority with:

- Responsibility for health and safety devolved to operational managers.
- The workplace seen as the focus for action in relation to lifting, hygiene and COSHH (Control of Substances Hazardous to Health) regulations and related training programmes
- Health and Safety Committees in each locality, Coldeast and St James' Hospitals.
- Particular programmes of action to tackle specific employee health issues. Recent examples include: production of a lifting manual and lifting training; stress management training; survey of display screen users.
- The continued provision of an Occupational Health service (currently through three locality-based teams) to promote the health and well-being of staff.

The Trust would pursue the aims of the national Healthy Workplace initiative and sees this as an opportunity for health promotion in general.

Staff management

Supporting staff providing direct client care is seen as a prime task of line managers and personnel management responsibilities are devolved to them. This encourages an individual approach to staff management rather than a remote, impersonal one, and supports staff according to the unique demands of their job and circumstances.

A human resources management service has been developed with two broad functions:

- Support to line managers:
  - **Specialist advice.**
  - **Facilitating managers and staff in their work.**
  - **Organisational change and development.**
- Development issues and strategy:
  - **Policy development.**
  - **Pay systems.**
  - **Research solutions to new challenges.**
  - **Staff development.**
  - **Workforce planning.**

The team of personnel practitioners is well qualified (91% with the IPM diploma) with considerable experience. Their roles and the organisation of the specialist function have been designed specifically to help managers and staff meet the challenges and change faced by the Trust.

A human resource strategy has been produced. This includes:

- Targets for monitoring the effectiveness of the workforce.
- Labour cost control.
- Annual review of targets and the strategy itself. The annual review would take account of the human resource consequences of becoming a Trust and of opportunities and constraints occurring as the organisation matures.

Information

Introduction

Information is the life-blood of any organisation. The quality of decision making, performance monitoring and long-term planning relies on the availability of accurate, timely and relevant information. It is essential to know what services are being provided, at what cost, and to monitor effectiveness and quality. We also need, within a framework that guarantees confidentiality, to be able to share and exchange information with our service users, Purchasers and other Providers.

An overall information strategy has been agreed with the major Purchaser. Its goal is to provide comprehensive, integrated information systems to support our business plan and to inform the decision making process related to health care. Non-recurring funding of £700,000 is guaranteed in the 1993/94 financial year to implement the strategy. £110,000 of recurring revenue has been agreed with the Health Commission to finance its ongoing costs.

Current systems

The Trust would inherit a variety of information systems collecting a great deal of data:

- **Community Health**. A Comway 1+ system is used by district nurses, health visitors and school nurses; a Regional Health Authority personal computer-based system (Wescom) by Therapy, Chiropody, Community Mental Health and Learning Disabilities staff. Both provide useful operational and management information but are essentially interim solutions pending the introduction of a fully client-based community information system, due by April 1994.
- **Child Health**. The national child health system has recently been installed. We aim to use this to its full potential, including the special needs module.
- **Inpatients**. The existing Korner inpatient information system will be replaced from April 1993 by a new hospital information system tailored to our local requirements and containing inpatient/outpatient and contract monitoring modules.
- **Manpower**. The national IPS manpower system has recently been introduced, which will improve managers' ability to manage and plan future workforce requirements.
- **Finance**. The core financial system (General Ledger — Millennium) is supported and maintained by Portsmouth City Council through a facilities management contract.
- **Estates**. The current Works Information Management System has proved valuable in assisting with the efficient management of capital and equipment assets and energy utilisation. A new release of the software for this system is due to be implemented in the near future.
- **Other**. A number of stand-alone systems support our overall operation, including:
  - Home equipment loans.
  - Incontinence products.
  - Community dental service.
  - Office systems.

Future vision

The aim is to develop a comprehensive range of client-based information systems which cover the inpatient, outpatient and domiciliary services provided by the Trust. These systems will be complemented by an Operational

Information

Support system. This will be capable of compiling and analysing information from these systems together with financial, manpower and resource information from the functional support systems. This will enable information to be viewed from a variety of perspectives.

An extensive analysis of future information requirements has been undertaken from which inpatient and outpatient systems have already been specified. Following a similar exercise for domiciliary services, an operational requirement is now nearing completion. We believe new patient/client-based systems must:

- Provide rapid and simple means of data capture.
- Be client-based.
- Have local access.
- Provide flexibility in the way information is presented.
- Facilitate links with other agencies and enable information sharing (subject to agreed protocols).
- Produce summary information to meet requirements of:
  - **Regional Health Authority/NHS Management Executive.**
  - **Contracting.**
  - **Planning and operational management.**
  - **Clinical information.**

Our approach is based on:

- Evolutionary and incremental development — wherever possible building in what already exists and maximising current investment.
- Ongoing flexibility to meet changing requirements.
- Partnerships with other agencies.
- Compliance with existing technical standards and telecommunications protocols.

Our future intentions are that:

- Full patient-based records will, in the main, continue to be held manually.
- Patient-based information systems will record selective information at summary level — with the minimum possible overheads of operational staff time (but using efficient/simple-to-use data collection techniques).
- Scope for continuous development of the type of client/clinical/operational management information as requirements continue to evolve.
- A significant investment will be made in preparatory and ongoing training programmes for all clinical staff and other users.

The planned Community Information System will include:

- Community patient activity systems — which will comprise inpatient, outpatient and domiciliary modules.
- Decision support systems — which will have the capability of linking information about patients/clients from the patient-based modules above with data from functional support systems (finance/manpower/supplies).
- Personal computer systems — linked through local area networks to the District-wide area network. These will eventually be the main vehicle to deliver information to operational and managerial staff.

We recognise the potential pitfalls associated with the proposed level of investment in information systems. The initial information

strategy and broad investment proposals were preceded by an outline cost benefit analysis. We intend to commission a further independent external review before entering into any major investment commitments.

Implementation

Clearly the key task over the next two years in implementing the information strategy is translating the vision into reality. Integral to our overall approach is the recognition that information is a key corporate resource. The organisation and provision of information services will reflect the overall management arrangements of the Trust and support its key task of delivering health care, service and business planning, contracting, the further development of resource management and clinical audit. As the need for improved information becomes ever more apparent at all levels, additional funding support will be required, which will need to be absorbed into the price of services or obtained from external sources.

Estates

Current assets

The Trust would utilise a significant stock of capital, both buildings and equipment, including:

- St. James' Hospital for people with mental illness.
- Coldeast Hospital for people with Learning Disability.
- A wide range of community houses and specialist residential units.
- Thirteen health centres and a number of clinics.
- Two Community Hospitals containing a range of services (e.g. beds for general practitioner admissions, elderly and maternity patients, outpatients and minor injuries facilities) and three small hospitals.
- An NHS nursing home for elderly people.

The Appendix gives fuller details.

Our capital asset valuation is £69.8 million (as at 31st March, 1992).

Elderly Medicine, Therapy and Family Planning services managed by the Trust occupy space on the St Mary's and Queen Alexandra Hospital sites leased from the Portsmouth Hospitals Trust. The latter is also contracted to provide works repairs/ maintenance and support services to these facilities.

Capital investment

A number of significant capital schemes are currently under discussion with our major purchasers which, if agreed, would transform the Estate over the next decade; reflecting the Trust's commitment to providing more locally accessible services and the implementation of Care in the Community. The Regional capital programme (September 1992 edition) envisages capital investment in excess of £34 million (at current price levels) between 1992 and 1999.

Included in the Trust's asset base would be the £6 million new Community Hospital in Petersfield which has opened in the last twelve months. A second Community Hospital, Gosport War Memorial (Phase I), is now well advanced and will be open by the time the Trust is established. By the turn of the century the aim is to complete the following schemes:

- Gosport War Memorial Community Hospital (Phase II) — £6.5 million.
- New Mental Health Estate, Locksway Road, Portsmouth — £6.5 million.
- Havant Community Hospital — £10.28 million.
- Nursing home facilities for Elderly Mental Health patients, Portsmouth — £1.5 million, and Fareham — £1 million.
- Fareham Community Hospital (Phase I - Mental Health) — £1.5 million.
- Replacement community accommodation for Learning Disability clients currently resident at Coldeast Hospital — £6 million.
- Relocation of Knowle Hospital sheltered workshops in Fareham — £0.76 million.

Implementation of this programme is, of course, dependent upon securing Purchaser agreement to the revenue funding required.

Our short-term investment priorities in estate maintenance will reflect these longer-term plans and whilst the overall condition of the

estate is satisfactory a significant investment programme of £4.2 million is required to tackle identified backlog maintenance and to bring buildings up to Estate Code conditions. Other priority work totalling £1.5 million has been identified to meet statutory requirements including the Food Safety Act, Fire Regulations, the Electricity at Work Act, Pressure Vessels Regulations and the Code of Practice for the Control of Legionnellae.

Capital project management

The scale and complexity of the capital programme envisaged makes it essential that the Trust has a strong estates management function and appropriate project management capability. The estates management team has recently been strengthened and a dedicated Estates Project Manager employed from Regional long-stay hospital bridging funds specifically to assist in this task.

- We have dedicated access to half of the District Capital Planning function through a service level agreement. This team has significant technical expertise and experience of managing a number of large capital projects including the Petersfield and Gosport Community Hospitals schemes.
- The long-stay hospitals closure programme is being overseen and project-managed by a multidisciplinary team comprising Estates, Planning, Finance and Personnel Managers.

The estate management function

The estate has already been subject to extensive review, taking account of our overall strategic direction and future resource requirements. Work completed includes:

- Audit Commission survey of estates function.
- Competitive tendering of the estate maintenance function.
- Estate condition surveys.
- Implementation of fire certification requirements.
- Outline five-year plan programme for non-recurring investment.

Other areas of estate management where work is in hand include:

- Functional suitability and space utilisation.
- Compliance with the Electricity at Work Act.
- Compliance with Environmental Health Office requirements.
- Compliance with Pressure Vessels regulations.
- Compliance with requirements for the Code of Practice for the Control of Legionnellae.
- Development of the computerised Works Information Management System.
- Energy performance.

The estate is recognised as a key resource and we will continue to give priority attention to its effective management. Equally significant are the associated running costs of the estate and, in particular, utilities expenditure. The recent employment of a specialist officer to deal with this whole area is expected to ensure maximum value for money is obtained.

Finance

Introduction

At the heart of the Trust's financial strategy are clear requirements to:

- Ensure that the financial duties of the Trust are met.
- Ensure that financial control and stability are maintained.
- Develop realistic financial plans consistent with resource availability.
- Ensure that flexible financial systems are in place, sensitive to the market conditions in which the Trust is operating.
- Ensure that value for money is achieved in the delivery of quality patient services.
- Proactively identify/manage financial risk.
- Promote good management of resources.

The Unit financial management team has responded well to the new financial environment created by the NHS reforms and the Unit's financial track record demonstrates that sound budgetary control and financial planning have been embedded in the devolved managerial structure. This will enable the Trust to maximise the financial benefits of Trust status to ensure that improved client services are delivered.

Income and expenditure

The vast majority of the Trust's income will be generated by a number of service agreements with Health Commissions (all on three-year rolling contracts) and annual General Practitioner Fundholder contracts. In addition to this, other income will be generated by services the Trust will provide to Portsmouth Hospitals NHS Trust and the University of Portsmouth. Relatively small levels of income will also be generated by non-contract activity and other charges, e.g. health centre charges.

A summary of the 1992/93 planned **income** position is shown below:

	£000	%
Contracted clinical services income	73,776	95.7
Contracted Portsmouth Hospitals/University of Portsmouth	2,085	2.7
Non-contracted clinical services income	390	0.5
Other non-patient-related income	875	1.1
TOTAL INCOME	77,126	100.0

The Trust will continue to utilise the funds and assets donated by individuals and organisations for the delivery of patient services and ensure that the optimum return is made on them. It will also ensure that adequate additional income is negotiated with purchasers to enable agreed service investments to take place.

An analysis of planned 1992/93 **expenditure** is provided below.

	£000	%
Staff costs	48,408	62.8
Non-staff costs	13,749	17.8
Capital charges	7,775	10.0
Recharges	6,067	7.9
Sub-contracts	1,127	1.5
TOTAL	77,126	100.0

Finance

The Trust will continue to deliver value for money in relation to its use of resources. A comprehensive value for money strategy will cover all areas of expenditure to ensure the maximum value for each pound spent is achieved.

Past performance

The financial performance of the Unit for the last two financial years, as well as the forecasted outturn for 1992/93 is shown below:

	Budget £000	Expenditure £000	Variance £000	Variance %
1990/91	41,200	41,397	+ 197	0.50
1991/92	71,000	71,015	+ 15	0.02
1992/93 forecast	77,126	77,126	-	-

During 1991/92 a financial deficit of £197,000 was reduced to £15,000. Our plan for 1992/93 is a breakeven position, demonstrating sustained financial performance since the introduction of the NHS reforms in April 1991.

Financial control is reinforced by the production of monthly budgetary control information, Divisional and Unit financial reports and year end projections. The financial position is one of the key review items examined in the quarterly Divisional review process.

Capital investment

The Trust is committed to the development of community-based residential services, replacing existing long-stay institutional care for people with a mental health problem or learning disability. This will require substantial capital and revenue investment. The capital schemes included in this application are those currently contained in the Wessex Regional Health Authority Capital Programme and, subject to business case approval, will reprovide a significant proportion of current long-stay beds at St James', Coldeast and Knowle Hospitals.

The recurring revenue required to support these new facilities has in most instances been identified and negotiations are under way with the Unit's Purchasers to identify sources of finance for them. Clearly if these recurring resources are not forthcoming then this will slow down the development of community-based services for these clients as the capital schemes will not be able to progress.

Pricing policy

The pricing policy can be summarised as follows:

- Contracts spanning at least a financial year will be priced at "full absorption cost". There will be no planned cross-subsidisation between different contracts. Full absorption cost represents all normal running costs and will include both depreciation and the required return on assets employed, currently 6%.
- In-year variations to annual contracts (e.g. increased patient care) will be negotiated on a marginal cost basis where appropriate.
- Extra-contractual referrals and short-term contracts will be priced at full absorption cost. A tariff will be published in advance of each financial year.
- The price base will reflect actual costs adjusted for anticipated pay and price increases, cost pressures, efficiency savings, etc.

- Contracts will include a mid-year contract review where inflation and cost pressures will be re-examined with Purchasers.
- If Purchasers are not in a position to meet in full the increases in contract prices or in-year cost pressures, negotiations will commence to review the contracted levels of patient care.

The pricing process is being continually refined in association with local service managers, with work under way to identify clearly the Unit's cost structure in relation to its activity. The Unit is participating as a reference site in testing the NHS Management Executive's recommendations for costing and pricing services.

Risk management

The financial viability of the Trust, its survival and its development depend upon a robust analysis of the risks it faces and a clearly defined strategy for meeting these. Our approach to this is as follows:

- **Defining the risk**: predicting and quantifying risk wherever possible and planning for both "worst case" and "best case" scenarios.
  - Systematically reviewing each service to identify the "core" business that the Trust expects to provide and those aspects where there is potential competition.
  - Anticipating the impact of general practitioner fundholding in the short, medium and long term.
  - Assessing the implications of the implementation of the "Caring for People" reforms from 1st April,1993.
  - Predicting the effects of the long-stay hospitals rundown programme and potential reduction of "protected" old long-stay patient funding.
  - Identifying with the Portsmouth Hospitals Trust potential changes in clinical practice with implications for community services.
  - Assessing the impact of the capital programme in terms of its effect on prices and the Trust's competitive position in the internal NHS market.
  - Identifying expenditure risks such as: excess in-year cost pressures/inflation; non-delivery of cash releasing efficiency savings; capital cash flow.
- **Minimising the risk** through:
  - Working closely with the Health Commission to influence its purchasing intentions and to develop a strategy for each care group so that we can ensure that the Trust is working to Purchasers' stated priorities.
  - Developing more responsive services for general practitioners.
  - Ensuring that quality standards are specified and monitored for each service.
  - Building up flexibility within the organisation to respond to changing purchasing patterns/requirements.
  - Critically reviewing costs to ensure that prices remain competitive.
  - Establishing contingency plans against identified expenditure risks.
  - Producing a short- and medium-term plan for managing identified risks.
  - Continually monitoring the development of the local internal NHS market and reviewing the Trust's risk management strategy.
  - Rigorously reviewing the capital and revenue costs of all capital investment proposals.
- **Exploring new business opportunities** through:
  - Researching target markets for specialist skills and services.
  - Linking with Social Services to identify opportunities for the Trust to contribute to social care, particularly for those client groups where there is already considerable involvement by health staff.
  - Identifying with Portsmouth Hospitals opportunities for the Trust to contribute towards the shift of services from hospital to community-based care.

Finance

Funding strategy

In order to fulfil the objective of providing community-based residential services for clients with a learning disability or mental health problem, substantial capital investment is required. The capital finance required will need to be obtained externally in the form of an External Finance Limit (EFL).

If the normal financing rules of NHS Trusts are applied the revenue consequences of this external capital finance, i.e. interest payments, would result in the Trust operating at a deficit. In view of the Trust's potential capital programme various financing options have been discussed with the NHS Management Executive which will enable the Trust to operate at a breakeven position.

Financial performance

The financial performance of the Trust for the first three years at the preferred gearing structure is shown below:

	1994/95 £000	1995/96 £000	1996/97 £000
Income	80,262	83,340	90,622
Expenditure	77,406	80,236	86,962
Surplus before interest	2,856	3,103	3,660
Interest and Dividends	2,856	3,103	3,660
Year End Position	-	-	-
Rate of Return on relevant assets	6%	6%	6%
Capital Employed Year End	59,537	69,674	79,008

Organisation

The Trust has a well-established finance department which provides dedicated financial support to managers in the devolved management structure. The range of services provided includes:

- Provision of monthly budget statements/year end projections.
- Advice on financial control/training in financial procedures.
- Financial support to business planning.
- Pricing of service developments.
- Analysis of value for money initiatives.

Services currently provided to the Unit under a service agreement from the District Financial Services Agency include:

- Debtors.
- Creditor payments.
- Payroll.
- Internal audit.
- Financial accounting.
- Production of Annual accounts.

Plans have been drawn up to transfer the management of these services to the Trust and to develop a robust cash management function prior to 1st April, 1994.

Current finance staff are equipped with a range of financial and managerial skills which have been developed within the NHS and commercial organisations. The Trust is committed to providing training to staff to enhance their skills. Within the finance function this includes the implementation of the six core finance values of professionalism, integrity, partnership, innovation, commitment and excellence. Training needs are identified via a formal individual performance review

process. Additional skills required will include option appraisal, financial modelling and forecasting techniques.

Systems

The computerised financial systems already in place are:

- On line general ledger.
- Asset register and capital charging system.
- Payroll/Personnel system.
- Stores system.
- Ordering/goods payable system.
- Pharmacy system
- Pay budget calculation database.

The Trust intends to periodically review its financial systems to ensure that the most efficient and economic solutions are used to support its business objectives.

Public Consultation

Opportunity to comment

There will be a period of public consultation on this application between 10th May and 10th August, 1993, organised by the Wessex Regional Health Authority in conjunction with the Portsmouth and South East Hampshire Community Health Council. The Regional Health Authority will then submit the results of this to the Secretary of State who will make a decision on the application in September 1993. If approved the Trust would be operational from 1st April, 1994.

Comments on this application from individuals or organisations are welcome. They should be sent by 10th August, 1993, to:

Mrs. Stephanie Light,
Public Consultation Co-ordinator,
Wessex Regional Health Authority,
Highcroft,
Romsey Road,
Winchester SO22 5DH.

For any queries or points needing clarification please contact Max Millett, General Manager of the Community Health Care Unit at St James' Hospital, Portsmouth. Telephone

Code A

Appendix: List of Facilities

Havant and Petersfield

Health Centres	Havant	
	Denmead	
	Hayling	
	Waterlooville	
Health Clinics	Dunsbury Way	
Community Hospitals	Petersfield Community Hospital	20 General Practitioner beds
		10 Elderly Mental Health beds
		10 Elderly Mental day places
		24 Elderly beds
		10 Elderly day places
		8 Maternity beds
	Havant War Memorial Hospital	23 General Practitioner beds
	Emsworth Cottage Hospital	15 General Practitioner beds
Adult Mental Health	Park Way Centre, Havant	Resource Centre
	Old Vicarage, Purbrook	13 Rehabilitation beds
Elderly Mental Health	The Gables, Emsworth	16 Continuing Care beds
	Travelling Day Hospital	
Learning Disability	Mary Rose House	25 places
	18 homes	86 places
Children with Special Needs	Bedhampton House	6 places
Contract beds	Private nursing homes	19 Elderly beds
		3 Physical Disability beds

Gosport and Fareham

Health Centres	Fareham	
	Portchester	
	Rowner	
	Gosport	
	Lee-on-the-Solent	
Health Clinics	Hill Park	
Community Hospitals	St Christopher's Hospital, Fareham	82 Elderly beds
	Blackbrook Maternity Home, Fareham	12 beds
	Gosport War Memorial Hospital	82 Elderly/General Practitioner beds
	Blake Maternity Home, Gosport	13 beds
Adult Mental Health	Osborn Clinic, Fareham	Resource Centre
	Hewat House, Gosport	Resource Centre
	Lee Grove House, Lee-on-the-Solent	16 Rehabilitation/Continuing Care beds
	Knowle Hospital	25 Acute beds
		40 Continuing Care beds
		20 Rehabilitation beds
		6 Brain Injury beds

Gosport and Fareham contd

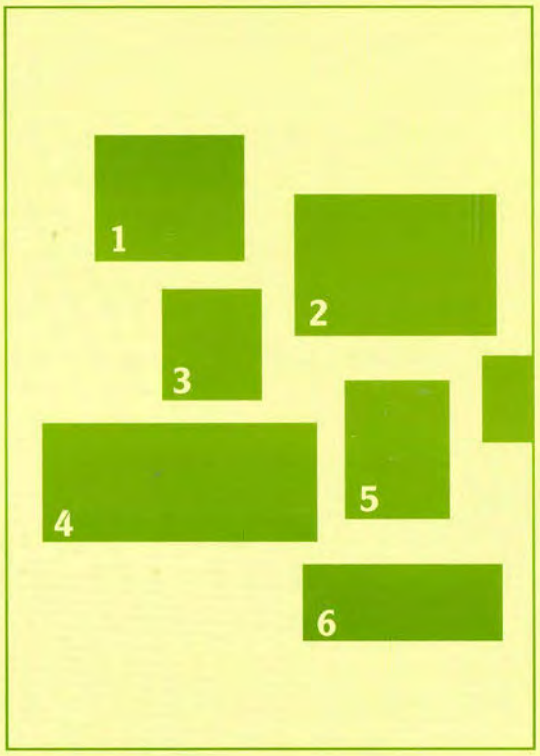
Learning Disability	Coldeast Hospital 15 homes	200 beds 65 places
Contract Beds	Private nursing homes	2 Physical Disability beds

City of Portsmouth

Health Centres	Eastney Lake Road Cosham Somerstown	
Health Clinics	Northern Parade Battenburg Avenue Portsea	
Residential Units	Jubilee House Nursing Home Kimpton House Highclere Drug Detoxification Unit	25 Continuing Care Elderly beds 12 beds, Child and Family Therapy 10 beds
Adult Mental Health	Cavendish House, Southsea Acorn Lodge, Cosham Radnor House, Southsea Northern Road Drug Advice Centre St James' Hospital	Resource Centre Resource Centre Resource Centre 63 Acute beds 44 Special Needs beds 14 Alcohol beds
Elderly Mental Health	St James' Hospital	54 Acute beds 100 Continuing Care beds 2 day hospitals
Learning Disability	Avenue House 10 homes	25 places 55 places
Contract Beds	Private nursing homes	2 Physical Disability beds

Queen Alexandra and St Mary's Hospitals

Acute Elderly Medicine (both hospitals)	136 Acute beds 37 Rehabilitation beds 97 Continuing Care beds 8 Palliative Care beds 2 Acute day hospitals
Ella Gordon Family Planning Unit (St Mary's Hospital)	
Rehabilitation Departments (both hospitals)	



Key to back cover photographs

1 Health Visitor Cheryl Adams advises young mother Wendy Forrest on techniques of child resuscitation, using the lifelike "Resuscitation Sally", at Hayling Island Health Centre.

2 Lunchtime in Jersey Ward, an elderly care ward at St Mary's Hospital, Portsmouth: (from left) Lillian Meton, Nursing Auxiliary Kay Barnett, Phyllis Hulce, Staff Nurse Cathy Walsh and Eleanor Fitzgerald.

3 Senior Occupational Therapist Adrina Palmer with Kathleen Curtis in the kitchen of the Occupational Therapy Service at Gosport Community Hospital.

4 Sister Barbara George helps Gladys McCormick read a letter in the day room of George Ward, a continuing care ward at Queen Alexandra Hospital, Portsmouth.

5 Driver Storeman Ron Ovington from the Community Home Loan Stores at St James' Hospital, Portsmouth, delivers a bed to Dorothy Silvester at her West Leigh home, for the use of her husband Ronald on his return from hospital.

6 Now open: the new Petersfield Community Hospital.

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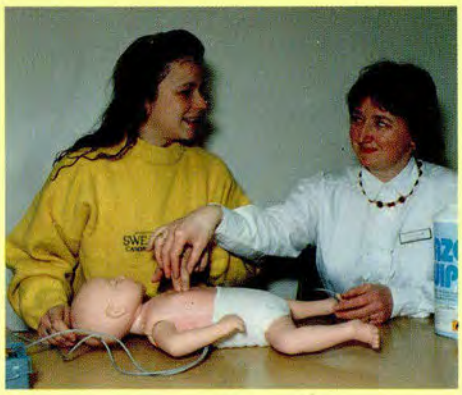


Petersfield Hospital