

Portsmouth HealthCare NHS Trust



6

1998/99

BUSINESS PLAN

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 fifth Business Plan produced by Portsmouth HealthCare NHS Trust. It reviews achievement against last year's plan and highlights the Trust's activities and priorities in the next i.e. 1998/99, financial year.

The document needs to be seen against the context of the NHS White Paper 'The New NHS', emerging local service strategies, and the Trust's Strategic Direction document "Looking Forward - The Next Five Years" published in September 1994. These

- ◆ set out the changing context in which the Trust will be operating;
- ◆ describe the main strategic goals both for the NHS generally and locally; and
- ◆ provide a framework for staff in reviewing professional practice, working arrangements and service organisation to reflect changing patterns of health care provision.

This document starts by reviewing the Trust's performance in 1997/98. On both a corporate and care group level substantial progress has been made in achieving key objectives. It then looks forward at the key corporate challenges and priorities for the Trust next year and objectives for individual care groups and functions. The Plan inevitably is significantly influenced by the White Paper "The New NHS". Major Trust priorities for 1998/99 include:-

- **Partnerships**
 - Developing collaborative/integrated approaches to local service planning and provision
 - Building upon the Trust's existing network of partnerships
- **Quality**
 - Progressing evidence base practice/approaches
 - Reviewing quality strategy/monitoring arrangements
 - Piloting and evaluating new ways of working
 - Developing approaches to Research & Development and education and training
 - Providing the best possible services within the resources available
- **Efficiency**
 - Implementing programmes to ensure that service and financial frameworks are sustainable/deliverable.
- **Information Technology**
 - Agreeing the local health information strategy and the Trust's role within this.
- **Primary Care**
 - Working closely at all levels with the Health Authority and local GP commissioning groups to agree and move forward a joint local vision and plans for primary care.
- **Service Provision and Development**
 - Delivering the Trust's PFI proposals
 - Producing a capital investment strategy
 - Working closely with Portsmouth Hospitals on the reconfiguration of the two existing District General Hospital sites.
 - Delivering the Trust's financial duties.
 - Continuing to address the key issues identified in the Trust's risk management strategy and health and safety priorities.
 - Working with the Health Authority and Social Services to ensure the effective separations of health and social care funding of care services.
 - Establishing plans to recycle and target resources on priority service pressures.
- **Organisational Development**
 - Equipping the organisation to respond to the above challenges.

Review of Performance in 1997/98

Summary

This section appraises progress in meeting the objectives for 1997/98 set out in last years Business Plan. A recurring issue in appraising progress is the change of government in May 1997 and the impact this has had in reshaping the local health agenda.

Corporate Objectives

Service Provision and Development

THE REPROVISION OF LONG STAY HOSPITAL SERVICES.

- Of the three 'old long stay hospitals' originally managed by the Trust, only St James Hospital remains substantially in use. Knowle Hospital formally closed in April 1996 and Coldeast Hospital in April 1997.
- A priority goal throughout the last year has been to secure private finance to deliver five key schemes for new adult mental health (30 bed acute unit Havant/Petersfield; 14 bed rehab unit Havant/Petersfield; 30 bed acute unit Portsmouth City; 14 bed rehab unit Portsmouth City) and Learning Disability (3 x 5 bed bungalow scheme) accommodation. Despite significant local efforts a Full Business Case has yet to be agreed.

RESPONDING TO SERVICE PRESSURES

- There has been an effective response to local service pressures. Trust services have coped with consistently high workloads. The injection of additional funding for schemes to tackle anticipated winter pressures has enabled several ideas to be pilot tested (e.g. Post Acute Nursing Home Care; GP Nursing Home Bed Access; District Nursing Emergency response arrangements; Discharge technician; enhanced Equipment Loan Service.) These will be evaluated for effectiveness and reflections on lessons learnt shared.

SUSTAINING SERVICE QUALITY

- It is difficult to evaluate service quality in such a large organisation. Measured against several proxy indicators however it appears:-
 - Letters of thanks/appreciation remains high.
 - Numbers of formal complaints are constant with previous years.
 - Waiting Time Standards have been maintained - and whilst waiting times for the longest wait service, Child and Family Therapy are still long they, have reduced in year.
 - In many areas staffing levels are less than optimal and improving these remains a priority for the Trust.

RESHAPING SERVICES

- Over the last year there has been a continued reshaping of services to reflect changing needs and requirements.

SOCIAL CARE

- Work has continued to separate funding and management of social care services provided by the Trust. This has concentrated particularly on:-
 - Learning Disability residential services
 - Sheltered employment services
 - Adult mental health continuing residential care

EVIDENCE BASED SERVICES

- The use of clinical audit and research and development evidence to inform service development is still somewhat limited. However the infrastructure is beginning to deliver outputs that are of value in assessing service quality.

ACUTE SERVICE REPROVISION PLANS

- The Trust has worked closely with Portsmouth Hospitals Trust on the development of its outline Business Case and in particular the implications this would have on services managed by the Trust. (e.g. Elderly Medicine, Therapies, Family Planning)

Review of Performance in 1997/98

CONTRACTING

Contract income in 1997/98 increased 2.5% on 1996/97. The Trust is on line to deliver workload targets for 1997/98 to achieve its anticipated income:-

Summary Performance Against Contracts

	Annual Target	Total at 31st January 1998	Year End Forecast	% +/- Variance
FCEs	11804	9775	11782	99.37%
Day Care Attendance	38383	29048	34234	90.82%
Ref OPA	20053	17729	21082	106.09%
FFCs	1320999	1137224	1407053	103.31%

Although there has been a reduction in day care activity brought about by planned service changes against other workload measures we expect to meet if not exceed targets - The number of new outpatient attendance's particularly should exceed the targets by 6/7%.

The internal market approach has been changed significantly in year. The new philosophy is largely encapsulated in the White Paper 'The New NHS' but was becoming broadly evident locally even before publication i.e.:-

- A shift from competition to collaborative/partnerships
- Further impetus towards primary care focus with the emphasis placed upon locality/commissioning
- Joint commissioning more open to provider inputs and influence.

EXTERNAL RELATIONSHIPS

As in previous years the Trust has placed importance on effective joint working with other organisations and welcomes the new emphasis on partnership working that has been increasingly evident over recent months.

EQUIPPING THE ORGANISATION

● Securing and delivery contracts

In year the emphasis has changed away from internal market/competitive approaches towards a more partnership/collaborative approach. However by concentrating on service needs and purchaser requirements the Trust has met workload and quality targets.

● Value for Money

The Trust has delivered a 0.5% cash releasing programme and met its management cost targets. This has been achieved through a number of initiatives - including competitive tendering and service reconfiguration.

● Staff Development/Education

Good progress has been made across a number of areas - e.g. The range of "in house" programmes available to staff has been extended; most groups of staff have training needs reviewed periodically; - personal development profiles are available to all staff as an aid to continuous development; and the implementation of Investors in People continues.

Service Review and Developments

The detailed review of achievements against care group / service objectives is attached at Appendix 1. Significant progress toward objectives is evident in all areas.

HUMAN RESOURCES

● Human resource strategy

- Work has continued to consolidate the strategy.
- Recruitment of staff to new development posts has been largely successful.
- Although some vacancies exist they are at lower levels than in 1996/97.

Review of Performance in 1997/98

- There is less reliance on agency staff as substantial efforts have been made to improve internal banks.
- Staff retention rates have improved - The wastage rate for 1997/98 is anticipated to be 11% as opposed to 13.7% in 1996/97 and 17.5% in 1995/96.

● Staff Management

- Potential impact of European Working Time Directive has been assessed and quantified.
- Work to prepare for compliance with the Disability Act - including revised policies, staff training and recruitment procedures was progressed.
- A number of "healthy workplace" initiatives have been undertaken - These include stress management programmes, a fast track back care scheme; and the development of a mental health at work policy.

● Organisational Development

- Staff opinion surveys continue to show an increase in the level of satisfaction employees have with most aspects of their employment.
- A 15% reported improvement in labour productivity (as measured by the National Labour Productivity Index) has been achieved.

● Resourcing

- Recruitment to vacant posts has been generally successful, although it remains difficult to recruit in some areas.
- Initiatives have continued to improve recruitment (e.g. Scheduled rather than reactive recruitment being pursued in several difficult to recruit areas).
- Improvements made to agency staffing contracts.

● Reward Strategy

- The Comprehensive Employment Package (CEP) now applies to 35% of workforce. It is currently being further developed with staff.
- The 'Trust Awards' scheme has been implemented.

● Staff Development

- The range of "in house" programmes available to staff has been extended and specific programmes made available to meet identified needs.
- A new competency based management development programme has been designed for implementation in 1998.
- Work on the implementation of 'Investors in People' continues with all sections of the Trust making progress towards the standards required.
- Personal development profiles are available to all staff as an aid to their continued development.

● Patients Charter

- Action plans have been developed by care groups following the DNA audit and workshop.
- Monitoring systems have been put in place for new requirements; and guidance for staff has been revised.
- Improvement in patient environments ensuring patients/dignity/privacy achieved through ward upgrades (elderly medicine/elderly mental health).
- The Trust participated in the development of a local Children's Charter.

Review of Performance in 1997/98

● Quality Monitoring

- Continued development of service standards and monitoring/audit arrangements occurred.
- Membership of Quality Forum revised to achieve a sharper focus on care groups.
- Preparation of Trust Wide strategy begun.
- Quarterly divisional reviews extended to monitor actions resulting from clinical audits, risk assessments, risk and critical incident reporting and complaints.

● Complaints

- System for handling complaints was reviewed and revised.
- Number of complaints remained at similar levels to previous years - acknowledgement time improved and increased emphasis on face to face meetings with complainants.
- Guidelines were developed to support the independent review of complaints.

● Involvement of users/carers

- Workshop held on use of focus groups to gather user's views
- Multi-ethnic posters detailing services available displayed in all localities.
- Racial awareness and race relations policy and training launched.
- Review of arrangements for consultation between board members and local residents is in hand.

● Clinical Audit

- System introduced for checking the action taken on audit recommendations.
- Quality of every audit report assessed by Director of Research and Development, Portsmouth University.
- Over 50 audits completed.
- Departmental working practice standards introduced; National Centre for Clinical Audit standards for auditing adopted.

● Risk Management

- Training in manual handling and first aid was fully implemented.
- A contract for cardio-pulmonary resuscitation training is being developed with Portsmouth Hospitals Trust.
- Risk event reporting and database system reviewed and simplified.
- Two year project manager post approved to develop and implement an action plan in response to reviews of security and personal safety.

● Financial strategy

- Financial duties successfully delivered.
- Effectiveness of financial monitoring systems maintained.
- Cash management and investment systems contributed to satisfactory year end position.
- Value for money strategy and potential efficiency gains progressed.

FINANCE

Review of Performance in 1997/98

● Financial Programmes

1997/98 financial programmes established providing for:-

- Allowance for inflation at 2.2%
- Cash releasing efficiency savings of 0.5% of revenue turnover (£450K)
- Recurring developments of £300K
- Bridging funds of £1M
- 99.3% of anticipated income via contracted activity
- An initial capital/non recurring programme of £5M
- Year end target of achieving required financial duties.

Programmes have been actively monitored through the year to identify untoward variances in financial performance and to ensure appropriate action was taken. The Trust is on target for achieving its 1997/98 financial duties.

● Departmental Objectives

The main achievements during 1997/98 have been:-

- Supporting the Trust to achieve its financial duties.
- Completing the Annual Accounts to the required deadline.
- Producing the Trust's first Charitable Funds Annual Report.
- Contributing to the BTEC Finance NVQ scheme and continued work towards IIP accreditation.
- Production of a revised version of the financial training manual.
- Clarifying costs of social care of learning disabilities services, prior to the transfer of purchasing responsibility.
- Consistently getting the payroll out on time.
- Achieving a high degree of integration between the various sections of the department.
- Continuing support of the Trusts major capital and PFI programme.
- Production of service tariffs to deadline.
- Achieving above average return on invested funds.
- Successfully producing the required documentation for income tax self assessment within agreed deadlines.
- Improving performance against the public sector creditor payment policy target.

● Quality

- *Customer Satisfaction Surveys*: standardised customer feedback questionnaires introduced for repairs and maintenance work.
- *Audit*: New works service contract contains post - contract monitoring arrangements.
- *Communications*: Improved specification within new works service and grounds and gardens contracts including changes to the priority response times for defects to reflect operational as well as health and safety priorities, and updated terms and conditions.
- *Training*: Technical/Professional update training implemented.

Review of Performance in 1997/98

● Value for Money

- *Retender works service contract* - new contract let from 1st October 1997 - enhanced specification and annual revenue saving of £90K.
- *Retender grounds and gardens contract* - New contract let from 1st September 1997 - increasing specification with costs retained within existing budgets.

● Estate Review

- *Investment priorities*: comprehensive review of the estate completed and investment priorities identified within a proposed 5 year investment programme.
- *Community Homes*: Comprehensive review of all Learning Disability community homes completed and proposed improvements programme produced.

● Health and Safety

- *Risk Assessments*: External audits for legionella, water and surface temperatures completed.
- *Fire Audit*: Completed for St James.
- *Fire Safety*: Revised policy/procedures agreed and roll out programmes implemented.
- *Lifts Audit*: Lift health and safety audits completed.

● Energy

- *Utilities*: Major improvements to the monitoring and control of utilities usage.
- *Energy Improvement Programmes*: Progressed.
- *Staff Awareness*: User awareness/training programmes to be implemented.

● Premises

- *Primary Care*: Discussions held in year to seek to identify ways of financing major improvement programmes.
- *Premises Maintenance*: Approx. £1M invested in extraordinary premises/estate maintenance schemes.

● Capital - Major schemes completed include:-

- Kingsway House (Substance Misuse Resource Centre)
- The Potteries (New Divisional HQ for Fareham/Gosport) and North Block, St Christopher's (Substance Misuse Resource Centre)
- Acorn Lodge/Cavendish House - Improved security
- Hambrook Ward, SJH (mini upgrade)
- Goddard Assessment Unit, SJH (major upgrade)
- Beaton Assessment Unit, SJH (major upgrade commenced)
- Beaton Day Unit, SJH upgrade
- Coldeast: Whiteley Wood and Warsash House - environmental improvements
- Coldeast: G and H villa's - conversion to enable withdrawal from Mansion
- Somerstown Health Centre - enlarged treatment room
- Gosport War Memorial OPD - doors and reception improvements and new dining/coffee room.

Review of Performance in 1997/98

INFORMATION AND INFORMATION TECHNOLOGY

- **New Systems Implementation:** New SMS Community System successfully implemented. Virtually every professional discipline now has a patient based information system.
 - Project plan to extend remote access to the outpatients module currently being developed.
 - Data processing and lead times have been reduced (from 4 to 3 weeks) and accuracy of data following processing improved.
- **Five year information management and technology strategy:-**
 - Good progress in moving forward the Trust Strategy.
- **Use of Information**
 - Standard information reporting has been agreed with most services.
- **Service Delivery/Management**
 - Day to day systems management has been reviewed and updated.
 - Several internal and external audits completed and actioned (e.g. on computerised information and networking arrangements).
 - Review of organisation structure, including grading and staffing levels completed and implemented.
 - Extensive programme of clinical staff training undertaken to correspond with new systems implementation.

Looking Forward to 1998/99

Context

The White Paper "The New NHS" sets the context for the next few years. The full implications of the change in direction signalled is yet to be fully translated into a vision for health services locally. However work has already started on producing a Five Year strategy framework and priorities which could evolve into the Health Improvement Programme (HIP). Both the White Paper and the local strategy will have a significant impact upon the Trust's own short and medium term priorities.

Although there are undoubted service pressures and funding issues, maintaining financial stability in the local health economy remains crucial to achieving the developmental agenda. Key issues underpinning the Trust's objectives for next year are:-

● Partnerships:

- The White Paper sets out how the internal market will be replaced by a more collaborative/integrated approach based on recognition of 'interdependence' rather than independence of the organisations responsible for planning and providing health care.
- The goal of working in partnership with other organisations has been one of the Trust's core values since its inception. There is a sound history locally of effective joint working. The added impetus given to this by the White Paper is welcomed and will be strongly supported by the Trust.

● Quality:

The White Paper aims to make 'quality of the care' the main focus for all health organisations. National initiatives which will help achieve this include:-

- A new evidence based National Service Framework; to ensure consistent access to services and quality of care.
 - A new National Institute for Clinical Excellence to give a strong lead on clinical and cost effectiveness.
 - A new Commission for Health Improvement, able to intervene where a situation is unsatisfactory.
 - A new way of measuring performance; and
 - A new statutory duty for quality on NHS Trusts.
- Locally we can expect:
 - evolution of new Primary Care Groups to shape services for patients;
 - the further development of quality standards for each service;
 - a new system of clinical governance; and
 - the continued expectation that we deliver on the Patients Charter requirements
 - These will build on existing initiatives i.e.:
 - Primary Care Commissioning Pilots
 - Collaborative work through the local Research and Development Support Unit, 'in house' research and development, and clinical audit.
 - The Trust's commitment to embedding education and training in all aspects of its work.

The Trust is committed to providing the best possible services within the funding available and will be developing a quality strategy and initiatives to improve patient/client care.

Looking Forward to 1998/99

EFFICIENCY

- The need to promote efficiency continues to be a priority. The locally agreed Service and Financial Frameworks principles commit the Trust to:
 - Fund the first £250,000 of any in year cost pressures
 - Recycle 0.5% (£490,000) of annual revenue spend on agreed quality improvements
 - Contribute £250,000 toward the development programme; and
 - Deliver the National efficiency index requirements.
- We also need to contain additional cost pressures above the figures quoted above. Programmes to contain costs will include:-
 - i) Targeted reduction in management cost expenditure.
 - ii) Divisional/care group requirement to identify recycling proposals; and
 - iii) A focused "value for money" programme.
- The Trust will continue to use benchmarking, external value for money audits and national reference documents to improve understanding of how our services and costs compare with those of similar organisations.

INFORMATION TECHNOLOGY

A new national information strategy for the NHS, to support the drive for quality and efficiency is imminent. Locally each health organisation has recently produced an information strategy. These are broadly complementary and the need to promote integrated local systems is agreed. Objectives for the coming year include:-

- Linking the Trust to the NHS net; and
- Seeking to establish a whole district development programme for clinical links between primary and secondary care. This would enable us to address issues such as automatic transfer of diagnostic test results, discharge communications, remote outpatients bookings; as well as linking the organisations through 'E-Mail' facilities.

PRIMARY CARE

The White paper sets the new direction for the organisational development of primary care. Fundholding approaches are to be replaced with Primary Care Groups, bringing together GPs and community nurses across a number of practices within localities. Locally the GP Commissioning Pilots Project provides a base from which to develop different primary care models. It is likely that at least one of the locality pilots will wish to move rapidly towards free standing status and possibly to becoming a Primary Care Trust.

The Trust will work closely with the Health Authority and Local GP Commissioning Groups at all levels to agree the way forward and to plan how any changes will be managed.

SERVICE PROVISION AND DEVELOPMENT

A number of service issues are ongoing.

- **The reprovision of long stay hospital services/estates strategy.**
 - The Trust continues to progress a Private Finance Initiative package. Reaching a final conclusion on the funding arrangement for this is urgently needed to enable the five key schemes to proceed with minimal further delay.
 - Negotiations are well advanced on a plan to relocate Havant/Petersfield Adult/Elderly Mental Health Services community teams from the Parkway/Potash Terrace sites to new purpose built accommodation elsewhere within Havant.
 - It is hoped a number of other schemes can move forward in the next twelve months to address accommodation pressures.

Looking Forward to 1998/99

- Following a comprehensive Estates Review it is intended to produce a five year investment strategy for targeting capital and non recurring block allocation funding towards agreed priorities.
- Portsmouth Hospitals will be progressing the agreed Outline Business Case for Acute Services reconfiguration. There are significant implications for services managed by this Trust as well as a broader impact on local health services as a whole. We will continue to work closely with other local health organisations to achieve the best possible outcomes for the local population.

● Delivering Trust Financial Duties/Service Agreement Requirements:

- Retaining financial stability is essential to enable the organisation to concentrate on the demanding development agenda. We will need to continue to deliver on the statutory financial duties and meet financial targets agreed with the Regional Office; i.e. retained surplus income and expenditure, operating surplus rate of return and our EFL.
- The Trust will also have demanding workload targets to achieve whilst ensuring quality requirements are met.

● Risk/Health and Safety:

- Work will continue on issues identified in the Trust's risk management strategy and the action points agreed following the Health and Safety Executive Inspectorate visits in 1996/97.

Priorities include:-

- Review of new manual handling arrangements/strategy;
- Implementation of CPR training; and
- Physical security/staff safety arrangements;

● Social Care:

- Work with the Health Authority/Social Services Authorities to complete Section 28A Transfer agreements (e.g. for learning disability residential services; sheltered employment services).

● Responding to Service Pressures

- The Trust will establish action plans to target recycled resources toward priority areas of service pressure (e.g. residential services/drug expenditure).

ORGANISATIONAL DEVELOPMENT

In order to respond to the above challenges, a number of short term organisational development priorities will be pursued:-

- Reviewing the Trust Board structure.
- Reviewing the Trust's strategic directions.
- Developing ways to inform, involve and equip staff for any future changes; and
- Developing a plan to deliver the principles set out in "Managing Human Resources in the NHS".

SERVICE AGREEMENTS

These will need to be finalised with all our commissioners. Most of the Trust's income for 1998/99 will again be generated from the service agreement finalised with Portsmouth and South East Hampshire Health Authority. The anticipated value of this agreement is £86M which includes:-

- Rollover contract value
- Inflation funding at 3.6%
- Development funding of £750K approx. to be agreed by the Health Authority - including £100K to cover growth in workload, funding for other service developments including drugs, (Ritalin/Aricept/Colazapine), and additional AMH Consultant staffing. Additionally, waiting list funding for existing initiatives relating to Speech Therapy and Child & Family Therapy services have been renewed for a further year.

Looking Forward to 1998/99

The Trust will generate internal funding to cover the first £250K of unavoidable cost pressures and £460K approx. for internal recycling for agreed quality improvements (including investment in security/staff safety, CPR training, manual handling equipment, infection control arrangements).

No major commissioning shifts are envisaged. Workload targets for each care group/service will be agreed on the basis of the anticipated year end activity levels projected at the end of the 3rd Quarter of the 1997/98 financial year.

Discussions have been held with representatives of all of the local GP Fund Holders who contract with the Trust. This has confirmed a broad approach for 1998/99 based on flexible block contract agreements, with scope for joint discussion during the year to reflect any apparent under or over delivery. Again no major shifts of commissioning are expected.

It is also anticipated that contracts will be renewed with our four 'external' District Health Authority Commissioners (West Sussex, Dorset, Southampton and South West Hampshire and North and Mid Hampshire). Some loss of income is expected mainly from a signalled intention by Dorset Health Authority to withdraw from use of our residential substance misuse service in year. Other means of recouping the loss of income (£40K pa approx.) will be pursued - in particular considering scope for increasing ECR income.

Objectives for Patient Services for 1998/99

Service development and service delivery objectives for 1998/99 are highlighted below. These reflect priorities agreed with our commissioners. Each contract group has overall responsibility for progressing objectives within their care group/service area. Individual targets and responsibilities will be agreed as part of the performance review process.

ADULT MENTAL HEALTH

● Service development

- *Community Mental Health Teams*: Implement agreed operational policy.
- *Out of Hours Service*: Review the service provided by the Trust and consolidate support for clients with priority needs.
- *Developments*: Implement any newly commissioned services (counselling, additional medical support, dual diagnosis, etc.)
- *Joint Action Plans*: Develop and implement joint action plans with Social Services for improved local services.
- *Service Strategy*: Work with other agencies to develop an agreed service strategy.
- *Residential Services*: Respond to the ongoing pressures on residential services and with the Health Authority seek to agree the overall residential service model - including acute/rehab and long stay elements.

● Service delivery

- *Recruitment*: Maintain/improve recruitment to the service.
- *Drugs*: Manage the cost pressures associated with drugs and medicines.
- *Risk Management*: Further improve the risk management process including workload management systems.

Looking Forward to 1998/99

CHILD HEALTH SERVICES

- **Service development**
 - *Autism*: Develop in-house service for autism.
 - *Sick Children in the Community*: Implement any agreed service development in collaboration with Portsmouth Hospitals.
 - *Specialist Health Service for Adolescents with Mental Health problems*: Develop service.
 - *Health Needs Database and School Health Module*: Develop/implement.
 - *Children's Charter Mark*: develop in conjunction with other health providers /commissioners.
- **Service delivery**
 - *Child Protection*: Expand the role of the designated doctor.
 - *Child and Family Therapy Service Strategy*: If funding is available implement next stage of the development.
 - *Skill Mix*: Review skill mix within the health visiting team
 - *School Health Services / Services for Adolescents with Physical disability*: Review provision.

CLINICAL PSYCHOLOGY

- **Service development**
 - *Psychology Review*: Review services with regard to professional organisation, budgetary resources and service provision.
 - *Service Model*: Seek to develop more integrated models of service provision informed by care group needs, national guidelines and local priorities.
 - *Joint Working*: Clarify the relationships between psychology services, primary care counselling and psychotherapy.
- **Service delivery**
 - *Recruitment*: Recruit to unfilled posts as directed by the review.
 - *Care Group Roles*: Clarify the roles and responsibilities of clinical psychologists within each care group.
 - *Primary Care*: Respond to any service issues arising from the GP commissioning pilots.
 - *Contract Lead Group*: Implement new arrangements.
 - *Workloads*: Agree specific activity targets for individual posts and implement a system of data monitoring.

COMMUNITY DENTAL HEALTH

- **Service development**
 - *Future Role*: Adapt the service to reflect the locally agreed future role.
 - *Management Arrangements*: Implement revised Trust wide management arrangements.
 - *Accommodation*: Continue to seek accommodation options to serve Fareham western wards.
 - *Oral Health Promotion*: Further develop the service in co-operation with the Health Authority.
- **Service delivery**
 - *Poswillow Centre*: Develop the newly introduced sedation clinic.
 - *Radiological Protection*: Ensure radiology practice conforms with recently published guidelines.
 - *Oral Health Strategy*: Produce baseline data.

Looking Forward to 1998/99

COMMUNITY HOSPITALS

- *Training*: Provide training in close support dentistry.
- *Clinical Audit*: Continue to refine clinical audit programme incorporating Health Authority requirements.
- *Recruitment*: Continue to explore options to address current recruitment problems.
- *Partnerships*: Maintain/enhance existing good links with GPs/hospital services.

- **Service development**

- *GP Bed Usage*: Progress the work commenced through the Health Authority led review.

- **Service delivery**

- *Formulary Drugs*: Review use of.

DISTRICT NURSING SERVICES

- **Service development**

- *Strategy*: Develop a strategy for primary care nursing teams.
- *Out of Hours*: Develop a more appropriate out of hours service.
- *Leg Ulcers Model of Care*: Implement across disciplines
- *District Nurse as Care Manager*: Seek to further extend this initiative.

- **Service delivery**

- *Specialist Nursing*: Launch the revised specialist nurse roles.
- *Continence*: Improve continence training and stock control.
- *Learning Disabilities*: Increase knowledge and skills in relation to patients with a learning disability.
- *Record Keeping*: Reduce documentation while maintaining safe and accountable practice.
- *Training*: Identify time / opportunity to enable the implementation of the training strategy.

ELDERLY MEDICINE

- **Service development**

- *Fractured Neck of Femur*: Participate in the development of care pathways for treatment of fractured neck of femur.
- *Mixed Sex Wards*: Agree short term strategy for the remaining mixed sex accommodation.
- *Diagnostic Services*: Evaluate and improve access to diagnostic services.
- *Mental Health*: Research impact of patients with mental health problems in elderly medicine.

- **Service delivery**

- *Service Provision*: Agree plans for relocation of services in Edge wards, QAH and East Wing, St Mary's Hospital and maximise opportunities to re-configure rehabilitation beds.
- *Winter Pressures*: Evaluate strategies piloted through winter pressures action plan.
- *Drug Boxes*: Review implementation of scheme on Amulree Day Hospital and pilot use of patients own medication on Victory Ward.
- *Drugs*: review impact of new drugs.
- *Medical Staff*: Resolve on-call and training arrangement for middle grade staff.
- *Consultant Cover*: Secure sufficient consultant time to cover all sessions.

Looking Forward to 1998/99

ELDERLY MENTAL HEALTH

● Service development

- *Staffing*: Examine internal utilisation and pursue with the Health Authority the need for resources to improve staffing levels in residential areas.
- *Day hospitals*: Address the need for specific day hospital provision in Havant and Petersfield.
- *Aricept*: With the Health Authority manage the introduction of Aricept and associated drugs.
- *EMH Strategy*: Progress with the Health Authority, Social Services and key voluntary groups proposals for a shared strategy for EMH services.

● Service delivery

- *Environments*: Continue upgrade of residential service environments (Fernhurst/Gables)
- *Standards of Care*: Further develop standards of care and skills of staff.

FAMILY PLANNING AND SEXUAL HEALTH

● Service development

- *Telephone Helpline*: Consider introduction of a telephone advice / helpline.
- *Equipment*: Produce case for purchase of scanner for use in the unplanned pregnancy clinic.
- *Accommodation*: Pursue relocation of the Ella Gordon Unit to West Wing, St Mary's Hospital.
- *Clinical Nurse Specialists*: Further develop clinical nurse specialist role.

● Service delivery

- *Skill Mix*: Further review.
- *Liaise with GUM re*: Sexually transmitted infections, especially Chlamydia screening to ensure testing is available where appropriate.
- *Clinical Audit*: Implement action plans from completed audits.
- *Data Collection*: Implement new systems.

HEALTH PROMOTION

● Service development

- *Our Healthier Nation*: - Work with Local Authorities and other key organisations within the 3 settings identified (workplaces; schools; neighbourhoods)

● Service delivery

- *Quality*: Develop Health promotion Quality standards.
- *Health Improvement Programme*: Utilise skills knowledge and local information on health needs to contribute to the development of the Health Improvement Programme.

HIV/AIDS

● Service development

- *Funding*: Seek funding to develop new proposals e.g. dual diagnosis service; and continued funding for existing services of extension of Gay Mens Health Promotion Service and Oral Hygiene service for Substance Misusers.
- *Public Education Initiatives*: Clarify with the Health Authority arrangements for continued involvement in public education initiatives.

Looking Forward to 1998/99

LEARNING DISABILITIES SERVICES

- **Service delivery**
 - *Quality*: Provide quality services for people affected by or at risk from the HIV virus including specialist care and effective needs led interventions.
 - *Service Specification*: Assist the Health Authority in completing a stocktake of all services funded by HIV/Aids sources and finalise an appropriate service specification.
- **Service development**
 - *Coldeast Reprovision*: Progress plans for provision of Sarisbury Bungalows / House Profile 21 and complete upgrade work on the Hospital Unit.
 - *Health Model*: Agree model with Health Authority and commence implementation programme.
 - *Section 28A Transfer*: Complete the process for transfer of residential services between health/social care and establish the Trust's role as a social care provider.

PALLIATIVE CARE

- **Service delivery**
 - *Epilepsy*: Evaluate the need and prepare proposal for specific service for people with epilepsy.
 - *Dual Diagnosis*: Assess needs for a specific service for people with clinical diagnosis Mental Health / Learning Disabilities.
- **Service development**
 - *Clinical Staffing*: Progress detailed plans for second consultant post.
 - *Clinical Leadership*: Work with the Health Authority to implement the new arrangements for planning / developing palliative care services locally.

PHYSICAL DISABILITY SERVICES

- **Service delivery**
 - *Joint Working*: Establish lead clinician and additional consultant post and clarify / develop joint working arrangements with other providers - particularly Portsmouth Hospitals and Countess Mountbatten House.
- **Service development**
 - *Rehabilitation Services for Younger Disabled People*: Produce second phase development funding bid.
- **Service delivery**
 - *Access to Premises*: Undertake access audit of Trust premises and consider implications of this and the Community Health Council's existing report on this issue.
 - *Respite Bed Usage*: Undertake statistical review of disability returns for respite bed usage.

PODIATRY

- **Service development**
 - *Management Arrangements*: Implement and monitor new management arrangements.
 - *Decommission Ageing Mobile Unit*: Re-provide service in GP or other suitable premises.
- **Service delivery**
 - *Clinics*: Expand Fast Track and assessment only clinics.
 - *Diabetes*: Implement Trust-wide use of baseline diabetic assessment.
 - *Specialist Clinics*: Refocus service on specialist clinics where appropriate.
 - *Audit*: Progress audit and monitoring priorities identified in podiatry business plan.

Looking Forward to 1998/99

SOCIAL CARE

- **Service development**
 - Assess new business development opportunities.
 - Develop strong working relations with Social Services commissioners.
 - Develop links into client and user groups for feedback and comment.
- **Service delivery**
 - Train and develop staff to ensure continued high quality care for clients.
 - Complete Section 28A Funding Transfer for Sheltered Employment Services.
 - Monitor and evaluate residential social care delivery with Social Services staff.

SUBSTANCE MISUSE

- **Service development**
 - *Dual Diagnosis*: Develop service provision for clients with dual diagnosis (Mental Health / Substance Misuse)
 - *Policies*: With the Health Authority agree policies for the provision of Hepatitis B and HIV testing.
 - *Training*: Develop appropriate training programme for staff and clarify the role of the health care support worker.
- **Service delivery**
 - *User Input*: Maintain and develop active user involvement to inform service delivery.
 - *Combined Residential Unit*: Seek to agree permanent integration of the residential substance misuse services.
 - *Partnerships*: Improve external relationships with other agencies, purchasers, GPs both locally and on a national / international front.
 - *Adolescent Project*: to monitor the pilot project for adolescents with substance misuse problems and to seek ways of addressing the longer term needs for this service.

THERAPY SERVICES:

OCCUPATIONAL THERAPY

- **Service development**
 - *Management Arrangements*: Implement new organisational arrangements.
 - *Rehabilitation Development*: Implement Phase Two PHT rehabilitation development.
 - *Service Integration*: Encouraging discussion on integrated purchasing for Health/ Social Services OT.
- **Service delivery**
 - *Paediatric OT*: Review service.
 - *AMH OT*: Review services.
 - *Canadian Occupational Performance Measure*: Evaluate use of this approach.
 - *Service Information*: Consider need for more patient focused information highlighting value-added from OT interventions.

Looking Forward to 1998/99

PHYSIOTHERAPY

- **Service development**
 - *Primary care*: Respond to the needs of the locality primary care pilot schemes.
 - *Guidelines*: Develop guidelines for paediatrics and learning disability.
 - *Traumatic Brain Injury*: Recruit to slow stream post. Develop clinical guidelines. Develop community teams if funding becomes available.
- **Service delivery**
 - *Practice Based Waiting List Scheme*: Pilot arrangement in Gosport and work closely with RN Hospital Haslar to ensure equity of service delivery.
 - *Portsmouth Hospitals*: Ensure physiotherapy service consequences are identified on any development proposals.
 - *Staffing*: Continue to review posts as they become vacant.
 - *Training*: Continue to provide comprehensive in-service training programmes for all staff.
 - *Service Delivery*: Continue to deliver service within workload/quality parameters agreed.

SPEECH AND LANGUAGE THERAPY

- **Service development**
 - *Parental-based intervention programmes*: Implement and evaluate as part of the departmental Research and Development programme
 - *Children with Special Needs*: Develop proposals for paediatric special needs input in line with the green paper requirements.
 - *Ear, Nose and Throat and Head and Neck*: Continue to work towards developing specialist speech and language therapy services in these two key areas in line with GP commissioning and Calman cancer strategy.
- **Service delivery**
 - *Communicating Quality*: Review, revise and update standards in line with Royal College of Speech and Language Therapy.
 - *Priority Settings*: Review current system for prioritising clients and identify options for managing low priority long-time waiters.
 - *Communications Aids*: Agree allocation criteria, implement equipment monitoring arrangements and clarify policy for repairs and maintenance.
 - *Information*: Develop reporting / access skills to utilise information available from new system.

SUPPORT SERVICES

HUMAN RESOURCES

- **Human resource strategy**

Continue to update and consolidate the strategy, including:

 - Resourcing to maintain current levels of service
 - Minimising vacancies and further reducing dependency on staff agencies
 - Maximise staff retention
 - Adapting to changing patterns of demand
 - Maintaining the commitment of employees to Trust objectives
 - Develop a R & D capacity

Looking Forward to 1998/99

● Staff management

- Prepare for the implementation of the Working Time Directive / and minimum wage
- Develop a partnership with staff and representatives to resolve and eliminate low pay
- Implement the mental health at work policy
- Keep under review the two way communication with employees
- Prepare for replacement of the current personnel computer system
- Implement the whistle blowing policy

● Organisational development

- Support the implementation of the White Paper
- Establish a research and development initiative particularly aimed at informing optimum skill mix, workforce size and job roles
- Prepare and integrate a work force plan to guide investment in staff over the next five years
- Support the development of primary care commissioning and provision.

● Resourcing

- Investigate and develop ways in which some groups of people, who currently find it difficult to participate in the workforce can join the trust i.e. lone parents
- Establish bridges to help currently unemployed people to participate in the workforce
- Re-establish a back to nursing initiative
- Establish partnership with student health care workers

● Remuneration

- Increase participation in the Comprehensive Employment Package (CEP) to 40% - 50%
- Develop the CEP in line with ideas developed and tested with staff groups
- Ensure remuneration is commensurate with the need to attract staff

● Staff development

- Generate a Trust wide staff development plan which indicates priorities for expenditure
- Implement a new management development programme
- Establish a Trust education centre
- Work to implement successfully the new arrangements for undergraduate nurse training
- Review provision of NVQ

● Improving the Service

- Develop a quality strategy which:
 - Integrates the clinical audit, risk management and complaints functions with the quality monitoring and reporting systems, making more effective use of existing information
 - focuses on the users experience
 - responds to national developments
 - clarifies the roles and function of the Quality Forum and the Quality Facilitators

Looking Forward to 1998/99

- **Involvement of Users/Carers**
 - develop format of public board meetings
 - harness user/carer views to inform service
- **Patient's Charter**
 - Implement new national guidance
 - Review monitoring arrangements
- **Risk Management**
 - Integrate assessment of clinical risks into existing system
 - Review critical incident reporting and monitoring system
 - Develop and implement security and personal safety action plan
 - Implement new framework for cardio--pulmonary resuscitation
- **Clinical Audit**
 - Develop strong links with the research and development unit to promote clinical effectiveness
 - Ensure audit standards are evidence based and where ever possible, research based
- **Complaints**
 - Implement revised policy, supported by training as appropriate
 - Develop links with other health agencies to promote shared learning from experience of new complaints procedures
- **Service and Financial Frameworks**

The Trust has retained a sound financial base during 1997/98 and continues to work closely with local health agencies. Ten financial principles have been agreed to underpin the 1998/99 service agreement process:-

 - Trust to pick up genuine cost pressures to a maximum level of £250K pa.
 - Health Authority and Trusts need to agree the financial framework associated with clinical negligence costs.
 - Each Trust and DHA to jointly agree ways in which 0.5% of service agreements value can be recycled per annum in order to meet agreed quality improvements.
 - Inflation to be funded to ensure neutral impact.
 - All organisations to work together to ensure national efficiency / activity gain targets are met.
 - Planning for jointly agreed service developments should take place at two levels 0.5% and 1% - considerations will be given to phasing in developments once inflation and other financial issues are clearer.
 - Organisations will share financial information and develop inter organisation risk sharing approaches ... with the aim over time of creating a single district wide strategic development reserve.
 - Efforts should be made to ensure capital receipts relating to local transactions are utilised to improve local health services.

FINANCE

Looking Forward to 1998/99

○ Trusts to identify capital charge implication of additional capital expenditure or disposal so that the consequences can be included in the Service and Financial Framework Agreement.

○ Review current spending plans to ensure they support strategic health aims.

The financial framework remains challenging and the Trust will work closely with partners to ensure that the maximum use is made of available resources.

● **Key objectives for 1998/99 are therefore to:**

- Deliver the required financial duties
- Achieve Treasury response time targets for paying bills
- Launch Customer Focused Service Project - reviewing the way the finance function works
- Provide contracting, costing and financial support to the introduction of GP commissioning pilots
- Enhance the costing and collection of health centre rental charges
- Develop in-house expertise in VAT regulations
- With estates department create definitive database of site usage to assist costing exercises
- Further improve communication between payroll and personnel
- Ensure that the Trust's financial systems are Year 2000 compliant
- Group to review need for replacement of Trust's payroll and personnel computer systems
- Monitoring the new social care contract with local councils to ensure that there is no cross-subsidisation with health monies.
- Develop internal financial controls within the Controls Assurance Framework.

Income and Expenditure 1998/99

	1998/99		1999/2000	
	£000	%	£000	%
Income				
Contracted clinical services income	89573		91467	91.1
Other clinical services income	1250		1024	1.0
Other income	4576		7897	7.9
Total Income	95399	100.0	100388	100.0
Expenditure				
Pay	63792		65280	
Non Pay	26015		29348	
Depreciation	2175		2205	
Total Expenditure	91982		96833	
Surplus before interest	3417		3555	
Interest Receivable			79	
Trust Debt Remuneration (Interest and dividend)	3417		3634	
Retained Surplus	---		---	

Looking Forward to 1998/99

ESTATES AND CAPITAL

● Quality

- Develop the quality monitoring system to enable quicker feedback from customers on the delivery of all estate services.
- Improve communications with internal and external customers.
- Audit the process for managing the reporting, inspection and processing of reported defects.
- Review procedures for obtaining tenders and quotations.
- Update the approved list of contractors and consultants.
- Review office and contract management procedures to improve financial management of schemes.

● Estates Data

- Develop a strategy for the integration of the Works Information Management Systems (WIMS) with the Trust's management systems
- Continue the development of the Computer Aided Facilities Management (CAFM) system

● Estates Strategy

- Continue to progress the feasibility study work arising out of the estates review.
- Develop and manage buildings solutions that match the service and operational needs.
- St James - re-assess the strategy for maintaining and upgrading the engineering and building infrastructure due to the extended operational life for the site.

● Health and Safety

Prioritise and implement the revised action plan following the external audit of the risk assessment for:

- Legionella
- scalding
- surface temperatures
- St James - Target 90% asbestos removal programme within two years.
- Prioritise and implement the action plan following the lifts audit.

● Energy

- Continue the programme for energy management to achieve the government target of a 20% reduction in energy by the year 2000.
- Commence the staff awareness training programme.
- Prepare a programme of energy improvement schemes and implement funded schemes.

● Fire

- St James - prioritise and implement the upgrading programme following the fire safety audit.
- Continue the programme of re-assessment of fire risk in all Trust premises.
- Policy and procedures - continue roll out programme of new procedures.

Looking Forward to 1998/99

- **Telecommunications**

- Develop a comprehensive replacement and upgrading programme for all telecoms equipment.
- Evaluate the development of integrated voice and data links and assess the potential for the Trust

- **Access for disabled people**

- Begin access audits and develop a programme of improvement to satisfy the requirements of the Disability Discrimination Act

- **Information and Information Technology**

- Five year strategy: review and update the five year strategy agreed by the Board in January 1997.
- Clarify investment / development priorities.

- **Developments**

- The New NHS - work with local partners to clarify and progress the local vision for responding to the White Paper requirements
- Software development programme - Clarify and implement
- Develop the IT infrastructure to fully exploit the benefits of the executive support system

- **Use of Information and IT**

- Continue to pursue means of extending access to information and IT for clinical staff throughout the Trust

Conclusion

The agenda for 1998/99 is challenging. The White Paper sets a new direction and gives a clear steer to our local priorities. Achievement of corporate and care group objectives is once again our goal. Success in this will contribute to our overriding aim of securing more effective health care for the local population.

Review of Performance in 1997/98 - Appendix 1

Service Review and Developments 1997/98

Progress against 1997/98 priorities for each of the Trust's contract groupings is set out below:-

ADULT MENTAL HEALTH

● Service development

- Service Model
"Service Criteria": Joint agency agreement secured to a model of service to be provided by Community Mental Health teams throughout the district.
- *PFI*: Health Authority support for the draft Full Business Case has been secured for the re-provision of residential services in Havant and Petersfield and Portsmouth City as part of the Trust's Private Finance Initiative.
- Service Proposals - have been submitted to the Health Authority for an improved Out of Hours Service, Eating Disorders Service, Consultant Staffing Level, Presentation Service at St James, Psychotherapy Services, 136 Services in Portsmouth and service for clients with Dual Diagnosis.

● Service delivery

- *Residential Services*: - Additional capacity provided by the Ibsley facility has retained in year funded principally by internal recycling.
- *Policies*: Have been produced to help reduce risks to clients, staff and the Trust
- *Peer Audit*: - Process has begun using an initial set of service standards
- *Care Group Management*: Adult Mental Health Services now managed Trustwide as one entity rather than through localities.
- *Recruitment*: - Co-ordinated arrangements now in place across Adult and Elderly Mental Health Services.
- *In hours Deliberate Self-Harm Service*: Positive feedback received from evaluation of this pilot project.

CHILD HEALTH SERVICES

● Service development

- *Child Protection*: Designated Doctor's are now in post (completing the Trust's Child Protection Team); training programmes are in place and being implemented.
- *Children with Special Needs*: Parents and professional staff have met and agreed collaborative ways of working together - interdisciplinary working arrangements (i.e. health visitors - community paediatric teams -) have been enhanced following the implementation of the resource health visitor scheme.
- *Child and Family Therapy*: Behaviour Management Clinics have been developed in each locality and their impact on referrals to Child and Family Therapy Services is being monitored - A successful pilot for primary care mental health workers has been extended across the district.
- *Health Promotion*: Increasingly co-ordinated approach taken to targeting Health of the Nation topics for children and young people. - Greater emphasis on health promotion being given within child surveillance programme.
- *Surveillance/Immunisation*: A school age immunisations data base is being developed linking GP's with the Trusts Child Health System, enabling improved recording of Diphtheria, Tetanus, and Polio uptake rates.
- *Care of sick children in the community*: Proposal has been jointly agreed and submitted to the Health Authority.

Review of Performance in 1997/98 - Appendix 1

Service Review and Developments 1997/98

CLINICAL PSYCHOLOGY

● Service development

- *Lead Psychologist*: Appointed with brief to review the service.
- *Tertiary Eating Disorder Team*: Service development proposal produced.
- *Waiting List Funding*: Enabled appointment of assistant psychologist for part of the year at the Child Development Centre.
- *Physical Disability*: The neuro-rehabilitation Psychology services now provides assessment and rehabilitation for people with head injuries.
- *Fairoak Challenging Behaviour Service*: This has been consolidated with recruitment to outstanding vacant posts.
- *Specialist AMH Psychotherapy Service and Primary Care Counselling Service*: Development proposals submitted to the Health Authority.

● Service delivery

- *Child and Family Therapy Service*: Additional psychologist recruited and in addition other psychological therapists have been appointed to support the development of primary mental health services.
- *Palliative Care and Bereavement*: The service has responded to a considerable increase in demand.

COMMUNITY DENTAL HEALTH

● Service development

- *Poswillow Dental Centre*: Increased funding secured to enable more patients with a learning disability to be treated under general anaesthesia.
- *Data Collection*: Data Pen system implemented.

● Service delivery

- *Non Recurring Expenditure*: Funding utilised to upgrade two more Dental Clinics.
- *Mobile Clinic*: Installed as semi permanent feature in Brookfield School, - serving Fareham western wards.
- *Roles/Responsibilities*: Work undertaken with DHA to review the role of the CDS vis a vis the other arms of the local dental service.
- *Oral Health Strategy*: Implemented.

Community Hospitals

● Service development

- *'Investors in People'*: Accreditation achieved at St Christopher's and Petersfield Hospitals.
- *Minor Injuries*: ENB course introduced with University of Portsmouth.
- *Information Technology*: Patient Master Index linkage and Outpatients systems introduced to service Portsmouth Hospitals clinical activity.

● Service delivery

- *'GOSDOC'*: GP's continued to use GWMH as a weekend on call base.
- *GP Bed Usage*: Health Authority led review completed in year - highlighted possible issues for follow up.
- *Staffing Arrangements*: Difficulties continue recruiting qualified staff - however increased use of internal bank has helped.

Review of Performance in 1997/98 - Appendix 1

Service Review and Developments 1997/98

DISTRICT NURSING/MARIE CURIE/ NIGHT NURSING

● Service development

- *Specialist Services*: Specialist resource nurse model formulated.
- *Nurse Specialist Resource for Leg Ulcers in each locality*: Proposed model of care submitted to Health Authority.
- *Continence*: Joint clinic introduced in each locality and improved training opportunities provided to staff.
- *DN's as Care Manager*: Further extension of concept agreed.
- *Training Strategy*: Developed and annual training plan introduced.

● Service delivery

- *Health of the Nation*: Groups for older people established in each locality.
- *Outcome Measures*: Agreed in 3 clinical specialities.
- *Night Nursing*: Trustwide services introduced to respond more effectively to patients needs.
- *Equity*: Work continued with the Health Authority and commissioning GPs to agree a methodology and process for moving towards more equitable levels of service across the Trust.

ELDERLY MEDICINE

● Service development

- *Acute Admissions*: Work continued with Health Authority and Portsmouth Hospitals to develop a strategy for managing acute admissions and to establish an orthopaedic rehab service.
- *Mixed Sex Wards*: Work completed on all acute wards to provide single sex facilities.
- *Syncope*: Funded research post to evaluate Syncope service.
- *Service Agreement*: Service agreement with Portsmouth Hospitals covering elderly services access to clinical services further clarified / returned.
- *Service Reprovision*: Work continued with Portsmouth Hospitals and Health Authority to plan the relocation of elderly medicine services.

● Service delivery

- *Medical Staffing*: Consultant job plans reviewed.
- *Winter Pressures*: Package of proposals produced and agreed to help contain anticipated additional workload.
- *Diagnostic Services*: Improved access to echocardiology.
- *Continuing Care*: Application of new criteria closely monitored and impacted reviewed.
- *Stroke Guidelines*: Major update completed including the piloting of designated ortho-geriatric rehabilitation beds and work to improve the quality of referrals to Kingsclere Rehabilitation Centre.
- *Ward Facilities*: Piped medical gases and call bells installed on all acute wards.

ELDERLY MENTAL HEALTH

● Service development

- *In Patient Services*: In year discussions with Health Authority confirmed reprovision of St James EMH Services unlikely to be an achievable priority for immediate future.
- *"Model of Care"*: Introduced providing client centred approach to the delivery of care and treatment.
- *Day Hospital Service*: Bid prepared and submitted to the Health Authority for Day Hospitals provision in Havant/Petersfield.

Review of Performance in 1997/98 - Appendix 1

Service Review and Developments 1997/98

- *Drugs*: Business Case developed for Aricept (new dementia drug) and forwarded to the Health Authority.

- **Service delivery**

- *Care Group Co-ordination*: Contract group has facilitated closer Trust wide working links/standardisation of policies/procedures.
- *Residential Services*: Improvement to staffing levels achieved at St James' Hospital by service review additional funding.
- Working towards 'Investors in People' award for the services.
- *Travelling day hospital service*: Reviewed in year.
- *Quality*: Additional staffing levels achieved through ward recycling and extra funding.
- *Ward Upgrades*: Environmental improvements achieved through ward upgrades (Summervale, Goddard and Beaton Assessment wards).

FAMILY PLANNING AND SEXUAL HEALTH

- **Service development**

- *Family planning review*: Agreed changes including revised HRT prescribing and restructuring of clinical support implemented.
- *Advance Nurse Practitioner*: Protocols for nurse supplying introduced.
- *Accommodation*: Proposals for relocation of Ella Gordon Unit to West Wing, St Mary's Hospital ○ developed.
- *Prescribing and Provision*: Changes in practice for supplying Mirena and Norplant revised in line with HA service review agreement.

- **Service delivery**

- *Value for Money*: Evaluative comparison of cost of contraceptive products completed/actioned.

HEALTH PROMOTION

- **Service development**

- *Service Review*: Completed and actioned. New management arrangements now in place.

- **Service delivery**

- *Specialist Posts*: Specialist posts integrated more closely with contract groups.

HIV/AIDS

- **Service development**

- *Sex Sense*: Review of Sex Sense services completed and specification agreed for the Gay Men's Health Promotion service.

- **Service delivery**

- *Training*: Successful training programme for Health staff completed.

LEARNING DISABILITY SERVICES

- **Service development**

- *Future service model*: Work has continued with the Health Authority and Joint Commissioning Board to establish the future model for health services.
- *Section 28A Transfer*: Classification of client/house designations as health social care completed and communicated to carers and staff.
- *Coldeast closure*: Hospital closure substantially achieved. Need remains to reprovide the 'Hospital Unit' into the proposed Sarisbury Bungalows.

Review of Performance in 1997/98 - Appendix 1

Service Review and Developments 1997/98

PALLIATIVE CARE

- **Service delivery**

- *Service Re provision:* Challenging Behaviour Specialist Service and Community teams are working more flexibly and equitably across the service; centralised referral system for the Community teams has proved successful.
- *Service Re provision:* Work progressing to achieve the revised Health/Social Care split.

- **Service development**

- *Service strategy:* In year discussions with Health Authority have begun to clarify strategy and confirmed Trust to have district wide clinical leadership role for Palliative Care services.

- **Service delivery**

- *Staffing:* Permanent funding agreed for additional Palliative Care nurse and extension of funding for counsellor post.

PHYSICAL DISABILITY SERVICES

- **Service development**

- *Home Loans Service:* Non recurring funding provided to help meet increasing demand.
- *Psychology Support:* Clinical Psychologist appointed to work with Brian Injury clients.
- *Health Promotion:* Lead person appointed to focus on access and user needs.
- *Head Injury Service:* Proposals developed with the Health Authority and Portsmouth Hospitals for Rehabilitation Phase 2 Development and under-65 rehabilitation service.
- *Joint Commissioning Board:* multi-agency sub-group established to review good practice in equipment service provision.

- **Service delivery**

- *Loan Equipment:* Procedures for the loan of equipment to Nursing Homes implemented.
- *Continuing Care:* Medical review completed for all Health Authority funded long-stay patients residing in designated nursing homes.
- *Respite Beds:* Review of usage completed.
- *Leg Ulcers:* Revised approach implemented successfully, but funding issues remain to be resolved.
- *Research and Audit:* Specialist diabetic foot service established in Queen Alexandra Hospital diabetes centre - Appliance Audit proposals produced but not agreed for funding.
- *Re-engineering:* Fast track clinics and assessment clinics piloted. - Practice change - baseline diabetic assessment piloted by staff in primary care.

PODIATRY/CHIROPODY

- **Service development**

- Reorganisation of diabetes clinics to provide Specialist Foot Clinic based at Queen Alexandra Hospital.
- *Service Specification:* Agreed - implementation due March 1998 following GP consultation.

- **Service delivery**

- *Accommodation:* Clinic at Hayling Island Health Centre has been upgraded.
- *Demand:* Increased referral rate for biomechanical assessment.
- *Efficiency/Effectiveness:* Management review and restructuring plan for service completed. Negotiating moves into GP surgery sites to allow decommissioning of older mobile unit.

Review of Performance in 1997/98 - Appendix 1

Service Review and Developments 1997/98

SUBSTANCE MISUSE

● Service development

- *Resource centres:* The Kingsway (Portsmouth) Centre has been completed and opened in year - enabling works currently under way to provide the Fareham/Gosport Centre.
- *Service Specification for Specialist Substance Misuse Service:* Agreed with the Health Authority and implemented.
- *Development of Multi-agency approach to Substance Misuse Services:* Various initiatives pursued (i.e. common assessment form; probation service link person; establishment of link with Social Services to assist referrals for Community Care assessments).
- *Young Peoples Service:* Proposals have been produced and agreed for implementation.
- Service delivery
- *Prescribing Programmes Audit:* An audit of the effectiveness of the prescribing programmes has been completed.
- *Combined Residential Substance Misuse Detoxification Unit and Treatment Unit:* Pilot operation of the unit has occurred and an evaluation report will be produced by the end of the 1997/98 financial year.

THERAPY SERVICES:

OCCUPATIONAL THERAPY

● Service development

- *Portsmouth Hospitals Support:* Review of Occupational Therapy management within the Acute services completed.
- *Brain Injury Service:* Outreach Occupational Therapy post providing neuro-rehabilitation in patients home.
- *Standards of Practice and protocols:* Developed for new Head Injury/Stroke Service.
- *Discharge:* Dedicated discharge technician service funded non recurrently from 'Winter Pressures' monies.

● Service delivery

- *Performance Measurement:* Canadian Occupational Performance Measurement Tool introduced as part of the process to introduce evidence based practice.
- *Recruitment:* Improved recruitment to basic grade and Senior OT posts.
- *Referral Guidelines:* Introduced within the Portsmouth Hospitals medical directorate.
- *Seating Clinic Service:* Extended to special schools
- *Professional Clinical Supervision Protocols:* now standardised across the trust.

PHYSIOTHERAPY

● Service development

- The service is currently reviewing its organisation and management arrangements.
- *Primary Care Physiotherapy Scheme:* Further development achieved within Portsmouth City.
- *Accommodation:* A new physiotherapy department has been provided at Havant Health Centre. Proposals for St Mary's and Waterlooville Health Centre on hold.
- *Joint Working:* Regular meetings with Therapy Services at Haslar have been established.
- *Referral and Treatment Guidelines:* Clinical guidelines produced for most acute work.

Review of Performance in 1997/98 - Appendix 1

Service Review and Developments 1997/98

SPEECH AND LANGUAGE THERAPY

- **Service delivery**

- *Recruitment*: The marked improvement in recruitment and retention shown last year has continued.
- *Fast Track Back Service for Staff*: Now well established and being used extensively.
- *Carers of Older People Project*: Continued in partnership with Havant/Petersfield Social Services.
- *Hydrotherapy Service*: Review undertaken.
- *Portsmouth Hospitals Services Agreement*: Good liaison links maintained.

- **Service development**

- *'Parent Based Intervention'*: implemented and further expansion agreed.
- *Dysphagia Flowchart Project*: Successful application for NHS R & D seedcorn funding.
- *Research and Development*: 2 year departmental strategy developed and implemented.
- *Development Needs*: Bids prepared and some funding forthcoming particularly for communication aids.

- **Service delivery**

- *Service Specification*: Some progress made - more work needed particularly in formulating proposals for Adults with Learning Disabilities.
- *Caseload Management*: Implemented and proposals for expansion of the scheme accepted.
- *Information Systems*: Transfer to SMS Community Information System in year - discussion ongoing re operational support reporting.

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