

QUARTERLY REPORT:
OPERATIONS DIRECTORATE
November 2008

1. INTRODUCTION

The PAC would like to thank Rosemary Cripps and Tessa Norris for their support, commitment and achievements as Joint Interim Directors of the Provider Services in the period until 1st September. Marie Moore has now joined the service as Interim Director of Operations and will be working with the PAC and the Senior Management team to deliver the next stages of the provider development work. We will continue to deliver business as usual whilst establishing the route and mechanisms to create a distinct and robust business within the PCT to provide services to world class standards which are contestable and will meet and evidence the outcomes required by World Class Commissioning.

2. CURRENT STATUS

The provider arm committee is meeting on a monthly basis and is chaired by Brendan O'Brien an existing non executive member of the main board. ToR and Membership has been established; however regular attendance has been low from PCT Corporate Directorates representatives and needs to improve. Work on degrees of freedom as part of the project to progress the provider split will help to clarify the powers delegated to the committee and those to be reserved by the main PCT Board. Facilitated sessions with board members to explore this before the next full board meeting will take place. A recommendation paper will be prepared and presented to the December board.

3. REPORTS PRESENTED TO THE PAC 31ST OCTOBER

3.1 Finance

- 3.1.1 The contents of the Finance Reports were noted
- 3.1.2 The projected forecast for 2008/9 was noted
- 3.1.3 The Provider Arm are predicting an under spend of £2.17M which is due to delays and difficulties in recruitment and slippage in new services sites being ready for live usage.
- 3.1.4 Work has been agreed with human resources to establish a focused recruitment campaign to attract the right staff to apply for our vacancies in Health Visiting and District Nursing.
- 3.1.5 Work identified to support the provider arm split will utilise a proportion of the current under spend in feasibility and preparation activities which should bring us back towards our control total.
- 3.1.6 Significant progress has been achieved in budget holder training and 100% of authorised signatories will be trained by the year end.

3.2 Clinical Quality and Safety Group

- 3.2.1 The group is established and meets monthly. Key progress includes:
- 3.2.1.1 A quarterly reporting framework has been established.
- 3.2.1.2 Quarter 2 report on SABs shows considerable progress in target and compliance being met, a 36% improvement over the last quarter.
- 3.2.1.3 The 4 C's – Complaints, Concerns, Comments and Compliments in current 6 months have been 14 in total. Of these 4 relate to clinical care and safety. (28%)
- 3.2.1.4 PALS annual figures for first 5 months of 2008/09 show 32 enquiries of which 5 come under the category of "Safe High Quality Co-ordinated Care". (14%)
- 3.2.1.5 Core Standards linking to the Q2 report on Core Standards Assurance delivered to integrated governance. Standards C20 & C21 around care environments, Operations have reached compliance, the insufficient assurance outcome relates to primary care and is being activity addressed as described in the report from the performance team.
- 3.2.2 Processes are being established to standardise:
- Service action plans against the Standards for Better Health baseline work that has been undertaken with each service
 - Service progress reports against the audit programme
 - Nice guidance implementation
- 3.2.3 Agreement has been reached on how the Infection Control Audits in the in patient units will be undertaken while there is no Infection Control Nurse in post
- 3.2.4 A subgroup led by Mark Cheshire and David Stenson is reviewing the incident reporting system as Quarter 2 analysis has highlighted a significant reduction in the number of incidents being reported across a number of services. This group will report back to the December meeting
- 3.2.5 A full report was delivered to the PAC and was duly noted.

3.3 Risk Management

- 3.3.1 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.

3.4 HR statistics

- 3.4.1 HR are developing a subset report for operations to mirror the statistics reported to the full board for the areas within our remit. Work on ESR to provide this data will be complete for late November.

3.5 Provider Arm Performance Group

3.5.1 The Provider Arm Service Activity Balanced 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. The first card scores were presented to the Provider Arm Committee in July and will be reviewed quarterly.

3.5.2.1 Community Patient Activity System

The roll out of PAS to remaining community services is being progressed and schedules take us into 2009 for completion. The remaining schedule includes parts of Intermediate Care, Rheumatology, and COPD.

3.5.2.2 PAS reporting has commenced for service heads which includes activity and ethnicity. Improvement plans to increase usage, timeliness and quality of input are being actioned.

3.5.2.3 Reports for directors are in development by Information Services.

3.5.2.4 Future plans are to review the PAS business processes for all services to ensure maximum consistency of usage and to reconsider how to meet the activity recording requirements of the Urgent Care Centre and the public health parts of Nutrition and Dietetics that originally could not be incorporated onto the PAS system.

3.5.3 Full performance reporting and balanced scorecard population has dependencies on Performance and OD, Connecting for Health as well as the Operations Directorate.

4 KEY OPERATIONS UPDATES

4.1 Children and Families

4.1.1 Health Visiting and School Nursing recruitment and retention

Early in October Marie Moore, Director of Operation held two consultation events with both health visitors and school nurses to explain how HOB's Recruitment and Retention premium is being applied and to listen to their concerns. These have been fed back in a communication cascade with a clear commitment to work with them to address the issues. The Working group has been established- named by the group as the Children's Services Steering Group.

- The first meeting was held on October 22nd and will continue to meet monthly
- Terms of reference have been drafted
- Membership includes representation from:
 - all bands in the health visiting and school nursing workforce
 - Professional Development Unit
 - HR
 - Connecting For Health Team
 - Operational Management
 - Maternity Services
- Subgroups and leads to cover the main work streams have been established and include:
 - Workload; workforce- roles and responsibilities; IT including PAS and new technologies; service user engagement; the new Child Health Promotion Programme; Corporate Working and support for the workforce. A number of these work streams will be supported by Val Jones and the PDU building on the redesign work "redressing the balance". The connecting for health team and HR are also actively engaged. Some aspects of this work will be supported by PUK.

- A key area of the work will be the development of a workload dependency tool which will be utilised inform resource allocation- this will strengthen the existing system which identifies workload but does not include a means of determining the resource requirements. This work stream will be supported by Val Jones.

Julie Cooper led a meeting to explore a range of possible HR responses to HOB's Recruitment and Retention premium including exploring the feasibility of rewarding team performance. HR support will also include a recruitment campaign, stream lining the processes involved when there are vacancies and staff want to increase hours or move within the PCT.

A full update has been given to the JNC on progress

4.2 Rehabilitation Directorate

4.2.1 Intermediate Care

Delays in commissioning of the new centres at Perry Trees and Sheldon due to finalising and testing the nurse call system have now resulted in a solution. With technical and procedural changes agreed we can move into the Centres during December. Planning to manage a dual move in the same month will need careful control and focused communication. The benefit of achieving the move before Christmas however, to be in situ before winter pressures are at their height, make this a desirable target and will contribute to us supporting discharges from the acute sector.

- 4.2.1.1 The scheduled closure of The Grange Elderly Persons Home by the city council coupled with the delayed moves detailed above will put additional pressure on the available beds position. Intermediate care are actively supporting patients in the community and are gearing to increase this support with recruitment of the third team now completed. Growing numbers of active community case management is assisting with management of the situation.

4.2.1.1 Physiotherapy

Has successfully implemented the central booking system 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. Physio services for staff have now been extended to offer sessions at Waterlinks House. Work has been commenced on improving the website for patients to publicise and improve access to the services available

4.2.1.2 Pain Management

Shortly a campaign will be launched to encourage and publicise the self care management approach. Posters, advertisements and radio slots are all lined up. 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 18week event in Manchester to share our experience.

4.3 Long Term Conditions

4.3.1 Highlights

4.3.1.1 Helen Turner (Head of Long Term Conditions Nursing) and Sandra Milbourne (Head of Adult Community Nursing) have both commenced in post.

4.3.1.2 The Community Health Care Co-ordinator Continuing Health Care Service moved from Operations Directorate to Commissioning and Redesign Directorate on 31st October.

4.3.1.3 Tele Health Equipment

The first 8 sets are now in use in patients homes. 7 more of the ACMs will be trained and able to use the equipment by the end of November 2008. Initially it is being used to support patients with COPD and Heart Failure.

4.3.1.4 Enteral Contract

The Head of Dietetics working with SSA Procurement has led the re-tendering. The new contract includes the company paying for an additional Clinical Specialist Dietician to lead the oversight of the contract within the 3 Birmingham PCTs.

4.3.1.5 John Taylor Hospice

The atrium has been completed. Day services have relocated and Day, In-patient and the new Lymphoedema services have benefited from the additional and more appropriately designed environments made available as a result of the national grant funding.

4.3.1.6 End of Life Care

The detailed work to recruit to the additional posts for roll out of the end of life care strategy has commenced. For John Taylor Hospice this is the development of the Multi Disciplinary Team and part of the Hospice at Home expansion. Adult Community Nursing are about to commence a pilot to trial the expansion of the District Nurse Primary Care Co-ordinator role. Initially this will be worked up by 2 teams one working in Sutton Coldfield with St Giles Hospice catchment and one in Erdington with John Taylor Hospice.

4.3.2 Risks

4.3.2.1 Recruitment issues in District Nursing and Nutrition and Dietetics.

District Nursing are working with the Professional Development Unit to look at particular needs around recruitment of qualified Band 6 District Nurses where BEN PCT's approach is different from neighbouring PCTs. In Dietetics the situation has continued to improve. All managers are in post and recruitment of junior staff has increased. The service is still struggling to maintain rapid expansion with new commissions in 2008 / 09 from all 3 Birmingham PCTs for Obesity, Diabetes, End of Life and Paediatrics. The particular issue is recruiting and retaining at Clinical Specialist Band 7 level.

4.3.2.2 Community Patient Activity System

The difficulties are maintaining consistent data entry on PAS particularly for District Nursing, Health Visiting, School Nursing and for ensuring data quality and consistency of the system with repeated down times and overall slowness. The system issues appear to be a mixture of the lack of capacity on current PCT servers, together with CfH issues beyond the control of the PCT. The data entry issues are being addressed by use of a central inputting team and as part of individual service redesigns following Stage One of the Provider Arm review.

5 Cross Directorate Activities

- 5.2** An outline plan and workstreams have been identified and documented to progress the development of the Provider Arm with input from PUK. Leads for each work stream have been agreed. The PAC have decided to establish a steering group with holistic PCT representation for the change programme to control the direction, manage risks, make decisions and influence where necessary to assure resource input and valid contribution are made by all parts of the PCT and that issues are resolved. This group will report to the PAC monthly and where scrutiny and oversight will be maintained.
- 5.3** A focused workshop facilitated by Vista has been held to mobilise efforts on the PUK module one redesign workstream. This is to assure that each service has its business basics in place, and is supported to achieve that. A structured fact based approach is being adopted which will take advantage of a common approach whilst allowing an element of tailoring for unique elements of service and to accommodate the differences multiple commissioners can create.
- 5.4** Early December a workshop to engage the commissioners and assure an agreed approach to finalising service specifications, establishing detailed SLAs for existing services and the route to developing enhanced redesigned services is agreed. This needs to meet WCC requirements whilst supporting the development of a robust business approach from the Provider Arm which ensures we are supporting our ability to deliver World Class Provision.
- 5.5** The work on Degrees of Freedom to be granted to the Provider Arm will progress in the next month. When this is clarified, more detail can be added to the plans and work stream direction as this will shape the end result we are planning towards. Either soft or hard separation. Clarity during this feasibility stage on the scope of tasks and activities to achieve the transition; and the structure and funding that will in turn require, will allow us to generate a full implementation plan and recommendations for approval by the full Board.
- 5.6** Performance and OD along with IT are supporting us to address systems access and response time issues with the PAS system
 - 5.6.1** Remote and portable access options are being researched
 - 5.6.2** Access via N3 coin from all sites used by community services are being checked
 - 5.6.3** Upgrades to critrix servers are being carried out by SSA IT
 - 5.6.4** If all these areas are addressed in tangent with improving coding and input major progress will have been achieved. If systems performance issues remain there will be clarity and leverage to influence CSC the CFH suppliers as all areas in our remit will have been addressed

Overall this quarter has been a challenging one for Operations. Significant change in Business as usual activities has been handled and many achievements are evident. Progress has been made in scoping redesign and provider split programmes of change.