

Provider Development Board

Meeting Date – 7 March 2007

Agenda Item: 6.3

Title: Provider Arm Performance Report
April 2006 to January 2007

Lead: Joe Gannon, Director of Primary Care

Summary:

This report provides an update on the performance of provider arm services, with available data to the end of January 2007.

In the 10 months to 31 January 2007 the provider services budgets are maintaining an overall underspend of £409,000.

As of February 2007, overall staff vacancies in the Provider Arm stand at 89.7 wte, 14.5% of establishment.

The number of VHIU's managed by the Community Matrons has increased to 98 from 50 since the last Performance report.

Recommendations:

The Provider Development Board is asked to note the Provider Arm Performance Report – April to January 2007

Westminster Primary Care Trust Provider Arm

Provider Arm Performance Report April 2006 to January 2007

1 Financial Update

1.1 Up to date Finance Position

In the 10 months to 31st January 2007 the provider services budgets are showing an overall underspend of £409,000. This represents a £52,000 favourable movement on last months position, and is mainly due to:

- Primary Care reserves utilised to fund prior-year LD and BCG invoices previously written-off.
- Incremental growth in underspends previously and additional recovery in income
- Significant adverse movements in month occurred in Therapies – break even reported in wheelchairs; and an SLA impairment in the WCS service.

The overall January 2007 (month 10) reported variances can be analysed (by locality/ service):

Queens Park & Paddington	£49,000 underspent
St John's Wood & Marylebone	£28,000 underspent
Soho & West End	£127,000 underspent
Victoria & Pimlico	£235,000 underspent
Therapy Services	£106,000 overspent
Westside Contraceptive Services	£76,000 underspent

The provider budgets – covered by the SLA with Westminster PCT – are reported underspent by £409k; materially as a result of the V&P, Soho & West End and WCS underspends. V&P (£235k) has significant staff savings across the Minor Treatment Centre, District and School Nursing. Soho and West End (£127k) consistent with reporting in previous months. WCS (£76k) favourable, as result of changes in clinical delivery, cost of the medical sessions and savings against budget for pharmacy.

Significant movements can be summarised as follows:

- Queens Park & Paddington – The key driver in the favourable movement (£48k) was the impact of the St Mary's BCG invoice write-off being funded from reserves a £33k benefit in month.
- Therapy Services – There was a £16k adverse movement in month; there were significant contra entries in the service during the month. The previously reported underspend (over £200k for the year) has now been treated as

break-even due to the work to reduce waiting lists and kit the service up. The favourable movement was a payment from reserves to cover the prior year LD write off (£113k).

- Westside Contraceptive Services – The factors that have been driving the underspend to date in year still exist however there was a significant adverse movement in the forecast position due to an impairment in the Kensington & Chelsea SLA value (£60k full year effect).

1.2 Bank/ Agency update

The total spend across all PCT staff groups in December 2006 was £226,955 and in January 2007 was £256,357. See *Appendix 2* for details.

2 Key Performance Indicators (HCC Targets)

2.1 Stop Smoking Service

The stop smoking service is on course to achieving the target for 2006/ 07 of 1870 4-week quitters. The total number of quitters as of 14 February 2007 was 1,600, which is 85.5% of the annual target.

Referrals into the service this year are extremely high – in Q3 last year there were 1055 referrals, compared to Q3 this year, where 1451 had been received. From 1 January 2007 to 14 February 2007 there were 1394 referrals to the service.

The service is currently in the process of organising No Smoking Day events. In January, a number of groups in various work places commenced, and an evening group was started at St Mary's Hospital - attendance is good. Staff-only support groups are also planned for St Marys, which will commence in the next 6 weeks.

To increase the number of pregnant quitters, the Stop Smoking service are working with the Antenatal clinic at St Mary's Hospital. The Hospital has a tobacco control steering group, one of the members sits in the PCT stop smoking steering group. This has enabled the PCT and St Mary's to work collaboratively in tobacco control; ie quitting, smoke free policy, and communications.

2.2 Very High Intensity Users

Currently the Community Matrons have a total caseload of 98 patients, primarily with COPD and Heart Failure. They are working towards increasing this with 2 or more new patient assessments weekly.

The PCT has a challenging annual target for identifying and managing 480 VHIUs in 2006/ 07. The provider arm has plans for identifying VHIUs using the following sources in addition to the current Community Matron caseload, in order to assist the PCT in meeting this target:

- Chelsea & Westminster Hospital and St Mary's identifying patients who have had one or more admissions for patients with COPD
- Elderly Care team at Chelsea & Westminster to work with CMs to identify patients who frequently attend the day care medical unit

- New COPD nurse to identify patients on long term oxygen therapy who would benefit from the CM programme
- CMs in Victoria to work with a residential home where a number of patients are VHIUs, to offer the CM approach to patients at the home

3 Organisational Metrics

3.1 Vacancy update

As of February 2007, overall staff vacancies in the Provider Arm stand at 89.7 wte, 14.5% of establishment, which is a slight increase from the last reporting period (13.9%). For a detailed breakdown of these figures, see *Appendix 3*.

3.2 Waiting times performance

Waiting times for all therapy services are provided in *Appendix 4*.

4 Clinical Governance

4.1 SUI's

No SUI's were reported in the period from August to January.

4.2 HCC Core Standards

The Provider Arm services remain compliant in all standards, excepting decontamination. An action plan for improvement has been agreed.

4.3 Risk Register

This report includes all the risks registered using the Trust's risk assessment tool and as defined in the Risk Management Strategy for the Provider Services – details appear at *Appendix 5*.

The Provider Board Risk Register includes risks that have been identified by directorates other than the Provider Arm, but where the directorate is contributing to the actions [e.g. see risk related to Key Skills Framework]

The Provider Development Board is asked to scrutinise the management of the objectives in order to assure itself that these are being dealt with appropriately.

Barry Emerson
Primary Care Business Manager
February 2007

Appendix 1 Provider Arm Finance Position – Month 10



Cost Centre Summary Report

Financial Year Ending : 2007
Period : JAN-07

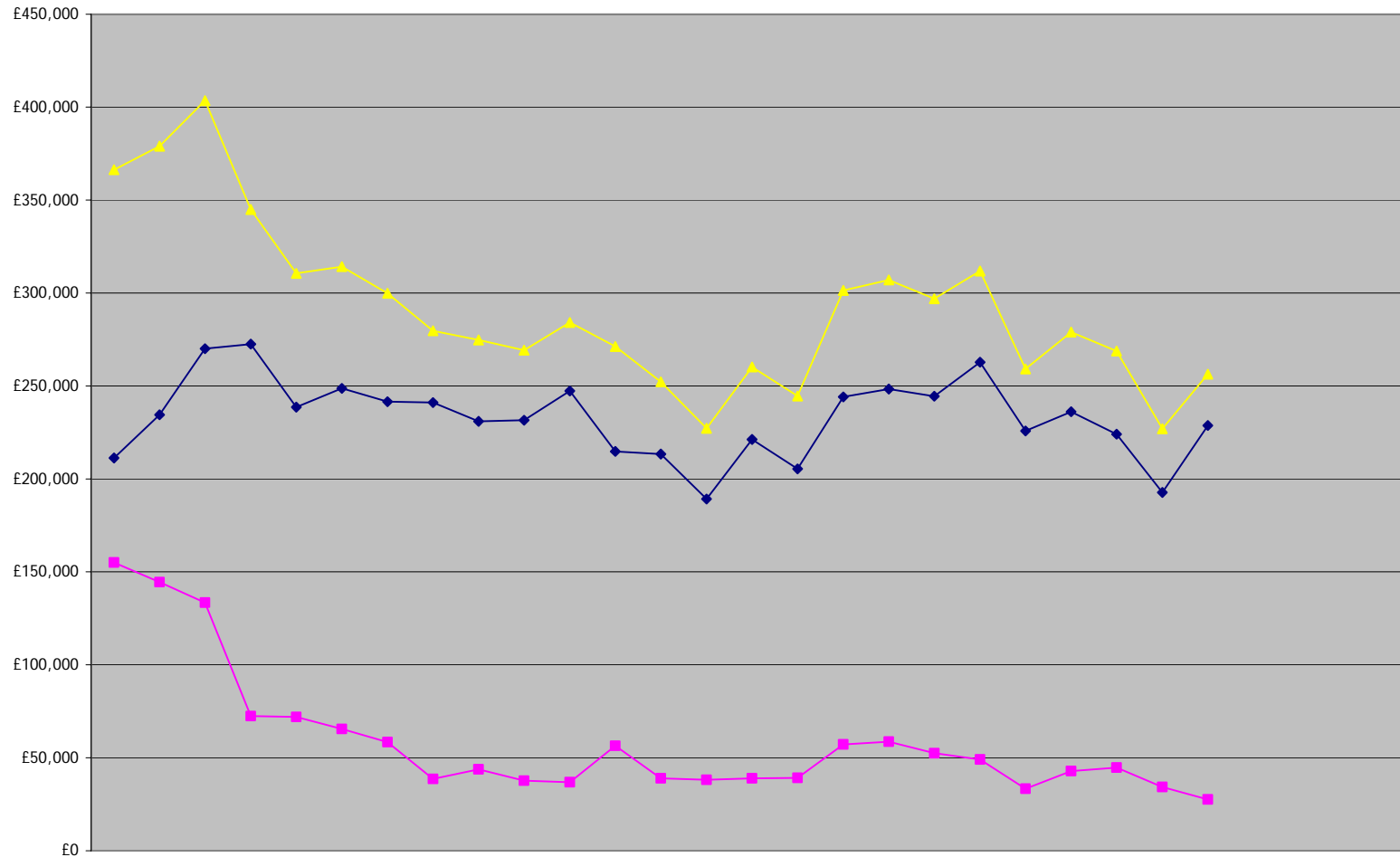
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Trust : 5LCN Westminster PCT
Cost Centre : 5LC300 Primary Care

Funded Wte	Contract Wte	Actual Wte	Description	Annual Budget £000s	Next Year Plan £000s	In Month			Year to Date		
						Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
117	87	78	5LC310 Padd/Queens Park Locality	4,071	3,846	369	321	-48	3,391	3,342	-49
121	87	77	5LC320 St John's/M'lebo Locality	3,805	3,844	317	297	-20	3,169	3,142	-28
73	48	41	5LC330 Soho/Westend Locality	1,900	1,301	158	115	-44	1,583	1,456	-127
	46	41	5LC340 Victoria/Pimlico Locality	3,417	3,456	285	281	-3	2,846	2,611	-235
	162	153	5LC350 Therapy Services	9,342	9,334	870	886	16	7,784	7,890	106
	38	47	5LC360 Westside Contracept Serv	768	772	64	111	47	640	564	-76
			5LC370 Primary Care Strategy								
			5LC380 Primary Care Central	150	-46	-109	-109		125	125	
311	467	437	Total :	23,453	22,507	1,954	1,903	-51	19,538	19,130	-409

Appendix 2 Match Healthcare Provision Cost to Westminster PCT 2005 to 2007



	Jan-05	Feb-05	Mar-05	Apr-05	May-05	Jun-05	Jul-05	Aug-05	Sep-05	Oct-05	Nov-05	Dec-05	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Jan-07	Feb-07	Mar-07	Apr-07	May-07	
◆ BANK COST	£211,3	£234,4	£270,0	£272,5	£238,6	£248,6	£241,5	£241,0	£230,9	£231,5	£247,2	£214,8	£213,3	£189,1	£221,2	£205,3	£244,1	£248,3	£244,5	£262,8	£225,8	£236,1	£224,0	£192,6	£228,7					
■ AGENCY COST	£155,0	£144,5	£133,4	£72,41	£71,95	£65,51	£58,40	£38,66	£43,82	£37,67	£36,89	£56,45	£38,92	£38,12	£38,93	£39,18	£57,19	£58,70	£52,46	£49,03	£33,31	£42,88	£44,76	£34,26	£27,56					
▲ TOTAL	£366,3	£379,0	£403,5	£344,9	£310,5	£314,2	£299,9	£279,7	£274,7	£269,2	£284,1	£271,3	£252,2	£227,2	£260,2	£244,5	£301,3	£307,0	£296,9	£311,8	£259,1	£279,0	£268,8	£226,9	£256,3					

Appendix 3 Provider Arm Vacancies (February 2007)

	Total Vacancies	Establishment W.T.E.	Vacancies % Est.	December Report
Community Services				
District Nursing service	9.9	84.7	11.6%	8.9
Health Visiting service	3.5	58.7	6.0%	3.1
School Nursing service	4.0	11.2	35.8%	4.0
Health Improvement Team	1.0	7.8	12.8%	1.0
Health Support Team	0.0	13.0	0.0%	1.0
Dietetic & Nutrition services	0.0	10.0	0.0%	0.0
Musculoskeletal Physiotherapy	4.6	17.6	26.1%	4.0
Podiatry	3.0	22.0	13.6%	3.0
Westminster Rehabilitation Service Nth	2.1	26.1	8.0%	2.1
Westminster Rehabilitation Service Sth	2.0	18.5	10.8%	0.0
Falls Service	0.0	5.5	0.0%	0.0
Speech & Language Therapy	1.0	25.9	3.9%	3.0
Wheelchair Services	7.0	11.0	63.6%	4.0
GPSI Services				
GPSI – Dermatology				
Westminster Diabetes Clinic	3.0	6.0	50.0%	3.0
Specialist Community Services				
Sure Start Church Street	0.0	4.1	0.0%	0.0
Sure Start Queens Park			#DIV/0!	
Case Management Team	0.0	4.0	0.0%	0.0
Rapid Response Service	1.0	13.0	7.7%	1.0
Homeless PMS	1	12.1	11.6%	1.4
Diagnostics services - Phlebotomy SWC	1	3	33.3%	1
Diagnostics services - Phlebotomy H@TS				
Stop Smoking service	0.0	5.5	0.0%	0.0
Milne House PMS Practice (<i>List Size</i>)				
Soho PMS Practice (<i>List Size</i>)				
Stoma Care	0.0	1.6	0.0%	0.0
Walk-in Centres - Soho	1	12	8.3%	
Walk-in Centres - SWC	3.4	4	85.0%	3.4
Community Children's services	1.0	14.3	7.0%	1.0
Westside Contraceptive Service	0	12.9	0.0%	0.98
Inpatient Bedded Services				
Continuing Care - Athlone House	8.0	57.8	13.9%	8.0
Continuing Care - Garside House	8.7	38.8	22.5%	7.0
Intermediate Care Service - Norton House	0	4.0	0.0%	0
Other Services				
FHS	7.5	32.2	23.2%	7.5
Advocacy & translation Services		13.0	0.0%	
Planned Services - 2006/07				
GPSI – Cardiology				
COPD Respiratory				
Admin & Clerical (Localities)	15.6	67.1	23.3%	15.0
Total	89.7	617.2	14.5%	83.4

Appendix 4 Provider Arm Waiting Times (February 2007)

Service	Waiting Time	Previous Report
Dietetics Service		
Average	4 weeks	3 weeks
Maximum	6 weeks	
Physiotherapy (Musculo-skeletal)		
Average	2 weeks	4 weeks
Maximum	4 weeks	
Podiatry Service		
Average	3 weeks	3 weeks
Maximum	5 weeks	
Musculoskeletal Podiatry New Patient	2 weeks	4 weeks
Speech and Language Therapy		
<i>Pre school</i>		
Average wait for assessment	14 weeks	20 weeks
Average wait for therapy	26 weeks	30 weeks
<i>School age</i>		
Average wait for assessment	40 weeks	40 weeks
Average wait for therapy	40 weeks	40 weeks
<i>Adult outpatient speech and language therapy service</i>		
Average waiting time	within 8 weeks	within 8 weeks
<i>Adult in-patient speech and language therapy service at St.Charles</i>		
Average waiting time	St Marys provide	St Marys provide
Westminster Rehabilitation Service		
Priority 1s seen within standards	24 hours	24 hours
Priority 2	South: 1 week beyond standards North: 2-3 weeks beyond standards	6 weeks
Priority 3	South: 1 week beyond standards North: 1 week beyond standards	
Priority 4	South: North:	
<i>(Standards are that clients prioritised as priority 2 should be seen within 7 days and priority 3 should be seen within 1 month)</i>		

Appendix 5 Provider Arm Risk Register

Please turn over.

Risk ID	Risk Type/ Category	Director	Date Opened	Objective	Description of Risk	Controls	Assurances	Gaps in Controls	Gaps in Assurances	Total Residual Risk Rating	Service Responsible	Date due	Monitoring	Outcomes
2	Clinical	Primary Care	01/04/2003	Medical devices management standard	Lack of management of maintenance equipment and standardisation of single models	Maintenance Contracts in place for some equipment Lead Nicoleta Economu - Business Manager Westside Contraceptive Services 50% GP practices have moved to disposables	Contracts Review of Contracts by Locality managers LES information Infection Control Audit of GP practices.	Too many different contracts.	Review Date - 31/12/2005	12	Primary Care	31-Mar-07	Nicoleta Economu	Contract negotiations in progress with Fola Omatunde as the lead. Discussed at Nursing/Locality Managers meeting. New actions: Review current evidence for risks [HA] Update Equipment lists comparing
6	Organisational	Primary Care	01/03/2003	Decontamination of re-useable medical devices standard	Criterion 3 and 4 lack of ability to demonstrate which instruments were used on a client nor the absence of audited cycles could leave the Trust open to poor practice	Benchtop autoclaves maintenance contract with K&C PCT Estates. Infection control audit. Movement of purchasing from reusable to disposables.	Infection Control Audits. K&C SLA	Marked equipment	One Monitoring contract	10	Primary Care	01-Mar-06	Review Date - 01/10/2005	Awaiting the outcome of the national decisions about super CSSDs
68	Organisational	Primary Care	28/07/2006	To provide a safe and secure environment to all staff and service users at SWC and BS	Ineffective CCTV	CCTV watched by reception. Records one camera at a time Estates contract for security advice Reviewed by Health and Safety Officer	Maintenance contract in place.	Faulty camera equipment and tape recorder Record system only records from one camera at a time Concern expressed by staff about their feelings of safety.	Real time recording record. Equipment working effectively 24 hours 7 days a week.	6	Primary Care	31-Mar-07	Helen Demoli	Replacement of monitor at BSC and Tape recorder at SWC.
69	Organisational	Primary Care	28/07/2006	To provide a safe and secure environment to all staff and service users at SWC and BS	In leaving the side door [Fire Escape Route] open and unattended after 5:30 pm. Compromises the security of staff and to the building.	Fire door	None	Arrangements with Estates to put the door on an auto release mechanism in progress. People can enter and leave without being observed. Equipment has been stolen from one department.	Mechanism to look the side door after 5:30 that does not hinder the Fire Safety system.	9	Primary Care	31-Mar-07	Helen Demoli	To prevent unauthorised entry to the building and to maintain the Fire safety system.

Risk ID	Risk Type/ Category	Director	Date Opened	Objective	Description of Risk	Controls	Assurances	Gaps in Controls	Gaps in Assurances	Total Residual Risk Rating	Service Responsible	Date due	Monitoring	Outcomes
70	Organisational	Public Health	17/08/2006	A nurse-led home visiting team service should be set up using community nursing services, and should use the "Hospital Referral, Admission and discharge Guidelines.	Discussed the possibility of setting up services to support flu victims in their own homes who do not have relatives to support them; have not yet discussed possibility of setting up home visiting teams to provide clinical assessment and/or of flu treatment	Pandemic Flu checklist Manager identified to lead this work Report to Westminster Influenza Pandemic Comm. Report to Management Team Report to Board Report to London Flu Pandemic Planning Committee	Pandemic Flu checklist named Trust Lead in place Emergency Plan Management Team meeting minutes Board minutes	Process to set up home visiting teams to provide clinical assessment in pandemic phase	None	16	Primary Care - lead on planning this service	31-Mar-07	Margaret Guy (Westminster Influenza Pandemic Coordinator)	To manage effectively an outbreak of pandemic flu within the Westminster environs
71	Organisational	Public Health	17/08/2006	To plan for distribution of Tamiflu in the event of a flu pandemic	This forms part of the Westminster Influenza Pandemic Plan, the latest draft of which identifies the need to develop plans to distribute Tamiflu, but highlights the need for further work to enable this to happen.	Pandemic Flu checklist Manager identified to lead this work Report to Westminster Influenza Pandemic Comm. Report to Management Team Report to Board Report to London Flu Pandemic Planning Committee	Flu Pandemic Plan Pandemic Flu checklist Manager identified to lead this work of Flu Pandemic Committee Management Team meeting minutes Board minutes	None	None	16	Primary Care - lead on planning this service	31-Mar-07	Margaret Guy (Westminster Influenza Pandemic Coordinator)	To manage effectively an outbreak of pandemic flu within the Westminster environs
72	Organisational	Primary Care	17/08/2006	To decontaminate podiatric equipment in health centres and clinics to meet the minimum standard	If the reservoirs on the benchtop autoclaves are not drained down each day and filled with fresh sterile water then the equipment may be contaminated with bacteria [legionella] and other water borne bacteria.	Authorised person contracted quarterly maintenance contract ICT training on decontamination Infection Control Committee Decontamination Policy	Authorised person reports remedial work 100% Podiatrists trained in decontamination Infection Control Committee Reports Decontamination Policy Re-charge form signed end of December for remedial works.	No printer on 11 of 13 autoclaves Unable to drain 13 autoclaves into a sink. Authorised persons evidence of not meeting HTM 2010	None	16	Primary Care	31-Mar-07	Mark Brogan	Adapt all autoclaves to provide them with a drainage extension to meet the requirement of HTM 2010 to drain the reservoir daily.

Risk ID	Risk Type/ Category	Director	Date Opened	Objective	Description of Risk	Controls	Assurances	Gaps in Controls	Gaps in Assurances	Total Residual Risk Rating	Service Responsible	Date due	Monitoring	Outcomes
73	Clinical	Service Development	01/11/2005	4 Maida Vale	If low uptake of intermediate diabetes service would mean the PCT would not have ensured value for money. It would still pay money to Acute Trusts under the PbR regime.	Guidelines agreed by all professionals involved in delivering diabetes care and being implemented which clearly set out where people with diabetes should receive each element of their care and criteria for referring on to secondary care. Mechanisms in place to monitor adherence to agreed guidelines [through Prowellness]. Tariffs agreed for elements of care provided at 4 Maida Vale [set at value that encourages appropriate use].	Adherence to guidelines monitored and reported to Diabetes NSF Implementation Group. Monitoring reports.	Service model not supporting delivery of agreed care pathway. Existing guidelines not sufficiently detailed to support delivery of care pathway.	None	16	Public Health Service Development Primary Care	31-Mar-07	Margaret Guy	For all people with diabetes to be receiving all elements of their care in the most appropriate way.
74	Clinical	Primary Care	17/10/2006	To have the safe transfer of immunisation data from ICIS / CIS to Rio	If the data migration to Rio does not work [particularly from ICIS] there is a risk that we will lose the immunisation history of children born 2001 to the present. If the immunisation history is lost then children may have incomplete history and we will be unable to verify whether they have received their immunisations. If the system doesn't cleanse properly then there will be approx. 5,000 records to enter.	Data migration strategy Discussions with neighbouring PCT re their issues with Rio and ICIS Discussions with BT re the system Discussion with neighbouring Trust re immunisation data for transfer. Childhood Immunisation Group in place.	issues log of Rio Project. Risk Register of Rio project. Minutes on issues log and Risk Register of RIO project. Minutes of Childhood Immunisations group.	Detail process mapping Resources as a contingency for re-entering all the missing data.	None	16	Public Health and Primary Care	31-Dec-06	Judith Barlow and Margaret Guy	Safe transfer of Immunisation data from ICIS and CIS to Rio.

Risk ID	Risk Type/ Category	Director	Date Opened	Objective	Description of Risk	Controls	Assurances	Gaps in Controls	Gaps in Assurances	Total Residual Risk Rating	Service Responsible	Date due	Monitoring	Outcomes
76	Clinical	Primary Care	25/10/2006	For a complete service history for the wheelchair service fleet to be transferred from the previous maintenance and repair contractor (Serco) to the current (Synergy) maintenance and repair contractor.	<p>If individual Indoor Powered Wheelchair control box settings are not known, the contractor (Synergy) may replace existing control boxes during the course of a repair.</p> <p>If the repairer programmes the Manufacturers default setting as opposed to the individual setting recommended by the Rehabilitation Engineer, Service Users will be at risk of losing control of the wheelchair potentially resulting in injury to themselves or others.</p>	<p>Formal request for this information being made to previous (Serco) and current provider (Synergy).</p> <p>All new provision and resultant control box setting and all reprogramming of existing control boxes will be documented and be held by the Wheelchair Service and Rehabilitation Engineers.</p>	None	<p>Some control boxes settings will not be found using appropriate software dependent upon the type of fault with the control box. It will take considerable time for the wheelchair service to build adequate records of control box settings for all Electrically Powered Indoor Wheelchair (EPIC) users.</p>	<p>Repairers might not follow protocol and have no knowledge of the service users abilities and functional status.</p> <p>Contractor to be instructed to use adequate software for checking control box programming before tampering with the settings.</p> <p>Contractor to also liaise with the wheelchair service to check control box settings if not known and if settings cannot be ascertained during call out.</p>	12	Primary Care	24-Nov-06	Tanya Syred & Louise Maile	Contractor aware of all control box settings appropriate to the Service User at the time of conducting any repairs to control boxes
77	Clinical	Primary Care	25/10 2006	To provide care in a safe environment	<p>Water is seeping into the walls on the ground floor and lower ground floor at UMS. Due to a leak from a re-routed waste pipe.</p> <p>If the landlords do not respond in a timely fashion then services are compromised.</p>	<p>Volume of letters, email and telephone calls made to request Health and Safety Assessment [>6 months]</p> <p>Health and safety assessment by landlord.</p> <p>Services moved to an alternative set of rooms.</p>	None	Lack of responsive H&S officer at the Landlords.	<p>Awaiting Health and Safety Report.</p> <p>Letter from Director being prepared to go to Landlords due to the longevity of sorting out this H&S issue.</p>	6	Primary Care	31/11/2006	Bhanu Patel	Cause of problem repaired and the walls made good.

Risk ID	Risk Type/ Category	Director	Date Opened	Objective	Description of Risk	Controls	Assurances	Gaps in Controls	Gaps in Assurances	Total Residual Risk Rating	Service Responsible	Date due	Monitoring	Outcomes
78	Clinical	Primary Care	25/10/2006	To immunise 70% of >65 population in Westminster against influenza	If the manufacturers are unable to deliver sufficient vaccines the practices will not be able to vaccinate the clients in a timely fashion. If the clients are not vaccinated WPCT may not reach expected targets.	Flu Project Lead in Post. Orders for 5000 contingency supplies was placed in July 2006. Project plan in place. Flu Taskforce	Flu taskforce minutes Order confirmation Project plan Monitoring table that records where vaccine supply is within WPCT environs	Some concern that the provider will not meet promised supply. Vaccines supply to GPs have been staggered by the providers, main delivery in early to mid December [National problem]	None	12	Primary Care	31-Jan-07	Tim Hodgson	Meet HPA recommended immunisation targets.
79	Clinical	Primary Care	25/10/2006	To reduce the needlestick injuries in Soho Centre for Health	The public and staff are at risk of receiving a needlestick injury from equipment left by drug users using the toilets at Soho Health and Care Centre	Sharps bin in the toilet Incident forms completed.	None	To implement CNWL recommendations - cost covered by DAAT - begun 11 September 2006	None	9	Primary care	30-Nov-06	Bhanu Patel; Marina Tempia	Safer environment
87	Clinical	Primary Care	07/12/2006	Compliance with Hazardous Waste Regulations 2005	Non-compliance with new legislation with regards to correct segregation, storage and transport may result in financial loss and damage to public image. Non compliance constitutes a health and safety risk to staff, visitors and patients.	Correct segregation of waste is part of PCT induction, refresher and other ICT training opportunities. Healthcare Policy Waste group is in place to develop new guidance for staff.	Audit Report - August 2006 from Catalyst Waste Solutions.	Clinical waste policy needs reviewing No dedicated waste manager. Training of all PCT staff	Audit of waste disposal.	16	Primary Care	TBC	TBC	Safe disposal of waste