



PORTSMOUTH HEALTHCARE NHS TRUST
BUSINESS PLAN 1996 - 97

Effective health care for local people



PORTSMOUTH
HealthCare
NHS
TRUST

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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Foreword

This is the third Business Plan produced by Portsmouth HealthCare NHS Trust. It is intended primarily as a working document setting out what we wish to achieve in the next year. It is hoped it will:

- Clarify our recent performance and plans for the year.
- Provide a clear framework to guide the Trust's activities and priorities in the next financial year.

The Plan needs to be seen against the background of the Trust's Strategic Directions document "Looking Forward - The Next Five years" (published September 1994) which:

- Sets out the changing business context in which the Trust will be operating
- Describes the Trust's main strategic goals
- Provides a framework for staff in reviewing professional practice, working arrangements and service organisation to reflect the requirement of changing patterns of health care provision.

Our start point has been to review the Trust's performance in 1995/96. Substantial progress in achieving key objectives has been made.

Looking forward, the main challenges and priorities for the Trust next year are:

- Service provision and development:-
 - The reprovision of long stay hospital services.
 - Responding to pressures on services.
 - Implementation of the agreed Health Continuing Care criteria for services provided by the Trust.
 - Maintaining service quality.
 - Reshaping many of our services.
 - Development of the Trust's provider function in social care.
 - Utilisation of R&D activities/audit funding to improve the evidence base of service provision and enhance effectiveness.
 - Increasing focus upon primary care.
- Contracting:-
 - The continued evolution of contracting.
 - Supporting the trend towards Joint Commissioning.
 - Recognising the increased purchasing influence of GPs.
- External Relationships
 - Sustaining/enhancing links with the local Health Authority, GP Fund Holders and other Purchasers, other local providers including Portsmouth Hospitals Trust, Social Services, Education, Housing, Private, Voluntary and Independent Sector providers, users and carers.
- Equipping the Organisation
 - Securing and delivering contracts.
 - Ensuring value for money.
 - Reducing management costs in line with agreed targets.
 - Reviewing procedures for complaints.
 - Developing and supporting staff.

Review of Performance in 1995/96

Summary

This section appraises progress in meeting the objectives for 1995/96 set out in last years Business Plan.

Corporate Objectives

The Trust has made solid progress in the last year - consolidating and developing its position as a major provider of a range of primary and secondary care services.

CONTRACTING

The Trust's contract income increased in year by 1% through a variety of service developments. At the end of November 1995 the Trust's overall activity position was as follows:

Summary Performance Against Contracts

| | Annual Target | Total at 29.2.96 | Year End Forecast | +/- |
|----------------------|---------------|------------------|-------------------|--------|
| FCEs | 11,280 | 10,272 | 112,06 | -0.65% |
| Day Care Attendances | 45,431 | 43,966 | 47,963 | +5.05% |
| Ref OPA | 33,896 | 39,414 | 42,997 | +26.8% |
| FFCs | 1,136,543 | 1,170,585 | 1,277,001 | +12.3% |
| OBDs | 218,026 | 205,598 | 224,289 | +2.8% |

This indicates that the Trust is expected to comfortably exceed contracted activity targets. These targets incorporated a 3.4% activity increase on our 1994/95 contract with the Portsmouth Health Authority.

EXTERNAL RELATIONSHIPS

Efforts have been made throughout the year to increase the Trust's local profile with the public, purchasers, service users and colleague provider organisations. Specific initiatives have included:

- A round of workshops with local carers organisations, to obtain feedback on our services and consider ways of improving future joint working.
- A concerted effort to publicise the work of the Trust through the Annual Report/Annual General Meeting.
- Press coverage of significant events.

EQUIPPING THE ORGANISATION

The Trust's internal framework for co-ordinating the contracting process has been consolidated:

- The Contract Reference Group acts as the lead forum for overseeing and co-ordinating contracting activities.
- Contract Lead Groups are now well established and increasingly pro-active:
 - Fronting contracting discussions with our main purchaser via regular contracting meetings and ad hoc meetings on specific issues.
 - Prioritising the care group/service's development agenda.
 - Acting as the focal point for internal communication on individual care group/service issues.
- In order to meet purchaser requirements for separation of health and social care a Social Care Contract Steering Group has been set up to:
 - Establish distinct accounting for social care contracts within the Trust by 1st April 1996 and separate management structure by 1st June 1996.

Review of Performance in 1995/96



Home Assessment

CAPITAL PROGRAMME

- Identify implications for care staff and support functions.
- Produce an action plan to implement the change.
- Ensure effective communication with staff.
- Consider the potential development brief in the social care field.
- Negotiate and manage social care contracts.
- Trust wide project management arrangements have been effective in progressing work on a number of topics including: Risk Management; Private Finance Initiative; Trust Pay & Conditions and Communications, whilst clinical service developments have been steered by contract groups (eg. Adult Mental Health/EMH Review processes/Fair Oak Service development/ Long Stay Hospital Closure process/ Learning Disabilities Tender/ Primary Care Physiotherapy).
- Efforts have been made to enhance capacity in specialist functions with additional resources directed towards Long Stay Hospital Re provision, the Private Finance Initiative; Risk Management and Information Strategy implementation.
- Clinical input into service development has been facilitated by the formal designation of lead consultants in all specialities. Additional support has been provided to contract groups facing particularly challenging agendas or short term peaks in workloads.(eg. Adult Mental Health/ Learning Disability/ Substance Misuse/ District Nursing).
- To improve communication, both internally within the Trust and externally with the local public, users and partner organisations, a Communication Strategy has been developed.
- A Trust Pay and Conditions of Service package has been launched from January 1996. A counselling service for staff (EAR) has been successfully piloted and a significant programme of staff training and development undertaken.
- Development of I.T. systems has continued apace with the implementation of new community and outpatient systems; preparatory training for disciplines about to use new systems and the development of procedures, policies and protocols for I.T. systems usage.
- Significant progress has been made. New developments completed include Gosport War Memorial Hospital Phase II, Redclyffe Bungalows in Gosport and the Orion Resource Centre (Substance Misuse) in Havant.
- Three schemes relating to the closure of Knowle Hospital will be completed by mid May 1996:
 - 30 bed acute Adult Mental Health Unit - Gosport/Fareham
 - 14 bed Residential Adult Mental Health Unit -Gosport/Fareham
 - 8 bed Brain Injury Unit, Locksway Road, Portsmouth
 The Trust should be in a position to withdraw from the Knowle Hospital site by mid May (in advance of the original target date for closure).
- A package of six further schemes related to the Long Stay Hospitals closure programme are at an advanced stage of tendering under the Private Finance Initiative arrangements; all having received outline business case approval:
 - 30 bed Adult Mental Health Acute Unit - Portsmouth City
 - 30 bed Adult Mental Health Acute Unit - Havant/Petersfield
 - 14 bed Adult Mental Health Residential Unit - Portsmouth City
 - 14 bed Adult Mental Health Residential Unit - Havant/Petersfield
 - 3 x 5 bed Learning Disability Bungalows, Locks Heath - Gosport/ Fareham
 - 8 bed Habilitation Unit - Locksway Road Site - Portsmouth

Review of Performance in 1995/96

RESHAPING SERVICES

The summary of achievements against objectives for patient services (page 4 onward) demonstrates the considerable service development and changes that have occurred during the year.

HEALTH AND SOCIAL CARE MARKETS

The Trust has been preparing for structural change to enable it to respond to the new challenge of the emerging social care market and to differentiate its health and social care functions more effectively.

A significant workload and a degree of uncertainty has been generated by the changes in our Learning Disability Services and associated contracted arrangements. The Trust's staff have delivered the development agenda whilst maintaining services through the change period.

The delay in the tendering of the new Havant Community Hospital has meant that the Trust has not had to make the investment of time and energy in this project that it expected this year. However we look forward to contributing to this when the Health Authority has clarified its position.

COMMUNITY CARE

The year has seen significant activity on the objectives identified in the last Business Plan. However key issues remain to be fully resolved:

- Review of existing joint planning structures.
- Need for clarity on respective roles/responsibilities for purchasing/ providing continuing care.
- Need to clarify the ongoing health provider role in the assessment process.

IMPROVING SERVICE QUALITY

Notable improvements in service quality have been possible by targeting development resources and recycling existing resources (eg. enhanced Acute AMH staffing levels - Sixth Community EMH Team; 75+ Stroke Service development; re-provision of services within Gosport War Memorial Hospital Phase II). However there remains a need to strive for improvements in a number of service areas where historic resource deficits or outdated environments are inadequate to meet the standards we would ideally wish to achieve.

EFFICIENCY/EFFECTIVENESS

The Trust has delivered an activity gain on its main contract in excess of 3% in the current financial year, whilst at the same time internally funding a range of cost pressures - £500k recurrently and £1m non-recurrently. This has been possible by an internal cash releasing efficiency savings programme of £500k and short term internal redeployment.



Petersfield Hospital

Review of Performance in 1995/96

Service Review & Developments

ADULT MENTAL HEALTH

Progress to date is highlighted below for each of the Trust's contract groupings.

● Service Development

- The relocation of Knowle Services is well under way. All of the services for Portsmouth resident clients are expected to be off the Knowle site by May 1996. This has included "fast tracking" the Fareham & Gosport 30 bed and 14 bed Acute AMH Units and a new unit for Head Injury/Acquired Brain Damage on the Locksway Road site, Portsmouth.
- The joint Review with the Health Authority and Social Services has progressed well. Service priorities for clients with severe mental health problems have been developed including:
 - Focus on clients with severe mental health problems.
 - Provision of locally accessible services for clients, families and GPs.
 - Development of specialist services to meet the needs of people with challenging behaviour.
 - Provision of a consistent Trust wide service with clear service criteria and standards.
 - Development of a broader range of residential services to better match needs (eg. Challenging Behaviour Service; ICU facilities on acute wards; rehabilitation function).
 - Contributing to the achievement of the Health of the Nation targets relating to mental illness and the incidence of suicides.
- A funded development agreed with the Health Authority has enabled improved staffing input on each of the acute admission units (Galbraith/Solent/King).
- The Fair Oak specialist service to meet the needs of people with challenging behaviour opened November 1995.
- Enhanced services to the Petersfield/Liss area funded and maintained.
- Proposals to strengthen the out of hours service developed to respond to the needs of purchasers and service users.

● Service Delivery

- Comprehensive review of training needs undertaken; internal funding made available to commence SCIP training.
- Review of skill mix in residential services undertaken and outstanding needs identified.
- Detailed audit of the implementation of CPA undertaken - delayed discharges monitored monthly.

● Service Development

- Progress has been made on implementing the service changes identified as part of the Child Health Review.
- Locum appointment to the 'Second' Consultant Paediatrician post plus SCMO support has strengthened the Community Paediatric Service.
- 'Third' Consultant Paediatrician appointed with a Special Interest in Child Surveillance and a locality responsibility for Fareham & Gosport.
- Ongoing Psychology support for children with special needs provided.
- The impact of changes to School Nursing Services and surveillance arrangements have been routinely monitored.
- Service developments to meet Education Act requirements implemented.

CHILD HEALTH SERVICES

Review of Performance in 1995/96

- The completion of the service review has led to the development of detailed service specifications for:
 - Surveillance/Immunisation*
 - Health Promotion*
 - Child Protection*
 - Children with Special Needs (including Education Act requirements)*
- Waiting list initiative in orthodontics maintained.
- Increased referrals to the Child and Family Therapy Services have resulted in lengthened waiting times. Joint work with the Health Authority/GPs and other agencies is in place to agree an achievable level of service.

- **Service Delivery**

- The impact of changes introduced over the last two years (eg. School Nurse Services/Surveillance etc) have been kept under review.
- Review of Health Visiting Services completed, resulting in detailed service specifications.
- GP Practice service agreements now in place which will be monitored and renewed annually.

CLINICAL PSYCHOLOGY

- **Service Development**

- Significant psychology input to the Adult Mental Health Service review and in establishing the Fair Oak Service.
- Psychology Support provided to General Practice based Counselling Services, and to the Health Authority's evaluation of the pilot scheme.
- The new structure introduced in Child and Family Therapy Services with generic teams (including a Clinical Psychologist) in each locality is working well. A speciality service for under 12s is being provided at the Merlin Centre and a part time psychologist post has been established.
- New Clinical Psychology post within the Child Development Centre filled in July 1995.
- District Psychologist post established to provide professional leadership and overall service co-ordination; recruitment currently underway.

- **Service Delivery**

- Recruitment remains difficult with a number of vacant posts still existing despite extensive attempts to recruit. However an encouraging preliminary response has been achieved from an attempt to find new recruits in the USA.
- Service development posts for Eating Disorder and Palliative Care Service consolidated into the respective services.

COMMUNITY DENTAL HEALTH

- **Service Development**

- Oral health promotion strategy agreed with the Health Authority; new Oral Health Promotion post established.
- Use of the Poswilllo Centre has continued to increase since its opening on 1st August 1994.
- Survey of dental health of the over 75s carried out; proposals to extend dental services for elderly people (particularly prosthetics work) resubmitted.
- Continued funding of a waiting list initiative has enabled good progress to be maintained in meeting the needs of referred patients for orthodontic treatment.

Review of Performance in 1995/96

DISTRICT NURSING/ MARIE CURIE/NIGHT NURSING

- A Joint review of the Community Dental Service with the Health Authority is nearing completion and an action plan of issues to be addressed will be agreed with the Health Authority.
- **Service Delivery**
 - School Dental Screening Audit, Emergency Treatment and Orthodontic Treatment Outcome Audits undertaken. Cross Infection Control was the subject of a refined audit programme.
- **Service Development**
 - Proposals for a Hospital at Home pilot developed and an implementation plan identified. However as this was unable to attract required funding it has not been progressed.
 - Continence Service extended to residential homes; client assessment/reviews being conducted for all service users and a Trust strategy developed. Implementation of the strategy is now dependent upon additional development funding becoming available for a 'Continence Advisory Service'.
 - Night Visiting Service established on a pilot basis in the Fareham area; evaluation report to be produced shortly.
 - Pilot project for District Nurses acting as Care Managers extended and evaluation reports submitted. A final decision on the future of the project is awaited.
 - Leg Ulcer treatment guidelines and standards developed and District Nursing participation in the Leg Ulcer Training Course facilitated.

ELDERLY SERVICES

- **Service Delivery**
 - Each GP Practice offered a service agreement detailing services and staffing levels to be provided.
 - Close monitoring of the revised continence supply arrangements.
- **Service Development**
 - The dedicated 75+ Stroke Service achieved excellent outcomes in its first year. Proposals to extend to the service to all over 65s (including a TIA clinic) are supported by the Health Authority, dependent upon availability of funds.
 - Further consideration given to the future use and operation of the DGH based Day Hospitals - in particular increasing use for investigation, assessment and treatment.
 - Research based effective health care protocols are being developed for patients with 'fractured neck of femur', including guidelines for early transfer to rehabilitation.
 - Proposals presented to improve staffing levels for Slow Stream Stroke Care/Night Nursing/Education & Training and Ward clerical support. However additional funding has not been available.
- **Service Delivery**
 - Improved standard response times for some diagnostic services (CT Scans/Ultrasound) achieved through additional investment and enhanced service level agreements. Delays in discharge continue to be monitored on a quarterly basis.
 - The level of investment in new equipment has this year been more limited due to funding constraints. However audit has demonstrated the benefits of previous years investments (eg. pressure relieving equipment/lifting etc).
 - Involvement in ongoing discussions about the Health Continuing Care Criteria.

Review of Performance in 1995/96



Elderly Services

ELDERLY MENTAL HEALTH

- Throughout 1995/96 the operation of single consultant mixed sex wards has been monitored to ensure improved access to GP admissions. Feedback from patients and relatives has been reviewed on a regular basis.
- Although significant further development is required, service agreements have been agreed with Portsmouth Hospitals Trust and now provide a more explicit general description of the service inter-relationships and service levels.

- **Service Development**

- Multi-disciplinary groups established to review current services and develop service specifications for each service area (eg. long stay, day hospitals etc). These will support the overall strategy agreed with the Health Authority.
- Sixth community team established.
- Proposals for a domiciliary based lithium service shared with the Health Authority.
- Review of clients with pre-senile dementia and proposals developed to deal with this client group.
- Therapy services improved within the community teams.
- The Hospital at Home service proposal was not successful in attracting funds for implementation.

- **Service Delivery**

- The reduction in long term care beds achieved in line with the overall service strategy.
- Audit undertaken on the appropriateness of EMH Day Hospital usage. Patient satisfaction survey also conducted.
- Inpatient services for the Fareham & Gosport area opened in Gosport War Memorial Hospital, replacing services previously provided at Knowle.

FAMILY PLANNING AND SEXUAL HEALTH

- **Service Development**

- A review of Family Planning Services is under way, the results due to be available early in the next financial year.
- Bids produced for funding for new contraceptive drugs.
- Plans to relocate the Ella Gordon Unit from the East Wing, St Mary's Hospital are still dependent upon identifying a suitable alternative site on the St. Mary's West Wing.
- Redeployment of resources to release funding for a second consultant post for the service. An appointment has been made.

- **Service Delivery**

- Overall demand for services continues to rise - attendance levels were 12% above contractual target at the end of February 1996.
- A significant audit programme including:
 - Use and effectiveness of Sex Sense Clinics.
 - Client knowledge and accessibility to emergency contraception.
 - A Collaborative Audit of the use of the Post-Coital Contraceptive Pill.

Review of Performance in 1995/96

COMMUNITY HOSPITALS

- **Service Development**
 - The tendering process/programme envisaged at the beginning of the year for the new Havant Community Hospital has not materialised.
 - Successful completion/opening of Phase II of Gosport War Memorial Hospital April 1995.
 - Ongoing discussions during the year on the scope for enhancing the range of services within existing hospitals.
 - Additional funding obtained to sustain the increased workload being undertaken at Petersfield Hospital Minor Injury Unit.
- **Service Delivery**
 - Outline service agreements established with Portsmouth Hospitals describing the access levels and costs of facilities/support services within the Small Hospitals.
 - Guidelines for Minor Injuries Department were produced and audited.
 - Contractual links with GP users of the Community Hospitals clarified and new contract documentation in preparation.
 - Training link established between Minor Injury Service Units and the A&E Department, Queen Alexandra Hospital.

HEALTH PROMOTION

- **Service Development**
 - Permanent funding agreed for the 'Young Peoples' team.
- **Service Delivery**
 - Relocation of Health Promotion Resources/Graphics Service to St James Hospital.
 - Health of the Nation Contract Reporting requirements implemented.

LEARNING DISABILITY SERVICES

- **Service Development**
 - The agreed retraction plan for the closure of Coldeast Hospital continued toward a target date for closure by April 1997.
 - Redclyffe Bungalows (accommodating 9 clients from Coldeast) opened in November 1995. 1995/96 also saw the opening of two new houses and the refurbishment of Mary Rose House, Havant.
- **Service Delivery**
 - A number of quality initiatives identified to maintain standards of care during the run down of the hospital:
 - The development of User Forums to obtain feedback on services provided.
 - Research Survey to assess the need for Specialist Bereavement Services for people with a learning disability, their carers and staff.
 - Updating of staff on a regular basis.
 - Regular monitoring of the staffing position to ensure appropriate cover.
 - Work on the separation of the health and social care elements of the existing Learning Disability Service is in hand with a view to contracting separately for Social Care Services in 1996/97.

PALLIATIVE CARE

- **Service Development**
 - Services at Countess Mountbatten House have been continued and increased activity purchased from Bordean House.
 - Plans to develop Portsmouth Home Care Service await clarification of resource availability.

Review of Performance in 1995/96

PHYSICAL DISABILITY

- The Trust has to date acted for the Health Authority to purchase and monitor all Hospice Services. However it has now been agreed that in future Health Authorities should contract for these services directly rather than sub contract via the Trust.
- **Service Delivery**
 - The Rowans Hospice has developed as the major local provider of hospice services.
- **Service Development**
 - Additional funding has been sought for joint loan equipment.
 - Hamble Ward Brain Injury Service opened 1 April 1996.
 - 'Spine Line' telephone advice service for people with back injury launched and guidelines for GPs developed.
- **Service Delivery**
 - Implementation of the phased development of Primary Care Physiotherapy Service achieved.
 - Difficulty with recruiting to the Rehabilitation Psychologist post has delayed the substantive establishment of this service.

PODIATRY/CHIROPODY

- **Service Development**
 - Diabetic Service developed, with an increase in the numbers of patients being seen.
 - Clinics commenced at two more practices (Bedhampton & Fareham).
- **Service Delivery**
 - Waiting times broadly maintained within Patient Charter and local standards.
 - Clinic facilities at Lake Road Health Centre, Dunsbury Way and Fareham have all been upgraded.

SUBSTANCE MISUSE

- **Service Development**
 - Multi-agency Substance Misuse Resource Centre (the Orion Centre - Havant) opened in July 1995. Plans to provide similar resource centres for Portsmouth City and Fareham & Gosport have been impeded by difficulties obtaining suitable sites.
 - Residential Services reviewed and a proposal developed for a district wide residential detoxification service.
 - Research carried out on GP views in preparation for closer working links with GPs and Primary Health Care Teams.
 - Training strategy developed.
- **Service Delivery**
 - The opening of the Orion Centre in Havant has strengthened joint working with other local voluntary/private sector providers.
 - Review of the methadone prescribing programme undertaken.

THERAPY SERVICES

In order to improve co-ordination, integration and contract management of these services Trust wide uni-disciplinary contract groups have been established for physiotherapy, occupational therapy and speech therapy services. Overall, good progress has been made with recruitment and in responding to increasing demand. Waiting time targets have been largely met.

Review of Performance in 1995/96

OCCUPATIONAL THERAPY

- **Service Development**
 - Review of O.T. services within Adult and Elderly Mental Health, leading to the development of proposals for a new service model.
 - Restructuring the service to provide separate O.T. services - one for Elderly Medicine, the other for Portsmouth Hospitals.
 - Work begun on the establishment of treatment protocols.
- **Service delivery**
 - Successful recruitment to vacant posts has increased in post staffing levels significantly.
 - Extensive programme of training undertaken - the development of a level 3 NVQ training scheme for O.T. Assistants being particularly significant.
 - Inter agency working developed particularly within the Learning Disability Service.



Occupational Therapy/Nursing

PHYSIOTHERAPY

- **Service Development**
 - Year 2 of the 3 year development programme to introduce a district wide primary care service model achieved.
 - Successful contribution to the 75+ Stroke Service development.
- **Service Delivery**
 - Improved integration of services and multi-disciplinary working.
 - Routine achievement of waiting time standards in most treatment centres.

SPEECH THERAPY

- **Service Development**
 - Notable increase in SLT provision for children achieved as a result of funded developments to implement the Education Act and to tackle waiting times for treatment.
- **Service Delivery**
 - Improved equity of access - with most notable progress being in special needs paediatrics.

HIV/AIDS

- **Service Development**
 - All funded initiatives completed.
 - Successful tender submitted for continued provision of Gay Mens Project.
- **Service Delivery**
 - Service evaluations carried out on the Sex Sense and Gay Men's Health Projects - with positive findings.

Review of Performance in 1995/96

Support Services Human Resources

● Review

Human Resource management activity in 1995/96 focused on consolidating good practice, developing an H.R. infrastructure, supporting the business plan and achieving improved effectiveness.

Growth and Distribution of Staff

| Distribution of Staff | 1992 % | 1993 % | 1994% | 1997% | Target 1997 |
|--------------------------|--------|--------|--------|-------|-------------|
| Medical & Dental | 3.3 | 4.5 | 5.5 | 4.0 | 6.0 |
| Health Visiting/Nursing | 62.4 | 62.5 | } 72.5 | 76 | 75 |
| Professional & Technical | 13.3 | 12.5 | | | |
| Support Staff | 23.1 | 20.5 | 22.0 | 20.0 | 19.0 |
| Total Nos. (WTE) | 2900 | 2943 | 3050 | 3203 | 3123 |

The target growth for staffing levels set in 1992 has been exceeded due to new development. Progress towards targets for distribution of staff are generally satisfactory with some notable exceptions (eg. medical and dental staffing where shortages of qualified staff together with high demand has made recruitment difficult).

● Organisational Development

- Communication strategy produced and training in communication for managers initiated.
- Staff Opinion Survey conducted within each of the Trust's Management Divisions and the Trust Central Office; action plans based on findings implemented and reported to staff.
- New recruitment policy implemented which included various options for flexible employment. Although some success in filling vacancies has been achieved, specific shortages still exist in therapy, medical and some nursing services.

● Staff Development

- Work towards the Investors in People Award now commenced in all parts of the Trust. Two areas are sufficiently well advanced to be assessed for the award. Assessment will take place in Spring 1996.
- Individual and departmental training needs analysis undertaken and appropriate plans produced.
- NVQ programmes for Care Staff strengthened and a Level III NVQ in Care introduced. There are staff participating in NVQ covering care, management, finance and business administration.
- A comprehensive programme of management training has been implemented, ranging from NVQ III to NVQ V. A total of 60 staff participated in 1995/96.

● Staff Management

- A comprehensive employee assistance programme piloted for a trial period of one year in St James Hospital; to be extended to all parts of the Trust in 1996.
- Health and Safety arrangements reviewed and new H&S Committees established. A risk assessment tool has been developed and staff trained in its use.

Review of Performance in 1995/96

Quality

- **Reward Strategy**
 - Comprehensive Trust employment package developed and launched from February 1996.
 - Specific attention given to communication of pay issues and a video and manager communication pack produced.
 - Local pay (devolved from national level) successfully negotiated and implemented within the Trust in 1995.
 - Staff and their representatives involved in the development and testing of Trust Pay arrangements.
- **Human Resources Strategy**
 - The strategy for HRM has been refined and targets established - implementation will continue in 1996/97.
- **Organisational Culture**
 - Progress in developing corporate identity and culture to support continuous quality improvement through Trust publications, meetings and discussions with staff and promotion of Trust policies.
 - Participation with other organisations, including Portsmouth University, Magistrates Court, Probation Service and local businesses to identify requirements for a quality organisation.
- **Quality Assurance Framework**
 - Quality Forum well established as a focus of quality activities within the Trust, supported by the divisional review process.
 - Contract Lead Groups established with recognised Quality/Audit functions; development of common service standards.
 - Some progress in development of computer based monitoring systems.
 - Programme of quality initiatives in process of implementation.
- **Patients Charter**
 - Monitoring systems established for 'new' Charter requirements, including quarterly audits of all residential areas, baseline information obtained regarding mixed sex wards, catering and security arrangements and community nursing standards and action taken where practicable.
 - Full compliance with national reporting requirements.
 - Views on proposed arrangements for implementation of Community Care Charter conveyed to Social Services.
 - Continuous programme to improve patients environments, including provision of new buildings and major upgradings.
- **Service Quality**
 - Clinical supervision/reflective practice pilot project for nursing staff established across range of specialities.
 - Research based guidance on particular topics developed and promoted; reflected in Trust policies where appropriate.
 - Programmes to improve services implemented following service reviews.
- **Patient/Carer Focus**
 - Progress in implementing Consumer Involvement Strategy.
 - Action taken following Survey of Complainants' satisfaction to develop more responsive systems.



Elderly Care

Review of Performance in 1995/96

Finance

- Revision of Complaints Policy in line with national guidance.
- Appointment of Multi-Cultural Advisor to focus on health needs of ethnic minority groups and to promote racial awareness among staff.
- Project to develop and promote Mental Health Service Users' Charter through Regional Consortium.
- **Risk Management**
 - Risk profile completed for Trust and action plan developed; programme progressively implement.
 - Risk assessments carried out in all services
 - Health and Safety arrangements reviewed
- **Clinical Audit**
 - New arrangements for representation of all contract lead groups implemented.
 - Audit programme successfully completed; commitment to Action Plans.
 - Trust's audit priorities agreed.

- **Financial Duties**

All of the Trust's financial duties in 1994/95 were achieved, ie. planned income and expenditure target, an 8.6% return on assets and meeting the external finance limit.

After completion of initial contract negotiations for 1995/96, financial programmes were created, containing:

- An allowance for inflation.
- Cash releasing efficiency savings.
- Recurring developments of £2.0 million.
- 99.4% of total anticipated income obtained via contracts.
- 0.6% of total anticipated income obtained via non-contracted activity.
- An initial capital/non-recurring programme of £8.0 million.
- A year end forecast of achieving the required Trust financial duties.
- A planned efficiency gain of 3%.

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

At the end of February 1996 the Trust was on target to achieve the required financial targets.

- **Departmental Objectives**

1995/96 has been a year of consolidation for the finance function. Having all finance staff together has brought significant benefits in terms of accessibility and communications, both within the department and for our customers. Trust status and the continuing growth of the Trust have placed considerable demands on the department (for example, numbers of debtor invoices raised have nearly doubled and the number of staff on the payroll has increased significantly).

The main highlights of the last year have been:

- Continued involvement of customers through "roadshows" and greater consultation.
- Coping with the new demands placed on the department by Trust status, for example the investment of surplus funds and the production of monthly monitoring returns for the NHS Executive.
- The moving of the Trust's payroll system onto a Unix platform.
- Supporting the progress of a number of capital schemes to full business case approval and participating in the trust's project to test the viability of Private Finance options.

Review of Performance in 1995/96

- The commencement of the department's NVQ scheme in finance.
- Improved credit control, reducing the level of the Trust's debtors considerably.
- Achieving a better than average performance in terms of paying bills within thirty days (the Public Sector Payment Policy), despite ongoing problems with the SIS creditor payments system.
- Updating desk top procedures within the residents bank and cashier functions.
- Successfully transferring the management of the residents bank at St James Hospital from the Long Stay Division to Finance.
- Continuing to refine "Costing for Contracting" so as to produce more accurate tariffs for the Trust's services.
- Provision of financial support in formulating the comprehensive Employment Package.

Estates and Capital

- **Estates Strategy**
 Work has begun to produce an Estates Strategy reflecting the Trusts overall strategic directions. The first phases are concentrating on existing asset utilisation, estate condition and projected future needs.
- **Capital Schemes**
 - Gosport War Memorial Hospital Phase II opened as programmed in April 1995.
 - Progress to date on the Locks Heath Health Campus Schemes is on line to enable the new 30 bed Adult Mental Health Acute Admissions unit and 14 bed Adult Mental Health Long Term Residential Unit to open by mid May 1996.
 - Locksway Road Health Campus. Eight bed Brain Injury Unit will be ready for occupation from 1st April 1996.
 - The 4 and 5 bed Learning Disability Bungalows development on the Redclyffe Annex site opened December 1995.
 - Five Health Centre extension/upgrade schemes due for completion in 1995/96.
 - St James Hospital ward upgrades/extensions have been completed (King/Solent/Bramley/Cheriton/Exbury).
 - Substance Misuse Resource Centre - Havant/Petersfield. Successfully opened during the summer of 1995.
 - Outline Business Case approval has been obtained for the following schemes which form a package currently being tendered for as a Private Finance Initiative proposal:
 - 30 bed AMH Acute Unit - Portsmouth City
 - 30 bed AMH Acute Unit - Havant/Petersfield
 - 14 bed AMH Residential Unit - Portsmouth City
 - 3 x 5 bed Learning Disability Bungalows, Locks Heath Site - Fareham/Gosport
 - 8 bed Habilitation Unit, Locksway Road, site - Portsmouth
- **Estates Condition/Maintenance**
 Schemes totalling £1.5m approximately completed including Health Centre upgrades, Health & Safety, Clinical Waste arrangements, Legionella works, ward upgrades, office accommodation, team base relocation, redecoration etc.

Review of Performance in 1995/96

Information and Information Technology

- **Estates Contract/Management Arrangements**
 - Monitoring of performance against agreed service standards is now routinely occurring and feedback provided to users.
 - Customer Care Assistant appointed to improve liaison with service users.
 - Former District Capital Planning Agency integrated into the Trust.
 - Progress in resolving issues re inter-Trust responsibilities for estate management/maintenance in shared premises.
- **Safety Management**
 - Programmes continued for fire safety (to upgrade premises to current fire safety standards), Legionella (water byelaw requirements), Electrical Safety (Electricity At Work Act and Department of Health guidelines), Environmental Health (kitchen upgrades), pressure vessels, permits to work and clinical waste.
- **Energy**
 - Energy utilisation measures identified achieving expenditure reductions in the order of £100k.
- **Objectives for 1995/96**
 - Significant progress with implementation of the existing I.T Strategy - the Community Nursing disciplines are now all using the new SMS Systems (District Nursing, Health Visiting, School Nursing) and outpatients module is to be implemented between January and March 1996.
 - Major input into training provided to prepare staff for the transfer to new systems.
 - Work on benefits realisation commenced, to continue over the next few months.
 - Continued investment in I.T infrastructure made, - in year expenditure on systems development totalling in excess of £100k.
 - Good results achieved on data accuracy, completeness and timeliness of production.
 - Operational frameworks/policies produced covering equipment purchasers, maintenance and usage, confidentiality and disaster recovery.
 - Executive Information System developed and made available to all network users; other databases to be added shortly.

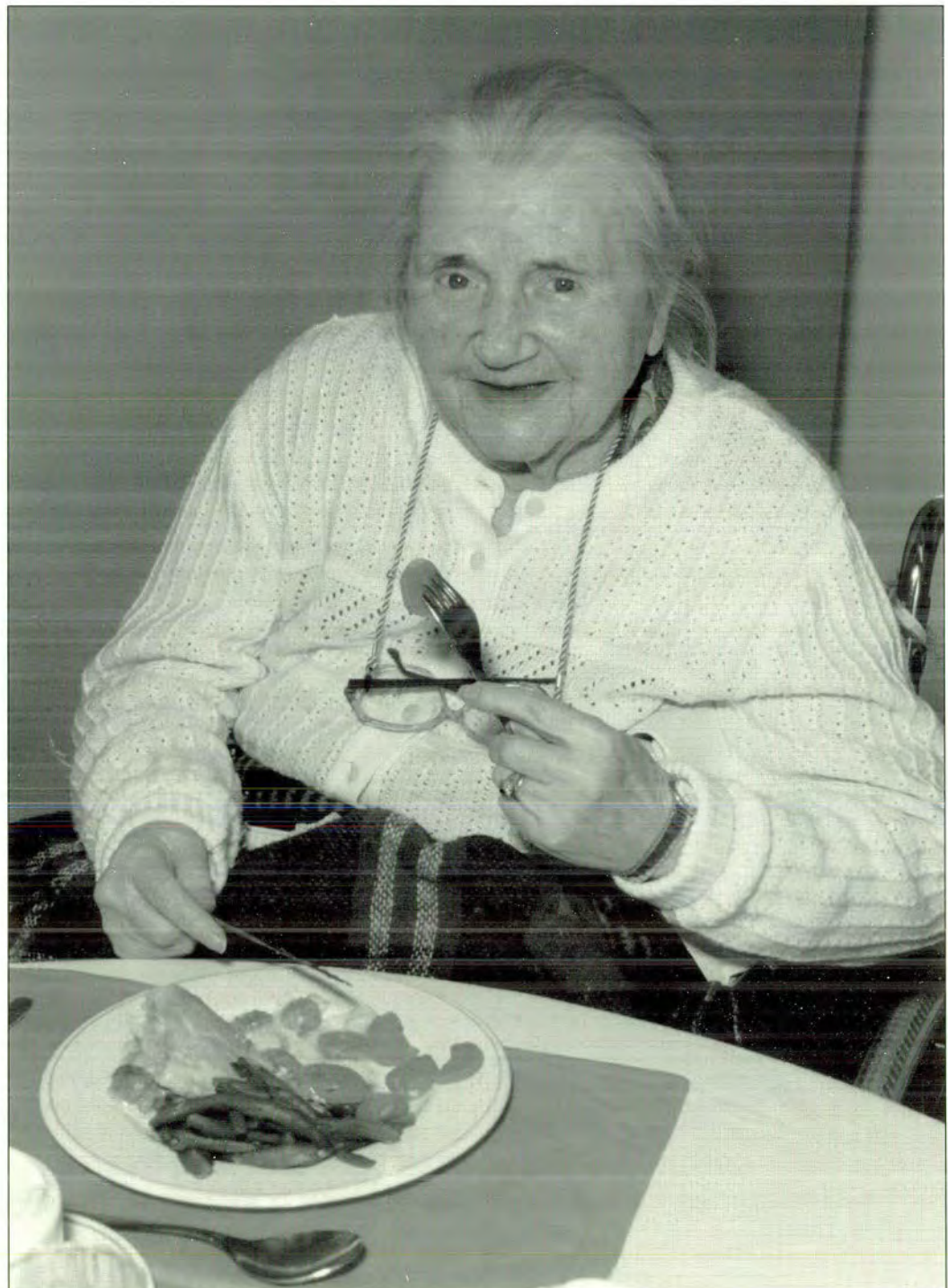


Information Technology

Review of Performance in 1995/96

Conclusion

Whilst demands and pressures on services and staff continue to rise, it has been another year of significant development and improvement in the services the Trust provides.



Looking Forward to 1996/97

Key Issues

SERVICE PROVISION AND DEVELOPMENT

The main challenges facing the Trust in the coming year are outlined below. These will form the basis of the Trust's objectives for 1996/97.

- The reprovision of long stay hospital services.
Formal closure plans have been agreed with the Regional Executive and the Health Authority, setting out detailed targets and timescales. Substantial PFI funding is being sought to secure their implementation.
- Adult Mental Health Services
Pressures on services locally reflect the national picture; responding to these both strategically and operationally is a priority.
- Continuing Health Care
Meeting appropriately health provider responsibilities for the provision of continuing care services to people with chronic or long-standing ill health or disability.
- Sustaining the quality of services
At a time of great pressure on resources and rapid change this is a particular challenge for the Trust's residential and inpatient services in all specialities; with many community teams also experiencing a level of demand that is difficult to manage.
- Reshaping services
Nearly all the services the Trust provides have recently been or are currently being subjected to a fundamental review to ensure that they reflect national imperatives (eg. Health of the Nation priorities) or local strategic objectives. Reshaping services to meet agreed priorities, whilst maintaining effective services for patients remains a major challenge.
- Social care
The next year or two will be critical in establishing the Trust as a recognised provider of social care services.
- Evidence based services
Using the outcomes of the developing audit and Research & Development functions to ensure that services are focused on interventions with proven effectiveness and that available investment is targeted appropriately.
- Primary care
Ensuring that the organisation and the services that it provides remain sensitive to and supportive of general practice and the shift to a primary care based health service.
- The continued evolution of contracting with greater rigour in service specifications and sophistication in the process adopted for negotiating and monitoring contracts.
- The trend towards more joint commissioning between Health and Social Services purchasers and the associated redefinition of the boundaries between health and social care.
- The increased purchasing influence of GPs, either through an expansion of GP Fund Holding or through locality purchasing arrangements.
- Delivering contracts to ensure the income is attained to enable the Trust to meet its financial duties.

CONTRACTING

Looking Forward to 1996/97

EXTERNAL RELATIONSHIPS

- The Trust's relationships with the local public, purchasers, service users and colleague provider organisations remain crucial to the effective delivery of services to clients. Links with the Health Authority, Portsmouth Hospitals Trust, Community Health Council, Social Services, GPs, Portsmouth University and other agencies need to be sustained.

EQUIPPING THE ORGANISATION

- Securing/delivering contracts
 An effective process for securing/delivering contracts is crucial to success, requiring:
 - positive and open links with purchasers
 - the delivery of contracts to financial, quality and activity standards
 - effective approaches to risk management within the Trust
- Value for money
 - A continuing pressure on resources, making it imperative to ensure optimum value for money.
 - Meeting national targets for a reduction in management costs.
 - Exploring areas where opportunities may exist for greater efficiency, eg. benchmarking; external comparison; service re-engineering.
 - Review of complaints procedures in line with the recommendations of the Wilson Committee.
- Developing and Supporting staff
 - Developing staff skills and potential to meet the requirements of both current services and known future developments; providing support to staff during a period of change and pressure on services.
- Education
 - There is a growing commitment to embedding education and training into all aspects of our work.
 - It is hoped that this will foster a culture of learning and scholarship at all levels of the organisation ... with positive effects on staff recruitment and retention.
 - By using multi-professional learning we hope to extend the role of staff and encourage flexibility in all areas of clinical work. This will help us to minimise the effects of local and national shortages of skilled staff.

Looking Forward to 1996/97

Contracting 1996/97

The Trust has, to date, operated in a relatively stable market. We are the major local provider of a range of services, particularly secondary care where there is little short term risk from competitors. However equally there are areas of future uncertainty where changes in purchasing rules or arrangements could dramatically alter this situation. There is no room for complacency and the Trust will therefore continue to put significant store on providing services which are respected and valued by our purchasers.

PORTSMOUTH HEALTH AUTHORITY

Most of the Trust's business income will continue to be generated from this contract. The Health Authority's Health Strategy and Annual Purchasing Plan highlight its strategic directions and annual priorities. These documents contain no surprises for the Trust, given the close ongoing relationship that we share and the organisation's respective priorities are broadly in harmony.

Negotiation of next year's contract is completed. The overall contract value is £83.3m and the contract agreement includes the following elements:-

- *Efficiency/Activity Gain* - The Trust has agreed to an activity package to deliver a 3% efficiency gain target.
- *Price Reductions* - A £293k price reduction. This comprises a recurring element of £193k and £100k non-recurring. Internal savings targets will need to be established to recoup this income.
- *Inflation Funding* - 2.73% funding.
- *Development Programme* - A development programme of £1.8m approximately.
- *Contract Value* - Removal of £2.2m income reflecting the Health Authority's decision for grants to voluntary organisations to be paid direct in future rather than via the Trust as has occurred in previous years.
- *Cost Pressures/Efficiency* - Need for joint in year strategic debates between the Authority and Trust to address how in future to meet both cost pressures and efficiency gain requirements.

GENERAL PRACTITIONERS

Revised contracts have been agreed with the thirteen existing 'standard' Fundholder Practices with whom we have previously held contracts and two new Community Fundholding Practices.

The total income anticipated from these contracts (£2.7m approx) will be 25% higher than in 1995/96 as a result of the two new contracts, addition of new services to the Fundholding Scheme and increases in the total levels of activity being purchased.

OTHER PURCHASERS

Our contracts with other Health Authorities - five in total - although important to the Trust are all relatively small with a combined value of £1m (approx). These are now all agreed. Financial pressures on two Authorities in particular have led to them seeking small scale reductions in the size of our contracts. However we have also sought greater performance sensitivity to entitle the Trust to additional income should targets be exceeded. We anticipate some loss of income from this source however the full impact of this will become clearer during the course of the year.

We anticipate seeing some increase in Extra Contractual Referral income following the trend of the previous financial years.

Looking Forward to 1996/97

Objectives for Patient Services for 1996/97

ADULT MENTAL HEALTH

Service development and service delivery objectives for 1996/97 are highlighted below. Each Contract Group will have overall responsibility for progressing the objectives within their care group/service area. Individual specific targets and responsibilities will be agreed as part of the performance review process.

● Service Development

- *Long Stay Hospital Re provision* - Achieve progress with the long stay hospital re provision plan and in particular ensure:
 - The Knowle replacement facilities are commissioned and in use by mid May 1996 and post project evaluation commenced by year end.
 - Contracts for the PFI Phase I Schemes let and building work underway by the end of the year.
- *Service Review* - Continue to work with the Health Authority on the AMH review process and reach agreement on outstanding issues including:
 - Residential service model/interim bed pressures.
 - Implementation of Community Service Model/Out of Hours Services
- *Fair Oak Service* - Complete the commissioning of the Fair Oak Service and conduct a preliminary review of its operation.

● Service Delivery

- *Practice Guidelines* - Ensure the new arrangements for Supervised Discharge; Care Programme/Management and Supervision Registers are implemented and working effectively.
- *Training* - Address identified staff training needs.
- *Bed Blocking* - Continue to highlight and address the issue of 'bed blocking' with the Commission and Social Services.
- *Capacity* - Use the Ibsley facility to provide additional inpatient capacity on a short term basis.
- *Clinical Audit* - Pursue the audit programme and work jointly with the Health Authority to undertake a comprehensive audit using the Clinical Services Audit Group methodology.

CHILD HEALTH SERVICES



Community Dental Service

● Service Development

- *Information Systems* - Develop and utilise the patient based information relating to child health that will be available during 1996/97.
- *Sick Children* - In conjunction with Portsmouth Hospitals, the Health Authority and local GPs develop a strategy for managing the care of sick children in the community.
- *Child & Family Therapy Service Review* - Finalise the inter agency review of this service and begin to implement agreed changes - using the process to develop closer collaboration with Health, Social Services and Education.
- *School Health* - Introduce Parent Held Records for school children.

● Service Delivery

- *Information for Families* - Review and amend current information to ensure families are provided with clear and appropriate information. Develop the concept of a key health contact to disseminate information and co-ordinate the service.

Looking Forward to 1996/97



Child Health

CLINICAL PSYCHOLOGY

- *Childrens View* - Review accommodation/practices and attitudes in the light of this report to ensure the service is parent/child friendly.
- *School Health* - Promote an integrated School Health Service.

● Service Development

- *District Clinical Psychologist* - Appoint to this newly created post to provide professional leadership/co-ordination of Clinical Psychology Services district wide
- *Contract Lead Group* - Implement new arrangements for contract lead group.
- *Service Review* - Undertake a review of existing services and identify any action to improve overall service delivery.

● Service Delivery

- *Vacant posts* - Recruit to vacant posts.
- *Service Provision* - Ensure service provision reflects care group priorities/contract targets.

COMMUNITY DENTAL

● Service Development

- *Service Strategy* - Implement the action agreed with the Health Authority resulting from the Community Dental Service Review.
- *Emergency Treatment* - Clarify the Community Dental Services' role in meeting the increasing needs of people requiring emergency treatment or who are having difficulty in obtaining general dental services.
- *Information Systems* - Design and implement a new patient based information system.

● Service Delivery

- *Screening Programme* - Review with the Health Authority the optional screening programme to provide advice on the dental health of the local population.
- *Access* - Improve access to the service in Fareham 'Western Wards'.
- *Funding* - Reconcile the funding problems in respect of the provision of appliances, the maintenance of waiting time standards and the service equipment replacement programme.
- *Liaison* - Maintain effective links between the three arms of the dental service (CDS, GDPs, Hospital Services) as well as the Health Authority and other agencies.
- *Long Stay Hospital Reprovision* - pursue the proposal to increase service provision at the Poswillo Centre to improve access to services for former long stay hospital clients.

DISTRICT NURSING/ MARIE CURIE/NIGHT NURSING

● Service Delivery

- *Caseload Management* - Develop caseload management standards and an audit proposal.
- *Equity of Service Provision* - Continue to work with the Health Authority/GP Steering Group to consider current access to services and agree an action plan/timetable for any changes proposed.
- *Health Gain* - Develop health gain measures for each area of District Nursing intervention with the aim of completing this work in two priority areas by April 1997.
- *Joint Protocols* - Work closely with GPs and Practice Nurses to begin to develop joint protocols for a range of interventions (eg. Leg Ulcer treatment; Palliative Care).
- *District Nursing Teams* - Finalise by April 1997 the development of specialist nursing resources within each District Nursing Team focusing on: Diabetes; promotion of Continence; Tissue Viability; Leg Ulcers; Palliative Care; Stoma Care; Health of the Nation Targets for Older People; HIV/Aids.

Looking Forward to 1996/97

ELDERLY SERVICES

- **Service Development**
 - *Skill Mix* - Identify skill required and utilise opportunities as they arise to review skill mix.
 - *Night Nursing* - Review the pilot Night Nursing Project in Fareham & Gosport by June 1996 and consider implications of extending its use across the District.
 - *Nursing Home Support* - Agree with the Health Authority the input that the District Nursing Service should have in relation to Nursing Homes and ensure this is reflected in the Continuing Care agreement.
 - *Clinical Audit* - By September 1996 identify future audit priorities for District Nursing in conjunction with GPs and the Health Authority.
- **Service Development**
 - *Acute admissions* - Plan future strategy for acute admissions in collaboration with the Health Authority and Portsmouth Hospitals Trust.
 - *Rehabilitation* - Develop protocols to ensure rapid acute assessment and onward referral to appropriate rehabilitation facilities for patients with fractures admitted to Elderly wards and explore development of a fast transfer facility for orthopaedic patients - implementing recommendations of the Audit Commission report on this issue.
 - *Continuing Care* - Develop robust/explicit evidence of assessment for NHS Continuing Care in line with the Health Authority's requirements and implement the agreed continuing care admission criteria from April 1996.
 - *Day Hospitals* - Evaluate the implications/benefits of re-profiling the day hospitals to incorporate outpatients workload - focus medical intervention on the acute day hospital at Queen Alexandra Hospital and rehabilitation at St Mary's Hospital.
 - *Dementia* - Collaborate with the EMH Service to clarify the strategy for management of patients with dementia who are admitted to acute hospitals and produce proposals for discussion with the Health Authority.
- **Service Delivery**
 - *Information Technology* - Prepare an option appraisal/business case for the roll out of the Genecis Clinical Information System to all areas of elderly medicine.
 - *Accommodation* - Develop plans for the future provision of services on the DGH sites.
 - *Service Agreement* - Continue to clarify and refine the service agreement with Portsmouth Hospitals covering Elderly Services access to clinical and support services.

ELDERLY MENTAL HEALTH

- **Service Development**
 - *Continuing Care* - Monitor to ensure the Health Continuing Care Criteria are being implemented in practice.
 - *Day Hospitals* - Complete the proposed specification for Day Hospital Services.
 - *Specialist Outreach and Education* - Assess the feasibility of developing specialist outreach and education support within existing resources.
 - *Education and Training* - Prepare an education and training strategy.
- **Service Delivery**
 - *Sixth Team* - Monitor and review the establishment/integration of the sixth community team.
 - *Quality* - Develop a comprehensive/integrated quality strategy across EMH Services.

Looking Forward to 1996/97

FAMILY PLANNING AND SEXUAL HEALTH

- **Service Development**
 - *Family Planning Review* - Complete a full review of the service in line with the Health Authority's requirements by June 1996 and through the process identify future service strategy and an action plan for any agreed follow up.
 - *Second Consultant Post* - Appointed and commenced April 1996.
 - *Specialist Services* - To continue provision of a comprehensive specialist service, offering client choice.
 - *Contraception* - To offer a full range of contraceptive products.
 - *Accommodation* - Continue to liaise with Portsmouth Hospitals to clarify the proposed site and timetable for relocating the Ella Gordon Unit from the East Wing to the West Wing St Mary's Hospital .
 - *Information/Information Technology* - Clarify future information requirements.
- **Service Delivery**
 - Clarify with the Health Authority the future funding of Sex Sense and the Psychosexual Service and implement any service changes resulting from this (April 1996).

COMMUNITY HOSPITALS

- **Service Development**
 - *GP Beds* - Produce a service specification and complementary care/operational policies for use of GP beds.
 - *Service Provision* - Continue to explore opportunities to enhance the range of services within existing Community Hospitals and in particular firm up proposals for the future alternative usage of the Emsworth Victoria and Havant War Memorial Hospitals.
 - *Havant Community Hospital* - Respond to the Health Authority's consultation on plans for the proposed Havant Community Hospital development.
- **Service Delivery**
 - *Investors in People* - Continue to work toward the Investors in People standards for accreditation.
 - *Out of Hours Services/Security* - Work with the Health Authority to agree future service requirements at Emsworth Victoria and Havant War Memorial Hospitals; simultaneously seek to address existing security issues.
 - *Inter Trust Service Agreement* - Improve the accuracy and specificity of the existing Inter Trust Service Agreement in particular relating to Portsmouth Hospitals access to outpatient facilities in the Community Hospitals; seek to ensure funding responsibility/accountability for drug expenditure is regularised.

HEALTH PROMOTION

- **Service Development**
 - *Specialist Post* - Secure permanent funding for the HIV/AIDS / Sexual Health Specialist.
 - *Quality* - Implement the new quality assurance programme.
 - *Information* - Improve information collection/monitoring arrangements.
- **Service Delivery**
 - *Health of the Nation* - Ensure continued targeting of Health of the Nation priority areas and provide monitoring information for the Health Authority.
 - *Smoking Cessation* - Evaluate and develop smoking cessation activity.

Looking Forward to 1996/97

LEARNING DISABILITY SERVICES

- **Service Development**
 - *Future Service Model* - Work with the Health Authority and Joint Commissioning Board to define the future service model for Learning Disability Services.
 - *Health/Social Care* - Revise service management and contract management arrangements to enable separation of health and social care elements of Learning Disability Services currently provided.
 - *Coldeast Closure* - Continue to manage the Coldeast Closure Programme and work with the Health Authority and other providers to ensure a smooth transfer of clients to new homes/ services.
- **Service Delivery**
 - *Service Provision* - Implement new models of service and working arrangements resulting from the agreed service model.
 - *Coldeast Closure* - Endeavour to maintain standards of care at Coldeast during the run down process.

PALLIATIVE CARE

- **Service Development**
 - *Service Strategy* - Reach agreement with the Health Authority on the service strategy and the implications for existing palliative care services/providers.
 - *Contracting* - Clarify with Portsmouth Health Authority the Portsmouth HealthCare role in the management of palliative care contracts.
 - *Access* - Improve access to local residential palliative care services for people living in the Portsmouth Health Authority area.
 - *Cancer Services* - Build on the links with Cancer Services and Portsmouth Hospitals generally.
 - *Hospice Services* - Reflect current workload shifts in the contract renewal process.
- **Service Delivery**
 - *Home Care Service* - Progress the proposal for an additional Home Care Nurse.
 - *Demand* - Manage workload pressures through a review of the referral criteria to the Trust's specialist services and arrangement for providing cover.

PHYSICAL DISABILITIES

- **Service Development**
 - *Young Disabled/Rehabilitation Service* - Ensure appropriate Trust input to this proposed service development.
 - *Continuing Care Criteria* - Seek to implement any changes in the health continuing care criteria for people with a physical disability.
- **Service Delivery**
 - *Recruitment* - Maintain/improve recruitment to specialist posts in the Trust.
 - *Equipment* - Continue to seek additional funding for the purchase of community home loans.
 - *Specialist Equipment* - Develop proposals for the management of access to specialist communication and other equipment.

Looking Forward to 1996/97

PODIATRY/CHIROPODY

- **Service Development**
 - *Local Services* - Establish the new clinic at Paulsgrove and seek to provide new services in GP Surgeries where opportunities arise and/or need warrants.
 - *Information Technology* - Prepare for the transfer to the new SMS patient based information system.
- **Service Delivery**
 - *Waiting Lists* - Seek to maintain the Health Authority's waiting times targets for assessment/treatment
 - *Efficiency/Effectiveness* - Keep skill mix/DNA rates/recall systems/ reception service arrangements under review.
 - *Service Specification* - Agree with the Health Authority a more detailed specification for the service.

SUBSTANCE MISUSE

- **Service Development**
 - *Resource Centres* - By April 1997 identify and acquire sites/ planning permission for Multi-Agency Resource Centres in the City of Portsmouth and Fareham & Gosport; at the same time, working with other Providers to develop detailed arrangements for joint working in accordance with the agreed multi-agency model.
 - *Detoxification Unit* - Develop a proposal for a 24 hour Residential Detoxification Unit.
 - *Service Strategy* - Review overall future strategy, associated staffing and accommodation requirements in the light of discussions during the current round of contract reviews and existing operational difficulties.
 - *Service Specification* - Work with the Health Authority to clarify the service specification.
- **Service Delivery**
 - *Training/Service Policies* - Implement training strategies and service policies in line with the agreed service model.
 - *Methadone Prescribing* - Review the Methadone Prescribing Programme by 31 December 1996.
 - *Audit* - Complete the agreed clinical audit programme including the amphetamine, methadone and home detoxification programmes.

THERAPY SERVICES OCCUPATIONAL THERAPY

- **Service Development**
 - *Treatment Protocols* - Establish treatment protocols in all specialities.
 - *Peripatetic Services* - Develop a peripatetic Occupational Therapy service for Portsmouth City.
- **Service Delivery**
 - *Increasing Demand* - All care groups are indicating a rapid increase in demand for Occupational Therapy Services which cannot be met without increased staffing resources. Given current resource expectation this is unlikely and therefore there is a need to prioritise categories of demand through referral/access criteria.
 - *Waiting Times* - Sustaining the Health Authority's waiting time targets against the backdrop of increasing demand will necessitate a continuing need to ensure efficient use of clinical time and effective clerical support.

Looking Forward to 1996/97

PHYSIOTHERAPY

- **Service Development**
 - *Primary Care Development* - Work with the Health Authority to review achievements to date on the primary care service model and agree how to proceed with the third and final year of the development strategy.
 - *Specialist Service* - Progress the training of specialist physiotherapists involved in continence management.
 - *Referral and Treatment Guidelines* - Further develop condition specific referral, assessment and treatment guidelines.
 - *Rehabilitation* - Collaborate with Portsmouth Hospitals and Portsmouth and South East Hants Health Authority over the development of a Young Disabled Unit/Service.
- **Service Delivery**
 - *Recruitment* - Recruit to existing vacancies.
 - *Learning Disability Services* - Review the distribution and support of physiotherapy services available for people with a learning disability.
 - *Accommodation* - Identify additional clinic facilities in Portsmouth City from which to deliver primary care service. Liaise with Portsmouth Hospitals on the future relocation of the existing department at St Mary's Hospital.
 - *Health Promotion* - Enhance the capability of the service to deliver health promotion messages in key Health of the Nation priority areas.

SPEECH AND LANGUAGE THERAPY

- **Service Development**
 - *Outcome Measures* - Review recorded information to verify established outcome measures.
 - *Clinical Guidelines* - Continue to contribute to national work on establishing clinical guidelines.
 - *New Services* - Recruit to and establish posts in support of new clinical developments (eg. Acquired Brain Injury Service; EMH Community Teams; Young Disabled Service; 65+ Stroke Service).
- **Service Delivery**
 - *Audit* - In addition to the Health Authority Audit Programme, continue with quarterly audit of specific Speech and Language Therapy Standards.
 - *Waiting Times* - Continue to work with the Health Authority to reduce waiting times for treatment toward the agreed target and ensure consistent reporting of waiting times across the Trust.
 - *Access Criteria* - Specify existing access criteria and review these with the Health Commission.
 - *Speech and Language Therapy Assistants* - Keep under review skill mix and opportunities for increased use of SLT Assistants.

HIV/AIDS

- **Service Development**
 - *Target Groups* - Consider scope for the Trust to market the sale of training outreach and promotional services to other agencies (eg. Prison Service/Education).
 - *Training* - Develop targeted training packages on sex and disability. Establish sexual health forums open to Trust staff working with people with learning disabilities and mental health problems.

Looking Forward to 1996/97

Support Services HUMAN RESOURCES

- NVQ - Explore NVQ validation for training provided by HIV/AIDS Training Team
- *Outreach* - Develop outreach services (eg. needle exchange for people injecting steroids) in Substance Misuse Resource Centres.

- **Service Delivery**

- *Targeted Initiatives* - Ensure provision of targeted initiatives for young people; those in custodial settings; male/female sex workers; travelling public; travellers; black and ethnic minority groups; sex sense clinics.
- *Public Campaigns* - Undertake public campaign work in support of World Aids Day; National Condom Week; Summer Safe Sex Campaign.
- *Staff Training* - Provide HIV/AIDS multi-disciplinary workshops and topic specific study days.

- **Human Resource Management Strategy**

- Implement the HRM Strategy during 1996-98 after appropriate consultation. The strategy will be designed around the following elements.
 - planning and design of work
 - resourcing and recruitment
 - management of people and change
 - partnership
 - remuneration
 - effectiveness
 - equality
 - personal and organisational development
 - support for staff

Specific targets will be agreed for each element of the Strategy.

- **Staff Management**

- Establish the employee assistance programme Trust wide and monitor its effectiveness.
- Maintain good employee relations.
- Implement the communications strategy.
- Seek opportunities to enable people with various abilities and disabilities to participate in the workforce.

- **Organisational Development**

- Continue the extended staff opinion survey and use it to measure effectiveness of staff management and employment policies.
- Use comparative data and studies to test effectiveness of the Trust and its employment practices in comparison with others.

- **Recruitment**

- Work will continue to secure adequate staffing to enable the Trust to fulfil contract obligations.
- Review workforce planning procedures to help ensure adequate supply of staff.
- Investigate the potential application of "modern apprenticeships".

Looking Forward to 1996/97

- **Remuneration**
 - Implement the Trust's comprehensive employment package.
 - Ensure that any devolvement of 'local pay' occurs smoothly and harmoniously.
- **Staff Training and Development**
 - Work to extend Investors in People to all parts of the Trust and obtain the award in further work areas.
 - Improve the process for identification of learning needs and accurate costing of training provision.
 - Strengthen and extend all NVQ programmes.
- **Management Costs**

The Trust's management cost reduction target is £314,000 (1995/96 price levels). The aim is to achieve this in a planned way which minimises disruption to staff or services by:

 - Rigorously reviewing posts included in the 'M2' figure to ensure we are in line with other Trusts.
 - Non replacement to existing management vacancies (or filling by internal transfer).
 - Removing from our costs the 'management' work we do for other organisations.
 - Reviewing the classification of mixed clinical/managerial posts.
 - Selective freeze on recruitment
- **Quality Issues**
 - Continue integration of quality into all Trust activities.
 - Review monitoring arrangements to ensure that Patient's Charter and contract quality requirements are met.
 - Develop quality partnerships approach, participating in joint/shared initiatives with other organisations.
 - With Information Services implement computer based quality monitoring and information system.
- **Complaints**
 - Implement new complaints system and monitor progress in improving response by
 - Repeat survey of complainants' satisfaction with management of complaints.
 - Identify action taken as a result of complaints.
- **Clinical Audit**
 - Implement reporting system to CSAG on audit programme.
 - Review progress in production of audit reports and implementation of action plans.
 - Seek consumer input to audit process.
- **Involvement of Users/Carers**
 - Seek Users/Carers views on Trust policies for discharge and handling complaints and on new services.
 - Complete Mental Health Services Users' Charter and display in all client areas.
 - Develop action plan to improve access to specific services by people from black and ethnic minority groups.

QUALITY

Looking Forward to 1996/97

FINANCE

- **Risk Management**
 - Ensure progressive implementation of risk management programme.
 - Integrate risk management and health and safety activities into mainstream operational activity.
 - Implement Trust policy framework and secure access to policies via computer network.
- **Financial Strategy**
 - A sound financial base has been developed by the Trust, however there can be no room for complacency as the next financial year will be particularly challenging for the Trust due to the anticipated increase in unfunded cost pressures and as Purchasers will seek to continue to:
 - place downward pressure on costs.
 - set tough targets for increases in activity.
 - require quality improvements.
 - market test service.
 - refocus the use of resources.
 - The business context will place a premium on:
 - close strategic partnerships with Purchasers.
 - the development of flexible ways of working.
 - Key objectives for 1996/97 are therefore to:
 - ensure the financial duties are delivered.
 - ensure that effective financial monitoring systems are maintained.
 - maintain effective cash management and investment systems.
 - develop a value for money strategy which identifies potential efficiency gains.
 - maintain a contingency reserve.
 - develop Business Cases relating to planned capital developments.
 - set clear financial and activity budgets for managers to operate within.
 - continue to test the private finance initiative.
 - monitor closely the financial issues relating to the closure of the long stay hospitals.
 - develop costing of services.
 - develop service level agreements with customers.
 - implement new financial systems including the payment of creditors.
 - work towards gaining the Investors in People Award.
 - implement the Trusts new Comprehensive Employment Package.
 - enhance the Trusts performance in paying its creditors within 30 days.
 - develop the administration of the Trust's Charitable Funds.
- **Financial Performance**
 - The vast majority of the Trust's income in 1996/97 will be generated by its contracts with Health Authorities and General Practitioner Fundholders. Other income will be generated by services the Trust will provide to Portsmouth Hospitals NHS Trust. Relatively small levels of income will be generated from non-contact activity and other charges (eg. Health Centre charges). A summary of planned income and expenditure for 1996/97 and 1997/98 is shown over:



Community Nursing

Looking Forward to 1996/97



Gosport War Memorial Hospital

Table 6
Income and Expenditure 1996/97 - 1997/98

| | 1996/97 | | 1997/98 | |
|-----------------------------------------------------|--------------|--------------|--------------|--------------|
| | £000 | % | £000 | % |
| Income | | | | |
| Contracted clinical services income | 91862 | 95.1 | 91862 | 95.1 |
| Other clinical services income | 1069 | 1.1 | 1069 | 1.1 |
| Other income | 3642 | 3.8 | 3642 | 3.8 |
| Total Income | 96573 | 100.0 | 96573 | 100.0 |
| Expenditure | | | | |
| Pay | 61648 | 66.0 | 61648 | 66.0 |
| Non pay | 29828 | 31.9 | 29830 | 31.9 |
| Depreciation | 1975 | 2.1 | 1894 | 2.1 |
| Total Expenditure | 93461 | 100.0 | 93372 | 100.0 |
| Surplus before interest | 3122 | | 3201 | |
| Trust Debt Remuneration (interest and dividends) | (2791) | | -2460 | |
| Retained Surplus | 331 | | 741 | |

The key financial issues that have been addressed in the Trust's Financial proforma include:

- Funding of 1996/97 inflation at 2.73%.
- The level of 1996/97 developments provided to the Trust, totalling £1.5m.
- The level of project funds the Trust will receive, relating to the closure of Coldeast, Knowle and St James Hospitals, totalling £2.8m.
- The impact of the decision by the Health Authority to award the contract for the provision of care to 55 Coldeast clients to a non profit making provider.
- The opening of 30 and 14 bed AMH Units and 8 bed Brain Injury Unit.
- Agreement with the Health Authority to utilise their block allocation relating to the retained estate to enhance the assets which the Trust leases.
- Agreement of the Health Authority to utilise £100,000 to continue the upgrading of the Trust's health centres, and up to £500,000 in relation to the opening of a Substance Misuse Resource Centre for Portsmouth City.
- Price reductions of approximately £300,000 which will need to be financed.
- The need to negotiate funding to finance the recent legal change in responsibility for employers liability claims prior to Trust Status.
- Agreement on revised inter-Trust charges for services provided at Knowle via Southampton Community Trust and provided to/from Portsmouth Hospitals Trust.

- **Efficiency Improvements**

- The Trust is planning to deliver a small level of 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.

Looking Forward to 1996/97

ESTATES & CAPITAL

- **Long Stay Hospital Closure Programme**
 - A final Business Case relating to the 6 capital schemes included on the Trusts PFI Application will be produced in early Summer 1996. This should enable significant projects to be made in relation to the future of services from St James Hospital and Coldeast Hospitals.
 - Outline Business Cases will be prepared during 1996/97 relation to the reprovision of the EMH Services currently located at St James Hospital and Coldeast Hospital.
- **Cashflow**

The successful management of cashflow will be critical to the continued 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 implemented. 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 form part of the financial reporting package to the Board.
- **Estates Strategy**

Complete the final version of the Estates Strategy mid 1996. The strategy will reflect the Trust's overall strategic directions and will identify how to:

 - Enable the existing workforce to meet the demands brought about by operating in a competitively tendered environment
 - Maintain the retained estate to the highest possible standard
 - Meet the capital requirements of the long stay hospital programme
 - Improve the fabric of the existing buildings
 - Meet statutory requirements
- **Capital Schemes**

Commission the following major capital schemes, due to become operational during 1996/97:

 - 30 bed Acute AMH Unit, Locksheath Campus
 - 14 bed Residential AMH Unit, Locksheath Campus
 - 8 bed Acquired Brain Injury Unit, St James Hospital
 - St James Hospital ward extensions/upgrades (Wimbourne/Goddard/Beaton)
- Complete the tendering of the package of Private Finance schemes; due to be let mid 1996 including:
 - 30 bed Acute AMH Unit, Havant and Petersfield
 - 14 bed Residential AMH Unit, Havant and Petersfield
 - 30 bed Acute AMH Unit, Portsmouth City
 - 14 bed Residential AMH Unit, Portsmouth City
 - 8 bed 'habilitation' Unit, Portsmouth City
 - 3 x 5 bed Learning Disabilities bungalows, Fareham and Gosport

Looking Forward to 1996/97

- Complete the planning of the following capital schemes:
 - Substance Misuse Resource Centre - Portsmouth City
 - Substance Misuse Resource Centre - Fareham and Gosport
 - Elderly Mental Health Services re-provision
- **Estates Contract/Management arrangements**
 - Continue improvements in the service provided to users, including:
 - Improved training of staff to maintain services more effectively
 - Regular pre-planned premises visits by Estates Officers
 - Improved contract monitoring reporting procedures
 - Improved complaints reporting procedures
 - Strengthening the management arrangements of the Estates department
 - Review work load planning of maintenance and repair work
 - Reviewing the skill mix within the department
- **Safety Management**
 - Structural Fire Precautions - re-inspecting premises to ensure compliance with Statutory regulations
 - Fire Training - Reviewing the training programme for staff
 - Legionella - Continuation of the programme of improvements.
 - Risk of scalding - Continuing the programme of improvements.
 - Electricity at Work Act - Review the procedures for testing equipment and electrical services
 - Asbestos - Continue the programme for removal of asbestos
- **Energy**
 - Develop an Energy Policy.
 - Review the progress of the energy efficiency programme.
 - Re-focus attention on staff awareness and good housekeeping training.
 - Re-examine medium cost energy saving options

OBJECTIVES FOR 1996/97

- **New Systems Implementation**
 - Continue to implement the final phases of the existing I.T. strategy to provide outpatient and community systems capable of delivering the national contract minimum data set requirements. Most services will have transferred to the new SMS systems by March 1997.
- **Five Year Information Technology and Management Strategy**
 - The Trust has begun to outline its thinking on the potential development of Information and I.T. over the next five years and to clarify the cost consequences. In the next few months this will be reviewed with the Health Authority and a strategy agreed to provide a realistic development and investment framework.

Looking Forward to 1996/97

- **Use of Information**
 - Effort over the last two years has focused on delivering new information systems as cost effectively as possible. The priority has been to provide information for contract monitoring purposes. The priority over the next twelve months will be to move the focus onto the more proactive use of information to help in managing service review and delivery issues. We also need to begin to consider how further developments may help with clinical management and reviews of clinical effectiveness.
- **Service Delivery/Management**
 - Continued development of the functional management structure and technical infrastructure:
 - Complete benefits realisation work to monitor achievement against the expected gains from new systems.
 - Clarify internal service standards/service priorities and support levels.
 - Review the existing F.M. contract and decide the future of F.M. arrangements.
 - Clarify information support requirements in line with the agreed systems strategy and assessment of development and information needs.



Child Health

Conclusion

This programme of objectives will again be demanding. However the overriding goal remains to secure more effective community based health care for local people



Outpatients

Portsmouth HealthCare NHS Trust
BUSINESS PLAN 1996 - 97



Community Nursing



PORTSMOUTH HEALTHCARE NHS TRUST