QUARTERLY REPORT: PROFESSIONAL SERVICES DIRECTORATE

FEBRUARY 2008

MEDICAL DIRECTOR

The Quarterly Report of the Directorate: Professional Service, the Report of the Director of Infection Prevention and Control and the Accountable Officer for Controlled Drugs are hereby presented to the Board.

The Medical Director has now completed the period of working with Solihull Care Trust to advise on the development of a post of Medical Director and as Acting Medical Director to the Care Trust. The time commitment has been for 2 sessions per week, for a period of 6 months ending in August 2007 and 1 session per week ending 31 January 2008.

The Medical Director continues to attend the Probing Hospital Mortality Steering Group established as a consequence of the Dr Foster report on hospital mortality published last year. Dr Ann Keogh, Director Clinical Safety at Heart of England Foundation Trust (HEFT), is joining the Group to support the investigations within the Trust. HEFT has established there own Mortality and Morbidity Performance Group and recent report on monitoring the weighted mortality rates show overall improvement with a month on month decrease.

The Medical Director served as a member of the National Topic Advisory Group for NICE Commissioning Guides on the routine care of patients with heart failure. This is the latest of these Commissioning Guides produced to assist with the commissioning of services.

The Medical Director was invited to attend the consultation and interim dissemination seminar on a research project: Developing Organisation Leaders as Change Agents in the Public Services held at Cardiff Business School. As the only representative from a primary care organisation this was an opportunity to contribute views that would not otherwise have been presented.

ACCOUNTABLE OFFICER FOR CONTROLLED DRUGS

As Accountable Officer for Controlled Drugs the Medical Director continues to chair the Pan-Birmingham Local Intelligence Network for Controlled Drugs which meets quarterly and has representation from all the primary care organisations in Birmingham and Solihull, the acute trusts, NGOs, Healthcare Commission, CSCI and police.

The Network has a duty to share information about misuse or lapses in the control of these drugs and is currently producing an information sharing protocol. With the amount of administrative work associated with the Network the possibility of creating a shared administrative post is currently being investigated. The Network uses the opportunity to share good practice and any concerns in respect of the management and handling of controlled drugs.

Within the PCT a self audit and declaration in respect of the control of these drugs within general practices has been conducted and will be continued on an annual basis.

DIRECTOR OF INFECTION PREVENTION AND CONTROL

Restructuring of Infection Prevention and Control Committee

In order to strengthen the arrangements for Infection Prevention and Control, a Joint Commissioning Infection Prevention Committee has been formed which will report to the Integrated Governance Committee. Both BEN and Solihull Care Trust are represented on the

committee with members drawn from primary and secondary care commissioning as well as all service providers. The Committee met for the first time in January and will meet monthly to monitor performance and Healthcare Commission standards across all providers.

The previous PCT Infection Prevention and Control Committee will be reformed as the Operations Directorate Infection Prevention and Control Committee supported by the Director for Infection Prevention and Control and the Infection Control Nurses.

HOEFT are currently restructuring their committees and negotiations are underway in respect of the representation of BEN in the new structure.

The Health Economy Infection Control Group continues to meet quarterly to discuss clinical aspects of importance across the whole health economy.

Surveillance
Surveillance continues and has shown 3 MRSA, no new *Clostridium difficile* and no Extended Spectrum Beta Lactamase (ESBL) isolates for Sutton Cottage up to the end of January 2008.

A study has been done to investigate whether there are any particular GP practices where *Clostridium difficile* may be a particular problem. The study sought to identify whether there was any relationship between number of reported cases and antibiotic prescribing patterns. The results show no relationship between the amount of broad spectrum antibiotic prescribing and the reported *Clostridium difficile* isolates but the numbers are small.

Audits
Infection prevention and control audits of all general practices have been completed and follow up visits are scheduled to be completed by end March 2008.

The audits in dental surgeries will begin as soon as the new Health Technical Memorandum 0105 and Dental audit tool is published by the Department of Health. The Clinical Governance toolkit for dentistry does address aspects of infection prevention and currently 32 of 66 practices have completed this assessment.

Optometrists are completing a similar self assessment audit and the responses will be overseen by the Infection Control Nurses.

A programme of contracting visits to community pharmacies is currently being undertaken and this includes aspects of infection prevention.

Outbreaks
There have been four outbreaks in three bedded units, Berwood Court Intermediate Care Unit (2 outbreaks with 13 pts affected), John Taylor Hospice (6 pts affected) and Sutton Cottage Hospital (15 pts affected). The patients were experiencing Norwalk virus (Norovirus) symptoms, though no specimen reports confirmed this. The units each received a terminal clean and were reopened when considered safe to do so.

All the acute hospitals in the region have been affected by this Winter Vomiting Virus, closing a significant number of beds. HOEFT was not immune to this and wards continue to be closed within the Trust.

A number of clinical staff provided public information through the media on the effects of Norovirus infection and advice on appropriate self management.

Teaching
Infection Prevention and Control teaching sessions continue. Bespoke sessions are planned for the Domestic Supervisor Managers from MITIE, the cleaning contractors.

The *Clostridium difficile* e-learning package for general practitioners, non medical prescribers, nurses and carers will be completed and ready for use by the end of February. This has been a joint development action between BEN and Solihull Care Trust and Kath Hughes and Debbie King are commended for their work on this project.

A CPD event for optometrist was held and included a session on infection prevention and hand hygiene.

Local Authority Care Homes
A number of concerns have been raised about the lines of responsibility and accountability for infection prevention and control in care home under the authority of Health and Social Care. A meeting to discuss these and other issues has been arranged by the Health Protection Unit on 19th February 2008.

Deep Cleaning Strategy
In order to clarify the responsibility and approach to complying with the Department of Health requirement in respect of the Deep Cleaning initiative within the community setting a meeting was held with Estates, the Birmingham PCTs, Health Protection Unit and Strategic Health Authority during January 2008.

As a result of this meeting a programme and methods of Deep Cleaning have been agreed which aims to meet the deadline of end March 2008. Due to the fact that our bedded units have had terminal cleans following the outbreaks reported above and the regular infection prevention visits by the Infection Control Nurse, plus the input from Infection Prevention Link Workers, BEN has already met this target.

MRSA
Cases of MRSA bloodstream infection in HEFT continue to be monitored and reported to Integrated Governance and Performance. Currently the Trust is on trajectory to meet the target set for this year. All cases are subject to a root cause analysis (RCA), either by the Trust or, if diagnosed less than 48 hours after admission, by the primary care organisation where the patient is resident. Of the 80 cases reported for 2007/08 to the end of January 2008, 20 (25%) were pre 48 hours. Of these 6 relate to BEN residents and all were investigated. No causational factor was found in 4 and possible causational factors in 2.

The results of the RCAs on cases that are deemed to be hospital acquired are summarised and presented to the Health Economy Infection Control Group.

Clostridium difficile
Following on from the Maidstone and Tunbridge Wells investigation a *Clostridium difficile* checklist has been produced for completion by all healthcare organisations. The results of this review within BEN and that reported by HEFT will be reported to the Integrated Governance and Performance Committee.

Thanks are recorded to the Infection Control Nurses and the Clinical Governance Facilitators for all their hard work in ensuring that Infection Prevention and Control is a high priority within the PCT and amongst contractors.

Dr Doug Wulff: Medical Director/Director of Professional Services

MEDICINES MANAGEMENT TEAM

There have been some significant changes to the team in recent months. Two pharmacists are leaving the team and three pharmacists are to be appointed bringing the Team up to full complement which will enable the implementation of robust systems around all aspects of medicines management as well as ensuring an equitable provision of practice pharmacist support across the whole PCT.

Prescribing and Therapeutics

Progress with the agreed efficiencies for 07-08 is continuing – for the data we have, up until November 2007, prescribing figures already demonstrate an efficiency saving of around £400K. The predicted outturn shows an even greater improvement against budget but this is mainly due to the nationally negotiated favourable prices of the 'Category M' drugs.

In view of the circumstances the PCT is investigating the possibility that GPs may be allowed to realise some of the savings they have made this year, independently of how they may have performed against other PCT targets. As they did last year, practices have fully engaged with the initiatives and supported the PSPs in their efforts with the quality as well as more cost based activities.

Although prescribing costs are showing a more modest increase this year, it would be wrong to assume that this position will continue - work at the Department of Health and the National Prescribing Support Unit is predicting an increase of 7.5% – 8.5% for 2008/09. The factors particularly contributing to this situation include:

- NICE guidance is due to be released that promotes the increased use of statins for CHD prevention and achieving lower clinical targets than currently. The worse case scenario could mean an increase of up to 20% in lipid therapy over the next two years or so (this could be up to £2M for BEN)
- The increased focus and PCT initiatives on prevention and treatments giving better control and outcomes means that the prescription volume will increase significantly again this year
- The efficiencies we have been working hard to realise are now almost complete so that there is little potential to significantly realise savings against budget
- There is an increase in prescribing of the higher cost drugs, particularly those that are now starting to be prescribed under shared care arrangements. As this prescribing moves from secondary into primary care, those drugs that we have traditionally paid for in the acute trusts via other routes will now be attributed to practice prescribing spend.

As for other years, the Medicines Management will work through current and likely future prescribing costs, including the potential impact of NICE, to inform the budget setting process

Discussions are underway in the Team to identify a number of preferred prescribing actions for 2008 – 09. Included in these will be a strong focus on appropriate antibiotic prescribing to minimise the risks, such as Healthcare Associated Infections, related to over prescribing. Work is also underway to bring this important issue to the fore again – localities will shortly be circulated with detailed, practice level prescribing information and national figures to encourage a review of current practice.

There is now a robust system in place for monitoring non medical prescribing. Data will be made available on the intranet for individual prescribers or team leaders to view or download as required.

A series of asthma training events for nurses and non medical prescribers is underway. Although the workshops have been sponsored by Astra-Zeneca, they are being independently delivered by a representative from the Education for Health Charity based in Coventry with input from

Medicines Management. The same workshop is being repeated on five different dates to capture as many staff as possible.

Clinical Care

Having spent some time making people aware of the role and support the team are offering in respect of medicines management, the response has been almost overwhelming, particularly from the care homes and our own in bedded units. Considerable issues have been identified and we will shortly be prioritising activity to meet the most pressing needs.

The team are inputting into the planned move of patients from Sutton Cottage into the new intermediate care facility, Perry Trees. This is an opportunity to put in place best practice at both Perry Trees and Berwood Court.

The scoping and development of a training package for care home staff that could be commissioned from the PCT is progressing and training of our own staff regarding specific therapeutic areas and medicine administration is continuing.

The matter of clinical backup for the Streetly Road Surgery and Castle Vale anticoagulant clinics is still outstanding but a meeting has been arranged with the consultant at HEFT to define the exact requirements so that commissioning can agree and set up a formal Service Level Agreement.

Community Pharmacy

Contract monitoring
The pharmacy contract monitoring visits are underway with seven pharmacies having been visited to date. A secondment has been made to the Primary Care Contracting team for a period of 6 months with a view to completing visits to all 98 pharmacies. Whilst there are still vacancies in the Primary Care Contracting team, this individual is working alongside Medicines Management to facilitate the arrangements with the trained, external pharmacists who have been contracted by the PCT to accompany the visits.

Electronic Prescription Service (EPS)
As a PCT designated as a second phase site for the national implementation of the Electronic Prescription Service, we were due to ‘go live’ in January. However, as is the case with many IT initiatives, there has been a delay – this time due to clinical system suppliers not having fully developed the software. This means that the whole implementation programme, including the first wave sites, will probably be put back until the summer at the earliest.

The steering group for this initiative is concerned that the full implications of the move to EPS is not well recognised by the PCT, particularly the risks involved in the initial roll out in the early implementer sites and the effect this could have on patients. The risks have been identified and we shall be working to put together plans for a thorough briefing of all staff and involving the PCT communications department in the best way to inform patients so that we shall be ready to inform

everyone as soon as we have the 'green light'. The timing of training and raising awareness is a balancing act – too soon and people will forget, too late and there may be extra problems. Unfortunately, there is little that we can do until the full details of how systems will work have been determined.

Enhanced Services
Ten pharmacies in the Washwood Heath area of the PCT have been funded by the Neighbourhood Renewal Fund to provide an early pregnancy testing service. The scheme is to support the teenage pregnancy and peri-natal mortality initiatives in the most deprived wards where these are an issue. Seven more pharmacies are to be included in the scheme in the remaining wards where there is a particular problem and include Erdington, Stockland Green and Tyburn.

Pharmacy Investigation
The PCT has received a number of complaints concerning the practice of a community pharmacy in BEN and there is an investigation underway.

Training Evening
The final training evening in the quarterly training programme for 07-08 is scheduled for next week. Jason Clarke, the national lead for EPS will be updating the pharmacists on the current position and there will also be feedback from the monitoring visits.

General

Patient Group Directions
I have enlisted the support of two PSPs to help complete the reformatting of all PGDs. There has been a considerable workload associated with the PGDs and these will all now be complete by the end of March.

NPSA Alerts
Four NPSA alerts for actions in all trusts were forwarded last year with a timescale to be implemented by the end of March 2008 – in fact only three applied to primary care. Two have been actioned by medicines management and are almost complete. The third involved practice around the use of injectables and this alert is in the process of being implemented.

Controlled Drugs
Controlled drugs declarations and self assessment audits have been circulated to all practices as required in the Controlled Drug Regulations. The returns will be reviewed with a view to supporting practices in ensuring robust processes are in place and legal requirements are being met. Audits will also be conducted in John Taylor Hospice and our in-bedded units.

Margaret Savage: Associate Director Medicines Management

PROFESSIONAL DEVELOPMENT UNIT

This report does not attempt to list all the activities of the Professional Development Unit but highlights for the Board those that are a priority or an issue for the quarter period covered by the report.

Clinical Education Group Update
Progress has been made in developing the infrastructure and processes to enable the newly established Clinical Education Group to fulfil its responsibility for supporting the clinical education needs of the PCT's contractors in accordance with the enhanced requirements of the HCC standard for contractors. This includes:

- Appointment of Dr Alan Macdonald, a GP trainer, as the designated GP member of the Clinical Education Group who will support the Director of Nursing in developing a strategy and plans for presentation to the Workforce Development Steering Group.
- Establishment of a GP Clinical Education Reference Group consisting of GP Trainers and led by the Medical Director. The remit of this group will be to provide expert advice on the plans developed by the Clinical Education Group to support the needs of general practice staff.

Clinical Education needs of Practice Nurses

A group was convened specifically to examine how best to meet the needs of practice nurses in the light of their developing role in supporting GPs in chronic disease management and the recent evidence from a national RCN survey of practice nurses that highlighted that many of them felt poorly equipped to carry out this role. There are obvious clinical governance implications arising from this. Both the Practice Nurse Advisor and Dr MacDonald are members of this local group and an experienced practice nurse with an advanced practice qualification recently appointed to the PDU has been nominated as the PDU support for this group. Actions agreed at the first meeting include:

- To establish a short life task group to develop a standard appraisal process for practices nurses and for this to be piloted during 2008/9. Although this process already exists for GPs the findings of which been used to identify their clinical education priorities there is no such system in place for practice nurses. An appraisal system was felt to be a fundamental first step in being able to systematically identify and respond to their needs in line with GP practice and PCT priorities.
- To explore the reasons for and to make recommendations to address the difficulties relating to low priority, availability of training, release and staff cover issues experienced by some practice nurses in accessing continuing professional development training.

Standards For Better Health – Internal Audit Review

A review conducted by internal audit identified there was significant assurance of the PCT's arrangements for clinical and cost effectiveness, which included the standards for clinical training and clinical supervision for which the PDU has responsibility.

Locally Enhanced Services / GPSI Services

A group with representation from the Clinical Education Group and Primary Care Contracting have been commissioned by the Medical Director to review the clinical education and CPD requirements for locally enhanced services and GPSI services.

Study Tour to Sweden & Denmark

The Director of Nursing and Clinical Development was a member of a joint health and social care team led by the Director for Long Term Conditions which conducted a brief 3 day study tour of Sweden & Denmark to review their systems for integrated care for people with long term conditions such as heart disease, diabetes and COPD. The principle aim of the visit was to identify areas of good practice and lessons for the PCT's integrated care and assistive technology (ICAT) project. The tour schedule included two hospitals and a large health centre. A full report of the visit is available from Dr. Richard Mendelsohn.

Both the countries visited were in the process of restructuring their health services to address cost and access issues in a manner which was similar to that employed by the UK. The problems they faced in managing health services and health conditions and the solutions they adopted were remarkably similar to the UK although in many instances lagged behind those in BEN PCT. For example long term conditions were predominantly managed in hospital and in one country patients directly referred themselves to the hospital clinician. The specialist nurse role was not as well developed as here and only operated in the hospital setting. However this could be due to the fact that the problems or drivers around access and cost in those countries had probably taken longer to develop as a result of having wealthy economies and well developed welfare systems.

The tour provided a unique opportunity for colleagues from the PCT and Social Care to critical review together from an independent perspective the health and social care management aspects of long term conditions. An invitation was extended to Swedish and Danish clinicians to visit the PCT and the setting up of an exchange network.

New appointments
The PDU has experienced significant capacity issues as a result of the accumulative effect of maternity leave, long term sickness and staff promotion occurring at the same time in a small workforce with specialist roles where replacement and temporary cover is more problematic.

Whilst this has not prevented the PDU from meeting its core responsibilities it has placed pressure on the senior members of the team. However the position is now improving with the following new appointments and whilst there is still 2.00 whole time equivalent maternity leave and 1.00 whole time equivalent vacancy due to promotion it does bring the unit closer to its full establishment of 17.00 whole time equivalent:

- Safe Guarding Children Nurse
- Two Professional Development Facilitators
- Business Manager for Clinical Redesign

It will be important for the PDU to be able to utilise the skills and expertise of the Community Practice Teachers (CPTs) in the provider arm to meet the requirements for workforce development arising from PCT commissioning strategies for End of Life, Intermediate Care and Children's Services.

CPTs were originally employed by the PCT to support post registration requirements for trainee district nurses, health visitors and school nurses which have now changed due to a national review. The implications from the review are that the PCT requirements for the traditional role is now reduced by half although this development had already been anticipated and a role redesign conducted to provide capacity to meet the learning and development needs of nurses arsing from service redesign, new policy, complaints, audits or performance reviews.

Long Term Conditions Presentation
The Director of Nursing and Clinical Development supported by the Head of Adult Nursing gave a presentation on the 15th January 2008 to the Institute for Health and Social Care Managers on the Assertive Case Manager model used in BEN PCT at the request of the president of the Institute, Paul Jennings. The event was attended by 48 managers and evaluated well.

Reducing Perinatal Mortality Local Implementation Group
A meeting was held between the Director of Nursing and Clinical Development, the Director for Improving Health and the PCT Commissioning Lead for Children's Services to review the Terms of Reference (TORs) and the membership of this Group within the context of changes to the other groups across the city and the recent publication of the HCC report of maternity services. The outcome of this was:

- To dis-establish the current Local Implementation group as no longer fit for purpose.
- To establish a Perinatal Mortality Project Board with senior representation from HEFT, the PCT and BHWP. The principle aim of the group would be to engage providers at a senior level to ensure strategic oversight and sign up of the Perinatal Project implementation. This group will be chaired by the Director for Improving Health and report to the PEC.
- To establish an operational group chaired by the Director of Nursing and Clinical Development, which will report to the Project Board on the implementation of the project and to develop the action plans to address operational issues.

Val Jones: Director of Nursing & Clinical Development

HEALTHCARE GOVERNANCE

The purpose of this report is to provide Members with an update of the work being undertaken by Healthcare Governance and the Clinical Quality and Risk Management Group in Quarter 3, 2007/08.

Clinical Quality and Patient Safety

There is a changing emphasis from a focus on "governance" to clinical quality and patient safety. It is recognised that modern medicine is becoming increasingly complex. As a PCT we may not carry the same clinical risks associated with major secondary care providers. However, as commissioners of services, the PCT is accountable for ensuring that organisations with whom we contract provide care and treatment in safe environments.

An objective for the PCT is to continue to develop a safety culture and to ensure that it is understood by everyone that the management of risk is his or her responsibility.

The Head of Clinical Effectiveness was appointed in 2007 and has worked across Directorates to emphasise that the requirement to include national quality standards, including NICE and NSFs, must be taken into account, particularly when service developments are being considered.

As part of the continuing focus on patient safety, Healthcare Governance is examining how it functions to ensure that it is effectively promoting the patient safety agenda.

Similarly, the Clinical Quality and Risk Management Group has reviewed how it functions to ensure that it is effectively addressing clinical quality and patient safety priorities.

GP Practice Quality Profiles

One aspect of this changing emphasis requires the establishment of a satisfactory method for ensuring that there is a high standard of primary care, which addresses the quality of clinical care provided through the Qualities and Outcomes Framework, contractual obligations and Healthcare Commission Standards.

Much of the information to populate a GP Practice Quality Framework is already available within the PCT but is not collated into a single repository or presented in a single 'profile'. This means that the PCT does not have a corporately owned overview of General Practice development.

During the 4th quarter, it is proposed to establish Quality Profiles for GP Practices and to identify the resources to enable it to be populated with data, currently available within the PCT, from all GP Practices. This will be undertaken in conjunction with Primary Care Commissioning, Finance and the Information Team. By using existing data as much as possible it will not add further information requirements onto GP Practice workload.

When the PCT is assured that the data is complete and accurate, it will be shared with GP Practices. This will then act as a catalyst for focused conversations and specifically tailored Clinical Quality and Patient Safety support programmes.

It will also provide opportunities to learn from GP Practices that provide high standards of clinical care and patient safety.

The information will require to be updated regularly recognising that some information will only be available on an annual basis.

Healthcare Commission Standards/ Clinical Governance Support Programme for Independent Contractors

As reported to the PCT Board on 16 January in the "Highlights of Integrated Governance and Performance" Report, the requirements in respect of Healthcare Commission core Standards in relation to Independent Contractors is still causing concern.

The present position is that:

1. 50 Clinical Governance Questionnaires have been returned by GP Practices either in conjunction with a QOF visit or at a separately arranged time. These have been analysed to identify the themes where resources or support requires to be deployed by the PCT.

   Themes emerging from the initial analysis of the Questionnaires completed so far indicates the need for PCT wide actions including:

- distribution of guidance on incident reporting;
- support to develop systems to evidence implementation of SABS;
- support to formalise and evidence processes around consideration and implementation of NICE guidance;
- support to develop Practice audit programmes;
- review of access to mandatory training;
- advice regarding decontamination; and
  support to develop systems for record keeping audit

   In addition, specific areas for action have been identified for each of the 50 Practices and these have been returned to Practices for their attention and action.

   Visits to complete the remaining questionnaires continue to be scheduled.

   It is essential that the PCT is able to report that progress has been made in implementing the Action Plan related to contractors in order to provide assurance that the PCT is compliant with the core Standards by 31 March 2008.

2. All Dental Practices (66) have been sent self-assessment toolkit booklets populated with existing quality data (held by the Birmingham Primary Care Shared Services Agency) from previous Dental Practice visits.

   37 booklets have been verified, amended and returned along with copies of supporting documentation.

   Dentists are also returning, with their completed toolkits, proformas suggesting areas for Continuing Professional Development (CPD) in a programme of events for Dentists, to be run in conjunction with the PCT's Dental Advisor, and scheduled to begin on 6 March 2008.

3. All Optometry Practices (80), including those nationally managed Practices which provide domiciliary services, have been sent a series of self-audits comprising Standards for Better Health Checklist, Infection Control and Record Keeping.

   13 have been completed and returned and work will commence on analysing these, and others as they are returned.

   A CPD event was held on 12 February 2008 and topics included child protection; risk management; record keeping and infection control.

4. The position related to Community Pharmacists is referred to in the Medicines Management section of the report.

The challenge is to engage contractors in driving towards the objective of continually improving the quality of services, whilst also achieving compliance with Healthcare Commission core standards.

Heart of England Foundation NHS Trust
Discussions are being held with the Heart of England NHS Foundation Trust related to the quality indictors and processes for monitoring quality in the Contract with the Trust.

This will be undertaken within a framework of:

Health Economy Joint Patient Safety and Quality Advisory Group
Issues around patient safety and clinical quality will be raised at the Health Economy Joint Patient Safety and Quality Advisory Group if necessary and appropriate.

PCT attendance at the Trust's Governance and Risk Committee
The PCT is represented at the Trust's Governance and Risk Committee. The papers provide a valuable and essential source of high quality information.

Presentations
The Trust will provide presentations on key topics particularly related to Healthcare Commission Standards.

Visiting Programme
Whilst assurance on Healthcare Commission Standards is provided by the Trust, it is important that the PCT also visit areas and obtain evidence of clinical quality and patient safety by talking to managers, staff and patients.

The Head of Clinical Effectiveness participated in a Trust Governors visit to Birmingham Heartlands Hospital on 13 February 2008. The visit was to assess the three following Healthcare Commission Standards in the Infection Diseases Ward (Ward 28) and Ward 23 - Rehabilitation of Elderly Patients - (including the adjoining Occupational Therapy and Physiotherapy Departments):

1. Healthcare Standard C4e: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in Methicillin-Resistant Staphylococcus Aureus (MRSA).

2. Healthcare Standard C7e: Healthcare organisations challenge discrimination, promote equality and respect human rights.

3. Healthcare Standard C13a: Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect.

A Joint Report will be prepared in conjunction with the Governors.

Patient Safety and Clinical Quality Programme
This will set out an agreed programme of work between the Trust and the PCT for 2008/09.

Performance Issues
Whilst the drive for quality is a key focus, it is recognised that there is a spectrum between driving up clinical quality and patient safety through clinical governance at one end of the scale and performance management at the other.

During Quarter 3, the PCT has liaised with neighbouring PCTs, the General Medical Council and the solicitors to the PCT to ensure that the PCT is compliant with statutory regulations when tackling poor performance.

Birmingham and Sandwell Internal Audit Consortium
The draft audit report: Clinical and Cost Effectiveness has been received and would indicate significant assurance. As the report has only recently been received, further discussions are planned.

NICE Implementation
The BEN NICE Planner has now been constructed and the Clinical Auditor Facilitator is managing the Planner and populating it with evidence of implementation.

Awareness is being raised that the Planner is both a resource for service development, improvement and re-design and as a mechanism for capturing and reporting NICE activity. The Planner links electronically to the NICE website and signposts support materials associated with particular guidance including educational and commissioning tools.

The BEN NICE Planner includes planned guidance with proposed publication dates where available (through to April 2009). This will enable more pro-active consideration and planning for implementation. It has become apparent that delay or non-implementation of published guidance would benefit from explicit consideration and justification. This would need to take into account a number of key drivers, including national guidance, locality priorities and local health needs.

It is proposed that this need is reported to PEC along with a summary of NICE guidance due for publication in the next 18 months. This would include an addition to the NICE implementation process to include "consideration of implementation" with explicit justification for delay or non-implementation. This approach has been discussed with Chris Connell (NICE Regional Representative)

A programme of work has been agreed with the Patient and Public Involvement Team to promote NICE guidance for users of NHS services. Ultimately, this is intended to promote increased implementation of NICE guidance through increasingly informed and empowered patients and community groups. To date samples of NICE guidance for users of NHS services (available on the NICE website and accessible via the BEN NICE Planner) has been presented at the Patient Focus Group for consideration and comment. Feedback from this Group will be taken to the P&PI Forum at the end of this month with a proposal that this work becomes a focus of activity for the Group through the transition period. A link has been established with the NICE National Programme Lead for P&PI.

New trends are emerging within NICE guidance as illustrated by the following:

> 'Community Engagement' – Feb 2008'
> 'Pro-active case finding and retention and retaining access in disadvantaged areas' – June 2008
> 'Management of Long Term Sickness and Incapacity' – Jan 2009.

These different forms of guidance may require different approaches to leadership in respect of NICE guidance in order to promote implementation throughout the organisation and across agencies.

Data relating to the consideration and implementation of NICE guidance within General Medical Practices, Dental Practices and Optometry Practices has been captured through the Clinical Governance Support Programme questionnaires and toolkits. Early analysis of returns so far (50%) from GP Practice indicates that whilst guidance disseminated on a monthly basis from BEN PCT is received further evidence is required to demonstrate active implementation.

Complaints

Directly Managed Services

During the period April 2007 to December 2007 inclusive, there were 11 complaints in Quarter 1, 7 in Quarter 2 and 12 in Quarter 3 - a total of 30 for the period. These will be discussed at a meeting of the Complaints Sub Committee.

83% of complaints were dealt within 25 working days (or 93% taking into account the completion of those complaints where an extension of time had been agreed with the complainant). Two complaints are on-going.

Birmingham Primary Care Shared Services Agency

It has been agreed that the PCT will take direct responsibility for the management of contractor complaints from April 2008. A Job Description has been drafted for the post of Complaints Officer which is currently subject to AfC assessment.

A project plan has been agreed with the BPCSSA to transfer this activity to the direct management of the PCT.

Healthcare Commission

No complaints have been received from the Healthcare Commission related to directly managed services.

Six complaints have been received related to contractor services of which two concerned GP Practices and four dental practices.

Making Experiences Count

The response to the public consultation *Making Experiences Count, the proposed new arrangements for handling health and social care complaints.*

The Government is reforming the current complaints processes for users of publicly funded health and social care in England. The consultation was aimed at gathering opinion about a range of issues that were important in designing and delivering an effective complaints system.

The report sets outs:

- A summary of the responses to the consultation;
- Taking those responses into account, the Department of Health's response to each of the questions asked in the Consultation Document; and
- Details how the Department of Health intended to take the proposals forward in order to reform the health and social care complaints processes.

The document will be received and discussed at the next meeting of the Complaints Sub Committee. Copies of the document are available on request.

David Stenson: Assistant Director Healthcare Governance
February 2008