

Provider Development Board

Meeting Date – 2 May 2007

Agenda Item: 5.1

Title: Provider Arm Performance Report – April 2006 to March 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 March 2007.

There is no month-end finance report available, as the Finance Department preparing the Trust year-end position. In terms of the provider position there is no expectation of any material unfavourable movements in month 12. A detailed report on the Provider year-end position will be circulated to the Provider Development Board for information when the 2007/07 financial year is closed.

As of April 2007, overall staff vacancies in the Provider Arm stand at 73.6 wte, 12 % of establishment.

The Stop Smoking Service finished the 2006/ 07 year with 2144 four-week quitters recorded – 115% of target it's target of 1870.

Increased activity and better data collection has led to an increase from 98 to 331 Very High Intensity Users (VHIUs) being managed across the various disciplines within the provider arm.

Recommendations:

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

**Westminster Primary Care Trust
Provider Arm**

**Provider Arm Performance Report
April 2006 to March 2007**

1 Financial Update

1.1 Up to date Finance Position

The Finance Department are busy preparing the Trust year-end position as a result there is no month-end report available at this stage of the month – ledger changes are currently being made to take account of all appropriate accruals.

In terms of the provider position there is no expectation of any material unfavourable movements in month 12.

A detailed report on the Provider year-end position will be circulated to the Provider Development Board for information when the 2007/07 financial year is closed.

1.2 Bank/ Agency update

The total spend across all PCT staff groups in February 2007 was £236,809, down from £256,300 in January. See *Appendix 1* for details.

2 Key Performance Indicators (HCC Targets)

2.1 Stop Smoking Service

The 2006/ 07 year has now come to an end and the service is still confirming quitters from quarter 4, however, to date there are 2144 four-week quitters recorded. The 2006/07 target was 1870 four-week quitters, which amounts to 115% of target. The target for 2007/08 is at 1930 4-week quitters.

From 1 April 2006 to 31 March 2007 the service received 6251 referrals. This was considerably higher than 2005/06, where the service received 4837 referrals. The service received just over 100 referrals on No Smoking Day, which was held on 14 March 2007, that were mainly from local health promotion events.

The No Smoking ban in public places commences on 1 July 2007. In preparation for the ban, the service has provided training to additional health care professionals – including pharmacists, district nurses and health visitors – to cope with anticipated demand. To-date there are 27 Boots the Chemist stores and 41 Independent Pharmacies providing stop smoking support. The service has now trained over 100 Boots Pharmacists and over 55 Independent Pharmacists. The service has also trained 25 CNWL Mental Health Trust staff at level one and level two.

At present the service runs six support groups within local businesses that commenced in April 2007, including:

- Madame Tussauds
- English National Ballet
- Woolworths Headquarters
- Visa Europe
- Sofitel Hotel
- Four Seasons Hotel

The service is working closely with Westminster City Council and Smokefree London to ensure local businesses are supported in the up-coming ban.

There is an evening community support group at St Marys Hospital that takes place on alternate Tuesdays and Thursdays for a 6-week period.

2.2 Very High Intensity Users

In order to assist the Trust in meeting its annual target for identifying and managing VHUIs, the caseloads from the Community Matrons, HAFOPs, COPD nurses, Heart Failure nurses and Children Nurses have been combined, giving a total caseload of 331 VHUIs.

The Community Matrons received 98 referrals in 2006/ 07. There is a plan to evaluate the impact of the Case Management service in September 2007, taking the start date of August 2006, as this is when all staff had completed their training, and the service became fully operational. The review will look at the admissions of patients 6 months before and 6 months after they have received treatment in the case management programme.

The PCT is establishing a Long Term Conditions (LTC) Clinical Steering group to improve the care pathway for patients with LTC and aid in the identification of patients. The work of the DN teams is currently under review, and it is intended to include working with patients with LTCs as a key objective of the service.

2.3 Vacancy update

As of April 2007, overall staff vacancies in the Provider Arm stand at 73.6 wte, 12 % of establishment, which is a decrease from the last reporting period (14.5%). For a detailed breakdown of these figures, see *Appendix 2*.

2.4 Waiting times performance

Waiting times for all therapy services are provided in *Appendix 3*. There has been an increase in the waiting times for assessment and treatment in the Speech and Language Therapy Pre-school service.

3 Clinical Governance

3.1 SUI's

No SUI's were reported in the period from August 2006 to March 2007.

3.2 HCC Core Standards

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

3.3 Risk Register

This report includes all risks with a rating of 9 and above 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]

This report was reviewed by the Audit Committee on 12 April 2007. Item 2 received special attention with the Committee requesting that updating the details on the equipment logs be expedited with greater attention being paid to completion of the task. Improvements to the podiatric autoclave equipments planned for mid April were noted.

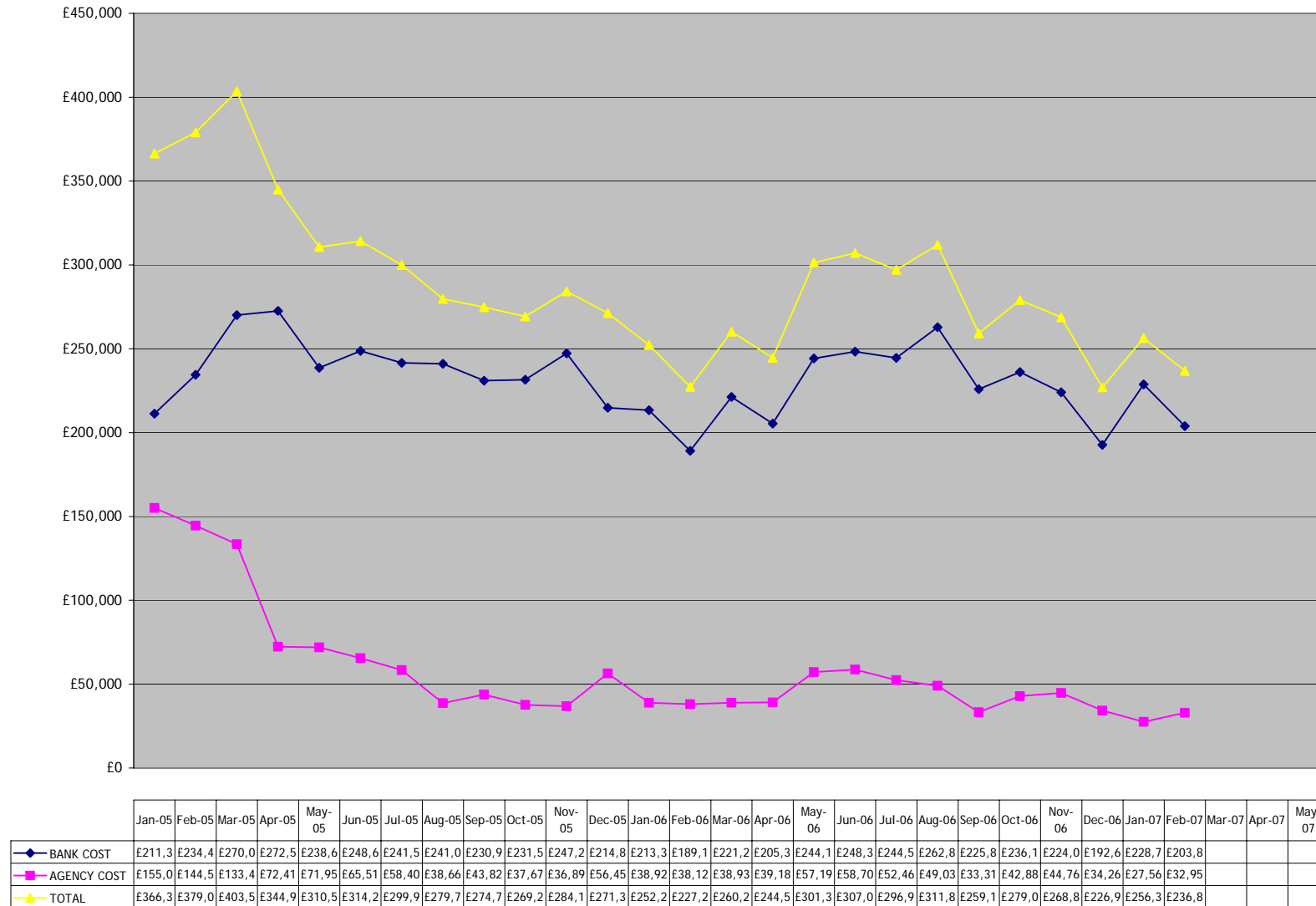
The Provider Development Board is asked to scrutinise the management of the objectives in order to assure itself that these are being dealt with appropriately.

4 Provider Staff Newsletter

As part of ongoing efforts to communicate more effectively with Provider staff a new Provider Newsletter has been produced, for distribution with the Trust Brief. The aim is to provide a clinically focused and lively update for all staff in the community. The newsletter is being edited by Meredith Gamble, and any suggestions or requests for inclusion should be directed to her.

Barry Emerson
Primary Care Business Manager
April 2007

Appendix 1 Match Healthcare Provision Cost to Westminster PCT 2005 to 2007



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Appendix 2 Provider Arm Vacancies (April 2007)

	Total Vacancies	Establishment W.T.E.	Vacancies % Est.	December Report
Community Services				
District Nursing service	7.9	87.7	9.0%	9.9
Health Visiting service	1.0	58.7	1.7%	3.5
School Nursing service	5.0	12.9	38.9%	4.0
Health Improvement Team	1.0	7.8	12.8%	1.0
Health Support Team	0.0	13.0	0.0%	0.0
Dietetic & Nutrition services	0.0	10.0	0.0%	0.0
Musculoskeletal Physiotherapy	3.1	17.7	17.6%	4.6
Podiatry	3.0	21.6	13.9%	3.0
Westminster Rehabilitation Service Nth	3.1	26.6	11.7%	2.1
Westminster Rehabilitation Service Sth	1.5	18.5	8.1%	2.0
Falls Service	1.0	5.5	18.2%	0.0
Speech & Language Therapy	1.0	25.9	3.9%	1.0
Wheelchair Services	7.0	11.0	63.6%	7.0
GPSI Services				
GPSI – Dermatology				
Westminster Diabetes Clinic	3.0	6.0	50.0%	3.0
Specialist Community Services				
Sure Start Church Street	0.0	3.6	0.0%	0.0
Sure Start Queens Park	0.0	0.5	0.0%	
Case Management Team	0.0	4.0	0.0%	0.0
Rapid Response Service	1.5	13.0	11.5%	1.0
Homeless PMS	0.0	12.1	0.0%	1.4
Diagnostics services - Phlebotomy SWC	1.0	2.0	50.0%	1.0
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	0.6	0.6	100.0%	0.0
Walk-in Centres - Soho	0.0	13.0	0.0%	1.0
Walk-in Centres - SWC	3.4	4.0	85.0%	3.4
Community Children's services	1.0	14.3	7.0%	1.0
Westside Contraceptive Service	3	28.9	10.4%	0.0
Inpatient Bedded Services				
Continuing Care - Athlone House	5.2	59.0	8.8%	8.0
Continuing Care - Garside House	9.2	39.0	23.5%	8.7
Intermediate Care Service - Norton House	0.0	4.0	0.0%	0.0
Other Services				
Advocacy & translation Services	1.0	13.4	7.5%	7.5
Planned Services - 2006/07				
GPSI – Cardiology				
COPD Respiratory				
Admin & Clerical (Localities)	10.2	72.1	14.2%	15.6
Total	73.6	611.7	12.0%	83.4

Appendix 3 Provider Arm Waiting Times (April 2007)

Service	Waiting Time	Previous Report
Dietetics Service		
Average	4 weeks	4 weeks
Maximum	6 weeks	6 weeks
Physiotherapy (Musculo-skeletal)		
Average	2 weeks	2 weeks
Maximum	4 weeks	4 weeks
Podiatry Service		
Average	3 weeks	3 weeks
Maximum	5 weeks	5 weeks
Musculoskeletal Podiatry New Patient	2 weeks	2 weeks
Speech and Language Therapy		
<i>Pre school</i>		
Average wait for assessment	20weeks	14 weeks
Average wait for therapy	30 weeks	26 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	1 week 2-3 weeks
Priority 3	South: 1 week beyond standards North: 1 week beyond standards	1 week 1 week
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 4 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	Risk Source
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. 70% 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. Updating equipment logs due by 14 March 2007.	Completed Equipment Logs	12	Primary Care	31-Mar-07	Nicoleta Economu	Safe and effective commissioning, servicing and maintenance of equipment.	Healthcare Standards C4c
6	Organisational	Primary Care	01/03/2003	Decontamination of re-useable medical devices standard	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	31-Mar-07	Chris Morgan	Awaiting the outcome of the national decisions about super CSSDs - two companies in tendering round.	Action plan to meet Decontamination Standard, Standards for Better Health.
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.	Risk report submitted by Helen Demoli
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 lock 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 report submitted by Helen Demoli
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	Pandemic Flu Assessment Checklist

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	Risk Source
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 re remedial work 100% Podiatrists trained in decontamination Infection Control Committee Reports Decontamination Policy Re-charge form signed end of December for remedial works, still awaiting completion of work.	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 report submitted by Mark Brogan
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	None	12	Public Health and Primary Care	31-Jul-07	Judith Barlow and Margaret Guy	Safe transfer of Immunisation data from ICIS and CIS to Rio. Due date reviewed and amended to 31 Jul 07 due to RiO programme delay - now expected June Go live date.	Risk proforma from Judith Barlow on behalf of the Childhood Immunisation Group
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.	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. 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.	Formal request for this information being made to previous (Serco) and current provider (Synergy). 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.	None	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.	Repairers might not follow protocol and have no knowledge of the service users abilities and functional status. Contractor to be instructed to use adequate software for checking control box programming before tampering with the settings. 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.	12	Primary Care	31-May-07	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. Due date amended - New contracts and Wheelchair Service Working to secure information about control box setups, from all powered wheelchair service users.	Tanya Syred

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	Risk Source
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-Apr-07	Bhanu Patel; Marina Tempia	Safer environment Due date amended 27 Feb 07	Risk Proforma from Marina Tempia