

# **QUARTERLY REPORT: OPERATIONS DIRECTORATE**

**APRIL 2008**

## **1. INTRODUCTION**

This quarter has seen the departure of Louise Pritchard from her role as Director of Operations in the Provider Arm to a new role as Director of Performance and OD in the PCT. The Operations Directorate would like to take this opportunity to thank Louise for her hard work and commitment to Provider Services and we look forward to working closely with her in her new role.

Whilst the substantive post is recruited to interim cover has been agreed and Rosemary Cripps and Tessa Norris will be Joint Interim Directors of Operations as well as covering their substantive service director roles. It is envisaged that this position could be maintained for 3-4 months but it is recognised that with workload pressures it will not be sustainable longer than that.

## **2. CROSS DIRECTORATE ACTIVITIES**

### **2.1 PROVIDER SERVICES DEVELOPMENT PROGRAMME**

The Provider Services Development Programme is now nearing the end of the first module of work. For each of the 29 Service lines identified in the original PID, progress to date includes:

- Service review documents completed
- Commissioner feedback received
- Confirm and challenge (Gateway) meetings held
- SWOT analysis
- Development objectives identified

In addition, some services have asked users to complete satisfaction surveys and all GPs and Practice managers have been emailed "Survey Monkey" questionnaires in order to gain feedback on perceptions of services from general practice within BEN.

The Programme Working Team have had an away day to consider a SWOT analysis for the whole provider arm, and to consider the future requirements from support services of a move to greater separation between provider and commissioning within the PCT.

A Stakeholder Planning event and an away day for service leads is also planned, the outputs from which will feed into the Provider Services Development Strategy. It is planned that this document will go to the Programme Board in May and the PCT Board in June.

This process has been challenging and has required huge commitment from service leads, especially those with responsibility for more than one service line. However, we believe it will have assisted the Provider Arm to position itself well for demonstrating contestability to commissioners and will have increased the commissioners understanding of the services we offer.

## **2.2 FINANCIAL POSITION**

The Provider Arm has already achieved a 2.5 % cost efficiency target for the year in line with other Providers. The Provider arm was also requested to hold a 1% contingency. This sum is now able to be used rather than held as a contingency. In October it was agreed with the Director of Resources that we could commit up to £250,000 expenditure in the following:-

- Infection Control
- Health & Safety
- Wear and Tear
- Inter-dependency
- Privacy and Dignity

In line with overall BENPCT financial plans the Provider Arm was under spent by £2.5 million at year end.

## **2.3 DIRECTORATE BUSINESS PLAN REVIEW PROCESS**

A refresh of the Business Plans has been postponed until the Provider Development Programme has progressed through the Strategy development phase. The Business Plan can then be modelled on the Developmental Objectives for each service area.

## **2.4 BIRMINGHAM CITYWIDE SAFEGUARDING ADULTS ARRANGEMENTS**

A paper was submitted to the Integrated Governance and Performance Committee in March to update the members on CSCI Inspection of Birmingham City Council in relation to Independence, wellbeing and choice. The inspection in September had covered all client groups in respect of Safeguarding Adults. Issues that will need to be picked up are;

- Significant training issue within the provider arm.
- Recruitment to a BEN PCT Safeguarding Adults post with admin support. This will sit within the Professional Services Directorate but will link closely with provider arm staff.
- Development of information sharing policies in line with those for safeguarding children.

## **2.5 COMMUNITY PAS (COMMUNITY ACTIVITY SYSTEM)**

The implementation programme is progressing across the Specialist Nursing Services. Cancer and Rheumatology are now “live” and business planning work is in hand with CVD, Diabetes and Parkinson’s Disease. Business Planning is also underway for the former East Intermediate Care Community Team and the

timescales for the IC Beds services implementation are being aligned with the moves to the new Care Centres.

Double entry issues in District Nursing are being resolved because the contract for the Dudley Data Base is ending in Summer 08. The temporary Data Activity Clerks contracts have been extended until end of March 09.

These posts have inputted more than 45,000 data entries, clearing all backlogs, supporting current inputting and resolving data quality issues that have been identified across a number of services. The Community Support Services managers are leading a review of the impact of the Data clerk roll to inform ongoing directorate wide activity support requirements.

The standard reporting requirements are in place for all services and more work is being undertaken to refine reporting in line with the outcomes of the Provider Development Review Programme. All of these developments will ensure the Operations Directorate has more robust activity data to inform reference costs, facilitate cost benefit analyses of individual services and support business development overall.

The ICT Team continue to work closely with the Directorate on implementation and on updates to the next releases of the Lorenzo software. These will involve further training for all staff. There have been delays regionally. Currently no clear dates are set for the next stages, so the PAS system as yet still has no clinical functionality.

Further work is being developed with Information Services to monitor the overall range of data bases used, with a view to becoming smarter on the ranges of information counted.

At the same time more work is needed to reduce the numbers of different data bases and ICT software systems being used within the Directorate. The biggest challenges are still the lack of joined up systems with other partners in health care (GP Practices and Heart of England Foundation Trust) and social care (Adults and Communities and the Children and Families Directorates in Birmingham City Council).

## **2.6 NHS PROFESSIONALS (NHSP)**

One of the Interim Directors of Operations is liaising with a colleague in Worcestershire to gain an understanding of the work undertaken by NHSP and whether it would be an effective and beneficial service for BEN PCT Operations Directorate to use in the future.

## **3. CHILDREN AND FAMILIES**

### **3.1 Recruitment and Retention**

Recruitment to vacancies within the clinical teams continues to be a challenge. We failed to recruit to the fixed term posts in both Health Visiting and School Nursing and are exploring options for supporting teams under pressure due to sickness absence and vacancies. We have agreed to the transfer of caseloads with Solihull Care Trust and staff affected by the change have been successful in securing other vacant posts within the PCT. However, this has meant that Solihull now need to recruit as no staff transferred to them under TUPE. The impact of this is that neither Solihull or BEN

have capacity to cover the vacant caseloads and a phased plan of transfer, with recharging for activity undertaken by BEN staff, has been agreed with David Rosling from Solihull Care Trust.

We are also exploring the role and function of CPT's in both Health Visiting and School Nursing Services, and the potential for a corporate team co-ordinator role in the future

### **3.2 Brighter Futures for Children and Young People**

Following the publication of the Brighter Futures Strategy in November 2007 an inter-agency implementation steering group has been working to develop an implementation plan. The strategy identifies the outcomes that Birmingham Children and Young People's Partnership want to achieve. Waheed Saleem, Lead Commissioner for Children and Young People, is BEN PCT representative on the steering group. Tessa Norris, Service Director for Children and Families, meets monthly with Waheed in an effort to ensure the Provider Arm is engaged with the concepts and models used when planning new services.

### **3.3 Additional Clerical Staff for the Community Patient Administration System (PAS)**

The transfer of category 'A' clients from Health Visiting to School Nursing services has been a priority and this is now largely completed. The registration of new to country families is also a time pressure which we hope to address with the new posts. Mary Savory began an initial evaluation of the posts in January 08 and the results will contribute to the overall review of community admin and clerical support services within the provider arm.

### **3.4 Risk Registers**

All service areas have compiled risk registers which are reviewed quarterly and link to the Directorate Risk Register.

### **3.5 Health Visiting**

The review of the Health Visiting service is being progressed but has been halted down due to the provider service development programme as there is inevitable overlap. It is hoped to complete this piece of work within the next two months.

The Executive Nurse, Val Jones, has led three further Health Visiting Away Days to look at the development of a Balanced Score Card for services.

#### **3.5.1 Immunisations**

Immunisations – Capacity still remains an issue for the immunisation service at Partners in Health and alternative venues are being investigated with a view to running the sessions during the week.

Work is being done to ensure all Community Staff Nurses are competent to carry out domiciliary immunisations, also to use those Health Visitors who can immunise.

### **3.6 School Nursing**

The Skill mix continues to be reviewed in teams as opportunities have arisen

A review of the school nursing service was commence in the autumn but, as in the Health Visiting service, this has not been completed as it will be effected by the Provider Services Development Programme. However, Barbara Terry, Tessa Norris and Val Jones have met to look at opportunities for modernising the service. This may reflect the locality model being developed for District Nursing and Health Visiting.

We currently have no CPT in the school nursing service due to sickness absence of the one CPT we employ. This has been discussed and we have identified the funds for a second CPT post from within existing resources but unfortunately have been unable to recruit.

### **3.7 Children's Centres**

The meeting to explore shared accommodation for PCT staff in Children's Centres identified several issues which has prevented more teams moving into Children's centres as their bases. These issues include lack of space, infection control and cost. However, all teams continue to work closely with children's centres to provide appropriate services to meet client needs in an effective manner.

Phase 3 Children's Centres are now being identified and when they are in place there should be no one in the BEN PCT area who does not have access to a Children's Centre. This will require all HV teams to liaise with at least one children's centre in their patch and develop action plans to address the health needs of the local families.

All Extended Provision Clusters have had their Action Plans for 2008- 2009 agreed by the North East Area Planning group and they have been reviewed by the School Nursing Manger for links with the School Nursing Service

### **3.8 Urgent Care Centre (UCC)**

The Round Table meeting scheduled for March 08 has had to be pushed back to April due to availability of key players.

The Nurse Consultant for the UCC and her team contributed to the Healthcare Commission Emergency and Urgent Care Review. Gerry Peake was also invited to present a paper and facilitate a workshop at a conference for Non Medical Consultants in London.

The Urgent care Centre Team have been short listed in the Regional Health and Social Care Awards in the category of Adopt, Adapt and Improve. An award dinner is to be held on the 15<sup>th</sup> of April at the ICC.

The activity within the UCC continues to increase steadily with the monthly average now 73 patients seen daily.

### **3.9 Support Services**

The review of support services has been revised and a phased approach to the change management has been agreed. An initial paper will go to JNC in April 08 to address current staff working to a revised Band 3 job description. It is envisaged that 70%+ of the old band 2 and band 3 job descriptions will match which ensures staff can transfer across automatically but formal consultation will be progressed as necessary.

### **3.10 Amaanah Practice – Evening Consultation Event**

The Amaanah practice became a GMS Practice from 1<sup>st</sup> January 2008.

## **4. REHABILITATION SERVICES**

### **4.1 Intermediate Care**

Intermediate care will commence re-provision of its bed based service into the first Care Centre (Perry Trees) during July 08 which will coincide with the closure of the existing Intermediate Care beds at Sutton cottage hospital. The Second Care Centre at Sheldon Heath is on schedule to open mid to late October, at which time the remaining Intermediate Care beds at Grange Rd, Berwood Court and Hafod will close. Intermediate Care are working closely with Commissioning and Birmingham City Council to ensure a smooth transfer of services and discussions are ongoing with our partners in relation to the wider use of clinic and gym facilities on site.

The final stream of work is centred around day rehabilitation at the centres and a service model is emerging of how the service will look and operate.

Plans are available for a 3<sup>rd</sup> Care Centre based in Sutton Coldfield and discussions are commencing on usage of this building by the PCT.

#### **4.1.1 Redesign of Intermediate Care Service**

The third community team, the Central team, has located suitable premises in Castle Vale and plans are well underway for them to become operational in July. This development will reduce and ideally remove the current waiting list of 7-10 days for community rehabilitation programmes. The single access point for receipt of referrals will be based at Castle Vale administered by a team of duty officers which will release more clinical time and will be available from 8am – 8pm (Mon – Fri) and 8am – 4pm (Sat/Sun). This model will be evaluated to identify development opportunities for other services to use a single access point.

Recruitment of the first wave of multi skilled assistants for the community and bed based service is underway with wave two and three scheduled to commence shortly. The recruitment and learning and development team have developed an ambitious plan to facilitate training for this group of staff which aims to have all MSA's achieving level 3 NVQ by October 08.

Recruitment processes for nurses and AHP's has commenced also and the service plans a recruitment open day for all levels of staff in late April

#### **4.1.2 Intravenous Therapy (IV)**

The operational development group for IV therapy has been re-launched under the leadership of Helen Turner (PDU). The group is working towards streamlining the referral pathway and developing processes to ensure IV therapy becomes mainstreamed into community nursing services with a wider remit of treatment options in the longer term. In the shorter term Janet Knight (PDU) and Diane Millington (IC) have been identified as champions for IV therapy and are planning an update session for all current practitioners. A strategy is developing to ensure all those who have received training but have yet to achieve competence are facilitated to do so, once this is achieved the group will work towards further training for community nurses.

#### **4.1.3 Point Prevalence Audit**

A multi agency audit was carried out on November 29<sup>th</sup> 2007 and surveyed beds at Heartlands, Good Hope and Solihull hospitals; Avonside and Reservoir Court (BSMHT) and the Intermediate Care Beds to identify if people were in the appropriate beds at that point in time. The results are being analysed but a significant percentage of people were identified to be in the incorrect place.

Heartlands Hospital is holding a four day LEAN event on the 28<sup>th</sup> April to reflect on winter pressures and issues related to complex care and will use the information from the PPA. Intermediate care will be taking part along other services with the aim of reducing barriers and developing care pathways to reduce delayed transfers of care

#### **4.2 Mainstreaming of Reimbursement Grant**

The Intermediate Care Liaison Nurse and Registered Mental Health Nurse based on both the Heartlands and Good Hope Sites are now appointed to or are in the process of being appointed to.

The other schemes funded through the Reimbursement Grant are continuing following confirmation of continued funding for a further 12 months. These schemes primarily are centred on provision of interim beds and there usage is monitored closely to evaluate their effectiveness in meeting the delayed transfer of care targets.

#### **4.3 Stroke Services**

The Stakeholder Event was held April and was attended by representatives from Health, Social Care and the 3<sup>rd</sup> sector. Rehabilitation aspects of Stroke pathway was the main focus and a stroke pathway will be developed from the outcomes from the day within the next month.

A Stroke Planning Group is planned to take into account all of the 17 quality indicators as identified in the Stroke Services Framework from the Cardiac and Stroke Network

#### **4.4 Physiotherapy**

- The Orthopaedic Triage is now fully operational across the whole PCT area. HoEFT has stated that it cannot meet its 18 week target in Orthopaedics unless all the GPs use the Orthopaedic triage service. A commissioning group has been set up to look at developing a model of an Integrated Orthopaedic service across the health economy. It is envisaged that this will entail expansion of the

- existing staffing and of community Physiotherapy as referrals to both services will increase.
- The Pain management service has passed the commissioning gateway requirements. Recruitment of staff has commenced and once in post there will be a phased roll out of the service across the PCT. Representatives from the Institute for Innovation and Improvement reviewed the service on 12<sup>th</sup> February 2008. A low back pain study day for Physiotherapists and GPs took place on March 11<sup>th</sup> 2008.
  - The Community Physiotherapy service has now completed a review of their structure following integration including ensuring consistency of banding for comparable posts and a reorganisation of the administration and clerical services
  - Work is commencing with the Commissioners and HEFT to relocate the existing community physiotherapy contract undertaken by Good Hope to the Community Service.
  - The transfer of the private primary care contracts has all been absorbed and the extra staff required recruited.
  - The service has been experiencing significant estates issues in identifying enough community clinic space to meet all of the additional requirements. There is still a shortfall in Sutton Coldfield which has resulted in extension of waiting lists. Initiatives have been put into place e.g. fast track assessment to manage this Walmley clinic now provides evening clinics and all spare capacity at Castle Vale has been taken up.. Significant additional space will become available at Capilano Road when the new Primary Care facility opens in early 2008 and there will be some additional capacity at Stockland Green. An interim short- term solution is being explored at the Care Centre Perry Tree site in Perry Common. It is hoped that Sutton Cottage Hospital can be used to run out patient clinics for Physiotherapy, Orthopaedic Triage and Pain Management once the short stay unit moves to Perry Tree. However it is too early to know if this site could be considered for provision for some of the longer term solutions required for Community Physiotherapy.
  - The Community Physiotherapy service is planning to run a central booking pilot shortly. If successful, this will be rolled out across the whole of the service.
  - It is hoped to start the Occupational Physiotherapy pilot for BEN PCT staff shortly.
  - A Pulmonary Rehabilitation programme has been set up in the Kingstanding area with the Physiotherapy input being provided by secondary care

## **4.5 Occupational Therapy**

The Rebasing Exercise of this service based on Activity is starting in April 2008 in order to positively facilitate discussions with the other Birmingham PCT commissioners of future service delivery of this uni-professional city-wide team

## **4.6. Integrated Community Equipment Stores (ICES)/ Equipment loans Stores (ELS)**

The Service is still meeting the 7 day equipment delivery requirement. A user group has been formed and has had its initial meeting to review the equipment provided from within the service. The partnership group has reformed and will examine the future developments of ICES in relation to the Transforming Community Equipment Services (TCES) agenda.

## **5. LONG TERM CONDITIONS**

### **5.1 Adult Community Nursing Services**

#### **5.1.2 District Nursing / Assertive Case Management**

- The restructuring of the District Nursing teams to support the development of clinical leadership and continual professional development is underway. The DN managers are working closely with HR to resolve any issues that have occurred throughout the process.
- The role of the CPT to support the Professional Development Unit has been clarified and is explicit within the revised job description. The CPT's will play a vital role in supporting the professional development Unit in service review / redesign and clinical governance functions.
- The PCT End of Life strategy has identified and acknowledged the vital role the District Nursing service has played in support of developing the Gold Standards Framework model within the PCT. Many District Nurses have undertaken the role of facilitator within the Primary Care team and act as the coordinator of care for those patients at the End of Life. Further work streams are to be established to identify the workforce required to enhance current service provision and to identify the additional support required to build the capacity and capability of the current community nursing services to meet the ever growing complexity and dependency of the patients needs.
- The wound cares LES has been reviewed by the commissioners and the GPs have received confirmation of an increase in payment for the delivery of this service. The District Nursing service and the Urgent Care Centre currently deliver a wound care service to the practice population of 34 GP's who have opted out. The District Nursing service and the Urgent Care Centre currently receive, on average, an additional 135 referrals a week for wound care. A District Nurse wound care clinic at Sutton Cottage Hospital is planned to commence this month to offer a choice of venue and increase access to the current service provided. Further wound care clinics are being developed in

Saltley and Castle Vale. The current SLA with the provider directorate is to be reviewed and the revised SLA to be signed off by the end of April 2008.

- The StHA target detailing the number of ACM's to be in post has been achieved and we have remained fully established since November 2007. The caseload numbers continue to increase. Supported by the Advanced Nurse Practitioners, the ACMs have continued to develop the confidence and competence of the District Nursing teams to accept patients who have been 'stepped down' who require ongoing long term care management.
- The 7 day A and E service is fully developed across both HEFT sites and a Single Point of Access for ACM referrals has been established. An audit has been completed to identify the appropriateness of the referrals made to the ACM's whilst in A&E and to identify the outcome of the services interventions. A report will be available shortly detailing the findings and further recommendations of how to improve the current service provision.
- The ACM's and the District Nursing teams have remained proactive, flexible and responsive to the increase in requests to support acute bed pressures across the health economy by supporting patients in their own homes as an alternative to admission and facilitating early discharge from hospital.
- Further work has been completed regarding the development of competency frameworks for both qualified and unqualified staff and the contestability framework including the ratification of the programmes of care and the development of a balance score card for the District Nursing service. A record keeping audit is currently being completed and analysis of the results will support further service development and redesign.
- The District Nursing service, working with the Intermediate Care Service, continue to support the community IV therapy service and additional training programmes for staff are planned through out the year to continue to build the capacity and capability of the current core workforce.
- The service is fully involved in the further development of the Integrated Community Assistive Technology project (BOH 2) and has representation on each of the work streams developing the model of care.
- Commissioners have agreed to support the further development of telemedicine and specialist tissue viability clinics across the PCT. The District Nursing teams are undertaking further training and development to enhance their skills and knowledge.
- The DN service is working closely with the ASP practice based commissioning locality to define a DN service specification to meet the needs of the local population.
- Representatives from the ACM / DN teams have worked in partnership with CfH to integrate the current PAS and Dudley Database activity systems. Three months notice has been served to Dudley and from July 08 there will no longer be a requirement to double enter data on the two systems.

- The comfort boxes that are designed to support patients at the end of life have been piloted and a report detailing the findings and the roll out plan will be available shortly. There are also plans to pilot 'just in case' boxes that contain medication that may be required at short notice or out of hours to develop easy access to the most appropriate support. The pilot will commence shortly and will be rolled out across the PCT by the end of the year and will link with the Local area agreement message in a bottle project.

### **5.1.3 Continence**

The continence team have worked in partnership with the commissioners to develop a business case and operational plan for the development of a continence triage service. £50,000 has been invested in to the current service to support this development. The funding will be used to employ a full time Health Care Assistant to support the delivery of the service, mail shots to the local population and specialist equipment such as a bladder scanner.

Venues for clinics have been identified across the PCT and phase 1 of the roll out of the continence triage service will be within the Shard End, Sheldon and Stetchford locality and Bordesley Green, South Yardley and Acocks Green locality. Initially 1200 ladies between the age of 40 and 70 will receive an invite to attend the clinic if they are experiencing urinary concerns or difficulties. Phase 2 is planned to commence in October 08.

### **5.1.4 Community Health Care Co-ordinators**

- A business case has been submitted to manage the impact of the changes which is anticipated will lead to a significant increase in the workload of the team as more patients meet the criteria and receive on going care in their own homes and in the Nursing Home Sector. The business case also supported the further development of the team to enhance current PCT service provision of mental health services. Funding for 2 Mental Health Nurses has been requested to develop the capacity and capability of the team to undertake mental health assessments.
- The service is working with Commissioning to review the Nursing Home LES, and a strategy has been developed to roll out the LES via the PBC clusters from the current 9 to all 28 Nursing Homes. Expressions of interest have been received from an additional 11 General Practices and the service is supporting the selection process. The service also supports the ongoing monitoring of the service level agreements with the existing providers.
- The service is also working very closely with Commissioning over meeting Safeguarding Adult requirements in the Nursing Homes. BEN is working to a citywide BHWP agreement to address these needs. A BEN PCT Monitoring Quality in Nursing Homes steering group has been established and is chaired by the Deputy Director of Redesign and Commissioning. The Continuing Care Manager in her capacity as Lead Nurse completes 6 monthly assessments of nursing care in all the units (working alongside CSCI and Adults and Communities Contract managers) to ensure the PCT's responsibilities under the Funded Nursing Care regulations are met.

A risk stratification system for all homes is in place, for those homes where issues are identified, formal notification systems are in place with each home and action plans for improvement agreed.

## **5.2 Long Term Conditions Nursing Services**

### **5.2.1 COPD**

- A further part-time COPD community nurse post has been developed, from within the budget, to assist practices across the PCT with case screening, management of patients and spirometry training.
- A COPD Network Group has now been formed, chaired by Dr Richard Mendelsohn, to formalise working arrangements between HoEFT and the PCT, and develop initiatives to deal with the unmet need of the local population.
- An End of Life Working Group (COPD) has been developed linking the work of the hospices, Solihull PCT, BEN PCT and HoEFT. The work of this group will feed into the Collaborative Group, and will focus on pathways/GSF and clinical guidelines.
- Two Learning Time Initiatives have been scheduled for May to cascade the local and national developments of COPD in line with the forthcoming awaited NSF.

## **5.3 Nutrition and Dietetics**

- There have been some positive developments this quarter. A BCC funded post has now been recruited to for a Dietician to work with Residential Homes on nutrition policy development. The Nutrition Support Team will provide professional supervision for the post holder. The Obesity Consultant has been successful in securing funding to further develop the obesity prevention and management programme within the PCT.
- The staffing situation has worsened this month. All problems described in previous reports continue to apply, namely complex recruitment processes, lack of available locums, fixed term posts being less likely to attract applicants, lengthy waits for CRB clearance and all Trusts competing to recruit from a small professional pool. Staffing within the Nutrition support team is less than 50% of establishment. This is putting pressure on waiting times. A recovery plan has been agreed with the Service Director which includes recruiting above establishment for junior grades across the service.
- Paediatrics is also seeing an increased referral rate, which is partly due to HoEFT withdrawing a service from two child development centres. This is a tiny service with limited capacity so again waiting times are increasing.
- Bids for additional funding have been made to the 3 Birmingham PCT's through the LDP process but have not been agreed yet.
- 3 months additional funding for the maternal health project has been agreed while a full Gateway application is progressed.

#### **5.4 Podiatry**

- Re-banding the Admin & Clerical posts to the same level has further completed the service restructuring following the integration.
- The contract with B.Braun to provide re-processed instrument packs commenced on 1 April 2008.
- The service remains fully compliant with decontamination standards by using re-processed instruments for the mainstream service and disposable instruments for high-risk work such as nail surgery.

#### **5.5 Speech and Language Therapy (Adults)**

- The service is currently undergoing a period of service redesign to increase the amount of patient contact time available. A significant aspect of this shift is a planned increase in care provision through Assistant Practitioners. Discussions are currently ongoing regarding a joint project with the Stroke Association to increase the scope of Communication Support Organisers to encompass this type of work. This will be an innovative project not currently replicated in other parts of the country.
- The service is also changing the focus of its provision from home visiting to a clinic based service (where clinically appropriate). The service will continue to offer care closer to home for those who require it, but we are equally mindful of the need to be competitive

#### **5.6 John Taylor Hospice Services**

- Care Pathways are being developed by staff at JTH with support from the palliative care network. The Head of Palliative Care Services will be presenting this work at a National Conference in June.
- Building work has started on putting an atrium over the courtyard to enable the re-provision of day hospice services and improve facilities. Work on the second project, to redevelop the Chapel is also being planned. Both projects are the result of successful bids to the Department of Health.
- The hospice have recruited to the community team leader / deputy head of palliative care post and are now out to advert for the inpatient / day hospice deputy head post.

### **6. CONCLUSION**

This has been a busy and challenging time for the provider arm. The results of the service line reviews are now being collated and analysed and a provider arm strategy will be drafted and presented to the PCT Board in June. This is the priority area of work for the directorate and the Interim Directors for Operations are committed to keeping the momentum going and increase staff engagement with the process.