

## HIGHLIGHTS OF COMMUNITY HEALTH SERVICES COMMITTEE September 2010

The CHS Committee sat on 2 August and 6 September 2010.

### Matters arising – DNA's - (Did not attend) – Q1 2010

A report outlining patients who did not attend appointments by service was presented. Follow up action to review the accuracy of the data and to agree approaches to significantly reduce DNA's were explored. The committee supported commencing benchmarking to identify good practice. The impact of DNA's and the ability to efficiently deliver service and meet contractual requirements were discussed. Increased focus on DNAs to control effective use of clinician's time was advocated. It was suggested efforts should be adopted such as the positive actions taken by Podiatry who had recently changed their methods and improved their results which was reflected in the data contained in the DNA report.

### Items for decision and approval –Additional dietetics post September 2010

The recommendation for an additional Dietician (band 6) to manage a 24% growth in workload associated with Home Enteral feeding funded from within existing resources was approved. The committee also recommended that contact was made with South Birmingham prior to any appointment to discuss whether it was prudent to appoint the successful candidate to the new organisation on the 1 December 2010 and avoid TUPE.

### CHS Risk Register

No new risks were identified in August 2010 and the committee approved the amendments to the following risks:-

2.5M financial risk reduced from 16 to 8 and removed from the corporate risk register, but maintained at directorate level

- as funding relating to vacancies only will be clawed back

Health visiting – further steps in place to mitigate the risk

- re-organisation of existing teams to create more resilience and weekly monitoring of sickness.

Fragmented IT infrastructure – residual risk reduced to 9

- Action plans in place throughout the entire pct to reduce the impact of the risk.

### CHS Risk Register - September 2010

A general discussion took place and since no new risks had been identified the committee approved the paper. The committee were pleased to note that the Health Visitor risk had reduced through offer being made to successful candidates and agreed that this should remain on the risk register until the additional people were actually in post.

### CHS Clinical Quality & Safety report and scorecard – August 2010

The scorecard was presented and the recommendation for the committee to approve and receive the information was approved. The committee explored and were assured of the systems and their governance being transferred to the new organisation and ongoing relevance to the services of intermediate care centres. The committee emphasised the need to use the strength of the CQC setting actions relating to the cleaning at the intermediate care centres to influence BCC cleaning contract to be delivered to the standards required.

### CHS Performance Group 2010/11 Quarter 1 Report

The report updated Community Health Services performance for Q1 2010/11. Key information e.g. financial performance against contract data was explained and it was highlighted where CHS should be focussing actions. Discussion covered:-

- last year's performance against the current year.
- that the performance and activity levels information against the contract previously requested by the committee had been addressed.
- agreement with the commissioners to add thresholds into the performance score card.

The committee discussed a number of areas in relation to outcome measures, the impact of the revised sickness policy and whether the PCT would charge for DNAs. It was confirmed that was not being considered.

The committee was advised that a Performance Notice regarding under performance on some of the data quality targets had been received by CHS on 2 September 2010 and that this was being addressed urgently. The committee enquired whether the notice as due to lack of mobile technology or poor clinical behaviours/errors. A mixture of system, process and clinical behaviours are all contributors. Mobile technology will certainly assist in improving both the timeliness and the accuracy of entry linked with home visits and the available time for clinicians to keep required electronic records.

A remedial actions plan is being worked up in readiness for a formal performance notice meeting with the commissioners and an update on progress will be presented to the committee in October 2010.

TCS progress verbal report from the CHS Transition Board – August 2010

An update on the TCS programme was delivered highlighting the progress, consultation process and how TUPE and management of change will safeguard staff.

TCS progress verbal report from CHS Transition Board – September 2010

A progress update including status of the financial and due diligence process were provided and discussed in detail. It was explained that significant effort was expended to meet deadlines and to respond to additional requests. Information has been supplied to Deloitte, Capsticks and South Birmingham as requested. In one aspect however we cannot yet release personal details of staff who are transferring. Information governance requires us to have explicit consent from staff to release personal details; this process has started, NHSBEN have supplied job titles, banding and headcounts so due diligence can continue. It was confirmed to the committee that NHSBEN are fully co-operating.

It was acknowledged that the Competition and Collaboration panel and the Department of Health Transaction Board would also be exploring the transfer in detail. It was recognised that any delay in the ongoing due diligence or review by the CCP could jeopardise the 1<sup>st</sup> December transfer date.

CHS Finance report

For August and September were presented and noted

Operational Management Group

The flash reports of the August and September 2010 OMG meeting were noted.

Strategic Workforce plans 2010 – 2015

The report submitted to committee in August 2010 for information and was noted.

Violence and Aggression Policy – noted

A.O.B – September 2010

The committee requested and were supplied with a full update on the services not transferring to South:-

<b>Urgent Care Centres</b>	Currently out to tender
<b>Equipment Loan Services</b>	Will stay with SSA Estates for the time being
<b>John Taylor Hospice</b>	Looking to develop a social enterprise – right to request in place. If not accepted by NHS BEN September Board the service will be put out to tender.
<b>Rheumatology &amp; Cancer Carers Service</b>	Will move to Heart of England Foundation Trust as from 1-12- 2010. No longer provided by CHS – the commission ended on 31 -8-2010.

Marie Moore  
 Director CHS  
 15 September 2010