

# Public Document Pack



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## **HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL**

**DATE: WEDNESDAY 16 FEBRUARY 2011**  
**TIME: 3 PM**  
**PLACE: WARSPITE ROOM, COUNCIL HOUSE**

### **Committee Members–**

Councillor Ricketts, Chair  
Councillor McDonald, Vice Chair  
Councillors Bowie, Delbridge, Gordon, Dr. Mahony, Monahan, Mrs Nicholson and Dr. Salter

### **Co-opted Representatives**

Chris Boote and Margaret Schwarz

### **Substitutes–**

Any Member other than a Member of the Cabinet may act as a substitute member provided that they do not have a personal and prejudicial interest in the matter under review.

***Members are invited to attend the above meeting to consider the items of business overleaf.***

***Members and Officers are requested to sign the attendance list at the meeting.***

***Please note that, unless the Chair agrees, mobile phones should be switched off and speech, video and photographic equipment should not be used during meetings.***

**BARRY KEEL**  
**CHIEF EXECUTIVE**

# HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

## PART I (PUBLIC COMMITTEE)

### 1. APOLOGIES

To receive apologies for non-attendance by panel members.

### 2. DECLARATIONS OF INTEREST

Members will be asked to make and declarations of interest in respect of items on this agenda.

### 3. CHAIR'S URGENT BUSINESS

To receive reports on business which, in the opinion of the Chair, should be brought forward for urgent consideration.

### 4. MINUTES

(Pages 1 - 8)

The panel will consider the minutes of the meeting of 7 January 2011 for approval.

### 5. TRACKING RESOLUTIONS AND FEEDBACK FROM THE OVERVIEW AND SCRUTINY MANAGEMENT BOARD

(Pages 9 - 14)

The panel will monitor the progress of previous resolutions and receive any relevant feedback from the Overview and Scrutiny Management Board.

### 6. BUDGET AND PERFORMANCE - NHS PLYMOUTH

(Pages 15 - 28)

The panel will receive a report on the budget and performance of NHS Plymouth.

### 7. BUDGET AND PERFORMANCE - PLYMOUTH HOSPITALS NHS TRUST

(Pages 29 - 40)

The panel will receive a presentation from the Director of Strategic Planning and Information, Plymouth Hospitals NHS Trust.

### 8. BUDGET AND PERFORMANCE - PLYMOUTH CITY COUNCIL, ADULT SOCIAL CARE

(Pages 41 - 42)

The panel will receive a report on the budget and performance of Plymouth City Council's Department of Adult Social Care.

### 9. WORK PROGRAMME

(Pages 43 - 44)

To receive the panels work programme.

## **10. EXEMPT BUSINESS**

To consider passing a resolution under Section 100A (4) of the Local Government Act 1972 to exclude the press and public from the meeting for the following item(s) of business on the grounds that it (they) involve(s) the likely disclosure of exempt information as defined in paragraph () of Part 1 of Schedule 12A of the Act, as amended by the Freedom of Information Act 2000

### **PART II (PRIVATE COMMITTEE)**

#### **AGENDA**

#### **MEMBERS OF THE PUBLIC TO NOTE**

that under the law, the Panel is entitled to consider certain items in private. Members of the public will be asked to leave the meeting when such items are discussed.

NIL.

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## Health and Adult Social Care Overview and Scrutiny Panel

Friday 7 January 2011

### PRESENT:

Councillor Ricketts, in the Chair.  
Councillor McDonald, Vice Chair.  
Councillors Delbridge, Gordon, Mrs Nicholson, Wildy.

Co-opted Representatives: Chris Boote

Apologies for absence: Councillors Dr Mahoney, Dr Salter, Bowie (Substituted by Councillor Wildy), and Margaret Schwarz.

Also in attendance: Steve Waite (NHS Plymouth), Liz Cooney (NHS Plymouth), Sharon Palser (NHS Plymouth), Sally Parker (NHS Plymouth), Pauline McDonald (NHS Plymouth), Nicola Jones (NHS Plymouth), Daniel O'Toole (NHS Plymouth), Mary Watkins (South Western Ambulance Service), Craig Mcardle (Plymouth City Council) and Giles Perritt (Lead Officer, Plymouth City Council).

The meeting started at 10.00 am and finished at 12.35 pm.

*Note: At a future meeting, the committee will consider the accuracy of these draft minutes, so they may be subject to change. Please check the minutes of that meeting to confirm whether these minutes have been amended.*

### 72. **DECLARATIONS OF INTEREST**

There were no declarations of interest in accordance with the code of conduct.

### 73. **CHAIR'S URGENT BUSINESS**

The Chair expressed the panel's regret at the death of Councillor David Viney. The Chair highlighted the contribution he had made, not only to the panel, but to the Council and City as a whole.

### 74. **MINUTES**

Agreed that the minutes of the 10 November 2010 were confirmed as a correct record.

### 75. **TRACKING RESOLUTIONS AND FEEDBACK FROM THE OVERVIEW AND SCRUTINY MANAGEMENT BOARD**

The Panel was updated on its tracking resolutions. It was reported that –

- a. with regard to minute 34 (1) 01/09/10 concerning possible discrepancies between self funding clients and local authorities fees for residential care, self funding clients enter into a direct contract with residential home owners and there was no way of knowing what fees were charged. It was possible that because of the level of rates paid by Plymouth City Council that home owners were driven to charge higher rates to self funders, but there was no evidence available to support this. Residential home owners were awarded a significant increase in fees in 2008, at this time Adult Social Care were not made aware of any reductions or changes to fees for those who were self funding at the time;
- b. with regard to minute 34 (2) 01/09/10 regarding possible structural deficit within NHS Plymouth, any structural deficit would be considered during the proposed regular updates on the Quality, Innovation, Productivity and Prevention (QIPP) programme;
- c. with regard to minute 57 (3) 13/10/10 concerning the petition against the move of Gynaecological Cancer Services from Derriford Hospital to The Royal Cornwall Hospital, it was reported that a major event was held in December, bringing together patient representatives from across Devon, Cornwall, Plymouth and Torbay, to look at the practicalities of patient involvement in the reconfiguration of Gynaecological Cancer Surgery. The aim of the event was to harness the views of users and carers in identifying potential improvements along the whole 'pathway' from initial referral to aftercare. Further updates would be available by the spring;
- d. with regard to minute 66 (1) 10/11/10 concerning the Dementia Strategy and action plan, requests had been made for a copy of the current dementia action plan, however none had been received.

Agreed that –

1. recommendations are made to the Adult Social Care department to conduct a market review of long stay residential services for older people;
2. the panel's QIPP programme focus would be considered at the quarterly meetings between the Chair, Vice Chair and Chief Executive of NHS Plymouth;
3. the Chair would write to the Peninsula Cancer Network Board to request further information on the timetable for Gynaecological Cancer Surgery Service development;
4. the panel's lead officer would follow up on the dementia action plan, providing an email response to members of the panel.

76. **QUARTERLY REPORT**

The Chair introduced the panel's quarterly report. Work over the past four months highlighted the size and variety of the panel's work programme, it was reported that –

- a. the panel had made a response to the Department of Health White Paper "Equity and Excellence: Liberating the NHS", the panel's view that a health scrutiny role should not be included within the proposed Health and Wellbeing Boards had been reflected in the Department's response to the consultation;
- b. the panel had received the first petition under the council's new arrangements. The panel considered the petition on the reconfiguration of specialist Gynaecological Surgery Services in the Peninsula. The panel made several recommendations and awaited a response from the Peninsula Cancer Network detailing next steps;
- c. the panel was engaged with NHS Plymouth to review its QIPP programme. Engagement would be ongoing across the duration of the programme as more details on delivery work streams became available;
- d. a task and finish group had been completed on the future of Adult Social Care and the group's recommendations were agreed by Cabinet;
- e. on the horizon the development of Health and Wellbeing boards would be a significant work programme item along with the replacement of Local Involvement Networks (LINK) by Local Healthwatch. A response to the Public Health Proposals and moving forward with the Transforming Community Services agenda would also feature on future agendas.

Agreed that the panel approve its quarterly report.

77. **WORK PROGRAMME**

Agreed to approve the panel's work programme with the addition of the review of Urgent Care Services which was being undertaken by NHS Plymouth.

78. **CLOSURE OF GP LED HEALTH CENTRE**

The Deputy Director for Primary Care Services and the Primary Care Project Manager introduced the report on the change of service with regard to the GP led health centre based at Mount Gould, Plymouth. It was reported that –

- a. the service providers, Devon Health, gave notice on the contract to provide the service in October 2010. Notice was given as the numbers of patients registered had not been as high as expected and they were

unable to meet the contractual target on the registration of patients;

- b. there was a high level of GP provision in the City with 42 GP practices all of whom had open books;
- c. there were three options open to NHS Plymouth as commissioner, to do nothing, re-commission a like for like service from another provider or enhance the remaining GP and urgent care services. An analysis of options would be conducted over January and February 2011 and recommendations would be forwarded to the Professional Executive Committee (NHS Plymouth) in March.

In response to questions from members of the panel it was reported that –

- d. outreach clinics based at the Ship and Shekinah hostels would continue to be made available, outreach clinics would include services for mental health and substance abuse;
- e. based on national evidence, the GP led health centre had had no positive impact on services provided at the Derriford Hospital Emergency Department. The review of Urgent Care currently being undertaken by NHS Plymouth would seek to discover how the number of non-emergency presentations could be reduced at Derriford Hospital Emergency Department;
- f. work in localities was key and essential to future plans, it was possible that GP catchment areas would change or cease to exist;
- g. work was ongoing to ensure that visitors and those new to the city knew where they could access primary medical services;
- h. GP led health centres were introduced by the Government following the Darsi report in 2008, it was a 'one size fits all' approach based on evidence within Lord Darsi's report;
- i. the panel's views in 2008 which questioned the need for such a service were considered by NHS Plymouth, however the provision of such a service was a requirement from central government;
- j. the costs of provisioning the service were commercially sensitive and would not be disclosed. The provider had tailored staffing to the varying levels of demand, there was good access to quality care, the lack of registered patients highlighted the good access to GPs across the City;
- k. NHS Plymouth were confident that the level of publicity was appropriate, marketing activity had included press articles, signage at the site and adverts for the service at the cinema;

Agreed that following its submission to the Professional Executive Committee the recommendations for future services are shared with the panel, the



information should include the equality impact assessment and how the service will contribute to reflect neighbourhood profiles.

79. **TRANSFORMING COMMUNITY SERVICES INTEGRATED BUSINESS PLAN**

(i) EXECUTIVE SUMMARY

It was reported by the Chief Operating Officer, NHS Plymouth, that the Plymouth Provider Services Integrated Business Plan was the culmination of a number of discussions that had taken place at panel meetings over a number of months.

The first draft of the plan had been completed in September 2010 and following consultation with commissioners had undergone a number of revisions. The document was sent to the Strategic Health Authority on the 24 December 2010 and a further draft would be submitted to the NHS Plymouth Board at the end of January 2011.

The Integrated Business Plan outlines a number of different issues and offers a unique model of community health service provision for Plymouth.

(ii) STRATEGY

In response to questions from members of the panel it was reported that–

- a. the business plan was not an 'off the shelf' model, the plan was developed with Plymouth as its highest priority, the plan also provided an opportunity to review the provision of community health services across the Plymouth local authority boundaries and on the Derriford Hospital footprint;
- b. there was a significant amount of work to be completed on the proposed governance arrangements for the new provider services and Plymouth Provider Services would welcome the input of the panel;
- c. there was a single mention of three of the Plymouth citywide priorities within the document. There had not been adequate time in the plans development to consider fully the citywide priorities;
- d. integration was key to the plan, the major risk to successful integration of services was technology and information sharing. Partners had a wealth of information which could be shared and there was a risk that poor information sharing would lead to duplication and impact negatively on outcomes;
- e. the management of change would be handled carefully. Senior managers would show effective leadership working alongside members of staff. The visibility of senior managers would show that management would listen and work with staff on how Plymouth Provider Services could develop. The approach would allow staff who have been with the

NHS for a number of years to contribute their ideas which was integral to the development of the Social Enterprise;

- f. the strategy section of the Integrated Business Plan had been reformatted several times, it was accepted that the section could be reviewed for consistency;
- g. Plymouth Provider Services had been in discussions around social enterprise and cooperatives with other agencies such as Devon Doctors and Your Health (Kingston). It was found that each social enterprise was unique although there was learning which could be shared;
- h. work was still ongoing on how national policies would impact the transformation of services, in particular provider services were still waiting to find the level of registration fees the Care Quality Commission would be charging.

### (iii) GOVERNANCE, LEADERSHIP AND MANAGEMENT

It was reported that the governance section of the plan provided a high level framework for an organisation which would have a likely budget of around 90 million pounds. There would be a number of different challenges during the transformation period which would require robust management and governance to be in place. Plymouth Provider Services would need to be registered with the Care Quality Commission and Monitor.

In response to questions from the panel it was reported that –

- a. governance arrangements were a work in progress, there was a review of governance built in to the programme after 12 months;
- b. any suggested changes to the board profile and the widening of the stakeholder group to include patients and members of the public would be considered and brought back to a future meeting of the panel;
- c. a review of the Governance arrangements of the Social Enterprise by an informal group of councillors would be welcomed.

Agreed that –

- 1. the city priorities, as agreed by the Plymouth 2020, are incorporated more fully throughout the Plymouth Provider Services Integrated Business Plan;
- 2. a group of councillors would be established to clarify the mission statement and values, advise on how to involve members of the public of the proposed changes and to review governance arrangements;

3. the plain english guide explaining proposed changes would be made available to the panel when completed.

80. **EXEMPT BUSINESS**

Agreed that under Section 100(A)(3, 4) of the Local Government Act, 1972, the press and public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in paragraph 4 of Part 1 of Schedule 12A of the Act, as amended by the Freedom of Information Act, 2000.

81. **TRANSFORMING COMMUNITY SERVICES INTEGRATED BUSINESS PLAN (E3 E4)**

The panel heard from the Commissioning Manager, Adult Social Care Plymouth City Council, who had reviewed the Integrated Business Plan during its development. It was reported following first draft of the business plan a number of issues had been addressed within the document. The view of Plymouth City Council's Adult Social Care Commissioners was that there should be a greater recognition of carers and the personalisation agenda throughout the document. It was also commented that it should be demonstrated how better outcomes for patients would be achieved.

In response to questions from members of the panel it was reported that it was unknown whether the new organisation would be able to reclaim VAT payments. VAT payments were not seen as a risk in isolation as work had been carried out to mitigate any possible issues.

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## TRACKING RESOLUTIONS

### Health and Adult Social Care Overview and Scrutiny Panel

Date / Minute number	Resolution	Explanation / Minute	Action	Progress	Target date
13/10/10 57 (3)	Where possible NHS Plymouth and the Peninsula Cancer Network engage current and former patients in the service reconfiguration proposals and take advice on consultation from partner agencies.	Petition Gynaecological Surgical cancer unit	The Chair has written to the PCN for information.	At the meeting of the 7 January 2011 the Chair was requested by the panel to contact the Peninsula Cancer Network for an update. Relevant correspondence is attached to the agenda.  Response is awaited.	02/03/10
10/11/10 66 (1)	to distribute a copy of the dementia action plan to panel members within two weeks;		Debbie Butcher / Julie Wilson	Awaiting updated action plan.	

<b>Date / Minute number</b>	<b>Resolution</b>	<b>Explanation / Minute</b>	<b>Action</b>	<b>Progress</b>	<b>Target date</b>
07/01/11 75 (1)	Recommendations are made to the Adult Social Care department to conduct a market review of long stay residential services for older people.	With regard to minute 34 (1) 01/09/10 concerning possible discrepancies between self funding clients and local authorities fees for residential care, self funding clients enter into a direct contract with residential home owners and there was no way of knowing what fees were charged. It was possible that because of the level of rates paid by Plymouth City Council that home owners were driven to charge higher rates to self funders, but there was no evidence available to support this. Residential home owners were awarded a significant increase in fees in 2008, at this time Adult Social Care were not made aware of any reductions or changes to fees for those who were self funding at the time.	Resolution forwarded to the Assistant Director for Adult Social Care.	Awaiting response from the Department.	
07/01/11 79c (1)	the city priorities, as agreed by the Plymouth 2020, are incorporated more fully throughout the Plymouth Provider Services Integrated Business Plan	This recommendation reflects the panel's discussion regarding the Governance of the Proposed Plymouth Provider Services.	Note action in below Tracking resolution.		February / March.

<b>Date / Minute number</b>	<b>Resolution</b>	<b>Explanation / Minute</b>	<b>Action</b>	<b>Progress</b>	<b>Target date</b>
07/01/11 79c (2)	a group of councillors would be established to clarify the mission statement and values, advise on how to involve members of the public of the proposed changes and to review governance arrangements	This recommendation reflects the panel's discussion regarding the Proposed Plymouth Provider Services.	A project initiation document has been prepared and sent to the Overview and Scrutiny Management Board for approval.	The Task and Finish Group was approved and will take place on the 25 <sup>th</sup> February 2011.	16 February 2011
07/01/11 79c (3)	The plain English guide explaining proposed changes would be made available to the panel when completed.	This recommendation reflects the panel's discussion regarding the Proposed Plymouth Provider Services.	Recommendation forwarded to Steve Waite (Plymouth Provider Services)	Awaiting copy of plain English guide.	As soon as available

**Grey** = Completed (once completed resolutions have been noted by the panel they will be removed from this document)

**Red** = Urgent – item not considered at last meeting or requires an urgent response

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proposals around the reconfiguration of the service. The panel also requests that information is provided on when and where future consultation and public engagement will take place and how the views of current and former patients are being taken into consideration by the Peninsula Cancer Network, local Primary Care Trusts and clinicians.

The panel would also like to thank you for your attendance at the 13 October 2010 meeting and hopes that you will be able to attend a future meeting with the required information.

Yours sincerely,

Councillor Steven Ricketts  
Chair, Health and Adult Social Care Overview and Scrutiny Panel.



# ANNUAL OPERATING PLAN 2011/12

John Richards - Chief Executive

16 February 2011

# Operating Framework 2011/12

- Transition and reform
- Transparency and local accountability
- Service quality
- Financial and business rules
  - Modest surplus drawdown £150M
  - 2% headroom to fund costs of change – held by SHAs
  - Deal with legacy debt (will not be passed to GPCC)
  - Running costs not mgt costs
  - Pathfinders £2 ph in 2011/12
- System accountability

## **Tariff**

- More best practice tariffs
- Change to long stay tariff
- HRG4 for A&E
- Emergency readmissions change
- Widen scope of PBR

## Financial framework

- Reablement £70M-£150M recurrent
- Further announcement £162M
- PCTs fund first 30 days post discharge
- Emergency readmission post elective not paid
- Local thresholds all else
- 30% NEL marginal rate continues
- ‘consensual agreement below tariff’

## Tariff uplift

- Efficiency 4%
- Pay and prices inflation 2.5%
- Net – 1.5%
- Applies to non PBR too

# **We will develop a ‘healthy system’**

- Aligned around clear goals
- Interdependent
- Mature business relationships
- Founded on transparent cooperation
- Establish systems of control
- Liberate innovative solutions
- There is no plan B



# 2010/11 Outturn summary

## NHS PLYMOUTH - 2011/12 ANNUAL OPERATING FINANCIAL PLAN 2010/11 OUTTURN SUMMARY

	£m	C'fwd
Plymouth Hospitals NHS Trust	6.7	6.7
Plymouth Provider Services	1.0	
Specialist Commissioning	1.9	1.9
Continuing Healthcare	1.0	1.0
Individual Patient Placements	0.8	0.8
All Other Commissioned	2.5	1.3
	<u>13.9</u>	<u>11.7</u>
<b>Funded by:</b>		
<u>Contingency &amp; reserve</u>	13.9	

# Revised Plan Summary

## NHS PLYMOUTH - 2011/12 ANNUAL OPERATING FINANCIAL PLAN 2011/12 REVISED PLAN SUMMARY

	Rec £m	Non £m	Tot £m
Growth	9.2		9.2
10/11 RAB C'fwd		4.1	4.1
10/11 SIF C'fwd		1.6	1.6
11/12 SIF Top Slice		-1.7	-1.7
	9.2	4.0	13.2
<b><u>Investments</u></b>			
Carry forward Overspends	11.7		11.7
Net Inflation/Efficiency (NHS)	-3.9		-3.9
Net Inflation/Efficiency (Non NHS)	2.6		2.6
Net Change to SIF	3.8		3.8
Underlying Growth	9.2		9.2
Operating Framework Requiremen	4.9	-2.4	2.5
Local Strategies		0.6	0.6
Other Baseline Movements	1.6		1.6
	29.9	-1.8	28.1
Efficiency Requirement	-20.7	5.8	-14.9

# 2011/12 Health Savings Requirement

## NHS PLYMOUTH - 2011/12 ANNUAL OPERATING FINANCIAL PLAN 2011/12 HEALTH COMMUNITY EFFICIENCY

	NHS Plymouth	Total
<b>Plymouth Hospitals NHS Trust</b>		
Tariff Efficiency	6.0	15.0
QIPP	9.0	14.0
Other		tba
<b>Plymouth Provider Services</b>		
Tariff Efficiency	2.9	3.4
QIPP	2.0	2.0
Other		0.8
<b>Other Commissioned Services</b>		
Tariff Efficiency	4.4	4.4
QIPP	4.0	4.0
<b>Total</b>		
Tariff Efficiency	13.3	22.8
QIPP	15.0	20.0
Other	0.0	tba
<b>Total</b>	<b>28.3</b>	<b>43.0 – 73.0</b>

# 2011/12 QIPP Plans (net)

## NHS PLYMOUTH - 2011/12 ANNUAL OPERATING FINANCIAL PLAN 2011/12 REVISED PLAN - QIPP PLANS

NHS Plymouth	REC	NON	TOT
2011/12 QIPP Plans Net (excl Trust Efficiency)	£000's	£000's	£000's
Prescription 1 (Urgent Care)	4,077	0	4,077
Prescription 2 (Elective Care)	2,595	0	2,595
Prescription 3 (Long Term Conditions)	3,267	-462	2,805
Prescription 4 (Prescribing)	904	-3	901
Prescription 5 (Primary/Community)	2,157	-130	2,027
Prescription 6 (Mental Health)	2,465	0	2,465
Prescription 7 (Learning Disabilities)	1,812	-100	1,712
Prescription 8 (Non Clinical Productivity)	-1,850	0	-1,850
Total Plans	15,427	-695	14,732

# Transition Planning

## Creating the New Infrastructure and Capability

- TCS Implementation
- Supporting the development of Sentinel as Consortium
- Early Adoption of H&W Board

## Keeping the Show on the Road – Clustering

- Functional analysis
- Schemes already underway
- Discussions with Neighbours

## **Transition Plan Key Design Principles**

- **Start now to deliver now**
- **Subsidiarity and Localism**
- **A clinical/managerial partnership**
- **Scale is important**
- **Keep it simple**
- **Form follows function**
- **Momentum**

## Four Tests of service redesign

- Support from GPs
- Patient and Public Engagement
- Clinical evidence base
- Support and development of patient choice

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Nick Thomas  
Director of Strategic Planning and Information



# Who We Are

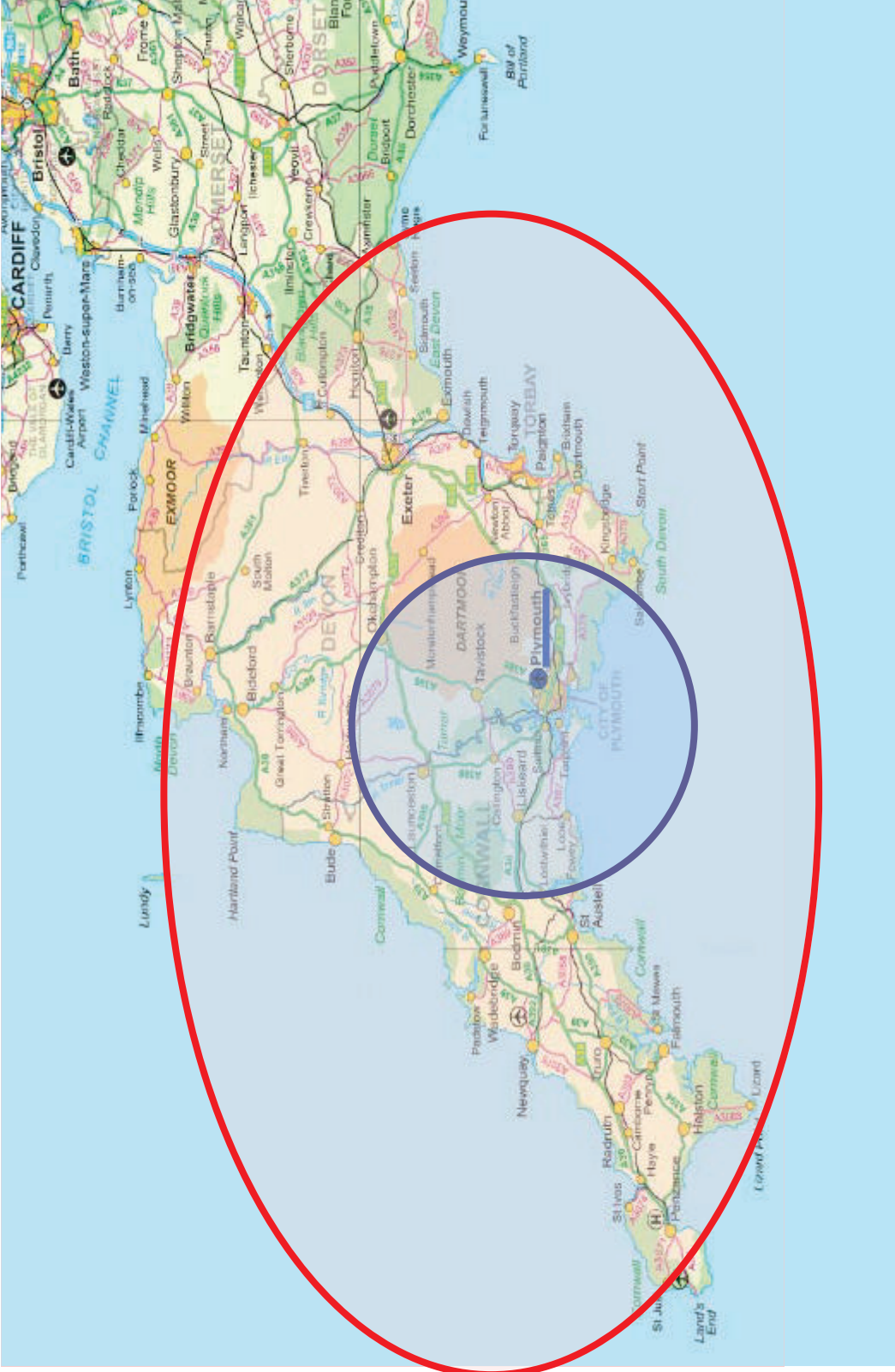
- Teaching hospital
- Links with Exeter & Plymouth Universities & Peninsula College of Medicine and Dentistry
- Ministry of Defence Hospital Unit
- 6,400 staff = 5,900 WTE
- £368m income 2010/2011
- Around 900 beds
- Multiple sites





# Plymouth Hospitals

NHS Trust





- Liver services
- Neonatal intensive care
- Bariatric surgery
- Cardiothoracic Services
- 24/7 stroke thrombolysis
- Burns Facility
- Haematology
- Gynaecology
- Neurosciences
- Cystic fibrosis
- Renal dialysis and transplant
- Immunology





# What We Have Achieved

## Meeting key national standards

- 4 hour maximum wait in Accident and Emergency from arrival to admission, transfer or discharge  
National standard=95%, PHT year to date=98%
- Achieving maximum 18 week wait from referral to treatment (admitted patients)  
National standard=90%, PHT year to date=96%
- Achieving maximum 18 week wait from referral to treatment (non-admitted patients)  
National standard=95%, PHT year to date=97%



# What We Have Achieved

## Providing high quality cancer services

National Standard	Target	PHT
Within 2 weeks from urgent GP referral (%)	> 93%	95%
Treatment within 31 days of 'decision to treat' (%)	> 96%	98%
Treatment within 62 days of urgent GP referral (%)	> 85%	86%
Within 62 days from screening referral to treat (%)	> 90%	92%
Within 62 days from consultant upgrade to treat (%)	> 90%	90%
Within 31 days - DTT to subsequent - surgery (%)	> 94%	97%
Within 31 days - DTT to subsequent - drugs (%)	> 98%	100%
Within 2 weeks for breast symptom referral (%)	> 93%	98%
Within 31 days - DTT to subsequent - rad'th'py (%)	> 94%	96%



# What We Have Achieved

## Providing safe services

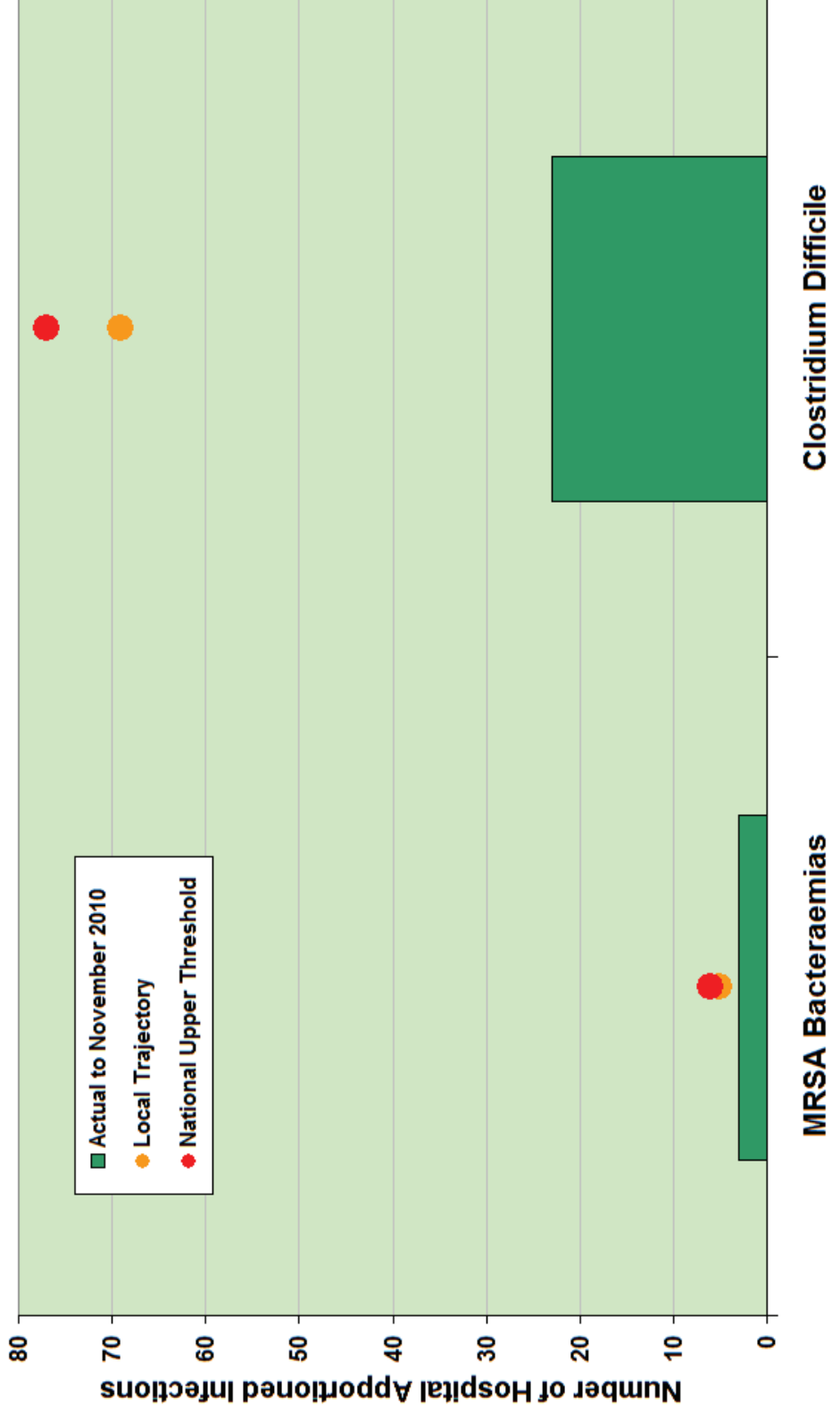
- Mortality rates 14% better than the national average in 2009/10 as assessed independently by Dr Foster - quarterly updates from Dr Foster show continuing strong performance
- Stroke care = Best Performing
- Strong culture of encouraging incident reporting, taking prompt action and learning lessons





# What We Have Achieved

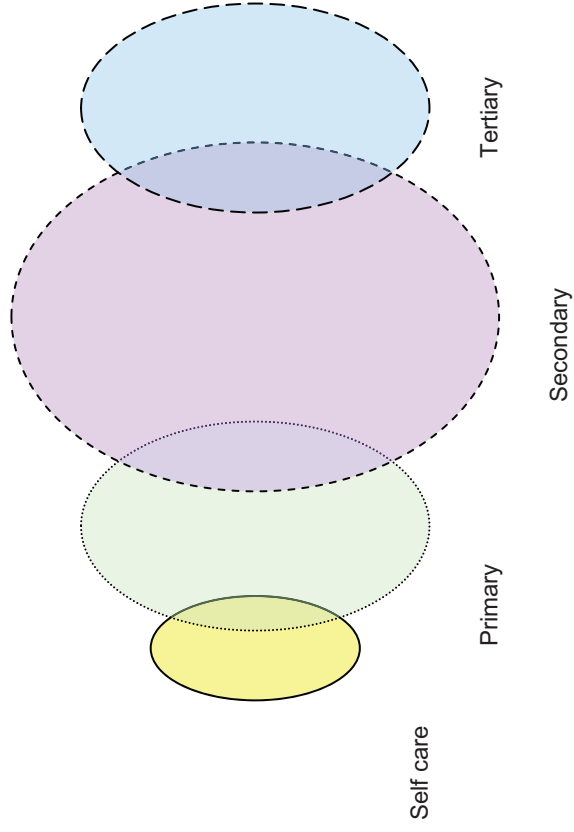
## Maintaining strong infection control performance





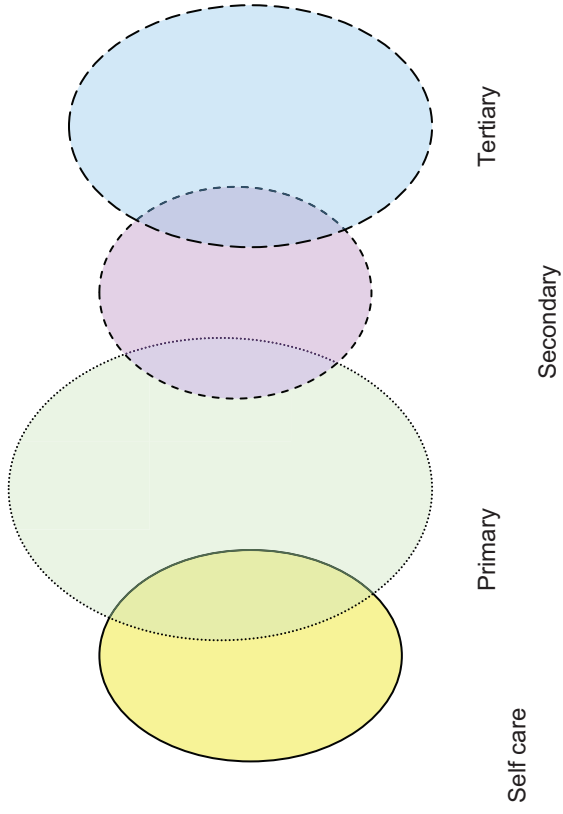


# The Current Landscape





# The Changing Landscape





Plymouth Hospitals  
NHS Trust



# Our Changes




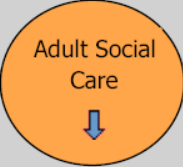


Plymouth Hospitals  
NHS Trust









## Health and Social Care Scrutiny Panel

**Adult Social Care Joint Finance and Performance Report  
for 3<sup>rd</sup> Quarter 2010/11**

Monthly Budget	Performance	Comment
		<p><b>Responsible Officer: Pam Marsden</b></p> <p>Net year-end forecast underspend for December is £0.225m reflecting a net saving of (£1.104m) since Quarter 2. This reflects an increase in costs associated with residential and nursing care for older people offset by a reduction in community based services and staffing costs.</p> <p>Self-directed support (NI130) stands at 25.8% against a December target of 23% and we are one of the highest performing authorities in the South West. Our implementation plan for service transformation in 2011-12 will focus on testing and rolling out significant organisational change involving all frontline staff. The aim is to ensure the new way of working is fully implemented by April 2012 and we would expect to achieve the new national milestone of full delivery of personal budgets by 2013. Carers performance (21.4%) is above target for December (18%) following data validation which has led to an improvement in performance. Learning Disabilities indicators linked with employment (NI146) and settled accommodation (NI145) are both currently under-performing. However, those currently in employment have been identified and will be reviewed in order for the target of 5.9% to be reached by the end of the financial year. Reviews in general (1_AAC) are also being given greater focus, activity which will improve performance against these indicators.</p> <p>The level of absence in ASC is considered a priority and the service has in place a number of actions to address the issue. These include monthly absence reports for the departmental management team, 3<sup>rd</sup> and 4<sup>th</sup> tier managers; follow up of the 'top 100' sickness cases and training for all 3rd and 4th Tier managers.</p>

## RAG rating key:

Budgets			
	0% - 0.8% overspend / 0% - 1.8% under spend		0.8% - 0.99% overspend / 1.8% - 1.99% under spend
	1% or more overspend / 2% or more under spend		
Measures – an average of all measures that sit within Departments			
	Indicators are on track		the <b>AVERAGE</b> of all indicators is up to 15% off target
	The <b>AVERAGE</b> of all indicators is more than 15% off target		

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Topics	J	J	A	S	O	N	D	J	F	M	A
Monitoring Adaptations Budget and Performance						10					
Adult Social Care delivery plans and performance monitoring report.				1					16		
Monitoring Implementation of the National Dual Diagnosis Strategy											
Dementia Strategy						10					
Tobacco Control Strategy											
<b>Plymouth Local Involvement Network (LINKs)</b>											
LINK update and performance monitoring										2	
<b>Consultations</b>											
Consultation response to White Paper – “Liberating the NHS”				16							
<b>Task and Finish Groups</b>											
Modernisation of Adult Social Care			24		4						
<b>Performance Monitoring</b>											
NHS Plymouth, Plymouth Hospitals Trust and PCC Joint Finance and Performance Monitoring, including LAA Performance Monitoring.									16		

Key:

 = New addition to Work Programme