

## QUARTERLY REPORT: DIRECTORATE PROFESSIONAL SERVICES OCTOBER 2009 TO DECEMBER 2009

### **REPORT OF THE MEDICAL DIRECTOR**

The work of the Medical Directorate continues to focus on a number of areas relating to patient safety, quality and leadership.

### **CLINICAL QUALITY REVIEW GROUPS**

Clinical Quality Groups are evolving of which the Medical Director is the Chair. These meetings are listed below for reference:

- HEFT Clinical Quality Review Group
- Clinical Quality and Safety Review Group – incorporating CHS and other contracts
- BSMHFT Clinical Quality Review Group

These meetings now incorporate visits to the Hospitals to ensure that Quality and Safety are being met in line with Service Agreements.

### **CANCER SERVICES**

The Medical Director continues to serve on the Board of the Pan-Birmingham Cancer Network and Chair the Governance Committee. The role of the Network has been reviewed in order to improve the assurance of quality and safety in cancer services through the strengthening of PCT representation in the Network structure.

### **FLU PANDEMIC**

Medicines Management and the Professional Development Unit have continued to be heavily involved with providing expertise, support and resources to the Swine Flu Pandemic Group, including setting up processes and systems for the Flu Centre at Richmond House. The Director of Nursing and Clinical Development continues to Chair the city-wide Vaccination Group.

### **GP APPRAISERS**

The appointment of additional GP Appraisers has taken place to ensure that NHS Birmingham East and North continue to provide high quality of GP appraisals. The introduction of Revalidation continues to be reviewed. The GMC has introduced licensing for all doctors and there is an expectation that the role of Responsible Officer will be introduced from October 2010.

### **INFECTION PREVENTION AND CONTROL**

The current targeted Health Care Associated Infections, namely MRSA bacteraemia and C.diff infections, have been well within the expected levels. During the past month there have been outbreaks of norovirus across the West Midlands and HEFT has been affected with resultant ward closures.

### **Attendance at Conferences**

Conferences attended by the Medical Director in support of patient safety, quality and leadership during this period:

- Level 7 Coaching and Leadership Programme - Uffculme Centre
- Medical Director Responsible Officer Group – London
- Castle Vale Community Regeneration Services (CVCRS) Away Day
- National Medical Directors Conference - London

I would personally like to thank the team for all their continued support and efforts during this quarter.

**Doug Wulff**

**Medical Director/Director of Professional Services  
Director of Infection Prevention and Control**

## HEALTHCARE GOVERNANCE

### BOARD ASSURANCE FRAMEWORK

The format of the Corporate Risk Register has been discussed at meetings of the Integrated Governance and Performance Committee over a period of months. At the meeting of the Board in November 2009, it was reported that a review had been undertaken by Paul Capener, Area Chief Internal Auditor. The results were contained in a report made to the meeting of the Trust Board on 25 November 2009. A Board Assurance Framework is being implemented in the new format.

The Trust's agreed High Level Objectives, as set out in the Board Report, are:

1. To deliver the Trust's core annual financial targets
2. To improve health outcomes and reduce health inequalities for the population served
3. To commission quality, safe and productive services
4. To develop productive mature relationships with the public, partners and service providers to strengthen commissioned services
5. To provide a robust infrastructure – workforce, ICT and estates facilities
6. To ensure business continuity and resilience
7. To ensure information governance arrangements
8. To deliver the Trust's Strategic Plan.

(Delivering the Trust's Strategic Plan was added at a later date).

It is intended that the BAF will comprise 10-15 key risks and the Board will undertake a self assessment against the World Class Commissioning Board Assurance and the Audit Commission's Report "Taking it on trust".

It is proposed to provide the BAF to the meeting of the Integrated Governance and Performance Committee to be held on 20 January 2010.

### NATIONAL HEALTH SERVICE LITIGATION AUTHORITY

Work is continuing to complete the documents required for the assessment by the National Health Service Litigation Authority on 24 and 25 March 2010.

An initial informal review will be undertaken by the NHSLA Assessor on Thursday, 14 January 2010 and a verbal report will be made to the meeting of the Integrated Governance and Performance Committee to be held on 20 January 2010. The assessment will determine the Trust's readiness for the review in March 2010.

### NEVER EVENTS

In March 2009, the NPSA published the *Never Events Framework 2009/10* which set out guidance for PCT commissioners on implementing the Never Events policy. *The NHS in England: The operating framework for 2009/10* states that commissioners will monitor the occurrence of Never Events within the services that they commission and publicly report on them on an annual basis

It is intended that the Never Event "retained instrument post-operation" should be amended to include "all retained foreign objectives". Additional Never Events will be discussed with the Heart of England NHS Foundation Trust prior to the commencement of the new Financial Year.

## CLINICAL QUALITY REVIEW GROUPS

A visit was made to Good Hope Hospital by the Clinical Quality Review Group for the Heart of England NHS Foundation Trust. Various Wards were visited and a report will be made to the next meeting of the Clinical Quality Review Group to be held on 26 January 2010. The visit was part of the programme to gain assurance of the quality of the service delivery within the Trust.

The Clinical Quality Review Group for the Birmingham and Solihull Foundation Trust meets on a monthly basis and a Quality Scorecard has been established to underpin systematic monitoring of quality and safety. A Working Group has also commenced meeting on a monthly basis and is tasked to undertake the operational work associated with the CQRG, particularly related to quality issues.

## COMPLAINTS FOR THE PERIOD OCTOBER TO DECEMBER 2009

Complaints Received	Quarter 3 2009/2010	Quarter 3 2008/2009
Community Health Services	8	6
Trust Policy/Commissioning	5	0
<b>Total</b>	<b>13</b>	<b>6</b>
Joint/Acute/Mental Health	6	0
	<b>19</b>	<b>6</b>
Independent Contractors	<b>Investigative Role</b>	<b>Monitoring Role</b>
GP	12	5
Dental	6	3
Pharmacy	2	2
<b>Total</b>	<b>20</b>	<b>10</b>
Telephone Enquiries	26	16
<b>Total Complaints Being Investigated</b>	<b>39</b>	<b>6</b>

The Complaints Team received a total of 39 new complaints during the period October to November 2009 which are being investigated compared with six for the same quarter in 2008/09. The reason for the increase in complaints being made by the Trust is a result of the change in the regulations which now allows complainants to complain directly to the Commissioning Organisation.

The Policy for handling complaints is being revised.

A further meeting of the Complaints Sub Committee will be held on 21 January 2010.

## MEETING WITH NON EXECUTIVE DIRECTORS

A meeting was held with Non Executive Directors on 3 December 2009 to discuss a range of issues including the management of complaints and claims and the broad quality and safety agenda.

## PATIENT SAFETY CHALLENGE

Participation in a National Patient Safety Challenge event has inspired the development of an NHS BEN Patient Safety Challenge. The challenge will be open to all who provide services within the Trust and is designed to build confidence in responding to and learning from patient safety incidents.

## CASCADE

A regular feature for Patient Safety has now been established in Cascade. The most recent article featured the Trust 'One small step for patient safety' competition that challenged teams and individual to share their improvement initiatives. A previous edition included an article on the complaints process.

Future publications will focus on maximising learning from incidents, sharing best practice and building staff skills and confidence in incident reporting and management.

## SUEPA (Service User Engagement Provider Arm) PROJECT

The SUEPA project for adults is now complete and the new work stream to identify user-generated quality metrics for children and young people is underway. The Trust is working in partnership with a third sector organisation, Reflective Learning-UK (RL-UK), to implement a health project seeking to listen to, and learn from, 7-14 year old children and young people resident within Birmingham East and North. For November 2009 to March 2010 the project will:

- listen to and learn from a wide range of children and young people;
- invite groups of children and young people to design a number of 'tools' (eg. a questionnaire) that the Trust can use in order to understand, and positively respond to, their needs. This is a central feature of the project.
- validate the 'tools' that children and young people have designed, with groups in schools and youth clubs.

The aim of this work is to ensure that services are of high quality and responsive to the needs and expectations of children and young people. In order to achieve this, the Trust has invited groups of Children & Young People to develop measures of the quality and safety of healthcare services, as experienced by them. With the support and advice of the School Nursing Service, the NHS BEN Health Typologies are being used to derive a representative sample of C&YP whose experiences will be used to design a number of quality service measures (QSM's).

Data from the Phase 1 activity comprises feedback from 680 children and young people between 7-14yrs. Phase 2 will include students from six schools working on a Creative Design Challenge to represent their user-generated quality metrics.

## PET (Patient Experience Tracker) PROJECT

The PET in Primary Care Project has commenced and includes deployment of 20 PET devices. Although usage of the device varies between GP Practices, there are currently seven GP Practice sites where the volume of responses has remained high throughout pilot. To date, the statement 'I can get an appointment at a time that suits me' has generated the highest negative response (ie. Sometimes and Never), whilst 'I am treated with respect' has the highest positive response.

Throughout the remainder of the pilot, GP Practices will be encouraged to increase the volume of responses and focus on improving results based upon the PET data being received. Data will be emailed directly to GP Practices on a monthly basis with details of their assigned member of NHS BEN staff fulfilling the role of Data Messenger. Practice Managers will be invited to attend a session scheduled for February 2010 where they will be given the opportunity to share ideas, discuss the development of data and maintain engagement with the project. The Project will continue to report to the Primary Care Commissioning Group on a monthly basis.

## SMILE-ON

The web module of the SMILE-ON programme for Dental Practices has been launched. The SMILE-ON software enables Dental Practices to self-assess their compliance with Standards for Better Health. The web module enables the Healthcare Governance Team to remotely monitor

progress and outcomes of self-assessment. Trends and needs can also be established and targeted or collective support planned and offered as required.

### **DENTAL NATIONAL DECONTAMINATION SURVEY**

Having participated in the pilot phase of the Dental National Decontamination Survey, the Trust is engaged in the full survey phase. There is currently no available evidence-based data on the standards of decontamination in primary care dentistry and the national survey will establish baseline data for the current quality of existing decontamination measures and aid future evidence-based policy and guidance development.

The essential aims are of the survey are:

- to assess decontamination quality system compliance. This will specifically include issues related to automated processes, including pre-cleaning, cleaning and sterilization.
- to gain information on the types of premises used in dental practice and specifically the accommodation available to support decontamination activities;
- quantify the current provision of decontamination equipment in dental practices; and
- provide information on the nature and extent of decontamination training received by dentists, their assisting staff and contracted service providers

The survey question set contains just over 400 questions, taking around half a day to complete. The questions relate to all areas of a primary care dental practice, and are directly related to the content of HTM 01-05, covering equipment, environment, and management of the practice. The questions will enable the Trust to understand better the challenges for local Dental Practices, and assist the Department of Health to gain a better understanding of how many Practices are already achieving the essential quality requirements contained within the guidance.

To date, 11 Dental Practices have volunteered to participate in the survey and although the work is time consuming, early feedback is highlighting the value of working together and learning about both the challenges and creative possibilities in responding to the national Decontamination Guidance (HTM 01-05).

### **DIGITAL DIABETIC RETINOPATHY SCREENING SERVICE (DDRSS)**

A Quality and Safety Review Group has been established by NHS BEN to operate on behalf of:  
NHS Birmingham East and North  
Dudley Primary Care Trust  
Heart of Birmingham Teaching Primary Care Trust  
NHS South Birmingham  
NHS Walsall  
Sandwell Primary Care Trust  
Solihull Care Trust

The primary function of the group is the delivery of the Quality and Safety Action Plan for the DDRSS and to monitor all aspect of Quality and Safety in respect of the service. The group will report to the NHS BEN Clinical Quality and Safety Group.

**David Stenson**

**Assistant Director, Healthcare Governance**

## MEDICINES MANAGEMENT

### PRESCRIBING AND THERAPEUTICS

#### Prescribing Indicators

The Better Care, Better Value indicators are national measures on the efficiency of prescribing certain drugs.

Over the last two or three years, BEN has made good progress in changing prescribing of statins to the cost-effective statin of choice, Simvastatin. This has realised considerable efficiencies for the Trust, however, there are still some efficiencies within the system to be realised. In an effort to retain the impetus of this and other changes to maximise the cost benefit, an incentive was offered to practices earlier this year. (The incentive is self funding). To date there is only one month of prescribing data, which shows a slight increase in activity but it is hoped that by the end of the year BEN will have increased its performance against the indicators and so realised the associated cost savings.

#### Antibiotics

Further to the last report, for Quarter 2, 2009/10, the position of the Trust in the national PCT 'league table' relating to antibiotic prescribing is 111th (out of 153). Although this has slipped back slightly from our previously reported national position at 108th, it would be reasonable to suggest that as one of the worst affected areas for swine flu in the first two quarters, this may well have influenced the rate of antibiotic prescribing.

#### Locality Commissioning Groups

It is encouraging to report that a number of the locality commissioning groups have designated Prescribing Leads and are actively engaging with the team to address issues and identify cost-efficiencies. Specific prescribing reports have also been requested to support proposed activity.

The Senior Prescribing Advisors have raised the issue of cost pressures and therapeutic issues at various meetings including a GP Seminar at the Education Centre at GHH on finances, diabetes and specials and a presentation at the diabetes learning event.

#### 'Specials'

'Specials' are medicines that are not obtainable in a readily available, licensed form and have to be specially manufactured (eg a liquid form of a medicine for someone with swallowing difficulties). As a result of a member of the team developing a specialist IT package, it has been possible to identify in detail the costs we are being charged for specific specials items and it has become apparent that there is a loophole in the remuneration system that allows inflated cost to be charged to NHS BEN. It has been possible to identify the pharmacies and wholesalers that are taking advantage of the current system and the inflated cost for BEN has been estimated at around £800K per year.

Having involved counter-fraud at an early stage, it transpires that the practice is not illegal, although it would appear to be unethical, and the only solution would be for the national remuneration system to be amended. NHS BEN has been lobbying the DOH without much success. The matter has also been brought to the attention of the Strategic Health Authority.

The Local Pharmaceutical Committee (LPC) was engaging with BEN to try and improve the situation with the pharmacies involved but later withdrew their support after conferring with the Pharmaceutical Services Negotiating Committee (PSNC).

To date the team has:

Issued internal guidance issued to pharmacies

Challenged the pharmacies appearing to charge largely inflated prices (through mark-ups and handling fees), through letters referring to specific supplies made by them

Met with the DOH to highlight the issues

Involved counter-fraud and actively participated in a fraud investigation

Briefed the SHA

Updated professional guidance co-written and submitted to English Pharmacy Board of RPSGB

Made GPs aware through the Practice Pharmacists and drafted 'Prescribing News Extra' to fully brief GPs

Set up Specials forum

Supported practices in reviewing the rationale for individuals to be prescribed 'specials' (often GPs are unaware that the medicines prescribed is a specially manufactured one as the clinical systems do not make this clear). The practice pharmacists are making considerable savings through direct interventions

Engaged with a number of Specials manufacturing companies who also have concerns (Visit to NOVA pharmaceuticals and BCM and Rosemont- all trusted suppliers, have visited BEN

Developed an understanding of issues around out of pocket expenses

## **COMMUNITY PHARMACY**

### **Pharmaceutical Needs Assessment**

Draft Regulations relating to the development and content of a Pharmaceutical Needs Assessment (PNA) were published in November and Webstar Health, the independent company commissioned by BEN to support the development of a robust and comprehensive assessment, is ensuring that our approach meets all of the requirements. The PNA will need to become integral to the Joint Strategic Needs Assessment and is of particular significance to the Trust as it will act as the basis for future decisions around pharmacy provision once the Regulations come into effect. Draft guidance on the use of the PNA to decide pharmaceutical service provision will be available early in 2010.

### **Electronic Prescription Service (EPS)**

There is finally some movement towards the national implementation of EPS. NHS BEN was designated an 'early implementer' site in 2007 with the first testing expected to take place in early 2008. The programme has slipped considerably, mainly due to the time it has taken for system suppliers to develop the software needed. However, the first pairing of one GP clinical system and one pharmacy system is currently underway in Leeds and BEN is one of the organisations to be asked to 'test' a second combination of systems. Two contractors who have the required systems have been identified have kindly agreed to be test sites. It is expected that testing will begin in February 2010.

### **Movement of responsibility for Community Pharmacy to the Primary Care team**

With the establishment of the Primary Care team, the overall responsibility for community pharmacy has now moved from Medicines Management to Primary Care. This aligns pharmacy with GP, Dental and Optometry contractor services and will hopefully generally better place pharmacy for consideration of potential, future commissioned services.

Medicines Management will continue to provide professional input and support with all aspects of the community pharmacy contractual framework and commissioned, enhanced services, including review and development of the assurance framework for monitoring the contract. Medicines Management has recently completed this latter piece of work for the monitoring visits to begin in 2010.

## **MEDICINES MANAGEMENT AND COMMISSIONING**

### **Commissioning Standards for Medicines Management**

A number of commissioning standards for medicines management have been agreed between BEN, Solihull Care Trust and Heart of England Foundation Trust and these will be incorporated into the contract with HEFT for 2010/2011. The standards set out the expected practice to ensure good medicines management across the local health economy and there are also accompanying Key Performance Indicators.

Discussions have begun with the chief pharmacist at the Mental Health Trust and it is hoped that a similar agreement will soon be in place.

## **GENERAL**

### **Medicines Management Team**

Two experienced pharmacists have been appointed to job share the second Prescribing Advisor Clinical Care post and a Medicines Management Technician will also be joining the team. This brings the complement to four WTEs and will allow implementation of a programme of medication reviews, training and support for improved medicines management in Care Homes with Nursing, as well as the continued support to the Intermediate Care Units.

### **Medicines Policy**

The Trust now has a comprehensive, overarching Medicines Policy that has been through an Equality Impact Assessment and has been officially signed off. Associated Operating Procedures for the Perry Tree and Ann Marie Howes units have been developed in conjunction with the relevant staff and the operating procedures for John Taylor Hospice are in draft form.

A separate, revised Controlled Drugs Policy is also near to completion and will be in place before March 2010.

### **Patient Group Directions (PGDs)**

Patient Group Directions are legal documents that allow the supply or administration of a Prescription Only Medicine to groups of patients that fit the specified criteria without the need for a prescription or an instruction from a prescriber. The Trust now has a total of 71 PGDs, many of which have been reviewed or reissued since June. The most recently updated are the 25 used by the Urgent Care Centre which are currently going through the Trust authorisation process.

The process for managing PGDs from the initial request for one to be developed, through to sign off, review and expiry has also been refined and now includes a systematic tracking process. Just as for the Medicines Policy, all PGDs are available to staff on the Intranet.

### **Margaret Savage**

#### **Assistant Director, Medicines Management**

## PROFESSIONAL DEVELOPMENT UNIT

### FAMILY NURSE PARTNERSHIP PILOT (FNP) PROGRESS REPORT

In January 2009 the PCT made a successful bid to be a third wave demonstration site for the FNP to commence in January 2010. There was a lengthy lead in time which was used for the considerable preparation required for the pilot to meet the terms and conditions of the bid. Every aspect of the pilot is standardised to ensure that the Programme Fidelity is maintained. Progress so far is on target with the project milestones:

- Project Steering Group chaired by the Director of Nursing was established to provide strategic oversight and monitor performance. This includes representation from the SBPCT FNP Pilot which commenced in the second wave of demonstrations sites the very before BEN.
- Reports have been provided to the Children's Trust Executive Board, PEC and a presentation to the Trust Non Executives
- Five FNP Nurses have been recruited and are beginning comprehensive training programme developed and delivered by the FNP central team to provide them with enhanced skills and competencies to meet the programme requirements.
- An FNP Supervisor has been appointed and a Service Level Agreement made with a Clinical Psychologist to deliver clinical supervision to the FNP team which is a crucial component of the governance of the project.
- Plans and the processes for the recruitment of the teenage first time mothers to the project have been agreed with the maternity staff and is being implemented.

### BIRMINGHAM OWN HEALTH (BOH) WORKFORCE DEVELOPMENT PROGRESS REPORT

With the support of the Vista Team a workforce development day was held on the 11th November 2009 for clinical staff from Community Health Services and NHS Direct who deliver services across integrated pathways for patients with Long Term Conditions. The overall aim of the workshop was to improve the operation of the pathway between services to support patients with long term conditions.

#### Outcomes:

- Build Trust and confidence in each other
- Develop confidence in our care pathway between services
- Understand how the roles fit together
- Identified issues, problems and solutions
- Improved our ability to manage the flow around the pathway
- Generated ideas for how to spread and apply the learning

#### The Workshop

A Total of 36 attended with representation from most of the service pathways. This was felt to be an optimal number for the type of group work undertaken. The workshop included a workstation exercise based on a "world cafe" approach to the workforce interfaces between the different pathways. This was used to gather stakeholder perceptions of the interfaces issues, transfer criteria, roles and responsibilities.

### Initial feedback

- Initial feedback was very positive and subsequent anecdotal feedback has confirmed this.
- The opportunity to network and meet in person staff from other services was viewed as very valuable.
- The workshop provided intelligence on the issues and problems for the interface points along the pathways which will be discussed further and used to inform the next workshop.
- Further work planned to ensure the learning from this workshop is reflected in the smooth transition along the “step down and step up “programme developments across the integrated service.
- The role of the clinical specialist nurse (CNS) across the integrated pathways was identified as an area for further work.
- The need for a “relaunch” of the ACM service and how this operates with BoH programmes to other primary care colleagues

### Next Steps:

1. Small task group to review findings from 1st workshop.
2. Planning group to arrange two further workshops

### HEALTH CARE AT HOME (HAH)

A key element of NHS Birmingham East & North Commissioning Strategy is the use of Market Development techniques to stimulate competition in providers in order to improve quality and resource utilisation where insufficient capacity, gaps or deficiencies in services have been identified. In line with this principle the Trust has commissioned from HaH, an independent care provider, the four "Test & Learn" nursing care pilots.

- Enhanced Supportive Discharge for patients requiring rehabilitation
- End of Life (EoL) Family Liaison Officer (FLO)
- Chronic Conditions/Long term Conditions “Out Reach “
- Mental Health Support

As part of the clinical governance assurance process a workshop was held with HaH and Trust Professional Services representatives to conduct a strategic review of HaH clinical policies. This was achieved through mapping each policy against key elements of the pathways to identify alignment with Trust polices and any gaps that needed to be addressed. A schedule for individual policy review over a longer period of time of the 93 policies has been agreed. This mapping process enabled any clinical governance or system interface issues between HaH and the Trust Community Health Service pathways to be identified which were prioritised for action as below.

### Identified Priorities

1. Any alignment issues between providers of Out of Hours services across the pathways and processes for emergency or urgent response to ensure smooth transition.
2. Any issues where there could be potential duplication of patient records and electronic information systems.
3. To confirm alignment of HaH policies with Trust processes for Patient Complaints / Incidents / SUIs
4. To confirm awareness of Birmingham City wide protocols for Safe Guarding.
5. Any issues relating to Medicines Management issues

Further workshops have been held with the staff relevant to each of the priorities which has clarified and resolved many of the issues with others are subject to an action plan.

## **CLINICAL REDESIGN – “REDRESSING THE BALANCE”**

### **“Care Bundles” Approach**

In January 2009 the PDU reported on progress of quality and outcomes framework, a key product of the community nursing redesign project “Redressing The Balance”. The work around the “Care Bundle” approach to using key performance metrics for standardised care programmes to ensure consistency and quality of practice has been completed in health visiting and now in the process of being implemented. The process which was initially piloted in health visiting is being applied to district nursing with the development work in this service ongoing.

### **“Core Care” Plans**

Work is being undertaken to develop core care plans in district nursing which provide standardised templates for nursing care. This will facilitate improvements in the quality of assessment and care planning processes and the eventual transition to electronic patient records. The work is at an earlier stage in health visiting although in both services the work conducted on the programmes of care as part of the “Redressing The Balance” project will provide a good foundation for this to happen more quickly. The work forms part of a package of initiatives across information technology, professional development and clinical governance designed to improve the access and quality of record keeping in order that clinical practice is able to meet Trust aspirations for safe, high quality and responsive care

**Val Jones**

**Director of Nursing and Clinical Development**