

## **QUARTERLY REPORT:** **PROVIDER ARM COMMITTEE REGARDING THE** **OPERATIONS DIRECTORATE**

**February 2009**

### **1 Introduction**

The past quarter has been a challenging one for the Provider Service. The teams have made a significant effort and contribution in a number of areas.

Our staff have worked closely with BEN commissioners and partners to identify improvements in the end to end process which helped to control winter pressures and to consider how to improve in the future and tackle the situation more effectively.

Importantly for our patients and our partners during the winter pressures period we increased capacity in our urgent care centre and extended our hours.

An increased focus on preventing admissions and alleviating the pressures around discharge to take more patients into the community services assisted the pressures in the hospitals. We have ensured shifts were covered and capacity maintained whilst also combating the increased pressure from Flu in the system.

We are now operating from the two new Intermediate care centres which have been well received by the patients. They took new admissions immediately to ensure no blockage was caused by the community service. Technology issues in the sites due to connectivity through BCC equipment are being worked through.

I need to recognise the hard work and dedication shown by teams during the weeks of snow. Our services continued to operate and care for patients and ensured the vulnerable received their visits, walking to them when roads made estates inaccessible.

During this incredibly busy period momentum has also been maintained in our Shaping the Future Programme. Terms of Reference for the Provider Arm Committee and Degrees of Freedom have been agreed with the Board subject to identifying and agreeing the options for the governance approach at the April Board and inserting the Provider Specific section to the updated SFI/Standing Orders which were presented to the board and agreed in January.

The work streams are actively progressing and the steering group will be meeting 19<sup>th</sup> February to bring together the current status and to consider the plans to help us reach internal separation for April and Business readiness for October. A major focus needs to be communication plans so understanding and clarity is promoted of what internal separation means. The key point is that our relationship with commissioners needs to be formalised with a community contract and our contestability needs to be provable and not open to challenge.

The SHA are asking for a self assessment from each WM PCT in February and will be analysing and reporting back on their ratified view of progress which shows the Provider arm will be identifiable as a business within the PCT by October to having clear governance and finances.

The Provider Arm Committee Terms of Reference which were agreed in January will move us towards clear internal separation and we will be ensuring the members participating on that group are able to support the Provider service and carry out the duties of a sub committee of the PCT effectively.

We are exceedingly pleased to be able to report that the PCT have been successful in an application to pilot the Family Nurse Partnership- the bid was led by Val Jones. This will be an exciting opportunity to work with the national team, to explore how the model meets the needs of children and families in Ben PCT

## **2 REPORTS PRESENTED TO THE PAC this quarter**

### **2.1 Finance**

Our Forecast position for year end 2008/9 is an underspend of £1m after taking account of an income adjustment agreed with our commissioners to reduce our income in the final months of the year by £1.2m to reflect the fact that unfilled vacancies in year means the contracted block contract price would not be spent and projected volumes if we were fully established would not be reached.

### **2.2 Clinical Quality and Safety Group**

The group meets monthly a quarterly report is submitted to the Provider Arm Committee.

Key progress:

- Clinical Audit Programme is currently being benchmarked
- Process for managing NICE guidance implementation being established
- Evidence for core standards C4e, C6, C13 b and c, C15 a and b, C20 a and b, C21 being updated and added to performance accelerator
- SABs quarterly report received by group- progress towards target
- Provider Arm Trend Analysis and Learning Group will meet for the first meeting on the 11<sup>th</sup> February- the group will explore trends in relation to incidents and share learning across Directorates
- SUEPA project is on target. Service User Questionnaires being distributed an interim report will be available late February.
- Service user response group (SURG) established, first meeting mid February
- Patient Experience Tracker (PET) presentation to the Provider Arm Clinical Quality and Safety Group. Twenty sites have been identified which will provide maximum opportunity to gather patient experience data from the services
- Service leads have been requested to identify Core Clinical Training requirements for each service.
- **Action plan for “Clean Hands Save Lives” (reissue of patient safety alert 04) to be developed newly appointed infection control practitioner posts**

### **Risk Management**

The structure is in place for operational and clinical and safety risks to be logged and reported to the PAC. Mitigations are overseen by Service directors. Provider Arm risks also remain within the PCT corporate risk register which is managed via integrated governance. IG & P are considering the option to ensure corporate risks are defined as commissioning or provider going forwards.

### **2.3 HR statistics**

HR are developing a subset report for operations to mirror the statistics reported to the full board for the areas within our remit. Work force data was presented to the January committee and work to consider sickness levels in particular has been instigated.

### **2.4 Provider Arm Performance Group**

There is a significant amount of development ahead to help us reach a robust and meaningful balance scorecard. The Provider Arm Service Activity Scorecard has been developed to include targets for each of the individual services. These are based on existing targets as set by national requirements and locally set, wherever possible measuring outcomes rather than activity numbers. It is an iterative process and progress is evident in both establishing relevant targets and robust data collection targets however some areas have identified that locally set targets selected need revision to be meaningful and value adding.

The KPI and outcomes which are specified and agreed with our commissioners will also be linked to this dataset, this will be for the 2009/10 contract with the aim to create a dashboard and balanced scorecard for the PAC to monitor. Performance monitoring internal to the Provider service will support us in assuring we are contributing positively to the PCT, delivering to contract and our operational plan and managing any areas of concern.

### **2.5 Safeguarding**

A paper has been presented by Val Jones on Safeguarding Children. A paper on adult safeguarding has also been requested for the next PAC

### **2.6 Operational decision regarding the process for registering Children**

Registration on the PAS system for School nursing as children reach year 6 or have an intervention was agreed by the February PAC in line with a recommendation paper presented by Lynne Laine Service Director Children and Families.

### **2.7 The PAC were updated on CQUIN**

The SHA has proposed 50% of CQUIN will relate to active participation in the 2009/10 PIP programme and this has been agreed by commissioners

### **2.8 Regular reports from the Shaping our Future Steering group are now standing agenda items on the PAC**

**2.9 Clinical Quality and Safety and Health and Safety reports** have been presented by David Stenson quarterly and mirror the positions reported to IG&P

### **3 KEY OPERATIONS UPDATES**

#### **3.1 Children and Families**

##### **Health Visiting and School Nursing**

The Children's Services Steering Group (CSSG) has been established and is meeting monthly. Membership includes health visitors, school nurses, support workers, clerical staff, managers and representatives from Professional Development Services, Connecting for Health Team and Human Resources. The Group have overseen the development of an action plan which has led to the formation of a number of work streams, each of which has developed Terms of Reference. Members of the CSSG are participating in the work streams and progress is reported back to the CSSG.

The work streams are:

- Workload Management Tool
- Workforce – Roles And Responsibilities
- Support For The Workforce
- Review Of Corporate Working
- Caseload Intelligence Profiling Tool
- Child Health Promotion Programme
- Core Service Review
- Coding And Care Bundles
- Service User Engagement
- School Health Needs Assessment Tool

Members of both the CSSG and the work streams have been charged with the responsibility to communicate progress with colleagues.

##### **Audit Commission Review of Health Visitor Resources**

A report has been generated which has been initially reviewed by the directorate, PDU and Public Health. We are all in agreement that the finding need to be treated with caution as the statistical basis of the report is being questioned. Further discussion on how to move forwards needs to happen within the PCT.

We agree that a robust way to identify the correct level of resourcing by location and to match the case load complexity is required.

Our view is that significant work is needed to ensure a robust method of modelling is established. Currently across the country a rounded method of capacity planning which takes all the relevant factors into account has not been identified.

We have a system which is currently utilised but hoped the report would offer a method and insight to help us build a more robust approach. We wish to understand if staffing levels considering the pockets of severe deprivation in the patch can be calculated more scientifically as well as having a way to apportion those staff by locality. More work is required before that can be achieved.

## **Recruitment**

In partnership with Human Resource an action plan has been developed and implemented, and includes:

- A recruitment campaign supported by Barkers recruitment consultancy.
- Adverts are currently out on NHS jobs, Google Guardian, the evening Mail and the Community Practitioner Journal
- A relocation package is being offered
- A process to support non practicing health visitors to return to practice id=s being developed

We have successfully recruited two Corporate Team Co-ordinators, one in Health Visiting, and one in School Nursing- these are new posts which work across a number of teams, acting a role model and supporting teams to develop robust processes and systems . Two band 5 posts have been recruited to School Nursing; two Senior Nursery Nurse posts have also been recruited into health visiting.

The pace setter additional language support service has commenced in Fernbank, Saltley. This is new additional resource; the interpreters will work with the specific teams so that there is continuity and an opportunity to build effective working relationships.

## **Family Nurse Partnership Bid**

The PCT have been successful in an application to pilot the Family Nurse Partnership- the bid was led by Val Jones. This will be an exciting opportunity to work with the national team, to explore how the model meets the needs of children and families in Ben PCT.

## **Carers Development and Support Service**

Carers Development and Support Service (CDSS) provides advice, information and support to all carers with a BEN PCT GP, or to carers of relatives/cared for with a BEN PCT GP. Currently the caseload stands at 485 and a third of our caseload supports carers of people with dementia. The number of referrals received during 2008-2009 was 164, with total contacts being 3066, including face to face, group sessions and carer related activity such as liaison with other health professionals, social workers and relevant support agencies

Throughout the year various outreach events took place, including outreach into Kingstanding as part of service development across east and north BEN PCT and a MS partnership event in September. Another outreach event at the new Anne Marie Howes Special Carer Centre is due to take place in March 09. During Carers Week 08 all 5 groups of carers went out for lunch funded by Carers Grant money, giving carers a welcome break. Support of carers and social inclusion is seen to be a valuable part of the service. Seven other events reached another 293 carers and gave them valuable information about local support.

The service review undertaken early in 2008 confirmed that the CDSS was seen as low risk, value for money and held in high regard. It was recognised that the service needed to

expand and develop in order to provide an equitable service following the PCT merge. Employment of an agency administrative officer to support the Carers Support Officers has resulted in improved efficiency and a response rate of 97% has been achieved ensuring referrals are responded to within 5 working days, and necessary visits are booked within 2 weeks, up from around 4 weeks. Response to referrals was also improved as a result of a new single point of access helpline. Additional administrative support has also resulted in development of outcome reviews looking at how carers are better informed, feel more confident and were coping better. **97%** carers received the information they wanted, **79%** felt less stressed and **88%** said they were coping better as a result of contacting our service.

Surveys of the current Carers Support Groups and the 2008 Annual report also showed a high level of customer satisfaction.

Partnership work is also a key part of CDSS and is integral in fulfilling local and national Carers Strategies. As a result of strategic work, improved access to services, and extensive carer support in the community BEN PCT Carers Service won the Simply Health National Award from RCGP and PRTC. The award was presented to members of the team by the Princess Royal in November 08

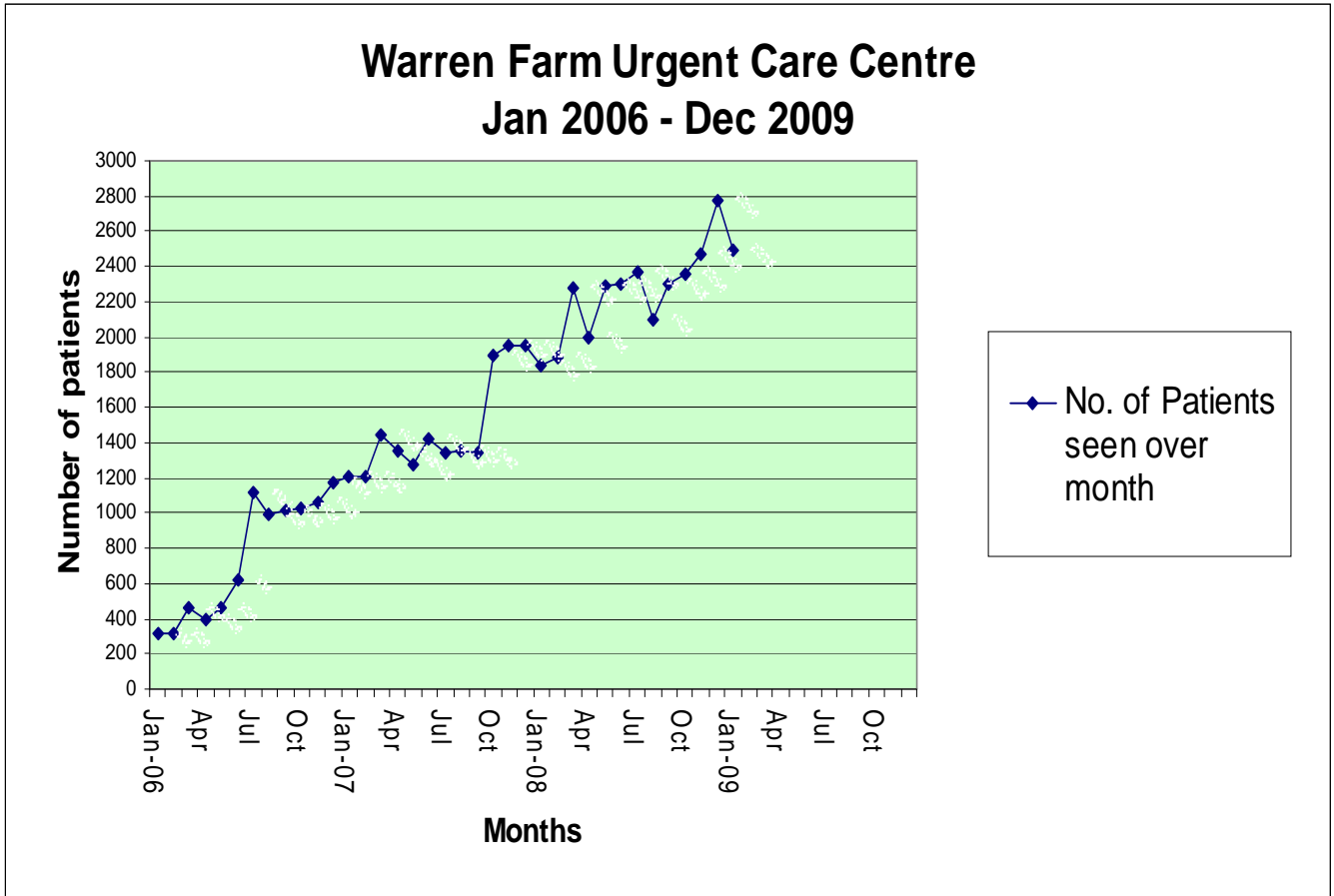
### **Urgent Care**

The Urgent Care Centre supported the PCT with winter pressures, seeing a record number of patients in December 2008 (up 41% from the same time in 07). Funding has been agreed for service expansion; increasing the opening hours (capturing the end of day pressures) and the number of staff on duty. Locum GP's have been employed as an interim measure until nurse practitioner (NP) recruitment is completed. Although activity in January reflected the trend in minors A&E and general practice it still showed a 35% increase from Jan 2007.

The UCC is seeing increasingly complex presentations especially in relation to children / babies and the elderly. [A 6/52 baby who presented with feeding problems, required emergency transfer to the Children's hospital where he arrested on arrival and later died]

Within robust governance framework the UCC has expanded the types of conditions managed that would otherwise be referred to other health professionals (including A&E) i.e. babies / children with UTI and croup.

The UCC responded to the directive to receive cat C ambulance referral patients via hospital ambulance liaison officer (HALO) and 999 responder / ambulance crews. In 2008 the average referral into the centre was 3 a month. So far this year the UCC has received 13 patients in January and 15 patients up to date in February. Following a successful meeting with Roger Cooke (Medical Director WMAS) further collaborative working is planned to expand this pathway further within a governance framework.



The UCC is currently working with commissioners in the development of a service specification for urgent care in BEN to include the development of the second site in Saltley.

## **3.2 Rehabilitation Directorate**

### **Intermediate Care**

The intermediate Care Bedded units moved into Perry Trees Centre, Perry Common from Sutton Cottage Hospital in early December 2008 with Berwood Court beds moving to Anne Marie Howe Centre, Sheldon a week later.

The moves were successful and both units have been fully utilised over a busy winter period.

The nurse call System was adjusted by Tunstall and was assessed to be suitable to meet the requirements of a nurse led unit. Further work is ongoing to upgrade the system

There have been major issues regarding the ICT infrastructure which has affected the smooth operation of the units but a solution has been formulated between Shared Services and Service Birmingham and this will be implemented within the next few weeks.

Initial reports from service users are positive and the units have had several high profile visitors including Rt Hons Andrew Mitchell Conservative MP for Sutton Coldfield, Norman Lamb, Lib Dem Shadow Health Secretary and Liz Lynne Lib Dem MEP for the West Midlands. The Lord Mayor, Chauhdry Abdul Rashid JP also took the opportunity to view Perry Trees whilst making an informal visit and met some of the residents.

It needs to be recognised that the success of the transfer of the bedded units is down to the planning of the management team and the staff across the bedded units and community teams who supported them throughout this transitional period. The service needs to be congratulated in achieving this.

The three community teams are now fully operational with referrals now being taken through the duty system. Initial findings are that the number of referrals is increasing to Intermediate Care with a reduction of inappropriate referrals because of this new aspect of the service.

The decision was made in December to utilise the vacated beds at Berwood Court to provide an Enhanced Assessment Unit to assist HEFT over the winter period. This has been a tripartite arrangement in partnership with Dukeries HealthCare Ltd funded by PCT Commissioning with a Multi Disciplinary Team funded through the Reimbursement allocation. The focus is to provide a unit where assessments for long term provision can be made away from the acute trust. The project is due to finish this month and evaluation will be carried out on the model to establish effectiveness.

### **Physiotherapy**

Has successfully implemented the central booking pilot for appointments which is improving the waiting time for appointments. The multi joint exercise groups are showing positive results and have been expanded and are well attended. A pilot on pre assessment clinics is due to be audited shortly. The 12 month pilot of Physio services for staff has now been extended to offer sessions at Waterlinks House and feedback on the service has been very positive. As a result of the staff Physio pilot there has been an increase in the requests for workplace assessments. Work has been commenced on improving the website for patients to publicise and improve access to the services available.

The Physiotherapy service working in conjunction with Orthopaedic Triage, the Pain Management Service and Podiatry have produced 5 more DVDs to be used in waiting areas and for clients' own use to promote self management of knee back , foot and ankle, whiplash injuries and sports injuries .These DVDs will be available in non-English speaking languages as well as English.

The Service is also intending to pilot self referral to Physiotherapy shortly in accordance with the DOH and Chartered Society of Physiotherapy recommendations.

The implementation of PAS has had a significant effect on Physiotherapy resulting in the loss of 10,000 appointment slots which will adversely affect reference costs .Despite the loss of these appointment slots the service has managed to reduce waiting times by introducing new ways of working.

### **Pain Management**

The Consultant Psychologist has now been appointed. A campaign has been launched to encourage and publicise the self care management approach. Posters advising on self management of back pain and who to approach for advice have been put up on billboards, sides of bus stops and on a taxi in BEN PCT area and the Service has already had members of the public contact them for advice. Advertisements and radio slots are all lined up. There is also the potential to be included in a television documentary. This coupled with the progress made to mainstream the multidisciplinary service and expand the sessions to meet demand and cover more locations will have a positive impact on pain management for our patients. Our approach is being seen as good practice and we are due to present at a National 18 week event in Manchester to share our experience.

### **Orthopaedic Triage**

The Orthopaedic Triage Service and the Physiotherapy Service have been working closely with commissioners to develop musculoskeletal pathways across Ben PCT, HEFT and Solihull Care Trust. The first pathway has been running as a pilot since January 2009. CLIKS – Consultant led integrated knee service has seen an increase in referrals and there has been positive feedback from both GPs and clients. Shoulder and back pathways are due to be developed imminently and dates have been booked for process mapping of both current and future states. The Pain management Service will work closely with the other two services on the back pathway. Further pathways such as hips, elbows and hands and neck will follow and it is planned that all pathways will be developed in the next financial year.

### **Stroke Services**

The Stroke Service is under review at the present time to ensure that it meets the community rehabilitation aspect of the National Strategy. The strategy for the Stroke pathway for the local health economy is being finalised and following approval, a business plan to enhance the existing community service will go through the gateway process.

The Stroke Teams have now commenced on PAS

### **Occupational Therapy**

The Occupational Therapy Service was decommissioned as a separate service on the 1<sup>st</sup> January 2009. This was a pan Birmingham Service and negotiations were carried out with HOB and South Birmingham PCT to reduce their block contracts from 09/10 based on activity in 08/09.

Three members of the team were subject to TUPE to South Birmingham PCT and funding was returned to HOB. The BEN PCT staff have been incorporated into the End of Life MDT and the Stroke Services. The Head of OT took planned retirement

The changes were communicated to stakeholders and referral routes for Occupational Therapy are available on the Intranet.

### **Equipment Loan Service**

There may be a slight impact on performance in the last quarter due to deliveries being delayed because of adverse weather conditions.

Birmingham City Council have commenced two projects to review and make recommendations with regard to Telecare and equipment for Activities for Daily Living. Health partners have been involved in developing the PID.

## **3.3 Long Term Conditions**

### **Highlights**

The services have completed all requirements from the second stage of the review and are currently in the process of agreeing Service Level Agreements with BEN Commissioners.

### **Tele Health Equipment**

The roll out continues. All of the Assertive Case Managers have been trained and COPD and Heart Failure staff will be trained shortly. The telecare co-ordinator is in post and referrals are rising steadily.

### **End of Life Care**

The recruitment programme continues, Appointments have been made to the staff nurse grades in Hospice at Home and the occupational therapy, physiotherapy and dietician parts of the Multi Disciplinary Team. The job description and job plan for the Consultant

Physician in Palliative Care is due to go to the Royal College for approval shortly, although it will be several more months before the agreement to appoint will be received.

The Oral Glucose Testing project initiated by the Diabetes service for testing patients at high risk of developing diabetes has been so successful it has been expanded from 1 to 4 clinics per week.

The new Lymphoedema service is now operational seeing patients in their own homes and in the clinic base at John Taylor Hospice.

## **Risks**

### **Recruitment issues in District Nursing and Nutrition and Dietetics.**

There has been some improvement in both services since the previous board report. Band 6 District Nurse recruitment is still challenging but the service are looking to use a wider skill mix to meet some of the short fall. Dietetics is recruiting successfully to all junior posts. They are hoping to recruit to the new Band7 Palliative Care and Enteral Feeding Clinical Specialist posts in the next quarter, although there is still a national skill shortage for dieticians at this level. More recent recruitment issues have been experienced in medical clinical assistant appointments at John Taylor Hospice. Posts are currently out to re-advertisement. It is hoped the pending appointment of a consultant physician will help raise the profile of work at the Hospice. Sessional work in palliative care is still not a popular option for medical staff.

## **4 Cross Directorate Activities**

### **Process Improvement**

Significant progress has been made to implement the lean training delivered to all service leads. The outputs from identifying improvement opportunities are being collated prioritised and analysed for cost benefit and methods to ensure benefits realisation. This will be fed into the Provider Services Operational Plan.

### **Provider Service Operational Plan**

As part of the planning cycle and also one of the shaping our future work streams consideration is being given to preparing our annual plan for 09/10. This will be done to support the PCT operational plan and Strategic direction as well as to embed the actions we need to take to assure we will be business ready for October 2009. We aim to create a plan for agreement to be implemented from April 09

### **Community Contract 2009/10**

All services have provided service specifications, volumes and costs to the BENPCT commissioners and well as completing an "OSCAR" return. We are currently reviewing and discussing with commissioners the service specifications so a contract can be agreed and signed off in line with WCC deadlines of 27/2/09. We are also discussing contracts in detail with HOB and have sent information and heads of agreement to all our other commissioners who have not yet approached us for a formal contract review,

### **Shaping Our Future**

The PCTs programme to transform community services is progressing to plan. Significant engagement with all parts of the PCT and joint work will be needed in the next weeks to be able to ensure we are able to present options to the board on how provider services will be able to supported within the PCT corporate infrastructure and have a robust approach to governance and financial management. Attention needs to be given to cost capability and capacity. We remain one overall organisation but need to recognise that being able to show contestability and business readiness will require planning and some level of change or systems and procedural adjustment in corporate as well as provider teams. Careful consideration by the steering group will be required to make sure this is achieved in a balanced and circumspect way.

A full review of project and directorate risks is to be undertaken by the year end.