

QUARTERLY REPORT: **OPERATIONS DIRECTORATE**

July 2008

1. INTRODUCTION

The substantive Director of Provider Services post has not been recruited to and so the period of interim cover has been extended until the 1st of September with Rosemary Cripps and Tessa Norris remaining as Joint Interim Directors of Provider Services as well as covering their substantive service director roles. Discussions have been held with Sophia Christie regarding future options and the active recruitment to a substantive post holder is being progressed.

2. CROSS DIRECTORATE ACTIVITIES

2.1 PROVIDER SERVICES DEVELOPMENT

The Provider Services Development Strategy will be presented to the Board in July. This will then be used alongside the PCT World Class Commissioning Visioning and Values work to progress the formal separation of the Provider Arm. This is likely to be through soft or hard internal separation although full external separation has not yet been ruled out. A Provider Arm Committee has been established, as a sub committee of the PCT Board, and two key subgroups have been implemented to monitor Performance and Clinical Quality and Safety.

2.2 FINANCIAL POSITION

The Provider Arm has received its allocated start point budgets and the Interim Directors have signed off the Budget Book. The Provider Arm finance team will be working with all budget holders to sign off individual start point budgets by the end of June. Dates have been set for Budget Holder Training and Authorised Signatory Training for the current financial year. The Cost Improvement Programme measures have been agreed by the Provider Arm Committee

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 and reflect the PCT OD visioning work that is being carried out in July.

2.4 COMMUNITY PAS (COMMUNITY ACTIVITY SYSTEM)

An update training programme has been completed for all existing users (circa 650 staff) to incorporate changes in particular logging patients by Primary Care practice rather than individual GPs. Several of the specialist

nursing long term condition services have gone live in this quarter. Key work has been undertaken to improve data quality by removing duplicate referrals and ensuring contacts are assigned to the correct service. Error rates have been reduced such that in excess of 95% accuracy is now achieved in both areas. Next priorities will be to improve coding and ethnicity entry.

ICT are being asked to draw up their part of business contingency plans in the event of failure of the system and failure of the back up system which has occurred in this quarter. All individual services have contingencies in place. The provider arm faces both activity and clinical risks associated with system failures which will be mitigated by the development of these plans.

2.5 WORKFORCE AND NHS PROFESSIONALS (NHSP)

An initial meeting has been held with representatives from NHSP and the Human Resources Director will be leading on this piece of work for the PCT. The largest impact would be for Provider Services and we will work closely to ensure progress can be made. The Provider Arm continues to monitor spend on Bank and Agency staff and is committed to keeping this to a minimum whilst maintaining safe levels of staffing.

The Staff Survey Action Plan has been drafted and refined and we are now implementing the actions and monitoring the impact. Our aim is to improve the level of appraisals undertaken, ensuring PDPs and Objectives are agreed and that KSF outlines are developed for all roles within the directorate; address the issue of work related stress, harassment and bullying; increase the support available from line managers to “nip issues in the bud” and prevent escalation to formal processes where appropriate.

2.6 AWARDS

Submissions have been made to the HSJ awards under the following topics

- Childrens Centres partnership - Reducing Inequalities
- Immunisations at Partners in Health on Saturday's - Improving Patient Access
- MMR domiciliary immunisations - Clinical Service Redesign
- OGTT in Diabetes – Improving Patient Access

Nominations have also been submitted to the PCT Annual awards and 2 nominations made to the Institute for Innovation Unsung Heroes award.

2.7 CLINICS

The Dove Centre and the new Stockland Green Health Centre have both opened and staff from Health Visiting, School Nursing, District Nursing, Podiatry and Physiotherapy have moved offices and commenced delivering clinics in the new premises. Speech and Language Therapy (Adults) have relocated from Waterloo Road to Stockland Green placing them on the central spine in a significantly easier position to serve both BEN and HoB registrants.

The quality of the new premises – space, noise levels, and clinic room standards – is already being appreciated.

3. CHILDREN AND FAMILIES

3.1 Workforce

Some progress has been made with recruitment to the vacancies within the Health Visiting Service but we continue to have significant gaps in cover for long term sickness and maternity leave. Skill mix options are currently being explored with the development of new Corporate Team Co-ordinator and Senior Nursery Nurse roles.

A group from the PCT participated in a Children's Services workshop for PCTs undertaking the PUK development reviews and this has enabled us to compare ourselves with comparator PCTs and learn from one another.

3.2 Immunisations

Great progress has been made with the catch up programme for pre school immunisations for children registered with Dr Haider's Practice. This has resulted in over 70% of children receiving their vaccinations and only 60 children, from an original cohort of over 300, still waiting. Processes are in place to address the remainder of the backlog and actively manage those due in the future. This is thanks to the commitment of the "team" who have taken on the additional work under very difficult circumstances.

3.3 Urgent Care Centre (UCC)

The Urgent Care Centre Team was 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 15th of April at the ICC. The team did not win but were runners up. Congratulations.

The activity within the UCC continues to increase steadily with the monthly average now 74 patients seen daily, with the highest ever daily attendance of 106 patients one day in May.

4. REHABILITATION SERVICES

4.1 Intermediate Care

4.1 .1 Business Case Implementation

There has been a delay in Intermediate Care services occupying Perry Trees Care Centre due to finalising of the lease and operating framework. The planned occupation at the Perry Trees is now planned for the beginning of September with Sheldon being occupied at the beginning of October.

A Service delivery model for day rehabilitation is being finalised as are plans for the appropriate use of the clinic spaces at the care centres.

A recruitment drive for both the care centres and 3rd community team has been successful with the majority of the posts being filled. The IC service has worked with Education and Training and the Human resource Team to attract both qualified and unqualified staff. The latter includes providing an opportunity for people who have not had previous experience or knowledge of working in care settings to achieve their NVQ 3 qualification in Health & social Care whilst they are employed by the PCT.

4.1.2 Falls

The pilot project to develop referral pathways with GP's in the Kingstanding locality is progressing well and the service will be using the outcomes to determine the feasibility of mainstreaming the pathway across the PCT. As a waiting list initiative, the service is developing skilled assistants to complete baseline assessments and reviews with the knowledge base to signpost to other parts of the service as necessary

4.3 Stroke Services

A multi agency Stroke Services Planning group for the BEN has had an initial meeting to discuss the draft Stroke strategy. Subgroups were identified to look at specific parts of the pathway to develop the strategy and will report back to the planning group in July.

4.4 Physiotherapy

4.4.1 Community Physiotherapy

The Central Booking pilot has experienced delays due to operation issues with PAS but these are being dealt with by the PAS, Business Change and training teams. A revised start date has been set for the beginning of September.

The service is now operational from the Dove Centre and patients from Warren Farm and Stockland Green now being given choice of attending clinics there.

Multi-joint exercise groups are being piloted at Saltley Leisure Centre and if they evaluate well, additional sessions will be offered elsewhere in the PCT area.

The Staff Physiotherapy Pilot is now into its 5th week and has received very positive feedback from staff. This currently runs every Wednesday pm at Blakelands House and but as demand increases additional sessions will be considered.

4.4.2 Pain Management Service

The Multidisciplinary Pain Management Service for patients with chronic back pain is now available across the PCT. Recruitment of Physiotherapy, Psychology and support staff continues. The new Pain Management Programme for patients with high levels of psychosocial distress commences on 30th July 2008. Active for Life Pain Advice and Exercise Programmes

continue to be provided at 6 locations across the Trust. The Multidisciplinary Team has presented at the GP education sessions at Good Hope and Heartlands Hospitals.

4.4.3 Orthopaedic Triage

A multidisciplinary project team from BEN, HEFT and SCT are collaborating to develop an integrated model of outpatient orthopaedic care. Plans are in place to pilot the knee pathway in September 2008 (subject to the gateway process). In addition to delivering the 18 week target and traditional measures such as waiting time, quality indicators including patient satisfaction will be evaluated.

4.5 Occupational Therapy

The rebasing exercise for this service based on activity is continuing with initial meetings with PCT commissioners from HOB and SBPCT set for July

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

The ICES Partnership Group is analysing evidence with regard to the DoH proposed new model for these services to inform the future strategy

5. LONG TERM CONDITIONS

5.1 Adult Community Nursing Services

The Head of Long Term Conditions Rachel McCarty and the Head of Adult Community Nursing Lorraine Thomas have both gained promotions to other PCT Provider Arm services and will be leaving the PCT shortly. Recruitment is underway and arrangements are in hand to provide interim cover for these key leadership roles.

5.1.2 District Nursing / Assertive Case Management

Birmingham Own Health Phase 2 rollout. The ACM / DN Teams are piloting telehealth equipment in the ASP PBC locality from the beginning of August 08.

A specialist tissue viability clinic has been established at Walmley and further clinics are planned for Horrell Road and Castle Vale

Telemedicine. All DN Teams are undertaking training in readiness to implement the new TUM2 system. Expansion across the whole PCT will commence from September 08

The Dudley Data Base activity system ceased at end of June. All information is now collated on PAS resulting in significant efficiencies in stopping double entry.

5.1.4 Community Health Care Co-ordinators

The Nursing Home Local Enhanced Service has been tendered across the whole of BEN. To date 9 more practices have applied, if all are signed up this will extend coverage to 19 out of the 28 homes.

5.2 Long Term Conditions Nursing Services

5.2.1 COPD

The Service is working with Chronic Disease Systems Commissioning to complete a re-specification of the service.

The Kingstanding PBC pilot has been so successful it has been extended for a further 6 months. The Erdington PBC Cluster is now considering whether to adopt a similar approach.

5.3 Nutrition and Dietetics

The recruitment position has improved with successful appointments to junior qualified positions in both Primary Care and Nutrition Support services. However another Clinical Dietetic Specialist in obesity is leaving Birmingham and the Consultant Dietician is about to commence maternity leave.

BEN commissioners have committed some additional funding in paediatric dietetics subject to a further gateway review and HoB have matched the funding so additional capacity to meet doubling of demand over last three years has been identified.

BEN maternal health funding has also been agreed for a further 12 months subject to gateway process review.

5.5 John Taylor Hospice Services

Helen Karakas commenced as Deputy Head of Palliative Care inpatient and day patient services on 1st July. This brings the management team up to full strength for the first time since the end of 2006. A combination of restructuring, retirements and promotions has meant the team have been running with at least one or more managers not in post.

The atrium work is due for completion by end of August although no date is set as yet for commencement of the chapel reorganisation.

Preparatory work is underway with BEN Commissioning for the roll out of aspects of the End of Life Care strategy including the development of the allied health professionals work across all services and the expansion of the current Hospice at Home. The latter had been successfully piloted using Now Opportunities Funding but is too small to meet demand to provide ongoing service to BEN registrants in the JTH catchment area.

6. CONCLUSION

This has been a busy and challenging time for the provider arm. The results of the service line reviews have now been developed into a Strategy Document for the Board and decisions about the future of provider services can now be progressed. 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.