



Business Plan  
1999/2000

# Business Plan

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# Business Plan

**Part One**  
**Review of Performance**  
**1998/1999**  
**Looking forward to**  
**1999/2000**

## Foreword

This is the sixth annual business plan produced by Portsmouth HealthCare NHS Trust. Its approach does not differ largely from previous years - it reviews achievement against last year's plan and highlights the Trust's activities and priorities.

However, the format in which this is done this year is slightly different, with the Trust's four organisational values (*People, Performance, Pounds and Partnerships matter*) providing the framework for much of the plan.

The document has been developed from the Trust's well-established business planning process, which embraces all services through the production of individual service plans. The major points from these have been condensed and form the summaries set out at the back of this document.

The developing context of the New NHS locally has also been taken into account within the plan. In particular, it addresses how best to respond to the development of a local Health Improvement Programme, the emergence of the four local primary care groups and the evolution of clinical governance. These issues will continue to be at the forefront of the Trust's strategic thinking in the immediate future and beyond.

This year's business plan will be used by the Trust to guide its service delivery and development over the next twelve months. The broad objectives it contains will be translated into more specific targets for groups and individuals within the Trust.

It may also be shared more widely, as a reference document for our partners and local service users in highlighting the Trust's intended direction and priorities as the new Millennium beckons.



## Review of Performance in 1998/1999

### Summary

The past year has been significant for the NHS. It offered the opportunity both to look back, commemorating 50 years of NHS care, and to look forward as the impact of Government white papers '*The New NHS...modern, dependable*' and '*Our Healthier Nation*' became clearer. In addition, a range of other strategic documents, including those relating to service quality, human resources and information technology, were published.

The need to address this wide ranging agenda of change has added to the pressures and demands on local health services. Despite this, the Trust continued to respond positively to the challenges it faced and began to adapt to the requirements of changing Government policies in the way health care is to be commissioned and provided.

### Service provision and development

#### CORPORATE OBJECTIVES

#### ■ The reprovision of long stay hospitals

An overriding priority continues to be the need to secure private finance to deliver five key schemes for new adult mental health and learning disability accommodation. For various reasons, the past year did not yield the progress hoped for with the scheme - much to the frustration of all concerned. The forthcoming 12 months are likely to be critical if plans are to proceed.

#### ◆ *Pfi schemes*

Proposed development/location	Service
30 bed acute facility - Portsmouth	Adult mental health
14 bed rehabilitation facility - Portsmouth	Adult mental health
30 bed acute facility - Havant	Adult mental health
14 bed rehabilitation facility - Havant	Adult mental health
3 x 5 bed bungalow facility - Fareham	Learning disability

#### ■ Responding to service pressures

Pressure on services can show in several ways - increasing demand, changing priorities, recruitment difficulties. Wherever possible, effective and creative responses have been sought by Trust services to cope with growing demands and expectations.

Additional funds were again available through the **whole systems** bidding process to tackle waiting lists and winter pressures and to pilot other developments innovatively.

**Winter pressures** initiatives that worked well last year have been repeated and new approaches tested. Within the framework of a *Combined Approach to Patient Services (CAPS)*, the Trust played a pivotal role in developing many of the schemes in this year's **caring in winter** programme.



## Review of Performance in 1998/1999

### ◆ Winter initiatives

'Caring in winter' initiative	Description
Enhanced district nursing support	<ul style="list-style-type: none"> <li>● more care at home/earlier discharge</li> <li>● more funding for home loans equipment</li> </ul>
Enhanced acute elderly medicine	<ul style="list-style-type: none"> <li>● discharge lounge to free up acute beds</li> <li>● supernumary 'sister' post to ease pressure</li> </ul>
Rehabilitation in the community	<ul style="list-style-type: none"> <li>● team set up at Samuel Lodge</li> </ul>
Enhanced occupational therapy (OT) service	<ul style="list-style-type: none"> <li>● fast track community OT service set up</li> </ul>
Mental health rehabilitation	<ul style="list-style-type: none"> <li>● avoid preventable psychiatric admissions</li> <li>● support people who have ongoing psychiatric disability</li> </ul>
Post acute care in community hospitals	<ul style="list-style-type: none"> <li>● use of GP beds for post acute care for patients who meet established criteria (Petersfield hospital)</li> </ul>

### ■ Sustaining service quality

Quality has been under the national spotlight in 1998/99 with the publication of the government's consultation paper '*A first class service - quality in the new NHS*'.

This requires Trusts to safeguard and improve the quality of the clinical services they provide and to ensure the best use of resources so that patients receive the greatest benefit. Within this, **clinical governance** is emerging as the main framework with its emphasis on a comprehensive programme of quality improvement based on clinical audit and evidence-based practice.

The Trust has developed its own quality strategy around its core values of people, pounds, performance, partnership. This provides a practical, easy to understand framework for people to recognise the importance of quality to the organisation and the work being undertaken to improve it.

A programme of **clinical audit** has been sustained across services. Research and development links have been strengthened. Services are actively embracing the concept of clinical governance by establishing special interest research/evidence based practice groups.

Traditional methods of measuring quality and effectiveness have shown that the Trust:

- continued to receive significant numbers of letters of thanks/appreciation
- maintained standards in dealing with complaints, with numbers showing a slight decrease and most being resolved locally
- performed acceptably against patient charter requirements, maintaining waiting time standards in most services and taking action to try to deal with areas of concern, eg. child and family therapy
- continued to take innovative steps to enhance staff recruitment and retention.

## Review of Performance in 1998/1999

### ■ Reshaping services

The need to reshape services will be influenced by the emerging local NHS strategies.

Last year the Trust altered its operational structure to provide a sixth division. This separated learning disability services from specialist mental health services.

Within learning disabilities, work has continued to provide a more distinct identity for social care services.

Detailed reviews have been initiated or are ongoing in several other areas in response to changing priorities (eg adult mental health), whilst others, such as many of the community nursing services, await further clarification of primary care group roles and responsibilities.

### ■ Acute service reprovision plans

The Trust maintains close contact with Portsmouth Hospitals Trust over the preparation of its private finance initiative bid for the redevelopment of the Queen Alexandra hospital site and the consequent rationalisation at St Mary's hospital. This has implications for a number of services managed by Portsmouth HealthCare Trust - elderly medicine, therapies, and family planning. Relocation of the latter (from east to west wing at St Mary's) was completed in April 1999.

### ■ Service agreements

The Trust delivered its workload requirements for 1998/9 to achieve its anticipated income.

#### ◆ *summary performance against targets for all service agreements*

	Annual target	Total actual activity	% +/- variance
FCEs	11678	12068	+ 3.34%
Day care attendance	35348	34830	- 1.47%
Ref OPA	24924	25779	+ 3.43%
FFCs	1300354	1402751	+ 7.87%

### ■ External relationships

The Trust has continued both organisationally and service by service to pursue effective partnerships with other agencies. The current emphasis on collaboration and cooperation is welcome. The Trust has sought to support the establishment of primary care groups.



## Review of Performance in 1998/1999

### ■ Equipping the organisation

**Securing and delivering contracts:** The focus continued to shift from internal market/competitive approaches towards a more partnership/collaboratively based system. This has helped the Trust to continue to meet purchaser requirements in terms of both workload and quality.

**Value for money:** The Trust continued to develop initiatives to deliver cash releasing programmes and to meet its management cost targets - including competitive tendering and service reconfiguration.

**Staff development and education:** The implementation of *'Investors in People'* continues in several areas of the Trust. Most staff now have their training needs reviewed periodically and are supported through use of personal development profiles. The range of 'in house' training programmes continues to grow, the latest initiative being *'Training on Demand'* packs specifically developed for use in the workplace. A range of courses is also run in conjunction with local education establishments - these include NVQ programmes for administrative staff and health care support workers.

### Service review and developments

Clinical/care group service achievements and developments are reviewed later in this document. In this section, we focus on the Trust's main strands of organisational support: personnel services, finance, estates and capital, information services/information technology and quality.

### ■ Personnel services

#### **Recruitment and retention...**

- considerable recruitment success across services in a year of difficulty with recruiting nationally
- all consultant psychiatrist vacancies filled in year
- vacancy levels of between 5-12% compare favourably with elsewhere in the country
- lowest nursing staff turnover for several years (below 9%).

#### **Investing in staff...**

- further success in achieving *'Investors in People'* recognition (adult mental health and substance misuse services)
- in conjunction with Highbury College relaunched NVQs making them more accessible for all groups of staff
- development programme in clinical governance commissioned from the University of Portsmouth for all professional staff. A specific nursing programme was also established.

#### **Engaging staff in policy development...**

- ongoing positive relationships with staff, representatives and unions have enabled a range of staff welfare policies to be developed - domestic abuse, whistleblowing and mental health and well being.



## Review of Performance in 1998/1999

### *Supporting staff...*

- the increasing pressure under which staff are expected to work is recognised and the Trust continues to be mindful of the need to support individuals and teams as they try to maintain their professionally high standards of work in spite of the stresses and strains they face.

### ■ Quality

#### *Patients Charter...*

- performance high against current charter standards in most service areas
- monitoring arrangements reviewed in line with national guidance
- annual survey of standards for single sex accommodation introduced.

#### *Improving the service...*

- quality strategy developed linking all quality functions and focusing on user experience
- framework developed and implemented for the introduction of clinical governance in individual services, led by the Trust's medical director.

#### *Involving users and carers...*

- developments in reflective practice supported; recognised as an effective way of stimulating close partnership and mutual respect
- new interactive format introduced for Trust's annual public meeting.

#### *Risk management...*

- risk profiling introduced within each service
- revised system for recording risk and critical events established
- CPR training contract set up with Portsmouth Hospitals NHS Trust
- two year project on safety and security launched with new policy developed.

#### *Clinical audit...*

- closer working relationships established with Research and Development Support Unit
- new systems introduced to improve the quality of audit projects
- 38 audits completed during the year embracing most services.

#### *Complaints...*

- improved arrangements for managing complaints implemented
- independent investigations officer role introduced for complex complaints
- number of and response rates to complaints show consistency with previous years; opportunities taken wherever possible to use complaints positively to review procedures and improve services.

## Review of Performance in 1998/1999

### ■ Finance

#### *Financial strategy...*

- Financial duties delivered, helping the Trust to achieve its financial targets including:
  - achieving Treasury target of paying 90% of all invoices within 30 days
  - maintaining debtors below Trust target
  - producing payroll accurately and on time despite additional workloads caused by 'split' pay awards
  - meeting national deadlines for producing annual exchequer and charitable funds accounts
  - maintaining effectiveness of financial monitoring systems to audit standards.

#### *Financial programmes...*

- 1998/99 financial programmes established providing for:
  - allowance for inflation at 2.5%
  - efficiency savings of 0.5% of revenue turnover (c.£450k)
  - recurring developments of £900k
  - bridging funds of £1m
  - 99.6% of anticipated income via contracted activity
  - an initial capital/non-recurring programme of £5m
  - year end target of achieving financial duties

Programmes were actively monitored through the year to identify untoward variances in financial performance and to ensure appropriate action was taken. The Trust is on target to achieve its 1998/99 financial duties.

#### *Departmental objectives...*

- The main achievements for 1998/99 were:
  - improvements made to 'in house' financial data reports
  - further progress towards meeting 'Investors in People' award criteria
  - 'customer-focused user group' set up to review departmental services and oversee a variety of benchmarking projects
  - improvements to training for staff in a number of areas - including a revised finance training manual and continuance of internal BTEC Finance NVQ scheme
  - high level of control maintained over patient money balances and control accounts generally
  - new system for GP rental payments established in conjunction with Health Authority
  - major role in revising financial arrangements for new Learning Disability division, ongoing development of PFI and other capital schemes.

### ■ Estates and capital

#### *Quality...*

*Feedback:* standardised estates quality questionnaire implemented.

*Tenders:* revised procedures for obtaining tenders and quotations implemented and new procedures introduced for receipt and custody of tenders.

*Contractors and consultants:* board approval to implement *Constructionline* to manage approved list of contractors and consultants (to be implemented May 1999).



## Review of Performance in 1998/1999

*Access audits:* methodology agreed and audit commenced - three sites completed.

*Design brief standards:* new policy completed incorporating *Disability Discrimination Act* requirements and improved health standards.

### **Estates data...**

*Integrating systems:* integration in progress of the Works Information Management System (WIMS) into the Trust's IT system.

*CAFM system:* development of the Computer Aided Facilities Management (CAFM) system continues. Uses include support to financial services for calculating health centre charges and the development of fire and emergency manuals.

### **Estates strategy...**

*Feasibility studies:* range of studies undertaken in line with Estates Strategy priorities.

*Capital schemes:* schemes completed include -

- Beaton assessment ward (SJH) - major upgrade
- Coldeast mansion - decommissioned
- Whiteley Wood/Warsash House (Coldeast) - upgraded
- Health centre improvements - including Cosham, Portchester, Lee on Solent (disabled access); Fareham (new lift); Lake Road (window renewal); Denmead (extension); and Waterlooville (reroofing, window renewal and extension)
- St James' hospital - fire, roof, engineering and kitchen improvements
- Emsworth hospital - new passenger lift.

### **Year 2000...**

*Equipment compliance:* Good progress in identifying and checking equipment for Year 2000 compliance and associated estates contingency planning.

### **Health and safety...**

*Environmental improvements:* programme of improvements ongoing with 30% (£320k) of the non recurring programme set aside for health and safety schemes.

*Asbestos removal:* significant progress on the asbestos removal programme at St James' hospital (on target for removal of 90% asbestos by 2000/2001).

*Lifts:* recommendations from lift audit implemented and a single source for lift maintenance introduced.

### **Energy...**

*Energy improvement programmes:* continued development of programmes to achieve 20% reduction in energy by 2000.

*Staff awareness:* user awareness/training programmes ongoing.

*Energy schemes:* all funded energy improvement schemes completed.

## Review of Performance in 1998/1999

### **Fire...**

*Fire strategy:* revised strategy and five year improvement programme for St James' hospital commenced and on target for completion 2002/03.

*Fire policy:* revised policies for most sites implemented - eight to be completed during 1999.

*Risk assessment:* process under development and due for implementation and completion by April 2000.

### **Telecommunications...**

*Replacement programme:* telecoms systems replacement programme initiated with four systems replaced in 1998/99.

### ■ Information services and information technology

#### **SMS community system...**

- further work undertaken on reducing data processing and lead times and in improving accuracy of processed data.
- project plan to extend remote access to the outpatients module progressed.

#### **Information strategy...**

- good progress continues with the Trust's 5 year information management and technology strategy. This now needs to be set against the requirements from the national strategy.

#### **Year 2000...**

- significant progress made in gearing up the organisation's corporate systems and IT equipment to meet requirements for Year 2000 compliance.

#### **Training...**

- extensive programme of clinical staff training undertaken to correspond with ongoing work with SMS system.



## Looking forward to 1999/2000

### Context

In September 1994 the then newly formed Portsmouth HealthCare NHS Trust published its strategic direction document '*Looking forward...the next five years*'. Those five years elapse in September this year and, during this time, the document, and more importantly the goals it promoted, has been at the heart of the Trust's business planning process.

Although, in contextual terms, much has changed since its publication, many familiar themes were emerging then which have added significance today. Three of the goals at that time highlighted:

- developing a range of services to support general practitioners in meeting the full health needs of the local community
- seeking to improve the quality of the service the Trust provides
- developing a flexible organisation that can respond quickly to changing purchaser requirements; manage the scale and pace of change envisaged; deliver contract requirements and; ensure operational and financial control.

Five years on, these goals can be seen to be the basis for the changing emphasis in local health care provision seen in the White Papers '*The New NHS*' and '*Our Healthier Nation*'.

The White Papers have been the driving force behind the current programme of reforms which have required the Trust to review elements of its strategic planning. The emergence of primary care groups, the changing role of the Health Authority and the development of an overarching *Health Improvement Programme* (HImP) for the area has brought together local NHS agencies with local authorities to develop a strategic framework for improving health in Portsmouth and south east Hampshire.

The HImP will be a major influence for future service planning within the Trust over the next 12 months and beyond. But there are other factors which also have to be borne in mind.

National health policy has seen new strategies for quality, personnel and information which will have an impact on the Trust's operation. The Social Services White Paper, the Government's comprehensive spending review and the development of a new NHS Charter to replace the Patients' Charter will have significant implications. As will specific initiatives on issues including the implementation of working time directives, tackling the Year 2000 *millennium bug* complications and the need to establish clinical governance at the core of the approach to quality and service provision.

Increasing involvement with primary care groups is expected as they continue to evolve into fully functioning purchasers of local health services. Joint working with other organisations will continue to be pursued both strategically and operationally given the impetus this has been given through the White Paper.

Funding initiatives to combat waiting list pressures and to boost services which face a high demand for care in the winter months will continue to be developed in partnership with the Health Authority, Portsmouth Hospitals Trust and local social services departments.



## Looking forward to 1999/2000

The Trust faces a demanding year in meeting the unprecedented level of competing priorities that can be expected in the next 12 months. Maintaining financial stability in a year of some uncertainty will present a major challenge and the Trust's ability to sustain its present level of service delivery will be tested. Service developments are likely to face greater competition for external funding and will therefore need to demonstrate, through evidence based practice, that they will be sound investments.

### The year ahead

The Trust's values will once again support the work that will need to be done to meet the key corporate challenges and priorities, as well as individual service objectives, in the forthcoming year.

- **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.

Public confidence in the organisation's ability to continue to provide services of high quality will have to be maintained. The additional pressures that staff will inevitably face in continuing to provide care for patients within the present uncertain climate will require sympathetic and effective management. Financial controls will need to be even more stringent with increasing requirements for efficiency. And, services will be subjected to further scrutiny and review as local health purchasing strategies and priorities take effect.

Objectives for patient services for 1999/2000 can be found in the section at the end of this document.

This section focuses on the key corporate challenges over the next 12 months within the framework of the Trust's four values - people matter, pounds matter, performance matters, partnerships matter.

### Partnership matters

#### ■ Health Improvement Programme

The Health Improvement Programme will direct all local strategic thinking for improving health, tackling health inequalities and modernising and raising the standards of local health care. It requires all the local deliverers of health care to work together in both the planning and provision of health services.

The programme will seek to address a number of targets under the following headings:

- coronary heart disease and stroke
- cancer
- mental health



## Looking forward to 1999/2000

- accidents
- asthma
- perinatal mortality
- promoting independence
- cutting health inequalities
- developing primary care
- reducing waiting lists and times.

The Trust remains committed to further strengthening its established partnerships with the Health Authority in tackling the objectives presented within the HImP and welcomes the opportunity to work together with other organisations in the area in attempting to improve the health of people locally.

### ■ Mental health

The focus on mental health is particularly welcome. The opportunities presented by the proposed *Joint Investment Plan* and local strategic review to further integrate and refocus the service are viewed positively. The Trust will have an important role to play in aspects of this and also in contributing to the action plans being developed in the target areas, notably:

- Promoting the mental health of children and young people through...
  - supporting promotion of lifeskills through personal and social education programmes
  - developing locally integrated, multi-agency child and adolescent mental health service
  - improving liaison with other agencies involved in the care of this client group
  - providing timely assessment and treatment as well as effective and appropriate care
- Targeting the causes of poor mental health in the adult and older population
- Providing community facilities for people with a learning disability and mental health problem, those requiring nursing care and those with a forensic history.

### ■ Older people

The Trust also welcomes and supports planned initiatives within mental health service provision for elderly people. These are outlined in the *Joint Investment Plan* proposals for **older people** which seek to involve the Trust in a range of activities to improve health outcomes for all older people, not just those with, or at risk of, a mental illness.

With that in mind the Trust will be actively involved in:

- Reducing acute admissions over the winter period...
  - developing inter-agency working to seek alternative services to complement acute hospital admissions
  - promoting independence

## Looking forward to 1999/2000

- Ensuring a consistent approach to care management...
  - in particular developing district nurses as care managers approach across Portsmouth city
- Planning a coordinated stroke service for people aged 64-75 years
- Formulating action plans to minimise inappropriate admissions to acute services and also delayed discharges
- Developing a strategy for elderly mental health care
- Developing fractured neck of femur service for people with dementia.

### ■ Working with Portsmouth Hospitals

Work with Portsmouth Hospitals will continue to be pursued both within the context of the revised local health planning process and also through specific projects or areas of combined interest eg. service/facilities review and re-provision, waiting list/winter care initiatives and Year 2000 planning.

The Trust will seek in particular to support Portsmouth Hospitals Trust in the development of its proposals under the *Private Finance Initiative* which will relocate accommodation for elderly patients.

Opportunities to work collaboratively to improve the management of admission/discharge arrangements and to tackle other aspects of the HImP which encourage joint working will also be sought.

### ■ Working with primary care groups

The Trust is keen to develop appropriate strategic and service provision links with the primary care groups as they continue to evolve. This would build on the already well established local service links developed through community nursing and other networks, as well as the operational and organisational relationships which have been in place over recent years with both fundholding and non-fundholding practices.

The Trust will be seeking to work participatively with PCGs over the next 12 months, in preparation for their longer term role as commissioning agents of local health services, by assisting in the development of service agreement arrangements. We would seek a process based on a culture of genuine and effective working in partnership for the benefit of patients which :

- is dynamic, ongoing and evolving
- reduces duplication in terms of the negotiating process
- ensures value for money by making best use of scarce resources (environments/facilities, skills, time and funding)
- offers as efficient a process as possible for monitoring agreements
- sets district-wide core standards (based on national service frameworks, clinical governance and equity of access) for each condition, care group or service
- allows scope for flexibility locally in service provision to reflect local needs.



## Looking forward to 1999/2000

### Performance matters

#### ■ Organisational development

The Trust will face, as the reform programme gets underway, a number of short term developmental priorities. In order to respond effectively, it will be:

- further developing the role and focus of the Trust board
- reviewing the Trust's strategic directions
- embracing the new culture of longer term service agreements and revised joint working arrangements
- continuing to identify ways in which staff may be informed, involved and equipped for future changes.

#### ■ Service agreements

Most of the Trust's income for 1999/2000 will again be received from Portsmouth and South East Hampshire Health Authority. The anticipated value of this agreement is £93m which includes:

- rollover contract value
- inflation funding at 5.2%
- funding of £800k to cover the costs of several agreed developments. These will include rehabilitation for the elderly, adult mental health assertive outreach, drug costs (atypical anti-psychotics) and adult mental health 24 hour access to services.

As in previous years, the Trust will generate internal funds to cover the first £250k of unavoidable cost pressures and approximately £460k for internal recycling for agreed quality improvements. Amongst the initiatives funded are: a clinical nurse development programme; a sick children's nursing service; security and safety proposals; medical services developments; bed usage and; bank staff coordination projects.

No major shifts in commissioning are envisaged and workload targets for each care group/service have been agreed on the basis of projected year end activity levels.

Although GP fundholding ceased at the end of March 1999, the Trust will be seeking to maintain close joint working with primary care through the four primary care groups which have commissioning responsibilities (on behalf of the Health Authority) from the beginning of April.

It is envisaged that service agreements will be renewed with three external district health authority commissioners - South West Hampshire, North and Mid Hampshire and West Sussex.

However, a cost per case agreement will now be implemented with Dorset Health Authority (for residential substance misuse services) and a new arrangement, on similar lines, will provide services for Bath Mental Health Care Trust.

## Looking forward to 1999/2000

The Trust will continue to act as purchaser for the Health Authority for several external services (Ravenswood, Leigh House/Brookvale adolescent services and BPAS - family planning.) However, these arrangements are expected to be further considered 'in year' as part of the wider review of specialist commissioning of services across the region.

### ■ Quality and clinical governance

The Health Improvement Programme identifies that there is a renewed national focus on ensuring the quality and consistency of health care. There will be two drivers behind this, **controls assurance** and **clinical governance**, which will shape the future focus and composition of the specific quality functions within the Trust - clinical audit, risk management, service quality, complaints and involvement of users and carers.

Of these, clinical risk management and clinical audit will become increasingly important with the introduction of clinical governance.

In its consultation document '*A First Class Service - Quality in the NHS*' the Government defined clinical governance as '*a framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.*'

The Health Authority is particularly keen to establish district wide structures for clinical governance and clinical effectiveness to oversee the local implementation of national guidance and to promote a collaborative approach to issues such as clinical audit.

The Trust will develop an integrated clinical governance/quality framework during 1999. This will build on existing work, and will use the more general aspects of the risk management strategy, to support it.

The organisational approach will therefore naturally evolve during the year, reflecting both the national picture as it unfolds and the work being done locally on clinical governance. This will be coordinated by a newly established board level panel.

Specific objectives include:

#### **Quality strategy**

- clarify the working framework for clinical governance, revising the strategy as national requirements become clear
- review the role of the Trust's quality forum and quality facilitators
- each service to develop its own quality action plan.

#### **NHS Charter**

- implement the new NHS Charter and any monitoring requirements.



## Looking forward to 1999/2000

### **Risk management**

- complete further risk profiling
- incorporate risks identified into clinical governance/quality strategy
- ensure systems are in place to meet controls assurance requirements.

### **Clinical audit**

- review role and function of clinical audit within clinical governance structure
- develop clinical audit programmes to focus on key clinical governance issues.

### **Complaints**

- review reporting arrangements to include trend analysis and action plans within service reviews
- include trend analysis from local and Ombudsman complaints within reporting mechanisms to Trust board.

### ■ **Information and information technology**

The White Paper *'The New NHS'* puts a significant emphasis on the need for up to date information and information technology. It recognises that in recent years information technology has been focused on supporting the transaction process of the internal market, at the expense of realising the potential for IT to support front line staff in delivering benefits to patients.

The NHS information strategy *'Information for Health'* seeks to introduce a series of measures to ensure that those working within the NHS have access to accurate and instantly available information. It is also seen as an important component in delivering broader national policy goals linked to public health strategy, primary care development and clinical governance.

The measures will include:

- consistency in IT development across the local health economy - building on the broader partnership objective
- future development of the electronic patient record (EPR)
- use of the NHSNet and the internet, particularly to link GPs electronically to hospitals and pharmacists to reduce delays in booking appointments, accessing test results or checking availability of medicines
- greater public access to detailed health information through a variety of media
- greater use of IT to measure service efficacy.

The shift of direction does not depart from the approach set within the Trust's existing IM&T strategy. However, there are clearly issues which will need to be addressed over the next year:

### **Focusing IT on clinical functions**

Priority has been given over recent years to the implementation of a person based information system for inpatient, outpatient and community services. The data traditionally collected and the way in which the systems in place are able to function means that there is the potential to provide greater benefits for clinicians.

## Looking forward to 1999/2000

The Trust will continue to work towards developing operational support systems which will enable end users to view computer held information, both in summary and individual patient form. This work will also take account of data protection issues.

More detailed work with clinicians and professional groups will be undertaken to identify how best information and IT may support the delivery of care.

### *Local partnerships/information sharing*

The Trust will retain its representation on the joint information steering group which is tasked with ensuring that the Government's strategy for information sharing and the development of common systems is delivered across Portsmouth and south east Hampshire.

Through this group and the Trust's own IM&T strategy group, the work to realise the initial '*Information for Health*' local implementation strategy will be taken forward. Key priorities for the Trust include improved access for health care professionals to specialist knowledge bases, development of inter organisational networks, development of clinical information systems and achieving Year 2000 compliance.

### *New technology developments*

- **EPRs:** the Trust will continue to monitor closely the wider development of these records and retain their development as a medium term objective, in line with the national and local priorities.

- **NHSNet/internet:** usage will be reviewed and a future development plan agreed.

A Trustwide information strategy which effectively supports the work of the organisation whilst embracing the concepts outlined in '*Information for Health*' will remain the objective.

It is clear that the future agenda is demanding and, in the short-term, delivery will depend on the right support being offered to staff both individually and in care groups within the Trust in the use and potential use of available information. It will also require a consolidated, **whole systems approach** to the future development of the IT infrastructure within the local health economy to ensure that the benefits of shared systems can be made accessible.

Work to begin to implement some of these strategic requirements is already underway. However, progress in the year ahead will have to be balanced by the pressing priority of the Year 2000 issue (the *millennium bug*.)



## Looking forward to 1999/2000

Considerable resources are being invested by the Trust to try to minimise the disruptive effect of any malfunction of IT services during the 1999/2000 new year period. The vulnerability of computer hardware and software in particular has been universally recognised and an action plan developed to deal with both the narrow IT focus and also the wider Year 2000 implications (see also page 20.)

### ■ Private Finance Initiative

The Trust is now seeking the urgent resolution of its private finance scheme to develop five key adult mental health and learning disability residential treatment facilities (see page 3).

The soundness of the overall proposals and the urgent need for the new accommodation remain unquestioned and the re-provision scheme is a prime objective for the Trust. However the need to strike a balance between affordability, value for money and meeting national accounting requirements for PFI schemes has, to date, delayed progress in concluding the deal.

It is hoped these obstacles can be resolved in the year ahead.

### ■ Working together

Over the coming year, the Trust will also be focusing attention on incorporating the requirements of the Government's national strategy *'Working together - securing a quality workforce for the NHS'* into its own personnel strategies and policies. It is fair to say that the Trust has already made considerable progress in meeting the strategic aims of the document which are:

- ensuring a quality workforce, in the right numbers, with the right skills and diversity and organised in the right way
- improving demonstrably the quality of working life for staff
- addressing the management capacity and capability required to deliver this agenda and the associated programme of change.

The Trust will continue to explore effective and innovative ways of recruiting staff to try and maintain the relative success it experienced during 1998/99.

Close working with other health and related organisations to share ideas and resources and collaborate on initiatives which benefit employees, patients and the users of local health services will be important.

Policies to assist staff at work and at home will be maintained or developed and measures introduced to help all concerned meet the demands of the *working times directives*.

## People matter

## Looking forward to 1999/2000

### ■ Help and health in the workplace

The Trust has a good reputation for looking after its employees, with a highly regarded comprehensive employment package, family friendly policies and a positive approach to health at work initiatives.

It will be important to maintain and develop these approaches over the coming year to meet the target of **improving the quality of working life** for staff and equally in being sympathetic and supportive to all employees in a time of pressure, uncertainty and change.

Good communications with staff will remain essential throughout all levels of the organisation. The Trust's communications strategy will be reviewed and every effort made to improve the quality, appropriateness and timeliness of organisational communications.

Initiatives to promote the well-being of all employees will be further developed. Much of this work will be undertaken jointly using the well-established and positive networks with staff representatives through the Trust's *joint negotiating committee*. This will include building on progress with local health at work and staff welfare initiatives and encouraging the adoption of environmentally friendly practices.

### ■ Security, risk and health and safety

The specific project work on security already underway will seek to identify and review practical ways of improving security for staff in the course of their work. The results of a major staff survey on security will be analysed and further action identified and agreed.

The Trust will continue to engage in comprehensive risk assessment processes to ensure potential risk to patients or staff is minimised.

### ■ Social inclusion

As an employer for social inclusion, the Trust intends to play a full part, in partnership with other agencies and groups, in utilising initiatives such as *New Deal* and *Modern Apprenticeships* as a means of enabling people to contribute to the NHS and achieve financial independence.

### ■ Year 2000 contingency planning

The 1999/2000 new year period has the potential to present an additional series of challenges which the Trust will have to face over and above the pressures usually prevalent at that time of the year.



## Looking forward to 1999/2000

A project plan has been established to enable the Trust to manage the operational risks associated with the Year 2000 festive period in a structured way and to do as much as possible to minimise the impact of any problems on staff and the people who use our services. The plan will be sufficiently flexible to cover a range of scenarios and will be developed with representation from each of the Trust's services.

The plan focuses on seven important areas:

- IT systems and other equipment
- estates and utilities
- supply chain
- risk assessments and contingency planning
- communications
- inter-organisation/joint planning and
- personnel and staffing.

Services have been producing staffing plans to help them cover the festive period and to manage any unpredictability in demand. Issues relating to pay and annual leave over the period are being reviewed collectively with neighbouring health organisations so that a consistent local approach can be implemented.

### Pounds matter

#### ■ The overall financial picture

The Trust has retained a sound financial base during 1998/99 and continues to work closely with local health agencies. The financial principles established in 1998/99 have been used as the benchmark for 1999/2000 service agreements. It is anticipated that the Trust will receive adequate inflation funding in 1999/2000 as well as funding for some service developments.

The financial framework remains challenging with a number of cost pressures needing to be financed. These will include the impact of the introduction of the *working times directives*, costs associated with clinical negligence and also the effects of Year 2000 issues.

This will once again require the Trust to work closely with its partners to ensure that financial duties are achieved.

#### ■ Financial objectives for 1999/2000

The Trust will work to achieve several specific financial objectives in the year to come.

- delivering the required financial duties
- sustaining Treasury response time targets for paying bills
- ensuring financial information systems are Year 2000 compliant
- developing and making available service financial information to primary care groups
- reviewing PCG baseline budgets
- developing internal financial controls within the *Controls Assurance Framework*
- developing expenditure profiles for the Trust's major charitable funds
- monitoring the financial impact of the implementation of the *working times directives*.

## Looking forward to 1999/2000

### ■ Income and expenditure 1999/2000

	1999/00 £000	%
<b>Income</b>		
Service agreements - clinical services	99,200	94
Service agreements - other	900	1
Other income	4,900	5
<b>Total income</b>	<b>105,000</b>	<b>100</b>
<b>Expenditure</b>		
Pay	70,000	
Non Pay	28,752	
Depreciation	2,473	
<b>Total Expenditure</b>	<b>101,225</b>	
Surplus before interest	3,775	
Trust Debt Remuneration (Interest and dividend)	3,775	
Retained Surplus	—	

### ■ Estates and capital

The main areas for activity over the next twelve months can be summarised as follows:

#### **Year 2000...**

- *Systems compliance*: test critical building and engineering management systems for compliance.
- *Contingency plans*: develop robust contingency plans to manage potential interruption to utility services over the millennium period.

#### **Quality...**

- *Post-project evaluation*: undertake studies on recently completed major projects.
- *Quality questionnaires*: analyse data from estates service questionnaires and identify areas for improvement.



## Looking forward to 1999/2000

### **Estates strategy...**

- *Flexible solutions:* develop flexible, adaptable and affordable building solutions to match changing service models and operational needs.
- *Community mental health team bases:* work with social services and other organisations to develop building solutions to meet CMHT needs.
- *Community houses:* work with Trust staff and other agencies to develop building solutions to meet client needs.
- *Leased assets:* establish effective links with the new Regional Office and promote the strategy for major investment in the regional leased assets (eg. St James', St. Christophers, Coldeast site).

### **Value for money...**

- *Works service contract:* continue to monitor the works service contract to ensure value for money.
- *Waste management:* review procedures for waste management in line with the development of a waste recycling policy.

### **Health and safety...**

- *Action plan:* review priorities for Estates related health and safety issues and prepare a revised action plan.

### **Energy...**

- *Energy reduction:* concentrate management resources to achieve energy savings in support of the Government's initiative to reduce energy consumption by 20% by 2000.

### **Fire...**

- *Risk management:* undertake risk assessment in all Trust premises by April 2000.
- *Fire improvement work:* continue the St James' hospital programme.
- *Fire extinguishers:* continue implementation of new programme.

### **Telecommunications...**

- *Voice and data:* continue to investigate integration of systems across the Trust.

### **Access for the disabled...**

- *Access audit:* continue the audit and undertake improvement schemes to match disability needs.

### **Five year investment strategy...**

- *Investment programme:* continue the 5 year programme to significantly reduce backlog maintenance and health and safety risks.
- *Programme review:* adjust to suit changing service and operational needs.

### **Security...**

- *Design standards:* produce design standards to match the Trust policy for physical security and personal safety.
- *St James' hospital:* establish a site security strategy and continue the programme of improvement works.

## Looking forward to 1999/2000

### Conclusion

The next twelve months will be exacting, given the pressures the Trust will face with growing demand for its services, the tight financial situation and the ongoing changes in the local health system which will continue to emerge as the programme of NHS reforms develops. The Trust will endeavour once again to ensure that corporate and individual service and care group objectives are met.

In meeting the challenges, and our stated objectives, the Trust will seek to demonstrate its belief that *people, pounds, performance and partnerships* do matter.



# Business Plan

## Part Two Individual service plan summaries

## Adult mental health

### Looking back 1998/99

#### ■ Performance

- new GP counselling service developed
- out of hours service introduced January 1999
- joint health and social services care planning/care management process adopted across the Trust
- evidence based practice group established to support service in progressing clinical governance work
- funding secured to appoint additional staff to support people who frequently require admission
- ongoing residential service review to provide improved treatment settings for clients
- successful recruitment and retention programmes.

#### ■ Pounds

- steadily increasing level of demand maintained pressure on service
- areas of overspend were in response to changes in clinical practice evaluated for effectiveness (eg clozapine); overspends were planned and 'in year' arrangements made to cover these prior to negotiations for funding with purchasers.

### Looking forward 1999/2000

#### ■ People

- all staff will continue to be encouraged to contribute to team objectives and participate in service planning
- although local recruitment/retention initiatives have been positive, pressure will continue due to national shortages of qualified nurses and doctors - the effect of this on staff workloads will be monitored
- adult mental health clinical governance group established, working across service alongside contract group.

#### ■ Partnerships

- the Trust's greater involvement in joint agency discussions will support the potential for genuine partnership
- communications with GPs in particular will be crucial with the community teams' link role a cornerstone in improving working practices and information sharing with primary care.

#### Main service objectives 1999/2000

**The national priority for mental health services and the recent proposals for change will have a far reaching effect on local service provision.**

- participate in the development of a joint agency service strategy;
- continue to implement joint agency action plans for community mental health teams;
- ensure the new out of hours service links effectively with current services;
- improve crisis/emergency services including re-provision of presentation service at St James' hospital and development of proposals to support A&E staff;
- evaluate first year of the primary care counselling service;
- work closely with GPs from new PCGs to improve understanding and to pick up on any service expectations;
- implement residential review recommendations and progress PFI and single sex area developments;
- secure national earmarked development funds for the benefit of local service users
- establish clear plan for relocation of Section 136 Place of Safety clients.



## Children's services

### Looking back 1998/99

#### ■ Performance

- non recurring funding (2 years) secured for autism assessment service which commenced winter 1998
- sick children in the community - joint service with Portsmouth Hospitals set up (on a non recurring basis)
- community clinics for child protection established, running twice weekly
- nursery nurses appointed to support health visitors as part of skill mix review; implications being monitored
- health visiting input into A&E set up to provide telephone advice to parents and provide a link between the department and practices
- children's primary mental health worker initiative gaining momentum as practices become more aware of role.

#### ■ Pounds

- all services have been subject to ongoing establishment review; non recurring development posts needing to become substantive have had to be considered within this
- increasing demands on health visiting through other agencies tightening referral criteria
- review of equipment to support children in the community undertaken to prevent waste.

### Looking forward 1999/2000

#### ■ People

- range of clinicians representing all children's services will continue to be involved in service planning
- quality forum continues to provide a helpful framework to seek views of clinicians and service users
- increasing requirement for timely and appropriate training needs to be resourced and managed appropriately
- measures to tackle recruitment pressures (psychology, child/family therapy) will continue.

#### ■ Partnerships

- health visitors and school nurses' roles within primary care groups will be consolidated with the appointment of PCG nurse members
- relationships with social services colleagues in certain areas (child protection, child/family therapy) have been stretched - and ways of improving this will be pursued.

#### Main service objectives 1999/2000

**The service is committed to the need to focus on clinical effectiveness; objectives for the year ahead encompass this, as well as the need to adopt an increasingly collaborative approach to planning/delivery.**

- consolidate ADHD service and monitor its effectiveness, especially in reducing child/ family waiting lists; consider potential for expansion of ADHD and child protection services (including surveillance); consolidate permanent funding for Autism service;
- participate in the development and monitoring of Youth Offending Teams in response to Crime and Disorder Act;
- increase paediatric physiotherapy and occupational therapy provision;
- implement specialist/resource health visitors for special needs, health promotion and behaviour management;
- secure the nursing service for sick children in the community;
- maximise response to local HImP and work towards establishing evidence based practice groups in each PCG.



## Clinical psychology

### Looking back 1998/99

#### ■ Performance

- review of current service provision undertaken
- service model developed in accordance with care group needs, national guidelines and Trust priorities
- internal structure and working relationships within service reviewed
- quality programme developed which outlines clear aims and objectives for the service
- activity targets set for some posts and progress made with implementing a data monitoring system
- relationship strengthened between psychology service, primary care counselling and psychotherapy
- significant progress made in work with a number of services including mental health specialties, child and family therapy, physical and neurological disability, acquired brain injury and palliative care
- increased role in training of clinical psychologists through Southampton University training course.

#### ■ Pounds

- no significant pressure points but the imbalance of skill mix in some care group areas (eg. adult mental health) has implications for treatment costs
- psychology review recommended that funding is brought under one budget holder in order to maximise the potential provision of clinical psychology services across care groups.

#### ■ People

- some success in recruitment (current staffing shows an increase of 3.5wte on last year) although recruiting qualified clinical psychologists remains difficult nationally; steps will be taken following the review process which will make the Trust an attractive prospective employer
- work ongoing in developing a more cohesive structure for the service which will strengthen its identity in the district.

#### ■ Partnerships

- the introduction of an organisational structure which can maximise the use of available psychological skills and resources will enable a more effective response to commissioners' needs
- representation on several joint agency or multi-agency committees and working groups will continue across a number of care groups and positive integration with Trust multi-disciplinary teams will be maintained.

#### Main service objectives 1999/2000

**The review of clinical psychology services has outlined a structure which will enable the service to respond to the demands and opportunities posed by the new NHS environment.**

- implement the central recommendations of the psychology review, including the appointment of a 'Head of Psychology';
- address specialty/care group issues identified in the review and recruit to vacancies;
- respond to the specific demands on the service from PCGs and also respond to national guidance and developments (eg. national frameworks, NICE);
- meet the challenges posed by the introduction of clinical governance, particularly focusing on the development of outcome indicators and appropriate activity coding systems.

### Looking forward 1999/2000



## Community dental services

### Looking back 1998/99

#### ■ Performance

- demand for provision of 'safety net' services increasing
- two dental sedationists now provide services at the Poswilllo Dental Centre
- Oral Health Promotion service continues to work closely with the Health Authority in influencing oral health improvement programmes
- employment of vocational trainees and a general professional trainee has alleviated recruitment difficulties
- Oral Health Advisory Group has enhanced links with hospital and general dental service practitioners
- work ongoing to find a solution to service provision difficulties in the western ward areas of Fareham - no suitable options have yet been uncovered.

#### ■ Pounds

- support will continue to be required in updating surgery environments and equipment if a quality service is to be maintained
- the difficult issue of charging patients for treatment received will continue to be reviewed; some (particularly adult) patients who currently attend for specialist treatments (eg. dental phobics) would be expected to pay if receiving this treatment at a general dental practice.

### Looking forward 1999/2000

#### ■ People

- recruitment pressures remain for dental officers and nurses; the use of vocational trainees and better use of auxiliary time should continue to help the former whilst provision of pre/post graduate nurse training at Portsmouth University is seen as a major step forward for the latter
- dental staff will play a major part in the changing role of their service; involvement will continue to be encouraged through regular team meetings, questionnaires to all staff and the successful peer audit review.

#### ■ Partnerships

- Oral Health Advisory Group should be able to influence/advise emerging PCGs on dental issues
- cooperation with general dental practices will be vital in ensuring that dentally fit children can be appropriately returned to GDPs to enable the service to redirect focus to treating special needs patients.

#### Main service objectives 1999/2000

**The critical state of NHS dentistry in the district presents many challenges. Although the future shape of the service remains unclear, objectives will continue to reflect changing commissioner needs.**

- play active role in ongoing development of Oral Health Advisory Group to work closely with PCGs;
- integrate hospital and community orthodontic services to use resources most effectively;
- continue to develop services for patients with special needs, including 'high risk' clinics;
- improve training : subject requests from staff include - treating patients with psychiatric disorders, dementia, learning disabilities and domiciliary dentistry; pharmacology; and instrument and equipment maintenance;
- develop reflective practice models in dental patient care; evaluating/incorporating national care standards;
- cooperate with local Trusts on combined patient monitoring scheme to help deliver clinical governance.



## Community hospitals

### Looking back 1998/99

#### ■ Performance

- reflective practice project extended across the community hospitals
- GP bed review complete and some changes to bed utilisation implemented
- successful continuation of GOSDOC where GPs use Gosport War Memorial Hospital at evenings and weekends as part of on-call service
- work towards Health Promoting Hospitals accreditation commenced at Gosport War Memorial and St Christopher's hospitals and action plan agreed with Health Authority
- specific training programme for minor injuries staff introduced and a good practice forum to share ideas
- work continued with Portsmouth Hospitals in providing additional outpatient clinics and outpatient hospital information system; the latter now operates from all sites.

#### ■ Pounds

- Petersfield GPs funded for initiatives to increase the number of sub-acute referrals during the winter; the impact of this requires review
- current financial picture stable although longer term is likely to be significantly influenced by emerging PCG agendas.

### Looking forward 1999/2000

#### ■ People

- further efforts will be made to address current difficulties in recruiting qualified and unqualified staff, building on the success of previous initiatives
- increase use of community hospital settings for health promotion activities/opportunities which will include training for staff and improved links with the health promotion service.

#### ■ Partnerships

- a number of existing initiatives will be continued and, in addition, work pursued with the Health Authority to meet Health Promoting Hospital standards, with a view to achieving local accreditation
- as PCG agendas clarify, community hospitals will need to work with local GPs and the Health Authority to ensure services develop in line with need whilst retaining a local feel and maintaining high standards of care.

#### Main service objectives 1999/2000

**Community hospitals are well placed to provide a quality service within defined communities and, as such, will continue to work closely with GP colleagues as PCGs develop.**

- continue to work with the Health Authority and local GP practices in relation to GP bed usage;
- clarify and develop local PCG links;
- work towards meeting Health Promoting Hospitals standards and adopting health promotion ideals into mainstream service delivery cohesively;
- maintain the positive local relationships and high profiles within community hospitals;
- explore methods to improve consumer feedback.



## District nursing

### Looking back 1998/99

#### ■ Performance

- specialist/resource nurse roles launched successfully
- measures to improve continence training and stock control are underway
- district nurse as care manager scheme extended throughout city and to a lesser extent across district
- leg ulcer model of care increasingly adopted within district nursing teams and piloted in several GP practices
- refinements introduced to out of hours service - the potential to link with GPs' out of hours services is being reviewed to possibly provide a triage service
- quality forum established which shares good nursing practice, reviews complaints, obtains patient/client feedback and reviews risk issues for staff.

#### ■ Pounds

- the number of clients receiving continence supplies continues to rise adding to pressures on budget; new stock control system has been introduced and routine assessments of need undertaken
- other budget pressures identified are an increase in demand for night nursing services, particularly patients with more complex needs, including sick children; the need to regularly replace enteral feeding tubes presents a recurring cost pressure.

### Looking forward 1999/2000

#### ■ People

- district nurses will continue to have a key role to play not only in the ongoing development of the service but also in PCGs where consultation will be led by community nursing representatives on each group
- a manpower plan will be developed to focus on the changing shape of the service; it will also pick up age profiling and training and will support the recruitment and training of more bank nurses.

#### ■ Partnerships

- emerging PCGs will help maximise collaborative working with local organisations and practice nurses
- interaction with both health agencies and social services will support the Health Improvement Programme and ensure effective use of resources
- positive action will be taken to strengthen links with acute/secondary health services.

#### Main service objectives 1999/2000

**Clinical effectiveness remains the primary focus for the service; this and other opportunities which are emerging as part of the NHS White Paper form the basis for this year's objectives.**

- consolidate specialist/resource nurses' lead role within clinical effectiveness; extend clinical effectiveness to cover complete community nursing team; extend/monitor clinical supervision;
- extend district nursing care management where practical; develop closer working arrangements with social services; improve discharge arrangements with local hospitals and social services;
- develop a record keeping/information system which combines clinical effectiveness with simplicity;
- maximise contribution (specifically for older people) in future HImP planning;
- explore potential to respond more effectively out of hours within existing resources.



## Elderly medicine

### Looking back 1998/99

#### ■ Performance

- increased demand for geriatric consultant time following successful implementation of fractured neck of femur pathway which resulted in increased efficiency of Kingsclere rehabilitation centre
- work progressed in developing service for people with fractured neck of femur and dementia
- option appraisals for ward reprovision undertaken; further work required to confirm an affordable scheme
- very high standing in multi professional standards for stroke recorded by National Sentinel Stroke Audit
- strategies to reduce shoulder pain in stroke introduced with positive audit results
- winter pressures initiatives implemented for 98/9 include a discharge lounge, supernumary sister cover, support to the CAPS scheme with geriatric assessment and a pilot community rehabilitation scheme
- drug boxes for patients' own medication piloted successfully and introduced on each ward in 98/9.

#### ■ Pounds

- costs of locum and agency staff, reflecting shortages in nursing and medical staff, are high
- significant costs also likely to be attached to programmes to purchase/replace specialist equipment
- funding deficits identified for medical, nursing and therapy staff which will need to be addressed.

### Looking forward 1999/2000

#### ■ People

- medical and nursing staff pressures will continue to grow due to shortage of staff nationally
- difficulties are less acute with therapies where high profile of therapy managers in national initiatives (physio/OT with falls; speech and language therapy with dysphagia) continues to be of benefit.

#### ■ Partnerships

- through the whole systems group, the department will continue to build on the close collaboration developed with Portsmouth Hospitals and social services during the 97/8 winter pressure initiatives
- new models of care will be required to respond to increasing service demands; eg. community based rehabilitation, NHS residential care outside hospital and comprehensive services for all strokes. This cannot be done in isolation and will require collaboration with PCGs, local health and social services.

#### Main service objectives 1999/2000

**Pressure on services remains significant with acute wards 98% occupied, increasing demand for ward visits, greater dependency and complexity of day hospital patients and use of continuing care wards for assessment against eligibility criteria.**

- develop a 5 year strategy for clinical governance;
- develop a service agreement for continuing care with GPs and clarify consultant sessions required;
- develop proposals for funding and implementation within the Health Improvement Programme for older people;
- participate in preparing the clinical brief for the proposed Portsmouth Hospitals' PFI redevelopment scheme which will impact significantly on Trust managed services;
- clarify costs of environmental audit with a view to developing a timetable for implementation.



## Elderly mental health

### Looking back 1998/99

#### ■ Performance

- working party established to consider options for creating a day hospital service for Havant/Petersfield
- development bid for establishing Aricept trial accepted by Health Authority and clinics now set up
- patient environment upgrades continued (Beaton, Fernhurst) and option appraisal for The Gables initiated
- closer links forged with elderly medicine service through proposals to work jointly over specific conditions
- further links established with primary health care teams through designated community psychiatric nurses
- contributed to development of future service model with work on subgroup of *Joint Commissioning Board*
- successful transfer of Skillploy service to Social Services to enhance services offered to clients.

#### ■ Pounds

- present levels of staffing in residential services contribute to pressures on budgets; financial priorities are constantly reviewed to ensure resources are maximised and prioritised to meet the needs of the client group
- although there has been a considerable amount of modernisation a significant component of the residential estate is in need of upgrade if modern standards of privacy and dignity are to be achieved.

#### ■ People

- forthcoming development of clinical governance and service specific frameworks will inevitably require clinical staff to participate in processes which could reduce the time they have to work with clients
- it remains difficult to recruit registered mental nurses, occupational therapists and psychologists; this compounds existing service pressures caused by increased demand, expectations, and more complex cases.

#### ■ Partnerships

- the Trust's involvement in joint agency commissioning discussions is welcome and is expected to enhance the potential for genuine partnerships with other agencies - this is vital if clients are to receive 'seamless' care; working with GPs and the developing PCGs will present another challenging agenda in the year ahead.
- historically partnerships at practitioner level are strong; however securing social work involvement in community teams needs to be addressed to prevent discharge delays from acute beds.

#### Main service objectives 1999/2000

**Over the coming year the service will seek to improve the levels of care to clients and carers and maintain robust working partnerships with social services, voluntary groups and others.**

- confirm the strategic direction for local EMH service provision and the Trust's role in the overall model;
- ensure clinicians influence the development of the Health Improvement Programme and are involved in progressing the 'Better services for vulnerable people' initiative;
- ongoing review of residential staffing levels and negotiation with the Health Authority for changes in some areas;
- continue the programme to upgrade patient care environments with minimal disruption to patients and staff;
- increase range of local services; a local day hospital service in Havant/Petersfield remains a high priority.

### Looking forward 1999/2000



## Family planning and reproductive health

### Looking back 1998/99

#### ■ Performance

- the service met its core objective to provide a comprehensive, accessible contraception and reproductive health service to all age groups across the district, including the Sex Sense team's responsibility towards young people in focusing on prevention initiatives, eg. reduction in teenage pregnancies
- telephone advice/help line (12-2pm) gives clients access to a senior nurse for advice Monday to Friday
- development of clinical nurse specialist role is ongoing; nurse led clinics introduced
- use of ultrasound machine in Unplanned Pregnancy Clinic has minimised borderline referrals to BPAS
- resiting of the Ella Gordon Unit to the west wing of St Mary's hospital achieved
- implementation of electronic data collection ongoing; systems piloted by Sex Sense and domiciliary teams.

#### ■ Pounds

- current pressures, drugs/contraceptive methods, psychosexual service and staff costs are being monitored
- costs/effectiveness in relation to drug use are constantly reviewed; liaison with NHS Supplies ongoing to ensure value for money opportunities are secured.

#### ■ People

- staff turnover is low and retention not a problem although recruitment pressures are expected due to national shortages in specifically trained medical/nursing staff
- recruitment of doctors will become increasingly difficult given the greater demand now for general practice
- clinical governance; a working group will be set up to review evidence based practice, support staff in professional development and enable infrastructure to ensure the sharing of good practice or adverse events.

#### ■ Partnerships

- participation in the development of Health Improvement Programmes will help shape future service delivery
- the continued development of a specialist, appropriately staffed service will be shared with PCGs and will complement the service offered to their clients
- links will be improved with other services to offer domiciliary input to meet the needs of vulnerable clients.

### Main service objectives 1999/2000

#### Issues affecting the service arising from national, Health Authority, Trust and Health Improvement Programme directives will be addressed.

- provide an equitable, accessible, comprehensive, specialist contraceptive service, offering all methods, in line with the Health Authority contracts (including Sex Sense) and Health Improvement Programme;
- continue to develop the clinical nurse specialist role;
- review the provision of the psychosexual service;
- participate in the Department of Health chlamydia screening pilot;
- complete relocation of the Ella Gordon Unit.

### Looking forward 1999/2000



## HIV/AIDS

### Looking back 1998/99

#### ■ Performance

- initiatives developed or strengthened include: gay men's health promotion service; sex sense; young people's substance misuse service; post-coital contraceptive service; dual diagnosis service and 'Talking about...sex' newspaper for young people
- continued support to the health promotion schedule for public education initiatives including World AIDS Day, National Condom Week, Summer Safer Sex and European Drug Prevention Week
- key service specifications agreed with the Health Authority and working relationship strengthened
- successful continuation of the HIV/AIDS training programme
- HIV/AIDS and HIV/mental health clinical nurse specialists continued to provide a valuable role in offering specialist advice for patients, families and staff working with HIV/AIDS.

#### ■ Pounds

- clarification process begun with Health Authority on continued nature and source of funding of projects
- contract group working to ensure that HIV/AIDS initiatives are linked to care group priorities and agreed Health Improvement Programme targets to make most effective use of resources.

#### ■ People

- user views will continue to be sought across the range of projects run within the HIV/AIDS remit, including feedback from staff from training courses and views of target groups - gay men, substance misusers etc
- training programme will continue to ensure that staff from both Trusts have access to up to date information.

#### ■ Partnerships

- links will be further developed to ensure funded initiatives are complementary to service priorities
- opportunities to work closely with primary care will be pursued and new links formed within the changing environment to bring consideration of HIV/AIDS services into mainstream service planning issues.

#### Main service objectives 1999/2000

**The Trust's HIV/AIDS group will continue to support staff in coordinating projects and initiatives, making sure they complement each other and remain in line with local/national priorities.**

- continue training programme to staff and individual clinical work;
- second clinical nurse specialist (HIV/mental health) to the dual diagnosis service;
- further develop links with Trust services to ensure that HIV/AIDS funded initiatives are complementary to existing services and reflect agreed priorities outlined in the HImP;
- agree outstanding service specifications and refine existing ones based on user feedback;
- clarify with Health Authority ongoing arrangements for HIV/AIDS initiatives;
- pursue objectives outlined in 'Our Healthier Nation'.

### Looking forward 1999/2000



## Learning disability

### Looking back 1998/99

#### ■ Performance

- accommodation improvements achieved with upgrades to Sarisbury bungalows and work on commissioning property HP 21 continues with the Health Authority and Knightstone Housing Association
- involvement in developing the health strategy for people with learning disabilities
- proposals completed on developing a specialist service for people with epilepsy; specific outpatient clinics are in place along with training packages and an evaluation of need
- development of proposals to provide a local service for people who have complex health needs who present with a mental health problem/learning disability and are currently in inappropriate ECR placements
- community teams facing greater demand but have been strengthened through internal skill mix reviews.

#### ■ Pounds

- demand for aspects of the service are increasing and may, as a result, bring with them cost pressures; there may be opportunities to recycle funding in certain areas (eg. ECRs) to provide appropriate local services
- consideration is being given to disinvestment in some of the existing housing stock/ownership of houses and reinvestment of funds into more suitable residential accommodation
- significant achievement for Social Care service in successfully securing local contracts with Social Services.

### Looking forward 1999/2000

#### ■ People

- staff, carers and service users are involved and contribute to ongoing development of services; the service is working further towards involvement through quality and service action planning
- further investment in developing service specific training and development; support staff are undertaking NVQ level 3 and managers the NEBS Healthcare Supervisory Development Programme
- directory of users' groups to be set up - providing clear information to assist/promote access to services.

#### ■ Partnerships

- review ability to influence other services' planning to assist inclusion for people with a learning disability
- involvement in the shaping of any future health care service will be investigated, working with primary health care teams and care groups to enhance equal access to services for people with a learning disability.

#### Main service objectives 1999/2000

##### Opportunities to improve the quality of service provided to clients and their ability to access other services if required will be further explored.

- further strengthen community teams in line with agreed Health Strategy and 'Signposts for Success';
- further develop local health care provision for people currently in inappropriate ECR placements;
- tackle inappropriate staffing levels/skill mix in residential services through benchmarking and discussions with Health Authority and social services;
- overcome difficulties in accessing generic service for people with a learning disability;
- agree action plan with Health Authority/social services for provision of appropriate residential accommodation;
- develop systems for gathering/reporting on areas of effective clinical practice;
- work to develop peer reviews with other social care providers locally.



## Occupational therapy

### Looking back 1998/99

#### ■ Performance

- reconfiguration of the OT service into care groups has done much to raise its profile although demand has increased as a result
- evaluation of the introduction of a peripatetic service within the city to support hospital discharge has been positive and the pilot is to be extended
- quick response technician service continues to ensure discharges are not delayed by OT service
- annual training programme extended in specialist skills development, supported by School of Occupational Therapy and Physiotherapy at Southampton University
- fractured neck of femur protocols and standards of practice established by acute/elderly service OTs
- quality strategies developed by each care group and supervision arrangements refined.

#### ■ Pounds

- use of locums to cover vacant posts is expensive but increased service demand and the difficulty of recruiting to particular specialist posts leave few suitable alternative options
- increased demand, particularly for equipment to support hospital discharge, the terminally ill and independent living in the community, has cost pressure implications; discussions have begun to explore a more integrated cross-boundary working arrangement which may help this pressure.

### Looking forward 1999/2000

#### ■ People

- recruitment of junior staff improved due to increase in number of student clinical placement supervisors
- establishments are stretched to their limit to meet increasing service demand; extra investment in a 'grow your own' programme may help tackle this and the difficulty in recruiting specialists to certain posts.

#### ■ Partnerships

- the major challenge to the service is its health/social care interface. A pooling of professional resources and more explicit joint community working would aim to reduce duplication of assessment; reduce the number of patients who fall between the two services; improve access and the equity of service provision and demonstrate the OT effectiveness in achieving a maximum health gain.

#### Main service objectives 1999/2000

**Specific objectives for each care group have been developed. Some of them have been identified as appropriate to the service as a whole.**

- consult over cross boundary community service delivery in line with the development of PCGs;
- develop specialists' skills within relevant care groups, particularly related to evidence based practice and linked to Research and Development and audit;
- increase awareness within other services of increasing demand and ensure adequate investment;
- explore options for integrated equipment/care management provision so that dependency is not further developed;
- develop post-registration specialist training with Southampton University, linked to Education Consortium funding.



## Palliative care

### Looking back 1998/99

#### ■ Performance

- new palliative care strategy has strengthened links with Portsmouth Hospitals' cancer services, The Rowans, MacMillan nurses, Countess Mountbatten House and other palliative care providers
- successful counselling input to psychology service has again demonstrated need for comprehensive psychology service as part of palliative care
- funding achieved for additional medical and nursing post
- data collection/reporting improvements have been made with improved software and network links
- establishment of palliative care core group has helped to develop closer links with other services
- clinical nurse lead role will lead nurse development in palliative care by providing an integrated and comprehensive service to nursing staff delivering palliative care in both hospital and community settings.

#### ■ Pounds

- the psychology service cannot meet the demands being made, with increasing workloads for the psychologist and temporary counsellor; it emphasises the need for long term funding for psychological input for both patients and carers
- demands on the service have added to pressures on home care and hospital nurses, and staff in related posts.

### Looking forward 1999/2000

#### ■ People

- palliative care nurses' forum will continue to promote exchange of ideas and joint working between palliative care and primary care nurses as one of its main focuses
- palliative care core group stakeholders will work together to achieve aim of meeting needs of those who require palliative care.

#### ■ Partnerships

- the service will aim to ensure that links with PCGs are maintained and strengthened where possible
- acknowledging the relatively small size of the service, the importance of working with PCGs and other agencies is recognised in order to support Health Improvement Programme.

#### Main service objectives 1999/2000

**The service will continue to forge links with colleagues in cancer services, The Rowans, Countess Mountbatten House and GP practices to sustain a quality service.**

- establish and appoint to the role of clinical nurse lead to develop nursing in the service and encourage wider links;
- develop closer working relationships with all providers of palliative care and cancer services and PCGs;
- maximise the service contribution to developments linked to 'Our Healthier Nation' and local Health Improvement Programme, specifically for those people susceptible to cancer related diseases;
- review the psychology service with a view to demonstrating demand and acquiring additional funding;
- respond to the expectations of clinical governance by ensuring a clinically effective and evidence based delivery of palliative care.



## Physical disability

### Looking back 1998/99

#### ■ Performance

- work progressed in supporting development of services across agencies/boundaries to ensure continued care from diagnosis through rehabilitation to maximum health gain and independence
- bid produced for second phase rehabilitation development funding for younger disabled people
- *Access to premises audit* completed and template for disability requirements for future building developments/upgrades compiled in association with Estates department and in line with *Disability Act*
- statistical review of physical disability respite bed usage undertaken with Health Authority
- continued involvement in the development of a strategy for acquired brain injury including a review of current services and joint working with other agencies
- action plan developed from audit of equipment for hearing impaired patients at community premises.

#### ■ Pounds

- the only directly held budget relates to residential and respite care accommodation, for which trends are monitored monthly with the Health Authority; other funding arrangements are encompassed in individual service budgets and are therefore subject to existing pressures
- funding requirements to enable clients with complex needs to be cared for at home will be a constant issue.

### Looking forward 1999/2000

#### ■ People

- recruitment/retention difficulties have been experienced, particularly with some specialist therapy posts; this has caused disruption in the development of some services and initiatives and is likely to continue
- profile of clients' needs will continue to be raised within the Trust's health promotion strategies.

#### ■ Partnerships

- the diversity of client need endorses the necessity for the Trust to maintain good relationships with other organisations, including PCGs who may help in the development of frameworks for particular initiatives
- initiatives with staff groups and agencies which promote issues around disability and increase awareness of disability issues in all future strategic developments will be encouraged.

#### Main service objectives 1999/2000

**The Trust's physical disabilities group will support a spectrum of integrated services designed to meet the variety of need and to support as independent a lifestyle as possible for people with disabilities.**

- continue to work with the Health Authority and Portsmouth Hospitals on proposals for the promotion of multi-disciplinary community rehabilitation teams;
- as part of multi-agency review of services ensure best use of resources to promote rehabilitation and independent living, ie. equipment services, technical support, OT and rehab teams, discharge arrangements;
- encourage greater user and carer input into services and planning through local disability forums;
- continue, through audit and research, to improve services in accordance with the Disability Discrimination Act including better access to Trust premises.



## Physiotherapy

### Looking back 1998/99

#### ■ Performance

- recruitment of junior staff remains excellent with a wide choice from a large number of applications enabling the service to recruit some of the top graduates
- policy for internal staff development impacting with 7 second year juniors moving into senior posts
- clinical effectiveness achievements include development of stroke and acquired brain injury guidelines and comprehensive staff training programmes published
- charter mark awarded to neuro gym at QA hospital
- pilot with Gosport GPs re. practice based waiting lists undertaken
- fast track back service for staff continues to operate effectively and is valued by staff
- significant number of physiotherapy assistants successful in obtaining NVQ level 3 awards.

#### ■ Pounds

- little room for manoeuvre in non-staff budgets; this may add to pressure on services if savings are sought
- all departments are actively pursuing green initiatives including recycling and energy saving objectives
- ongoing budget review for Fareham/Gosport services.

### Looking forward 1999/2000

#### ■ People

- continue to strive to be recognised nationally as a service which promotes the highest professional standards and supports its staff - this is known to improve recruitment
- recruiting high quality senior staff remains difficult, although encouragingly some vacancies filled internally
- support for returners will continue to boost the small bank of staff available in term time which can reduce need for locums.

#### ■ Partnerships

- close links traditionally established with Portsmouth Hospitals, and mental health, elderly, social and housing services will continue to be pursued, as will those with local universities with physio schools
- input into PCG, Portsmouth Hospitals and Health Authority agendas will be sought and work will continue at the cutting edge of professional issues - clinical governance and education, and evidence based practice.

#### Main service objectives 1999/2000

**The continuing professional development and in-service training programmes will ensure physio staff are highly skilled and able to deliver/evaluate their service.**

- ensure high quality staff are retained to develop the service, eg. through continuing to provide an exciting and supportive work environment where innovation is encouraged at all levels;
- encourage staff to be involved in R&D where appropriate as part of wider training/development programme;
- continue to work towards clinical effectiveness, eg. through developing local research based clinical guidelines;
- ensure safety and high standards in working environments and equipment through focused reviews;
- continue to monitor caseload management, particularly in relation to impact of service developments elsewhere, eg. Portsmouth Hospitals.



## Podiatry

### Looking back 1998/99

#### ■ Performance

- one mobile unit decommissioned with services established in two new community sites
- fast track and assessment clinics effectively implemented in some areas producing earlier completed treatments and discharges, particularly where ultrasound and other therapies are used for acute conditions
- multi-professional training initiatives have been well received for diabetes assessments
- senior clinical staff appointed to take specialist lead roles in biomechanics, paediatrics and gait, diabetes, health promotion and research, rheumatology and surgery
- revised service structure implemented which has helped to reduce management overheads
- continued enthusiasm for post-graduate education with several staff undertaking MSc, diploma or certificate courses.

#### ■ Pounds

- waiting lists (notably specialist clinics) continue to grow; the length of time between appointments can cause difficulties particularly in maintaining effective treatment plans to achieve best clinical outcomes
- introduction of fast track/assessment only clinics should promote earlier discharge and benefit waiting lists
- equipment/working environments in certain areas increasingly need to be replaced or upgraded.

### Looking forward 1999/2000

#### ■ People

- a structure to formalise reflective practice and clinical supervision will identify effective practice and open a communication pathway whereby the issues around clinical governance can be addressed
- sharing information and receiving feedback within a relatively small staff group will continue to afford opportunities not available to larger services.

#### ■ Partnerships

- more work will be done to integrate podiatry services more firmly into primary care teams and efforts made to improve communications with private practitioners
- work will continue in maintaining links with other health professionals, other agencies and the public and developing others to address the key issues outlined in the White Paper and to accommodate local changes.

#### Main service objectives 1999/2000

**The service seeks to work more closely with other professional groups and agencies, and to recognise the growing importance of clinical effectiveness.**

- ensure the service is ready and able to respond to the emerging requirements of the PCGs;
- train and equip specialist lead clinicians to identify, recommend and adopt best practice based on researched evidence and share this through specialist interest groups;
- build and maintain a team of advanced practitioners for each specialism; introduce clinical supervision and reflective practice;
- review assessment and prioritisation of waiting lists and formalise a process to ensure equity of waiting times;
- identify areas where, in the medium term, priorities in Health Improvement Programme can be supported.



## Speech & language therapy

### Looking back 1998/99

#### ■ Performance

- service standards revised and updated in line with RCSLT Communicating Quality guidelines
- prioritisation systems reviewed and options for managing long term waiters identified
- development proposal prepared to counter shortfall in paediatric special needs service provision
- improvements made to the operation of communication aids loan system
- therapists' health promoting role in dysphagia care, language development and vocal hygiene developed
- progress made in designing detailed induction and training programmes within paediatric dysphagia
- continued improvement in budget performance through greater efficiency in service delivery.

#### ■ Pounds

- vacant posts are scrutinised and some specialist posts recycled to improve efficiency - there are limits to this exercise given the need to retain high quality standards within the service
- impact of service developments within Portsmouth Hospitals and the resultant impact on the service has increased pressure on resources with no increase in funding.

### Looking forward 1999/2000

#### ■ People

- staff will continue to be encouraged to participate in service planning and objectives will relate to the departmental strategy
- individual records of continuing professional development will be maintained with R&D projects encouraged through the department's research and development strategy.

#### ■ Partnerships

- work already undertaken with colleagues in other organisations to jointly evaluate effectiveness of speech and language therapy services where demand is particularly high, eg. City Council Education Authority; joint target setting in individual education plans for pupils with communication difficulties will be explored
- in the light of the NHS reforms the service will continue to work closely with local users and agencies to respond to national and local priorities and seek views on improving or retargeting service provision.

#### Main service objectives 1999/2000

**The service will be delivered using defined protocols and professional standards which, wherever possible, are grounded in audit outcomes and recognised research.**

- seek users' views and review/standardise information and training to service users;
- ensure the equity of service delivery in mainstream schools;
- work towards using evidence from research and audit to inform best practice;
- provide opportunities for cost effective post graduate training for all staff;
- ensure effective waiting list prioritisation systems, effective allocation of staff within health centres supported by high quality resources;
- implement recommendations following adult/elderly/community service review.



## Substance misuse

### Looking back 1998/99

#### ■ Performance

- Kingsway House and Avalon resource centres opened and evaluation undertaken on the Orion Centre
- dual diagnosis pilot established linking substance misuse and adult mental health services
- training analysis undertaken and programme for staff implemented
- user involvement work progressed; Drug Reference Group representation, involvement in resource centre development and honorary support worker post
- model agreed for integrated residential unit
- working practices developed with GPs to help them identify their potential role within substance misuse.

#### ■ Pounds

- developing the integrated residential unit has created a need for additional staffing, currently unfunded; skill mix will be reviewed initially but long term plans for a single site development should address this issue
- the imposed shortfall in revenue for resource centres still poses a problem
- potential loss of income from external contracts will force the service to reassess the extent to which treatment facilities are offered out of district.

### Looking forward 1999/2000

#### ■ People

- staff will continue involvement in policy formulation and review and other aspects of service planning
- information also shared via 'Liaison' (the service's newsletter) to which staff are encouraged to contribute
- service continues to attract high calibre staff, however one of the problems inherent with a small service is the lack of ability to absorb problems associated with sickness and recruitment lead-in time.

#### ■ Partnerships

- if the Government's 10 year strategy for substance misuse is to be achieved consideration should be given to all appropriate agencies being representatives of the Drug Action Team
- inter-agency joint assessment work will continue to be developed
- ongoing work with GPs in developing practical ways to increase their involvement in the service.

#### Main service objectives 1999/2000

**The Government's 10 year strategy (*Tackling drugs to build a better Britain*) will provide a focus for the development of the service.**

- review the pilot adolescent service; share findings within the Trust and with external agencies to seek support and commitment from local commissioners to further develop this project;
- work with social services to employ a peripatetic community psychiatric nurse for homeless/vulnerable people;
- explore the potential for providing an appropriate level of psychology support to the service;
- begin to implement findings of the review on the future shape of residential service provision;
- develop links with Portsmouth Hospitals pharmacy service in establishing clear and effective protocols and guidelines for the introduction of new drugs or treatments into the service;
- produce a marketing strategy which will provide the service with a structured basis from which to plan for future expansion or to replace aspects of its current business.





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