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Business 2000-2001 Plan

Business Plan 2000/2001

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part one

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Background

This business plan, the seventh produced by Portsmouth HealthCare NHS Trust, has been developed from the Trust's well-established service planning process. It reviews achievement against last year's plan and objectives and sets out the context and priorities for the year ahead.

The framework for the plan is provided by the Trust's organisational values (**People, Performance, Pounds** and **Partnerships** matter) and the document has been drawn together mainly from the service plans developed by each part of the organisation.

The main body of the plan reports on the key corporate achievements and challenges; a summary of each individual service plan can be found at the back of the document.

As with last year's plan, the developing context of the 'New NHS' locally has been a major influence on the content. The Trust's role in responding to and helping to refine the Health Improvement Programme, the ongoing emergence of primary care groups/trusts and the consequent reconfiguration of local health services have been and will remain key factors to consider in the wider health arena.

Internally, the evolution of clinical governance has had a significant impact on the way the Trust delivers its clinical services. Unprecedented financial and staff recruitment pressures have also had to be addressed in year and are not expected to ease significantly within the next 12 months.

These issues will continue to be at the forefront of the Trust's strategic thinking in the immediate future and beyond.

This plan will be used to guide the organisation's service delivery and development over the next 12 months. The broad objectives it contains will be translated into more specific targets for individuals and groups within the Trust.

As a reference document, it is also a means by which the Trust can share its proposals and priorities with its partner organisations, both within health and in related fields. Comments from organisations, groups or individuals are, as always, very welcome - and contact details can be found at the end of the document.

Corporate objectives

● Responding to service pressures

Coping with growing demands and expectations has long been acknowledged as a significant cause of strain on services.

However, in the past 12 months further pressures have arisen from other sources:

● **Recruitment of trained staff.** Some services have enjoyed relative success in recruiting and retaining trained members of staff. In general terms, too, the Trust has performed capably - during the year there were more trained nurses in employment than ever before and staff turnover across all disciplines remained encouragingly low.

There have, however, been significant pressure points due to national shortages of qualified staff. Of particular concern has been the difficulty in maintaining an acceptable level of trained nursing staff within the Department of Medicine for Elderly People. Shortages there caused the temporary closure of a ward for a few weeks during the winter.

The Trust has pursued a number of initiatives to address the difficulties both in the short and medium term, including national and international recruitment and a workload review.

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- **Winter/Millennium Planning.** Trust services played a full part in the planning process which ensured continuity of local health services over the winter months and particularly over the Christmas/New Year fortnight. However, the extent of the planning effort and the measures adopted placed additional burdens on services - as did the greater than usual manpower requirements.

The necessary diversion of some funding for 'Caring in Winter' initiatives and to assist the Millennium planning effort meant non-recurring funding was therefore not available to services to the same extent as in previous years.

◆ Winter initiatives

Scheme	Summary
Combined Approach to Patient Services (CAPS)	Admission of clients to nursing homes, supported by GP/district nursing care; avoiding hospital admissions.
Discharge lounge for elderly care patients	Freeing up acute elderly medicine beds by patients vacating to discharge lounge to collect prescriptions, await transport home.
Extra occupational therapy	Facilitate discharges and provide appropriate after care support.
Petersfield GP beds	Early transfer of surgical patients to Petersfield Community Hospital for post surgical care/recuperation, increasing acute bed availability.
Additional support worker - Elderly Mental Health	Assisting CPNs in community to enable patients to stay at home through increased care, rather than be admitted to hospital.
Adult Mental Health	Increase in out of hours service.
Flu vaccinations	Offered to staff/agency nurses to maintain staffing levels.
Discharge technician service	Early assessment of patients' home needs and fitting of appropriate equipment (grab rails, wheelchair ramp etc) to assist early discharge.
Community rehabilitation scheme	Joint scheme with Social Services for community input to facilitate early discharge and prevent hospital admissions.

In addition to the schemes outlined in the table, a number of services/clinics provided extra sessions over the millennium period to ensure continued timely and appropriate care throughout the extended bank holiday. Other initiatives were introduced too: a vulnerable people's database; promoting NHS Direct as a source of information and advice about remedies and service availability and; issuing longer prescriptions, eg. for family planning.

- **Reconfiguration plans for local health services.** Although still fluid and embryonic, the potential for these plans to bring about significant change in the way services are organised has already been recognised. It will be important to ensure the process does not unduly divert attention from ongoing service management and planning.

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● Sustaining service quality

Clinical governance is a key part of a ten year programme of work throughout the NHS to improve the quality of patient care. It is seen as a framework for change, in developing a culture of learning which will enable quality to infuse all aspects of an organisation's work. It brings together all local activity for improving and assessing clinical quality into a single coherent programme, which everyone in an organisation can be part of and work towards.

Along with other NHS organisations, the Trust is required to monitor and improve quality in a number of ways, and particularly by having in place:

- *clear lines of responsibility and accountability for the overall quality of clinical care;*
- *a comprehensive programme of quality improvement activities;*
- *clear policies aimed at managing risk; and*
- *procedures for all professional groups to identify and remedy poor performance.*

During the past 12 months the Trust has taken significant steps in developing its own clinical governance programme.

Each clinical service now has in place a clinical governance group and baseline assessments have been carried out in each speciality. The assessments have been collated into a Trustwide version, returned to the Regional Office. Action plans will be developed to address any gaps identified by the assessments.

Meanwhile, nurses throughout the Trust have been embracing a new initiative which encourages them to examine, evaluate and improve their practice in order to benefit patient care.

The **clinical nursing development programme** has been consolidated over the past year, and aims to enhance the quality of nursing care within the Trust by identifying from research areas of practice likely to contribute to the most effective and equitable care. These are then used in preparing a programme for nursing development.

The programme has three key components: clinical supervision; using research evidence as the basis for nursing practice; the development of clinical leaders in each speciality of nursing.

A clinical audit programme continues to be utilised and touches most services. It has also been used to measure the success of the Trust's approach to clinical governance so far.

The Trust is also required to record its performance against a range of other quality and effectiveness measures.

In the last 12 months, the Trust has:

- *performed to the required Patient Charter standards in most areas and taken action to put right any perceived problems;*
- *received substantial numbers of letters of thanks and appreciation;*
- *continued to deal comprehensively with all complaints.*

Review of 1999

● Reshaping services

The term '*reconfiguration of local health services*' has assumed growing significance in 1999/2000 as discussions and planning began in earnest to consider what form the local response to national guidance and directives should take.

In addition to this significant area of reorganisation, Ministry of Defence plans to close the Royal Hospital, Haslar and the emergence and approval of Portsmouth Hospitals' redevelopment proposals under the Private Finance Initiative, will both have an impact on Trust services.

Reconfiguration plans - The Trust has been fully involved in discussions which have taken place embracing the whole 'health economy'. It is, at this stage, too early to say what the final plans will be, however it is clear they will affect the role and form of the Trust.

A major influence will be the rate of development of primary care groups and the speed with which they progress towards Trust status.

● The reprovision of long stay hospitals

The Trust's Private Finance Initiative (PFI) scheme to develop new adult mental health accommodation to replace existing facilities, has not made the progress hoped for in the past 12 months.

Although some progress has been made in keeping the deal on the table, the delays in bringing it to a satisfactory conclusion have been a source of frustration on all sides.

It is acknowledged that a clear resolution to the negotiations is now critical so that the existing proposals can either proceed or other options be pursued.

◆ PFI schemes

Proposal development/location	Service
35 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

● Acute service reprovision plans

With the approval of the Portsmouth Hospitals NHS Trust PFI proposal for the redevelopment of its hospital sites during the year, the Trust has continued to play a part in supporting and developing the proposal and in drawing up plans for the reprovision of services (predominantly elderly care and therapies) housed on the Queen Alexandra and St Mary's Hospital sites.

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● Service agreements

The Trust broadly delivered its workload requirements in 1999/2000 to achieve its service agreement income.

◆ Summary performance against targets for all service agreements

Contract Currency	Total Annual Target	Total Actual Activity	Variance (Actual vs Target)
Finished Consultant Episodes	11803	11351	96.17%
Day Care Attendance	36465	31914	87.52%
Outpatient Total	25383	25138	99.03%
Total Face to Face	1381899	1258083	91.04%

● External relationships

Pursuing effective partnerships with other organisations continues to be vital, both in the provision of effective day to day services and in planning for the future to ensure positive, all-embracing service strategies.

Over the past 12 months the Trust has actively engaged in progressing reconfiguration plans for local health services, in the company of the Hospitals Trust, primary care groups and other local stakeholders, under the guidance of the Health Authority.

Moving satisfactorily from planning to action with the minimum of unrest and upheaval will be a substantial item on the Trust's business agenda for the year ahead.

A number of achievements, based on collaboration and joint working, can also be demonstrated at local service level during 1999/2000. These include: the millennium/winter planning initiatives, the new adult mental health strategy and pursuing the development of integrated IT services.

● Equipping the organisation

Securing and delivering service agreements: The shift in emphasis to a new 'culture' of partnership between purchaser and provider has improved the way service agreements are negotiated. The joint focus on service quality and continuity is expected to have clear benefits for patients as it develops.

Value for money: A number of factors have made this the hardest year in financial terms that the Trust has ever had to face. The financial pressures experienced have brought in to sharp relief the importance of identifying and acting upon value for money initiatives, which are vital in delivering cash to be recycled for piloting new developments. It is also clear, however, that the yearly trawl for initiatives has the capacity of yielding fewer and fewer benefits as the range of potential target areas reduces.

Staff development and education: The Trust continues to be innovative in identifying potential in-house and college hosted training schemes and programmes for qualified and unqualified staff alike. Its success has been recognised through the achievement of the Investors in People Award across almost all services. In spite of this, most services still report problems in releasing staff to attend longer term or regular courses due to the shortage of options available to them to 'backfill' absences.

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Service review and developments

Clinical/care group reviews and developments are covered individually later in this document. This section highlights the main headlines from the past 12 months for the Trust's main areas of organisational support: human resources; quality; finance; estates and capital; and information technology.

● Human resources

Recruitment and retention...

- During the year 1999/2000 the Trust had record numbers of qualified nursing staff in post; however where there were areas of staff shortage (eg. elderly medicine) the problems caused were significant. Even so, towards the end of the year significant progress was made with recruitment - the total number of in-post qualified nursing staff reaching 1131.5 wte, with vacancies in all areas being reduced to 'normal' levels, ie. less than 4%.
- Opportunities to recruit staff from non-traditional sources have been explored and the Trust has successfully recruited to temporary and substantive posts from overseas. The Trust, and the NHS in general, has always employed a small number of staff from overseas and in March the Trust recruited nurses from the Philippines. The process was undertaken fully in accordance with the Department of Health guidelines on ethical international recruitment and thirty nurses from the Philippines will start work with the Trust in the early summer.

◆ Total staffing position March 2000

Staff Group	March 1998 WTE	March 1999 WTE	March 2000 WTE
Qualified nurses	1055.83	1093.95	1131.50
Sponsored students	n/a	n/a	17.00
Health care support workers	1057.45	1078.55	1104.04
Professions allied to medicine	204.96	203.00	201.99
Technical and scientific	103.28	121.31	123.24
Managers, admin and ancillary	653.74	652.03	678.66
Doctors and dentists	113.63	114.87	120.60
Total	3188.89	3263.71	3377.03

Investing in staff...

- Several more Trust services achieved Investors in People recognition during 1999/2000 - community hospitals and therapies, dental, podiatry and learning disability services, the Trust HQ functions, local elderly mental health services in Havant and Petersfield and staff at the Sylvan clinic in Fareham. The majority of Trust services now possess the award, with the remaining actively pursuing accreditation.
- The Trust has continued to work closely with other health and related organisations to share ideas and resources and collaborate over initiatives to benefit employees, and therefore local health service users.

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Engaging staff in policy development...

- Multi disciplinary staff groups are behind the Trust's approach to implementing *'Working Together - securing a quality workforce for the NHS'* which was launched in the summer of 1998. An action plan has been developed and the process subdivided into seven working groups in which staff and their representatives have been involved:
 - HImP/workforce planning (involves both Trusts and the Health Authority)
 - equal opportunities
 - healthy workplace initiative
 - quality of working life
 - education
 - recruitment and retention
 - staff involvement.
- The well established and positive networks developed with staff representatives through the Trust's Joint Negotiating Committee have enabled progress to be made on a number of fronts in the past year -
 - successful launch of domestic abuse policy
 - hosting national launch of *NHS Taskforce Report on Staff Involvement* at the annual Trust staff conference
 - ongoing development of training initiatives such as *Pathways to Prosperity*
 - initial work undertaken on developing a staff charter.

Supporting staff...

- The continuing high standards to which staff have performed in yet another year of change and uncertainty is recognised and the Trust has continued to ensure that policies and principles are in place which support individuals and groups in the work that they do. The response to, and handling of, the demands of the winter/millennium period was typically positive and effective and ensured that the organisation, and the people for whom it provides care, were not inconvenienced during a period of intense pressure on services.

● Quality and clinical governance

During the year, as expected, two national policy initiatives (controls assurance and clinical governance) have driven the quality agenda. Both require a baseline assessment followed by a robust action plan. These plans will drive the Trust's quality work in the coming year.

Clinical governance...

- a *Clinical Governance Panel* was established during 1999 as a sub-panel of the Trust board.
- a reference group was also set up to support the overall clinical governance agenda.
- baseline assessment completed on target (Sept. 1999). The resultant action plan has five main strands:
 - strategic use of clinical audit
 - clinical risk assessment
 - framework for using clinical assessment
 - continuous professional development framework
 - framework for involving users in service review.

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- service specific baseline action plans developed.
- tool for assessing team performance developed and tested.
- educational programme for staff developed with Portsmouth University.

Risk management...

- strategy reviewed and revised to incorporate clinical governance.
- annual risk assessments continue, but the focus is still mainly on health and safety issues. Awareness is growing of the importance of clinical risk assessments and some work, including a policy on risk assessment, is underway.
- controls assurance baseline assessment completed with action plan in preparation.
- safety and security project completed; results include:
 - *personal safety training programme*
 - *lone working policy*
 - *policy for managing violence and aggression*
 - *missing patients policy*
 - *security policy and strategy*
 - *key management policy*
 - *design policy for new buildings.*
- new risk events database fully operational and framework to structure quarterly risk event reports established.

Clinical audit...

- department refocused as *Clinical Effectiveness Department*.
- revised staffing model implemented creating better support for auditors.
- draft strategy/framework for clinical audit developed.
- active participation in the newly established District Effectiveness Committee.

Complaints...

- new database fully operational to assist record keeping and trends analysis.
- systems and processes from managing complaints reviewed and revised.
- appointment of investigations officer has worked well in improving the fact finding behind complaints.

Quality...

- need for interpretation services reviewed and guide for use of services produced.
- lead role in developing a district wide admission and discharge policy, based on NHS accreditation standards.
- audit of disabled access to premises undertaken.
- development of strategy/framework for user involvement in service planning.
- '*Diversity Matters*' project developed, linked to Disability Discrimination Act and national action plan on racial abuse.

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● Finance

Financial strategy...

Although every financial year brings with it a range of pressures and demands upon budgets, those for 1999/2000 were unprecedented in their severity. For the first time in its six year history the Trust found itself in the position of reporting an overspend of £245,000 on its revenue budgets at the 31st March 2000. Contributory factors for this included the financial burden of preparing for and tackling the 'millennium bug' in its various manifestations, the high cost associated with the use of agency staff owing to the difficulties with recruitment in some areas, and significant increases in the costs of certain generic drugs.

More positively, the Trust was able to achieve its other financial targets, including:

- achieving high levels of bills paid within the Treasury 30 day target.
- maintaining debtors below Trust target.
- producing payroll accurately and on time despite the upheaval of moving over to a new IT system, the complications of absorbing and acting upon new legislation (eg. *Working Time Directive*) and the additional pay calculations for holiday working over the millennium fortnight.
- meeting national deadlines for producing annual exchequer and charitable funds accounts.
- maintaining effective financial monitoring and control systems to audit standards.
- remaining within External Finance Limit.
- achieving a 6% return on assets.

District Audit Management Letter to Directors 1998/99...

● Main findings...

The main results from the District Audit Management Letter published in November 1999 were:

- *unqualified opinion on the Trust's main accounts, funds held on trust and the Director's Statement on internal financial controls;*
- *acknowledgement of the Trust's general financial standing, noting the 'increasingly difficult financial circumstances in the future';*
- *indication of no significant matters arising from review of the Trust's financial systems;*
- *no causes for concern over arrangements for preventing/detecting fraud and corruption or ensuring the legality of transactions, although some areas for further action noted;*
- *sound arrangements in place for securing economy, efficiency and effectiveness.*

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● Control environment...

The Auditors assessed the Trust's own control environment (the arrangements and procedures established to ensure the integrity and probity of the organisation's systems and operations) - the main aspects were:

◆ District Audit Control Environment Assessment 1999

Key areas	Comments
Philosophy and values	There is a strong commitment from the Trust board to a sound control environment.
Management	Clear leadership from directors supported by good strategic and business plans.
Control framework	SFIs and SOs have recently been reviewed and a formal scheme of delegation established. Although there has been a change in senior management within Internal Audit, the standards remain unchanged and it is encouraging to note Internal Audit awareness of the changes in the District Audit Quality Manual.
Finance staffing	Finance staff have a good working knowledge of systems and the role of audit.
Monitoring controls	Generally good budgetary control arrangements and effective reporting to the Trust board on financial performance.
IT environment	All IT policies are being revised and harmonised into a single IT policy document. The legitimacy of software and licences and compliance with Year 2000 are being assessed.
Financial standing	Despite cost pressures the main financial targets have been achieved.

● Controls assurance...

Since 1997/98 Directors have been required to provide an Internal Financial Control Assurance Statement. The required review has been undertaken and the Trust complies with the minimum set control standards. The statement has been endorsed by the Auditors.

Financial programmes...

1999/2000 financial programmes were established providing for:

- allowance for inflation at 5.2%.
- efficiency savings of 0.5% of revenue turnover (c.£450k).
- recurring developments of £0.8m.
- bridging funds of £0.5m.
- 99.6% of anticipated income via service agreements.
- an initial capital/non-recurring programme of £4.5m.
- £0.5m committed to meeting Year 2000 costs.
- year end target of achieving financial duties.

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As in previous years, and especially given the pressures of this particular year, programmes were actively monitored through the year to identify untoward variances in financial performance and to take appropriate action. The pressures faced by the Trust locally reflect those apparent nationally, with implementation of the *Working Time Directive*, the costs of Year 2000 compliance, staffing pressures on services and significant increases in drug costs the major contributory factors to the budget position.

Supplies strategy...

The Trust is currently working to achieve the targets set within the NHS following the recent Treasury review of procurement. To date:

- *the Trust's Finance Director has been confirmed as the board member responsible for procurement strategy and performance;*
- *the Trust board has approved and adopted a district wide supply strategy.*

Work is now underway to set procurement efficiency targets and define the key performance indicators to be used. A district group will take forward the procurement agenda locally and the *Finance and Performance Panel* of the Trust board will monitor progress.

European Monetary Union...

The Trust is in the early stages of a project to prepare for eventual European Monetary Union, should this occur.

Currently the impact of the European Single Currency on the Trust's key systems is being evaluated. A detailed project plan will be drawn up by May 2000.

Departmental achievements...

Aside from the broader organisational issues, in 1999/2000 finance staff successfully:

- achieved *Investor in People* accreditation;
- improved career development through job rotation, secondments and modern apprenticeships;
- achieved and implemented *Working Time Directive* requirements across all services;
- worked with the Health Authority, PCGs and Southampton University to set up financial arrangements for the Nurse Prescribers programme.

● Estates and capital

Dealing with potential and actual problems associated with the Year 2000 date changeover has absorbed considerable Estates' resource this year, both in terms of expenditure and time. However this has proved to be worthwhile, with fixes in place in good time to counter the millennium bug and the opportunity to accrue some longer term benefits too, such as:

- *emergency maintenance manuals developed for community homes, health centres and clinics;*
- *emergency generators upgraded or replaced at all major premises;*
- *facility for use of mobile boilers built in to all main sites.*

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Other significant achievements in-year are:

- **Quality...**

Post project evaluation in progress or completed on all recent major projects.

- **Value for money...**

Works service contract terminated in October 1999 with trades staff now employed directly; benchmarking exercise undertaken to measure quality and best value improvements.

- **Waste management...**

Waste segregation and recycling pilot study at St James' Hospital successfully completed. Trustwide audit of management of clinical waste undertaken and recommendations implemented.

- **Health and safety...**

Additional staff resources allocated to review estates related health and safety issues; results of review will identify priorities for action.

- **Fire...**

Fire risk assessment *pro forma* completed and trial carried out at Havant Health Centre. This is now to be used for fire risk assessment for all Trust premises. Significant progress with the St James' Hospital fire improvement programme.

- **Telecommunications...**

New systems introduced at four premises during the year.

- **Disabled access...**

Audit completed - findings to be assessed, costed and prioritised.

- **Five year investment strategy...**

This year's programme implemented, with some adjustment to reflect changing priorities.

- **Security...**

Design standards introduced into Trust's design policy and major improvements to St James' Hospital security.

- **Information and Information Technology**

The past year has continued the shift in priorities towards providing better information to clinicians to support patient care and collaboration with other local health organisations. Meeting this agenda could not happen overnight or within existing resources. The emphasis during the year was therefore on planning for the future.

The Trust collaborated with the Health Authority, PCGs and the Hospitals Trust on formulating a district-wide IM&T strategy, including plans for a single IM&T service for the district.

Within this framework the Trust also developed its own IM&T strategy and worked with both Portsmouth City and Hampshire Social Services on a joint IM&T strategy for Adult Mental Health services.

The Information Services Department devoted much effort to raising awareness within the Trust of the potential benefits to patients of information and IT and the need for greater investment to achieve this.

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It also played a key role in combating the risks posed by the Year 2000 Problem by:

- *Identifying and upgrading or replacing all Trust systems with potential Year 2000 problems (many systems had potential problems, but these were dealt with so successfully that only two minor software faults were actually detected after 1 January, both of which had been anticipated with appropriate contingency plans in place); and*
- *Producing contingency plans for all critical and most non-critical systems that set out actions to be taken both to prepare for 1 January 2000 and, in the event of system failures after that date, to assure continued service provision.*

Other key achievements for the Information Services Department during 1999/2000 were:

- Acquiring 'Investors In People' status;
- Connecting the Trust network to that of Portsmouth Hospitals NHS Trust and to the NHSnet for NHS-wide electronic communication;
- Upgrading the computers of the Elderly Medicine Department;
- Meeting the information requirements of PCGs;
- Creating and implementing a bed management system for acute adult mental health wards;
- Managing the scheduling and reporting for the meningitis vaccination campaign; and
- Identifying and implementing IT solutions to support the Family Planning and Community Home Loans services.

In the year to October 1999 the Information Services Department processed:

- 108,949 patient registrations, with none outstanding;
- 12,000 inpatient FCE's;
- 24,000 new outpatient episodes;
- 1.5 million face-to-face patient contacts in the community;
- 6,500 births; and
- 110,000 children are now receiving automatic scheduling for school leaver immunisations.

part two

Looking forward 2000/2001

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Context

The Health Improvement Programme (HImp) links local and national priorities for health, setting out the local contribution to the achievement of national targets, such as the objectives for *Saving Lives: Our Healthier Nation* and for modernising the NHS.

Essentially the HImp provides the context in which the Trust is required to operate, not as a sole player, but as part of a multi-organisational team, crossing health and social care boundaries, which strives to improve health, tackle inequalities and modernise and raise the standards of local health care.

Underpinning the HImp are a range of agreements, frameworks and plans which describe the detail behind the strategy and set out the requirements of each health service provider. Most of these are now formally in place but most again have the capacity for change and refinement as the new local health picture becomes clearer.

The Trust's long term role in this new structure is presently uncertain. The emergence and growth of primary care groups and their subsequent development into trusts, will offer them opportunities to lead or become significantly involved in the planning, commissioning and provision of local health services. This will clearly have some form of impact on the size, function and structure of this Trust and the reconfiguration discussions taking place over the next 12 months will go some way towards identifying what changes will occur.

In the meantime the onus is on the Trust to continue the progress made in working jointly with all local health organisations and groups, both strategically and operationally, in helping to shape the new planning processes.

Priorities over the next year, apart from the reconfiguration issues, will be many and varied. They range from: involvement in initiatives supporting the HImp and embracing the whole health system (eg. taking further action to jointly tackle 'caring in winter' pressures); contributing to work targeted to improve services for specific groups (such as the ongoing Joint Investment Plan work - older people/mental health and those in the pipeline - children/physical disability/learning disability); to working with colleague organisations over specific service related issues - closure of Royal Hospital, Haslar, Portsmouth Hospitals PFI redevelopment or integrated community nursing services pursued with PCGs.

Closer to home, the Trust will be seeking to maintain the work undertaken to date to establish clinical governance at the centre of each clinical service it provides. There will also be the need to apply the usual rigorous financial control - more so than previous years as pooling of budgets becomes more commonplace.

This will again test the opportunities to pilot service developments, a recurring difficulty, not helped by the greater and more complex demands which offer services no respite from the constant pressure they face.

Looking forward 2000/2001

● The year ahead

In the year of change that lies ahead the Trust will need to be able to demonstrate its ability to keep staff and, through staff, patients in touch with wider developments. In spite of the future uncertainty the *status quo*, in terms of provision of care, will need to be maintained and the books balanced. Cooperation with other services and organisations will continue to be vital.

The Trust's values will once again have a part to play in steering the work that needs to be done to meet organisational, service and individual objectives.

■ 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.

Clinical service objectives can be found in the section at the end of this document. This section considers the key organisational challenges over the forthcoming year, within the framework of the Trust's values - people, pounds, performance and partnership.

Partnership Matters

● Health Improvement Programme

The Trust has had, and will continue to have, an important role to play in the ongoing development of the Health Improvement Programme and to meet its vision, shared across all contributing partners, to improve health, reduce ill health and accidents and, in so doing, to contribute to improving the quality of life for the people who live in Portsmouth and South East Hampshire.

The Trust will continue to support the *Locality HImP Strategy Groups* and the *District 'Task' Forces* and other networks where it has a role to play. The opportunity for ongoing positive partnership, which the HImP promotes is welcomed and a number of initiatives, arising from joint planning in response to programme targets, will be followed up.

● Joint Investment Plans

Work on the plans for adult mental health and older people will be further progressed in the year ahead. Within both services the signs to date have been encouraging.

● Adult mental health

The year ahead offers the prospect of further clarity over **what** needs to be achieved (through the *National Service Framework*) aligning with the newly established framework for **how** agencies can work more effectively together (the local strategy for Adult Mental Health services/published late in 1999). These have generated considerable energy and enthusiasm.

The lack of clarity over the possible future shape of organisations should not be allowed to cloud the potential to develop better services at a local level at the very time when this appears to be achievable, and all stakeholders will need to ensure that the priorities are clearly identified and pursued.

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The Trust also welcomes the real opportunity now in place for service users and carers to have a real say in the future planning of their services. It will continue to research and develop the best means by which this can be implemented in a meaningful way.

● *Older people*

Project groups will be established or refocused to meet the requirements of the plan for older people. Proposals for a TIA clinic, falls prevention and lowering the age of stroke service entry will be progressed and evaluated. Work will continue on further refining 'caring in winter' initiatives, seeking recurring funding for those identified as indispensable.

Successful *whole system initiatives* to date have included rehab team (year 2), together with Saturday occupational therapy availability, discharge lounge and increased OT availability over winter.

Elderly mental health services will use the next 12 months to pursue a number of initiatives linked to the Joint Investment Plan - amongst these will be; further evaluation of the clinical effectiveness of the *Aricept* drug, to try to ensure ongoing funding for the programme; collaboration with the Health Authority, East Hants PCG and Social Services to develop a reinvestment plan for resources freed up by the Gables project; and further work on needs assessment to ensure the resulting data informs the development of both the Joint Investment Plan and the HImP.

● *Working with Portsmouth Hospitals*

The Trust will continue to work with and support Portsmouth Hospitals in pursuing its proposals under the Private Finance Initiative, a part of which will reprovide accommodation for elderly patients.

Other joint working will continue with significant projects in the year ahead including:

- further work on improving discharge arrangements - particularly during winter.
- achieving full integration of the Trusts' respective orthodontic services.
- continuing to progress care pathways work for children's services, eg. Down's Syndrome, encopresis, asthma and breast feeding; evaluating other developments such as out of hours A&E service and child protection clinics in the community.
- continuing the Department of Health chlamydia screening pilot.
- supporting initiative for better clinical care for people with dementia who sustain fractured femurs.
- continuing to develop collaborative practice to improve access to speech and language therapists for hospital patients.

Clearly the need to work closely over winter care initiatives, progressing HImP targets and priorities and achieving the reprovision of services associated with the closure of the Royal Hospital, Haslar will be a significant requirement over the next 12 months.

● *Working with Primary Care Groups*

The Trust remains keen to build on the successful partnerships developing to date with each locality PCG at both strategic and individual service level.

The need to help smooth their transition to Trust status at the appropriate time is recognised and the organisation will support the implementation work behind this. It is acknowledged that the

Looking forward 2000/2001

next 12 months will be critical, both in the further development of the PCCs and the impact this will have on the Trust as a whole. Discussions will continue with PCCs both individually and as part of the wider collective reconfiguration forum to ensure that the issues are handled appropriately and effectively.

Performance Matters

● Organisational development

As the reconfiguration plans become clearer, a range of developmental priorities, both short and long term, will need to be addressed. Opportunities to ensure ongoing and effective organisational development require:

- productive and positive leadership from the Trust board;
- focused strategic directions reflecting the Trust's culture and values;
- deriving maximum benefit from areas of greater certainty - eg. longer term service agreements;
- continuing to identify ways to inform, involve and encourage staff to be innovative in the care they provide and equipped for any future changes.

● Service agreements

Since the completion of the 2000/01 SAFF process in March 2000 the Government has made available significant additional funding for the modernisation of the NHS. It is anticipated that approximately £13 million will be made available to the local health economy in 2000/01.

The first phase of £7 million has already been made available and is linked to restoring financial balance, reducing waiting times, developing intermediate care for the elderly and managing winter pressures. The second phase of £6 million is anticipated in the summer.

The Trust's anticipated income for 2000/2001 is £115 million. Although the principal source of this remains the Health Authority, changes to commissioning structures in the area are likely to have an impact from April 2000, at least in terms of the overall make up of service purchasers.

The anticipated value of the Health Authority service agreement is £102.5 million. This includes:

- rollover contract value
- inflation funding at 3.98%
- initial developmental funding totalling £1 million

Workload targets for each care group/service have been agreed on the basis of projected year end activity levels.

Although funding for new developments continues to be sparse, there is an opportunity this year to fund:

- learning disabilities bungalows upgrade.
- adult mental health drugs prescribing.
- single use items (following guidance on single use).
- assertive outreach.
- psychological therapies.
- continuation of some winter care initiatives.

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It is envisaged that the Trust will be able to maintain agreements with a number of out of district purchasers, namely Southampton, North and Mid Hants and West Sussex health authorities. A small cost per case service agreement will be in place with Dorset Health Authority for residential substance misuse services only. This has decreased in value as Dorset now has a local service. It is likely that the Trust will now review its delivery of this service, updating all commissioners with progress and proposals in due course.

● Quality and clinical governance

In order to maintain progress with implementing the recommendations resulting from the consultation document 'A First Class Service - Quality in the NHS', the Trust will continue to focus on developing clinical governance, integrating this with its wider quality framework.

Input into the Health Authority led district *Clinical Governance and Effectiveness* committees will continue as a means of ensuring that local measures are linked and contribute to the wider HImP process.

Within the organisation, the success of the clinical nursing development programme will be evaluated and built upon to support nurses throughout the Trust in providing best available care for patients.

Specific targets for the year include:

Clinical Governance...

- Establish clear clinical governance indicators for regular review at divisional Risk Management Group, Clinical Governance Panel and Board levels.
- Focus clinical governance reference group work on implementing framework arising from the five action plans.
- Clarify and establish the information function needed to support clinical governance.
- Further develop team performance tool incorporating its use into service review/planning.
- Target 20 places for staff with clear clinical governance remit, on Post Graduate Certificate in Clinical Governance.

Risk Management...

- Continue to review the role of the Risk Management Group in co-ordinating all risk functions/systems.
- Implement revised risk staffing model, to meet requirement of non clinical and clinical risk.
- Progress action plan, building systems/frameworks into service management systems.
- Fully establish system for trend analysis of risk events.
- Extend clinical risk assessment programme.
- Develop and implement training package on clinical risk assessment.

Clinical Audit/Effectiveness...

- Sustain contribution from Clinical Effectiveness Team.
- Focus audits on key clinical governance issues identified from local risk assessments, complaints, risk events and nationally identified priorities.
- Participate in district wide audits associated with HImP.
- Implement strategy for audit, building audit programme from identified priorities.
- Implement framework/model for using clinical effectiveness material within services.

Looking forward 2000/2001

Complaints...

- Further develop complaints resource file to support complaints management team.
- More effective trend analysis of complaints to identify key service and Trust wide areas for action.
- Further develop systems for supporting staff complained against.

Quality...

- Consider purchasing "Language Line Service"
- District wide implementation of revised admission and discharge policy.
- Launch "Diversity Matters" programme.
- Implementation of strategy/framework for user involvement in service planning.
- Build "Equal Voices" feedback into Diversity Matters programme of work.

● Information and Information Technology

In order to support clinical services which bridge the gap between hospital, community health, general practice and social care, the Trust's Information Services Department will collaborate with the Health Authority, Portsmouth Hospitals NHS Trust, the PCCs and Portsmouth City and Hampshire Social Services to develop integrated information systems. Key developments in 2000/2001 which will build on this whole-systems, district-wide approach will include:

- Expanding the data network to new sites and to additional clinical staff on sites already connected to give greater access to:
 - *e-mail communication across the NHS and social services;*
 - *electronic diary scheduling;*
 - *operational support functions of existing systems; &*
 - *clinical knowledge world-wide.*
- Completing the integration of the Elderly Medicine IT infrastructure with that of Portsmouth Hospitals NHS Trust;
- Finishing the connection of the Trust's data network with that of Portsmouth Hospitals NHS Trust;
- Working with health and social care partners on specifying and buying a joint information system to support integrated services for adults with mental health problems;
- Merging the Trust's Community Information System with the Hospital Information System of Portsmouth Hospitals NHS Trust to create a single district-wide clinical information system; and
- Working with PCCs to develop new patient activity measures that better indicate how the Trust is meeting HImP and clinical governance targets.

The Information Services Department will also improve its services to its customers in 2000/2001 by:

- Establishing a Trust-wide IT Training provision to help staff gain maximum benefit from IT;
- Migrating the Trust's activity databases to SQL server to speed up access to client information;
- Seeking to increase the operational use of existing systems so that the department can reduce its data input function and instead channel resources into information analysis, user support and data quality;

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- Improving IT procurement and installation to 'add value' for customers through quicker timescales and start-up training;
- Improving projects management so that resource requirements are accurately predicted, communication with customers improved and benefits delivered within agreed timescales and budget; and
- Developing the skills of staff to enable them to address the new agenda.

● Private Finance Initiative

Given the widely acknowledged inadequacies of the existing mental health facilities both environmentally and in terms of meeting the Patient's Charter and other quality requirements, it is imperative that re-provision plans are agreed in the year ahead.

Priority will continue to be given to the PFI route, although if this remains inconclusive, a fallback plan needs to be enacted.

People Matter

● Working Together

A plan has been developed which deals with the formal implementation of the national 'Working Together' recommendations. This considers specific actions highlighted in the strategy, outlines the current local position and sets out the course to follow over the next few months, the responsibility of seven multi-disciplinary staff groups.

As well as specific actions, 'Working Together' has three strategic aims: ensuring a quality workforce - numbers, skill diversity, organisation; improving the quality of working life; and addressing management capacity to deliver the agenda and change.

Action to ensure these are met will include:

- preparing a workforce plan to support the HImP
- establishing more detailed workforce planning at divisional level
- continuation of work to date with staff and their representatives
- continuation of the staff opinion survey to measure quality of working life
- launching a management development strategy.

As well as formally responding to the requirements of the national strategy, the Trust will continue to progress its own initiatives for involving staff in all aspects of the organisation's work, for which it has a proven track record.

Opportunities to develop further policies or guidelines to improve the health, safety and well being of employees at work and at home will be agreed and implemented.

● Working with others

The growing trend for collaborative working on a multi-disciplinary, multi-agency basis has caused staff representatives and management to reconsider how best to jointly consult, plan and negotiate. It has been determined that staff and managers should meet and plan at a more strategic level for the whole health economy. Arrangements to enable this will be implemented in 2000/2001.

Looking forward 2000/2001

● Maintaining high clinical standards

One of the most important factors in achieving success in clinical governance is the need for staff to maintain good levels of knowledge and skill. The Trust, with staff from all levels, will relaunch and further establish the practice of continuous professional development, and all staff will be expected to have a personal development plan. This will be part of a complete review of education and training within the Trust which will continue throughout 2000/2001.

● Help and health in the workplace

The reputation of the Trust's **Joint Negotiating Committee** is high both within the organisation and viewed from outside. The success of the JNC in developing groundbreaking policies and assistance to employees has been recognised and highlighted nationally by Central Government, the NHS Taskforce on staff involvement and UNISON, with whom the Trust has developed a rewarding working relationship.

The JNC will continue to underpin initiatives to promote the well-being of all employees in the year ahead, thanks to its well established and positive networking arrangements. The key tasks for the year ahead will be to develop a staff charter, and, alongside the Trust, to support all employees in facing up to a potentially turbulent year organisationally.

Making progress with locally established health at work and staff welfare initiatives will also be a priority, together with encouragement for the adoption of practical, environmentally friendly policies.

● Communication

Accurate, clear, and timely communication will be essential throughout all levels of the organisation over the next year. It is also a prerequisite of effective, inter-agency working.

A number of joint communications initiatives are likely to be tested, in harness with other local health agencies, targeted at members of the public.

Meanwhile, within the organisation, it will be necessary to review the Trust's communications strategy and to fine tune the Trust's main tools for internal communications - *Information Exchange, Communicate, HealthCare First, Factsheets*.

● Safety and security

A major two year project across the organisation has concluded, having introduced a number of proactive measures to greatly enhance safety and security for staff working in trust premises or in the community.

The remainder will be progressed over the next 12/24 months, trends and changes monitored and their impact evaluated.

● Social inclusion

The Trust will continue to do all it can to support initiatives which contribute to 'social inclusion.' The use of *New Deal and Modern Apprenticeships* will be further considered as a means of encouraging people to work in the NHS.

Business Plan

2000-2001

Looking forward 2000/2001

Pounds Matter

● Income and expenditure 2000/2001

The Trust's projections for income and expenditure in the forthcoming year are:

	2000/2001	
	£000	%
Income		
Service agreements - clinical	109,100	94.8
Service agreements - other	1,000	0.9
Other income	4,900	4.3
Total income	115,000	100
Expenditure		
Pay	77,872	
Non pay	31,000	
Depreciation	2,100	
Total expenditure	110,972	
Surplus before interest	4,028	
Trust debt remuneration - interest & dividend	(4,028)	
Retained deficit	-	

● The overall financial picture

The Trust will be aiming to redress its outturn budget deficit from 1999/2000 to seek a return to the more familiar territory of financial balance in the year ahead.

The financial picture remains challenging. Cost pressures which will challenge the organisation's ability to meet its financial targets include: recruitment pressures; ongoing issues linked to the *Working Time Directive*; increase in superannuation costs and drug pricing.

The Trust will therefore be seeking to work closely with its partners over the next 12 months to ensure that financial duties are met.

● Financial objectives

The Trust will be seeking to regain financial balance and achieve its financial targets for the year. This will be challenging given the agenda of change and reconfiguration which will dominate planning and provision of local health services over the next 12 months. It will however be important to do as much as possible to ensure financial stability.

The organisation will seek to progress work undertaken to date on controls assurance and to meet the requirements of its internal and district auditors.

Looking forward 2000/2001

● Departmental aims

Within the department over the next year, the Finance team will seek to:

- endeavour to excel in high average of invoices paid within 30 day target.
- implement new single financial management team to improve flexibility to respond to NHS reconfiguration.
- reduce charitable fund balances by 50% within appropriate guidelines.
- implement new legislation, including: working families tax credit; student loans.
- ensure regular contact with premises managers to maintain accuracy of service agreement with Portsmouth Hospitals.

● Controls assurance

The Trust has acted, and will continue to act, to meet the requirements of the *NHS Guidelines for Implementing Controls Assurance*.

NHS Trusts are tasked with complying with three main elements of the project:

- financial assurance and controls
- organisational assurance and risk management controls
- clinical governance.

Action to date and proposals for the forthcoming period include:

- Finance Director appointed designated officer for organisational controls and risk management.
- Financial Audit Panel to formally monitor organisational controls and risk management process.
- Risk Management Group to continue to provide Trustwide coordination of risk management agenda.
- Medical and nursing directors and quality manager included into Risk Management Group to facilitate links with clinical governance.
- Clinical Governance Panel and Reference Group established to lead on clinical risk issues.
- Operational risk management conducted through quarterly Trust performance indicator review.
- Lead managers identified for each organisational control area and assessment questionnaires undertaken.
- Risk management subgroup to consider returns - baseline assessment results to go to Trust board early in 2000.
- Risk register set up to record all identified risks.
- Baseline assessments discussed and action plan developed and prioritised; Trust board to have responsibility for implementation.
- Assurance statement produced for 1999/2000 annual report.
- Discussions with internal audit underway to ensure compliance with their monitoring requirements.

Business Plan

2000-2001

Looking forward 2000/2001

Estates and capital

The main focus for the next 12 months will be on:

Quality / Best value...

- Following the publication of the independent benchmarking exercise to plan and implement a programme for continual improvement.

Estate Strategy...

- Continue the review of the estates strategy and submit an updated strategy for board approval during the year.

Health and Safety...

- Progress the prioritised programme for Health and Safety improvement to ensure compliance with all relevant legislation.

Energy...

- Produce an action plan and progress energy efficiency initiatives in accordance with government policy.

Fire...

- Continue the programme of risk assessment for all Trust premises.
- Continue the fire improvement programme at St James' Hospital to ensure completion by 2002.

Access for the disabled...

- Prepare an action plan for addressing issues highlighted in the disability audit undertaken in 1999. Progress initiative to remove all physical barriers to disabled access to Trust premises by 2004.

Five year investment strategy...

- Revise the investment programme to reflect the updated estate strategy.
- Give priority to significantly reducing backlog maintenance by investing in major repair and replacement of plant and equipment.

Controls assurance...

- Review existing systems and procedures to satisfy the requirements of the controls assurance initiative.

Environmental management...

- Commence the process for implementing an environmental management programme.

Conclusion

The next 12 months will uncover an unprecedented combination of challenges and opportunities, choices and directives as the momentum behind the implementation of the reform agenda noticeably increases.

How the Trust addresses this programme of change and the role it plays within and beyond it will become the critical focus for the forthcoming year.

The likelihood that the first of the area's primary care trusts will emerge in April 2001 strongly indicates that this will be a year of transition, in terms of both service provision and commissioning.

Whatever its likely future responsibilities and undertakings, the Trust will continue to play a full part in developing the proposals which will emerge from the reconfiguration debate, with the intention that the outcome will secure effective health services for local people.

part three

Individual service plan summaries

Business Plan

2000-2001

Adult mental health

Looking back - headlines from 1999/2000

People matter

- Recruitment processes strengthened and vacancy levels reduced.
- Full time education practitioner appointed to focus on clinical nursing standards.
- Funding secured for improvements to community staff base accommodation.
- 'Investor in People' accreditation achieved.

Pounds matter

- Protocol developed for use by primary/secondary care services for use of drug treatments.
- National Service Framework may offer additional funds to meet service standards.

Performance matters

- Full involvement in multi-partner major review of local mental health strategy.
- City Assertive Outreach: district out of hours and rehab services established.
- Reviews for residential and chaplaincy services completed.

Partnership matters

- Development of a revised joint agency AMH service strategy.
- Strategy development process increased involvement of users/carers in planning and service delivery.
- Link roles in CMHTs developing and positively received by PCGs.

Looking forward - objectives for 2000/2001

People matter

- Continue to work on a staff retention strategy.
- Service education and training plan to be developed by April 2001.
- Improve access to clinically relevant information for staff caring for CPA clients.

Pounds matter

- Funding priorities include improved clinical service accommodation, day treatment.
- Efficiency reviews planned - residential staffing, hospital admission and drugs.

Performance matters

- Improve residential facilities pending replacement under PFI.
- Agree clear baseline and priorities for service development against NSF standards.
- Agree/tackle unmet need for psychological treatment.
- Strengthen action to support clinical governance - risk, audit, and CPD.

Partnership matters

- Establish the role of locality 'boards' and progress service strategy implementation.
- Closer joint working with PCGs in response to their needs/expectations from NSF.
- With social services, help implement agreed locality based action plans.

Children's services

Looking back - headlines from 1999/2000

People matter

- Staffing levels stable although problems recruiting to child and family therapy.
- Training targeted to service needs with joint training offered wherever possible.
- 'Investor in People' accreditation achieved.

Pounds matter

- Reviews carried out (community paediatric medical services and health visiting) to retarget services within existing resources.
- Range of investments pursued, out of hours health visiting, ADHD, sick children.

Performance matters

- Successful in-house autism service established on a non-recurring basis.
- Community clinics for child protection developed.
- Waiting lists for child and family therapy reduced.
- Clinical governance action plan developed following baseline assessment.

Partnership matters

- HImP priorities targeted at localities and responses involved work with other community services, (eg. dental, Sex Sense, health promotion and child health.)
- Extensive range of interagency initiatives in place to enhance services for children.

Looking forward - objectives for 2000/2001

People matter

- Appropriate management of staff affected by emergence of PCTs will be essential.
- More flexible training required to respond to changes in service delivery.

Pounds matter

- Resolve funding uncertainties for autism assessment, service for sick children, continence aids and health representative in Youth Offending Team..
- Other priorities for funding include: challenging behaviour, adolescent mental health.

Performance matters

- Develop assessment framework for '*Working together to safeguard children.*'
- Participate in strategy for adolescent mental health.
- Develop system to improve use of evidence based practice to inform future service models.
- Undertake, with PCGs, children's community nursing review.

Partnership matters

- Planned HImP developments include: strengthen multi-agency approach to parenting, post-natal depression, smoke stop and promoting healthy schools.
- Develop 'one stop' approach for CAMHS, support SRB and Sure Start initiatives.

Business Plan

2000-2001

Community hospitals/GP beds

Looking back - headlines from 1999/2000

People matter

- Recruitment success varies across district - problems appear greater in Fareham/Gosport.
- 'Training on demand' packs used by wards and ideas for new packs submitted.
- 'Investor in People' accreditation received.

Pounds matter

- Efficiency: Discussions ongoing with GPs over local bed usage.
- GP bed pilot winter funding secured (Havant/Petersfield) to enable transfers from PHT.

Performance matters

- Successful Havant/Petersfield GP bed pilot scheme may be repeated in Gosport.
- 'Health Promoting Hospitals' standards pursued - training provided/newsletter produced.
- Clinical governance training package shared; practice development facilitators identified.
- Service user feedback group established.

Partnership matters

- Local networks developed with PCGs.
- 'Building better health' training made available to a range of community hospital staff.
- Social worker now based at Gosport War Memorial Hospital to ease delayed discharges.

Looking forward - objectives for 2000/2001

People matter

- Series of recruitment open days planned.
- More nurses to be identified for clinical leadership training.

Pounds matter

- Costs of use of agency staff will be monitored.
- Continue to encourage clinical managers to tackle pressure points, eg. housekeeping.

Performance matters

- Develop Trustwide and complementary local systems to promote clinical governance.
- Pursue key areas of work within clinical governance, eg. 'near misses', consumer involvement and measurement of competence.
- Continue 'Health Promoting Hospitals' work and 'Building Better Health' training.
- Undertake COSHH assessments across all departments.

Partnership matters

- Review minor injuries guidelines with GPs and Portsmouth Hospitals.
- Work with PCGs/GPs to determine future structure/use of community hospitals.
- Continue to contribute to reprovision of Gosport health services planning in light of Haslar closure.

Dental

Looking back - headlines from 1999/2000

People matter

- Full time dental officer recruitment remains difficult; situation improving for dental nurses.
- 'Investor in People' accreditation achieved.

Pounds matter

- Single contract for dental consumables has generated savings.
- Return of dentally fit children to GDPs has gone well - spare capacity used for increasing safety net referrals.
- Work underway to assess charging patients referred by Health Authority for emergency weekly clinic.

Performance matters

- Bid to pilot Personal Dental Service submitted, including option for Western wards clinic.
- Ongoing innovative and forward thinking approach to oral health promotion.
- 'Conscious sedation' clinics now integral to Poswillo Centre services.

Partnership matters

- Success in highlighting importance of oral health in relevant sections of HImP.
- Positive work with Portsmouth Hospitals (integration of orthodontics), schools and postgraduate training facilities.

Looking forward - objectives for 2000/2001

People matter

- Increase use of vocational trainees - benefits already shown to service and existing trainees.
- Assess impact of mandatory professional development for dental officers.
- Resolve sedationist qualification requirements for Poswillo clinic sessions.

Pounds matter

- Full financial review to be undertaken to inform discussions with potential purchasers.
- Look at establishing specialist periodontology clinic with Portsmouth University.

Performance matters

- Play full role in progressing Personal Dental Service pilot.
- Help in establishing training for dental hygienists at Portsmouth University.
- Continue to develop oral health promotion and epidemiological dental work.
- Develop clinical governance requirements, eg. review of treatments, experiences.

Partnership matters

- Work with PCGs, Health Authority and other agencies over HImP targets for oral health.
- Cooperate closely with Portsmouth University over training.
- Work with PCGs over future service priorities and purchasing arrangements.

Business Plan

2000-2001

District nursing

Looking back - headlines from 1999/2000

People matter

- Centralised recruitment process has had some benefit.
- Vacancies and temporarily backfilling posts for training/project work has caused problems.
- Initiatives aimed at joint training with primary/secondary care colleagues remain priority.
- 'Investor in People' accreditation achieved.

Pounds matter

- Plan developed to ensure efficiency without affecting patient care - eg. skill mix.
- Nurse specialist in promotion of continence established with non-recurring funding.

Performance matters

- Clinical effectiveness resource groups set up and pursuing integration with practice nurses.
- Nurse prescribing initiative pursued - first district nurses/health visitors now prescribing.
- District nurse care management project evaluated and recommendations considered.
- New record system (designed by nurses) to reduce paper work but maintain safe practice.
- Protocols accepted linked to training for paid carers in residential homes.

Partnership matters

- Service well represented in HImP discussions; groups have worked on a number of areas including prevention of falls and hypothermia.
- Projects including district nurses as care managers and Combined Approach to Patient Services pursued, working with Social Services.

Looking forward - objectives for 2000/2001

People matter

- Plans being drawn up to employ permanent relief staff 'at risk' instead of bank nurses.
- Key task to prepare nurses to fully embrace opportunities offered by developing PCTs.

Pounds matter

- Action plan from the 'First Assessment' and parallel district audit will be progressed.
- Developments identified - dependent on additional funding as recycling options exhausted.

Performance matters

- Attention to: maintaining clinical effectiveness, strengthening supervision and audit.
- Review continence service to ensure effectiveness and efficiency.
- Monitor implications of nurse prescribing and progress leg ulcer model of care.

Partnership matters

- Further develop consistent approach to HImP targets, eg. promoting independence.
- Review roles and duties of resource groups; further integration with nursing in primary care teams may lead to initiatives for management of chronic diseases.
- Keen to continue work with Portsmouth Hospitals to improve discharge arrangements.

Elderly medicine

Looking back - headlines from 1999/2000

People matter

- Testing year for recruitment; initiatives included sponsored training for nurses.
- Training coordination group relaunched.
- Clinical practice facilitator post confirmed for continence, nutrition and wound care.

Pounds matter

- Health Related Groups: costed for all diagnoses and compared with hospital data set.
- Discharge lounge part funded, enabling earlier release of beds for acutely ill patients.

Performance matters

- Baseline assessment for clinical governance and identification of contract groups as vehicle for implementation.
- New GP contract for clinical assistants implemented in continuing care wards.
- Funding for fourth specialist registrar secured.
- Good practice on acute wards highlighted by Help the Aged in national report.

Partnership matters

- Participation in inter-agency group and Joint Investment Plan for older people.
- Joint option appraisal for re-provision of George, Jersey and Elizabeth wards completed.
- Collaboration in delivery of CAPS, whole systems initiatives for range of winter schemes.

Looking forward - objectives for 2000/2001

People matter

- Investment in succession planning and development of staff for senior position, especially in nursing and therapy.
- Ongoing intensive attention to recruitment and retention to tackle current problems.

Pounds matter

- Recruitment to vacancies is a key objective, with skill mix review where appropriate.
- Joint strategy to be developed with PCGs for patients with high drug costs.

Performance matters

- Reconfigure services to improve access to geriatricians for patients in community settings.
- Rehab, acute and continuing care groups to reform as clinical governance groups.
- Proposals for over 65 stroke service to be agreed, costs to be clarified.
- 'Reasonable expectations' over delays in discharges/resettlement to be agreed with PCGs, Health Authority and Social Services.

Partnership matters

- Continuing care criteria to be revised with Health Authority, PCGs and Social Services.
- Collaboration with PCGs and Portsmouth Hospitals over service reconfiguration to facilitate PFI.

Business Plan

2000-2001

Elderly mental health

Looking back - headlines from 1999/2000

People matter

- Nursing recruitment group set up leading to a more cohesive approach.
- 'Investor in People' accreditation gained in two localities.

Pounds matter

- Skill mix review commenced at St James' Hospital matching available resources to need.
- The Gables reprovision project set up with approval for transfer to alternative provider.
- Funding for *Aricept* programme secured indefinitely.

Performance matters

- Participation in developing interagency EMH strategy including detailed needs assessment.
- Upgrade of patient care environments - Harry Cook and Fernhurst Assessment wards.
- Planning process established for local accessible services in Havant/Petersfield.
- EMH clinical governance group established and nurses involved in Trustwide programme.

Partnership matters

- Support for initiative with Portsmouth Hospitals to promote better care for people with dementia who sustain fractured femurs.
- Development of pilot programme with Alzheimer's Disease Society - 'Dementia in younger people' in Fareham/Gosport.

Looking forward - objectives for 2000/2001

People matter

- Continue to review skill mix, highlight shortages in resources and consequences on quality of care; share findings within Trust and with Health Authority/PCGs.
- Undertake analysis of needs for psychology provision to meet service/Trust requirements.

Pounds matter

- Secure funds for continued evaluation of effectiveness of *Aricept* and develop business cases for other drugs in the pipeline.

Performance matters

- Develop Trustwide and locality based systems to enhance clinical governance and evidence-based practice within service.
- Develop multi-disciplinary audit group, identifying priorities for attention.
- Continue to plan and programme environmental improvements.

Partnership matters

- Complete Gables reprovision project and ensure freed up resources are used to enhance services in Havant/Petersfield.
- Complete analysis of NSF for Older People and identify local priorities for action.
- Ongoing work with Social Services to develop Malmesbury Lodge day care project.

Family planning

Looking back - headlines from 1999/2000

People matter

- New training initiatives include programme for Specialist Registrar and CMO.
- 'Investor in People' accreditation achieved.

Pounds matter

- Improvements to drug budget after product/pricing review with Pharmacy service.
- Review of FP10 prescribing has resulted in prioritising contraception dispensed in-house.
- Staff resources have been recycled - eg. some clinics now led by nurses rather than doctors.

Performance matters

- Development of clinical nurse specialist role has continued.
- Psychosexual service reviewed; referral criteria agreed with Health Authority and others.
- Progress in several areas of clinical governance - notably nursing supervision and audit.
- National Chlamydia Screening pilot successfully launched in Portsmouth.
- Relocation of Ella Gordon Unit consolidated with open day bringing together 'key players.'

Partnership matters

- User discussion group formed and initial meetings held.
- Family planning staff have established close working partnerships with colleagues in several associated services run by Portsmouth Hospitals Trust.

Looking forward - objectives for 2000/2001

People matter

- Improved in-house/accredited training packages planned for medical/nursing staff.
- Approach to staff communications to be reviewed for efficiency and appropriateness.

Pounds matter

- Evidence based research will underpin criteria for use of new contraceptive methods to minimise impact on budgets.
- Continued use of more nurse led clinics (recruitment permitting) will ease medical costs.

Performance matters

- Participate in the implementation of the Government Sexual Health Strategy.
- Review services at EGU to pilot 'open all day' services for family planning clients.
- Review services available for younger people at EGU.
- Develop clinical governance steering group and encourage clinical supervision.

Partnership matters

- Joint working will continue with Portsmouth Hospitals Trust/Genito-Urinary Medicine and Public Health Laboratory Service to complete chlamydia screening pilot.
- Develop user groups for family planning and Sex Sense.
- Consider providing greater public access to detailed services available via internet.

Business Plan

2000-2001

HIV/AIDS

Looking back - headlines from 1999/2000

People matter

- Continued delivery of comprehensive training programme on HIV/AIDS and related issues to staff groups/primary care and other associated organisations.
- Participation in national/local surveys gaining client feedback on HIV/AIDS and associated issues.

Pounds matter

- Continued funding of existing schemes secured for 1999/2000 although financial pressures prohibited funding of new proposals.

Performance matters

- Review of HIV/AIDS funded services undertaken and results evaluated.
- Stocktake of sexual health services provided by the Trust.

Partnership matters

- Continued links of HIV/AIDS funded initiatives with mainstream services to ensure focus on agreed priorities.
- Continued links with GU medicine, through family planning services, clinical HIV/AIDS nurse specialist and Gay Men's Health Promotion service.
- Participation in HIV/AIDS 11th annual conference.
- Representation on HIV/AIDS forum by clinical nurse specialist.

Looking forward - objectives for 2000/2001

People matter

- Greater involvement in national/local initiatives to ensure access to up to date information.
- Consider use of sexual health services website to share information.

Pounds matter

- Seek longer term clarity with the Health Authority regarding service priorities and funding.
- Consider scope for recycling funds to enable service enhancements.

Performance matters

- Participate in national/local development of sexual health strategy.
- Conduct fundamental review of Gay Men's Health Promotion service.
- Research homophobic and same sex domestic abuse.
- Take part in yearly Sigma services for baseline figures for men engaging in unsafe sexual practice.

Partnership matters

- Consider system with GU medicine to enable Gay Men's service to assess effectiveness of referrals; also mechanism to notify upturns in STDs within target population, to enable appropriate action/intervention.

Learning disability

Looking back - headlines from 1999/2000

People matter

- Staffing review undertaken and reflected in report to Health Authority.
- Pressures ongoing in attracting suitably qualified staff - nursing, medical, support workers.
- 'Investor in People' accreditation achieved.

Pounds matter

- Pressure on respite care service due to demand outstripping available resources.
- Successful introduction of financial guidelines across residential services.

Performance matters

- Successful bid to Health Authority for specialist epilepsy service for two years.
- 'Signposts for success' workshops hosted with range of services; action being monitored.
- Protocol development after review of work arrangements for people who self harm.
- Residential care strategy agreed, implemented and work ongoing.
- Development of clinical governance structure and service standards assessment.

Partnership matters

- Links formed to help access to generic services for people with learning disabilities.
- Joint action plans with Social Services covering: training, policies, assessments.
- Joint referral procedure with Social Services and Housing Associations.

Looking forward - objectives for 2000/2001

People matter

- Tackle recruitment to medical and therapy posts.
- Develop joint staff bases with Social Services.

Pounds matter

- Secure and maintain stable financial position.
- Implement commissioning manager for Thomas Parr House.

Performance matters

- Further develop domiciliary social care service.
- Explore supported living for clients with care manager.
- Further develop specialist epilepsy service.
- Develop and implement service clinical governance action plan.
- Continue improvements to housing stock/residential accommodation.

Partnership matters

- Develop links/working arrangements with adult mental health services.
- Pursue development of health promotion within service.
- Continue to work closely with Health Authority/Social Services over service review and further develop working arrangements with Social Services.

Business Plan

1999-2000

Occupational therapy

Looking back - headlines from 1999/2000

People matter

- Continued working with Southampton University in developing post graduate training.
- Education Consortium Funding enabled several joint agency post graduate training days.
- Continued development of clinical skills and evidence based clinical practice.

Pounds matter

- Demand for essential equipment rising, putting pressure on Community Loans store.
- Discharge technician service has proved invaluable but has not been funded recurrently.

Performance matters

- Continued consultation on joint agency community OT service; success in bidding for funds from Portsea PCG to demonstrate effectiveness of such a service.
- Profile of OT has continued to rise within care groups, increasing demand too.
- Improving profile has attracted greater investment, but usually non-recurrently.

Partnership matters

- Collaboration with Portsmouth Hospitals surgical directorate over developing contracts.
- Joint funded manual handling and second specialist equipment adviser posts established.
- Basic grade rotation extended to Portsmouth City R&A team.

Looking forward - objectives for 2000/2001

People matter

- Review of senior grade competencies and more creative approach to senior appointments.
- All OTs in Health and Social Services to join quarterly peer review groups as part of local professional self regulation.

Pounds matter

- Efficiency improvements achieved with Social Services but much more work to be done.
- Potential growth for service indicated by national focus on rehabilitation, maintaining independence and shorter/avoiding stays in hospital.

Performance matters

- Ensure all OTs are familiar with clinical governance framework, eg. self regulation/development.
- Use available evidence base to ensure clinical practice is targeted where most effective.
- Ensure all OTs are competent in risk assessment and the issues of therapeutic handling in a rehabilitation framework.

Partnership matters

- Continue to explore opportunities to demonstrate effectiveness of pooled OT resource.
- Work with PCGs to describe the community OT service delivery and its effectiveness.
- Emphasise the role of OT in any multi agency rehabilitation developments.

Palliative care

Looking back - headlines from 1999/2000

People matter

- Review of nursing structure leading to appointment of hospital/community coordinators.
- 'Investor in People' accreditation achieved.
- Second consultant successfully appointed.

Pounds matter

- Filling senior vacancies will impact on the ability of the service to make efficiency savings.
- New, and continuation of existing, developments dependent on new funding as recycling opportunities have been exhausted.

Performance matters

- System to ensure clinical supervision is in place successfully introduced.
- Good progress made in embracing all aspects of clinical governance.
- Review of psychological service availability with service managers to identify shortfall.
- Bereavement training consolidated and retains effective uptake.

Partnership matters

- Liaison with PCGs, predominantly through Palliative Care Core Group.
- Consolidation of links with Cancer Services - Portsmouth Hospitals Trust, Countess Mountbatten House, The Rowans and MacMillan nurses.

Looking forward - objectives for 2000/2001

People matter

- Develop an integrated palliative care nursing team across hospital and community.
- Progress measures to improve communications across palliative care team.
- Ensure team is equipped to embrace opportunities offered through development of PCTs.

Pounds matter

- Demand for all aspects of the service is high which will put pressure on budget. Funding opportunities locally and nationally to be pursued to progress 'best practice' care.

Performance matters

- Progress clinical governance work, focusing on: evidence based practice; audit; training; access to information.
- Participate in the review of psychology service pertaining to oncology bereavement and palliative care.
- Review involvement of hospital palliative care nurses in the MacMillan Centre.

Partnership matters

- Progress HImP initiatives relating to promoting independence/remaining at home.
- Identify more opportunities to link and liaise with PCGs.
- Review terms of reference, purpose and membership of Palliative Care Core Group.

Business Plan

2000-2001

Physical disability

Looking back - headlines from 1999/2000

People matter

- Recruitment/retention of some specialist therapists has been difficult.
- Access to premises survey undertaken and action plan developed/costed.
- Health promotion service link with locality disability groups will boost training possibilities for carer groups.

Pounds matter

- Respite care referrals from GPs have created pressure on available financial resources.
- Funding received from the Health Authority to purchase a further 50 mobile hearing aid communicator sets, following audit in 1998.

Performance matters

- Results of access survey work will be incorporated into planned building/environmental upgrades wherever practicable.
- Disability access award received by Lee on Solent health centre from Gosport Borough Council following building improvement work.

Partnership matters

- Inter-Trust/Health Authority review of service ongoing; momentum slowed while consultant rehabilitation posts remained vacant within Portsmouth Hospitals.

Looking forward - objectives for 2000/2001

People matter

- Within multi-agency service review ensure best use of resources to promote rehabilitation and independent living.
- Encourage further user/carer input into services.
- Introduce new measures to prevent discrimination against disabled people.

Pounds matter

- Continue to engage Health Authority in assessing the financial implications and requirements for the physical disability rehabilitation service.

Performance matters

- Pursue measures to improve access to premises, in particular addressing signposting colour schemes and provision of induction loops.
- Work alongside other agencies in reviewing/rationalising equipment loan services.
- Assess potential impact of psychology service for client care (eg. brain injury).

Partnership matters

- Work with Health Authority on proposals for multi-disciplinary community rehab teams.
- Work towards measures to reduce falls/stroke in line with HImP targets.

Physiotherapy

Looking back - headlines from 1999/2000

People matter

- Recruitment/retention remain encouraging generally.
- Continuous professional development encouraged at all levels.
- 'Investor in People' accreditation for community settings with work progressed elsewhere.

Pounds matter

- Joint work with Haslar therapies to identify workloads which can be shared/supported.
- Extra cost pressures (travel/time) from more special needs children at mainstream schools.

Performance matters

- Fast track back service continues to run well; referrals outstrip available resources.
- Successful physiotherapy conference held - 150+ delegates.
- Positive outcome to City PCG audit on service (response rates and treatment).
- Charter Mark award to neurological physiotherapy team at QA hospital.

Partnership matters

- Extensive work with PCGs in drawing up service standards, guidelines, audit strategies.
- Work with Education Authority to agree service standards for therapies in schools.
- Ongoing work with consumer groups (Headway, Age Concern) in delivery of services.

Looking forward - objectives for 2000/2001

People matter

- Introduce new models of clinical supervision to promote reflective practice.
- Induction courses for new staff to recognise support needs within workplace and outside.
- Use annual Trust physio conference as vehicle for communicating developments and innovations in clinical practice.

Pounds matter

- Review service skill mix as each vacancy arises; timetable staff replacement.
- Pursue work on improving physiotherapy environments within certain premises.

Performance matters

- Continue to work with PCGs on future development/innovative use of services.
- Strengthen physiotherapy audit group and links with clinical effectiveness department.
- Set up nationally recognised courses for benefit of service staff and for income generation.
- Work with Portsmouth Hospitals over developments, ensuring therapy back up needs highlighted.

Partnership matters

- Continue partnership with Southampton University over R&D developments.
- Closer working with Social Services in specialist areas (elderly, paediatrics, brain injury).
- Work with users/carers in service planning and setting goals for intervention.

Business Plan

2000-2001

Podiatry

Looking back - headlines from 1999/2000

People matter

- Increased demand for an experienced and reliable pool of bank staff to support team.
- Changing character of service requires all staff to be better informed and more aware of operational practice.
- Implementation of planned programme for mandatory training sessions.

Pounds matter

- Service review identified no real opportunity for disinvestment; management savings recycled into podiatry orthotics budget.
- Community rehabilitation scheme has funded 0.5wte podiatrist.

Performance matters

- Advanced practitioners now in place for each specialism.
- Work commenced on introducing reflective practice and clinical supervision.
- Placements provided for podiatry students; reciprocal post-grad training for staff arranged with local universities.
- Formal process introduced to ensure equity of working times across the Trust.

Partnership matters

- Progress in establishing clear (named clinician) links with GP practices.
- With Portsmouth Hospitals, progress on diabetes foot service/integrated care pathways.

Looking forward - objectives for 2000/2001

People matter

- Monthly newsletter to share formal/informal news and information.
- Introduce induction sessions for bank staff.
- Local model for continuous professional development in podiatry to be developed.

Pounds matter

- Work to review referral, access and discharge criteria will aid demand management agenda.
- Identify adequate resourcing for clinical governance - supervision, audit, training etc.

Performance matters

- Identify element of all staff's time for communication with other health colleagues.
- Deliver multi agency programme of foot health education in nursing/residential homes.
- Work to identify need for development of Podiatry Surgery service.
- Introduce patients/users panel for service development and planning.

Partnership matters

- Work with PCGs to identify future shape/structure of foot health services.
- With Social Services/Diabetes dept. produce diabetes training pack for nursing homes.

Psychology

Looking back - headlines from 1999/2000

People matter

- Recruitment options strengthened to try to fill clinical psychology vacancies - a problem nationally due to demand exceeding supply.
- Appointment to post of head of psychology will address need for changes in the role and management of psychological services.

Pounds matter

- Proposals initiated for specialist posts in cognitive and behavioural/family therapy.
- Work underway to address anomalies in psychology budget with further action planned.

Performance matters

- In accordance with external review, lead psychologists affirmed within each specialty.
- Procedures for managing key components of clinical governance are being developed.
- Contract to provide psychological support to Swanwick Lodge agreed and implemented.
- Policy and set of standards for clinical supervision agreed.

Partnership matters

- Collaboration with care groups to promote role of psychologists in meeting objectives.
- Process of information gathering has taken place with psychologists contributing from different perspectives - clinical, care group, GP practices, users etc.
- Exploration of establishing links with Portsmouth University has begun.

Looking forward - objectives for 2000/2001

People matter

- Agree and implement the roles, responsibilities and competencies for all grades of psychologists across the care groups.
- Develop viable and attractive permanent posts to maintain/develop psychology workforce.

Pounds matter

- Work with care group leads to redefine and consolidate current psychology budgets.
- Agree proposals within allocated budget and for developments to attract new funding.

Performance matters

- Develop action plans that target 2 areas within National Service Framework for AMH.
- Meet clinical governance criteria for self-regulation, evidence based practice, employment procedures and user/carer partnership.
- Consolidate plans for health psychology, learning disabilities, EMH, children's services.
- Continue to pursue funding for Eating Disorders Day Programme.

Partnership matters

- Work in partnership to further implement the guidance in the psychology review.
- Continue joint work with Portsmouth University to develop teaching/research programmes.

Business Plan

2000-2001

Speech and language therapy

Looking back - headlines from 1999/2000

People matter

- Fewer external applicants for middle grade posts have been noted - causing some pressure.
- Cost of training courses and arrangements for cover for therapists' training cause concern.

Pounds matter

- Vacancies have offered opportunities for skill mix across the board.
- Recycling options have been tested; likely that requirement for clinical governance will mean fewer areas being covered more thoroughly.

Performance matters

- Progress in reviewing and standardising information and training to service users.
- Equity of service in mainstream schools implemented.
- Work to ensure effective allocation of staff in health centres underway and on target.
- Clinical governance awayday held and progress in implementing requirements.

Partnership matters

- Consulted with PCGs to explore opportunities to recycle SLT resources into other areas.
- Continued working with Portsmouth Hospitals over dysphagia and stroke care.
- Work with City and County Council brought Portsmouth small increase in SLT resource.

Looking forward - objectives for 2000/2001

People matter

- Fewer external applicants for middle grade jobs likely to cause further difficulty.
- Enhance status of continuous professional development with critical clinical observation and clinical case discussion.

Pounds matter

- Continue skill mix of vacancies as they arise and alternative methods of service delivery.
- Keep abreast of new initiatives around early years/adolescence (Education) and head/neck cancer and neuro rehab.

Performance matters

- Seek accreditation from Royal College of Speech and Language Therapists.
- Look more closely at how to involve users more closely in service development.
- Continue to progress clinical governance agenda across the service.
- Increase potential for joint training/education, eg. with other disciplines.

Partnership matters

- Through continued collaboration ensure easy access to SLT for all patients within Portsmouth Hospitals who may require service.
- Continue special education needs strategic planning work with City and County Councils.

Substance Misuse

Looking back - headlines from 1999/2000

People matter

- All staff involved in business planning/clinical governance process.
- 'Investor in People' accreditation achieved.
- Individual training plans completed which have driven much of the year's training activity.

Pounds matter

- Regular reviews of budgets to enable cost pressures to be met from existing resources.
- E's Up project partly funded recurrently from April 1999 - reduced service implemented.

Performance matters

- Achieved coordinated approach to homeless service (City only) on limited resource - report submitted to Health Authority to further support/develop service.
- Work underway on programmes of care within residential services.
- Dispensing guidelines achieved in conjunction with Health Authority/Pharmacists.
- Structure for clinical governance embedded within service - baseline assessment completed.

Partnership matters

- Developed with GPs practical ways for them to increase involvement in service.
- With DAT, implemented programme to meet aims/objectives of national 10 year strategy.
- Common assessment tool developed with DAT for use across district.

Looking forward - objectives for 2000/2001

People matter

- To meet growing complexity of service, increased need for medical/psychology staff.
- Joint strategic approach needed with DAT/universities to attract, develop and train specialist substance misuse workers.
- Encourage involvement of all staff in developing clinical governance programme.

Pounds matter

- Address issue of reduction in external contracts and its impact on service.
- Reinvest resources to take account of national developments/evidence based practice.

Performance matters

- Using Training Strategy, develop staff skill mix to meet growing complexity of needs.
- Review treatments and develop future service provision through evidence based practice.
- Remain focused on development/outcome of national strategy 'Tackling Drugs...'
- Monitor/evaluate supervision system to ensure quality service provision.

Partnership matters

- Work with Social Services to develop appropriate day services.
- Fully participate as members of the DAT to address the 10 year strategy.
- Develop work with specifically related groups, eg. PCGs, drug reference groups etc.



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