



## BOARD OF DIRECTORS MEETING (Open)

Date: 12<sup>th</sup> July 2017

Item Ref: 08iii

<b>TITLE OF PAPER</b>	Clover Group Briefing Paper
<b>TO BE PRESENTED BY</b>	Phillip Easthope, Executive Director of Finance
<b>ACTION REQUIRED</b>	For information and discussion
<b>OUTCOME</b>	Assurance that issues are understood and actions are being taken in conjunction with PCS overseen by the Joint Executive Board
<b>TIMETABLE FOR DECISION</b>	July 2017
<b>LINKS TO OTHER KEY REPORTS / DECISIONS</b>	Primary Care / clover CQC report
<b>LINKS TO OTHER RELEVANT FRAMEWORKS BAF, RISK, OUTCOMES</b>	BAF 1.1/A104 Risk number 3439
<b>IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT</b>	On-going access issues Monitoring of forecast overspend of £0.2m
<b>CONSIDERATION OF LEGAL ISSUES</b>	NA

<b>Author of Report</b>	Phillip Easthope,
<b>Designation</b>	Executive Director of Finance
<b>Date of Report</b>	July 2017



**SUMMARY REPORT**

**Report to:** Board of Directors  
**Date:** 12 July 2017  
**Subject:** Clover Group Board Briefing – July 2017  
**From:** Phillip Easthope, Executive Director of Finance, Facilities, IMST & Performance  
**Prepared by:** Anita Winter, Service Director /Dr Andy Godden, Lead GP for Clover Group/Clinical Director for Primary Care

**1. Purpose**

<i>For Approval</i>	<i>For a collective decision</i>	<i>To report progress</i>	<i>To seek input from</i>	<i>For information</i>	<i>Other (please state below)</i>
		X			

**2. Summary**

The Board briefing paper, which is attached at Appendix 1, identifies three key risk areas: Access, clinical and managerial capacity and staff morale.

Access continues to be the main issue and the Joint Executive Board continues to be briefed on the issues and actions to move towards the aspired level of access.

Access Summary Brief

The group has experienced a rapid financial equalisation of the APMS contract values and the subsequent impact on the group’s transition over the first 12 months of the contract has been challenging due to the speed of the change.

Clover Practices currently meet the APMS and GMS contractual obligations and are performing in line with the contract; however patient demand is not being met to the provider’s satisfaction with the first pre-bookable appointment with a GP being 5 to 6 weeks away along with a 2 to 3 week wait to see the nurse practitioner. The group also rely heavily on call-back from on-call GPs to manage acute demand.

The partnership of PCS and SHSC have defined their aspiration for access in the group as meeting all same day demand on the same day and for patients to be able to pre-book appointments within 2 to 3 weeks.

The action plan as presented at the Joint Executive Board in May is attached at Appendix 2.

### **3. Next Steps**

- Progress and implement long-term telephony solution.
- Implement a work plan to respond to capability issues and job plan development.
- Agree and implement Communication Plan.
- Recruitment to increase clinical and managerial capacity.

### **4. Required Actions**

Board Members are asked to receive the briefing for information and up-date.

### **5. Monitoring Arrangements**

Progress will be monitored on a monthly basis through Clover Group Senior Management Team, Clinical Governance and Joint Executive Board Meetings. Access and Capacity Work Plan is in situ and attached at Appendix A.

### **6. Contact Details**

For further information, please contact:

Anita Winter Service Director Tel: 2716714 <a href="mailto:Anita.Winter@shsc.nhs.uk">Anita.Winter@shsc.nhs.uk</a>	Dr Andy Godden FRCGP Lead GP for Clover Group/Clinical Director for Primary Care <a href="mailto:andy.godden@nhs.net">andy.godden@nhs.net</a>
--	--

### Clover Group Board Briefing – June 2017

#### 1. Purpose

This paper provides Board with performance briefing in relation to the Clover Group.

- **QOF Results 2016/17**

From a clinical perspective the QOF results for 2016/17 have been finalised.

The final QOF achievement for Clover Group was 92%, a reduction from 97.7% from 2015/16. The final QOF achievement for City Practice was 87%, a reduction from 94.9% from 2015/16, although this is due to areas with no patients in disease categories being counted as 'no points' and therefore results in a drop in the percentage. Heeley Green was at 98%.

Clover Group is now moving into continued clinical performance where all sites are continuing in QOF to a standard although there is a drop around childhood immunisations for under-5's at City Practice which is being addressed and a change to the recall system in order to inflate the long-term conditions.

- **Access**

In terms of access there are two main issues – appointments and telephony:

- Appointments - There are specific highlighted problems in available GP appointments at Darnall and Highgate. There is insufficient same day capacity at Darnall and Highgate and there is a slight dip in the available Practice Nurse appointments at Jordanthorpe currently standing at 21 days. Other than that the other availability at all sites for GP, Nurse and Health Care Assistants is acceptable except for Darnall and Highgate.
- Telephony - Patients and other stakeholders have been very vocal about their issues with the current telephone system and how it restricts access to the service. SHSC ICT is assisting to stabilise the telephony service and has taken full ownership for the legacy switch moving forward. This means that ICT will act as a conduit between Darnall and SICL (current support provider). Funding has been agreed for system improvement and a Project Implementation Group has been established with timeline to move forward to a long-term solution.

- **HR Issues**

Our HR Directorate Partner is working closely with the senior management team to understand issues of capability across all clinical groups and to establish clear support plans that will enable all patients to receive the same response as the best clinicians provide. The Clinical Director is also working on the development of job plans for specific clinical groups.

- **CQC Mini Quality Summit**

The mini-quality summit meeting has been arranged to take place on 29 June 2017 with Julie Harratt, CQC (our PMS lead). This is an informal meeting with no Terms of Reference or agenda. The purpose of the meeting for Julie is twofold:

- To go through the Clover Group action plan progress and evidence
- Determine an inspection date at the meeting based on the above - this could be in **one** month following meeting but has to be before November 2017.

The Clover Group management team will also use this forum as an opportunity to discuss their concerns about the way in which the previous inspection was carried out.

- **Finance**

Financially the Clover Group is working against a known overspend that is predominantly down to locums and the over use of locums until the issue around capacity and access system is addressed. The forecasted overspend for 2017/18 is £160,000.

- **Communication Plan**

The Clover Group has a very vocal patient population who regularly use social media and local media to raise their issues. While patient participation groups have been established, membership is low with patients choosing to attend when there is an issue which affects them personally, but disengaging once this issue is resolved. A Communication Plan has been developed to ensure all Clover Group staff and patients are aware of the changes in relation to telephony and access and what this means for them. Communication with relevant stakeholders will be via a variety of means for example briefings and face-to-face discussion groups.

- **Customer Care Training**

Survey and complaint feedback has raised concerns about the way in which our staff are engaging with patients so in order to improve our approach to customers NHS Elect have been commissioned to deliver Customer Care training to front line reception and administrative staff. The training was delivered on 7 June 2017 and focussed on communication and listening skills.

- **Key Risks**

The top three key risks from the Clover Group risk register are noted as follows:

- **Risk 1 - Access**

Access as dictated by the previous performance in terms of clinical ability. Darnall is progressing with a steady plan that is in place including recruitment of a varied workforce (advanced nurse practitioners, emergency care practitioners, physiotherapy, citizens advice and pharmacy technician) and an overstock of locum GP and nurses to maintain access in the interim.

Highgate has undergone a new rota system which commenced on Tuesday 30 May 2017, which is increasing capacity there by providing additional GP appointments each day, and 30 nurse practitioner (acute same day) appointments per week, plus additional access to GP's by telephone each day and this has been engaged with the patient group and is continuing with them in terms of reviewing.

- **Risk 2 - Clinical and Managerial Capacity**

The capacity that is offset in terms of managerial capacity, this post is out for recruitment for a manager that sits within the Clover Group. This post will be interviewed week commencing 12 June 2017 for which several applications have been received already. Adverts have been placed for additional clinical capacity in the form of advanced nurse practitioners which are scheduled to close on 12 June 2017. This follows an unsuccessful attempt to recruit additional GP capacity. This lack of clinical capacity impacts on access and therefore the clinical risks associated with providing the service. Additional capacity has been targeted towards reception in order to reduce this as a pressure point.

- **Risk 3 – Staff Morale**

The third and linked risk which needs to be highlighted is staff morale. Morale is closely linked to the access issue and is particularly highlighted at Darnall only. There are morale issues in-keeping with any practice in other sites but Darnall has significant risks there. The only other point of note is the potential risk of Marlene Scott, Service Lead at Mulberry Street, who is resigning to a different post from 30 June 2017. This post is in recruitment at the moment but is a significant loss to the Clover Group and should it not be recruited to will require a new clinical and managerial model of delivery at Mulberry Street.

In terms of support to staff, the Clover Group Management Team has engaged the support of the Workplace Wellbeing Service who will offer support in the form of group sessions or individual 1:1 meetings.

## **7. Monitoring of Progress**

- Progress will be monitored on a monthly basis through Clover Group Senior Management Team, Clinical Governance and Joint Executive Board Meetings. Access and Capacity Work Plan in situ and attached at Appendix A.
- Briefing updates will be provided to Board at the required frequency.

Anita Winter, Service Director Tel. 2716714 <a href="mailto:Anita.Winter@shsc.nhs.uk">Anita.Winter@shsc.nhs.uk</a>	Dr Andy Godden FRCGP Lead GP for Clover Group/Clinical Director for Primary Care <a href="mailto:andy.godden@nhs.net">andy.godden@nhs.net</a>
--	--

## Access and Capacity

Version 1: 6.4.17

Service name: Primary Care - Clover Group								
Core service: Primary Care								
Action No.	Date Identified	Population group	Area for Improvement	Action Required	Action Lead	Action Taken to Date	Target Completion date	DELIVERY RATING
1	1.4.16	Workers	Extended Access to be implemented at City / Mulberry on Saturdays. 11hrs pwk min to be added	Recruit to, initiate and monitor extended access	SK / AG	Saturdays now running. Bookable at all sites. 11 hours additional capacity brought into the system specifically around workers.	1.7.17	
2	1.4.16	All	Website needs adding for Clover specifically	Contract with mysurgerywebsite.com for Clover web to be put in place.	SK	Website live	1.10.17	
3	1.4.16	Staff	OD work to be started to change the SMT relationship etc	Contract with Edmund Cross	AB	3 x sessions completed. Work will be ongoing and significant work needed around morale to be increased.	1.1.17	
4	1.9.16	Families and young people	Sexual health clinics being built in to system as self-funding clinics to remove function from normal surgeries	Sexual Health clinics started at City practice on Saturdays.	SK / RK	Complete	1.10.16	

**Service name: Primary Care - Clover Group**

**Core service: Primary Care**

<b>Action No.</b>	<b>Date Identified</b>	<b>Population group</b>	<b>Area for Improvement</b>	<b>Action Required</b>	<b>Action Lead</b>	<b>Action Taken to Date</b>	<b>Target Completion date</b>	<b>DELIVERY RATING</b>
5	15.3.17	Families and young people	Sexual Health clinics expansion	RK session on Tuesday to be recruited to and then sexual health session expanded to increase capacity by additional 4 hours per week.	SK / RK	Plan for expansion in place. Staff agreed to hours and changes. Needs recruitment to existing session to free GP. Self-funding with minor profit.	1.6.17	
6	1.4.17	All	Removal of triage from Darnall	Change to appointment system to remove triage as not effective as shown in audits	SK / AG	Complete	1.11.16	
7	1.11.17	All	Travel clinics instated and centralised	Set-up price list for consistency. Set up single clinic and referral process from all sites.	SK / LC	Complete	1.11.16	
8	6.4.17	All	Expansion of travel clinics	Self-funding travel clinics to be increased to relieve the pressure on reception at all sites and improve access to PNs by removal from normal clinics	SK / LC	Agreement in principle for support re additional clinics now to be confirmed with HR – meeting in June.	1.6.17	

**Service name: Primary Care - Clover Group**

**Core service: Primary Care**

<b>Action No.</b>	<b>Date Identified</b>	<b>Population group</b>	<b>Area for Improvement</b>	<b>Action Required</b>	<b>Action Lead</b>	<b>Action Taken to Date</b>	<b>Target Completion date</b>	<b>DELIVERY RATING</b>
9	1.8.17	All	Thursday openings	Ensure consistent offer across all sites so that access available to some is spread to all.	SK	All sites now have phone access to a GP on Thursday PM via the practice. Visiting also available for all. Doors remain shut at 3 sites but equity in access completed for phone and being brought into City practice.	1.10.16	
10	6.4.17	All	Thursday openings	Ensure review of consistent offer to patients face-to-face on Thursdays	SK	Audits of workload currently underway.	1.1.18	
11	1.2.17	Housebound	Time for response in housebound visits	Contract set up with paramedic visiting for timely visits and when capacity overflows	SK	Complete	1.3.17	
12	1.2.17	Workers	Use of satellite units	All staff at all sites trained to use satellites	SK / AB	Complete	1.3.17	
13	1.4.17	Staff	Clinical leadership	Clinical leads to be in post at all sites with protected time to ensure services led clinically.	SK/ AG	Complete	1.10.17	

**Service name: Primary Care - Clover Group**

**Core service: Primary Care**

<b>Action No.</b>	<b>Date Identified</b>	<b>Population group</b>	<b>Area for Improvement</b>	<b>Action Required</b>	<b>Action Lead</b>	<b>Action Taken to Date</b>	<b>Target Completion date</b>	<b>DELIVERY RATING</b>
14	1.5.17	All	Pathology results	New protocols to be delivered to ensure that they are dealt with in a consistent and timely manner. Also review for bulk filing of normal results. Protocol searches for DM bloods daily, pre DM bloods and also HIV normal CX	SK / AG	Complete	1.12.16	
15	1.5.17	All	Letters and post	New protocol and system with Data Coordinators for improved data quality. Reduction of letters to GPs, consistency in approach and increased timeliness around response to letters	SK	Complete	1.9.16	
16	1.4.17	All	Letters and post	Completion of training from FYFV (CCG) for Data coordinators to have qualification and MDU cover	SK	Completed. Template goes live 22.5.17 along with new audit programme. 3 staff trained as trainers.	1.8.17	

**Service name: Primary Care - Clover Group**

**Core service: Primary Care**

<b>Action No.</b>	<b>Date Identified</b>	<b>Population group</b>	<b>Area for Improvement</b>	<b>Action Required</b>	<b>Action Lead</b>	<b>Action Taken to Date</b>	<b>Target Completion date</b>	<b>DELIVERY RATING</b>
17	1.6.16	Reception	Care Navigation	Visit to Wakefield Vanguard site and pilot of care navigation with DWB	AB	Complete in 3 areas with visit also completed	1.3.17	
18	1.4.17	Reception	Care Navigation expansion	Script / algorithm for reception and options for signposting to be approved and available for reception	SK / AW	Workstream being led by AW along with liaison with DWB and CAB (SK)	1.6.17	
19	1.4.17	MSK	Physio recruitment for sessions to divert joint / muscle problems to physio first style approach	Recruitment of physio. Protocols for use, indemnity and staff training	SK / AW	Approved in budget. JD completed. Needs recruiting.	1.7.17	
20	1.4.17	MH	CPN recruitment for sessions to divert low level anxiety / depression from GP workload as with physio and care navigation	Recruitment of CPN and protocols for use, indemnity and staff training	SK / AW	As physio	1.7.17	
21	1.4.17	Housebound	Permanent recruitment of ECP for home visiting in place of GP	Recruitment of ECP and protocols for use, indemnity and staff training	SK / AW	As physio comment	1.7.17	

**Service name: Primary Care - Clover Group**

**Core service: Primary Care**

<b>Action No.</b>	<b>Date Identified</b>	<b>Population group</b>	<b>Area for Improvement</b>	<b>Action Required</b>	<b>Action Lead</b>	<b>Action Taken to Date</b>	<b>Target Completion date</b>	<b>DELIVERY RATING</b>
22	1.4.17	Vulnerable	Forms and CAB style work	Discussion with CAB to gain sessions in practice with direct referral from reception	SK	Conversation with CAB. Meeting with AB / SK in diary for inclusion of CAB. Also proposal to DWB board about working closer and providing the non-medical signposting role subcontracted.	1.9.17	
23	1.4.17	Acute same day	ANPs to be switched to acute only appts. For minor illness and sufficient appts to meet demand	ANPs to have discussion around Job Plan data and then switch working approach to acute minor illness.	SK / AG	Discussed with ANPs – principle adopted at Highgate from w/c 29.5 and moving towards this with DPCC.	1.6.17	
24	1.4.17	Urgent	ANP increase at DPCC	Ask of JEB to increase the number of WTE ANPs at DPCC by one (over budget) to stem locum costs and handle acute same day demand	SK / AG	Agreed at JEB and currently out to advert	1.6.17	
25	1.4.17	Staff	Senior Manager recruitment	Request to JEB around capacity to increase Senior Management outside budget to handle change management and growth, increasing speed to implement changes by freeing SK to complete	SK / AG	Agreed at JEB and currently out to advert. 4 applicants as at 17.5.17 with further 3 interested parties. Closing date 29.5.17	1.6.17	

**Service name: Primary Care - Clover Group**

**Core service: Primary Care**

<b>Action No.</b>	<b>Date Identified</b>	<b>Population group</b>	<b>Area for Improvement</b>	<b>Action Required</b>	<b>Action Lead</b>	<b>Action Taken to Date</b>	<b>Target Completion date</b>	<b>DELIVERY RATING</b>
26	1.9.16	Staff	Job Planning	Job plans to be in place for all clinicians ensuring consistency of approach and access definition	SK / AW	Diaries completed along with audits. Spreadsheet collated.	1.6.17	
27	1.9.16	Staff	Change to study leave entitlement	New protocol to inform use of study leave and limit impact on absence from practice	AG	Complete	1.1.17	
28	1.9.16	Staff	Change to holiday approval	New protocol, enforcement of that protocol and shared calendar	AG	Complete	1.11.17	
29.	1.5.17	All	EPS	Roll out EPS to all sites, to improve timeliness of prescribing and tracking of where they are.	SK	Complete at all sites	9.5.17	
30.	1.5.16	Staff	Reduction in locum spend	Reassessment of min staffing policy and ways of working to reduce locum spend and use	SMT	Changes to holiday policy, study leave policy and min staffing (needs improving further).	1.6.17	

**Service name: Primary Care - Clover Group**

**Core service: Primary Care**

<b>Action No.</b>	<b>Date Identified</b>	<b>Population group</b>	<b>Area for Improvement</b>	<b>Action Required</b>	<b>Action Lead</b>	<b>Action Taken to Date</b>	<b>Target Completion date</b>	<b>DELIVERY RATING</b>
31.	1.6.16	Staff	Reduction of all staffing groups in line with budget cuts	Organisational change	SMT	Complete		
32.	1.11.16	All	Phone system	Need new phone system particularly at DPCC	SK / AW	Funding agreement – AW leading.	1.4.17	
33.	1.9.16	LTC	Access to Prescribing Ordering Line (CCG)	Sign up to POL	SK	On waiting list – chased but cannot pursue further.	1.6.17	
34.	1.9.16	All	3 x Microsystems approach to access	Trainers in place with MDTs meeting fortnightly with power to implement agreed changes	SK	DPCC started. Trainers identified and in contact with other groups. Groups currently questioning the benefit.	1.4.17	
35.	1.9.17	Staff	Capability GPs	Capability conversations to be in place with identified GPs and process followed to improve standards	SMT	SMT now tackling as a priority. HR input at SMT to support clinical leads.	1.7.17	
36.	1.9.17	Staff	Capability ANPs	Capability conversations to be in place with identified nurses	SMT	On-going with improvements. See above for actions	1.7.17	

**Service name: Primary Care - Clover Group**

**Core service: Primary Care**

<b>Action No.</b>	<b>Date Identified</b>	<b>Population group</b>	<b>Area for Improvement</b>	<b>Action Required</b>	<b>Action Lead</b>	<b>Action Taken to Date</b>	<b>Target Completion date</b>	<b>DELIVERY RATING</b>
37.	1.9.17	All	Consistency of governance	SOPs being drafted under LN	JEB / LN	Work ongoing with LN commissioned work	1.6.17	
38.	1.1.17	LTC	Recalls	Recall system to be centralised and ran by person not disease.	SK / AG	Initial work principles set out.	1.8.17	
39.	1.1.17	Private	Insurance paperwork	Movement to insurance from GP time into Admin	SK	JH leading with support from RB. Reporting to SK.	1.8.17	
40.	1.1.17	All	Minor Surgery	Set up Minor Surgery service	SK	JC leading with support from RW. Reporting to SK.	1.10.17	
41	1.1.17	All	SIs/SEAs	Work with SHSC to develop the reporting tool to fit with Primary Care and feedback for learning brought in.	SK	Initial meeting with SHSC completed. Awaiting feedback with dummy system mock-up.	1.8.17	
42	1.1.17	Staff	Plan for incentivised working	SK to develop thoughts around incentivised working for staff to hit KPIs etc	SK	Discussion at JEB – Paper to be prioritised later in year	1.6.18	

**Service name: Primary Care - Clover Group**

**Core service: Primary Care**

<b>Action No.</b>	<b>Date Identified</b>	<b>Population group</b>	<b>Area for Improvement</b>	<b>Action Required</b>	<b>Action Lead</b>	<b>Action Taken to Date</b>	<b>Target Completion date</b>	<b>DELIVERY RATING</b>
43	1.1.17	H'gate	Change to access systems	Remove drop-in and set in place change to appt system to bring consistency of approach with Darnall and Jordanthorpe	AG / CL / SK	Changes discussed and agreed with patient reps, clinical team and other interested parties. Changes to be implemented 29.5.17	1.6.17	
44	1.1.17	All	CQC	Changes as outlined in CQC action plans following inspections	SMT	See separate plan	1.7.17	
45	1.3.17	Staff	Workforce development plan	Need for a plan with HR to improve consistency of staff, identify training needs and capability needs. To tackle improvements such as customer service, follow up rates, number of appointments seen.	SK / AG / SB	Initial meeting with SB and review of people plan. Further meeting on 23.5.17	1.7.17	
46	1.3.17	Staff	Workforce future plan	Plan required for the diversification of the staff group and definition of the jobs and roles they require.		Meeting requested for Calderdale tools		

**Key:**

Blue	<b>Action complete:</b> evidence available
Green	<b>Action complete:</b> evidence being compiled
Yellow	<b>Action on track:</b> will progress to timescale
Red	<b>Action off track:</b> subject to executive escalation