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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

Date: Wednesday 8 June 2011

Time: 3.00 pm

Venue: Warspite Room, Council House

Members:

Councillor Mrs Bowyer, Chair

Councillor McDonald, Vice Chair

Councillors Mrs Aspinall, Mrs Beer, Mrs Bragg, Casey, Drean, Gordon, Dr. Mahony,
Mrs Nicholson, Dr. Salter and Tuffin.

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 of the meeting agrees, mobile phones should be switched off and speech, video and photographic equipment should not be used in meetings.

BARRY KEEL
CHIEF EXECUTIVE

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

AGENDA

PART I – PUBLIC MEETING

1. TO NOTE THE APPOINTMENT OF THE CHAIR AND VICE CHAIR

The panel will note the appointment of the Chair and Vice Chair.

2. APOLOGIES

To receive apologies for non-attendance by panel members.

3. DECLARATIONS OF INTEREST

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

4. MINUTES (Pages 1 - 8)

The panel will be asked to confirm the minutes of the meeting of 30 March 2011.

5. CHAIR'S URGENT BUSINESS

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

6. TRACKING RESOLUTIONS AND FEEDBACK FROM THE OVERVIEW AND SCRUTINY MANAGEMENT BOARD (Pages 9 - 10)

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

7. TERMS OF REFERENCE (Pages 11 - 12)

To note the panel's terms of reference.

8. APPOINTMENT OF CO-OPTED REPRESENTATIVES

To appoint co-opted representatives for the municipal year 2011 – 2012.

9. OVERVIEW OF ADULT SOCIAL CARE AND PRIORITIES

The Director of Community Services will provide a presentation on the department's priorities for the coming year.

10. THE NATIONAL HEALTH SERVICE IN PLYMOUTH AND PROPOSED CHANGES

The Director of Community Services will provide a presentation on the NHS in Plymouth.

11. NHS PLYMOUTH HOSPITALS TRUST (Pages 13 - 32)

The panel will consider NHS Plymouth Hospitals Trust's annual plan.

12. DRAFT WORK PROGRAMME (Pages 33 - 34)

The panel will consider its draft work programme.

13. 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(s) of Part I of Schedule 12A of the Act, as amended by the Freedom of Information Act 2000

PART II (PRIVATE MEETING)

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

Wednesday 30 March 2011

PRESENT:

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

Co-opted Representatives: Chris Boote (LINK)

Apologies for absence: Councillor McDonald and Margaret Schwarz (PHNT)

Also in attendance: Pam Marsden, Assistant Director for Adult Social Care (Plymouth City Council), Paul O'Sullivan, Joint Commissioning Manager (NHS Plymouth), Debbie Butcher, Commissioning Manager (Plymouth City Council), Julie Wilson, Mental Health Commissioner (NHS Plymouth), Liz Cooney, Director of Professional Practice and Patient Safety (NHS Plymouth), Angela Saxby, Governance, Project and Diversity Manager (NHS Plymouth), Professor Sarah Watson-Fisher Chief Nurse, (Plymouth Hospitals NHS Trust), Steve Boucher, Head of Operations Cornwall and IOS (South Western Ambulance Service), Nick Thomas, Director of Strategic Planning and Information (Plymouth Hospitals NHS Trust), Giles Perritt, Lead Officer (Plymouth City Council) and Ross Jago, Democratic Support Officer (Plymouth City Council).

The meeting started at 3.00 pm and finished at 5.10 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.

100. DECLARATIONS OF INTEREST

Name	Minute No. and Subject	Reason	Interest
Councillor Dr Mahony	105. NHS Plymouth Quality Accounts.	General Practitioner	Personal

101. CHAIR'S URGENT BUSINESS

Election of Vice Chair

In the absence of Councillor McDonald, Councillor Gordon having

been nominated by Councillor Ricketts and Seconded by Councillor Delbridge was appointed as Vice Chair for this meeting.

102. **MINUTES**

Agreed that the minutes of the meetings held on 16 February 2011 and 2 March 2011 are approved.

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

Agreed to approve the panel's tracking resolutions.

104. **DEMENTIA STRATEGY**

The Joint Commissioning Manager (NHS Plymouth) introduced an update on the Dementia Strategy Action Plan. It was reported that –

- a. the panel had been provided with documents which outlined the key actions being undertaken to implement the dementia strategies locally. Local and National actions were referenced within the dementia self assessment paper which had been validated by the South West Strategic Health Authority;
- b. the panel was also provided with a spreadsheet detailing NHS Plymouth spend and Adult Social Care spend with regard to dementia services;
- c. although there were areas marked green in the action plan these areas were being taken further;
- d. the spreadsheets did not reflect total spend on dementia services, there were additional costs such as pharmaceutical and primary care. The figures provided needed to be considered in the context of the wider spend.

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

- e. the membership of the partnership board was weighted toward clinicians and there was little permanent local authority membership. However the panel was assured that local authority officers were brought onto the panel when required. The approach ensured a free flow of information throughout the department;
- f. the focus on early diagnosis and end of life provision was reflected in the panel membership.

It was commented by the Plymouth Local Involvement Network (LINKs) Chair that the LINK's sister organisation Plymouth Involvement and Participation

Service (PIPs) had worked with officers from the health service and the local authority on the dementia strategy.

Agreed that-

- (1) the membership of the partnership board should be reviewed;
- (2) service user feedback is provided by PIPs and the LINKs to the partnership board to review the development of the strategy.

105. **NHS PLYMOUTH QUALITY ACCOUNTS**

The lead officer for governance and patient safety introduced a report and consultation documents on NHS Plymouth's Quality Accounts. It was reported that –

- a. the documents included with the agenda highlighted the work completed since NHS Plymouth last provided the quality accounts to the panel in June 2010;
- b. the 2010-11 quality accounts were extended to include all services provided by NHS Plymouth provider services;
- c. NHS Plymouth were currently consulting various stakeholders over the priorities included within their quality accounts; these priorities had been based on robust evidence and a number of organisations had already been consulted. The consultation period would end on the 1 April 2011;
- d. following the end of the consultation period NHS Plymouth would refine the quality accounts and provide them to the Health and Adult Social Care Overview and Scrutiny Panel in May 2011 for final comment.

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

- e. there had been a number of newsletters and an online survey which had helped patients be included within the quality accounts process. As it was only the second year of quality accounts this would be the benchmarking year in terms of quantifying success;
- f. NHS Plymouth had not compared the results of similar sized trusts. NHS Plymouth would use their networks to compare the consultation results;
- g. LINKs were helping with the development of NHS Plymouth quality accounts.

Agreed that-

- (1) the final quality accounts are presented to the panel in the new

municipal year with detailed analysis of consultation responses;

- (2) the quality accounts would be Plymouth focused and would reflect the four city priorities throughout;
- (3) the quality accounts should illustrate where NHS Plymouth aligns its priorities with other service providers in the city;
- (4) the quality accounts should be written in plain English to ensure they are accessible for the public.

106. **PLYMOUTH HOSPITALS NHS TRUST QUALITY ACCOUNTS**

The Director for Strategic Planning and Information and Chief Nurse introduced Plymouth Hospitals NHS Trust (PHNT) draft accounts. It was reported that–

- a. a strong focus on infection control had resulted in falling rates of Methicillin-Resistant Staphylococcus Aureus (MRSA) and Clostridium Difficile (C.diff);
- b. stroke services were viewed as amongst the best in the country and Dr Foster Healthcare Intelligence rated Derriford Hospital among the best hospitals in the country for patient outcomes;
- c. the PHNT standardised mortality ratio continued to fall;
- d. a national inpatient survey showed that almost 80 per cent of PHNT patients rated their treatment as excellent or good;
- e. maternity care in Plymouth was rated as good and in parts amongst the best in the country according to the patients who used the service.

Targets for the coming year included-

- f. a reduction in the number of cardiac arrests and the number of grade 3 pressure ulcers, surgical site infections and the incidence of Venous Thromboembolism (VTE);
- g. a reduction in the number of patient falls, the average length of patient stay and the number of delayed discharges;
- h. improved compliance rates for National Institute for Clinical Excellence guidance, an overall percentage improvement in the National Inpatient Survey, improved provision of single sex accommodation and an increase in the number of rapid response calls.

The Chair congratulated PHNT on the improvement in their quality accounts. In response to questions from members of the panel it was reported that-

- i. there had been an increase in the number of complaints, this was in some part due to an improved reporting process. Staff had been provided with a new complaints handling process which had improved the PHNT response rate;
- j. on site security was a constant presence at the hospital, to ensure that all staff and patients were safe;
- k. many modern operating procedures required a shorter stay in hospital. It was highlighted that the longer a patient remained in hospital increased significantly the chances of infection and many patients recovery was aided by being at home;
- l. there was a well developed work stream on dealing with paper records, PHNT's performance record in this regard could be reported to the panel and be included within future quality accounts;
- m. the main reason for delayed discharges was due to a delay in providing medication for patients leaving hospital or identifying a suitable location for them to be discharged to.

Agreed that-

- (1) PHNT's performance in relation to the management of patient records is added to the quality accounts 2011/12;
- (2) the final quality accounts are presented to the panel in the new municipal year with detailed analysis of consultation responses;
- (3) the quality accounts would be Plymouth focused and would reflect the four city priorities throughout;
- (4) the quality accounts should illustrate where PHNT aligns its priorities with other service providers in the city;
- (5) the quality accounts should be written in plain English to ensure they are accessible for the public.

107. **SOUTH WESTERN AMBULANCE SERVICE QUALITY ACCOUNTS**

The Head of Operations for Cornwall introduced a consultation document on South Western Ambulance Services Quality Accounts. It was reported that patient experience teams are used to gain feedback from patients and that the priorities within the consultation document would cover all aspects of service delivery.

Agreed that –

- (1) the final quality accounts are presented to the panel in the new municipal year with detailed analysis of consultation responses;

- (2) the quality accounts would pay due regard to Plymouth and would reflect the four city priorities throughout;
- (3) the quality accounts should illustrate where the South Western Ambulance Service aligns its priorities with other service providers in the city;
- (4) the quality accounts should be written in plain English to ensure they are accessible for the public.

108. **PLYMOUTH HOSPITALS TRUST - CARE QUALITY COMMISSION
UNANNOUNCED INSPECTION**

The Chief Nurse reported to the panel on the recent unannounced inspection by the Care Quality Commission (CQC) following a number of 'never-events' which occurred at the hospital. It was reported that –

- a. 'never events' were serious preventable incidents which should not occur when preventable measures had been implemented. Six never events had occurred at the hospital over a ten month period;
- b. 'never events' were reported to the PHNT public board meeting on the 28 January 2011 where the board agreed to engage proactively with the CQC;
- c. the CQC made an unannounced visit to the Hospital on the 16 February 2011 and found that there was not full and proper compliance with World Health Organisation checklists;
- d. since the CQC visit PHNT had published clear guidance on how to complete the checklist. This guidance was displayed in all theatres and anaesthetic rooms;
- e. before making mitigating changes theatres were reporting compliance rates of between 18 per cent and 80 per cent of patients receiving a complete checklist. Since the guidance had been published weekly compliance rates increased consistently above 95 per cent;
- f. further work was being carried out in order to prevent further incidents which included:
 - a review processes related to swabs and a standard operating procedure was developed for use in all theatres;
 - a swab 'bag it' system was introduced in all theatres to ensure accuracy of swab counts;
 - the throat pack process had been reviewed and a standard operating procedure was developed for use in all theatres;
 - team brief and debrief processes were being reviewed to ensure standard approach across theatre teams;

- theatre lists scheduling and compilations were being reviewed;
 - all staff were receiving written and verbal communication updates on changes to practice and plans for improvement;
- g. the CQC visited again on the 22 March 2011 to check for compliance. Although the CQC had not yet published a report on this visit PHNT did not expect to have to carry out further work.

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

- h. PHNT had carried out root cause analysis into each 'never event' and had implemented processes and procedures which were easy to adhere to;
- i. it was possible that junior staff felt unable to challenge senior staff members, if there was a case for disciplinary procedures further action would be taken;
- j. theatre teams were based around specialities, if there were staff shortages people could be moved around teams. PHNT had started a review around the scheduling of surgery;
- k. PHNT had a higher instance of 'never events' than other hospitals in the UK;
- l. each 'never event' had been subject to a root cause analysis. It was felt that adequate mitigating processes had been put in place. However when a further event occurred in November the problem was found to be rooted in the culture of the work place;
- m. no long term harm had been caused to any patient. Patients and their families were offered meetings with the trust following the events and engagement with patients continued;
- n. while there had been personnel changes, the problem was not based in local teams but was rather a systemic problem.

Agreed that the Plymouth Hospitals NHS Trust would provide the panel with an update at a future meeting following the publication of the Care Quality Commission report. The Chair of the Cornwall Health and Social Care Overview and Scrutiny Committee would be invited to the meeting.

109. **TASK AND FINISH GROUP ON PLYMOUTH PROVIDER SERVICES**

Agreed that the recommendations of the task and finish group be approved and forwarded on to the new Chief Executive of Plymouth Provider Services.

110. **WORK PROGRAMME**

Agreed that the panel's work programme is approved.

111. **EXEMPT BUSINESS**

There were no items of exempt business.

TRACKING RESOLUTIONS

Health and Adult Social Care Overview and Scrutiny Panel

Date / Minute number	Resolution	Explanation / Minute	Action	Progress	Target date
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)	Will be considered at the Task and Finish Group on the 17 March 2011.	As soon as available

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

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Health and Adult Social Care Overview and Scrutiny Panel
Terms of Reference

1. To scrutinise matters relating to health and public health and to hear the views of local residents, with a view to improving health services, reducing health inequalities and improving the health of local residents.
2. To respond to consultations by local health trusts and by the Department of Health.
3. To consider whether changes proposed by local health trusts amount to a substantial variation or development and, if so, to take appropriate action including appointing members to any joint committee where the proposals cover more than one local authority's area, including undertaking all the statutory functions in accordance with Section 244, of the National Health Act 2006, regulations and guidance under that section.
4. To assist the council in the management of its contractual arrangements relating to LINKs under section 221 (1) of the Local Government and public involvement in health act and statutory instrument 2008 No. 528.
5. To scrutinise the impact of the Council's own services and of key partnerships on the health of its population.

In performing the above duties the Panel will scrutinise:-

- Arrangements made by local NHS bodies to secure hospital and community health services for the residents of Plymouth;
- The provision of family health services, personal medical services, personal dental services, pharmacy and NHS ophthalmic services;
- the public health arrangements in the area, e.g. arrangements by NHS bodies for the surveillance of, and response to, outbreaks of communicable disease or the provision of specialist health promotion services;
- the planning of health services by NHS bodies, including plans made in co-operation with local authorities, setting out a strategy for improving both the health of the local population, and the provision of health care to that population;
- The arrangements made by NHS bodies for consulting and involving patients and the public under the duty placed on them by Section 11 of the Health & Social Care Act 2001;
- Any matter referred to the Committee by a patients' forum under the NHS Reform And Health Care Professions Act 2001;
- Social care services and other related services delivered by the authority.

Policy Areas

- Adult Social Care
- Partner Organisations NHS Plymouth, NHS Plymouth Hospitals Trust, South West Ambulance Service, LINK, Strategic Health Authority and the Department of Health.

Cabinet Members

- Adult Health and Social Care

Directorate

- Public Health
- Community Services

Plymouth 2020 Link

- Healthy theme group.

Plymouth Priorities

Monitor performance against the relevant corporate priorities.

Membership

The Chair of the Panel shall serve on the Overview and Scrutiny Management Board. The Health and Adult Social Care Overview and Scrutiny Panel will be chaired by a Member of the majority political group with the vice-chair from the opposition political group. The panel can consider inviting non-voting co-opted members to join the panel, subject to the approval of management board. All Members of the panel will adhere to the general rules of overview and scrutiny.

Annual Plan 2011/12

putting patients first ● taking ownership ● respecting others ● being positive



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Trust Focus 2011/12 - Summary

Quality Improvement

We will provide safe and high quality services which result in a positive patient experience

Quality

Safety

Our objectives are to:

- Provide safe care (avoid causing harm to patients)
- Provide effective care (good access and positive outcomes)
- Provide personal care (deliver a positive patient experience)
- Maintain effective healthcare governance systems

We will do this by:

- Implementing the Quality Strategy
- Developing ward quality/safety dashboards
- Developing and implementing a Patient Safety Strategy
- Improve healthcare governance processes to enable early detection of issues and share learning
- Providing customer care training to support delivery of our Patient Promises
- Complete the service and capital and development programme
- Working with Sentinel on the Map of Medicine

We will measure our success by:

- Achieving compliance with CQC's essential standards
- Reducing Hospital Standardised Mortality Rates
- Increasing the percentage of patients rating treatment as excellent, very good or good in national patient surveys
- Reducing the number of incidents causing harm

What does this mean for staff?

We will take personal responsibility for our individual part in delivering our Patient Promises and actively work together to identify and act on issues affecting safety and quality.

What does this mean for patients?

Patients will receive safe, effective and personal care and a positive experience from their treatment at the hospital.

Leadership

We will provide good leadership to a highly skilled, motivated but smaller workforce

Workforce

Health

Our objectives are to:

- Support, motivate and improve the morale of our staff
- Develop a culture of learning and improving
- Ensure an affordable workforce deployed in the right place at the right time
- Ensure that our staff are suitably skilled and trained

We will do this by:

- Developing workforce plans and a transparent implementation plan to ensure safety and affordability
- Developing a plan to address the issues highlighted in the staff survey
- Developing and delivering a leadership development programme
- Introducing an improved objective setting, staff appraisals process and better clinician job planning
- Creating a Trust Clinical Executive (TCE) to better involve clinicians in decision making

We will measure our success by:

- Increasing the percentage of staff who would recommend the Trust as a place to work and care for their family
- Remaining within the pay budget
- Appropriate increases in productivity
- Reduced sickness absence rates

What does this mean for staff?

We will play an active role within the teams in which we work to identify issues and develop solutions to the problems. We will actively share learning with other teams. We know that the size of the workforce will reduce, but will be kept fully informed and involved.

What does this mean for patients?

Patients will be treated by a highly skilled and motivated workforce which focuses on providing safe, effective and personal care.

Business Improvement

We will be financially and operationally viable and develop as a health community

Efficiency

Governance

Our objectives are to:

- Deliver our planned financial position
- Develop a robust medium term financial plan
- Achieve Foundation Trust status by 2012/13
- Maintain compliance with CQC registration requirements

We will do this by:

- Establishing an improved governance and performance management structure for service lines
- Deliver the £31m savings target
- Developing workforce plans to ensure safety and affordability
- Working with our health and social care partners to support clinical transformation
- Developing a full patient level costing system

We will measure our success by:

- Ensuring service lines achieve a 20% contribution
- Managing 'run rates' in line with the plan
- Managing workforce profiles in line with the plan
- Ensuring that our overheads benchmark in the top quartile
- Monitoring the achievement of agreed performance measures
- Maintenance of full CQC registration

What does this mean for staff?

We will redesign patient pathways and become a smaller, more productive organisation. We know that saving money is tough, you will be involved in, and informed about, the process.

What does this mean for patients?

Patients will receive the right service, in the right place and at the right time and at a cost the taxpayer can afford.

Partnerships and Communication

We will develop and maintain effective partnerships with partner organisations and good communications with partners and the public.

Introduction

Purpose

This document outlines our plans and objectives for 2011/12. Specifically it sets out what we are aiming to achieve, how we will do it, how we will measure our success and what it means for our people, patients and stakeholders.

Context

The NHS is entering a period of unprecedented change and the whole health community has a collective responsibility to make the most of these changes for patients. We are committed as an organisation to ensuring that safety and quality remain central to what we do. There will be fundamental changes to the commissioning process and there is the need to generate significant savings across all organisations. We do not underestimate how difficult this will be but we are committed to these objectives.

This year will be tough as we will need to make savings of 8% (£31 million) of our budget. The challenge is to become more efficient whilst ensuring that safety is not compromised and, wherever possible, to improve the quality of care we give to our patients. We fully support the "Healthy System" model developed by NHS Plymouth and Sentinel.

Our Values

Our patients are at the heart of everything we do. The values defining the way we do things are:

- Putting Patients First
- Taking Ownership
- Respecting Others
- Being Positive

Our Performance

The dedication and commitment of our people to giving high quality patient care means that we already have much to be proud of, for example:

- We are in the best 10% nationally for mortality rates
- We have award-winning infection control arrangements
- We achieve high levels of patient satisfaction
- We are nationally recognised as delivering excellence in many areas, including:
 - Oesophago-Gastric Surgical Cancer Services
 - Venous Thromboembolism (VTE).
 - Stroke care across the community

The Trust needs to build on these strengths, blend with best practice from other hospitals and ensure they are applied across all services. This, supported by a problem solving approach and a culture of leadership and learning, will enable us to deliver our plan for the coming year and set a solid base for achieving Foundation Trust status in 2012/13.

Our Vision

In recognition of the changing NHS, we have reviewed and amended our vision statement. Our vision is *"to take pride in delivering excellent care to our patients, whilst making the best use of public money."*

To achieve this vision we aim to be in the top 25 Trusts in the country for safety, quality, productivity and patient and staff satisfaction within five years. We have set our performance measures to reflect this.



Our Interim Strategy

The vision describes our purpose and what we aspire to be. A strategy describes what we will do to achieve our vision.

Over the last few months we have focused on developing our interim strategy. We have done this because we believe that the scale of the challenges and changes faced by the NHS and by this Trust requires the development of a short-term interim strategy. In the spring and summer the Board will be developing a longer-term strategy and plan which describes the future shape and direction of the Trust and its services over the next five years. Our interim strategy focuses on improving performance over three dimensions:

- Quality Improvement
- Leadership Improvement
- Business Improvement

Our approach to maintaining and improving safety and quality whilst making significant savings will be delivered at directorate and service line level and can be summarised under three headings:

- **Productivity** - we need to do what we do more efficiently and effectively and to reduce waste. In particular, we are focussing on use of beds, theatres, outpatients and support functions.
- **Changing pathways of care** - we will work with colleagues in primary, community and social care to shift the balance of care from hospital settings to community settings. In particular, we are focussing on services for the frail elderly and for people with long-term conditions.
- **The basics** - we need to make sure we get the basics right. We need effective procurement, good management of rosters and staff sickness and to make sure we continually look for opportunities to use our resources better. Our three improvements themes and the approach we are taking to making savings summarises our interim strategy.

Quality Improvement Plan

Our objectives and commitments for 2011/12

Our objectives in 2011/12 are to:

- Provide safe care (avoid causing harm to patients).
- Provide effective care (secure positive clinical outcomes).
- Provide personal care (deliver a positive patient experience).
- Maintain effective healthcare governance systems.

We are committed to improving safety and placing the quality of patient services at the heart of everything we do. We will shortly be publishing our Quality Account which describes the quality priority targets for 2011/12 with key deliverables and measurements. To support this, we have recently developed four Patient Promises following consultation with patients and our people.

These promises underpin every aspect of our care delivery:

- I will care for you compassionately and respectfully
- I will give you clear information and involve you in your care
- I will give you the best treatment I can when you need it
- I will make sure you are treated in a clean and safe environment

Delivering safe and effective care focused on individual patient needs and the quality of their experience can only be achieved on a sustained basis by the redesign of pathways of care to provide a coordinated and seamless service across the health and social care communities. This will be achieved by clinically led and managerially supported redesign, commissioning and delivery of care.

We are also continuing to improve our facilities through a capital programme which will deliver improvements to the estate and to the environment for patients.

What we already have in place to help us deliver these objectives

- We fully support the “Healthy System” model developed by NHS Plymouth and Sentinel
- The Trust Board agreed a Quality Strategy in November 2010.
- The Trust Board agreed a Patient Experience Strategy in December 2010.
- The Trust has agreed four Patient Promises.
- A series of ‘Delivering Excellence in Care’ projects have been developed.
- Implementation of the SHA’s Quality and Patient Safety Improvement Programme.

How we will secure delivery of these objectives

The following table summarises the actions we will take to secure delivery of these objectives.

Key Action	Lead	Timetable
Implement our Quality Strategy	Medical Director	June 2011
Develop a ward quality/safety dashboard programme	Chief Nurse	June 2011
Develop a patient safety strategy and roll-out of existing patient safety initiative workstreams	Medical Director /Chief Nurse	July 2011
Improve healthcare governance processes to enable early detection of issues and capture learning	Chief Nurse	September 2011
Develop customer care training to support the delivery of Patient Promises.	Chief Nurse	November 2011
Complete the service development programme including the development of World Class Cancer Care, the Royal Eye Infirmary relocation and refurbishment of the Main Theatres.	Director of Strategic Planning	March 2012
Work with colleagues in primary care to implement "Map of Medicine" patient pathways.	Medical Director	Ongoing

How we will measure our progress

We will measure this through improved patient satisfaction, comparing national benchmarks for safety and clinical outcomes and compliance with our regulators' requirements. All services will implement practice that is known to improve safety and quality, for example hand washing, theatre check lists and patient observations. Development of the ward quality dashboards will enable data to be collected at ward level to drive real-time improvements. Service performance will be reviewed at least quarterly and action taken to address any issues identified in the delivery plan. The following table summarises the key metrics we will use to assess our progress.

Performance Measure	Current Position	Target Position
Unconditional registration with CQC Essential Standards of quality and safety.	Unconditional registration	Unconditional registration
Reduction in Hospital Standardised Mortality Ratios (HSMR).	77.2	Maintain position in the top decile
Percentage of patients rating treatment as good, very good or excellent in national patient surveys.	91%	95%
Increased incident reporting (known to be an indicator of safety)	5.06 (per 1000 patients)	5.60
The percentage of reported incidents causing harm will reduce.	30%	27%
Number of 'Never Events'.	6	0
Delivery of the key targets contained within the Quality Account.	Annex 1	Annex 1

We will...

The Board and executive team will provide leadership and guidance to enable our people to deliver the safety and quality objectives and will ratify the service development programme.

Clinical leaders will be responsible for leading the implementation of these objectives with their teams and will ensure that the service development programme meets the ongoing requirements of the Trust.

All staff will take ownership for providing patients with safe and high quality care in an appropriate environment.

Business Improvement Plan

Our objectives and commitments for 2011/12

Our objectives in 2011/12 are to:

- Deliver our planned financial position.
- Develop a robust medium term financial plan.
- Prepare for achieving Foundation Trust status by 2012/13.
- Demonstrate compliance with CQC registration requirements.

We must deliver a breakeven financial result for 2011/12, meaning that the expenditure we will incur will be the same as the income we generate. To achieve this we will need to deliver savings of £31 million (around 8% of our budget) by improving productivity, changing pathways of care and getting the basics right whilst maintaining safety.

It is critical that we work with our partners in health and social care to do things differently and reduce the number of patients who need to stay in hospital by treating more patients as outpatients, day cases or in the community. This is better for the patient and more cost effective. In doing this we will not need as many beds as we currently have, nor the staff in those ward areas. Our plans mean there will be a reduction in the number of people we employ.

We must reduce our pay bill by £17 million this year, equal to around 7% of our total pay budget. This is a significant challenge. We have already started to reduce our pay costs. The programme to reduce the cost of support services will contribute to this, as will the plans already developed by clinical directorates. The directorates have, however, been asked to find further pay savings in addition to those already identified. It is intended to finalise these plans by the end of May. We intend to deliver the majority of these savings by the end of September. Staff and their representatives will be consulted and involved in this process. Although most of these posts will be removed through natural turnover, it is inevitable that there will be redundancies.

What we already have in place to help us deliver these objectives

- We have improved our approach to agreeing a contract for 2011/12, ensuring our clinicians were involved in the process and that the contract reflects the work we do.
- We have ensured that the 2011/12 budget setting and business planning process is robust so we are clear on the size of the financial challenge that we face.
- We have established the approach to service line management with 48 service lines led by clinical service line directors and leads.
- We have established a new Finance, Performance and Investment committee to ensure that we provide better assurance to the Board on the progress being made.

How we will secure delivery of these objectives

By working differently in 2011/12 we will:

- Close around 130 beds by reducing the length of time patients need to stay in an acute bed.
- Close two theatres by increasing the productivity of the way that we currently work.
- Ensure all of our outpatient clinics are fully utilised.
- Continue to drive down our overhead costs whilst transforming the services they provide to clinical teams.
- Ensure the amount we spend on non-pay costs provides best possible value for money.

A resource plan is shown in Annex 2. This is supported by a strengthened governance framework to help secure delivery of our plans in 2011/12 and beyond (Annex 3). The following table summarises the actions we will take to secure delivery of these objectives.

Key Action	Lead	Timetable
Establish a revised governance and performance management structure for the management of the transformation programme	Director of Finance	April 2011
Ensure that the plan to deliver savings of £31m is rigorously implemented.	Director of Finance	April 2011
Ensure that the Trust has a comprehensive and detailed workforce plan for the year that reflects the size of the efficiency challenge.	Director of Workforce	May 2011
Ensure that we have established an effective means of working with our health and social care partners to support clinical transformation	Chief Operating Officer	May 2011
Continue to develop the leadership of service lines and the supporting governance models as we aim for semi-autonomous business units.	Chief Operating Officer	Ongoing
Continue to drive significant efficiencies in Trust Overheads and Clinical Support Services	Director of Strategic Planning	Ongoing
Develop a full patient level costing system during 2011/12.	Director of Financial Services	March 2012
Develop a detailed plan for meeting high standards of governance and achieving Foundation Trust status	Director of Governance	June 2012

How we will measure our progress

The following table summarises the key metrics we will use to assess our progress.

Performance Measure	Current Position	Target Position
Service lines to achieve 20% contribution to Trust overheads	Significant number of service lines not achieving a 20% contribution	All service lines achieving a 20% contribution
'Run-rate' spending through 2011/12 in line with agreed plan.	Directorate run-rate spending was not achieved in 2010/11	Bottom line run-rate spending in line with plan
Management of workforce profiles in line with plan	Pay budgets were not achieved	Monthly trajectories to be achieved
Achievement of the safety, quality, efficiency and workforce targets contained within directorate performance dashboards	Not applicable as new framework to be implemented	All Directorates achieving green or amber in all domains
Assessment of CQC outcome compliance.	Partial compliance	Full compliance

We will...

The Board and executive team will form the Trust Clinical Executive and work continuously in a style that engages with partners, such as Sentinel and supports front line clinicians and staff to lead their own services autonomously, preserving and improving quality whilst improving efficiency and productivity.

Clinical leaders will take responsibility for leading their own services and ensuring performance is continually improved to achieve service line viability.

All our people will be involved in the transformation programme and have the opportunity to influence and be involved in changes to, and improvements of, their services.

Leadership Development Plan

Our objectives and commitment for 2011/12

Our objectives are to:

- Support, motivate and improve the morale of our our people.
- Develop a culture of learning and improving.
- Ensure an affordable workforce that is deployed in the right place, at the right time.
- Ensure that our staff are suitably skilled and trained.
- Develop workforce plans to ensure both safety and affordability.

Our commitment is to offer excellent leadership at every level of the organisation. High quality leadership at Plymouth Hospitals NHS Trust means all of us developing a sense of shared purpose and clear objectives in the way we deliver excellent quality care for our patients. Highly motivated and well led staff are critical to providing excellent patient care. The feedback that we have received through the staff survey, meetings and focus groups tells us that there is more to do to achieve this aim.

To achieve our savings target we will need to reduce our pay expenditure by £17 million. This will be achieved through a range of actions including a reduction in temporary staffing, the number of posts and possible changes to terms and conditions. The way this is done will be a key test of our approach to leadership. The organisation needs transformation of many services to be successful.

The transformation which is needed will lead to a smaller workforce in a smaller, leaner Derriford site. To achieve this aim will require a better focus on workforce planning and on supporting managers to change the shape of services. The extent of the transformational change that is needed for the organisation to be successful inevitably makes the aim of improving morale and motivating our people an even greater challenge and priority.

We are developing a programme to improve the leadership of the organisation and to support the changes which we will all be part of. To demonstrate that we take this seriously part of this programme will focus on Board level leadership. The other two priorities for leadership development will be clinicians who undertake leadership and management roles and ward/ departmental managers.

What we already have in place to help us deliver these objectives:

- Commitment from the Board that leadership is one of the Trust's priority areas.
- Valuable insight into staff feelings and morale through the staff survey and Listening into Action work.
- A newly configured Human Resources team to support leaders and managers.
- An emerging approach to developing clearer workforce profiles through the year.
- A clear target for reducing Trust pay costs.

How we will secure delivery of these objectives

The following table summarises the actions we will take to secure delivery of these objectives.

Key Action	Lead	Timetable
Agree an approach with staff representatives to reducing pay costs including a framework for redeployment, redundancy and other pay savings	Director of Workforce/OD	May 2011
Ensure that staff are engaged and consulted in this process	Director of Workforce/OD	May 2011
Develop an action plan to address the issues highlighted in the staff survey	Director of Workforce/OD	June 2011
Conduct regular staff surveys throughout the year to check our progress.	Director of Workforce/OD	July and November 2011 March 2012
Establish a leadership development programme	Director of Workforce/OD	May 2011
Create a Trust Clinical Executive (TCE) to provide stronger clinical involvement in decision making	Chief Executive	May 2011

How we will measure our progress

The following table summarises the key metrics we will use to assess our progress.

Performance Measure	Current Position	Target Position
'Run-rate' for pay expenditure through 2011/12 in line with agreed plan	Pay expenditure 'run-rate' was not achieved in 2010/11	Pay expenditure 'run-rate' in line with plan.
Sickness absence rates	4.5%	4.0%
Percentage of staff who would recommend a friend or relative to be treated by the Trust	53%	63%
Percentage of staff who would recommend the Trust as a good place to work	39%	55%

We will...

The Board and executive team will implement a leadership development programme which will focus on clinicians in (or aspiring to) leadership roles, first line managers and the Trust Board itself. There will be an emphasis on improved problem solving and a consistent approach to shared learning. Staff will be kept informed and consulted as we reduce pay costs.

Clinical leaders will take up the challenge of front line leadership, ensuring that all services are clinically led and financially viable, with an emphasis on improved performance, workforce productivity and the production of plans for achieving pay budgets.

All our people will feel valued, supported and engaged in the delivery of the Trust's services, particularly during a tough year when the number of posts is being reduced.

Produce a detailed workforce plan which shows where post numbers are reducing and grade and skill mix is changing to ensure safety and cost reduction.

Partnership and Communication

Our objectives and commitment for 2011/12

Our objectives are to:

- Adopt a strong leadership role in the new health community where a more collaborative approach to patient care is required.
- Build on areas of excellence to establish a reputation as a place where staff want to work and would be happy to have their loved ones treated.
- Communicate openly and clearly with our staff and listen to their views.

To succeed, our plan must be underpinned by good consultation, collaboration and communication with our key stakeholders, including clinicians both inside the Trust and across the health and social care community. It is crucial to engage our partners in the aims of the Trust and use communications as a major driver in motivating and mobilising key stakeholders, particularly staff, to make a personal contribution to achieving the shared objectives.

What we already have in place to help us deliver these objectives:

- We have signed up to the NHS Plymouth/Sentinel “Health System” vision.
- Engagement at Board and executive level with health and social care partners.
- Increasing clinician to clinician engagement.
- Clinical and non-clinical networks, which include patient and advocacy groups, and our colleagues who work across organisations.



How we will secure delivery of these objectives

The following table summarises the actions we will take to secure delivery of these objectives.

Key Action	Lead	Timetable
Develop our joint mechanisms to work with PCT clusters and GP consortia.	Director of Strategic Planning	May 2011
Establish formal mechanisms to work with Plymouth City Council.	Chief Operating Officer	May 2011
Establish formal mechanisms to work with the local branches of HealthWatch.	Director of Strategic Planning	May 2011
Conduct a reputation audit and use this to develop a new Communications Strategy.	Director of Strategic Planning	May 2011
Review the effectiveness of our internal communication arrangements and, where appropriate, make changes to ensure that staff are appropriately engaged and involved.	Chief Executive	July 2011
Agreement of a commissioner convergence plan for our Foundation Trust application.	Director of Governance	October 2011

How we will measure our progress

The following table summarises the key metrics we will use to assess our progress.

Performance Measure	Current Position	Target Position
Percentage of patients feeling involved as much as they want to be in decisions about their care and treatment.	54%	60%
Percentage of our staff agreeing that communication between senior management and them is effective.	19%	24%
Percentage of our staff who would recommend the Trust as a good place to work.	39%	54%
Percentage of media coverage (traditional, online and social) reflecting positively on the Trust.	69%	70%
Results of reputation audit.	-	Good

We will...

The Board and executive team will ensure good board to board and executive level engagement across the health community.

Clinical leaders will engage with clinicians across the health community to promote joint working and effective care management.

All our people will understand the vision and values of the Trust, observe the patient promises and actively promote good working relationships with health and social care colleagues from across the health community.

Quality Metrics

Performance Measure	2010/11 Actual	2011/12 Target	Lead ED
Reduction of patient falls resulting in harm	103	90	Chief Nurse
Reduction in deaths from cardiac arrest	255	200	Medical Director
Reduction of grade 3 pressure ulcers	2.3%	<1.0%	Chief Nurse
Appropriate VTE risk assessment	56%	>95%	Medical Director
Trust recommender score	86%	>90%	Chief Nurse
Fractured neck of femur < 36 hours	59%	>90%	Chief Operating Officer
Fractured neck of femur readmission rates	24%	<15%	Medical Director
Percentage of delayed discharges	3.4% (March 2011)	2%	Chief Operating Officer
Cancelled operations by hospital	1.6%	<0.8%	Chief Operating Officer
Cancelled operations not rebooked within 28 days	2.9%	2.0%	Chief Operating Officer
Incidence of C-Diff	32	32 (43*)	Chief Nurse
Incidence of MRSA	4	4(5*)	Chief Nurse
PEAT scores - food and hydration	Excellent	Excellent	Chief Nurse
PEAT scores - environment	Good	Excellent	Chief Operating Officer
PTEA scores - privacy and dignity	Good	Excellent	Chief Nurse

(*) These figures are the maximum tolerated set for our Trust.

We would want to at the least maintain our current position against these.

Resource Analysis for 2011/12

Activity

The following table sets out the activity we plan to deliver in 2011/12.

Description	Planned 11/12 Volume	Change from 2010/11 Outturn (%)
Elective	60,066	+1.25%
Non-elective	53,609	-0.30%
Outpatients	473,749	+2.65%
A & E	91,103	-6.89%

Finance

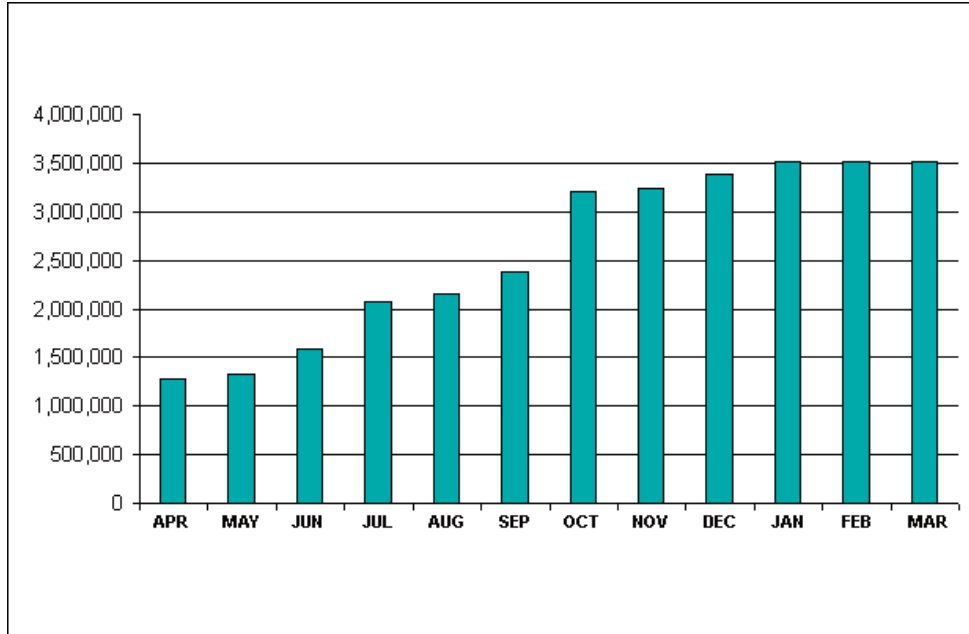
The following table summarises the Trust's financial plan for 2011/12

Financial Item	2010/11 Outturn (£m)	2011/12 Plan (£m)
Healthcare	325.7	332.6
Other income	65.8	49.4
Total income	391.5	382.0
Total expenditure	(366.1)	(356.4)
EBITDA	25.4	25.6
Net interest payable (receivable)	(0.1)	(0.1)
Depreciation	(17.7)	(18.2)
Profit/loss on asset disposal	(0.4)	0
Public Dividend Capital (PDC)	(7.2)	(7.3)
Budget surplus	0.0	0.0

Resource Analysis for 2011/12

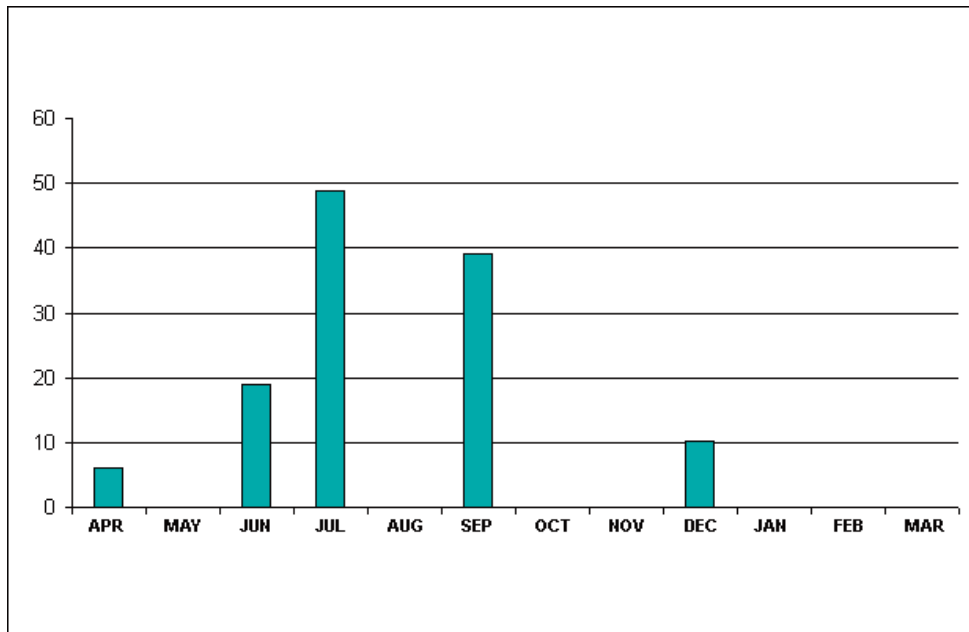
Cost Improvement Plans (CIPs)

The following graph shows the level of savings we will deliver each month during 2011-12 starting with £1.2m in April rising to £3.5m by the end of March.



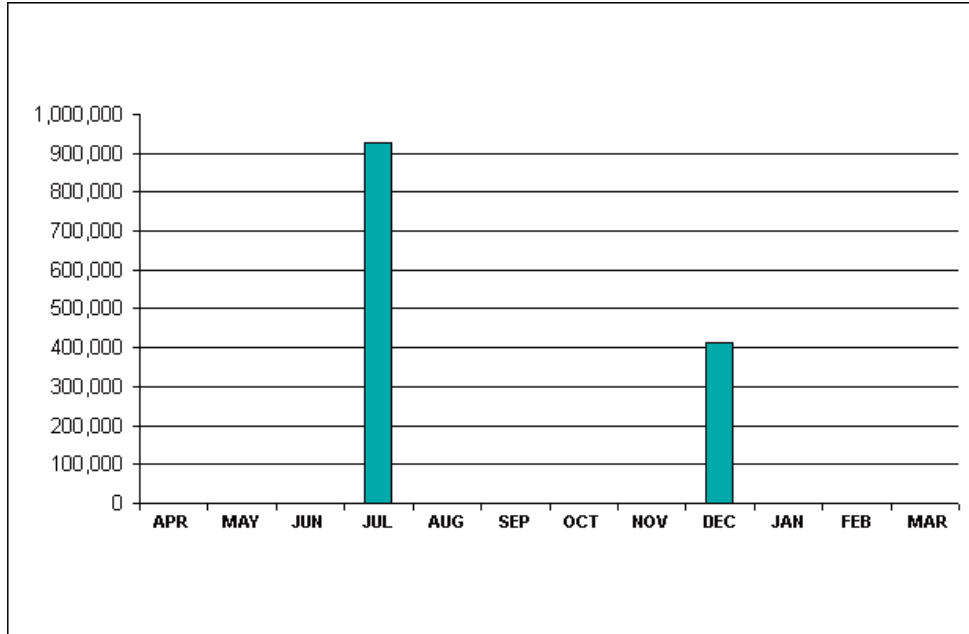
Planned Bed Reductions resulting in Ward Closures

The following graph shows the level and timing of bed reductions we will deliver.



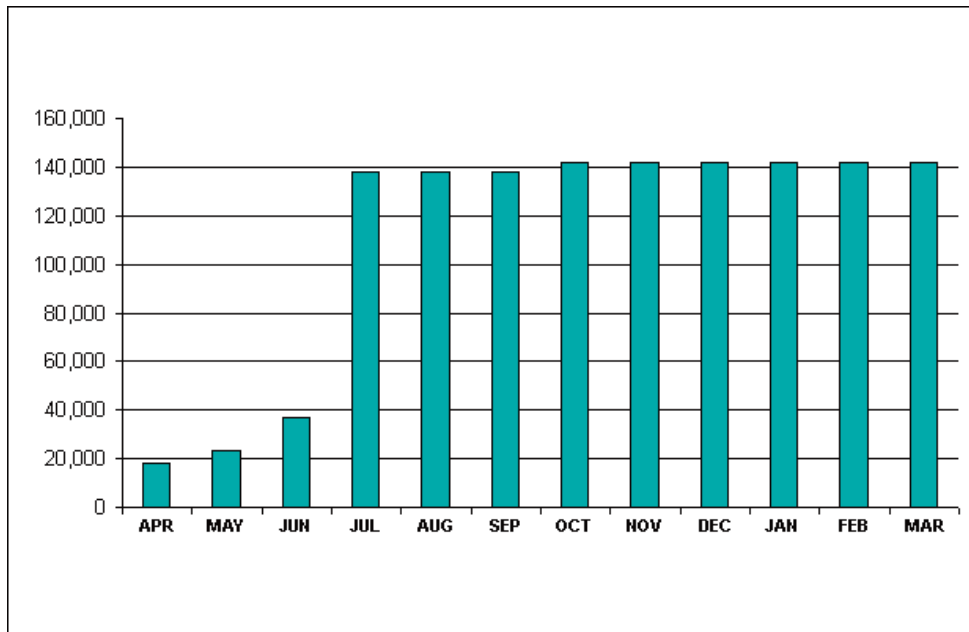
Planned Theatre Closures

The following graph shows the planned theatre closures we will deliver, in what month they will occur and the value of expected savings.



Planned Outpatient Clinic Improvements

The following graph shows the planned level of savings that will arise from improved productivity in outpatient clinics.



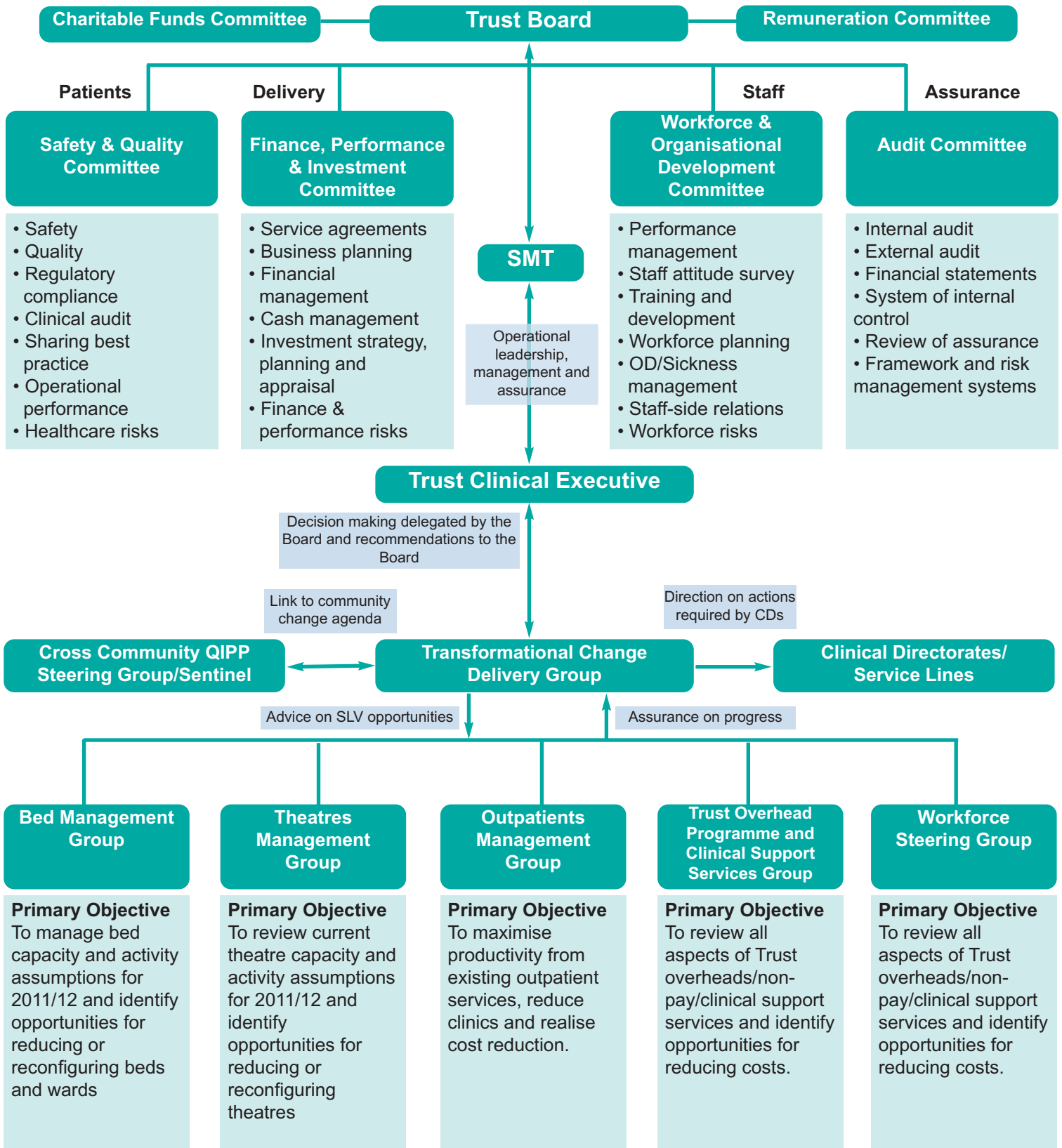
Resource Analysis for 2011/12

Capital Programme

The following table sets out the amount of money we will invest in capital schemes in 2011/12

Programme	2011/12 Plan (£000)
<i>Brought forward</i>	846
Directorates	467
Estates and Facilities	5,330
Imaging	100
IM&T	1,660
Medical Equipment RRP	1,000
Pathology	432
Planning	4,850
Carried Forward	(2,684)
Total	12,000

Delivery Framework



Health and Adult Social Care Overview and Scrutiny Panel

Work Programme 2011/12

Topics	J	J	A	S	O	N	D	J	F	M	
NHS Plymouth Primary Care Trust Services											
Gynaecological Cancer Surgery Service Change Update		20									
NHS Plymouth - Quality Improvement Productivity and Prevention (QIPP) Update		20									
NHS Plymouth – Mental Health Commission Annual Report 2011						9					
Review of Urgent Care Services				14							
Plymouth NHS Hospitals Trust											
Plymouth Hospitals NHS Trust – Infection Control Update									7		
Plymouth City Council – Adult Social Care											
Winter pressure and reablement fund Update		20									
Tobacco Control Strategy (To be confirmed)											
Plymouth Local Involvement Network (LINKs)											
LINK update and performance monitoring						9					
Consultations											
Performance Monitoring											
Quality Accounts										7	
NHS Plymouth, Plymouth Hospitals Trust and PCC Joint Finance and Performance Monitoring, including LAA Performance Monitoring.								25			

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