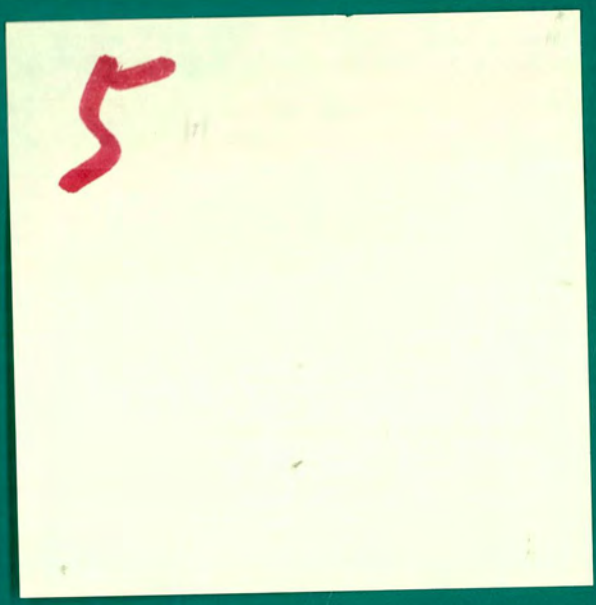


Portsmouth HealthCare NHS Trust



Business Plan

1997/98

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

CONTENTS

	PAGE
Foreword	2
Review of Performance in 1996/97	3 - 14
SUMMARY	3
CORPORATE OBJECTIVES	3
CONTRACTING	3
SUMMARY PERFORMANCE AGAINST CONTRACTS	3
SERVICE REVIEW AND DEVELOPMENTS	4
ADULT MENTAL HEALTH • CHILD HEALTH SERVICES • CLINICAL PSYCHOLOGY • COMMUNITY DENTAL HEALTH • DISTRICT NURSING/MARIE CURIE/NIGHT NURSING • ELDERLY MEDICINE • ELDERLY MENTAL HEALTH • FAMILY PLANNING AND SEXUAL HEALTH • COMMUNITY HOSPITALS • HEALTH PROMOTION • LEARNING • DISABILITY SERVICES • PALLIATIVE CARE • PHYSICAL DISABILITY SERVICES • PODIATRY/CHIROPODY • SUBSTANCE MISUSE • THERAPY SERVICES: OCCUPATIONAL THERAPY, PHYSIOTHERAPY, SPEECH AND LANGUAGE THERAPY • HIV/AIDS • SUPPORT SERVICES: HUMAN RESOURCES, QUALITY, FINANCE, ESTATES AND CAPITAL, INFORMATION AND INFORMATION TECHNOLOGY	
Looking Forward to 1997/98	15 - 31
CONTEXT	15
CORPORATE OBJECTIVES	15
CONTRACTING 1997/98	16
EXTERNAL RELATIONSHIPS	16
EQUIPPING THE ORGANISATION	16
CONTRACTING POSITION 1997/98	17
CONTRACTUAL RISK • GENERAL RISKS	
CONTRACT AGREEMENTS	18
PORTSMOUTH HEALTH AUTHORITY • GENERAL PRACTITIONER FUNDHOLDERS • OTHER HEALTH AUTHORITY PURCHASERS	
OBJECTIVES FOR PATIENT SERVICES	19
ADULT MENTAL HEALTH • CHILD HEALTH SERVICES • CLINICAL PSYCHOLOGY • COMMUNITY DENTAL SERVICES • DISTRICT NURSING/MARIE CURIE/NIGHT NURSING • ELDERLY MEDICINE • ELDERLY MENTAL HEALTH • FAMILY PLANNING AND SEXUAL HEALTH • COMMUNITY HOSPITALS • HEALTH PROMOTION • LEARNING DISABILITIES SERVICE • PALLIATIVE CARE • PHYSICAL DISABILITIES PODIATRY/CHIROPODY • SUBSTANCE MISUSE • THERAPY SERVICES: OCCUPATIONAL THERAPY, PHYSIOTHERAPY, SPEECH AND LANGUAGE THERAPY • SUPPORT SERVICES: HUMAN RESOURCES, QUALITY, FINANCE AND CAPITAL, INFORMATION AND INFORMATION TECHNOLOGY	
CONCLUSION	32

Foreword

This is the fourth Business Plan produced by Portsmouth HealthCare NHS Trust. It aims to review achievement against the last year's plan and to provide a framework to guide the Trust's activities and priorities in the next financial year.

The plan needs to be seen against the context of the Trust's Strategic Direction document "Looking Forward - The Next Five Years" published in September 1994, which sets out

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

Our start point is to review the Trust's performance in 1996/97. Substantial progress has been made in achieving key objectives.

Looking forward, challenges and priorities for the Trust next year include

● Service provision and development

- the increasing focus upon primary care
- contributing to acute services reprovion plans
- the reprovion of long stay hospital services
- responding to pressures on services
- reviewing with Health and Social Service purchasers, joint working arrangements, and key operational issues
- maintaining service quality
- reshaping many of our services
- consolidation of the Trust's provider function in social care
- utilisation of research and development activities/audit findings to improve the evidence base of service provision and enhance effectiveness

● Contracting

- responding to the changing context (i.e. primary care focus with the potential increase in the number of fundholding practices, locality purchasing and the establishment of multi-funds/consortia, secondary care reconfiguration; social care development)
- agreeing and delivering contracts within agreed parameters

● External Relationships

- working with the Health Authority, Portsmouth Hospitals Trust and GP representatives to establish a strategic health vision for the district
- consolidating links with: housing: private, voluntary and independent sector providers; users and carers
- establishing new links with the two local authorities (Portsmouth City Council/ Hampshire County Council) reflecting the unitary authority status of the city and revised management arrangements in the county.

● Equipping the organisation

- ensuring continued value for money
- reducing management costs in line with new targets
- developing and supporting staff

Review of Performance in 1996/97

Summary

This section appraises progress in meeting the objectives for 1996/97 set out in last years Business Plan.

Corporate Objectives

Solid progress was made in delivering priority objectives.

THE REPROVISION OF LONG STAY HOSPITAL SERVICES

- New facilities opened in Locks Heath providing acute and continuing care adult mental health services for Gosport and Fareham; enabling the complete withdrawal from the Knowle Hospital site.
- A Full Business Case has been produced for replacing adult mental health services from St James' Hospital and for reproviding the Hospital Unit at Coldeast.
- Significant reprovision of Coldeast Hospital residential services with alternative accommodation provided within new community houses.

ADULT MENTAL HEALTH SERVICES

- Containment of increasing pressures on residential and community services.

CONTINUING HEALTH CARE

- Continued progress in developing and implementing the service strategy

SUSTAINING THE QUALITY OF SERVICES

- Continuing care criteria agreed and implemented across all client groups.

- Continuing efforts to address quality issues through increased dedicated funding and focused initiatives (e.g. service reviews, Audit, Quality projects).

RESHAPING SERVICES

- Continuing progress made in reshaping services in line with new requirements across all major care groups.

SOCIAL CARE

- Establishment of social care division and further clarification of health and social care functions. (Priority was given to the learning disability care group to enable the early transfer of purchasing/contracting responsibilities.)

EVIDENCE BASED SERVICES

- Substantial audit programme completed
- Establishment of Trust research & development capacity
- Joint research & development support unit launched with Portsmouth University and other local health and social care organisations.

PRIMARY CARE

Continuing local initiatives to provide services that are sensitive to and supportive of general practice and the shift to a primary care focused health service.

CONTRACTING

The Trust's contract income increased by 3% as a result of funded service developments and inflation funding (Note: This was after accounting for funding transfers to our main purchaser to reflect long stay reprovision plans, the closure of Knowle and Coldeast services and CRES programme).

At the end of February 1997 the Trust's activity position was as follows:

Summary Performance Against Contracts

	Annual Target	Total at 30/11/96	Year End Forecast	% +/- Variance
FCEs	12087	11511	12557	+3.8%
Day Care Attendance	55327	46517	50279	-8.28%
Ref OPA	19037	20152	22011	+15.48%
FFCs	1236528	1297458	1405034	+14.47%
OBDs	349256	321645	350885	+1.0%

This indicates that the Trust is expected to exceed contracted activity targets. These targets incorporate a 3.0% activity increase on our 1995/96 contracts.

Review of Performance in 1996/97

Service Review and Developments

ADULT MENTAL HEALTH

Progress against 1996/97 priorities for each of the Trust's contract groupings is summarised below.

● Service development

- Long stay hospital reprovion:
 - Knowle Hospital replacement facilities commissioned and in use from May 1996
 - Full Business Case submitted for Private Finance Initiative schemes
- Service review:
 - Service model developed for primary care counselling, out of hours services and community mental health teams
 - Integrated care process agreed between health and social services (care programme and care management)
 - Trust wide policies introduced
- Fair Oak Service: New service now fully functioning

● Service delivery

- Practice guidelines: New arrangements for supervised discharge; care programme and supervision registers implemented and working effectively
- Training: Further investment in training, focusing on SCIP training
- Bed blocking: Monitoring and follow up action reduced the level of blocked beds
- Capacity: Ibsley facility remained open throughout the year enabling the service to contain increasing demand for acute inpatient care with limited recourse to ECR placements
- Knowle reprovion: Replacement facilities commissioned and in use from May 1996.

CHILD HEALTH SERVICES

● Service development

- Information systems: Introduction of patient based information collection systems improved monitoring
- Sick children: Work in conjunction with Portsmouth Hospitals under way to develop a strategy for the care of sick children in the community
- Child and family therapy service review: An agreed multi-agency strategy has been developed

● Service delivery

- Information for families: All information leaflets revised and updated
- Childrens View: The Trust with the Health Authority and Portsmouth Hospitals Trust won a Health Service Journal award for its work in obtaining children's views. (These views have been reflected in business plans and used to develop a local childrens charter.)
- School health: Each locality's school health services are now led by a locally based consultant.

CLINICAL PSYCHOLOGY

● Service development

- District Clinical Psychologist: Interviews to be held shortly for this post.
- Contract lead group: New arrangements implemented
- Service review: On hold pending appointment to the District Psychologist post

Review of Performance in 1996/97

COMMUNITY DENTAL HEALTH

● Service delivery

- Recruitment to vacant posts: Some success in recruiting to physical disability, adult mental health and child & family therapy. However vacancy levels remain high
- Service provision: Improved response to care group needs in eating disorder, palliative care, child & family therapy, child development, and mental health services.

● Service development

- Oral health promotion strategy: Reviewed with the Health Authority
- Emergency treatment: Continuing increase in numbers of patients referred for emergency treatment
- Information system: Need remains for new patient based information system as part of Trust's overall information strategy

● Service delivery

- Orthodontics: Funding secured for waiting list initiative to respond to high need/demand
- Special needs: Better utilisation of the dental mobile to improve access for patients with special needs
- Poswillo Centre: Additional funding secured to expand service and training for dental nurses being assessed for national accreditation
- Liaison: Good links maintained with the other arms of the dental service (General dental practitioners/hospital services)

DISTRICT NURSING/ MARIE CURIE/NIGHT NURSING

● Service development

- Caseload management: standards developed
- Equity of provision: Overview of day services by GP practice completed Trust wide: for further discussion with Health Authority and Commissioning GPs
 - Night nursing review highlighted inequitable provision: to be addressed next year.
- Health gain: Outcome measures to be developed in two priority areas by April 1997.
- District nursing teams: The development of specialist nursing resources within teams continues.
 - Progress made with leg ulcers and Health of the Nation targets for older people.
 - Named staff within divisions have accepted responsibility for other areas (i.e. diabetes, promotion of continence, tissue viability and stoma care)

● Service delivery

- Skill mix: Discussion ongoing
- Night nursing: Project piloted in Fareham proved effective clinically but expensive. Resources were therefore transferred into existing night sitting services (with a view to looking at the scheme again in the near future)
- Nursing home support: Service specification being prepared with Health Authority, clarifying the district nursing role within nursing homes
- Clinical audit: Audit action plan being implemented (Manual handling, leg ulcer and caseload management)
- Information: New system implemented

Review of Performance in 1996/97

ELDERLY MEDICINE

● Service development

- Acute admissions: Discussions continuing with Health Authority/Portsmouth Hospitals Trust on new models of care and improved diagnostic facilities, integration of Junior Doctor timetables and a new shared admission centre.
- Rehabilitation: Improved throughput as a result of pre-admission visits and other quality projects. Piloted re-organisation of slow stream care
 - Contract groups set up for rehabilitation, acute, day hospitals, stroke and continuing care
- Continuing care: Locally agreed criteria implemented from 1st April 1996 and impact managed (e.g. increased numbers referred with higher dependency and overall shorter lengths of stay)
- Day hospitals: Developed as centres for complex out-patient assessments. New activity currency being developed to inform this process
- Palliative care: Charles ward transferred to elderly medicine contract (from palliative care contract).

● Service delivery

- Information technology: Continued use of Genecis system as part of Trust wide strategy to evaluate clinical information systems
- Accommodation: Appraisal of future accommodation needs and site options completed. Plans to upgrade Acute wards under way.
- Service agreements: Work ongoing to refine service agreements with Portsmouth Hospitals
- Manual handling: Piloted multi-glides; evaluated for use Trust wide
- Research syncope: clinic implemented

ELDERLY MENTAL HEALTH

● Service development

- Continuing care: New continuing care criteria introduced and Trust wide survey of compliance completed - services relocated from Knowle Hospital to Redclyffe House
- Service review: Day hospitals; acute CPN service reviews undertaken
- Patient held records: Establishment of patient held records in Portchester

● Service delivery

- Sixth community team: Team in place
- Ward upgrades: Continued programme of environmental upgrading at St James' Hospital (Exbury and Wimbourne Wards); relocation of Summervale to upgraded accommodation on Lock Heath site
- Quality: Multi-disciplinary patient records developed; further development of lithium testing clinics

FAMILY PLANNING AND SEXUAL HEALTH

● Service development

- Family planning review: Completed
- Second consultant post: Appointed March 1996
- Specialist services: Comprehensive range of specialist services sustained
- Contraception: Additional funding agreed (from recycled funding) for Mirena and Norplant

Review of Performance in 1996/97

COMMUNITY HOSPITALS

- Ella Gordon unit accommodation: Feasibility work on relocation to West Wing, St Mary's Hospital underway
- Information technology: Future requirements still to be clarified
- **Service delivery**
 - Sex Sense service: Future of service clarified with Health Authority
 - Psychosexual counselling: reduction in psychosexual service from April 1996 as only partial funding available for the senior therapist post
- **Service development**
 - GP beds: Health Authority leading a review of usage
 - Service provision: Options to enhance the range of services within community hospitals continue to be explored
 - Community hospitals re-development: The timing and priority for the new community hospitals for Havant and Fareham remain unclear - in the interim upgrading work has taken place at Havant and Emsworth
- **Service delivery**
 - Investors In People: Standards achieved and Award confirmed for St Christophers and Petersfield Hospitals
 - Out of hours services/security: Security upgrades undertaken at Havant and Emsworth Hospitals; security reviews completed at Gosport War Memorial and St Christophers Hospitals

HEALTH PROMOTION

- **Service development**
 - Prescriptions for exercise: Scheme progressed
 - Campaigns: Several focused campaigns completed

LEARNING DISABILITY SERVICES

- **Service delivery**
 - Health of the Nation: Progress achieved on development agenda
- **Service Development**
 - Future service model: The Joint Commissioning Board is currently considering the Model of Service for health needs
 - Health/social care: management/financial arrangements introduced separating health and social care elements.
 - Coldeast closure: Significant progress made in rehousing clients from Coldeast Hospital to community accommodation.
- **Service delivery**
 - Continuing care: A preliminary separation of residential services into specialist health and social care occurred but will require review to reflect the final agreement reached between the health authority and social services
 - Coldeast closure: Services were successfully sustained on site (albeit with some difficulty) during the rundown process.

PALLIATIVE CARE

- **Service development**
 - Service strategy: The Health Authority has recently produced a service strategy (which now needs further discussion with the Trust and other interested parties)

Review of Performance in 1996/97

PHYSICAL DISABILITY SERVICES

○ Contracting: Purchasing responsibility for palliative care services has been returned to the Health Authority

● Service delivery

- Home care service: Successful bid made to the Macmillan Foundation for an additional home care nurse
- Demand: Continued to rise

● Service development

- Young disabled rehabilitation services: Lack of funding prevented this development proceeding. However a revised more limited proposal has been agreed as a 1997/98 development priority
- Continuing care criteria: Implemented
- Hamble brain injury service: Successfully transferred from Knowle Hospital to new unit on the St James' site
- Psychology: Appointment made to new post supporting people with a physical disability (based within Portsmouth Hospitals)
- Respite care: An innovative low cost, respite care service for clients has been established from Joint Finance funding.

● Service delivery

- Recruitment: Some specialist posts (e.g. Hamble unit support) remain difficult to fill
- Equipment: Additional funding attracted to purchase equipment for the Community Home Loans service. However increasing demand is outstripping resources available
- Specialist equipment: Therapist appointed to work with the Home Loans store.

PODIATRY/CHIROPODY

● Service development

- Local services: New clinics established at Paulsgrove Community Centre and within several GP practices
- Nail surgery: Service now available at Havant War Memorial Hospital, as well as Gosport, Petersfield and Queen Alexandra Hospitals

● Service delivery

- Waiting lists: Waiting time standards met
- Efficiency/effectiveness: Contract targets delivered within resources available

SUBSTANCE MISUSE

● Service development

- Resource centres: Planning permission obtained for leased premises in Southsea (Greytown House) and proposal produced for similar facility in Fareham
- Integrated residential services: Proposals utilising existing sites prepared.
- Service strategy: Agreed with Health Authority.

● Service delivery

- Training strategy/service policies: Implementation continued in line with the agreed service model.
- Prescribing programmes: Operational policies developed.
- Audit: Agreed clinical audit projects (including the methadone, amphetamine and home detoxification programmes) completed

Review of Performance in 1996/97

THERAPY SERVICES: OCCUPATIONAL THERAPY

- **Service development**
 - Accreditation: Achieved for clinical placements from Southampton University
 - Community rehabilitation occupational therapist: The first appointment made, to the Gosport/Fareham adult mental health service.

- **Service delivery**
 - Demand: Continued upward trend across all care groups.
 - Recruitment: Marked improvement
 - Skillmix: Review ongoing

PHYSIOTHERAPY

- **Service development**
 - Primary care development: Years 1 and 2 of the proposed 3 year development programme implemented. (Year 3 has not proceeded as no longer part of the Health Authority's priority development programme.)
 - Referral and treatment guidelines: Work continued on the production of guidelines for specific conditions/care groups (e.g. respiratory conditions, stroke, adult mental health/learning disabilities)

- **Service delivery**
 - Recruitment: Marked improvement in recruitment and retention over the past year, although some key posts remain difficult to fill.
 - Learning disability services: Review completed
 - Accommodation: Continuing need to agree future base for physiotherapy services on the St Mary's Hospital site.

SPEECH AND LANGUAGE THERAPY

- **Service development**
 - Verify outcome measures: Work ongoing; revision of certain scales completed
 - Clinical guidelines: Trust guidelines used as a major source of the recently published National Guidelines.
 - New services: Recruitment to new specialist posts difficult

- **Service delivery**
 - Audit: Quarterly audit of specific speech and language therapy standards and audit programme completed.
 - Waiting times: 4.0 wte speech and language therapy posts funded by waiting list initiatives to help reduce childrens waiting times for treatment : significant reduction in waiting times evident as a result
 - Access criteria: Paediatric and adult prioritisation systems introduced and kept under review.
 - Skillmix: Deployment of speech and language therapy assistants and opportunities for increased use of service level agreements kept under review.

HIV/AIDS

- **Service development**
 - Training: Increased education/staff training on HIV/AIDS and sexual health issues
 - Specialist skills: Further development of specialist skills contributing to treatment and prevention programmes
- **Service delivery**
 - Community activities: Increased

Review of Performance in 1996/97

Support Services

HUMAN RESOURCES

- Human resource management activity in 1996/97 focused on supporting the Trusts Business Plan and continuing to develop human resource infrastructure.

Growth and Distribution of Staff

Distribution of Staff	1992 %	1993 %	1994 %	1996 %	1997 %	Target% 1998
Medical and Dental	3.3	4.5	5.5	4.0	4.0	4.0
Health Visiting/Nursing	62.4	62.5	72.5	76	76	76
Professional and Technical	13.3	12.5				
Support Staff	23.1	20.5	22.0	20.0	20.0	20.0
TOTAL NUMBERS (WTE)	2900	2943	3050	3203	3207	3271

● Organisational development

- Communication strategy sustained including staff training, a quarterly newspaper and an improved version of "Communicate". Monitoring shows an improvement in staff satisfaction with communication.
- Staff opinion survey continued with most indicators showing positive improvement in staff opinions on aspects of their employment.
- Revised recruitment policies implemented in 1995 produced some benefits: with most vacancies in child & family therapy and physiotherapy filled. New specific strategies have been developed to resolve recruitment problems elsewhere.
- Use of "benchmarking" to improve effectiveness commenced; using the labour productivity index; visiting other trusts; establishing a benchmarking partner.
- Implications of the national project, "The Future of the NHS workforce" considered and action plan in place.

● Staff development

- Comprehensive "in house" course calendar launched in 1996, reflecting the wide spectrum of training opportunities within the Trust.
- Range of NVQs available extended to include business administration, customer care and NVQ in Care Level III in addition to the traditional NVQs in care for support workers and management.
- Petersfield Community Hospital and St Christopher's Hospital both received the Investors in People Award. Progress continues towards these standards in other parts of the Trust.

● Staff Management

- Employee assistance programme (EAR) extended to cover the whole Trust. Initial evaluation has shown the programme makes a valuable contribution to the well being of staff. A 20% participation rate is anticipated.
- Continued attention to Healthy Work Place initiatives, including measures to reduce stress, promote healthy lifestyles etc.
- Fast track back care scheme developed to enable staff to receive rapid treatment and prevent lengthy absence (funded from non exchequer funds).

Review of Performance in 1996/97

QUALITY

- Review of manual handling arrangements undertaken; revised plans for training, induction, advice, monitoring and equipment implemented.
- Implications of the Disability Act and the Working Time Directive considered; plans to ensure the Trust meets its responsibilities in these areas are being prepared

● Reward strategy

- Trust reward strategy implemented in April 1996; the main component of this being the Comprehensive Employment Package (CEP). By December (after the first 9 months of the scheme) 20% of staff were being paid under comprehensive employment package, having either transferred or been recruited on the package.
- Trust Awards schemes have been implemented to recognise outstanding work. Awards made in February 1997 for both teams and individuals in the categories Pounds Matter, People Matter, Partnerships Matter and Performance Matters.

● Quality monitoring

- Progress in developing quality assurance systems in all contract lead groups
- Monitoring arrangements for Patient's Charter and contract quality requirements reviewed; guidance to staff updated
- Quality partnerships
 - participated in joint initiative led by Portsmouth University to identify strengths and weaknesses in individual organisations' quality management systems
 - worked with Health Authority, GPs and other local providers to monitor and address quality deficits
- Computer-based quality monitoring system not yet implemented

● Complaints

- Revised and implemented complaints procedure to meet national and regional guidance
- Improved response times achieved
- Follow up system in place to ensure action taken as a result of complaints
- Repeat survey to determine complainants' satisfaction with handling of complaint deferred until 1997/98 to allow for new systems to be fully implemented

● Clinical audit

- Monitoring and reporting system on progress of audits revised
- System for assessing quality of audits and audit reports and implementation of action plans introduced
- Consumer input to individual audits introduced where possible

● Involvement of users/carers

- Views of users/carers on Trust's discharge and complaints policies and new service initiatives sought through consultation in three localities
- Progress in developing local mental health service Users' Charter; currently being reviewed in light of new national charter.
- Action plan to inform people from minority ethnic groups about the Trust's services

Review of Performance in 1996/97

FINANCE

● Risk management

- Targets achieved in programme
- Ownership of risk management and health and safety activities by service managers achieved
- Trust policy framework implemented; policies not yet on computer network

● Financial duties

Two of the Trust's three 1996/97 financial duties fully achieved, (i.e. planned income and expenditure targets, 6.2% return on assets); the third (the meeting the external finance limit), was missed only as a result of a technical adjustment.

After completion of contract negotiations for 1996/97, financial programmes were created, containing:

- Allowance for inflation
- Cash releasing efficiency savings
- Recurring developments of £2.8 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 £2.0 million
- A year end forecast of achieving the required Trust financial duties
- A planned efficiency gain of 3%

Programmes actively monitored through the year to identify untoward variances in financial performance and ensure appropriate action was taken.

At the end of February 1997 the Trust was on target to achieve the required financial targets.

● Departmental objectives

- A year of development for the finance function; locating all finance staff together brought significant benefits in terms of accessibility and communications, both within the department and for those who use our services.
- The continuing growth of the Trust has placed considerable demands on the department (for example, a doubling of the numbers of debtor invoices raised and significant increase of staff on the payroll).
- Main highlights and challenges:
 - procurement and implementation of a new general ledger system, "Oracle".
 - Procurement and implementation of a new creditor payments system
 - Reviewing of practices within creditor payments team to meet the Treasury's 30 day payment policy
 - Completing the Trust's final accounts to a tighter timescale, completing trust fund annual accounts for the first time and obtaining an unqualified audit opinion on both
 - Reducing the number of overpayments occurring to staff through greater communication with managers/personnel and a review of procedures
 - Continuing finance support to the Trust's Private Finance Initiative schemes.
 - Supporting the implementation of the Trust's comprehensive employment package

Review of Performance in 1996/97

- Consolidation of the department's internal BTEC finance NVQ scheme
- Reviewing health and safety issues and attempting to improve the working environment
- Supporting the Trust's Declaration on research and development/service increment for teaching to enable new purchaser baselines to be set.
- Commencing work to benchmark the services provided by the department and review financial processes within the Trust.

ESTATES AND CAPITAL

● Estates strategy

- Estates review completed. This identifies the key issues and uncertainties that will affect the management and development of the Estate for the next few years.

● Capital schemes: Schemes commissioned and brought into operation:

- 30 bed acute Adult Mental Health unit, Locks Heath
- 14 bed residential Adult Mental Health unit, Locks Heath
- 8 bed Acquired Brain Injury unit, St James' Hospital
- St James' Hospital ward upgrades (Wimbourne/Exbury)
- Summervale upgrade, Elderly Mental Health
- X-ray refurbishment Gosport War Memorial Hospital
- Havant War Memorial kitchen upgrade
- Gosport War Memorial Hospital, out patient department upgrade

● Feasibility studies

Option appraisal and technical feasibility studies completed include:

- Upgrade/extension of Waterlooville Health Centre
- Upgrade/extension of Cosham Health Centre
- Relocation of services from the Mansion, Coldeast
- Relocation of Adult Mental Health team to Acorn Lodge
- Creation of "Presentation" area at St James' Hospital
- Relocation of services from the Parkway Centre
- Reconfiguration of services on the St Mary's Hospital/Queen Alexandra Hospital sites (Elderly Medicine/Family Planning)

● Estates contract/management arrangements

Sound progress made in developing contract and management arrangements, including:

- Regular pre-planned premises visits implemented
- Improved contract monitoring reports published monthly
- Revised complaints procedure implemented.
- Changes to the management of alteration and improvement schemes
- Increased employment of number of trades staff due to work load pressures

Review of Performance in 1996/97

● Safety management

Significant progress made in the management of health and safety issues.

- Fire: Review of policy and procedures completed. Updated training programme implemented.
- Legionella: Completion of upgrading work to all high and most medium risk premises
- Scalding: Completion of upgrading work to all high and most medium risk premises
- Surface temperature: Contract under way to fit low surface temperature radiators to all high risk premises
- Electricity at Work Act: Review of policy and procedures completed.
- Asbestos: Continuation of removal programme. Asbestos awareness training of estates staff.

● Energy

A new Energy Officer employed to manage all energy matters. Progress being made in development of the energy policy.

● Private finance initiative tender and evaluation process completed for the package of schemes now comprising:

- 30 bed Acute Adult Mental Health unit, Havant/Petersfield
- 14 bed Residential Adult Mental Health unit, Havant/Petersfield
- 30 bed Acute Adult Mental Health unit, Portsmouth City
- 14 bed Residential Adult Mental Health Unit, Portsmouth City
- 3x5 bed Learning Disability bungalows, Gosport/Fareham

● Sites identified for the Portsmouth City, and Fareham/Gosport substance misuse resource centres; and option appraisal work commenced on the St James' Hospital elderly mental health services reprovision.

● New SMS community systems implemented for health visitors, school nurses, district nursing, adult mental health

● Five year information technology and management strategy

- Strategy produced and shared with Health Authority and other key external bodies (i.e. District Audit/Regional Health Authority)

● Use of information

- whilst much remains to be done, progress made in developing out put reports and improving user feedback

● Service delivery/management

- Benefits realisation study completed
- Baseline service agreement/standards established
- Information services department re-structured

Looking Forward to 1997/98

Context

There is a recognised need to develop a strategic vision for health services for the district population as a whole. Joint discussions with the Health Authority, Portsmouth Hospitals Trust and local GP representatives have begun to sketch out a process and priorities. This work will have a significant impact on the Trust's own short and medium term priorities. Whilst the overall strategic picture is not entirely clear the main challenges facing the Trust in the coming year are expected to be as outlined below. These will form the basis of the Trust's objectives for 1997/98.

Corporate Objectives

SERVICE PROVISION AND DEVELOPMENT

- **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 private finance initiative funding is being sought for five schemes and a Full Business Case is nearly complete (Adult Mental Health and Learning Disabilities). This needs final support and agreement from the District Health Authority and Regional Executive before moving on to agree contract terms with the private finance initiative partner with the aim of "starts on site" by the end of 1997.
- **Responding to service pressures:**
Pressures on services locally reflect the national picture; responding to these both strategically and operationally remains a priority.
- **Continuing health care:**
The health continuing care criteria have been successfully implemented across all care groups. There is however a need to work with Health Authority and Social Services colleagues to refine these in the light of operational experience.
- **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 across all specialties; 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 subjected to, or are currently undergoing a fundamental review to ensure they reflect national and/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 determining the Trust's current and future role as a provider of social care services.
- **Evidence based services:**
Using outcomes from the developing audit/research & development functions, we need 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 Trust will work with other local health organisations to establish a potential development agenda consistent with the primary care White Papers "Choices and Opportunities" and "Delivering the Future".
- **Acute services reprovision plans:**
Portsmouth Hospitals Trust has now produced Outline Business Case proposals for a major reconfiguration of local acute hospital services. This has major implications for this Trust both directly - with the potential relocation of services under our management and in-directly in view of the impact such a change would have on local health services as a whole. We will continue to work closely with the Hospitals Trust, Health Authority and GPs in order to achieve the best possible outcome for the local population.

Looking Forward to 1997/98

Contracting

- **Contracting process:**
 The continued evolution of contracting with:
 - greater rigour in service specifications and sophistication in the process adopted for negotiating and monitoring contracts.
 - The emergence of GP Multifunds and associated expansion in the number of local fundholding practices.
- **Joint commissioning:**
 The trend towards more joint commissioning between health and social services purchasers and the associated redefinition of boundaries between health and social care.
- **Primary care focus:**
 The increased purchasing influence of GPs, either through an expansion of GP fundholding or through locality purchasing arrangements.
- **Delivery:**
 Delivering contracts to ensure income is attained to enable the Trust to meet its financial duties.

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. The Trust will seek to further develop a "strategic partnership approach" with other local health organisations.

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, e.g. benchmarking; external comparison; service re-engineering.
- **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 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 up to minimise the effects of local and national shortages of skilled staff.

Looking Forward to 1997/98

Contracting Position 1997/98

CONTRACTUAL RISK

The Trust has to date operated in a relatively stable environment. The local health market has been less of an issue than in some other areas and the majority of the Trust's income has derived from a single Health Authority purchaser. GP Fundholding has been less extensive than elsewhere and local geography and provider service mix does not create significant direct competition with other providers. The financial situation has also been relatively stable with the district being an "equity gainer".

Although the above context will not dramatically alter in 1997/98 there are several recent developments which have the potential to generate great change and need joint managing with purchasers and fellow provider organisations if the best outcomes are to be achieved:

- **Primary care focus:**

The White Papers offer freedom to experiment. Local initiatives are likely to test new ways of working (e.g. GPs seeking direct or alternative employment arrangements for practice support staff; specialist support to GP practices); or to enhance GPs' purchasing roles (e.g. GP led purchasing/multi-funds/further expansion of fundholding). In recent weeks there have been significant developments with:

- Expressions of interest that could lead to the setting up of several GP multifunds locally
- Multifunds attracting a number of currently non fund holding practices to enter the scheme

Although at this stage it is not clear how extensive this development will be it seems probable that a major change in local purchaser configuration is about to occur.

- **Portsmouth Hospitals redevelopment plans:**

Portsmouth Hospitals has produced a draft Outline Business Case for a major reconfiguration of acute hospital services locally. Although the broad direction of a single site District General Hospital at Queen Alexandra Hospital and redesignation of St Mary's Hospital as a Community Hospital is supported, this Trust has suggested that the scale, content and timing of the redevelopment needs to be considered alongside the other strategic priorities for the District in order to ensure the optimum development programme is achieved for the population as a whole.

- **Demand for specialist secondary care and therapy services:**

Given existing difficulties accessing services there is a risk some GP fundholders may seek to purchase from other providers. Despite a full complement of staff the child & family therapy service still experiences long waiting times for access. Demand for physiotherapy and speech therapy services also results in some cases in longer than desirable waiting times. Initiatives to address access problems are being pursued with the Health Authority across the range of service affected (Adult Mental Health; Child and Family Therapy; Therapies; Orthodontics)

- **Capitation funding**

There are suggestions that budget setting for GP fundholders will move from the historic usage basis to capitation funding. The Trust whilst recognising the logic of this will be seeking to ensure this does not have a negative impact on its funding position.

- **Purchasing Role:**

The Trust has several purchaser contracts including :

- Portsmouth Hospitals Trust: We have an inter Trust contract of approximately £4 million for diagnostic and support services provided to us by Portsmouth Hospitals Trust. There has been great difficulty defining the baseline activity and costs. However, work is now close to completion. We will face cost pressures due to price increases (e.g. incineration of clinical waste) and additional activity.

Looking Forward to 1997/98

- Southampton Community Services Trust: Price increases have been notified for the Regional Secure Unit element of this contract.
- Winchester and Eastleigh HealthCare Trust: The 1996/97 contract for residential Childrens Services at Leigh House over performed against baseline levels by £100,000 approximately. The 1997/98 contract reflects the possibility of this situation reoccurring.
- Social care: Work to clarify health and social care functions and responsibilities is underway. The immediate priority area is within the Learning Disability care group where purchasing and contracting responsibility for residential social care is due to transfer to Social Services during 1997. This will result in between £2 - £3 million (approx.) of business being contracted in future with the two local Authorities providing Social Services locally (Hampshire County Council and Portsmouth City Council).

The Trust's approach to managing all such changes will continue to be based on the principle of what is in the best interests of the local population and direct service users.

GENERAL RISKS

The Trust has continued year on year to increase activity levels and achieve cost reductions enabling it to deliver ever more demanding targets. Inpatient activity has been maintained and totals of finished consultant episodes have slightly increased. Out patient referral and minor injury attendances have also continued to rise alongside a significant increase in total numbers of community face to face contacts (approximately 30% in real terms).

This growing workload has generated increasing cost and service pressures throughout the Trust. Key pressure points and risks include:

- General cost pressures: Potential cost pressures of close to £2 million have been identified. Agreement has been reached to absorb a proportion from within the Trust. However several significant unfunded pressures may occur in year (Working Hours Directive/Calman/drug developments etc)
- Clinical services: Most services continue to experience growing demand. Pressures are most apparent, and least containable, within residential services. These are generated by a combination of increasing admission levels (e.g. adult mental health) historically low staffing and funding levels (e.g. elderly mental health services and learning disability services); generally increasing expectations of service quality standards; and recruitment problems.
- Legislative change: There is an ongoing risk from legislative changes (e.g. The EEC Working Hours Directive potentially raises a significant funding issue for the Trust which we have highlighted to the Health Authority). Equally we are still experiencing additional costs from unfunded investment (e.g. training)
- Support services: Infrastructure costs have to date been considered a provider management issue. Growth in demand for support functions like estates, health and safety, information and information technology has therefore required internal funding which has to be found by cross funding. This pressure will continue and therefore constrain potential strategic development.

Contract Agreements

PORTSMOUTH HEALTH AUTHORITY

Most of the Trust's income for 1997/98 will continue to be generated from this contract. The Health Authority's health strategy and purchasing plan highlights its strategic direction and overall priorities. These documents contain no surprises for the Trust given the close ongoing relationship we share and both organisations' respective priorities being broadly in harmony.

The Health Authority settlement includes a 0.5% cost reduction (£400,000 approximately), activity gains and containment of agreed cost pressures; inflation funding at 2.2% and a development programme of £1 million (including additional funding for Learning Disability Services).

The risk exposure on sub contracts managed on behalf of the Health Authority has also been addressed and activity value monitoring made more sensitive.

Looking Forward to 1997/98

GENERAL PRACTITIONER FUNDHOLDERS

Contracts have been agreed with six new GP fundholders entering the scheme from 1st April 1997. This will transfer approximately £1 million from the existing Health Authority contract.

Most of our marginal cost income from other existing GP Fundholding contracts (15 in total) has been retained. However a loss has been identified due to a change in the funding formula for 7th wave Fundholders which we are pursuing with the Health Authority.

OTHER HEALTH AUTHORITY PURCHASERS

We have renewed contracts with four of our external district health authorities (West Sussex; Dorset; Southampton and South West Hampshire; North and Mid Hampshire) with a small growth in income from an increase in quantity and range of services purchased by North and Mid Hampshire Health Authority.

Objectives for Patient Services

Service development and service delivery objectives for 1997/98 are highlighted below. Each contract group has 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.

ADULT MENTAL HEALTH

● Service development

- Service model: Continue to work with social services, Health Authority, GPs and service users to develop a service model to meet the needs of people with severe mental illness and seek in particular to agree the residential services model
- Training: Clarify and respond to staff training needs
- Standards: Develop a clear statement of service specific standards including the Patient's Charter standards (1997)
- Private finance initiative: Seek agreement to proceed with the package of schemes providing replacement residential services (acute/rehabilitation/continuing care) for Portsmouth City and Havant/Petersfield

● Service delivery

- Out of hours service: Improve availability of out of hours services
- Recruitment and retention: Improve staff recruitment and retention in a competitive environment
- Joint care planning/management system: Evaluate pilot of joint health and social services care planning/management systems and implement throughout the Trust.

CHILD HEALTH SERVICES

● Service development

- Responding to need and demand:
 - Develop strategies with GPs and acute providers for care of chronically ill children at home and specialist community focus for particular conditions.
 - Agree criteria for responding to demands for health promotion input to schools.
 - Work with Health Authority to develop solutions to respond to demand for services for children with mental health problems.
- Quality:
 - Implement asthma guidelines in schools;
 - Multi-disciplinary training with parents at the Child Development Centre;
 - Produce integrated children's services leaflet;

Looking Forward to 1997/98

- Implement action plan from Childrens View
- Monitor compliance with the local Children's Charter
- Child protection:
 - Evaluate the current framework and clarify recurring funding arrangements.
- Children with special needs:
 - Identify how to provide a fuller nursing service for children in mainstream schools;
 - Review Health Visitor portage role and share outcome/recommendations with Health Authority and Education Department
 - Database for children with special needs to be operational by December 1997;
 - Review medical and school nursing roles and responsibilities;
 - Increase focused training for health visitors and school nurses;
 - Develop locality child development teams;
 - Pursue ways of meeting identified gaps in services (e.g. challenging behaviour, autism, transitional services for adolescents)
- Child & family therapy services:
 - Expand behaviour management training for health visitors, and set up behaviour management clinics in each locality;
 - develop proposals to provide a local adolescent service;
 - review skill mix in locality teams
- Health promotion:
 - Identify ways of better utilising the 10% public health role of health visitors;
 - integrate health promotion specialist for young people into childrens service contract;
 - develop targeted approach to health promotion across all services related to children;
 - evaluate school nurse/health promotion role
- Child surveillance:
 - Implement and review skill mix pilot in health visiting teams;
 - increase health visitor and school nurse training for selective medicals;
 - review monitoring information provision with Health Authority
- **Service delivery**
 - Information: Provide information as detailed in Promoting Child Health in the Community by September 1997
 - Child protection: Deliver service identified in the contract specification within funding available
 - Child and family therapy service waiting lists: Continue to work with Health Authority on solutions to current waiting list problems

Looking Forward to 1997/98

CLINICAL PSYCHOLOGY

● Service development

- District Clinical Psychologist: Seek to appoint to this new post to provide professional leadership/coordination of clinical psychology services district wide.
- Service review: Review existing services and identify how to improve overall service delivery
- Contract lead group: Implement new arrangements.

● Service delivery

- Vacant posts: Recruit
- Service provision: Ensure this reflects care group priorities/contract targets

COMMUNITY DENTAL SERVICES

● Service development

- Screening programmes: Review
- Poswillo Centre: Further develop use of this facility
- Dental need: Establish the un-met need of people in longer term residential care

● Service delivery

- Oral strategy: Implement revised strategy
- Equipment: Progress equipment replacement programme
- Roles/responsibilities: Clarify respective responsibilities between the three arms of the dental service, in conjunction with the other two parties (Portsmouth Hospitals/ general dental practitioners) and the Health Authority
- Emergency treatment: Respond to increasing demand for emergency treatment including those referred to the Emergency Dental Service

DISTRICT NURSING/ MARIE CURIE/NIGHT NURSING

● Service development

- Increased demand: Work with staff to explore options for responding to increased demand for out of hours service.
- Equity of service provision: Continue to work with the Health Authority/lead GPs to review current access to services and identify any action required
- Specialist services: Utilise the resources identified for public health in order to seek improved specialist services in key areas (e.g. asthma, continence, leg ulcers)
- Quality developments;
 - develop nursing home specification;
 - produce a training programme for paid carers
 - develop joint protocols with specialist nurses (e.g. palliative care, continence);
 - awareness of services with Portsmouth Hospitals;
 - develop continence screening clinics in each division;
 - revise information support for patients with terminal illness;
 - reshape current district nursing teams to enable them to respond to changing needs.
- Health gain: Develop two further outcome measures relating to clinical practice

Looking Forward to 1997/98

ELDERLY MEDICINE

● Service delivery

- Skill mix: On an evolutionary basis design and implement a reshaped district nursing team reflecting current need and demonstrating greater efficiency
- Set team targets: in relation to each contracting element
- Night nursing service: Implement revised service in order to deliver a more effective service.
- Training strategy: Develop and implement a training strategy reflecting changing needs of the service.

Service development

- Acute admissions:
 - Continue to work with Health Authority and Portsmouth Hospitals Trust to produce a strategy for acute admissions.
 - Seek investment in diagnostic support to ensure process of acute admission is efficient.
 - Pursue collaborative work with orthopaedics in response to "United we Stand"
- Quality developments:
 - Continue implementation of strategy to improve care through provision of appropriate equipment (e.g. pressure mattresses, hoists, multi-glides, specialist furniture and medical equipment);
 - continue to develop quality strategies for component parts of the service;
 - conduct further consumer surveys.
 - develop guidance on seating, positioning, wheelchair use, drug protocols etc.
- Service re-provision: Continue to work with Portsmouth Hospitals and the Health Authority to plan the relocation of the elderly medicine service
- Mixed sex wards: Work with the Health Authority to agree a way forward
- Dementia: develop a strategy to manage acutely ill patients who also have mental health problems
- Development proposals: Progress the case for development funding for additional consultant and registrar posts

● Service delivery

- Medical staffing: Review on-call arrangements
- Service agreement: Continue to refine the service agreement with Portsmouth Hospitals covering elderly services access to clinical and support services

ELDERLY MENTAL HEALTH

● Service development

- Inpatient services: Complete option appraisal and devise action plan for inpatient care at St James' Hospital
- Day hospitals: Define the Trust wide model for day hospital services
- Dementia service: Develop a pre-senile dementia service proposal
- St James' re-provision: Further work in accordance with plans to be agreed with Health Authority.

Looking Forward to 1997/98

FAMILY PLANNING AND SEXUAL HEALTH

● Service delivery

- Therapy provision: Develop a more focused approach to therapy provision to ward areas/ day hospitals
- Elderly Medicine: Establish closer links
- Care group coordination: Develop closer Trust wide working links through standardisation of policies and procedures
- Quality: Continue to pursue the case for additional staffing to address baseline quality issues.
- Accommodation: Maintain programme of environmental improvements in patient areas at St James' Hospital (Goddard Assessment and Beaton Assessment ward upgrade)

● Service development

- Family planning review: Implement revised arrangements for HRT prescribing and other changes agreed as part of the review from 1 April 1997 with review by October 1997
- Advance nurse practitioner: Develop the role of advance nurse practitioner
- Accommodation: With Portsmouth Hospitals plan the relocation of the Ella Gordon Unit from the East Wing to the West Wing, St Mary's Hospital
- Information/information technology: Clarify timescales for implementation of new information systems and plan their implementation

● Service delivery

- Demand management: Work with the Health Authority to agree arrangements for maintaining access to services whilst containing demand
- Clinical services: Review the audit of the introduction of protocols for nurse supplying
- Skill mix: Keep under continuous review
- Value for money: Evaluate/compare costs of major suppliers of contraceptive products.

COMMUNITY HOSPITALS

● Service development

- Service provision: Continue to explore opportunities to enhance the range of services within existing Community Hospitals
- Western Wards: Progress proposals for interim Community Hospitals services for the Western Wards in advance of the new Fareham Community Hospital
- GP beds: Work with the Health Authority in reviewing their use.

● Service delivery

- Inter-Trust service agreement: Improve the accuracy and specificity of the existing Agreement, in particular relating to Portsmouth Hospitals access to outpatient facilities in the Community Hospitals and to define funding responsibilities e.g. for drug expenditure.
- Staffing arrangements: Utilise the new Trust Agency contract and divisional banks to help resolve current recruitment difficulties.

HEALTH PROMOTION

● Service development

- Service review: Joint review with Health Authority

● Service delivery

- Specialist posts: Integrate more closely with contract management groups

Looking Forward to 1997/98

LEARNING DISABILITIES 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: Keep under review revised service management and contract management arrangements to reflect the planned separation of health and social care elements of the learning disability services
- Coldeast closure: Complete the closure programme and work with the Health Authority and other providers to ensure a smooth transfer of clients to the new facilities.

● Service delivery

- Service provision: Agree and implement the new model of service and working arrangements

PALLIATIVE CARE

● Service development

- Service strategy: Agree with the Health Authority; identify implications for existing palliative care service providers
- Contracting: Clarify with the Health Authority the Trust's future role in the management of palliative care contracts

● Service delivery

- Demand: Review referral and acceptance criteria in order to maximise the use of specialist clinical skills.

PHYSICAL DISABILITIES

● Service development

- Home loans service: Develop to keep pace with increased demand
- Psychology support: Clarify the future role and operation of the Portsmouth Hospitals based clinical psychology service
- Head injury service: Work with Portsmouth Hospitals to develop a proposal to improve the rehabilitation of people with Head Injury that is supported by the Health Authority
- Continence: Review proposals for an improved continence advisory service
- Continuing care: Provide feedback to Health Authority/Social Services on the implementation of the agreed criteria

● Service delivery

- Continence: Monitor the level of expenditure on incontinence products, and develop locally accessible joint continence clinics with Portsmouth Hospitals.
- Loan equipment
 - In conjunction with the Health Authority agree and implement procedures for the loan of equipment to nursing homes, monitor the demand and work with the Health Authority to manage the impact of this.
 - Determine an equitable distribution of overheads between Health Authority and social services departments.
 - Implement improved customer care and recall services
- Leg ulcers: As a result of the successful pilot scheme adopt the revised approach to the management of leg ulcers throughout the Trust and Audit compliance.

Looking Forward to 1997/98

PODIATRY/CHIROPODY

● Service developments

- Research and audit: Use research and audit results to provide evidence upon which to base future treatment/care, particularly with regard to appliances
- Re-engineering: Consider possibilities in relation to
 - Fast track clinics
 - Assessment only clinics
 - Change practice where there is evidence by effectiveness
- Service specification: Agree with the Health Authority how to proceed with the changes proposed through the review process (e.g. GP only child referral; foot care provision to residential homes)

● Service delivery

- Efficiency/effectiveness: Review skill mix and DNA rates; further consider the possibility of reducing to a single mobile clinic

SUBSTANCE MISUSE

● Service development

- Resource Centres: Open Portsmouth City resource centre and progress the planning of the Fareham and Gosport resource centre
- Combined residential unit: Pilot proposal for a combined residential substance misuse detoxification unit and a combined treatment unit utilising existing facilities at Nelson and Highclere
- Service specification: Agree service specification with the Health Authority and ensure its implementation
- Young people's services: Develop proposals for services for young people

● Service delivery

- Methadone: Review the methadone prescribing programme
- Clinical audit: Develop proposals to audit alcohol and drug services and to monitor the effectiveness of prescribing programmes

THERAPY SERVICES OCCUPATIONAL THERAPY

● Service development

- Portsmouth Hospitals support: Through discussions with the directorates, refocus the occupational therapy service to ensure current demand is met within existing resources
- Discharge: Develop a dedicated discharge technician service
- Peripatetic occupational therapist: Develop a peripatetic role within Portsmouth City

● Service delivery

- Performance measurement: Introduce the Canadian Occupational Performance Measurement Tool across all care groups to evaluate occupational therapy intervention and improve evidence based practice.
- Social care: Work closely with Social Services to minimise duplication of provision.

Looking Forward to 1997/98

PHYSIOTHERAPY

● Service development

- Primary care development: Further develop the primary care physiotherapy model within Health Authority requirements
- Accommodation: Progress accommodation proposals including St Mary's re-provision, Waterlooville Health Centre, Havant Health Centre
- Learning disability services: Develop physiotherapy services to people with a learning disability in line with the health service model
- Referral and treatment guidelines: Further develop condition - specific referral assessment and treatment guidelines

● Service delivery

- Recruitment: Establish the service for the acquired brain injury unit
- Portsmouth Hospitals contract: Maintain good liaison at both clinical and managerial levels.

SPEECH AND LANGUAGE THERAPY

● Service development

- Research and development: Devise a research and development strategy
- Development needs: Specify shortfall and prepare development bids for services for children with special needs; communication aids; administration and clerical support and accommodation needs

● Service delivery

- Caseload management: Implement parent based intervention programmes; consider access and referral criteria and develop alternative strategies for workload management.
- Waiting times: Work with the Health Authority on the reduction of waiting times for treatment; clarify the ongoing funding for the waiting list initiative posts as soon as possible
- Information systems: Specify additional information needs to address current limitations in relation to service needs.
- Multi-cultural services: Consider producing information in other languages
- Service specification: agree specifications for the speech and language therapy role in relation to hearing impaired people, adults with a learning disability and people with dysphagia

SUPPORT SERVICES HUMAN RESOURCES

● Human resource strategy

Work will continue to consolidate the strategy, the targets being:

- to successfully resource a 2% growth
- to maintain staffing levels and minimise vacancies
- to reduce dependency on agency staff
- maintain high level of staff retention
- adapt to changing patterns of demand

● Staff management

- Identify effects of the European Working Time Directive and take action to implement appropriate response
- Consolidate appropriate arrangements to conform with the Disability Act
- Implement a revised strategy for healthy workplaces

Looking Forward to 1997/98

● Organisational development

- Extend arrangements for benchmarking and generate opportunities for development from the process.
- Investigate opportunities for the careful implementation of generic working and implement where appropriate
- Sustain the staff opinion survey to monitor staff satisfaction and the effectiveness of human resource policy.

● Resourcing

- Continue to ensure the Trust has appropriate staff to fulfil its contract obligations
- Move to scheduled rather than reactive recruitment
- Reduce reliance on agency staff by creating in house relief staff
- Ensure that where agency staff are used is within a specific contract with clear performance standards.
- Continue to review rostering arrangements to ensure optimum utilisation of current staff.

● Remuneration

- Consolidate the comprehensive employment package. The target is to have 40% to 50% of staff paid within the package by end of 1997/98.
- Consider the implementation of a staff suggestion scheme to encourage innovation

● Staff training

- Support and participate in the Solent Purchasing Consortium for Education
- Extend standards associated with Investors In People through the Trust
- Make personal development profiles available to all staff to aid their continuous development and updating.
- Strengthen NVQ and other open learning programmes.

● Patient's Charter

- Implement action plans following audits of monitoring arrangements and DNA rates
- Set up monitoring system for the Patient's Charter in mental health services and the local charter
- Improve environments to ensure patient's dignity/privacy protected, using results from survey of patients' views on mixed sex wards
- Establish reliable computer-based monitoring of requirements

● Quality assurance

- Ensure development of key service standards and monitoring/audit arrangements in each care group/contract lead group
- Apply Quality Management Partnerships method to identify problem areas and make good deficits
- Review quality structures in light of change of focus from divisions to care groups

QUALITY

Looking Forward to 1997/98

● Complaints

- Develop, with other local agencies, proposal for repeat survey of complainants' satisfaction and develop action plan for Trust based on results
- Provide regular feedback to staff on complaints and resulting action
- Revise complaints policy in light of experience of first year of new arrangements

● Clinical audit

- Develop role of auditors to establish effective links with contract lead audit groups
- Provide guidance for auditors and audit leaders to improve quality of audits undertaken
- Implement a quality assurance process for audit reports
- Review achievement of action plans

● Involvement of users/carers

- Introduce revised arrangements for local consultation between board members and representatives of carer/user organisations
- Continue initiatives to obtain views of minority ethnic groups in improving access to services

● Risk Management

- Develop risk management strategy in line with Trust's business plan for next three years, identifying annual targets
- Review risk events reporting system and adapt as necessary in light of experience
- Take action on results of security review to improve safety and security of Trust premises and staff
- Implement training arrangements for manual handling, cardio-pulmonary resuscitation and first aid

FINANCE

● Financial strategy

- A sound financial base has been developed by the Trust but next year will be particularly challenging due to an increase in unfunded cost pressures and as purchasers seek to continue to:
 - place downward pressure on costs
 - set tough targets for increases in activity
 - require quality improvements
 - market test services
 - 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 1997/98 are therefore to:
 - deliver the financial duties
 - maintain effective financial monitoring systems
 - maintain effective cash management and investment systems
 - develop a value for money strategy which identifies potential efficiency gains

Looking Forward to 1997/98

- maintain a contingency reserve
- develop business cases for planned capital developments
- set clear financial and activity budgets for managers
- continue to test the private finance initiative
- monitor the financial issues relating to the closure of the long stay hospitals
- develop costing of services
- develop service level agreements with customers
- increase customer involvement via roadshows
- work towards gaining the Investors in People Award
- develop the Trust's comprehensive employment package
- enhance the Trust's performance in paying 95% of its creditors within 30 days
- develop the administration of the Trust's charitable funds
- develop plans for benchmarking financial services and re-engineering the processes of the finance department
- Implement the department's training and development strategy

● Financial performance

- Most of the Trust's income will be generated by its contracts with health authorities and general practitioner fundholders. Other income will be generated by services the Trust provides to Portsmouth Hospitals Trust. Relatively small levels of income will be generated from non-contract activity and other charges (e.g. health centre charges). A summary of planned income and expenditure for 1997/98 and 1998/99 is shown:

Income and Expenditure 1997/98 - 1998/99

	1997/98		1998/99	
	£000	%	£000	%
Income				
Contracted clinical services income	89670	93.9	89573	
Other clinical services income	1250	1.3	1250	
Other income	4574	4.8	4576	
Total Income	95494	100.0	95399	100.0
Expenditure				
Pay	63792		63792	
Non Pay	26387		26015	
Depreciation	1970		2175	
Total Expenditure	92149		91982	
Surplus before interest	3345		3417	
Trust Debt Remuneration (Interest and dividend)	3345		3417	
Retained Surplus	---		---	

Looking Forward to 1997/98

- The key financial issues that have been addressed in the Trust's financial proforma include:
 - The funding of 1997/98 inflation at 2.2%, with the full year pick up of the phased award to be picked up as a key issue for 1998/99.
 - Bridging funds associated with closure of Knowle and Coldeast Hospitals
 - Delivering the 1997/98 financial targets
 - Extension of GPFHs in the seventh wave.
- **Efficiency improvements**
 - The Trust plans 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 ensure financial duties are met.
- **Cashflow**
 - Managing 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.
 - Maintain rigorous debt control, treasury management and cashflow forecasting procedures
 - Prepare regular cashflow forecasts and report to the board
- **Quality**
 - Customer satisfaction surveys: Undertake the third annual survey of customers to seek their views on ways to improve the service
 - Audit:
 - Monitor new works service contract and grounds and gardens contract to ensure compliance with terms and conditions of contract. Monitor the work of the department, supplement and assist staff to undertake their functions or tasks more effectively
 - Audit the process for reporting faults during building defect periods with the aim to improve speed of response
 - Improve communications
 - Within the department - to ensure that sufficient and accurate information is passed to tradesmen to enable work to be undertaken in one visit
 - outside the department - to ensure that users are kept up to date with the progress of works.
 - Responsiveness to change: Incorporate terms and conditions in the new works service contract to allow greater flexibility enabling changes to the quantity and quality of services.
 - Priorities: Revise/update priority rating system for attendance to reported defects to reflect operational service requirements as well as health and safety priorities
 - Training: Continue with the development of a comprehensive training programme to enable all staff within the department to function more effectively.
- **Value for money**
 - Retender works service contract - new contract to commence 1 September 1997
 - Retender grounds and gardens contract - new contract to commence 1 September 1997
- **Estates review**
 - Implement proposals outlined in the Estates review. Undertake feasibility studies in relation to the rationalisation proposals identified in the report

Looking Forward to 1997/98

INFORMATION AND INFORMATION TECHNOLOGY

- **Health and safety**
 - Review the risk assessments previously undertaken for estates related health and safety issues taking into account any changes in the service or health and safety requirements.
- **Energy**
 - develop and implement a staff energy awareness programme
 - monitor and control utility usage and provide reports and advice to users
 - Update and implement the energy improvement programme
- **Premises**
 - Investigate creative approach to improving Trust owned primary care premises
- **New systems implementation**
 - Continue to implement the final phases of the Community Information System strategy to provide systems capable of delivery national mandatory requirements. (Note: all clinical systems will be patient based by April 1998)
 - Improve data processing and information reporting lead times
- **Five year information management and technology strategy**
 - Continue to supplement the Trusts information management and technology strategy
 - Delivery of mandatory and other relevant national Information and Technology strategy initiatives
- **Use of information**
 - Agree standard information reporting with contract lead groups
- **Service delivery/management**
 - maintain effective management of the central support team
 - maintain day to day provision of services and ensure good internal communications on activities
 - Develop workload indicators/performance measures and customer care/support agreements
 - Respond to internal/external audit reports
 - Ensure good internal liaison with service users.

Conclusion

This programme of objectives will again be demanding. However achievement will move the Trust further down the path to meeting the overriding aim of securing more effective community based health care for local people.

Portsmouth HealthCare NHS Trust

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