

D. BARKER

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PORTSMOUTH
HealthCare
NHS
TRUST

BUSINESS PLAN



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APRIL 1994

PURPOSE

Effective health care for local people.

VALUES

- **People matter** - every person, whether patient, client, employee, carer or relative, is valued.
- **Performance matters** - innovation and striving for excellence in everything we do is essential.
- **Pounds matter** - every pound has to be earned and spent wisely.
- **Partnerships matter** - working well with others and recognising our interdependence is crucial.

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Foreward

This is the first Business Plan produced by Portsmouth HealthCare NHS Trust. It is intended predominantly as a working document setting out in detail those things we wish to achieve in the next one to two years and more generally in the medium term (next five years). It is hoped it will:

- clarify for purchasers and customers our recent past performance and plans for the next two years
- provide a clear framework to guide the Trust's activities in its first year of operation.

The Trust is keen that its plans reflect the overall aims stated within our Trust Application document; in particular that they enable us to meet the health needs of our clients within the framework set by national policy, commissioners' priorities and available resources.

Our start point has been to review our performance in 1993/94. Substantial progress in achieving key objectives has been made.

Looking forward, key challenges and priorities for the Trust over the next year will be to:

- Retain a patient/client focus in all that we do.
 - Ensuring that we continue to provide effective and appropriate services.
 - Supporting and enabling staff to deliver a quality service.
- Establish the new organisation on a sound basis.
 - Deliver the Trust financial imperatives.
 - Agree our Strategic Directions.
 - Establish effective Board working.
 - Manage the freedoms and responsibilities commensurate with Trust status.
- Continue to develop effective processes for securing delivery/monitoring and reviewing contract performance.
- Consolidate and enhance our external relationships.
- Implement our revised internal arrangements for contracting and operational management.
- Progress our major capital programme.
 - Ensuring effective progress with the Long Stay Hospital closure plans.
 - Take forward the Community Hospital Programme - in particular commission and open Gosport Community Hospital Phase II
 - Implement the information strategy

Review of Performance in 1993/94

Summary

This section appraises progress in meeting objectives for 1993/94 set in last year's Business Plan.

The current year has been dominated by the significant organisational development work which preparation for Trust status entails. The process has been fruitful in focusing attention on our main business priorities.

A balanced position on income and expenditure has been maintained consistently throughout the year and we are on course to deliver our contracts and achieve our overall corporate objectives. The relative stability provided by sound operational control has been welcome at a time of other major change.

Organisational Development

The preparation for Trust status has been used as a convenient vehicle to prepare the organisation for the new responsibilities it will assume as an NHS Trust. Work successfully completed has included:

- Formal Trust Application:
 - Preparation and submission of formal application document.
 - Review by Regional Health Authority/Management Executive Outpost.
 - Public consultation process.
- Establishment of Shadow Board
 - Orientation programme for non executive Directors.
 - Development of framework for Board working.
- Other associated tasks including:
 - Review of management arrangements.
 - Assessment of Risk (both clinical and non-clinical).
 - Vesting of assets.
 - Framework for external relations.
- Refining the business planning/contracting process.
- Design of process to produce the Trust strategic directions and commencement of this task.

Review of Performance in 1993/94

Contracting ACTIVITY

The following summary indicates the activity position at 28 February 1994, and forecasts the year end outturn:

Table 1

	Annual Target 1993/94	Total at 28.2.94	Forecast Outturn
F.C.E.s	11094	9577	10455
Day Care Attendances	39444	27732	30253
Outpatient and Minor Injury (Total Attendances)	37336	34815	37980
Face-to-Face Contacts	982294	969513	105765

CONTRACTING PROCESS

Whilst this indicates we are, as expected, broadly on target to deliver contracts, there are evident trends towards reduction of F.C.E's and Day Care Attendances with corresponding increases in Out patient/Minor Injury and Face to Face Contacts.

It has been recognised that involvement in contracting needs to be shared widely across the organisation, with inputs from managerial and clinical staff. We aim to ensure that contracting is firmly bedded in mainstream management processes and structures and not seen as a separate function.

The organisation of the contracting process has been strengthened this year by:

- Establishing an expanded Contracts Reference Group - to oversee and coordinate contract activities.
- Establishing contract lead groups for each major area of our business and tasking these groups with responsibility for leading and co-ordinating contracting/business planning for that individual area within the strategic framework set.
- Identifying a Lead Contract Manager for each existing contract.
- Clarifying contracting roles: distinguishing "account manager" and "contract manager" functions.
- Adjusting management roles and structures to reflect new responsibilities.
- Development of service agreements with GP Practices.

The well established quarterly Divisional performance review process is used to ensure that delivery of agreed financial, activity and quality targets is monitored and in-year performance management maintained.

Review of Performance in 1993/94

Close communication is maintained with all Purchasers. This year work has concentrated on:

- Clarifying mutual expectations of services.
- Using the reporting and review process to build a clearer shared vision of the future shape and direction of contracted services.
- Maintaining good relationships and consolidating partnerships.

The net result is that the contracting culture is now well embedded and should enable us to respond effectively to the challenges incumbent on Trust status.

MARKETING

We operate to varying degrees within three distinct but overlapping markets:

- Health Primary Care
- Health Secondary Care
- Social Care

Success in future will depend on our ability to anticipate and identify the needs of users and customers -including patients, GPs and Purchasers. Initiatives taken to improve performance in this area include:

- Training events to develop manager/clinician understanding of marketing and the health market.
- Improving our "customer responsiveness" by using the contracting process to agree a joint shared vision and agenda for future service provision.
- Participating in pilot projects to explore new business opportunities or test new ways of working (eg. Practice based physiotherapy; Counselling Services; Hospital at Home scheme etc).
- Working closely with GPs (whether Fundholders or not) to ensure our services are as far as possible consistent with their requirements.

Finance

The Unit's 1992/93 outturn position on all programmes was a small underspend of £16,000. This represents 0.02% of total income.

After initial contract negotiations for 1993/94 had been completed, financial programmes were created, which contained the following:

- An allowance for inflation.
- Cash releasing efficiency savings.
- Recurring developments to £1.1M.
- 99.4% of total anticipated income obtained via contracts.
- 0.69% of total anticipated income to be obtained via non contracted activity.
- An increase in total contracted GP fundholder income from £90,000 in 1992/93 to £970,000 in 1993/94.
- An initial non recurring programme of £1.4M.
- A Year-end forecast of breakeven on all programmes.
- A planned efficiency gain of 4%.
- Support from the Regional Long Stay Project Fund of £600,000.

These programmes have been actively monitored and reviewed through the year to identify any untoward variances in financial performance and ensure appropriate action is taken.

Review of Performance in 1993/94

Close attention has been paid to monitoring pay costs especially overtime payments and improving productivity as part of the Unit labour cost project. All pay budgets have been reset to match actual pay points to existing resources. New debtors procedures have been implemented to ensure invoices are raised and payments received to agreed timescales.

Since the start of the year the Unit has received significant additional capital resources:-

- £650,000 from the local Health Commission to implement a comprehensive patient-based information system, which will assist clinical management and contract performance.
- £550,000 to enable the Sheltered Employment Service to transfer from Knowle Hospital.
- £620,000 a further release of funds from the RHA to finance non recurring improvements.

These resources provided the largest non recurring programme the Unit has ever had. Good project management has enabled this to be successfully delivered.

At the end of February 1994 the overall financial position was on target to achieve the forecast position of breakeven.

During the year the finance function has been strengthened by the devolution of Financial Services. We are now self sufficient in financial services and also provide a creditor payment and payroll service to the local Health Commission.

1993/94 has also been a preparation year for Trust status. A workplan of issues has been identified to ensure a smooth transition to Trust status with effect from 1 April 1994. These issues include:

- Cash management/investments
- Standing Financial Instructions
- Working capital transfer
- Fixed asset base
- Risk management
- Banking procedures
- Provision of finance monitoring data

A key priority in 1993/94 has been the development of closure plans and associated Business Cases for the replacement of Coldeast, Knowle and St James' Hospitals. These plans clearly identify the additional capital and revenue costs associated with closure; and are being prepared in close collaboration with our local Health Commission and the RHA.

Review of Performance in 1993/94

Quality

The appointment in year to the Board level Quality Director post has significantly strengthened our approach to quality. Achievements include:

- Development of a Quality Strategy including:
 - supporting structures within management divisions
 - arrangements for clinical audit and risk management
 - reporting mechanisms
- Completion of clinical and non clinical risk assessment exercise, with follow up action identified and implementation programme in progress.
- Improved quality monitoring and reporting arrangements in all services
- Targeting of additional resources on identified quality assurance priorities (eg. Patient's Charter requirements re waiting times; access; information for service users) and problems identified by audits.
- Planned programme to investigate performance in relation to non quantifiable standards.
- Computer based complaints recording/monitoring system with:
 - quarterly reports to all management divisions/purchasers
 - details of action taken on complaints
 - development of standards reflecting consumer expectations expressed through complaints.
- Completion of quality initiatives funded through Regional programme

Clinical Audit

1993/94 saw the introduction of Clinical Audit into the NHS. The Unit has developed a clinical audit structure which serves to build on its uniprofessional roots thus allowing uni and multi-professional audit to occur. There is a firm link to the Trust Board for audit activities through the Medical, Quality and Operational Directors.

Through the Clinical and Service Audit Group the Unit has:

- Set up an Audit Structure.
- Developed an Audit function, the key strands of which are:
 - A full time Audit Facilitator.
 - A mixed economy of audit assistants and audit project assistants. The latter are members of staff who are funded to undertake audit projects in areas of specialist expertise.
 - An Audit Pack which contains support, explanation, education and advice for audit newcomers.
 - A strong link to educational activities.
 - A mechanism for developing an audit contract with Portsmouth Health Commission.
 - Clear explicit processes on the way the organisation manages audit from the encouragement of ideas to actioning results.
- Continued to support Audit in a range of clinical and service environments to improve patient care.

Review of Performance in 1993/94

Information

Information and information technology are crucial in ensuring future business survival and success. Sound progress has been made during the current financial year in addressing known deficiencies and enhancing our overall capability to respond to new challenges we will face as a Trust. In particular:

- A business case was agreed in year for a capital investment of £750,000 to provide new and replacement information systems in accordance with our established Information Strategy.
- Demonstrable improvements have been achieved in the completeness and accuracy of workload monitoring data.
- Improved presentation of information for contract monitoring and business planning and more widespread dissemination of this to service managers.

Human Resources

Human resource management activity has been directed at achieving the strategic aims set out in the 1992/93 Human Resource Strategy and the Portsmouth HealthCare Trust application. These can be summarised as ensuring:

- The organisation has the appropriate number of staff to meet its healthcare plans and contract commitments.
- The workforce has sufficient flexibility to cope with the increasing pace of change.
- Staff can contribute to the success of the organisation.
- That the organisation maintains and improves its competitiveness in terms of workforce costs.

IMPROVING COMPETITIVENESS

This has been a significant area of work which has included the establishment of the national unit labour cost system and our own integrated personnel system to provide cost and workforce data. This has contributed to skill mix reviews and ongoing changes. An approach has also been developed to the management of absence and a review of shift patterns has been completed.

A major review of management structures has resulted in greater integration of service at local level and the elimination of 12 management posts.

All this activity has led to a change in the distribution of the workforce which is consistent with longterm aims. See Table 2.

Table 2

Distribution of Staff			
	1992 %	1993 %	1997%
Medical & Dental	3.3	4.5	4.5
Health Visiting/Nursing	62.4	62.5	62.5
Prof & Tech	13.3	12.5	14
Support	21.0	20.5	19

Review of Performance in 1993/94

DEVELOPMENT OF WORKFORCE

The organisation has made a commitment to achieve the Investors in People Programme in liaison with Hampshire T.E.C. - most parts of the organisation are now engaged in the initial survey which will lead to an action plan to achieve the Investors in People standards.

In order to prepare staff for further skill mix changes processes have been established for the training of health care support workers and the organisation has been recognised as a BTEC Centre for awarding the Certificate in Care and N.V.Qs. Provisional recognition has also been given by City of Guilds for training and qualification of assessors of N.V.Q.s. This will facilitate the advance and development of N.V.Q.s.

MANAGEMENT EDUCATION

The smaller number of managers will face greater challenges in the immediate future. Preparation has included:

- the development of a marketing skills training package, and senior managers attendance at a training programme on marketing skills and strategy
- the development of a resource pack for the management of change
- five development centres for women managers have been held together with a support programme for participants
- research on the competencies required in various management jobs has been undertaken using MCI standards/competencies.

REMUNERATION

As part of preparation for working as an NHS Trust, considerable investment in time has been given to research and evaluation of alternative approaches to pay management. This has resulted in:

- the establishment of a job evaluation system for all occupational groups
- progress towards the design of a pay system for the Trust

The extra statutory holidays have been incorporated into annual leave for all staff.

STAFF RELATIONS

During 1993/94 revised arrangements were implemented for staff consultation with locally based Committees commensurate with the local management of services. The organisations communication systems have been reviewed and new arrangements established which encourage upward and lateral communication.

An extensive staff communication exercise was conducted to explain the Trust Application and its associated consequences. Over 2000 staff attended face to face meetings and all staff received a draft copy of the application document.

The organisation has established an annual staff conference - this year the third annual conference focussed on contracting.

Review of Performance in 1993/94

Estate Management

The Trust's Estate is a major resource and accounts for the bulk of its capital assets value (£67,000,000). Its effective management is therefore essential.

CAPITAL

A number of significant capital schemes have been commenced or completed this year:

- Gosport Community Hospital Phase I opened April 1993; and Phase II commenced July 1993 (£3,800,000).
- Fareham-Gosport Industrial Therapy Service. Purchase and conversion of an industrial unit at Blackbrook Park, Fareham for the reprovision of the Knowle Hospital-based Service (£550,000).
- Child Development Centre relocation (£500,000).
- Cranleigh Ward Upgrade - St James Hospital (£200,000).
- Lee Grove House - Gosport - Upgrade (£200,000).
- New Admissions Unit, Learning Disabilities - Thomas Parr House (£500,000).
- Mary Rose House, Havant, upgrading of residential unit for clients with a learning disability and subdivision into three separate units (120,000).
- Upgrading Main kitchens - St James Hospital - (£430,000).

Significant progress has also been made in formulating and agreeing plans for the reprovision of the Knowle, Coldeast and St James Long Stay Hospitals.

ESTATE MANAGEMENT FUNCTION

Objectives successfully achieved include:

- Implementation of revised Estates Management structure.
- Retendering of works maintenance contract
 - awarded to In-House Service
 - trading account established
 - improved management controls implemented
- Grounds and Gardens Contract retendered.
- Health and Safety issues pursued:
 - Fire certificates issued to denote compliance with fire regulations.
 - Programme of upgrading and replacing water tanks and services to meet water regulations requirements (further work will be required in succeeding years).
 - Implementation of Electricity at Work Act and Department of Health guidelines for the safe management of electrical services and equipment.
 - Environmental Health/Food Safety Act requirements for food storage/preparation/handling.
 - New pressure vessels regulations.

Review of Performance in 1993/94

- Contract administration improvements:
 - Establishment of an approved list of contractors.
 - New contract administration procedures to ensure compliance with Standing Financial Instructions.
- Energy utilisation:
 - Sound foundation laid for achievement of Department of Health national target of 5% energy saving by 1996.
- Delivery of works - non recurring programme exceeding £1.6M comprising:

	£
○ Health and Safety related work	113,800
○ Kitchen upgrades	353,500
○ Energy conservation	76,000
○ Equipment/services replacement	41,500
○ Internal/external redecoration	152,200
○ Ward and other upgrades	585,500
○ Other	195,700
	1,623,200

Service Review and Developments

The organisation has traditionally been committed to keeping its primary focus on client-related service issues. Our aim in year was to sustain this priority despite the widespread changes facing the NHS. The measure to which this has been successfully achieved is evident from a brief review of individual service plans which follows:

ADULT MENTAL HEALTH

- Revised Adult Mental Health Strategy agreed with the Portsmouth Health Commission.
- Detailed closure plans for Knowle Hospital prepared.
- Additional (3rd) Consultant post recruited in response to Purchaser's objective of reducing out-of-District referrals (Petersfield/Liss).
- Development bid for Clozapine progressed.
- In-year service achievements include:
 - Establishment of Skillploy: a district wide employment, rehabilitation and training service.
 - Improved Community involvement.
 - Implementation of care management.
 - Protocol produced for management of clients who deliberately self-harm.

Review of Performance in 1993/94

CHILD HEALTH

- New Child Development Centre opened.
- Joint Child Health Review initiated.
 - report produced and action plan agreed with Purchaser
 - revised service model for Child and Family Therapy agreed
- Improved links established with Education Service.
- Improved coordination arrangements for child protection.

CLINICAL PSYCHOLOGY

- Internal service review completed.
- Practitioners contributed to a number of service development issues across all care groups.

COMMUNITY DENTAL HEALTH

- Continued development of dental audit programme.
- Implementation of clinical outcomes audit process.
- Draft Dental Health Strategy produced.
- Planning for the centralisation of dental general anaesthetic work at Queen Alexandra Hospital - site identified/scheme funded and commenced.
- Orthodontic waiting list initiative to reduce waiting times for treatment.

DISTRICT NURSING/MARIE CURIE/NIGHT NURSING

- Successful implementation of care management/Community Care Act changes.
- Development and implementation of revised policy for supply of continence products in response to continuing increase in demand/expenditure.
- Increased Night Sitting Service level through a combination of additional Health Commission investment and internal recycling of resources.
- Service improvements:
 - Clinical standards produced/implemented.
 - Increased number of staff with extra training in promotion of continence.
 - Designated staff in each locality providing a nutritional link/parental feeding service
 - Improved hospital discharge service.
 - Piloting of joint records.

Review of Performance in 1993/94

ELDERLY MEDICINE

- Development proposal produced, agreed and funded enabling introduction of a dedicated Stroke Service for patients over 75 years of age from 1 April 1994.
- Opening of new in-patient/Day Hospital facilities at Gosport War Memorial Hospital.
- Centralisation of secondary acute services on one site.
- Successful pilot with Social Services Part III Home to provide facility offering integrated social and medical rehabilitation.
- Major audit of standards in long term care.
- Development of GENECIS - Clinical Information System project.
- Reductions in Junior Doctors hours to 72 per week.
- Closure of continuing care ward and re-utilisation of resources to maintain contract activity/quality standards.

ELDERLY MENTAL HEALTH

- Review of Elderly Mental Health Strategy commenced.
- Appointment of Advanced Nurse Practitioner to test the scope for extending the role of the nurse in this specialty.
- Strengthening the outpatient service in Petersfield/Liss area to attempt to reduce out-of-District flows.
- Successful clinical developments have included:
 - Dementia Care Project (Winner of national 3M's Award).
 - Bereavement Counselling Video.
- Introduction of Health Centre/Surgery based consultant Outpatient Clinics in Fareham/Gosport.

FAMILY PLANNING

- Creation of Consultant/Director of Family Planning post.
- Assumed management of 2nd Trimester Termination of Pregnancy Service -(sub contracted to BPAS).
- Expansion of existing local Termination of Pregnancy Service to increase access to 100%.
- Various initiatives pursued to contain demand within contracted service levels to meet 13 week maximum target for all first clinic attendances.
- Additional drop-in advice clinics established for young people in Havant and Fratton (in conjunction with Off the Record) and introduction of open Saturday morning clinics.
- Substantial training programme maintained eg. Psychosexual Counselling, Family Planning appreciation course for nurses.
- Regional Health Authority Approval in Principle obtained to fund ENB 901 Family Planning Course.

Review of Performance in 1993/94

COMMUNITY HOSPITALS

- Gosport Phase I successfully commissioned/opened.
- Major upgrading of St Christopher's Hospital, Fareham, - to provide environmental improvements and to facilitate implementation of the 75+ Stroke Service proposals.
- Expanded outpatient capacity provided at Sylvan Outpatient Clinic on the Coldeast Hospital site.
- Increased utilisation of minor injuries facilities (particularly at Petersfield Hospital).

HEALTH PROMOTION

- Implementation of revised management arrangements to enhance local integration/focus.
- Contribution to local Health of the Nation Strategies/programmes.
- Training programmes provided across a range of Health of the Nation/Health Promotion priority areas.

LEARNING DISABILITIES

- Proposals submitted to Health Commission to achieve closure of Coldeast Hospital by 1996/97. Agreement obtained for Year 1 (1994/95) element; associated Business case submissions being prepared.
- In-year service achievements include:
 - Successful relocation of 56 clients.
 - Commissioning of Gate Lodge and Thomas Parr Admissions Unit.
 - Upgrading/refurbishment of Community properties - Church Road, Laburnum Grove, Coldeast Close and Mary Rose House.
 - New day services established in Havant.
 - Portsmouth City Community Team participation in King's Fund organisational audit project.
 - Effective manpower plan managing staff consequences of the services changes.
 - Challenging behaviour services in Portsmouth City and Havant/Petersfield strengthened.

PALLIATIVE CARE

- Establishment of an integrated Palliative Care Services - including new consultant appointment, additional dedicated inpatient facilities, Hospital MacMillan nurses/Home Care Team and explicit service agreements with voluntary sector providers.
- Development of close links with Portsmouth Area Hospice.
- Opening of MacMillan Volunteers Resource Centre, St Mary's Hospital.

PHYSICAL DISABILITY SERVICES

- Creation of joint Health/Social Services equipment loan service and relocation of the equipment loan store to new purpose-designed accommodation.
- Review of respite care facilities completed.
- Development of care management approach.
- Development of integrated personal care services.

Review of Performance in 1993/94

PODIATRY/CHIROPODY

- Expansion of Chiropody Service in Portsmouth City/Havant.
- Improvements in service for people with Diabetes and Rheumatoid Arthritis and closer links with orthotists.
- Pilot study on foot deformities and use of orthotics to prevent rigid deformities.
- Reprofiled workforce - in particular in Gosport/Fareham.
- Improved information system for administration/monitoring/decision making.

SUBSTANCE MISUSE

- Establishment of integrated locality substance misuse teams.
- Model of care produced and plans for Substance Misuse Resource Centres prepared.
- Review of drug prescribing policies; and agreement reached with Health Commission on future prescribing policies and service levels.
- Closer links/integration between substance misuse and mental health residential services.
- Inter-agency links further strengthened.

THERAPY SERVICES

- Practice based Physiotherapy initiative.
- Development of clinical outcome measures.
- Input into care management assessment processes.

Other Key Issues COMMUNITY CARE ACT IMPLEMENTATION

This has involved significant changes to the way care is organised for all the client groups we serve, but most notably the elderly, the disabled and those with mental health problems. The new arrangements have provided opportunities to move toward needs-led services, individualised care programmes and decentralised organisation.

The key implementation tasks required a considerable local input from service managers/clinicians ie:

- Agreed arrangements for Continuing Care.
- Implementation of care management/needs led assessment.
- Establishment of agreed hospital discharge procedures.
- Clarified roles for GPs and Primary Health Care Teams in the assessment process.

These major changes have been achieved successfully with minimal disturbance to clients. Credit for this largely goes to the field staff of all agencies involved in provision of community care services.

PRIMARY CARE

The Trust is committed to the concept of making primary care the focus for Health. To this end:

- Work has been undertaken across the district on service agreements with GP Practices.
- Contractual arrangements with GP Fundholding Practices have been consolidated.
- Staff are participating in several pilot initiatives:
 - The use of attached District Nurses as care managers.
 - Provision of Practice based physiotherapy.
 - Mental health counselling on GP premises.
 - Development of a proposal for Hospital at Home.

Review of Performance in 1993/94

LONG STAY HOSPITAL CLOSURE PLAN

The Trust remains committed to the aim of achieving closure of the three local long stay hospitals by the turn of the century. Activity this year has included:

- Strengthening project management support for the closure programme.
- Review and updating of closure plans for each hospital.
- Preparation of business cases for replacement facilities.

MANAGING RISK

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. Some preliminary work has been done this year as part of the process of preparing for Trust status. A key task for the Trust Board in the early part of 1994/95 will be to build on this thinking in formulating its Strategic Directions framework for the next three years.

Our approach to date has been to develop an action plan covering three dimensions: defining the risk; minimising the risk; exploring new business opportunities.

WAITING LISTS/TIMES

There are currently few significant waiting list problems within the Community HealthCare Services. No reportable waiting lists exist for inpatient admission. However refused admissions are recorded routinely in our Elderly Medicine and GP Medicine services.

Work is in hand to achieve the local Health Commission's target goal of a maximum 13 week wait for initial outpatient appointments in all consultant, nurse, or paramedical led clinics by 31 March 1994. Current outliers are:

- Family Planning - Psychosexual Counselling
- Physiotherapy direct access
- Child and Family Therapy

Short term waiting list initiatives have commenced and discussions opened with the Health Commission on the longer term issue of managing demand.

Conclusions

Good overall progress has been made in delivering the objectives set within our 1993/94 corporate objectives statement and the additional inherent tasks associated with the transition to Trust status. This will provide a sound basis for forthcoming years.

Looking Forward to 1994/96

The Changing Context

Over the next few years the Trust's agenda will be shaped by a number of key national regional and local Purchaser priorities.

HEALTH IMPROVEMENT

We will need to be able to demonstrate the efficiency and effectiveness of the services we provide and the key contributions they can make to improving health. This will require a greater emphasis on the Health of the Nation agenda to:

- Work with our Purchasers to earth Health of the Nation targets in local specifications, service operational policies and professional practice.
- Improve the health of our own workforce, building on the Health at Work in the NHS initiative.
- Develop our clinical audit strategy.

To achieve this we will also need to work closely with other local organisations.

IMPROVING SERVICES

A national planning priority is to improve the quality of services to individual patients, their carers and the local community. Key to this will be:

- The further development of our organisation-wide approach to quality.
- Delivering Patient's Charter requirements.
- Ensuring that the new arrangements for community care continue to work effectively.

ACHIEVING ACTIVITY AND EFFICIENCY GAIN

We expect to face challenging activity and efficiency gain targets from Purchasers given:

- Growth in resources will not keep pace with demand.
- The expectation that local Health agencies will 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.

INCREASING FOCUS ON PRIMARY CARE

It is clear that primary care is increasingly seen as the principal focus for health which in turn makes it imperative for us to:

- Reshape services to be more responsive to the priorities and circumstances of individual GP Practices and local communities.
- Collaborate with GPs and others on new ways of working in primary care.
- Identify workload consequences, service provision options, and resource consequences of shifting the balance from residential to domiciliary continuing care.

COMMUNITY CARE DEVELOPMENT

Whilst the new arrangements for Community Care have been successfully introduced locally continued emphasis will be needed to monitor and refine the processes and procedures in line with national, regional and local agreements.

Looking Forward to 1994/96

GROWING MOMENTUM IN PROGRAMME TO CLOSE LONG STAY INSTITUTIONS

The scale of the local long stay hospital closure programme creates a major challenge.

- 1996/97 is now the firm target date for the closure of Coldeast and Knowle Hospitals. This requires a demanding programme of change to establish an alternative range of locally based residential and support services.
- There is a pressing need to clarify plans and timescales for relocating services on the St James' Hospital site. The single key issue is the need to agree with our Purchasers a clear future strategy for Elderly Mental Health Services.

IMPACT OF INTERNAL NHS MARKET

The Trust will be operating in an environment in which all providers face:

- Challenge to traditional patterns of service provision.
- The need for much greater responsiveness to changing Purchaser requirements.
- A growing spotlight on quality and outcomes.
- Increasing competition.
- A need to improve information systems to support the contracting process.

Market Position

The Trust's business options for 1994/95 and beyond will be influenced by a number of key factors:

- The local market
- Our market position
- Core business
- Longer term business strategy

THE LOCAL MARKET

Forecasting future demand and potential "markets" for 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, equally the way in which that demand is met will be different from the present pattern of service provision. There will be opportunities to explore new ways of working with General Practices, Social Services and Portsmouth Hospitals.

There will be rigorous scrutiny by Purchasers to justify costs and practices. However, opportunities to develop exist if the Trust can meet the continuous challenge to reorientate services to meet emerging requirements.

Looking Forward to 1994/96

OUR MARKET POSITION

The Trust sees itself as a key participant in the local Health market. Its main strengths lie in our:

- experience and skills in providing community based secondary health care
- capacity to bring together the range of skills needed to provide whole packages of care/treatment for individual clients
- established Provider role across the health and social care spectrum
- well established links with GPs, Social Services, other statutory agencies and the independent sector

Opportunities for partnership and collaboration with other Health, private and voluntary agencies are evident and we will be keen to pursue joint initiatives that can be demonstrated to be of benefit to service users.

CORE BUSINESS

The Trust's core business falls within three overlapping segments of the market:

- primary health care where our aim is to develop effective support services for individual GP Practices
- secondary health care where our aim is to provide targeted specialist services geared to Purchaser priorities
- social care where our aim is to become a recognised provider of social care services, particularly those closely related to healthcare.

Looking Forward to 1994/96

LONGER TERM BUSINESS STRATEGY

This is based on:

- Conserving the Trust's present strong local market position as the major provider of community health care services through flexible responses to changing needs and purchaser requirements.
- 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 need by the most effective 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 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 (eg 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 our survival will 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 national strategic objective to close long stay institutions by the end of the century.
- Continuing to develop and refine our internal understanding of core business and the local markets; using this analysis to inform future strategic and business plans.

Contracting 1994/95

Table 3

Anticipated sources of contract income 1994/95	
Portsmouth Health Commission	91.0%
Wessex Regional Health Authority	5.6%
Other Health Commissions	1.2%
Local GP Fundholders	2.2%

PORTSMOUTH HEALTH COMMISSION

Most of the Trust's business income will originate from this contract. The Commission's strategic plan is due to be published shortly. However, we are already broadly aware of their intended strategic direction and key priorities as a result of close joint working over recent years. Key issues include:

Looking Forward to 1994/96

- 'Health of the Nation' agenda
- Development of primary care
- Long stay hospital closure
- Reduction of waiting times
- Emphasis on value for money/efficiency gains
- Market testing

We recognise the crucial importance of working closely with the Commission to progress what will be a significant change agenda for local health services.

GENERAL PRACTITIONERS

The number of GP Fundholding Practices with whom the Trust is contracting will increase from seven to thirteen in 1994/95 doubling our contract income from this source. Although relatively the scale of income derived from these contracts is currently small, the Trust sees GPs as key customers, fundholders and non fundholders alike. To help ensure services reflect their needs, our contract management arrangements provide each Practice with a nominated key contact and identified contract manager.

OTHER PURCHASERS

The Trust aims to retain and develop our contracts with the eight health authorities/commissions outside of Portsmouth. These contracts are mainly for:

- Residential Substance Misuse (Alcohol/Drug Detoxification)
- Elderly Medicine
- Mental Health
- Therapy Services
- Learning Disabilities

We intend to keep the level of extra contractual work at the relatively low level of 0.5% of total patient related activity.

CONTRACT RENEGOTIATION

We are currently concluding the renegotiation of contracts for the 1994/95 financial year. Key issues resulting from this process include:

- **Agreement of contracts with all of our pre-existing purchasers.**
 - The contract settlement with the Portsmouth Health Commission, our major purchaser, includes a large development package with a full year value of £3.7M (see Appendix 1 for summary).
 - The settlements with other Health Commissions/Authorities broadly reflect 1993/94 service levels.
 - The settlements with local GP Fundholders, as expected, result in an anticipated small reduction in Trust income.

Looking Forward to 1994/96

- A progressive move toward more sophisticated forms of contract including
 - Performance reward/sanction provisions for delivery of agreed activity/quality targets.
 - Movement from block to cost/volume and cost per case provisions in some instances.

A summary estimate of our overall contract activity for 1994/95 is set out below:

Table 4

	Annual Target 1994/95
Finished Consultant Episodes	12190
Day Care Attendances	38989
Referral Out Patients and Minor Injuries	19449
Face to Face Contacts	1081736

Business Planning 1994-96

Individual service Business Plans have been produced. Each covers:

- Future Service Strategy
- Market position
 - Demand for service
 - Purchaser needs
 - Competition
 - Market strategy
 - Quality
- Forward Planning
 - Priority development proposals
 - Critical success factors
 - Key pressure points

Individual services/business planning groups will need to assess the results of the 1994/95 contracting round and determine how best to progress the issues identified in these plans.

During the period May - August 1994, Business Plans will be updated to respond to the Purchasing Intentions of our Purchasers, the Health Commission's Strategic Purchasing Plan and the emerging Trust's Strategic Directions.

Looking Forward to 1994/96

Corporate Objectives

Key issues facing the new Trust are detailed below. The summary in Appendix 2 will form the basis of the Trust Corporate Objectives for 1994/95. These will be finalised shortly to include allocated responsibilities timescales for delivery and check mechanisms.

OVERALL DIRECTION

A priority for the Trust's Shadow Board is to agree an overall strategic direction for the new organisation. Whilst in most service areas there is an established sense of future strategy, the strands need to be pulled together in a comprehensive business orientated framework. It is intended to have made significant progress on this task by July 1994.

CONSOLIDATING THE TRUST

The sound preparatory work undertaken in the last year provides a good foundation for the future. Further developmental work will be required to:

- ensure the effective functioning of the Board
- secure a viable asset base for the Trust
- establish a clear identity for the new organisation
- effectively manage the freedoms and responsibilities commensurate with Trust status

SECURING/DELIVERING CONTRACTS

An effective process for securing/delivering contracts is crucial to success. To consolidate our contracting position in core service areas we will need to maintain positive and open links with purchasers and ensure effective delivery of contracts to financial, quality and activity standards.

EXTERNAL RELATIONSHIPS

The Trust needs to be launched with the local public, our Purchasers, our service users, and colleague provider organisations. It will be important to consolidate existing links with the Management Executive/Regional Health Authority, Portsmouth Hospitals, the Health Commission, Social Services, GPs and other external agencies.

ORGANISATIONAL ARRANGEMENTS

A review of management arrangements has preceded the establishment of the new Trust and the implementation will need to be kept under review during 1994/95. In particular we need to ensure:

- the capacity to deliver contract requirements effectively
- that operational processes are in place to reflect new Trust working arrangements
- appropriate project management arrangements
- sufficient capacity in specialist functions
- effective internal consultation and communication with staff

CAPITAL PROGRAMME

The principal elements of the capital programme relate to the Long Stay Hospitals reprovion. Formal closure plan documents have been produced and agreed between the Trust, the local Health Commission and the Regional Health Authority. These set out detailed targets and timescales. Whilst not reproduced in detail in this document the closure programmes will clearly present one of our major challenges over the next two years.

Looking Forward to 1994/96

Objectives for Patient Services 1994/96

ADULT MENTAL HEALTH

Service development and service delivery objectives for 1994/95, and medium term objectives, are highlighted below for each service. Specific target dates and responsibilities will be agreed as part of the Performance Review process.

- **Service Development**
 - Achieve key in-year long stay hospital closure plan targets
 - Contribute to Health Commission led review of mental health strategy and agree quantifiable objectives and actions to ensure these are achieved.
 - Finalise proposals for a local Brain Injury Service with the Health Commission
 - Establish specialist eating disorder service
 - Respond to the Health Commission's request for a proposal to establish a local service for mentally disordered people with challenging behaviour
 - Reverse out-of-District patient flows in Petersfield/Liss area.
 - Evaluate impact of Practice-based "counselling services" and fit with Trust core business.
 - Implemented funded service developments (ie. Clozapine/Out of Hours CPN service/ strengthening of community services for the severely mentally ill).
 - Utilise development funding for provision of additional psychology support to Community Mental Health Teams.

- **Service Delivery**
 - Review operational policy and staffing structure for residential units
 - Review Trust-wide policies and procedures
 - Develop contracting information systems
 - Continue skill mix review
 - Appraise the potential for and feasibility of linking Community Psychiatric Nurses with GP Practices.
 - Develop protocols for treatment of people who are a suicide risk and consider other action that can be taken to reduce suicide rates.

- **Medium Term Objectives**
 - Ensure the Trust continues to provide (directly or through sub contracts) a range of core services reflective of Purchasers requirements
 - Develop a range of specialist functions to meet existing and future Purchaser requirements
 - Achieve the closure of Knowle Hospital by 1996/97 and a plan to close St James' Hospital by 2000.

Looking Forward to 1994/96

CHILD HEALTH SERVICES

- **Service Development**
 - Complete the Child Health Services review focusing on:
 - *Primary care*
 - *Special needs*
 - *Child and Family Therapy*
 - *Child protection*
 - Produce an action plan identifying and prioritising future developments
 - Implement the funded developments for Child Protection and services to children with special needs
- **Service Delivery**
 - Review equity of access to services
 - Implement changed organisational arrangements for the Child and Family Therapy Service in particular:
 - *Restructuring as a district-wide specialty*
 - *Establish clear protocols within which locality teams will operate*
 - *Utilise locality team skills to develop District-wide specialisms*
 - *Reshape the specialist services for young children*
 - Monitor the impact of and compliance with requirements of the Children Act..
- **Medium Term Objectives**
 - Offer a comprehensive range of services covering all elements of Community paediatric care, focusing in particular on primary care.
 - Aim for a condition-specific focus for services.

CLINICAL PSYCHOLOGY

- **Service Development**
 - Complete service review and reshape service to meet identified needs - in particular identify which individual clinical services are best provided on a district-wide "specialist" basis (eg neuropsychological assessment, eating disorders).
 - Provide a clinical support to a range of clinical service developments (eg eating disorders/bereavement support/stroke services/MDO services).
 - Identify market opportunities/demand for provision of psychologically based treatments
 - Implement funded schemes to strengthen Clinical Psychology Support to Children, Adult Mental Health, Physical Disabilities, Elderly Services and Palliative Care.
- **Service Delivery**
 - Ensure service provision reflects care group priorities.
- **Medium Term Objectives**
 - For each care group provide appropriate specialist/focused services in support of contracted programmes.

Looking Forward to 1994/96

COMMUNITY DENTAL HEALTH

- **Service development**
 - Establish a clinic in Fareham Western Wards
 - Develop a proposal for an oral cancer screening service
 - Develop a bid to extend dental services for elderly people, particularly for prosthetic work
- **Service delivery**
 - Commission the new centralised dental anaesthesia facility at Queen Alexandra Hospital
 - Review skill mix
- **Medium Term Objectives**
 - Continue to provide a "safety net" treatment service
 - Develop specialist role with hard-to-reach groups
 - Lead the development of dental health promotion strategies

DISTRICT NURSING/MARIE CURIE/NIGHT NURSING

- **Service development**
 - Develop a local Hospital at Home scheme proposal
 - Develop specialist roles for asthma, diabetes and stoma care within neighbourhood teams
 - Review protocol for use of the Night Sitting Service
 - Within each Primary Health Care Team agree objectives, priorities and future requirements
 - Review assessment/care management processes.
 - Implement funded service developments relating to the extension of continence services/supplies to Residential Homes and the strengthening of services to reflect increased workload arising from the Community Care Act requirements.
 - Utilise additional development funding to increase the night sitting service levels.
- **Service delivery**
 - Identify implications for service demand and associated staffing consequences of:
 - *impact of an ageing population*
 - *secondary care developments eg 75+ stroke service, more day surgery, shorter length of stay*
 - *waiting list initiatives*
 - Monitor the impact of Health and Safety requirements EEC lifting regulations etc.
 - Review the impact of the revised continence policy
 - Continue workforce reprofiling

Looking Forward to 1994/96

ELDERLY MEDICINE

- **Medium Term Objectives**
 - Reshape the District Nursing Service to respond to changing needs
 - Achieve target skill mix levels to ensure most cost effective service
 - Further develop specialist competencies/roles
 - Develop continence strategy
- **Service development**
 - Implement the 75+ Stroke Strategy and associated development programme
 - Progress development bid for Syncope Clinic
 - Develop proposal to provide day care service at Jubilee House
 - Pilot nursing home assessment bed facility
 - Further explore scope for shift of service emphasis to primary care
 - Ensure the service development of rehabilitation services for elderly orthopaedic patients is implemented.
- **Service delivery**
 - Improve pharmacy service to Day Hospital
 - Improve discharge and domiciliary visit communications with GPs.
 - Clarify working relationships and service agreements with Portsmouth Hospitals
 - Relocate Elderly Services Headquarters to Queen Alexandra Hospital
- **Medium Term Objectives**
 - Continue to reshape the pattern of service to increase the Acute/Rehabilitation focus and to target the service on the provision of specialist health care for the most frail, highly dependent elderly people.
 - Produce service proposals to respond to Health of the Nation targets eg stroke, accident prevention, Parkinson's disease, bone disease, fractures, diabetes.
 - Provide accessible high quality services in or near patient's own home - including domiciliary visits, locality based outpatient clinics and day hospitals.
 - Change the profile of day hospitals to provide more outpatient rehabilitation, day care, medical investigation/treatment and a health focus for the care management process.

ELDERLY MENTAL HEALTH

- **Service development**
 - Review the elderly mental health strategy with the Health Commission and as appropriate, develop plans for reshaping the existing services.
 - Implement revised management arrangements consistent with the outcome of the strategy.
 - Develop elderly mental health services to Petersfield/Liss area to reduce out-of-District referrals/patient flows.
 - Identify proposals to shift resources from secondary to primary care eg strengthening community teams

Looking Forward to 1994/96

- **Service delivery**
 - Evaluate the pilot Advanced Nurse Practitioner role and agree potential future model
 - Review skill mix against service requirements
 - Progress audits in key Health of the Nation priority areas eg suicide and deliberate self-harm.
 - Relocate Gosport/Fareham Elderly Mental Health Services to Gosport War Memorial Hospital.
 - Ensure successful transfer of management responsibility for Gosport/Fareham EMH service.
- **Medium Term Objectives**
 - Reshape services to meet revised strategy requirements resulting in:
 - *shift of resources from secondary continuing care to primary/community care*
 - *highly focused/specialist secondary acute service*
 - *focused day hospital services providing assessment and rehabilitation services*
 - *Reprovision of existing long stay service in a variety of settings eg Community hospitals/nursing homes*
- **Service development**
 - Monitor demand for Hormone Replacement Therapy services and impact of cessation of direct access
 - Develop/marketing plan
 - Continue to promote specialist training role
 - Evaluate Norplant and consider potential development bid.
 - Introducing funded developments for additional Family Planning clinics in the Western Wards and Gosport/Fareham
- **Service delivery**
 - Review demand for out-of-hours services
 - Contribute to reduction in unplanned pregnancies - particularly by a coordinated approach to sex education in schools.
- **Medium Term Objectives**
 - Develop a range of services complementary to those provided by GPs, to ensure a comprehensive local service
 - Further develop specialist functions eg Termination of Pregnancies, psychosexual counselling
 - Reshape the pattern of service to meet changing requirements within existing resources
 - Contribute to Health of the Nation preventative programmes (eg. reduce the level of unwanted pregnancies, continue to encourage cervical screening, especially groups where uptake to date has been low and examine the role of oestrogen replacement therapy in the reduction of coronary heart disease)

FAMILY PLANNING

Looking Forward to 1994/96

COMMUNITY HOSPITALS¹

- **Service development**
 - Commission and open Phase II of Gosport War Memorial Hospital redevelopment.
 - Review space utilisation to identify any capacity for:
 - *extra workload*
 - *increased primary care/GP usage*
 - *attracting further secondary services*
- **Service delivery**
 - Clarify contractual issues re GP usage of small hospitals - identified in Risk Assessment.
- **Medium Term Objectives**
 - Establish future model for Community Hospital with an extended role and function.
 - Upgrading/reprovision of services currently provided at Emsworth Victoria Cottage Hospital, Havant War Memorial Hospital and St Christopher's Hospital.

HEALTH PROMOTION

- **Service development**
 - Fully implement the revised management arrangements for the health promotion specialist services.
 - Develop process and outcome indicators for health promotion contracts
 - Produce proposals for an enhanced graphics and resource service
 - Implement the 'smokestop' initiative development.
- **Service delivery**
 - Respond to the Health Commission's Health of the Nation requirements/priorities.
 - Agree refined contract reporting and monitoring arrangements with contract managers to include quality elements
- **Medium Term Objectives**
 - Review revised management/service delivery arrangements
 - Identify any new business potential for health promotion and develop services in those areas.

LEARNING DISABILITIES

- **Service development**
 - Implement Year 1 of the Coldeast Hospital closure plan
 - Respond to Joint Commissioning Board's service specification for reprovision of remaining Coldeast services.
 - Develop the Trust's strategic business strategy for these services and in particular consider options for future joint working/partnership with other Provider organisations.
 - Implement the agreed development proposal to strengthen community services for clients with challenging behaviour and utilise the funding provided to assist with the Coldeast closure programme.

Looking Forward to 1994/96

PALLIATIVE CARE

- **Service delivery**
 - Maintain standards of care at Coldeast Hospital during the rundown process.
- **Medium Term Objectives**
 - Close Coldeast Hospital by 1996/97
 - Secure contracts as a major provider of replacement services.
- **Service development**
 - Establish position as provider of Palliative Care services and sub contract with a range of other statutory and voluntary sector providers
 - In-year transfer funding for three beds from Charles Ward to the new Portsmouth Hospice.
 - Plan the development of the bereavement counselling services
 - Progress bids for volunteer coordinator/home care nurse
- **Service delivery**
 - Review sub contracts and establish volume/quality/and efficiency requirements
 - Develop the Palliative Care team to provide an information, support and advice service for patients, families, carers and health professionals.
- **Medium Term Objectives**
 - Lead the integrated provision of statutory and independent Palliative Care services in the District.

PHYSICAL DISABILITIES

- **Service development**
 - Seek agreement with the Health Commission on the annual issue levels for expensive medical loan equipment
 - Clarify shortfall between demand for and availability of respite care.
 - Work with the Health Commission to produce a proposal for a local brain injury service
 - Develop continence services in line with national policy direction (eg Agenda for Action on Continence Services) and in particular produce proposals to:
 - *Achieve reductions in the prevalence of treatable incontinence*
 - *Improve local equity of access to continence services*
 (see also District Nursing)
 - Implement 7 day week Medical Loans delivery service and programme the additional funding for expensive equipment loan items.
 - Implement funded development for Psychology support to the disabled and their carers.
- **Service delivery**
 - Evaluate the benefits of the joint Occupational Therapist Advisor post
 - Develop a joint "Moving and Handling" policy with Social Services
 - Monitor unmet demand for the Night Sitting Service

Looking Forward to 1994/96

PODIATRY/CHIROPODY

- **Medium Term Objectives**
 - To continue to provide a flexible range of services to individuals within this broadly ranging client group:
 - *Brain Injury Services*
 - *Rehabilitation*
 - *Respite/maintenance care services*
 - *Equipment/aids*

- **Service development**
 - Explore the following service developments with Purchasers:
 - *Use of new technology ie Electrosurgery - to treat chronic digital lesions*
 - *Laser treatment for ulcers and pressure sores - joint consultant rheumatologist/chiroprody clinics.*
 - Implement the service development for diabetic chiroprody patients.

- **Service delivery**
 - Closely monitor referral patterns and effectively manage waiting times/lists
 - Identify potential solutions to pressures on space/facilities

- **Medium Term Objectives**
 - Secure longer term strategy with Health Commission for chiroprody services
 - Maintain market position as cost effective, high quality provider

SUBSTANCE MISUSE

- **Service development**
 - Agree future specification/model of service with the Health Commission
 - Develop plans for local resource centres (based on agreed model of care).
 - Review the role and function of residential services in the light of Purchasers' requirements
 - Develop partnership approaches with local voluntary/private sector providers.
 - Implement the service development for the strengthening of the local Substance Misuse Teams
 - Implement the new reduction programmes and utilise the development funding for the methodone programme.

- **Service delivery**
 - Ensure equity and consistency in District-wide services

Looking Forward to 1994/96

THERAPY SERVICES

- **Medium Term Objectives**
 - Continue to provide a range of services reflective of Purchasers' requirements.
 - Retain current position as a major local provider working in partnership with local voluntary/private sector providers who provide complementary services
 - Develop specialist functions and seek to attract continued business from out-of-District Purchasers.
- **Service development**
 - Establish clear future strategy for therapy services responsive to Purchaser requirements
 - Seek to expand current levels of provision - particularly physiotherapy.
 - Agree the model for a Primary Care Physiotherapy Service and begin progressive implementation.
- **Service delivery**
 - Clarify role of Occupational Therapy within Adult Mental Health Services
 - Review existing equity of access to services
 - Evaluate Practice based physiotherapy pilots and develop proposals for a comprehensive Primary Care Physiotherapy service
 - Review the joint Occupational Therapist post pilot - Fareham - and consider scope for replication.
 - Clarify therapy service inputs to all care groups
 - Ensure effective management of waiting lists
- **Medium Term Objectives**
 - Provide an expanded range of services in primary/community and secondary care settings.

Supporting Services HUMAN RESOURCES

- **Human Resource Strategy**

The strategy for Human Resource Management will be reviewed in 1994/95. However, it is likely to contain some of the existing aims which include having a workforce that:

 - is competitive in terms of cost
 - is adaptable and can cope with change
 - can innovate and contribute to the success of the organisation
- **Specific Human Resource activity will focus on:**
 - performance management
 - organisation development
 - staff development/education
 - development of reward strategies/pay management

A new/revised human resource strategy will be produced by 31 March 1995.

Looking Forward to 1994/96

● Performance Management

Emphasis will be placed on good workforce planning to ensure the appropriate levels and type of staff to resource health care plans and contract commitments. Specific areas for attention will be:

- support staff
- higher productivity
- control of resources

Targets for 31 March 1997 will be:

- Ratio of front line staff to support staff = 81% :- 19%
- Utilisation of Health Care support workers:-

Learning Disability	70%
<i>Mental Health</i>	50%
<i>Elderly</i>	45%
<i>Community</i>	30%

● Organisational Development

Work in this area will concentrate on developing further the market (purchaser/consumer) orientated organisation. This will involve:

- all staff developing an understanding of the internal market
- managers successfully implementing change
- ensuring that best practice within the organisation is bench-marked and shared.

As well as these developments, it will be important to effectively manage the longstay hospital closure programme.

Targets for 31 March 1995 will be:

- Evidence of workforce understanding of internal market
- All managers to have access to management of change resource pack
- Workforce plan in place for redeployment from long stay units.

● Staff Development and Education

The adaptability of the workforce will depend upon adequate preparation to respond to changes and increasing health care needs. Particular initiatives will include:

- progress toward the Investors in People Award.
- implementation of revised management development strategy
- further development of N.V.Q.s
- the accurate targeting of education resources

Key targets include:

- Work on Investors in People commenced in all parts of organisation
- The Investors in People award achieved in at least one part of the organisation.
- Implementation of a standards based management development programme at level 3 or 4 by 31 March 1995 and level 5 by 31 March 1996.
- Evidence of post qualification education resources targeted to prioritised needs eg Health of the Nation targets.

Looking Forward to 1994/96

● Reward Strategies

The continuation of the work commenced on pay management will be a priority. The aim will be to have a pay system that is simple to understand and manage, that is affordable and that attracts and retains staff.

Targets include:

- An alternative pay system to be available for all staff (excluding medical staff).
- The new terms and conditions to be developed and described in less than 100 pages of A4.
- New pay system to be contained within labour costs.

● Patient's Charter

- Continued improvements in the Trust's performance against Patient Charter standards in particular ensuring:
 - *Improved accuracy of monitoring data and implementation of computerised monitoring systems*
 - *Achievement of waiting list targets in all areas*
 - *Regular feedback to staff on performance*
 - *Links with GPs and Social Services to monitor Charter performance*
 - *Mechanisms for regular feedback to the public*

● Policy/Strategy

- Review quality assurance strategy
- Review and develop clinical guidelines for all services
- Ensure a risk management strategy is in place
- Agree quality assurance strategies following reviews of Child Health, Psychology, and Elderly Mental Health
- Agree strategy for meeting health needs of ethnic minorities and other vulnerable groups, including homeless people and travellers.

● Monitoring Systems

- Design and implement a computer based accident and untoward incident reporting system

● Client Satisfactory/Involvement

- Establish advocacy schemes in selected services/localities
- Ensure consumers/users are involved in the planning of all services
- Implement a computer based patient satisfaction survey mechanism
- Ensure voluntary organisation and carers' group representatives have access to the Trust Board annually.

Looking Forward to 1994/96

● Service Standards

- Establish service standards in all services in relation to:
 - *equity*
 - *effectiveness*
 - *efficiency*
 - *accessibility*
 - *appropriateness*
- Ensure internal auditing systems are in place
- Implement improved arrangements for acute mental health admissions
- Complete research based projects for:
 - *the management of leg ulcers*
 - *promotion of continence*
 - *prevention and management of pressure sores*

● Clinical Audit

- Consolidate audit structures
- Plan audit programme in association with purchasers
- Develop research and development priorities
- Produce a Clinical and Service Audit Annual Report and an integrated Clinical and Service Audit Plan with a key goal being to utilise audit to shape service provision and educational priorities.

FINANCE

Financial Strategy

- The next two financial years will be particularly challenging for the new Trust as Purchasers will be seeking:
 - Downward pressure on costs
 - Tough targets for increases in activity
 - Quality improvements
 - To market-test services
- The business context will place a premium on:
 - close partnerships with Purchasers
 - the development of flexible ways of working.
- Key objectives for 1994/95 are therefore to:
 - ensure the financial duties are delivered
 - ensure that effective financial monitoring systems are in place
 - implement effective cash management systems
 - implement flexible costing/pricing/invoicing systems
 - develop a Value for Money strategy which identifies potential efficiency gains
 - create a contingency reserve
 - develop Business Cases relating to planned capital developments
 - set clear financial and activity budgets for managers to operate within.

Looking Forward to 1994/96

FINANCIAL PERFORMANCE

- The vast majority of the Trust's income in 1994/95 will be generated by our contracts with Health Commissions and General Practitioner Fundholders. 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 be generated from non-contract activity and other charges (eg. Health Centre charges). A summary of planned income and expenditure for 1994/95 and 1995/96 is shown below:

TABLE 5

	1994/95 £'000	%	1995/96 £'000	%
Income				
Contracted Clinical Services Income	81225	95	85155	95
Other clinical services income	667	1	693	1
Other income	4041	4	4111	4
Total Income	85933	100	89959	100
Expenditure				
Pay expenditure	54836	66	57386	66
Non-pay expenditure	25885	31	27376	32
Depreciation	1998	3	1900	2
Total expenditure	82719	100	86662	100
Surplus before interest	3214		3297	
Trust Debt Remuneration (interest and dividends)	(2633)		(2899)	
Retained Surplus	581		398	

- The above figures are based on the following assumptions relating to 1994/95:
 - Inflation
 - *Inflation has been negotiated at 3.2%, with mid year reviews. The initial allocation will enable the following pay/non pay assumptions to be financed*

Pay Review Bodies	3.0
Other Pay Awards	2.25
Changes in SSP/SMP Regulations	0.30
Non Pay	1.50

Looking Forward to 1994/96

- Knowle Transfer
 - *The Trust will pick up the management of the elderly mental health service based at Knowle hospital on 1st April 1994. The anticipated additional income from Portsmouth and Winchester Health Commissions is £2.8M. This is the third phase of the transfer, which now totals £5M. The Trust's finance and personnel functions have now been strengthened to pick up the additional workload.*
- Business Cases
 - *The revenue consequences of a number of schemes on the Trust's planned capital programmed relating to the closure of Long Stay Hospitals are not included in the financial analysis as Business Cases have yet to be approved. However all the business cases will need to demonstrate Purchaser support and consistency with the Trust's strategic direction and financial requirements.*
- Efficiency Improvements
 - *The Trust is planning to deliver internal savings, which will be utilised to finance internal cost pressures, contribute toward the development programme, finance the anticipated loss in Old Long Stay Income and to ensure financial duties are met.*
- **Risk**

A full analysis of the potential financial risks facing the Trust has been carried out and principal risks considered.

 - The increase in the number of General Practitioner fundholders and increase in the number of cost per case contracts, will lead to an increase in the amount of variable income and increased pressure on the financial systems of the Trust (with potentially an additional 5,000 cost per case invoices to be raised per annum). The Trust's response to this will be to carefully monitor income recovery over the course of the year, and to introduce rigorous procedures for the raising and collection of debtors.
 - Where possible, potential losses of income in future years (for example a decrease in Old Long Stay income) have been identified, and clinical services reconfigured to provide the service that purchasers want. No major losses of contracts are anticipated at this stage and none have been included in the income and expenditure figures above.
- **Old Long Stay Hospital Closure Programme**
 - Business cases linked to agreed purchaser strategies are currently being developed for the closure of the Trust's three long stay hospitals, Coldeast, Knowle and St James' Hospitals. These clearly state the total capital and additional revenue resource required to reprovide those services.
 - The Trust's initial financial forecasts exclude capital schemes associated with the long stay closure programmes where business cases are still to be approved. Should these schemes receive Business Case approval the additional capital expenditure is expected to be £2.5 million in 1994/95 and £4.3 million in 1995/96.

Looking Forward to 1994/96

● Cashflow

The successful management of cashflow will be critical to the success of the Trust. A number of measures have been taken to ensure that the Trust maximises its cashflow.

- Rigorous debt control, treasury management and cashflow forecasting procedures have been drawn up. The likely cashflow related to capital expenditure has been analysed in some detail and forecasting procedures drawn up in conjunction with the Estates and Planning departments.
- Regular cashflow forecasts are prepared and will form part of the financial reporting package to the Board.

ESTATES AND CAPITAL

Estates Strategy

- Effective management of the Estate is a key requirement given:
 - Its large capital value (£70,000,000 approx)
 - Its central importance to the long stay hospital closure programme and the associated new capital investment for new and replacement facilities.
 - Its overall importance in enabling delivery of services, both existing and potential.

A major objective therefore has to be to produce a full Estates Strategy which reflects the Trust's overall strategic directions.

Capital Schemes

- Major capital schemes due to be completed during 1994/95 are:
 - **Gosport War Memorial Hospital, Phase II** due for completion in November 1994 and providing:
 - replacement facilities for Elderly Mental Health services currently at Knowle Hospital
 - replacement facilities for Elderly Health Services currently at Redclyffe Annexe
 - upgraded facilities for minor injuries/outpatients
 - replacement facilities for hospital support services.
 - **Sheltered Workshops, Fareham and Gosport** due for completion in April 1994 replacing Industrial Therapy facilities currently at Knowle Hospital.
 - **8 Bedded Learning Disabilities Bungalow** due for completion in April 1995 provides an additional 8 Community places for clients currently accommodated at Coldeast Hospital
- **A number of capital schemes are in the early stages of planning. Business cases are being prepared where appropriate.**
 - Redclyffe Annexe - 18 bed Elderly Mental Health Nursing Home
 - Locks Heath Site - 25 bed Elderly Mental Health Nursing Home
 - 16 bed Learning Disabilities Nursing Home
 - 30 bed Adult Mental Health Admission Unit
 - Oak Park Site - 30 bed Adult Mental Health Admission Unit

Looking Forward to 1994/96

○ Locksway Road site	-	30 bed Adult Mental Health Admission Unit
	-	8 bed Acquired Brain Injury Unit
	-	8 bed Challenging Behaviour Unit
○ Havant	-	14 bed Adult Mental Health Long Term Residential Unit
○ Portsmouth	-	14 bed Adult Mental Health Residential Unit
○ Fareham/Gosport	-	14 bed Long Term Residential Unit
○ Substance Misuse Resource Centres	-	3 locally based resource centres

● Estate Condition/Maintenance

- A comprehensive estate condition survey has been completed previously, and used to guide maintenance priority. Investment made in the last four years has significantly reduced the backlog maintenance requirements and a prioritised five year prospective maintenance investment programme has been produced. This will guide the use of the Trust's programmed minor capital funds. An early in-year priority will be to agree a detailed schedule of schemes for 1994/95 which reflect priorities within the five year plan.

● Estates Contracts/Management Arrangements

- Review the impact of the recently completed Estates Management restructuring on the financial and work performance of the in-house works service contract.
- Re-let the grounds and gardens contract from 1 April 1994 and closely monitor contract performance.
- Fully implement the revised procedure guide for contract management, including the establishment of an approved list of consultants and a list of contractors for works schemes in excess of £50,000.

● Safety Management

- Fire - continue the programme of upgrading premises to current fire safety standards.
- Legionnaires' disease - undertake a risk assessment at St James' and Coldeast Hospital. Continue the programme of upgrading water services to current water byelaw standards.
- Electricity - continue to develop and implement the recommendations and requirements of the Electricity at Work Act and Department of Health guidelines.
- Environmental Health - Continue the programme of kitchen upgrading.
- Pressure Vessels - implement any recommendations from the survey currently under way.
- Permits to Work - Develop and implement a comprehensive "Permit to Work" system to control access to hazardous areas as well as controlling the use and maintenance of potentially hazardous plant and equipment.
- Clinical Waste - Implement the new procedure guide for the safe disposal of waste in accordance with new statutory regulations.

Looking Forward to 1994/96

INFORMATION AND INFORMATION TECHNOLOGY

- **Energy**
 - Continue the programme aimed at reducing energy consumption by 15% by April 1996, identifying further funds within the 1994/95 non recurring programme to ensure investment in energy conservation measures consistent with the above .
 - Continue to give high priority to raising staff awareness and good housekeeping practice.

- **Objectives for 1994/95 include:**
 - Project manage the implementation of the IT strategy which will provide a single Patient Master Index (P.M.I.), Inpatients, Outpatients, Community Patients and Decision Support systems.
 - Allocate the funding for the identified revenue consequences of the new development.
 - Ensure adequate training within the organisation to enable the opportunities presented by Information and Information Technology investment to be fully realised.
 - Undertake a benefits realisation study to ensure previously identified benefits of the Information Technology investment are in fact achieved.
 - Continue to develop the organisation's Information Technology capacity.
 - Improve the accuracy, timeliness and usage of information within the organisation to support the contracting process more effectively

- **The medium term agenda present a number of additional challenges including:**
 - Develop Information Technology infrastructures to exploit fully the benefits of Trust Executive Support Systems; providing Trust Board members and Senior Managers with the data to effectively monitor the performance of the organisation.
 - Enable the organisation to respond to increasingly sophisticated contracting requirements.
 - Maintain awareness of technological developments and how these can be applied within the Trust to maintain our competitive edge.
 - Ensure that developments are able to comply with National IM&T initiatives particularly in relation to:
 - *Introduction of a unique NHS numbering system*
 - *Development of National Administrative Registers*
 - *National Telecommunication Networks, for linking with GP Practices, Local Authorities and other NHS Providers/Purchasers*
 - *Provision of a National thesaurus of coded clinical terms and groupings*
 - *Emerging standards and protocol for computer to computer communications.*
 - Developing operational frameworks/policies covering security and confidentiality of data and computer disaster recovery plans.

Conclusion

The programme of objectives outlined within this document will be demanding at a time of continuing change and uncertainty. The Trust is however committed to providing effective community based health care to local people, and will continue to strive toward this goal in close collaboration with Health purchasers and other agencies.

APPENDIX 1

PORTSMOUTH HEALTHCARE/PORTSMOUTH HEALTH COMMISSION

1994/95 SUMMARY OF AGREED DEVELOPMENTS

Scheme

IT Revenue Consequences
 Junior Doctors
 Child Protection - Consultant Post
 Children with Special Needs - Therapies Support
 Coldeast Closures
 Continence Services (extrn to residential homes)
 Severely Mentally Ill - Strengthen Community Services
 Clozapine - Funding for Controlled Usage
 Knowle Rundown
 Mentally Ill Long Stay Pick Up
 Elderly Stroke Service (+75) - Implementation
 Palliative Care - Consultant - Recurring Funding
 Mentally Disordered Offenders - Package to be agreed
 Methadone Programme - Clearance of Waiting List/Introduction of Reduction Programme
 Petersfield/Liss Mental Health Services
 Smokestop - Health Promotion Initiative
 Family Planning - Western Wards } New Clinics
 - Fareham/Gosport }
 Chiropody (Diabetics) - Dedicated Service
 Child Protection - Strengthening of Services
 Community Paediatric Team - Psychology Support
 Physical Disabilities - Psychology Support
 Eating Disorders - Establishment of Specialist Service
 Out of Hours CPN Service - Introduction
 Psychology Support to CMHTs
 EMI Services - GWMH Phase II Revenue Consequences
 Stroke Service - Psychology & Dietetic Support
 Rehab Service for Elderly Orthopaedic Patients
 Night Sitting
 Substance Misuse Team - Strengthen Community Service
 Extension of Medical Loans Service (7 Day Service/Funding for Equipment)
 Additional Therapy for Elderly inpatients
 Care in Community (District Nursing Support)
 Challenging Behaviour (LD - Community Support)

APPENDIX 2

SUMMARY KEY TASKS FOR 1994/95

1 Organisational Development

- 1.1 Produce a strategic directions framework for the Trust.
- 1.2 Complete the vesting of assets process.
- 1.3 Establish a corporate identity for the Trust.
- 1.4 Establish a framework for Trust Board working.
- 1.5 Complete Service Agreements with Portsmouth Hospitals Trust.
- 1.6 Clarify the Trust's approach to Risk Management and implement agreed priorities from the Risk Action Plan.
- 1.7 Develop external relationships.
- 1.8 Implement organisational values and ensure they are reflected in the operation of the Trust.
- 1.9 Produce the Trust's first annual public report.

2 Major Service Development/Service Review Issues

(see main business plan and individual service profiles for full details)

- 2.1 Implement the overall 1994/95 development programme.
- 2.2 Adult Mental Health
 - Implement specialist service for people with an Eating Disorder.
 - Plan and establish a local service for mentally disordered people with challenging behaviour.
 - Increase the level of service provided in Petersfield/Liss area - reducing out of District patient referrals.
 - Achieve key in-year long stay hospital closure plan targets.
 - Pursue initiatives to address the Health of the Nation priorities - particularly in relation to reducing suicide rates.
 - Finalise plans for a local Brain Injury Service.
 - Introduce out of hours CPN service.
 - Strengthen community services for the severely mentally ill.
- 2.3 Child Health Services
 - Complete the review of Community Child Health Services.
 - Implement agreed service changes/revised pattern of service.
 - Review the School Health Surveillance policy.
 - Implement the revised Child and Therapy Service model.
 - Develop the services provided for children with special needs.
 - Strengthen Community Paediatric/Child Protection Services.

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| <p>2.4 Learning Disabilities</p> <ul style="list-style-type: none"> - Complete King's Fund Organisational audit. - Work with the Health Commission/Joint Purchasing Board to progress plans and action for the relocation of remaining Coldeast clients. - Open the Thomas Parr House Assessment Unit and undertake an in year review of the service provided. - Implement year 1 of Coldeast closure programme and reach agreement on subsequent years. <p>2.5 Community Dental Health</p> <ul style="list-style-type: none"> - Commission the new centralised dental anaesthetic facility at Queen Alexandra Hospital. <p>2.6 District Nursing/Marie Currie/Night Nursing</p> <ul style="list-style-type: none"> - Develop proposals for 'Hospital at Home'. - Extend Night Sitting Service levels. - Implement and review changes in the provision of continence services (extension of service to residential homes and use of reusable products) and develop an overall continence strategy. <p>2.7 Elderly Services</p> <ul style="list-style-type: none"> - Establish the +75 Stroke Service. - Contribute to the development of a strategy for Elderly Mental Health Services. - Assume management responsibility for the Elderly Mental Health Services for Gosport and Fareham from 1st April 1994. <p>2.8 Physical Disabilities</p> <ul style="list-style-type: none"> - Produce proposals for local Brain Injury service. <p>2.9 Substance Misuse Service</p> <ul style="list-style-type: none"> - Progress proposals for local substance misuse resource centres. - Strengthen local substance misuse teams. - Implement and monitor reduction programmes and clear waiting list for methadone programme. <p>2.10 Therapy Services</p> <ul style="list-style-type: none"> - Agree and implement model for Primary Care Physiotherapy. <p>2.11 General</p> <ul style="list-style-type: none"> - Develop proposals for shifting emphasis from secondary to primary care. - Continue to review impact of Community Care Act changes. | <p>3 Operational Management</p> <p>3.1 Ensure delivery of contract requirements:</p> <ul style="list-style-type: none"> - activity within targets - quality to given indicators - within budgets <p>3.2 Achieve internal efficiency savings to ensure above.</p> <p>3.4 Ensure effective staff communications are maintained.</p> <p>3.3 Develop and implement plans to systematically reduce staff costs through</p> <ul style="list-style-type: none"> - skill mix review - planning cover - productivity <p>4 Capital and Estate</p> <p>4.1 Progress Long Stay Hospitals Closure Plans</p> <ul style="list-style-type: none"> - Support the Health Commission in reviewing and updating the implementation plan for each site. - Ensure the effective project management of the rundown of each site and of the programme as a whole. - Review site rationalisation plans for both St James' and Coldeast sites. <p>4.2 Prepare business cases and seek planning approval for:</p> <ul style="list-style-type: none"> - Community Mental Health Unit (Fareham/Gosport) : Locks Heath site - Community Mental Health Unit (Havant/Petersfield) : Oak Park site, Havant - Locksway Road Mental Health Development, Portsmouth - Mental Health NHS Long Stay Residential Units x 3 (Havant, Portsmouth, Fareham/Gosport) - Redclyffe Learning Disability Unit, Gosport - Learning Disability Nursing Home : Locks Heath site - Elderly Mental Health Nursing Home : Locks Heath site <p>4.3 Complete the commissioning of Fareham and Gosport Adult Mental Health Workshops and commission Gosport Community Hospital Phase II.</p> <p>4.4 Produce a full Estates strategy which reflects the Trust's overall strategic directions and clarifies the impact of each of the hospital closure plans.</p> <p>4.5 Agree and progress annual non recurring programme.</p> <p>4.6 Undertake a site search for three local substance misuse resource centres (Portsmouth, Havant, Fareham), test with Local Authority Planning Departments, prepare proposals for Health Commission and then prepare a business case.</p> |
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5 Contracting and Business Planning

- 5.1 Fully implement the revised contract management arrangements.
- Establish contract lead groups
 - Extend membership and function of Contract Reference Group.
- 5.2 Ensure effective in year monitoring and development of contracts and effective delivery of contracting requirements (in terms of activity/quality/costs).
- 5.3 Produce updated internal Business Plans for each of our identified major business areas and the Trusts annual business plan.
- 5.4 Implement the 1994/95 development programme ensuring all agreed schemes are up and running as soon as is possible.
- 5.5 Develop our overall approach to marketing the Trust and the services we provide.
- 5.6 Ensure appropriate input into Community Care Planning arrangements.

6 Quality

- 6.1 Continue improvements in the Trust's performance against Patient's Charter standards.
- 6.2 Review quality assurance strategy/structures.
- 6.3 Develop the Trust's framework and programmes for clinical audit.
- 6.4 Deliver contractual quality requirements.
- 6.5 Consolidate the approach to quality at divisional level, ensuring that it features as a major item on managers' agendas.
- 6.6 Continue to develop service standards.

7 Information

- 7.1 Ensure implementation of the Information Strategy.
- 7.2 develop information systems support to operational management/contracting.
- 7.3 Ensure adequate training is provided within the organisation to enable IT investment benefits to be realised.
- 7.4 Commence benefits realisation process.

8 Personnel

- 8.1 Progress work on workforce planning.
- 8.2 Reduce labour costs in agreed contracts.
- 8.3 Develop pay and conditions arrangements for the Trust.
- 8.4 Establish staff/management negotiating arrangements.
- 8.5 Design and implement skill mix changes.
- 8.6 Continue to improve quality of workforce information.
- 8.7 Support organisational development changes.
- 8.8 Review HR strategy
- 8.9 Progress key staff development and Education initiatives (Investors in People/NVQ's/management development).

9 Finance

- 9.1 Ensure Trust Financial duties are met.
- 9.2 Ensure robust business cases are produced.
- 9.3 Ensure cash management systems are operational.
- 9.4 Develop financial reports to the Board.
- 9.5 Investigate financial system development operations.
- 9.6 Refine costing for contract pricing.
- 9.7 Integrate Finance Services into the Trust.
- 9.8 Consolidate Locality finance teams.
- 9.9 Develop finance training packages.
- 9.10 Monitor Trust finance structures.

PORTSMOUTH HEALTHCARE NHS TRUST
BUSINESS PLAN 1994 - 96





PORTSMOUTH HEALTHCARE NHS TRUST