



- *Our priorities*
- *Our progress*
- *Our plans*



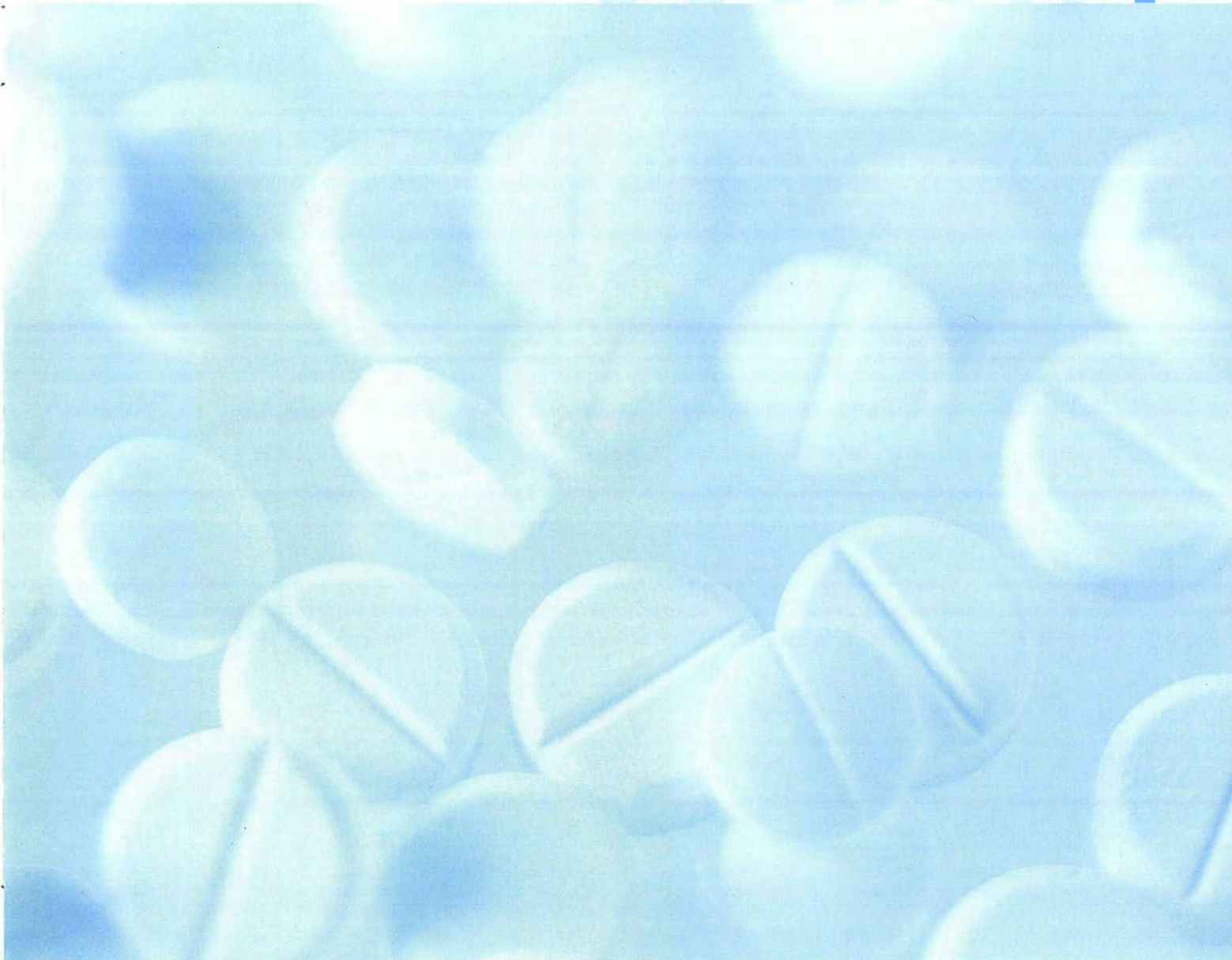
annual plan

2001:2002

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section 1



PARTNERSHIP, POUNDS, PERFORMANCE, PEOPLE

About this document

Several main themes have emerged to influence this year's organisational and service planning process. This annual plan outlines how these have affected the organisation as a whole, what we have done in response to them so far and how we will approach them in the year ahead.

The main themes covered are:

- the NHS Plan
- local reconfiguration of health services
- improving working lives
- organisational control and risk management
- clinical governance and quality
- financial management and control
- information management and technology
- estate management

In addition to these, a separate section at the back of the document gives a brief summary of the main elements of individual service plans - focusing on those services which remain our responsibility at least for the next year.

The plan, perhaps unsurprisingly, is short term in nature. But, as in previous years, it reflects the values that have provided the framework for our work over the past eight years - people matter, pounds matter, performance matters, partnerships matter.

Background

This document sets out the priorities for Portsmouth HealthCare NHS Trust in 2001/2002 - our main objectives, challenges and opportunities for progress.

It also reviews the 12 months spanning April 2000 to March 2001, marking our achievements, developments and the way we have responded to the changing local NHS agenda.

Clearly a significant influence for us over the next year or so will be the NHS Plan and the implementation of its targets and priorities, which, increasingly, underpin all health planning and strategic thinking both at national level and locally.

As well as the launch of the NHS Plan, we have also seen a clear way forward emerge for local health service provision as a result of the reconfiguration planning led by the Health Authority over the last two years.

The outcome of this in organisational terms has already seen a number of changes in place from this April.

The next 12 months will continue to be challenging for everyone in the Trust. It will be important to ensure that clinical services are sustained, and long standing service objectives pursued, alongside the process of organisational change.

People

As in the past year, staff will need to be supported through this period of substantial change. Ensuring a smooth transition will remain a priority for us over the next year to ensure the continuity of services for patients.

Performance

Clinical governance and the improvement of services, as well as the management of risk will need to take precedence in service and organisational planning.

Alongside this, the provision of appropriate accommodation, a key strand in the NHS plan, remains vital and every effort will be made to ensure that our plans for re-providing adult mental health inpatient environments make good progress, utilising approved public funding.

Pounds

We will continue to exercise stringent control over our financial planning. Income will reduce in the coming year given the transfer of services to PCTs and it will be necessary to judge the impact of this on our clinical and support service provision. We will also strive to ensure that all budgetary transfers to new organisations take place with finances on a sound footing.

Partnerships

We will continue to work with our partners locally in attempting to deliver a diverse range of objectives. The benefits of working in partnership to plan and provide services are clear and we will continue to contribute to the development and delivery of the Health Improvement Programme, Local Action Plans (particularly those for mental health, older people and children) and Joint Investment Plans. We will, of course, also contribute fully to the further reconfiguration planning and review which will take place, both for clinical and support services.

An opportunity will also present itself for us to contribute to the wide ranging *modernisation* work that will be a dominant theme in the year ahead.

A year of achievement

A clear message emerging from the NHS Plan is the need to modernise - better services, more staff and user involvement, improved environments, faster and easier access, better use of IT.

We are taking this message seriously, as this list of achievements and developments from the past 12 months shows...

Partnership

Involvement in running intermediate care schemes - a series of initiatives to help ease winter pressures and reduce waiting times.

Developing a joint mental health IT system - a significant investment in time and resources has helped us to deliver a proposal for an integrated information system to fully support the joint working between health and social services mental health professionals.

Board endorsement for improved health at work programme - giving the project impetus to help staff benefit from initiatives to improve their health in the workplace.



Performance

Improvements to continuous professional development scheme - including a trial scheme to improve mentor support for participants.

Introduction of 'Life long learning advisers' - in conjunction with UNISON to enable trained staff to offer guidance on education and training opportunities to colleagues.

Introduction of a new risk management strategy and better reporting systems - enabling a comprehensive approach to the reduction of risks and monitoring of trends.

Appointment to mental health nurse consultant post - focusing on cognitive behavioural therapy but also providing direction and support to mental health nursing staff.

Implementation of new information management and technology strategy - a comprehensive plan for ensuring staff have access to the right IT set up to assist them in delivering their clinical workloads, whichever organisation or service they work in.

Meeting activity targets

- every week last year we provided 200 completed courses of consultant led treatment; saw 600 people in our day care services; treated around 325 outpatients and offered some form of care to nearly 23,000 people* (see table below).

Improving our premises - hundreds of thousands of pounds invested into better facilities, either through upgrading environments, improving health and safety or meeting the requirements of the Cleanliness in Hospitals initiative.

Pounds

Clinical waste segregation campaign - to promote correct use of waste facilities as a significant means of saving money and helping the environment.

Working with NHS Supplies to reduce overheads - series of targets to reduce the cost of buying goods and services resulting in money being redirected into patient care.

Maintaining financial stability - all financial targets were met for the year, with an underspend of £29000 reported on revenue budgets of £120 million - a tiny fraction of one per cent.

People

Launch of the Diversity Matters initiative - valuing the difference between individuals whether staff, patients and visitors.

Launch of older person's nursing development programme - in conjunction with the Royal College of Nursing to promote training in leadership, management and clinical issues for trained nurses working with older people.

Improved library access for staff - doubling the number of library Internet access points for staff, and increasing the scope of training and support for users of the library service.

Launch of information and support service for staff suffering from domestic abuse - run by trained staff who have volunteered to help their colleagues.

Flu vaccination campaign for staff - offered free to all staff.

New employee assistance programme introduced - run by CoreCare to help or counsel staff or their families experiencing difficulties in their home or work lives.

Summary of total activity performance April 2000 - March 2001 (all service agreements)

	Annual target	Total activity	Variance
Finished consultant episodes (FCE)	11474	10451	-8.92%
Occupied bed days	145732	150015	+2.94%
Day care attendances	31462	30809	-2.08%
Outpatient total	16596	16981	+2.32%
Total face to face	1287375	1192157	-7.40%

Planning a better NHS

How we are helping to deliver the NHS Plan

The NHS Plan offers the vision of creating a service designed around the patient or user.

Achieving this vision - and improving the overall experience of patients - means that we need to focus on:

- better prevention and health promotion
- better treatment and care with better outcomes for patients and users
- more patient/user involvement and feedback in both directions
- faster and easier access
- providing the right care in the right place by the right people
- creating a better environment for staff and patients
- making better use of IT and staff.

*The NHS Plan places
emphasis on the
improvement of services
for older people.*

Our priorities

Our immediate priority, working with local health, council and social services partners where appropriate, is to meet the NHS Plan targets set out for the year 2001/2002, as well as agreeing the progress to be made towards longer term actions and targets.

Areas of particular importance will be targets relating to mental health and older people's services.

Our progress

The previous pages point to a considerable list of developments introduced over the past 12 months, all of which can be attributed or linked to targets emerging from the plan. Within individual services, too, the plan has been given prominence in objective setting and development planning.

Our plans

The NHS Plan has set a number of targets which need to be delivered over the next few years - some relate to specific services such as mental health, or groups, such as older people.

Key areas for us are:

Waiting times

We will continue to use our quarterly divisional review process to monitor performance against new waiting time targets.

Improving clinical quality (see page 16)

We have produced a 'minimum expectations' action plan which forms the basis for monitoring all aspects of clinical governance. This will be made available for transfer to primary care trusts if required for them to incorporate into their organisational procedures.

Systems and procedures to support staff participation in clinical governance are already in place and will continue to be developed.

Improving standards of accommodation, cleanliness, food

Work is underway to enable our community hospitals to meet the 24 hour food service to patient requirements by December 2001.

We will also prioritise action plans for investing the recurring funding into improving cleanliness in hospitals.

And we will continue to tackle the problem of mixed sex accommodation, working alongside Portsmouth Hospitals and other providers of services for older people to ensure that appropriate reprovion arrangements are in place for wards at Queen Alexandra and St Mary's Hospitals.

Proposals for the publicly funded reprovion of adult mental health residential facilities in Portsmouth and Havant will also be a priority.

Patients' views and involvement

(see page 17)

A framework to harness patient and user experience and views has been put together with a view to incorporating these into service planning and quality improvement plans.

Mental health services

(see page 31)

The NHS Plan and the National Service Framework for Mental Health set out a radical shift towards new service models for mental health.

Over the past year further progress has been achieved in implementing a local mental health strategy developed by local service providers and users. This will be helpful in meeting some of the initial targets emerging from the NHS Plan and affords a real opportunity to engage carers, users and frontline care staff in the development of the service.

Services for older people

(see page 29)

The NHS Plan places emphasis on the improvement of services for older people and implementing the NSF for Older People remains a key organisational priority.

Services for children

(see page 30)

Although responsibility for the provision of a number of community services for children has transferred to other organisations we will continue to ensure that paediatric services we provide will contribute fully to the strengthened joint service planning between health and local authorities.

As this document will show, NHS Plan requirements are incorporated into our framework for service planning, which will build on the significant role already played by staff in the process.

Modernising the local NHS

How we are working to help shape the future of local health services

A district scenario plan to cover the next five years has been developed to provide a framework for the efficient planning, management and delivery of local health services.

All health providers in the area together with city and county Social Services departments have been involved in developing the plan in consultation with service users and carers, voluntary organisations, education and housing services and the Community Health Council.

In addition, participants in this planning process will also be charged with taking forward the local 'Modernisation agenda' which will set the blueprint for the delivery of NHS services in the area in the years to come.

Patient focused care and streamlined support underpin the proposals for the development of the local health economy.

Our priorities

Patient focused care, streamlined support and longer term arrangements for the provision of services underpin the proposals for the development of the local health economy.

With Primary Care Trusts in place in Portsmouth and East Hampshire and one for Fareham and Gosport due to be up and running from next April, community services can now be targeted much more closely at localities. Services traditionally provided by this Trust have transferred to the new PCITs with others following suit in the next 12-24 months.

It is clear that in this period of transition we have an important role to play in supporting all local modernisation work and the new primary care organisations.

Our progress

Preparing services for the consequences from the scenario planning process has been a principal concern for the Trust board over the past couple of years.

A two phase process has been established to oversee the transfer of service provision, with **phase one** (opposite) in place from April 2001.

1. Services now provided by *each* primary care trust for each locality

District nursing
 Health visiting
 School nursing
 Health promotion
 Community hospitals and health centres
 Child and adolescent mental health
 Physiotherapy
 Occupational therapy
 Community rehabilitation
 Podiatry

2. Services now provided by Portsmouth City PCT for whole area

Community home loans
 Speech and language therapy
 Services for gay men
 Services for sick children

3. Services now provided by East Hampshire PCT for whole area

Community dental

**note: the services in 1 for Fareham and Gosport are being run by this Trust on behalf of the Fareham and Gosport Primary Care Groups in 2001/2, to transfer to the Fareham and Gosport PCT in April 2002.*

Understandably the work involved in making arrangements for the smooth transfer of these services has been considerable. Along with these, preparatory work has been undertaken with a number of support services to ensure that these have mechanisms in place to work with PCTs alongside the Trust. Personnel, education and training, financial/payroll, information management and technology, facilities management, legal, telecommunications, estates and communications services have finalised plans to work to this arrangement from April 2001.



Our plans

Although we will endeavour to play our part in making this as smooth a process as possible, it is likely that the new configuration of services will take a while to settle into place. We will continue to work alongside the new PCTs to ensure that any teething problems arising from the transfer of services and staff are kept to a minimum and dealt with promptly.

Meanwhile, we will contribute fully to **phase two** of the process, including the externally led review of mental health, learning disability, children's and older people's services, which will look at:

- the proposed model of service integration
- the organisational pattern which will deliver this model
- the commissioning process to support these arrangements.

Alongside this the future direction of other services, including, family planning, palliative care, psychology and counselling will need to be agreed.

Once clinical services have been reviewed we will work with other local health organisations to ensure that support and infrastructure services are provided in a way which demonstrates best value for money.

Managing the money

How we are maintaining financial control and value for money

The year has been demanding and has reiterated the importance of stringent financial control across both clinical and support services.

Financial stability has been a high organisational priority, to enable us to redress the small overspend incurred last year and to ensure that services transfer to PCTs on a sound financial footing. In 2000/2001 a small underspend was achieved.

We are required to have in place financial systems and mechanisms to help us respond to several different challenges; the most recent District Audit management letter (1999/2000) has shown that we managed to respond accordingly, performing 'well in addressing the new challenges without detriment to existing service delivery.'

Our priorities

We are required to meet six key objectives under the Code of Audit Practice.

Objective

Audit conclusion in 1999/2000

Adequate financial standing

Two of three financial targets met. Year 2000, drugs costs and out of area treatments caused the 'missed' target - financial deficit.

Economy, efficiency and effectiveness in using resources

Examples of good practice in value for money work with opportunities to secure further improvements.

Statements present financial position fairly and are properly prepared

Satisfied with statements and unqualified opinion on main financial statements and those relating to funds held on trust.

Adequate financial systems

No material issues arising - minor areas for control improvement agreed and actioned.

Adequate arrangements for preventing fraud and corruption

No areas of concern but some aspects could be strengthened.

Adequate arrangements for legality of of transactions with financial consequence

No areas of concern .

Our progress

Our income in the year 2000/2001 increased significantly to around £120 million. Underlying this increase were newly committed recurring funds for intermediate care, tackling waiting times and managing winter pressures.

Careful budgeting and some meaningful progress with value for money initiatives has enabled us to meet all our financial targets for the year - even achieving a small underspend (£29,000).

Cost pressures have been present, again, and have included: recruitment difficulties leading to necessary use of agency staff, the high expense associated with the purchase of new/current drugs, superannuation costs and ongoing costs for implementing the Working Time Directive.

Our performance

In addition to meeting Audit objectives outlined above, we have been able to:

- meet national targets for settling invoices within the 30 day target
- maintain debtors below our own target
- produce payroll accurately and on time
- meet national deadlines for the production of annual exchequer and charitable funds accounts
- remain within our External Finance Limit
- achieve a 6% return on assets.

This has been a noteworthy achievement given that for much of the year several finance staff have been directly or indirectly involved in helping PCTs to set up their own financial structures and systems - a substantial addition to the department's overall workload.

Financial programmes for 2000/2001 were established, providing for:

- allowance for inflation at 3.98%
- efficiency savings of 0.5% of revenue turnover (c.£600,000)
- recurring developments of over £3 million
- 96% of anticipated income via service agreements
- an initial capital/non-recurring programme of £6.4 million
- year end target of achieving financial duties.

Value for money initiatives

pursued with NHS Supplies have enabled us to release some funds spent on overheads in the supply of goods and services into direct patient care (target 3% savings).

Several initiatives have been evolving over the past year, targeting stationery, photocopiers and order processing costs.

Our plans

The overall financial picture

An extra £30 million should be available to the local health economy for provision of services next year. This is already committed, either to meet inflation costs, modernisation requirements, improve access to services or tackle waiting times. It is not yet clear whether any will drop down into our services, particularly mental health, to fund local developments.

We will again try to maintain financial balance and achieve our targets for the year. Increasingly this will happen in tandem with partner organisations as we pool resources across services. It will be important to ensure that our areas of responsibility remain properly controlled and managed.

We will continue to work with Internal and District Audit to review our progress in meeting

the requirements of the NHS Guidelines for Implementing Controls Assurance, and in safeguarding organisational procedures and control systems.

Income and expenditure 2001/2002

Our overall income for 2001/2002 will see a decrease of some 15% to take account of services transferring to PCTs from April 2001.

Management costs

As in previous years we will look to keep management costs at an acceptable level. The change in structure and size of the organisation may have an impact on management costs but we will endeavour to maintain costs below the national average.

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

2001/2002	£'000	%
Income		
Service agreements - clinical	92,794	86.96
Service agreements - other	7,913	7.42
Other income	6,000	5.62
Total income	106,707	
Expenditure		
Pay	73,605	72.85
Non pay	24,535	24.28
Depreciation	2,903	2.87
Total expenditure	101,043	
Surplus before interest	5,664	
Trust debt remuneration - interest and dividend	5,664	
Retained surplus	0	

Reducing risk and maintaining organisational control

How we are tackling controls assurance and governance requirements

Controls assurance is a process designed to make sure NHS organisations do their 'reasonable' best to protect patients, staff, the public and other stakeholders against all kinds of risk. There are three main elements to this:

- organisational controls assurance and risk management
- clinical governance - see page 16
- financial assurance and controls - see page 12

We remain committed to the development and application of clinical, therapeutic and managerial practices that enhance the quality of care and maximise benefits for people who use our services.

Our priorities

This section focuses on **organisational control** and, in particular, **risk management**; clinical governance and finance are considered in separate sections.

A revised strategy which sets out the direction for risk management within the organisation was endorsed by the Trust board in November 2000. It gives us a clear risk management framework providing a focus for all financial, organisational and clinical risk activities.

The strategy also demonstrates how we will work with and provide support to Primary Care Trusts with regard to the management of risk.

Designated advisers have been appointed for corporate and clinical risk while the Risk Management Group provides a forum for monitoring, evaluating and prioritising risk issues.

The launch of the revised risk management strategy has been the key achievement this year.

Our progress

The launch of the revised risk management strategy and the work associated with implementing it has been the key achievement this year.

Significant progress has been made in tightening up our approach in other important areas of organisational control and we have:

- **updated** our *Risk Assessment* guidelines, database and the register of nominated risk assessors
- **worked** towards meeting the national *organisational governance requirements* for Trusts and Health Authorities launched by the NHS Executive. Work undertaken with our internal auditors has shown that, to date, there is substantive trustwide compliance to the organisational standards
- **launched** new *Risk Event* forms and revised reporting policy; over 9,200 incidents were reported in 2000/01, a 23% increase on the previous year, which reflects the improved and easier reporting mechanisms in place to assist staff in highlighting concerns
- **established** a *Trust Infection Control Committee* and developed a staff education programme
- **established** a *Control of Hazardous Substances* (COSHH) Steering Group, identified co-ordinators for all services and delivered a training programme to over 180 staff
- **delivered** a *Personal Safety & Security* training programme for almost 800 staff
- **launched** a generic *Missing Patients* policy.

Our plans

The focus for the next year will be on working with Primary Care Trusts in developing their own risk management arrangements. Meanwhile, within the organisation we will:

- **develop** a *Risk Register* to enhance local, divisional and organisational risk analysis and prioritisation
- **develop** action plans at all levels within the organisation to address the issues identified by the *risk assessments*
- **prioritise** infection control, instrument decontamination, IM&T, medicines management and medical devices within our *organisational control* standards work
- **develop** better action plans and identify more accurately trends and patterns for *incident reporting* following introduction of a more straightforward process
- **complete** COSHH assessments for all Trust services and premises and establish a health surveillance programme for staff in high risk situations
- **work** with acute and primary care services to develop standard CPR and defibrillation guidelines for staff working across the district and ensure that numbers of staff attending CPR training continue on their upward trend.

Ensuring quality through clinical governance

How we are developing our services to meet quality requirements

Clinical governance provides a framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care, by creating an environment in which excellence in clinical care will flourish.

We have established a board level panel and also a Clinical Governance Reference Group (comprising lead consultants and nurses, professional service heads, general managers and board members) to ensure clinical governance is managed as a mainstream activity.

Our priorities

Much of the work currently being undertaken focuses on supporting clinical services and helping them to develop a self sufficient approach to governance issues. Existing mechanisms, such as the quarterly divisional review process, have been modified to ensure that key elements of clinical governance can be monitored at an organisational level.

Our progress

In keeping with other trusts, we have been required to prepare a report of our progress against accepted minimum national expectations. This has covered:

Clinical audit

- review of clinical and service audit group to ensure it meets clinical governance requirements
- completion of 23 multi-disciplinary audits
- plans progressed to involve patients and carers in the development of clinical audit.

Workforce issues

- workload, staffing levels and skill mix reviewed in all clinical areas where there are, or have been concerns.

Patient experience

- framework developed to harness patient and user experience and views and incorporate these into service planning
- systems now in place to ensure that action and weakness are identified following complaints, and the patient/carer perspective incorporated into quality improvement plans.

Information management and technology

- local implementation strategy being introduced with all our local care partners including the Health Authority, Primary Care Trusts, Portsmouth Hospitals and Social services which will address the development of electronic patient records.

Research and effectiveness

- project undertaken to make sure that all staff have access to and use of a library, including electronic access to a knowledge base
- expansion of Internet connections, particularly for clinical staff working in isolated sites, has given staff access to a further source of important information.

Our performance

As well as work to meet the minimum expectation standards, a number of other issues have been addressed against which we can measure our performance:

Complaints

The number of complaints received each quarter hovers around the twenty mark. Well over 90% of these have been acknowledged within two days. Many tend to relate to much more complex issues now with another noticeable trend being the length of time it takes to resolve some of these satisfactorily. On average, around half are resolved within the 20 day target.

We have received a small number of requests for an independent review of particular complaints.

We continue to take action where it is merited on improving services as a result of complaints we have received.

Over the past year we have been able to:

- alter the procedure for handling smear tests*

- fitted warning alarms to signal doors opening at a cottage hospital*

- make improvements to weekend catering service*

- strengthen cotside procedures.*

Patient identifiable information

Following the publication of the Caldicott report on the security of patient identifiable information, we have carried out a thorough assessment of policies and procedures relating to confidentiality, and put in place an action plan to tackle deficiencies. Over the past 12 months all staff have received briefing information about Caldicott recommendations and requirements, and changes to the Data Protection Act.

Performance indicators

We are required to report on two of the seven clinical indicators published by the NHS Executive in 1999 to reflect performance in a number of areas of health care.

One is emergency readmission within 28 days of discharge from hospital; here we are shown to be slightly below the national average, which indicates a satisfactory performance to date.

The other relates to the percentage of patients (age 50+) discharged to the usual place of residence within 56 days of emergency admission with a stroke.

The indicator appears to show poor performance for the Trust against the national rate but this still compares favourably with other similar organisations. This is, of course, only one marker of performance in the management of stroke and, as the National Sentinel Audit of Stroke has shown (see next column), our overall quality of stroke care is actually very high.

Waits

The waiting time standard for the first outpatient appointment, following GP referral is that 90% of people should be seen within 13 weeks, and 100% within 26 weeks. Exceptions to this at the year end were minimal with strategies in place to tackle the difficulties.

National sentinel audit of stroke

Our results in this audit continue to reflect the excellence of the service provided by a team of highly skilled and dedicated staff. The results in 1998 showed us to be in the top ten per cent of trusts and the latest outcomes, for 1999, showed further improvement.

Our plans

Realistic targets will need to be set for the next 12 months which enable further progress to be made in the promotion of clinical governance whilst acknowledging that the uncertain future of the Trust may have an impact on what can or cannot be achieved.

As last year, it will be important to ensure that the work undertaken service by service can be adopted by any future provider so that, as they transfer to other organisations, services can take their clinical governance structures with them. We will also continue to work alongside PCTs in helping them to develop their own arrangements and procedures.

Specific areas of work for the year ahead focus on two important concerns:

User involvement

The NHS Plan promises that local trusts will seek to involve patients and carers in a variety of ways:

We will do what we can to pursue these aims by implementing a framework which has been drawn up to encourage user involvement in service development. This will enable individual services to be self sufficient in meeting the current NHS expectations of user involvement, within a framework that offers the opportunity for real user participation in service development.

Clinical audit

We will use the next 12 months to further refine our approach to clinical audit. Better incident reporting systems will enable us to analyse trends and use the process much more in support of the principles of clinical governance. It will mean that audits reflect complaints, critical incidents and areas of significant clinical risk, grading areas where early reviews are needed.

Action plans to remedy deficits arising from audits will be reviewed to ensure that they lead to improved outcomes and improvements.

Making better use of information technology

How we are delivering our new IM&T strategy

Last year the Trust board approved a new strategy for Information Management & Technology (IM&T) which gives it a central role in helping clinicians and other staff to improve health care services for patients.

The strategy describes a series of development projects which will be implemented over the next five years to put in place the equipment and connecting infrastructure to enable doctors, nurses, therapists, managers, planners and others to access the information they need to treat patients and plan improvements to services.

The Trust's first IT Training Room was established in St. James' Hospital and we recruited our first IT Trainer.

Our priorities

Clearly the five year term of the strategy means it will outlive the existence of the Trust. However the Information Services Department has also led the development of a similar strategy for the Primary Care Groups/Trusts. This will ensure a common, coordinated approach continues to be taken to IT developments across the district, so that organisational barriers will no longer get in the way of clinical information sharing which is in the best interests of patients.

Our progress

Several of the main IM&T developments progressed in 2000/2001 meet the aims of the new strategy and include:

Completion of infrastructure upgrade for elderly medicine which allows the department to access the full range of diagnostic and patient records systems on Portsmouth Hospitals NHS Trust sites.

NHSnet/Internet access roll-out with connection to NHSnet completed during the year and about 600 Trust staff with access by the end of the year. A further 200 staff will be connected by August 2001, including all lead clinicians and clinical governance leads, giving every Trust clinical team access to the Internet.

In addition our data network has been linked to those of the Health Authority and Portsmouth Hospitals NHS Trust to enable secure access to each other's systems. This will form the core of an eventual district-wide health and social care network.

Joint adult mental health system development involving clinicians who have helped to create a full system specification. The supporting IT infrastructure is currently being installed.

CIS/Pathology access on wards installing PCs in all our inpatient wards linked to both the Community Information (CIS) and Pathology systems started during the year and will be completed by July 2001.

The Trust's first IT Training Room was established in St. James' Hospital and we recruited our first IT Trainer. Future IT development projects can now be properly supported by adequate training.

A health records strategy produced in response to national Audit Commission recommendations, now sets out some preferred options for the management of records and documents (health, finance, personnel and occupational health).



Our plans

The year 2001/2002 will see a number of important IM&T developments introduced or begun which will help us implement the strategy and maximise our investment in IT.

A Health Informatics Service which, from April 2001, will meet the IM&T needs of all NHS organisations in the Isle of Wight, Portsmouth and South East Hampshire and will enable all local IM&T departments to collaborate more effectively.

The joint adult mental health system tender exercise will occur for the supply of this new system and we will work to prepare staff and adapt working processes accordingly. More sites will be connected to the Trust data network and more PCs provided for clinicians.

A merged secondary care information system with Portsmouth Hospitals and the Isle of Wight Health Care NHS Trusts will give clinicians access to an Electronic Patient Record system with much more complete clinical histories for patients under their care

A joint primary care system development will be investigated in collaboration with PCTs and GP practices to identify what local primary care services will require of a shared Electronic Patient Record system.

Creating better environments for patients and staff

How we are improving the standard of our properties and equipment

The NHS Plan makes it clear that the modernisation agenda it promotes should reach all aspects of health care, and that includes the buildings and environments in which health services are provided.

The importance of providing appropriate facilities which are modern, clean and efficient and cost effective to run should not be understated.

Improving access to primary care facilities, raising cleanliness standards in hospitals and health buildings and removing mixed sex accommodation are all national priorities.

*Around 30 projects, ranging from
hospital redecoration to garden
improvements were completed by
March 2001.*

Our priorities

It is important that we use the priorities set out in the NHS Plan to best effect in maintaining and improving our estate. It is equally important to ensure areas that need attention, but which do not figure as priorities within the plan, are still effectively dealt with.

From April 2001 ownership of a number of premises transferred to PCTs. They take on responsibility for running the buildings but do so through the Estates service currently provided by the Trust. This highlights the need for a clear strategy on maintaining and improving property which is signed up to by each organisation with a stake in the Estates service.

Private finance initiative

The most pressing priority for the Trust remains the re-provision of inpatient mental health facilities in Portsmouth and Havant. Negotiations over our PFI scheme for this were terminated in November 2000 and although this provides us with an opportunity to revisit the requirements and review other options, it obviously means further delay in terms of meeting patients' accommodation needs.

The fact that public capital has been made available for these schemes is encouraging and it is hoped that tangible progress can be made in 2001/2002.

Reprovision of elderly medicine inpatient accommodation

A second significant priority remains the reprovision of accommodation for the care of older people on the QA and St Mary's Hospital sites. We have been reviewing accommodation needs in the light of Portsmouth Hospitals' redevelopment proposals as well as the need to ensure single sex inpatient accommodation. Work will continue, in harness with the overall review of provision of services for older people, over the next few months.

Our progress

As in previous years a significant number of schemes or projects have been completed, many specifically to meet local service needs, or national or European legislation on the safe upkeep of NHS properties.

Estates services

Some £6million has been spent on **capital or non-recurring schemes** this year. Completed schemes include: the Langstone Centre, at St James' Hospital, which houses combined health and social services community mental health teams; a similar scheme at Osborn Clinic in Fareham; upgrades to Sarisbury bungalows (learning disabilities) and King Villa (mental health); and a new headquarters for the East Hampshire PCT at Raebarn House in Waterlooville.

Further improvements have been secured to help us meet the requirements of the **Disability Discrimination Act** - a new entrance at Havant Health Centre and a new lift at Cosham Health Centre amongst them.

Health and safety work has included major improvements to the external environment at St James' Hospital, as well as some less visible but much needed work on electrical, heating and hot water systems. Substantial **fire risk work** is almost complete at the hospital, too, after three years and assessments have been carried out at all the premises for which the Trust currently has responsibility. A prioritised improvement programme will be actioned as a result.

Many other schemes are in progress or at the planning or feasibility stage.

Facilities services

Several of our properties have already benefited from £100,000 received from a national initiative to improve cleanliness in hospitals. Around 30 projects, ranging from hospital redecorations to garden improvements and new carpets were completed by March 2001. The fact that more money has been made available on a recurring basis is clearly a positive development.

Service level agreements have been drawn up with the PCTs from 1st April, ensuring that all aspects of the Estates service provided by the Trust will be available to them.

Our plans

It will be important to review the Estate strategy in the light of the changing organisational structure and the service will work on developing a five year investment strategy with PCTs.

The strategy will need to reflect the range of regulations - European, national, NHS specific and local - governing the safe provision of NHS estates and facilities, all of which need to be balanced against local service needs and priorities.

There will also be a concerted effort on environmental issues in the next 12 months. An audit, reviewing our approach to environmental management, was carried out in February 2001 and its results will be used to develop a policy to bring together all 'green' issues into a coherent strategy - waste segregation, sustainability, energy, recycling.

Further targeted work will be undertaken towards meeting health and safety, fire and quality/best value requirements. There will also be a need to continue work linked to the Disability Discrimination Act to remove all physical barriers to disabled access in health buildings by 2004.

Service developments will focus on mental health with the development of publicly funded proposals for new mental health residential facilities in Havant and Portsmouth and the need to develop priorities for investing additional funds received to improve other mental health inpatient accommodation.

Improving working lives

How we are working with our staff to develop modern employment services

A number of national human resource strategies and targets have emerged over the past couple of years, all of which recognise the need for the NHS to make a commitment to invest in its staff.

'Improving Working Lives', 'Working Together' and 'The Vital Connection' - all highlight the improvement of services through better working conditions for staff.

Many of the objectives they contain set targets that we would naturally support. Encouragingly several endorse the type of work we have been pursuing over the last few years, particularly in areas such as staff involvement and family friendly initiatives.

Our priorities

In February 2001 the Trust board publicly pledged to meet the Improving Working Lives (IWL) standard. **The Pledge** is a key requirement of this and is central to the national Human Resources Performance Framework against which our progress will be judged.

It requires a multi-disciplinary team to take forward the IWL accreditation work, which our Joint Negotiating Committee of management and staff representatives will do.

We have also produced an action plan for meeting this standard. It sets out what has been achieved to date and the action required for us to reach the remaining targets.

Within our own Human Resources strategy a wider action plan has also been produced which tracks our progress against all HR targets, objectives and requirements emerging from recent national strategy publications.

Work is being undertaken to ensure that staff within the organisation have access to the help and support they need.

Our progress

Progress in meeting national HR requirements has been one of a number of significant areas of work over the last 12 months.

Improving working lives

The requirements we already meet include:

- annual staff opinion survey and action plan
- IPR appraisal system
- working time, family friendly and range of well being/ fair employment policies and initiatives in place
- staff groups in place to look at quality of working lives, rostering, diversity
- communication strategy in place with other initiatives to improve staff involvement including joint training, local negotiating committees and trade union involvement in induction.

Other national HR requirements

Over the past 12 months we:

- met requirements on staff development plans
- met criteria for using the Employment Service disability symbol
- reviewed effect of policy on violence and aggression to help us try to reduce incidence of violence towards staff
- reviewed risk management strategy and continued comprehensive health and safety training to reduce accidents at work
- reviewed policy and analysed staff sickness to aim for reduction in absence
- completed implementation of Working Time Directive
- implemented and developed clinical leadership programme
- reduced reliance on agency staff.

Recruitment and retention

In spite of ongoing pressures, we continued generally to maintain acceptable staffing levels across all services.

Opportunities to recruit staff from new sources have been further explored. Around thirty nurses from the Philippines successfully started work in the summer of 2000 in the Department of Elderly Medicine after an intensive training programme. A further cohort arrived in March 2001.

Investing in and supporting staff

Our services awaiting Investors in People recognition gained accreditation during the year, which means that the organisation as a whole can now claim IIP status.

Work with PCTs has targeted employment conditions and support in recognition of the need to ensure that all staff transferring have access to the appropriate level of help and guidance in this transitional period. Policies and procedures developed by the Trust, particularly those relating to staff welfare and well being, have been made available for adoption or adaptation by PCTs as necessary. Work is also being undertaken to ensure that staff remaining with the organisation have access to the help and support they need in the next 12 months.

Improving working lives

Engaging staff in organisational development

The well established and positive networks developed with staff representatives through the Trust's Joint Negotiating Committee have brought progress on a number of fronts this year including:

- education and strategy group established
- joint staff/management training
- participation in NHS pay scheme evaluation
- participation in health economy consultation forum
- Health at Work scheme
- Diversity Matters initiative.

Training and development

Much progress has been made in the field of training and development over the past 12 months including:

- continuing development of the Training on Demand service
- over 220 student clinical placements achieved with pre-registration student numbers set to rise
- development of PGC courses in Clinical Governance and Health Services Management

- continued development of NVQs for health care support workers and admin staff
- extensive support received from the Education Purchasing Consortium (equivalent to around £800,000 in total).

Promoting health at work

Initiatives continue to be positively promoted and the Health at Work team has adapted its objectives to fit in with the action points in the Health at Work NHS framework for action.

In 2000/2001 it has:

- assessed staff health needs and obtained board endorsement for its proposals
- supported the Trust's Quality of Working Life and Diversity groups
- implemented the Green group objectives
- worked within divisions to promote health lifestyle issues in the workplace
- relaunched monthly message posters for staff.

Our plans

The Trust's personnel and recruitment department will continue to provide a comprehensive support service not just within the organisation but also to the Health Authority, PCTs and to Fareham/Gosport PCG as it moves towards trust status.

If we are to continue to improve working lives in an ongoing period of uncertainty and change we will need to:

Consult and negotiate collectively with staff working in devolved services.

Manage pay, including the possible implementation of the new NHS pay system.

Transfer *Investor in People* status to succeeding organisations.

Develop education and training resources alongside new workforce confederations.

Involve all health organisations in achieving Improving Working Lives accreditation.

In addition to this collective work there will still be the need to progress plans and initiatives specific to us as an organisation, continuing to:

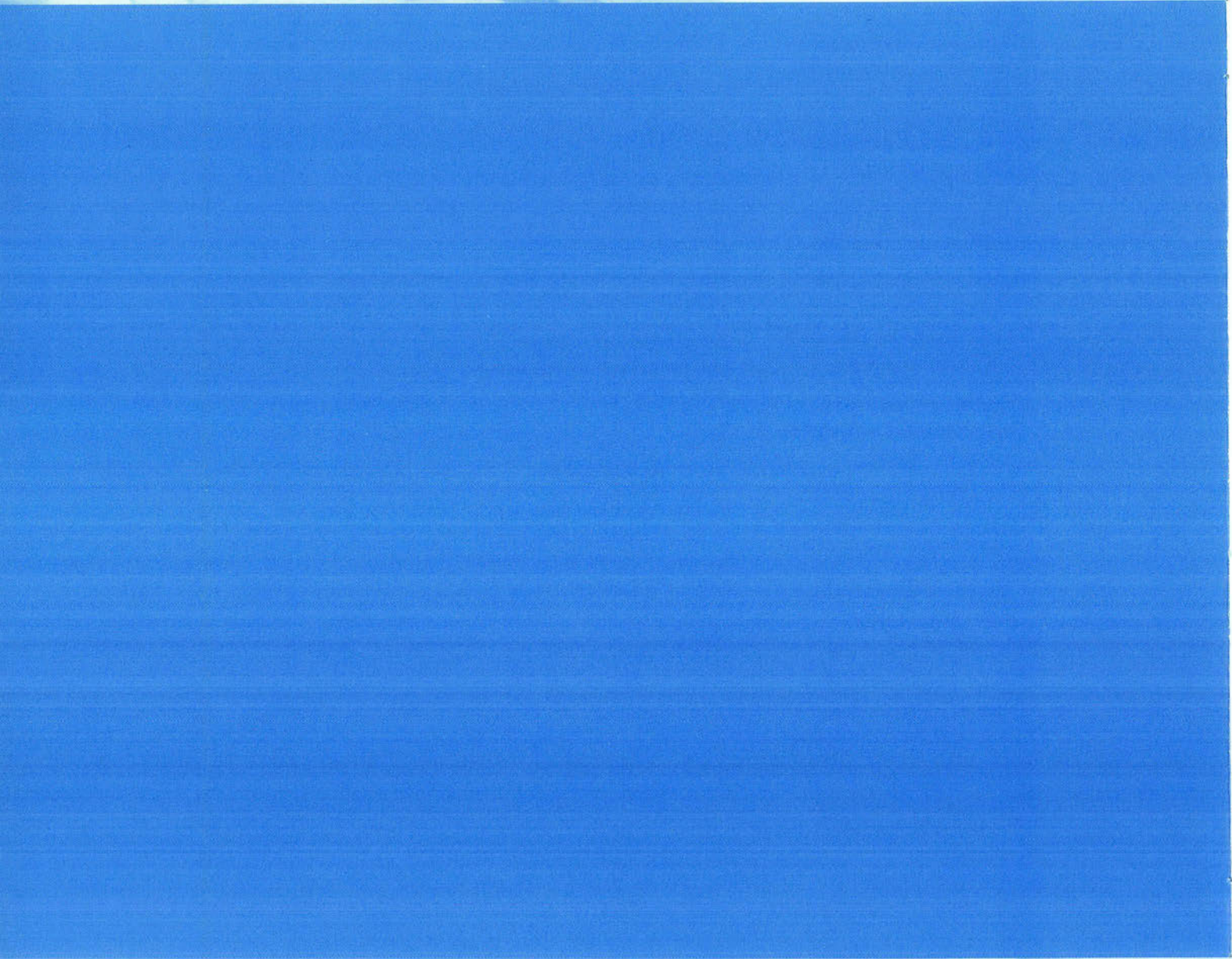
Invest in and support staff by working with staff groups and representatives

Keep staff informed and involved in service and organisational change

Pursue objectives arising from our *Improving Working Lives* action plan, wherever possible ensuring that any initiatives developed are transferable to succeeding organisations.

Maintain successful initiatives for recruitment and retention and ensure current uncertainties do not affect our ability to recruit staff to vacant posts in vital areas.

Progress has been made in the field of training and development over the past 12 months.



section 2



REVIEW OF SERVICE PLANS 2001/2002

Basing services around the needs of patients

The transfer of community services from the Trust to PCTs or other service providers takes place over two main phases.

Since April, **phase one** of the reconfiguration model has been in place. This saw PCTs take responsibility for the provision of most community services in their local area (see page 11).

Phase two is currently under review with the Health Authority expected to take final decisions in June 2001. This review will determine the most appropriate future provision for:

- services for older people (elderly medicine)
- services for children (community paediatrics and services for children with special needs)
- adult and elderly mental health
- substance misuse
- learning disability
- palliative care
- family planning
- psychology and counselling

An external review has been commissioned (from the Institute of Applied Health & Social Policy) on mental health, learning disability, child health and older people's services to: identify options for service configuration and appraise them against agreed criteria.

The review process has drawn representatives from health agencies, local authority services and service users/carers.

Discussions for taking forward work on other services are also underway and firm plans should also be in place for these later in the year. Decisions taken are likely to take effect during 2002/2003.

Service review 2001/2002



The aims and achievements of our services in 2001/2002

This section provides a brief summary of the plans provided by services as part of the Trust's annual planning process. These set out achievements and objectives within the operational, day to day running of each service.

The focus of this section is on children, older people, and mental health, given the national emphasis on these services at present, but summaries are also included for services we will continue to provide across the district in 2001/2002.

The PCT/PCG service planning processes will now pick up community nursing and therapy services which have transferred fully or in shadow form to these organisations.

Services for older people

Our priorities

The services provided by the Department of Medicine for Elderly People will be amongst those subject to wide ranging review this year.

It will be important to ensure that all services for older people take account of the objectives pursued by the NHS Taskforce on Older People and also meet the key service objectives outlined in the Department of Health document 'Shaping the future NHS: Long term planning for hospitals and related services' and in the recently published National Service Framework for Older People.

The most likely scenario emerging from the reconfiguration discussions will see responsibility for provision of the service transfer to one primary care trust which would host it on behalf of the others.

Our progress

Within the service there have been some significant achievements over the past 12 months:

- **Recruitment and retention** has been difficult but not without success: 29 Filipino nurses began work on the wards in the Autumn, with more following. Additional consultants were appointed to cover the increased amount of work in intermediate care and within the localities
- **Intermediate care schemes** - we have actively participated in the development and ongoing management and provision of these schemes and will continue to do so. Schemes have included the Portsmouth PCT funded Rembrandt Unit (utilising Trust staff), further step down beds in Gosport, Petersfield and Havant community hospitals and significant investment in rehabilitation beds and support
- **Training and development** for qualified nursing staff, boosted through the introduction of the Gerontological Nurse Development Programme which provides a tailor made training and development programme for senior qualified nursing staff.

- **Patient accommodation** issues have been further addressed with Portsmouth Hospitals NHS Trust, with work to consider the reprovision of Kingsclere and Jersey House at St Mary's and option appraisal work for George and Elizabeth wards at QA Hospital
- **Nursing management arrangements** have been reviewed, giving more autonomy to ward managers.

Our plans

As well as participation in the reconfiguration review, the department's priorities for the next 12 months are:

- **Patients with mental health problems** and a physical care need are presenting increasingly on the service. More work will be done to see how best to meet their needs within general wards
- **Intermediate care schemes** will be further developed alongside the Health Authority, PCTs, and social services departments
- **The National Service Framework for Older People** priorities will be tackled
- **Reprovision of accommodation work will continue**, with the need to have vacated the East wing of St Mary's hospital by April 2002
- **Medical admissions** review will be undertaken in close cooperation with Portsmouth Hospitals.

Services for children

Our priorities

Most children's services traditionally provided by the Trust became the responsibility of PCTs in April 2001. The outcome of the wider reconfiguration review currently underway is that one PCT will host the specialist community paediatric service on behalf of the others.

The requirements of the NHS Taskforce on Children include the need for a plan to improve children's health services generally, address health inequalities and develop child and adolescent mental health services.

This provides an opportunity to influence the future shape of children's services, ensuring that the benefits of local provision are enhanced by strong inter Trust relationships and working arrangements.

Our progress

Main achievements for the service for the year to March 2001 are:

- **Successful transfer of community nursing services** (school nursing, health visiting, school health promotion nurses) and child and family therapy to PCTs, achieved with full involvement of service staff
- **Community paediatric medical review** has made good progress and has already seen the appointment of a fourth consultant and increased child protection sessions; similarly, children's nursing services review undertaken with PCGs with results to be actioned by each locality in the next 12 months
- **Community nursing service for sick children** has secured additional funding from Portsmouth City PCT to enhance and extend the service
- **Out of hours health visiting service** has received positive evaluation from fellow health professionals
- **Meningitis 'C' vaccination campaign** conducted by school nurses achieved 90% uptake, with 75,000 children and young people vaccinated in just 12 months.

Our plans

Alongside participation in the service reconfiguration review, priorities for the next 12 months are:

- **NHS Plan:** the services for which we remain responsible will contribute to work to meet the objectives for children set out in the NHS Plan implementation programme
- **Children with disabilities/sick children, children with mental health problems:** we will work with other providers in meeting district wide objectives for these components of the service
- **Health promotion, surveillance and child protection:** we will ensure surveillance resources are appropriately targeted to meet emerging needs
- **Comprehensive service:** we will try to consolidate links between paediatric services, secondary care, community children's nursing services and specialist community nurses to ensure effective use of skills to provide care appropriate to the needs of children.



Adult mental health

Our priorities

We have been fully involved in working to establish integrated community mental health services. Close working partnerships are in place with local social services departments. It will be important to ensure that the current uncertainty surrounding future service provision does not detract from these initiatives, nor from the expertise that has developed within the Trust in the provision of mental health services.

The review outcome may see different hosts for locality services in order to maximise the opportunities for partnership working between local authorities and PCTs. The new West Hampshire Specialist Mental Health Trust may take responsibility for service provision for East Hampshire PCT and Fareham/Gosport PCG, with the city mental health service becoming the responsibility of the Portsmouth City PCT.

The service continues to be under considerable pressure, with acute residential units consistently facing very high occupancy levels, and community teams' high workloads. This is compounded by the poor facilities in which care has to be provided (eg Solent and King Villa). Supporting staff in this situation and working to improve it remain our overriding priority.

Our progress

Main achievements for the service for the year to March 2001 are:

- **The Langstone Centre**, which brings mental health and social service crisis support services together opened in Portsmouth. As a further boost for joint agency working, Osborn Clinic has been upgraded to provide accommodation for services in Fareham
- **A joint mental health information system** proposal has been developed which will offer substantial benefits to service providers in terms of patient information; tenders are currently being sought;
- **NHS Beacon status** was conferred on the Duty and Assessment Crisis and Support teams, recognising them as leading examples of service provision nationally
- **Assertive outreach services** are being developed, and the acute hospital liaison service is now in place
- **King Villa**, at St James' Hospital was part-refurbished to improve security and client accommodation as a temporary measure following termination of the PFI scheme.

Our plans

Service priorities for the next 12 months focus on the reconfiguration review, but also include:

- **New residential accommodation** for Portsmouth City and Havant/Petersfield is still a priority with significant investment planned in developing publicly funded options
- **Inpatient services** received a one off national investment of £500,000 to improve ward environments and plans will be developed to spend this money appropriately
- **Service developments** focus on the completion of the development of day outreach teams, the strengthening of crisis / out of hours support, and the provision of rehabilitation services to an area of inpatient services, if funding for these is found
- **Psychological therapy** - there are proposals for new services in primary care, dual diagnosis services and strengthened carer / advocacy support but this will also depend on the availability of funding
- **Joint Information System** - further progress will be sought on the installation of the proposed joint patient information system.

Elderly mental health

Our priorities

The National Service Frameworks for mental health and for older people will both continue to have an impact on the service as it continues to work closely alongside other service providers.

It will be important for the service to have in place processes and systems to help it coordinate requirements emerging from these frameworks and ensure that adequate and appropriate representation exists on all working groups.

The service continues to experience significant pressures. Recruitment of staff for inpatient care is difficult and there are cost pressures associated with drug funding, particularly for new medications.

Locally the reconfiguration review, as with other services, will identify possible future options for the service.

Our progress

In the last 12 months the service has continued to make significant progress:

- **Staff skill mix** has been reviewed and some resources transferred to ease the position in some areas; however it will be important to continue to work closely with both the Health Authority and PCTs in tackling remaining difficulties
- **Clinical governance** work has seen the development of a clinical advisory group, locality based monitoring groups and the appointment of a consultant to lead on further implementation and development
- **Patients from The Gables** were successfully transferred to new accommodation at South Africa Lodge
- **Investors in People** accreditation was achieved in full for the service
- **Integrated therapies** facility completed for use at St James' Hospital.

Our plans

The service will contribute fully to the reconfiguration review.

Other main priorities are:

- **Professional nursing structures** will be reviewed and a nursing service to meet clinical governance and NSF standards defined, which will include identifying the shortfall in residential services
- **Medical staffing** will be increased to enhance assessment, treatment, discharge and follow up processes
- **Increasing support** to residential care settings and carers and improving crisis intervention; closer liaison too with primary care teams and expanded community mental health teams (nurses, therapists and social workers)
- **Formal liaison** between EMH and acute hospital services will be developed; innovative projects with social services and private/voluntary sectors will be extended for respite and continuing care
- **Early on set dementia schemes** will be evaluated with opportunities to extend into Havant and Petersfield investigated; in line with NICE recommendations, memory clinics will be further developed following evaluation.

Substance misuse

Our priorities

Future reconfiguration plans will clearly have an impact on the service. Appropriately skilled staff, clear clinical procedures based on evidence based practice and a robust IT infrastructure between organisations will all be key in helping to address forthcoming challenges.

Exploration of shared care arrangements will continue, particularly with primary care. The building of links with police, probation, social services, voluntary agencies and service users has created some exciting opportunities. The possible creation of a National Treatment Agency may see, for the first time a national approach to tackling substance misuse issues.

More locally the service will be required to work with two Drug Action Teams in future (one for Hampshire and one for Portsmouth); the DATs will also now be responsible for commissioning services.

Our progress

Main achievements for the service over the past year have included:

- **Interagency working** especially with Portsmouth Social Services (where a combined service is being established), and within the criminal justice system
- **Full participation in the development of local strategies** in response to the Health Improvement Programme and the Tackling Drugs to Build a Better Britain 10 Year Strategy
- **Training programmes** focused on partnership working provided successfully for staff
- **Homeless clients** now with better access to services thanks to work achieved with the Portsmouth City Homeless Team
- **Residential service** review completed and framework for fully integrated model developed

Our plans

Priorities for the next 12 months, alongside the reconfiguration review, are:

- **Criminal justice services** and initiatives will further develop over the next 12 months with the need to strengthen links with services including Probation and Youth Offending Teams; also further extend training and education initiatives, particularly those directed at magistrates/judges
- **Medical resources** are inadequate for the increasing complexity of cases and conditions presented; we will seek to expand this to 1.5wte initially
- **Training and development** initiatives between the DATs and the University of Portsmouth will be reviewed to ensure that substance misuse staff can access the right packages to encourage their development and retention within local services
- **Clinical governance** will be strengthened, by looking to develop a more robust system of involving staff, with a focus on changing the culture
- **Development of IT systems** to aid mapping, monitor new initiatives and develop plans for a comprehensive IT system.

Contraception and reproductive health

Our priorities

The way in which the contraception and reproductive health service is provided in future will be subject to both national and local priorities and guidance. Guidance nationally, in the form of a sexual health strategy from the Department of Health, is anticipated soon and will have a bearing on local thinking. At present the service provides clients with a choice of service (ie Contraception/Sex Sense clinics) that complements the service provided by GPs, as well as a locally accessible, specialist service which offers counselling, vasectomy/sterilisation and unplanned pregnancy assessments and other services.

The service will continue to liaise with, and seek to support, other agencies (GUM service, gynaecology, ultrasound, health promotion, social services, education) in promoting sexual health, the new campaign on teenage pregnancy and chlamydia screening.

Our progress

The service met its objectives for 2000/2001, including:

- **chlamydia screening programme** promoted by the Department of Health was successfully concluded and teenage pregnancy campaign work initiated
- **clinical governance** risk reduction strategy established and recognition received
- **clinical nurse specialist** role has been further developed and further progress has been made with patient group directions
- **vasectomy service** has been reviewed and now encompasses all district wide provision of vasectomy under local anaesthetic (except for small provision within Fareham Primary Care Group)
- **comprehensive specialist contraceptive service** has continued and remained within budget.

Our plans

Over the next 12 months key priorities and objectives will be to:

- **review current contraception and reproductive health services** with Health Authority and PCTs in line with planned sexual health strategy from Department of Health; maintain existing service in continuing to meet all local requirements whilst results of review are awaited
- **implement teenage pregnancy strategy** locally and promote developments alongside PCTs and the Health Authority
- **provide training for community pharmacists** in relation to provision of emergency contraception over the counter
- **develop IT strategy** further to support core services, such as cytology, vasectomy and unplanned pregnancy
- **review prescribing** and ensure evidence based research underpins criteria for use of contraceptive methods to minimise cost pressures on drug budget
- **initiate new Department of Health Chlamydia Reinfection study** which is due to commence in September 2001.

Learning disability

Our priorities

A strategic service review was undertaken last year and the action plan emerging from this will be important in the future development of the service. Clearly 'Valuing People', the Learning Disability White Paper will be the key influence on service planning over the next few months.

Access to more specialist services will be considered in the light of the development of PCTs and will form part of a further review, focused on reconfiguration, which has been commissioned (from the Institute of Applied Health and Social Policy) which will consider outcomes to date and actions emerging from the Learning Disability National Strategy in guiding the best way forward for the service.

Our progress

The service has been actively involved in the implementation of the action plan agreed from the strategic service review undertaken last year. Other achievements in the course of the year include:

- **Clinical collaboration** continued with Sussex and Weald Downs Trust
- **Upgrade and refurbishment** of a number of properties including Forest Lodge and Sarisbury bungalows
- **'Person centred approach to care'** has been further developed within the service and associated model of care considered
- **Clinical governance** structure implemented across service and further enhanced with the development of clinical supervision skills and reflective practice; also increased training initiatives and the development of user participation
- **Recruitment to therapy posts** (psychology, speech and language) and further development of epilepsy services, and the dual diagnosis and integrated care coordinator posts.

Our plans

Strategic priorities for the next 12 months will be influenced by the White Paper and, more locally, the reconfiguration review, but key requirements within the service will cover:

- **'Person centred' model of care** will be implemented across the service
- **Community teams and therapy posts** - work to further develop and integrate these, as well as integrated clinical working with Sussex and Weald Downs Trust
- **Joint processes and protocols** will be developed with mental health teams and childrens' services
- **Residential housing strategy** - this will be introduced within the service
- **Respite care services** require further development given the continued demand for emergency short stay services and increased demand for alternative residential provision.



Specialist palliative care

Our priorities

The team will continue to work in partnership to strengthen service provision. Referrals continue to increase as teaching raises awareness amongst hospital and community service colleagues. This adds to the pressure on the team but raises the profile amongst other service providers.

As with other services, future organisational responsibility for this service will be decided during the year.

Our progress

Achievements for the service over the past 12 months include:

- **New opportunities funding** achieved for two new projects, one will help in the provision of a service to enable people who wish to, to die at home; the second links with Healthy Neighbourhood Initiatives and involves collaboration with the MacMillan Information Centre
- **Integrated palliative care nursing team** has progressed well and is continuing to strengthen its working relationships
- **Clinical governance** within the service has been enhanced with monthly meetings for evidence based practice, risk management and education, a bimonthly clinical governance overview and the development of team communication standards
- **The Macmillan Centre** at St Mary's Hospital has moved across the site and become the Macmillan Information Centre

- **Increasing demand** is putting pressure on the work of the team which has continued to function well in spite of: increasing referrals; ongoing pressure on psychology service; demand from Portsmouth hospitals increasing; requests for teaching rising; and pressures on consultants increasing due to the National Cancer Plan.

Our plans

Priorities for the year ahead include:

- **Education** - the community programme will be introduced and the team will continue to provide education and supervision for colleagues at Portsmouth Hospitals
- **Funding** - possibilities for additional funding will be pursued to develop multi-disciplinary working and care pathways; bids against the National Cancer Plan funds will be made to develop medical, nursing and admin personnel
- **Outcomes monitoring** - it is hoped that the work to date and further discussions with PCTs will enable a better method of activity recording to be introduced
- **Time management** within the team will be a focus for the next year, especially with regard to the increasing number of referrals
- **New opportunities funding schemes** will be implemented in conjunction with Social Services, voluntary agencies and the local hospice.

Clinical psychology

Our priorities

The Trust's clinical psychology team maintains its input across many care groups, and continues to seek ways in which the service can be further developed from the point of view of individual psychologists and the team as a whole.

This year will be important in determining how best to provide the service in future - collectively, as a service in its own right and discretely, with individual psychologists key components in several different multi-disciplinary clinical teams.

Clearly options for the future will have to embrace both elements and it is likely a 'host' provider for the overall service will be identified to maintain the progress made to date.

This progress has included turning priorities emerging from the NSFs into deliverable plans of action (particularly within the areas of mental health, cancer and cardiac heart disease), establishing a workable structure for clinical governance and encouraging individual psychologists to contribute to developments within the specialist service teams in which they are working.

Our progress

The service has made substantial progress on a number of fronts in the last 12 months:

- four new substantive posts have been agreed and existing vacancies filled
- management structures have been developed for the service
- continuous professional development guidelines are now in place for staff, as well as similar procedures for supervision and performance review
- reprofiling of psychologists to make best use of existing skills and knowledge in meeting care group service priorities
- planning and implementing service developments which meet the requirements of NSFs or other strategies released during the year.

Our plans

The service will consider four key objectives in the year ahead:

- work with other stakeholders in developing and implementing standards and targets arising from NSFs and national strategies, focusing particularly on those concerning psychological services, including: adult mental health, older people, learning disabilities, children's services, cardiac services and rehabilitation services
- develop psychological services in primary care through a strategy which supports and complements the development of primary and community care initiatives; this will address 'best value' use of existing resources and will include professional groups beyond clinical psychology who provide psychological therapies - primary care counselling in particular
- consolidate initiatives in the development and implementation of clinical governance, prioritising the monitoring and auditing of standards regarding supervision, continuous professional development, evidence based practice and user/carer partnerships
- maintain effective recruitment and retention by agreeing a budget which allows for adequate resourcing of current staff in post, and through partnerships with training bodies, to meet the planned for expansions in workforce.

Glossary

Some of the terms used throughout this document have been abbreviated. The most commonly used are:

PCT	Primary Care Trust
PCG	Primary Care Group
PFI	Private Finance Initiative
IT	Information Technology
NSF	National Service Framework
COSHH	Control of Substances Hazardous to Health
CPR	Cardio Pulmonary Resuscitation
IWL	Improving Working Lives
HR	Human Resources
IPR	Individual Performance Review
IiP	Investors in People
NICE	National Institute for Clinical Excellence

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