Oversight and Governance
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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Thursday 25 October 2018
2.00 pm
Warspite Room, Council House

Members:
Councillor Mrs Aspinall, Chair

Councillor Mrs Bowyer, Vice Chair

Councillors Corvid, Hendy, James, Laing, Loveridge, Dr Mahony and Parker-Delaz-Ajete.

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

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Tracey Lee
Chief Executive

Health and Adult Social Care Overview and Scrutiny Committee

1. Apologies

To receive apologies for non-attendance submitted by Councillors.

2. Declarations of Interest

Councillors will be asked to make any declarations of interest in respect of items on the agenda.

3. Minutes **(Pages 1 - 6)**

To confirm the minutes of the previous meeting held on 26 September 2018.

4. Chair's Urgent Business

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

5. Livewell SW CQC Action Plan **(Pages 7 - 26)**

6. University Hospitals Plymouth NHS Trust CQC Action Plan: Update on actions related to the two Warning Notices **(Pages 27 - 50)**

7. Director of Public Health Annual Report: **(Pages 51 - 82)**

8. Planned Care Programme Briefing **(Pages 83 - 84)**

9. Integrated Performance Scorecard **(Pages 85 - 94)**

10. Integrated Finance Report **(Pages 95 - 110)**

11. Work Programme **(Pages 111 - 114)**

12. Tracking Resolutions **(Pages 115 - 116)**

Health and Adult Social Care Overview and Scrutiny Committee

Wednesday 26 September 2018

PRESENT:

Councillor Mrs Aspinall, in the Chair.
Councillor Mrs Bowyer, Vice Chair.
Councillors Corvid, Hendy, James, Laing, Loveridge, Dr Mahony and Parker-Delaz-Ajete.

Also in attendance: Julie Morgan (Head of Audit, Assurance and Effectiveness) and Kevin Baber (Chief Operating Officer), Amanda Nash (Head of Communications) from University Hospitals Plymouth NHS Trust, Jo Beer (Interim Director of Integrated Urgent Care) University Hospitals Plymouth NHS Trust and Livewell SW, Councillor Ian Tuffin (Cabinet Member for Health and Adult Social Care), Carole Burgoyne MBE (Strategic Director for People) and Sarah Lees (Public Health Consultant) and Amelia Boulter (Democratic Advisor).

The meeting started at 2.00 pm and finished at 5.15 pm.

Note: At a future meeting, the Panel 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.

19. **Declarations of Interest**

Councillor Mrs Aspinall declared a personal interest in respect of minute number 24, she sits on a GP International Recruitment Panel.

20. **Minutes**

Agreed the minutes of the meeting 25 July 2018.

21. **Chair's Urgent Business**

There were no items of Chair's urgent business.

22. **University Hospitals Plymouth NHS Trust CQC Report**

Julie Morgan (Head of Audit, Assurance and Effectiveness) and Kevin Baber (Chief Operating Officer) from University Hospitals Plymouth NHS Trust were present for this item and referred to the report that was included in the agenda.

In response to questions raised, it was reported that -

(a) they were producing regular reports for the CQC and the deadline of 26 October 2018 was for the warning notices. They expect the CQC to return to the hospital to review the significant progress that had been made against the two warning notices and at that time expect the CQC to either lift the warning notices or extend it;

(b) they have a programme of work in place with a team designated to both warning notices and overseeing the actions required. They assured the Committee that action plans were in place with the right resources and were on track to deliver;

(c) there were pockets of poor culture across the organisation, however the hospital does have a full programme of staff engagement to encourage staff to speak out. Their challenge was to reach every pocket of the organisation but some staff still felt they couldn't speak out despite the approach taken by the hospital to encourage this;

(d) they do understand the rules and apply them appropriately with regard to Deprivations of Liberty Safeguards applications but inspectors were concerned about the training provided and for the hospital to increase the level of training and expertise on the frontline;

(e) there were incidents of acts of violence and aggression on staff by confused elderly patients and within the intensive care ward. Extensive training was provided for staff to deal with patients however they were not aware that this had an impact on recruitment and retention. They were also not aware of any staff being attacked outside of the workplace.

The Committee noted the University Hospitals Plymouth NHS Trust CQC Action Plan and congratulated the hospital on being outstanding for caring. It was also agreed that the Committee –

1. to receive a progress update on actions against the CQC Action Plan at the next meeting on 25 October 2018.

2. to receive an update on the University Hospitals Plymouth NHS Trust Workforce Plan.

23. **Never Events Update**

Kevin Baber (Chief Operating Officer) from University Hospitals Plymouth NHS Trust was present for the item and referred to the report that was included in the agenda.

In response to questions raised, it was reported that -

(a) they were not aware that patient's notes were part of the problem leading to a never event;

(b) despite multiple checks being undertaken by multiple people mistakes unfortunately do occur, they shouldn't but need to learn from them;

(c) there were a variety of ways that a never event raised, such as an x-ray post-operative showing a retained swab. Strict reporting arrangements were in place and when a never event was identified, it was reported to the NHS Improvement Board followed by an Incident Review Process.

The Committee noted the update and the Chair requested that any future Never Events are shared with Chair and Vice-Chair.

24. **University Hospitals Plymouth NHS Trust Winter Plan Presentation**

Kevin Baber (Chief Operating Officer) and Amanda Nash (Head of Communications) from University Hospitals Plymouth NHS Trust and Jo Beer (Interim Director of Integrated Urgent Care) from University Hospitals Plymouth NHS Trust and Livewell SW were present for this item and referred the presentation attached

OSC Winter_25_Sept.ppt

In response to questions raised, it was reported that –

(a) NHS England were working alongside Plymouth City Council to provide a system wide approach to recruiting GPs to the area;

(b) the management of long term conditions within the community and moving to an integrated approach whilst understanding the population would reduce the need for the elderly to go into hospital;

(c) releasing unused beds to become part of the general bed base would ease pressure and free up capacity, however, but that would put extra pressure on staff to manage the additional beds. They also need to challenge the medical physicians to deal with the length of stay of their patients on wards;

(d) NHS England undertook a review of the way the voluntary 4x4 service worked during the adverse weather last year and asked to have sight of the plans to ensure join up with local authority resilience plans. District nurses remapped their work so that they could continue to visit patients within their own homes and were exploring remote access for GPs and patients;

(e) the Cumberland Centre will close early if at full capacity to ensure that all patients already at the centre are seen before closing time, however they were looking at extending opening times for the winter period;

(f) the on-line portal evidence to date was experiencing a channel shift where they hope less people were ringing 111 and more people would now be making the right decision and choosing the right services once they have used the on-line portal.

The Committee agreed -

1. to request that South Western Ambulance Service attend scrutiny to provide an update on the NHS111 service.

2. to assist with wider communications to sign post people where appropriate when the Cumberland Centre reaches it capacity in treating patients and closes early as a result.

25. **Flu Vaccinations for Front Line Staff**

Amanda Nash, Head of Communications (University Hospitals Plymouth NHS Trust) reported that they encourage their staff to have a flu vaccination but this was not mandatory. Last year the uptake increased from 58% to 68% and this year's target was 75%. Their key message for staff: protect yourself, protect your patients and protect your families.

Sarah Lees, Public Health Consultant reported that the offer to Plymouth City Council (PCC) staff focussed on areas of high absence, business continuity and employees working with vulnerable clients. They were providing a mixed offer to PCC staff by running clinics at Prince Rock and offering the voucher system in which staff can book their own appointment at Boots. They were also providing presentations and toolkits in care homes and to domiciliary care staff on the importance of immunisation and infection control. A similar offer had been made to schools.

In response to questions raised, it was reported that:

(a) they had not targeted university students, however they would have the same communications encouraging people in high risk groups to have a flu vaccination;

(b) they would welcome the support from Councillors in getting the message out to a wider audience and to also share with Councillors the link to access the voucher to get a flu vaccination.

The Committee noted the report from the University Hospitals Plymouth NHS Trust and verbal update from Public Health and agreed that -

1. a short briefing is provided to Councillors to assist with the flu vaccination campaign and link on how to access the voucher to get immunised.

2. the Committee receives an update in March 2019 on the uptake of the flu vaccinations for the past 2 years including the impact on sickness and absence.

26. **STP Mental Health and Wellbeing Strategy**

David McAuley and Michelle Green (NEW Devon CCG), Jo Turl (NHS South Devon and Torbay CCG), Sarah Lees (Public Health Consultant) and Carole Burgoyne MBE (Plymouth City Council) were present for this item. It was reported that the strategy had been developed by commissioners working alongside the Mental Care Partnership and the Engagement Committee and feedback so far primarily focusses on needing to be clearer on prevention, people supporting themselves and children and young people.

Following a discussion, the committee would like to see the following included within the STP Mental Health and Wellbeing Strategy -

(a) more emphasis on transition from children to adult services;

(b) enhanced support to families and schools and ensuring that everyone has access to good robust services when needed;

(c) CAMHS services and support provided to veterans;

(d) mental health to be taken just as seriously as other illnesses;

(e) people to be treated as a whole person.

The Committee agreed to set up a Joint Select Committee with Education and Children's Social Care to explore mental services for children and adults within Plymouth.

27. **Tracking Resolutions**

The Committee noted the tracking resolutions and requested that the Democratic Advisor chase the outstanding recommendation.

28. **Work Programme**

The Committee noted the work programme and requested that the following items are scheduled onto the work programme:

- Loneliness;
- Workforce Development Strategy (November);
- Sexual health services – are there any issues in accessing sexual health services in Plymouth? Briefing paper to be circulated to the Committee;
- Joint Mental Health Select Committee (new year);
- University Hospital Plymouth NHS Trust CQC Action Plan Progress Update (October).

CORPORATE REPORT SUMMARY

Name of meeting:	Health Overview and Scrutiny Committee		
Date of meeting:	September 2018		
Name of report:	Livewell Southwest CQC Action Plan		
Authors:	Geoff Baines		
Approved by:		**Presented by:**	

PURPOSE OF REPORT:

To inform the committee of the action plan response to the Livewell Southwest CQC Inspection report published 7 August 2018.

RECOMMENDATION(S):

To note progress.

APPROPRIATE LIVEWELL STRATEGIC AMBITION (please tick):

✓	**Collaboration**	*Working together with system partners to achieve effective, integrated, affordable services.*
✓	**Co-ordination**	*Re-align service delivery towards a "best bed is your own bed" approach.*
✓	**Choice**	*People we care for will be supported to independently manage their own wellbeing, health and care in the way that they determine will increase their quality of life.*
✓	**Prevention**	*Support people of all ages, including our workforce, to be as fit, healthy and as independent as possible, for as long as possible.*
✓	**Community**	*Create strong networks and partnerships with a wide range of professionals and community groups so that support is responsive and provided within the person's local community.*

Please tick as appropriate:

✓	This paper provides **assurance** for the above objectives
	This paper presents **a risk** to achieving the above objective

Care Quality Commission Livewell Southwest Inspection Report

Following a well Led inspection by the Care Quality Commission (CQC) between January and May 2018, the Livewell Southwest CQC inspection report was published on 7 August 2018.

The overall rating for Livewell Southwest is ‘Good’ (Green) with an improvement since our last inspection published in 2016 of safe, from requires improvement to good and of caring, from good to ‘Outstanding’ (Blue).

It is worth noting that the rating for ‘caring’ in Edgecumbe, our older people mental health services, moving from good to outstanding contributed to the overall rating for Livewell moving to outstanding. This is in addition to the outstanding ratings for the Acute Mental Health services at Glenbourne and the community learning disability services. In addition since the 2016 inspection there had also been improvements in;

- ‘safe’ moving from requires improvement to good for Greenfields our mental health Rehabilitation service and Cotehele older persons mental health sevrice;
- ‘effective’ moving from requires improvement to good for the adult place of safety (also referred to as the Section 136 POS);
- ‘responsive’ and ’well led’ moving, and as a result overall, moving from requires improvement to good for specialist community mental health services for children and young people.

A summary of the overall ratings for each of the five CQC key questions, with an arrow to highlight where our ratings were the same as in 2016 or have improved is illustrated below;

In addition to the full report it is pleasing to note the following extracts from the press release from the Care Quality Commission that accompanied the publication;

'A team of inspectors from the Care Quality Commission visited the organisation in May 2018 to check the quality of five mental health services and two community health services:

- *Child and adolescent mental health wards*
- *Wards for older people with mental health problems*
- *Mental health crisis services and health-based places of safety*
- *Specialist community mental health services for children and young people*
- *Long-stay or rehabilitation mental health wards for working age adults*
- *Community health inpatient services*
- *Community end of life care life care*

CQC also looked specifically at management and leadership to answer the key question: Is the organisation well led?

Following this inspection the organisation's rating for caring has been raised to Outstanding. The organisation is still rated as Good for being safe, effective, responsive to people's needs and well led.

The inspection does not change CQC's overall rating for the organisation, which remains Good.

Karen Bennett-Wilson, CQC's Head of Inspection for mental health in the South West said:

"Livewell Southwest CIC is providing good care to those living in Devon and Cornwall and the organisation can be proud of many of the services that it manages.

"We saw staff interacting with people who used the service and those close to them in a respectful and considerate way. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.

"Many of the wards managed by the organisation were environments that were recovery focused and supported patients with specific needs. "

In addition to the positive inspection report and areas of outstanding practice identified above, two of our 15 core services were rated overall as requires improvement. These include Plym Bridge child and adolescent mental health ward and community end-of-life care services. As a result the inspection report has highlighted;

- 4 requirement notices that set out 9 actions that we must undertake relating to Plym Bridge and end-of-life care;
- 40 areas of practice that as an organisation we should improve.

For all of the above actions a comprehensive action plan has been developed to be overseen by the Performance sub-committee of the Livewell Southwest Board (see copy attached).

The action plan has been submitted to the CQC and as part of the routine ongoing post inspection process, a regular provider engagement meeting has been established in order to report ongoing progress and continued intelligence sharing.

In conclusion, the outcome of the CQC inspection clearly demonstrates an overall high level of performance being achieved by the organisation where particular recognition should be noted for all of the staff and teams who continue to work hard day in and day out and can be very proud of their achievements. Areas for improvement have also been highlighted and action is being taken to ensure that these issues are addressed to provide good quality services for all of our local people and their families.

Geoff Baines

Director of Patient Experience Quality and Safety

20 September 2018.

LIVEWELL SOUTHWEST CIC - ACTION PLAN SUMMARY
CQC ACTION PLAN FOLLOWING INSPECTION MAY 2018

RAG Key
Green - Action completed within required timescale
Blue - Action in line with required timescale
Amber - Action behind required timescale
Red - Action not on track of required timescale

Impact Key
S/T - Short Term - to influence and create change over 0-3 months
M/T - Medium Term - to create change in practice over 0-6 months
L/T - Long Term - will take time to bed in and create required change and long term sustainability

CQC Recommends
M - Must do
S - Should do

Vicky Romback, Sarah Goddard and Tracy Clasby

Ref	Recommendation	Action Required	Target Start Date	Target Delivery Date	Lead	Progression on Actions 30th September 2018	RAG Rating 30th September 2018	CQC Recommends
	Child and Adolescent Mental Health Wards							
1	Action the organisation MUST take to improve							
1.1.	The provider must review its risk assessments and blanket restriction policy. This includes the blanket restrictions imposed on the young people and the non-individualised assessment of the restrictions (Regulation 12)	Matron and unit manager meeting to review blanket restrictions within the unit, and consider a unit/organisational policy. Risk assessment where those that cannot be removed to be completed, gradual phasing out of blanket restrictions. Introduction of Safewards in PBH will work towards creating a safe culture within the unit, limiting the use of blanket restrictions including the use of mobile phones and electronic devices	01/09/2018	31/03/2019	VR/SG	Vicky Romback and Amanda Williams are meeting to complete a Blanket Restrictions policy in October. We have looked at national guidance and best practice to seek advice in this area. Furthermore, at the unit we have set up a development meeting to review improvements as a staff team. So far we have removed the 'no mobile phones' and implemented access. This has led to a reduction in incidents during the evening. We are reviewing all blanket restrictions at our next development meeting in October.		M
1.2	The provider must ensure that regular team meetings take place and are recorded (Regulation 17)	Team meetings are now taking place and information for all meetings will be held on a shared drive for evidence. This will be monitored through locality meeting	01/09/2018	31/12/2018	VR/SG	Team secretary and Matron met to develop a new shared drive and team meetings schedule. Minutes will be taken for each meeting and saved in this shared drive.		M

Ref	Recommendation	Action Required	Target Start Date	Target Delivery Date	Lead	Progression on Actions 30th September 2018	RAG Rating 30th September 2018	CQC Recommends
1.3	The provider must ensure there are robust procedures for sharing of information and learning following incidents (Regulation 17)	Weekly huddle for clinical staff to review weekly incident themes. Governance/development meeting to ensure senior oversight on a monthly basis. Also discussed at locality meetings monthly	01/09/2018	31/12/2018	VR/SG	Slight change to action in that it is now part of the monthly development meeting. VR collates data and adds to run charts. Last month we reviewed restrictive interventions data.		M
1.4	The provider must ensure supervision and appraisal of staff members happen regularly (Regulation 17)	Supervision will take place in line with LSW policy. This will be monitored monthly at performance. All staff will receive an appraisal annually which will also be monitored monthly through performance	01/09/2018	31/12/2018	VR/SG	Senior staff members have all received line management and appraisal alongside a new line management structure which ensures each staff member is tasked with carrying out LM and supervision within policy. We have also set up a number of clinical supervision groups and a nursing forum for training and education.		M
1.5	The risk register must be updated appropriately and more accurately reflect key risks (Regulation 17)	Matron to get register up to date and support the ward manager in the on-going review of current risks and addition of new risks	01/09/2018	31/12/2018	VR/SG	All new identified risks have been entered onto PBHs risk register by Matron. These are relevant to PBH. Old ones will be reviewed and amended this month. Ligature audit completed, workbook complete but needs to be moved to the electronic system.		M
1.6	The provider must ensure that fridge temperatures and checks are recorded daily (Regulation 15)	Process for robust fridge temperature checks and a process for reporting exceptions now in place and monitored by the matron	01/09/2018	31/12/2018	VR/SG	This has been highlighted to all staff. Planned checks will happen when the resus equipment is checked and process for alerting temps outside of normal range - established. There is an audit process in place to check the appropriate monitoring and recording. Spot checks will be completed by the DLM to provide assurance		M

Ref	Recommendation	Action Required	Target Start Date	Target Delivery Date	Lead	Progression on Actions 30th September 2018	RAG Rating 30th September 2018	CQC Recommends
2	Action the Organisation SHOULD take to Improve							
2.1	The provider should ensure that cleaning schedules are adequately recorded and any gaps in the cleaning record explained on the record.	these schedules are now in place and held by the hotel services management. Any areas of concern will be raised with the matron / hotel services manager.	01/09/2018	On-going	VR/SG	Cleaning schedules are sent to mount gould monthly. These will be sent electronically to the matron for saving on the shared drive.		S
2.2	The provider should improve the risk assessment process. The risk assessments should be more specific and include a detailed description of antecedents and actions plans.	All registered staff to complete CPA training and engage in learning sessions and forums on the unit. All staff involved in risk assessment to be competent and able to assess and manage risk as part of the MDT and record this appropriately.	01/09/2018	31/12/2018	VR/SG	A nursing forum has commenced to meet with staff and develop a care planning/risk assessment and management process. The team are currently testing the recovery star model of care planning.		S
2.3	The provider should improve the young people's care plans. These should be person centred, individualised and not generic	Create person centred care plan using the recovery star model. Staff to be trained and competent in implementing this alongside the CPA process. Create audit process to review this outside of the record keeping audit.	01/09/2018	31/12/018	VR/SG	Action as above. The recovery star is a solution focused tool which includes a holistic self-assessment by the young person to demonstrate progress.		S
2.4	The provider should evidence young people's involvement in their care plans and to evidence that a young person was offered a copy of the care plan.	Embed person centred care planning as part of the above actions. Create audit process to review this outside of the record keeping audit.	01/09/2018	31/12/2018	VR/SG	As above		S
2.5	The provider should identify staff that require training in Gillick competence and provide training, as well as recording their attendance.	Training plan to identify all non-mandatory and essential training for all staff to monitor required training, attendance and out of date staff. Monitored through performance	01/09/2018	31/07/2019	VR/SG	Ward manager leading on booking in dates for MHA and gillick competence training.		S

Ref	Recommendation	Action Required	Target Start Date	Target Delivery Date	Lead	Progression on Actions 30th September 2018	RAG Rating 30th September 2018	CQC Recommends
2.6	The provider should ensure proper medicines management. This includes the correct storage, disposal and ordering of medication.	Ensure all registered staff are up to date with medicines competencies and bitesize training sessions by pharmacy to offer CPD around medicines management. Monitored through line management	01/09/2018	31/12/2018	VR/SG	ward manager is leading on a programme for carrying out medicines assessments in line with appraisal process.		S
2.7	The provider should identify staff that require Mental Health Act training, support them to attend training and keep a record of their attendance.	Training plan to identify all non-mandatory and essential training for all staff to monitor required training, attendance and out of date staff. Monitored through performance	01/09/2018	31/08/2019	VR/SG	Training compliance data is known for all within the team and is currently being reviewed in line with the action above.		S

Ref	Recommendation	Action Required	Target Start Date	Target Delivery Date	Lead	Progression on Actions 30th September 2018	RAG Rating 30th September 2018	CQC Recommends

LIVEWELL SOUTHWEST CIC - ACTION PLAN SUMMARY
CQC ACTION PLAN FOLLOWING INSPECTION MAY 2018

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M/T - Medium Term - to create change in practice over 0-6 months
L/T - Long Term - will take time to bed in and create required change and long term sustainability

CQC REGULATION
M - Must do
S - Should do
MR- Must do & Regulation

Coral Styles, Shona Cornish and Sharon King

Ref	Recommendation	Action Required	Target Start Date	Target Delivery Date	Lead	Progression on actions 30th September 2018	RAG Rating 30th September 2018	CQC Recommends
	COMMUNITY END OF LIFE							
1	Action the organistion MUST take to improve							
1.1.	The provider must ensure that the healthcare assistants have appropriate end of life training to work with patients and their families or those close to them (Regulation 18)	Team to have training and sign off of competencies where available : RAPID (complete)	09/08/2018	01/12/2018	SK / MT	complete		M
		clinical observations				Complete		
		sepsis				Complete		
		Physical signs of dying person				All booked on training completion date 02.11.2018		
		Six steps Ambition for the team but as TUPE going forward needs to be checked if this can be part of due diligence, discuss with George Lillie. CL				TUPE has been discussed with George Lillie at Westen Locality End of Life Group, initial agreement that any outstanding training will be provided		
1.2	The provider must take steps to ensure all medications administered by the service have an up to date, accurate and legible prescription to include doses, in line with the NMC standards for medication administration (Regulation 12)	Check the content of syringe driver training for Livewell and St Luke's for comparison. SK will attend both sessions and link with trainers.	09/08/2018	01/04/2019	SK/CS	SK booked to attend both sessions and link with trainers. 19.09.2018 Training good , would be better if Livewell Trainer available for whole session to answer queries about local policies. However training will change to incorporate more than the procedure, include physical signs, pharmacology and possibly VOED into a one day session. SK/ PH / NL will aim to have trail of first new session by April 2019. We are using rep for training at the moment as she brings dummy drivers for us to use, we have no drivers in the training suite,can we access drivers for training?		M
		Check what is taught in relation to medication management	09/08/2018	01/01/2019	CS	CS to attend medicines management training session and review date booked Dec 2018, there are differences in policies for inpatient and community which need to be aligned in relation to training, however all staff have acces to appropriate training		
		Look at Syringe driver competency to ensure clarity around understanding prescriptions CS	09/08/2018	01/11/2018	CS/SK	CS and SK have had initial look at syringe driver competency, it is fit for purpose currently but may need amending following review of training and policy		
		Check with Matrons what compliance with syringe driver competency is with all teams CS and SC	09/08/2018	30/09/2019	CS	Check with Matrons what compliance with syringe driver competency is with all teams, CS has sent email to all matrons asking for details of compliance of all RN's by 3rd September 2018. Minimal response from matrons so reminder sent 20/09/2018 to be returned by 30th Sept. Audits showed no areas of concern accross all teams, vast majority of staf completent and had had approproate training, some preceptees and updates outstsnding but all booked on trainning sessions.		
		Gap analysis of staff competent and ensure they all receive update if needed SK, CS, SC	09/08/2018	01/03/2019	CS/ SK/SC	Gap analysis of staff competent and ensure they all receive update if needed, this will be undertaken following response from matrons and review of training		
		New syringe driver prescription chart in final development stage (for Western Locality) awaiting sign off SK, CS	09/08/2018	TBC	SC/CS/SK	New syringe driver prescription chart in final development stage (for Western Locality) awaiting sign off SK, CS		
		Ensure communications about new chart are shared and staff understand their responsibility	09/08/2018	TBC		Ensure communications about new chart are shared and staff understand their responsibility will be undertaken when new chart published		

Ref	Recommendation	Action Required	Target Start Date	Target Delivery Date	Lead	Progression on actions 30th September 2018	RAG Rating 30th September 2018	CQC Recommends
1.3a	The provider must ensure the monitoring and auditing of quality and effectiveness of the community end of life service.	Look into differing measures, current popular is OACC:	09/08/2018	01/04/2019	CS SK	Look into differing measures, current popular is OACC SK CS to meet with St Lukes to see how they use OACC measures. CS and SK met with GW, there are some aspects of OACC that we could use but will look at hoe this		
		Ask NEW Devon CCG STP if there is a preference and any wish for consistency CS	09/08/2018	30/10/2019	CS	Ask NEW Devon CCG STP if there is a preference and any wish for consistency, CS has emailed CCG to add to agenda in October		
		Ask St Luke's education team if they have any other information SK	09/08/2018	30/09/2018	SK	Ask St Luke's education team if they have any other information		
		Talk to BI about how we can use the Bundle to pull out information	09/08/2018	30/12/2018	SK/CS/SC	Talk to BI about how we can use the Bundle to pull out information Contact made with BI, meeting arranged to look through End of Life Bundle. Meeting 19/09/2018 nd agreements made around eol bundle, incidents and complaints. Awaiting draft of revised bundle we will then trail data capture		
1.3b	Improve measures of patient outcomes specific to specialist end of life care (Regulation 17) (note we do not provide specialist palliative care)	Ask Claire Gatehouse if there is a way of pulling information on palliative and end of life care form patient experience tool for all teams, or do we need to have add on section? SK	09/08/2018	01/12/2018	SK/CS	Ask Claire Gatehouse if there is a way of pulling information on palliative and end of life care form patient experience tool for all teams, or do we need to have add on section? Meeting arranged for September to look at tool. Meeting and draft audit tool agreed, Once we have SK will ask for feedback		M
		Ask Sarah Jones if there is a way of pulling end of life information from incidents, if not can we make a way of allowing staff to do so? SK	09/08/2018	01/12/2018	SK/CS	Ask Sarah Jones if there is a way of pulling end of life information from incidents, if not can we make a way of allowing staff to do so? email send to Sarah, awaiting response when she returns from leave. 19/09/2018 Discussion with SJ, draft to be made by SJ for approval. This is now available on the incident reporting system.		
		Ask Dawn Wallbridge if there is a way of pulling information from complaints and concerns, if not, is there a way to do so? SK	09/08/2018	01/12/2018	SK/CS	Ask Dawn Wallbridge if there is a way of pulling information from complaints and concerns, if not, is there a way to do so? email to Dawn awaiting response when she returns from leave. 20/09/2018SK met with Dawn, date same as incidents so same catagorisations to be used		
2	Action the Organisation SHOULD take to Improve							
2.1	Take significant steps to improve staff attendance in mental capacity act and deprivation of liberty safeguards and ensure that the reporting template captures this information.	To confirm with the trainiing department	09/08/2018	09/10/2018	CS	The training department have now confirmed that there is updated education session for both MCA and DoLs in mandatory training and this can be monitored through ESR		S
2.2	Improve the standard of records for do not attempt resuscitation and treatment escalation plans.	Ask Andy Field if there could be more on what good TEP looks like on Resuscitation training CS	09/08/2018	01/04/2019	CS SK	Ask Andy Field if there could be more on what good TEP looks like on Resuscitation training, discussion with Andy, information to be included in all resuscitation training agreed,		S
		TEP Audit for community services within 2018-2019 action plan of Western Locality Group	09/08/2018	01/04/2019	CS	Audit within 2018-2019 action plan of Western Locality Group.		
		Meeting with Medical Director to discuss how to link and improve within Livewell Medical Teams CS, SK	09/08/2018	31/11/2018	CS SK	Audit tool and date of audit TBC, meeting in October so will calrify then awaiting date to meet Sam Roy arranging		
		Highlight to Primary Care Board MT	09/08/2018	30/09/2018	MT	MT has spoken to Western Primary Care Board.		
		Information to all staff via comms about what is expected	09/08/2018	15/12/2018	SK/CS/SC	Information to all staff via comms about what is expected date for End of Life wek to be agreed, possible date in Novemebr		
		Have a designated week within Livewell dedicated to Palliative and End of Life Care to inform and engage with staff	09/08/2018	31/03/2019	MT/SK/CS/SC	Have a designated week within Livewell dedicated to Palliative and End of Life Care to inform and engage with staff, contatc with comms team made but yet to agree a date		
2.3	The staff understanding of the vision and values and how they fit with the end of life strategy.	Have a designated week within Livewell dedicated to Palliative and End f Life Care to inform and engage with staff	23/08/2018	31/03/2019	MT CS SK SC	S has contacted comms to ask for support and advise as to best way, Forum will support this, review of strategy at next leads meeting.		S
		Relook at Strategy to ensure meets our needs	09/08/2018	31/03/2019	MT CS SK SC	CS to send strategy to all to read before op group meeting in Oct		
2.4	The standard of the corporate risk register and addition of recognised and relevant risks.	Add to risk register, MT to own as a corporate risk MT	23.08.18	31.10.18	MT	complete		S

Ref	Recommendation	Action Required	Target Start Date	Target Delivery Date	Lead	Progression on actions 30th September 2018	RAG Rating 30th September 2018	CQC Recommends
2.5	The District Nursing day team to provide a handover to the Out of Hour's District Nursing team.	effectiove hand over to be implemented	23.8.18	12.10.18	Shona Cornish Dn service	23.8.18 Sc to meeting with Out of Hours manager to establish current process and review. Set action plan and implementation schedule to support effective referral/active update list process.in line with 24 hour service.		S
2.6	Register to take part in the National Audit of Care at End of Life ("NACEL")	Register with the audit and ensure we undertake audit within current year	23.8.18	01/07/2019	SK TC	Registered audit, Trish Cooper and SK will lead will be completed within timescale set for the audit TBC, need some support from BI completion due in October		S
		Forum to lead on this so good and not so good practice can be shared	23.8.18		SK TC	SK now leading but will share results with forum		
2.7	Re-establish multi-disciplinary team meetings in the District Nursing service.	this will either be in line with the Gold Standard Framework or the Locality MDTs as appropriate.	23.8.18	31.10.18	SK CS MT SC	will be discussed and agreed at next leads meeting 19/09/2018		S

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CQC Recommends
M - Must do
S - Should do

Sandra Pinch James Glanville and Tracy Clasby

Ref	Recommendation	Action Required	Target Start Date	Target Delivery Date	Lead	Progression on Actions 30th September 2018	RAG Rating 30th September 2018	CQC Recommends
	Long Stay or Rehabilitation Mental Health Wards for Working Age Adults							
1	Action the Organisation SHOULD take to Improve							
1.1.	The provider should provide adapted bathroom or toilet facility for people with disabilities and impaired mobility	1. Aids and adaptations will be considered as part of any assessment for Greenfields. 2. Referrals for Syrena will be considered on an individual basis and aids and adaptations are undertaken in line with OT and physio assessment to meet individual needs. 3. Consideration could be given to ramps to access Syrena's downstairs shower. 4. formal referal to NHSPS to review disabled access to showers	20/08/2018	31/10/2018	Amanda Cooper/Diane Bratt	1. Bathrooms have been reviewed by estates on 12/9/18 to consider options that could improve options for adaptations. A room has been identified on Greenfields that could be converted into fully DDA compliant bathroom. 2. Anti-ligature works have now installed shower seats in bathrooms in Greenfields 3. Syrena bathroom options are more limited and the building not considered to be DDA compliant and at the current time will be reviewed on a case by case basis. 4. Discussion to be taken regarding capital funding if work is to be progressed.		S
1.2	The provider should record staff supervision in line with the organisations policy	1. Have a robust recording and checking system to ensure that line management supervision is carried out consistently every three months	20/08/2018	30/09/2018	Amanda Cooper/Diane Bratt	The Manager at The Greenfields Unit and Syrena House have devised a System to ensure that staff identified as requiring supervision that month is clearly identified. This allows for a robust checking system to ensure that staff record and check frequency of supervision.		S
1.3	The provider should provide staff training in the Mental Health Capacity Act in line with the provider's guidance and promote staff's understanding of their role in assessing patient's mental capacity.	1. Staff will be booked to attend MCA training in line with availability through Professional Training and Development 2. Further awareness sessions will be booked with MCA Lead for Syrena House staff to promote staff's understanding 3. Circulation of Mental Capacity Act including DOL's Policy to Syrena Staff and discussion at staff meeting	20/08/2018	31/12/2018	Amanda Cooper/Diane Bratt	1. Ian Stevenson was booked to undertake a session at Syrena House on 19th and 25th September and 2nd October. 55% now in date, Manager to arrange further dates with Ian.		S
1.4	The provider should ensure that staff carry out risk assessments such as STORM assessment for all patients with high risk of self-harm and suicide risk in line with the organisations policy	1. Registered staff will be booked to attend 2 day newly revised CPA training which will include management of self harm and suicide.	20/08/2018	31/12/2018	Amanda Cooper/Diane Bratt	1. All Greenfields registered staff have been booked to attend 2 days training and this will be complete by 12th December 2018. (1 need to book due to absence). 2. Syrena staff are being booked onto the 2 day training programme. To date 3 people are booked to attend.		S
1.5	The provider should ensure that care plans are written in a consistent style for all patients in line with provider's policy	1. Adopt caseload Reviews for Line Managers to ensure that record keeping will be monitored and feedback can be provided to staff. This will take place every 6-8 weeks with registered staff. This will be recorded on SystmOne.	20/08/2018	30/10/2018	Amanda Cooper and Diane Bratt	1.Syrena, new deputy in post, line management structure has been reviewed, caseload reviews will start at the next booked line management. 2. Plan to implement for staff members as part of ongoing supervision when next due. 3. Prompt template agreed to support review of records		S
1.6	The provider should ensure the risk assessments are written in a consistent way to capture risk of patient to self, to others and from others	1. Adopt caseload Reviews for Line Managers to ensure that record keeping will be monitored and feedback can be provided to staff. This will take place every 6-8 weeks with registered staff. This will be recorded on SystmOne.	20/08/2018	30/10/2018	Amanda Cooper and Diane Bratt	1. Syrena, new deputy in post, line management structure has been reviewed, caseload reviews will start at the next booked line management. 2. Plan to implement for staff members as part of ongoing supervision when next due. 3. Prompt template agreed to support review of records		S

1.7	The provider should ensure that staff follow the self-administration of medication policy consistently	1. Give verbal, email and written advice (copy of policy) regarding the correct process for recording of self-administration of self-medication 2. Medication charts will be audited to monitor compliance and consistent recording in line with The Self Administration of Medication policy 3. Visual aid will be provided to aid improved recording	20/08/2018	31/10/2018	Amanda Cooper/Diane Bratt	1. Staff have been given verbal and written advice regarding the correct process for recording of self-administration of self-medication 2. In both units medication charts are audited on a weekly basis for omissions but it has been recognised that consistency in recording needs continual monitoring.		S
1.8	The provider should ensure that work to remove ligature points are carried out in line with the action plan to address and mitigate ligature risks	1.Ligature works to be complete in line with scope of works within the next five weeks 2. A ligature re-audit will be undertaken on completion of works 3. Outstanding works will be mitigated and regularly reviewed as part of risk register or as part of individual care planning	20/08/2018	31/10/2018	Sandra Pinch Amanda Cooper Diane Bratt Suzann Adams Nathan Carr	1. Modern Matron and Ward Managers met with Project manager Ray Clark to review works to date and compile a list of oustanding work in line with scope of works. 2. LSW property manager is liaising with contractors to monitor progress. Some delays in the work have slowed progress and timescales for completion being reviewed . LSW Anti-lig meeting chaired by risk manager scheduled for 31.10.18		S

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CQC Recommends
M - Must do
S - Should do

Lisa Gimingham, Vicky Romback and Tracy Clasby

Ref	Recommendation	Action Required	Target Start Date	Target Delivery Date	Lead	Progression on Actions 30th September 2018	RAG Rating 30th September 2018	CQC Recommends
	MENTAL HEALTH CRISIS SERVICES AND HEALTH BASED PLACES OF SAFETY							
1	Action the Organisation SHOULD take to Improve							
1.1.	The provider should ensure that staff in the Home Treatment Team are clear on the vision of the service and the future of the organisation, as much as possible.	Staff briefing is scheduled with DLM to update team on the change in direction for crisis mental health provision. HTT manager to discuss in team business meeting as well	08/08/2018	31/09/2018	Lisa Gimingham and Philippa Cook	DLM attended team meeting Sept 18. Also emaill communication with all staff 10.9.18		S
1.2	The provider should ensure patients are involved in the creation of their care plan	all care plans will include engagement with patients created jointly	08/08/2018	30/09/2018	Philippa Cook and Katherine Chattaway	Caseload supervision to be used to discuss this and check for quality. This continues via line management and caseload supervision. Will continue to monitor progress in this area		S
1.3	the provider should ensure discussion around risks are structured and recorded appropriately	The Clinical review template is being changed to include a clear prompt to discuss risk. Risk management meetings will have an agenda	08/08/2019	30/09/2018	Philippa Cook and Katherine Chattaway	Caseload supervision to be used to discuss this and check for quality. MDT format changed as of 14th sept . Progress monitored via via line management and caseload supervision. Review		S
1.4	The provider should ensure risks are consistently translated to care plans	The content and quality of care plans will be reviewed by the HTT practice lead. Caseload supervision will be used to support staff to do this. The team will be reminded in the business meeting	08/08/2018	30/09/2018	Philippa Cook and Katherine Chattaway	Caseload supervision to be used to discuss this and check for quality. Discussed regulalrly in team meetings. On-going monitoring via caselaod management. Review date end of Oct 18		S
1.5	The provider should ensure external stakeholders are clear on the function of the Home Treatment Team	Leaflets and webpage content to be reviewed and updated to ensure the purpose of the team is clear	08/08/2018	30/09/2018	Philippa Cook and Katherine Chattaway	Leaflets have been updated being sent to key extenal stakeholder. Request for updated web page made via comms.		S
1.6	The provider should ensure the Home Treatment Team has a system to monitor and log safeguarding activity	the team will record all safeguarding activity	08/08/2018	30/09/2018	Philippa Cook and Katherine Chattaway	Now in place		S

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CQC Recommends
M - Must do
S - Should do

Jayne Blood, Sarah Goddard and Tracy Clasby

Ref	Recommendation	Action Required	Target	Target	Lead	Progression on Actions 30th September 2018	RAG Rating 30th September 2018	CQC Recommends
	SPECIALIST COMMUNITY MENTAL HEALTH SERVICES FOR CHILDREN AND YOUNG PEOPLE							
1	Action the Organistion SHOULD take to Improve							
1.1.	The provider should ensure the managers monitor the number of safeguarding referrals to the local authority	The number of safeguarding referrals to the LA need to recorded and monitored	06/08/2018	Aug-18	Jayne Bood	A child safeguarding referral box to be added to the "Child Welfare" tab and template on Systmone. This is now in place and is to be completed when a safeguarding referral is made to Children Social Care. This will enable you to capture the referral data for our service and report whenever need.		S
1.2	The provider should ensure that all young people receive a copy of their care plan	Evidence that all CYP and families are given a copy of their care plan.	06/08/2018	01/10/2018	Jayne Blood	The Caseload managers are discussing care plans during each caseload management meeting. The staff member will record on system one if the young person accepted a copy or their care plan or refused to take a copy with them. We have found that some CYP do refuse if this is also record in the tab journal so the manager can review and quality assurance this process. As we move forward with our IT development we will be able to electronically send Care plans which will help with the young people that do not like hard copies of their care plans.		S

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CQC Recommends
M - Must do
S - Should do

Mandy Rolf, James Glanville and Tracy Clasby

Ref	Recommendation	Action Required	Target Start Date	Target Delivery Date	Lead	Progression on Actions 30th September 2018	RAG Rating 30th September 2018	CQC Recommends
	WARDS FOR OLDER PEOPLE WITH MENTAL HEALTH PROBLEMS							
1	Action the Organisation SHOULD take to Improve							
1.1.	The Provider should ensure that all staff complete Mental Health Act training	Mental Health Act Training has commenced for all staff on Edgcumbe & Cotehele. This is recorded within staff personnel files & on ESR	01.05.18	01.12.18	Ward Managers & Matron	Training on the Mental Health Act has commenced for all staff. Currently,18 staff on Edgcumbe and 20 staff on Cotehele have completed training sessions with the MHA Manager.All remaining staff are are booked for sessions into 2019		S
1.2	The provider should ensure that staff write the 'opened date' on all liquid medication after opening, in line with the provider's policy	All bottles of medication have the 'opened date' recorded at the time of first use	17.04.18	17.04.18	Ward staff	This action was implemented on the day of inspection and has been maintained. Staff informed via their meetings with Ward Manager and spot checked by Matron		S

1.3	The provider should record staff supervision in line with the organisations policy	All staff have been reminded of the requirement to receive Supervision three monthly. New method of recording has been introduced. Edgumbe & Cotehele staff are now undertaking Practice supervision	01.05.18	01.12.18	Ward Managers, Matron & MHA Office Trainers	Staff on both Edgcumbe and Cotehele have commenced supervision. Edgcumbe have also received support from Psychology for staff. Group supervision has also been implemented on Cotehele for all staff. Staff are being encouraged to continue with this and ESR is now set up to record information.		S
1.4	The provider should ensure that learning from incidents is recorded and disseminated to all staff	Incidents are discussed at Unit level for internal incidents and discussed at team meetings and handovers. Learning is also completed through the locality meeting	01.06.18	01.12.18	All staff	Staff on both Edgcumbe and Cotehele have received feedback regarding concerns and complaints via their monthly Ward Business meetings. This is now a standing agenda item for both Units. A planned awayday for Cotehele in December will be based around two complaints over the past two years		S

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CQC Recommends
M - Must do
S - Should do

Sharon Scoging and Sarah Pearce

Ref	Recommendation	Action Required	Target Start Date	Target Delivery Date	Lead	Progression on Actions 30th September 2018	RAG Rating 30th September 2018	CQC Recommends
	COMMUNITY HEALTH INPATIENT SERVICES							
1	Action the Organisation SHOULD take to Improve							
1.1.	The provider should ensure prompt action is consistently taken when potential safeguarding concerns are identified	Registered managers to check all staff are booked onto children's and adult safeguarding training updates and monitored through performance meetings	01/09/2018	01/12/2018	Sarah Pearce Sharon Scoging	28/9/18 LCC, Plym and Stroke - Achieved compliance level for training -5 people left to book onto training across the wards, reminders sent.		S
1.2	The provider should ensure that staff consistently report incidents promptly	Refresher incident reporting training sessions to be held on all community inpatient wards	01/09/2018	01/11/2018	Sarah Pearce Sharon Scoging	28/9/18 LCC, Plym and Stroke - Incident reporting training sessions held on the 10th and 12th Sep on the units with attendance from 50		S
1.3	The provider should ensure that individualised and specific information is consistently recorded within the patient medial records. The information should direct and inform staff of the action they are required to take to meet the assessed care and treatment needs for each patient. This should include full guidance on specific equipment being used. Patient monitoring documents should be completed in full	Registered Managers to work with records manager to review record keeping audit to ensure all "should do" actions are within the audit. Record Keeping Audit to be completed on all community in-patient areas	20/08/2018	31/12/2018	Sarah Pearce Sharon Scoging Claire Batten	28/9/18 - chasing email sent to corporate Information Governance manager		S
1.4	The provider should review the storage arrangements on the community hospital wards to ensure that patients, staff and visitors to the hospital have clear access to all areas.	Registered managers to review infection prevention and control audits to ascertain if storage is suitable and what improvements are recommended. RMs to remind all staff to store equipment to give access to patients, staff and visitors.	01/09/2018	30/09/2018	Sarah Pearce Sharon Scoging	28/9/18 - LCC, Stroke and Plym. No infection control issues identified around storage. Ward storage issues are not easily resolved as there is limited storage, however Ward staff reminded to keep access/throughways clear. Action completed within the limitations of the units.		S
1.5	The provider should ensure that medicines are consistently stored securely at all times	Registered Managers to review medicines storage audits. Matrons to carry out spot checks on storage of medicines in units.	01/09/2018	30/09/2018	Sarah Pearce Sharon Scoging Ward matrons	28/9/18 - request for updates to matrons.		S
1.6	The provider should ensure that appropriate arrangements are consistently made for patients whose first language is not English to access translation and interpretation services	Information and posters to be available in all community in-patient settings to inform of translation and interpretation services.	20/08/2018	31/08/2018	Sarah Pearce Sharon Scoging	Action completed. All units reminded of the policy and sent to share with staff.		S

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SUMMARY REPORT

NHS University Hospitals Plymouth NHS Trust

Plymouth Health and Adult Social Care Overview and Scrutiny Committee

25th October 2018

Subject	**University Hospitals Plymouth NHS Trust CQC Action Plan: Update on actions related to the two Warning Notices**
Prepared by	Julie Morgan, Head of Audit, Assurance and Effectiveness
Approved by	Kevin Baber, Chief Operating Officer
Presented by	Kevin Baber, Chief Operating Officer and Julie Morgan, Head of Audit, Assurance and Effectiveness

Purpose

An overview of the key findings of the 2018 Care Quality Commission (CQC) Inspection Report and the action being taken in response was presented to the September meeting of the Plymouth Health and Adult Social Care Overview and Scrutiny Committee. Further to this presentation, the Committee requested a progress update on the CQC Action Plan and the two Warning Notices at its October meeting in advance of the CQC's 26th October deadline for achieving significant improvement.

Decision	
Approval	
Information	
Assurance	●

Corporate Objectives

Improve Quality	Develop our Workforce	Improve Financial Position	Create Sustainable Future
●			

Executive Summary

University Hospitals Plymouth NHS Trust was inspected by the CQC in April – May 2018. In addition to the Inspection Report which contained a number of Requirement Notices, the Trust received two Warning Notices, one for Pharmacy and one for Diagnostic Imaging. These Warning Notices state that:

- Significant improvement is required to ensure that patients suspected of having cancer have timely access to initial assessment, test results and diagnosis in diagnostic imaging.

- Significant improvement is required to ensure that systems and processes for safely managing medicines are operating correctly both within the pharmacy services and across the Trust, and are effectively governed so that people are given the medicines they need, when they need them and in a safe way.

We are required to make these significant improvements by Friday 26th October 2018. The key work streams to address these areas of concern had already started before receipt of the report, and in a number of cases had started before the inspection itself.

An Action Plan was developed in response to the Inspection Report and Warning Notices and submitted to the CQC. Delivery of the Action Plan is subject to a process of internal and external monitoring and reporting. Progress against the actions required to address the two warning notices is being reviewed weekly. Delivery of the remainder of the Action Plan is being overseen by a CQC Post Inspection Project Group monthly. Ongoing assurance is reported internally to Safety and Quality Committee at each meeting and externally to the CQC, NEW Devon Clinical Commissioning Group and to NHS Improvement.

This assurance is now in the form of a Performance Monitoring report. The first report detailing progress for the two Warning Notices was submitted to CQC, NEW Devon Clinical Commissioning Group and to NHS Improvement at the end of September. This has been further updated and is appended at Annex 1.

Quality Impact Assessment

Failure to comply with the Health and Social Care Act 2008 results in the provision of services to patients that fails to meet essential standards of quality and safety.

Financial Impact Assessment

Failure to maintain compliance may incur financial penalties as part of any regulatory action taken by the CQC.

Regulatory Impact Assessment

Failure to comply with the Health and Social Care Act 2008 may result in the issuing of a warning notice, imposition of a condition of registration, suspension or cancellation of registration, or under criminal law, a caution or prosecution.

Equality and Diversity Impact Assessment

Any equality and diversity issues identified in the report will be addressed in our action plan.

Environment & Sustainability Impact Assessment

Not applicable.

Conclusion and Recommendations

The first full update on progress against the CQC action plan in its entirety is due for submission to CQC, NHS Improvement and NEW Devon CCG by 31 October. This update is currently in development.

Improvements have been made in both Pharmacy and Diagnostic Imaging and 44% of the planned actions have now been completed. The programme of improvement for both services continues and will do so beyond the 26th October CQC deadline.

It is recommended that the Committee takes assurance from the progress that we have made and our plans to make further improvement.

University Hospitals Plymouth NHS Trust

CQC Action Plan Monitoring

October 2018

Purpose

The purpose of this report is to provide an update the progress that we are making in delivering the action plan designed to address the Warning Notices arising from the CQC's inspection of University Hospitals Plymouth NHS Trust in April – May 2018.

The open actions in the action plan have been transferred into this action plan monitoring report which encompasses the outstanding actions and performance data that will allow us to monitor the impact of the actions that we are taking.

Next Update

The next planned update will be on 31 October 2018 for the entire CQC Action Plan.

Diagnostic Imaging

MUST DO: Address and resolve the issue of unrecognised or unaddressed risks in the diagnostic imaging teams connected with patient safety, staff pressures, performance, and governance failings.

Planned Action

Ref	Action	Lead	Deadline
6.1.1	Risk Owners to review and update risks on the Risk Register.	A Orrock & D Edwards	Complete
6.1.2	Updated Risk Register to be reviewed by Care Group Manager CSS and Project Director.	A Orrock & D Edwards	Complete
6.1.3	Governance Manager to review Never Event actions to establish current status of implementation. Summary report to be produced for Project Director.	A Orrock & D Edwards	Complete
6.1.4	Governance Manager to review implementation of Safer Surgery Checklist. Summary report to be produced for Project Director.	A Orrock & D Edwards	Complete
6.1.5	Governance Manager to review patient improvement action plan to establish current status of implementation. Summary report to be produced for Project Director.	A Orrock & D Edwards	Complete
6.1.6	Review status of radiation protection audit plan to establish current status of implementation. Summary report to be produced for Project Director.	A Orrock & D Edwards	Complete
6.1.7	Review all severe risks.	K Glynn, D Edwards & M Walker	Complete
6.1.8	Review all risks graded 'low'.	K Glynn	Complete

Update on actions

6.1.1/6.1.2 – Risks owners reviewed and updated their risks during August 2018 and moderate and serious risks were further reviewed by the Care Group Manager (Anna Orrock) on the 20/08/18. Total number of open risks as of 13/09/2018 was 61 and the number overdue for review was 2 risks (3%). This has been a significant improvement in our position. The total number of open risk actions is 91, of which the total number of open overdue actions is 12 (13%). These were all reviewed in detail on the 13/09/18 by the CQC programme Lead, Service Line Manager and Governance Manager. Please see current risk position report.

Imaging Open Risks and Actions (Septemt

6.1.3/6.1.4 - The Never Event action plan has been reviewed and updated. WHO checklists continue to be collected for the qualitative audit on a daily basis. Failed checklists are returned to the Governance Manager and since 15/08/18, these have been distributed to those involved in each case with a request to provide feedback. Quality compliance audit results for August 2018 were 85% for general anaesthetic cases (20 checklists, 3 of which failed) and 94.57% for non-general anaesthetic cases (129 checklists, 7 of which failed).

Key outstanding actions include implementation of the observational audit within all interventional modalities; finalisation of site marking processes within Imaging which will be included in the overarching trust site marking policy and an action plan which will be developed when the results of the SCORE survey have been collated. The REACT bulletin was shared across the Trust via the daily email on 07/09/18.

6.1.5 – Patient Improvement action plan reviewed and completion dates for some actions revised as per updates

included. Summary report provided to the Project Director and Service Line Manager on 20/09/18 and discussed during meeting on 03/10/18. Action plan was circulated to all modality leads on 24/09/18 to include any new actions and updates.


Imaging Patient Improvement Action I

6.1.6 – Radiation protection plan reviewed by Governance Manager and Radiation Physics to ensure historical actions are still relevant, duplication is removed and improvement actions from 2018 are included within the plan. A further update regarding Imaging's progress against interventional radiology actions was presented to the Radiation Safety Committee on 04/10/18 as this had been highlighted as an area of concern. The next Radiation Safety Committee is due to be held on 08/01/19 and identified modality leads will attend the Committee meeting to provide updates regarding progress against actions.

6.1.7/6.1.8 – Complete. See update under 6.1.1/6.1.2. All severe risks are within review date and have current action plans.

Assurance that actions have been addressed

Not applicable at this stage.

MUST DO: Make significant improvements to meeting the needs of patients in the diagnostic imaging departments in terms of timeliness of their appointments.

Planned Action

Ref	Action	Lead	Deadline
6.2.7	Implement plans to further increase scanning capacity.	D Edwards, M Walker, D King, L Barnes	Substantial improvement in WT by 26/10/2018
6.2.8	Update scanning trajectories based upon latest plans.	D Edwards, M Walker, D King, L Barnes	Substantial improvement in WT by 26/10/2018
6.2.10	Agree proposal to increase reporting capacity with Consultant Radiologists.	D Edwards	Substantial improvement in WT by 26/10/2018
6.2.11	Agree plan to provide protected access to beds for Imaging (PIU, Norfolk or Lynd,Postbridge).	D Edwards	Substantial improvement in WT by 26/10/2018
6.2.12	Secure approval for x3 additional Booking Clerk posts (FTC).	D Edwards	Substantial improvement in WT by 26/10/2018

Update on actions

6.2.7 Plans which were in place have started to deliver the additional capacity required to reduce the backlog position.

- In **CT,** the department had reduced capacity from the temporary reduction of staffing to enable training on the new scanner which was then shortly followed by a planned loss of another scanner whilst it was being upgraded. Both scanners have returned to provide their planned and additional capacity at the start of September 2018. Further capacity from a mobile van to reduce backlogs has also been realised and this is reflected in the reduction of the waiting lists; this is evident in the graph below.
- In **U/S** additional capacity has been provided with a new room, new equipment and additional Sonographer capacity through locum Sonographers. The return from maternity leave of two key members of staff will commence in November so sustainability of this reduction is expected to continue.
- In **MRI** additional scanning is continuing through a private provider and the Trust has signed off capital investment to upgrade an existing old scanner. This will provide specialist scanning once the upgrade is complete (March 2019). Weekly meetings are diarised to ensure that the project does not slip the timelines. Additional capacity is also being sought at two local sites to mitigate any loss of capacity with these projects.

6.2.8 Please see document below for current trajectories for modalities against current project positions and capacity gained/lost through them.

NEW Diagnostic trajectory 1819 UPDA

6.2.10 The Project Director has met with the Medical Director and the Radiology Consultant body to agree an 'Insourcing' arrangement with the Radiologists based upon a fee per scan payment. This arrangement has been agreed between the Trust and the consultant body and capacity is being reviewed against the expected take up from the consultants which will be shared once finalised. Additional reporting has also been secured from outsourcing companies and will form part of the capacity report for next month's report. In addition a number of other options to increase reporting capacity are being reviewed. Below in Table 2 is the current position for reporting.

6.2.11 The Project Director has met with the Service Line Manager for Surgery and Theatres to secure additional recovery capacity (beds) for radiology patients. There is an agreement to support 1-2 additional beds per day on Postbridge for radiology. The service line is now working on the patient pathway including requirements for nursing support/pre assessment etc. A proposed pathway has been suggested in conjunction with Hepatology for discussion at the Imaging performance meeting that will see Imaging patients pre-assessed by the Hepatology clinic, where they will be clerked and have blood tests to reduce delays on the day of the procedure. This will allow for the lists to begin on time, reducing the possibility of an overnight stay.

6.2.12 At the time of this report financial approval has been agreed to support 3 WTE additional posts. Recruitment will start as of W/C 24/09/18 with an estimated timeline of 8-12 weeks. In the interim other opportunities are being sought internally to support the Admin teams. Further to the above, discussions have been held with the Outpatient Appointment Centre (OAC) with regards to support for the Admin teams and an agreement has been reached that will see the booking of Plain Film radiographs to be managed by the OAC. The 3 WTE posts will be recruited directly into the OAC along with another 0.93 WTE from the Service Line budget. The staff who currently undertake this role will remain within the Service Line and will be redeployed to the benefit of the remaining modalities. Following a workforce review it was agreed that the redistribution of CT Colonography booking would be beneficial for the performance of the CT service and the CTC service and would share the operational pressures more evenly across the Admin team.

Performance against the 7 day 2ww cancer standard in MRI, CT and Ultrasound has steadily improved with the increased capacity over the past 10 weeks. A detailed review of demand was undertaken and the capacity allocated for 2ww patients in CT has been increased from October. Adjustments have also been made to the sub-specialist MRI capacity which will also provide a further upturn in 2WW MRI scanning performance and reduction of the 2WW waiting list.

Table 1: 2WW Waiting List

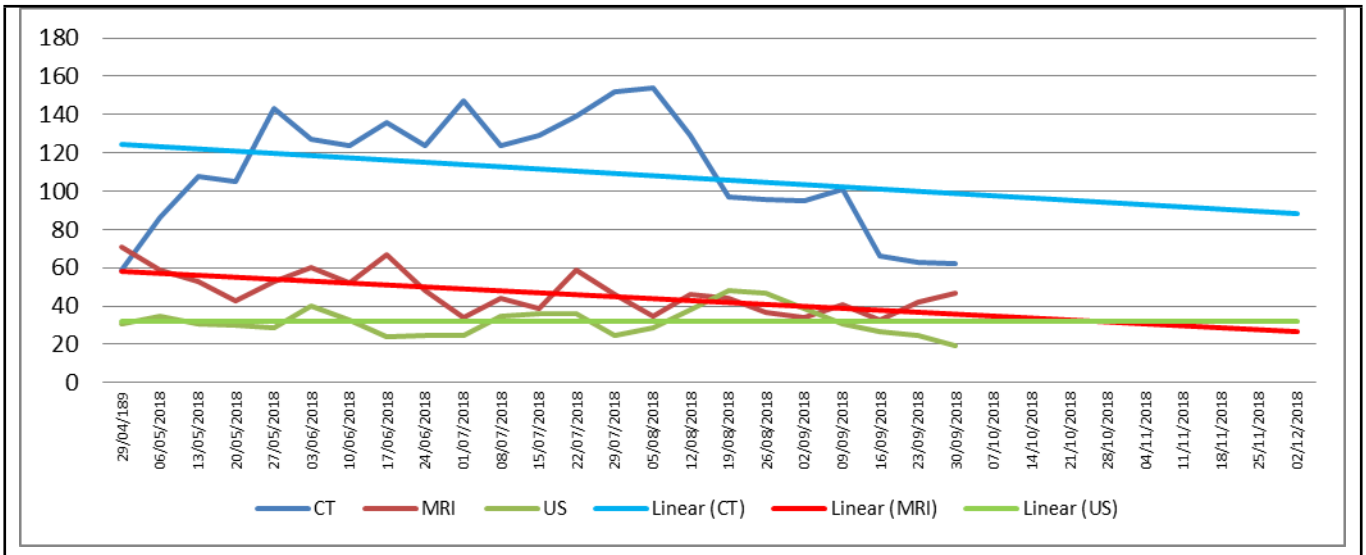
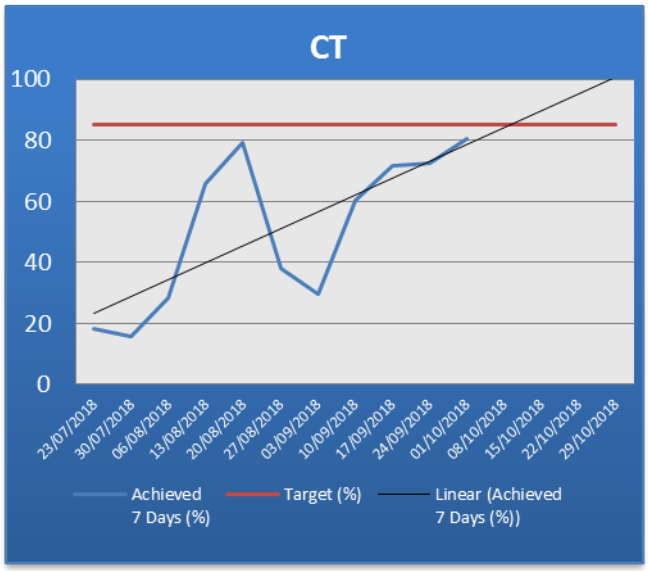
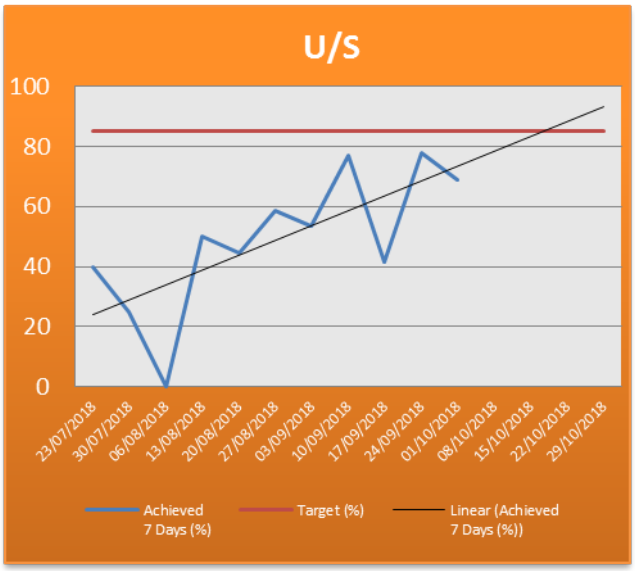


Table 2: 7 Day 2WW Performance





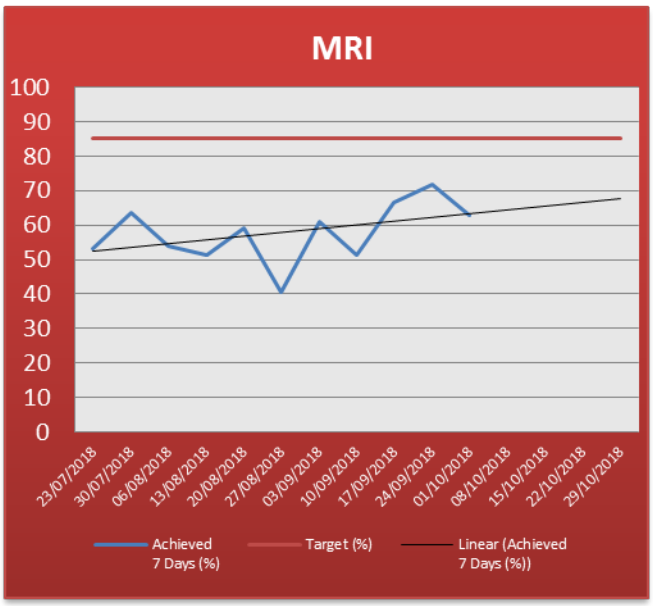
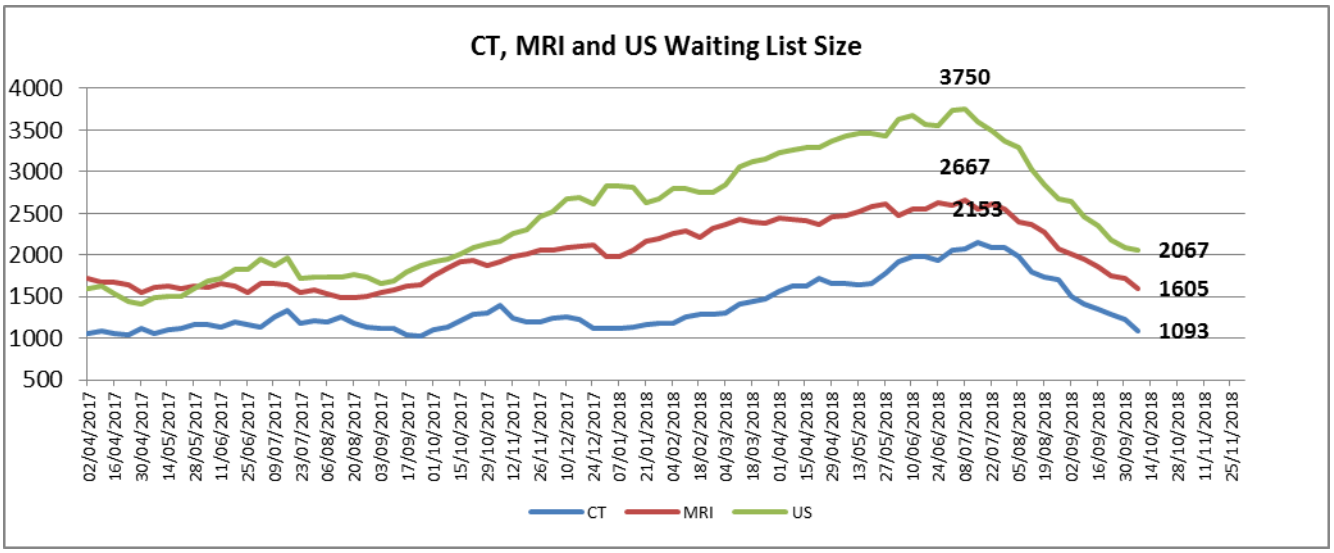
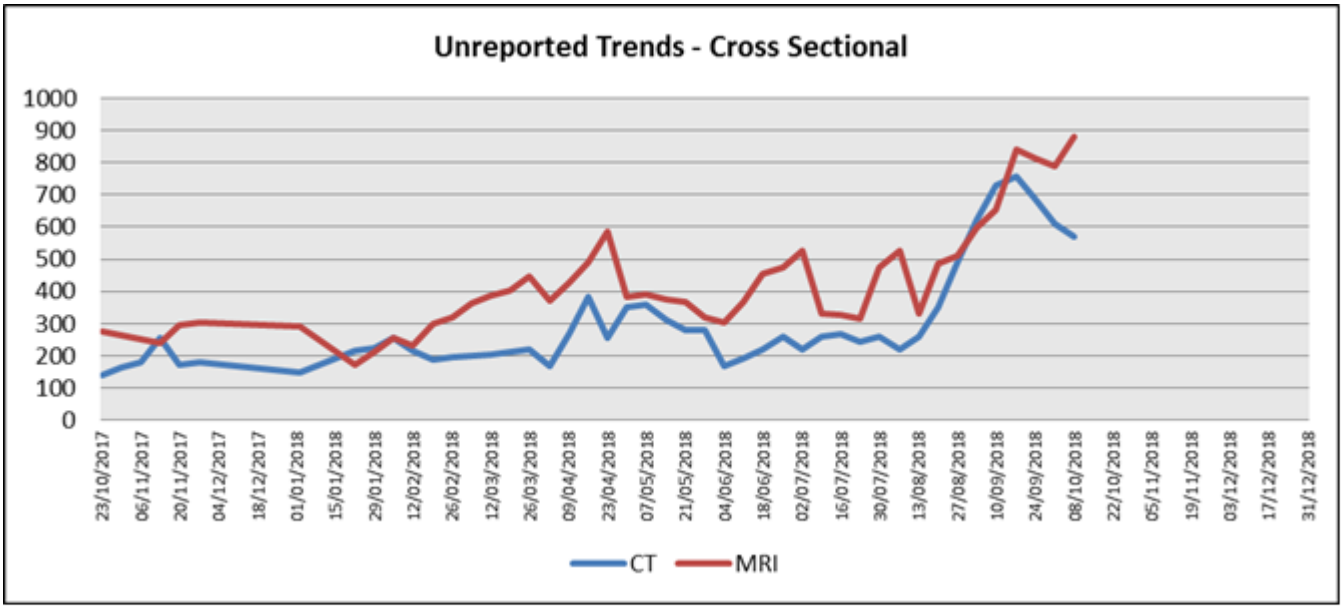


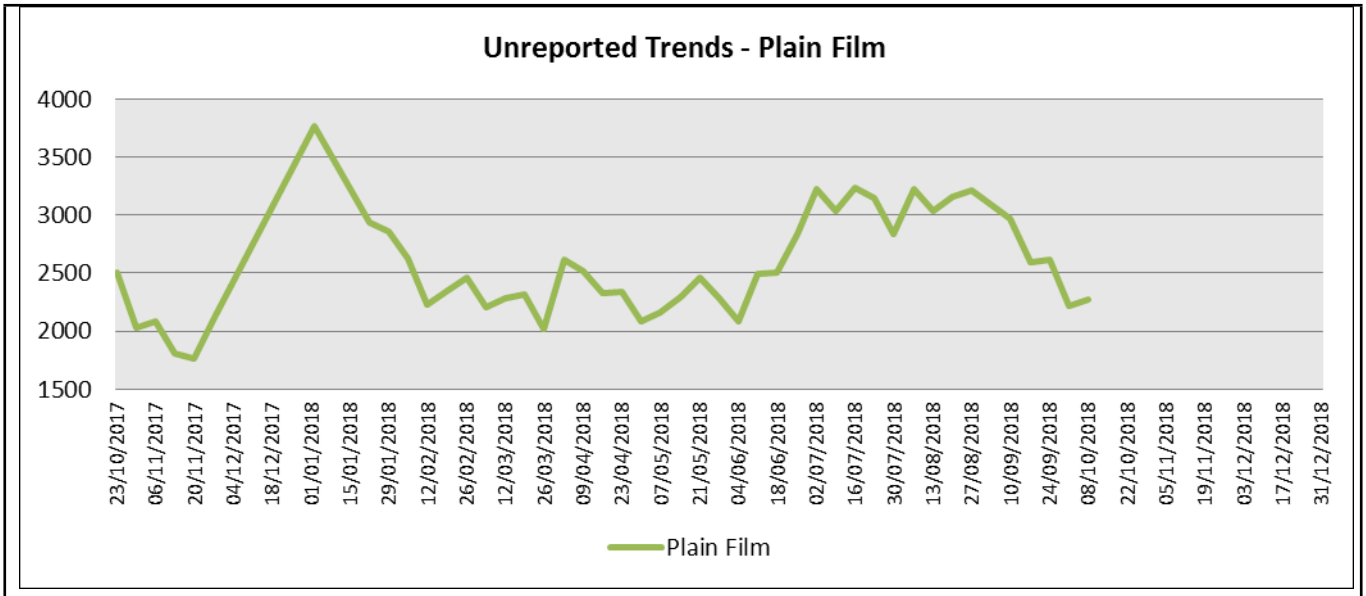
Table 3:Waiting List – All Urgencies



The increase in volume of Imaging acquisition has created an additional reporting requirement as illustrated in Table 4. The Service Line is exploring a number of potential opportunities to manage this including outsourcing to third party providers, an insourcing agreement with UPHT Radiologists and more innovative solutions such as home reporting workstations. The Service Line is developing a detailed reporting trajectory which will be included in the next update.

Table 4: Reporting position.





Assurance that actions have been addressed

All identified actions have commenced.

MUST DO: Ensure the leaders within the diagnostic imaging departments have the capacity to lead and provide assurance of the quality, safety, and responsiveness within the service.

Planned Action

Ref	Action	Lead	Deadline
6.3.2	Service Line Manager & Superintendent Radiographer to identify proposals to address the shortfall identified via the self-assessment of capacity versus responsibilities.	M Walker & Di Nicholson	28/09/2018

Update on actions

A questionnaire has been sent to all Radiographic leads within the department for a self-assessment of what they currently have within their weekly timetable to deliver their non-clinical tasks and an ask of what would be realistic to have within their timetables. Replies have been received and a report is being drafted. An email has been sent to the South West Radiology Managers to gain a wider understanding of other hospitals capacity for their leads. Both Mark Walker and Di Nicholson visited Royal Cornwall Hospital on the 1st October to discuss their approach to rotas and job descriptions for their leads. This will help inform our approach to allocating non clinical time for Radiographers.

Assurance that actions have been addressed

Self Assessments completed, emails to other providers to ask of their Leads time has been completed and a visit to RCHT has been undertaken.

MUST DO: Support and improve the culture and wellbeing for the diagnostic imaging staff.

Planned Action

Ref	Action	Lead	Deadline
6.4	Develop Action Plan to support and improve culture and wellbeing. Key actions: - Reinstate HR Leadership Meetings fortnightly with Clinical Leads w/c 03.08.18. - Actions to support the development of Senior Leads. - Implement Communication Boards.	M Walker	26/10/2018

	- Ensure regular senior management Walkabouts. - Implement 'SCORE' in Interventional Radiology. - Ensure that musculoskeletal risks are on the risk register and are being adequately managed		

Update on actions

Imaging CQC Plan.xls

The Service Line Manager (SLM) and HR Business Partner have reinstated the fortnightly meetings with leads and have a new agenda which can be seen below. The SLM has linked with the Organisational Development Facilitator and there are dates in the diary for October, November and December for the facilitator to meet with the leads of the department. Sessions on Coaching and Difficult conversations, Promoting Positive Manager Behaviour and Leadership have been identified as the key topics to start with.

Imaging Service Line performance review a

Staff Communication boards have now been put up in 11 areas within the department. These have been updated with recent information and data. Senior Manager walk arounds have commenced and an 'aid memoire' of these saved for reflection and to capture any actions from these discussions. A copy of the most recent can be found below. The SCORE survey was sent out to the department in late August and we are awaiting returns before an analysis can be undertaken by the lead for the survey. This is expected to be completed with actions identified by the end of October 18.

Leadership Walkaround 14-09-18

There are currently two risks on the risk register which relate to the potential for musculoskeletal injuries to occur within the workplace. One of these relates to the MRI modality and the second to the Interventional Radiology modality (specifically rooms 5 and 6). Within MRI all possible controls have been put in place to minimise the risk of injury to staff and incidents continue to be monitored however, there is an additional action to procure new scanners with undockable tables and this is due to be completed in May 2019. The risk for rooms 5 and 6 within Interventional Radiology has been graded as residual from 11/09/18. An intoprone manual handling device was purchased to help with moving patients and staff within this area have received training during CME sessions. Staff will continue to receive annual update training and incidents relating to manual handling will be monitored.

The next steps are to assess with modality leads, if there is a risk of musculoskeletal injuries within the other areas of the Imaging service. If appropriate, these will be added to the risk register with appropriate actions plans by 12/10/2018.

Assurance that actions have been addressed

Not applicable at this stage.

MUST DO: Replace imaging equipment which is beyond its 'end of life', and continue to develop and act upon in a timely way, the imaging capital replacement programme, to increase business continuity and minimise risks of harm to patients.

Planned Action

Ref	Action	Lead	Deadline
6.5.2	Governance Manager to cross check with Risk Register any equipment nearing or beyond 'end of life' to ensure that all such items have been risk assessed.	M Walker, K Glynn & Imaging Project Manager	Complete
6.5.3	Assess/update risk and assign prioritisation for replacement.	M Walker, K Glynn & Imaging Project Manager	Complete

Update on actions

6.5.2 - The Service Line has an itinerary of all equipment which is RAG rated as per age and vulnerability. This has been shared with the Capital Steering Group in previous meetings. Due to the amount of equipment requiring replacement the Service Line has appointed a substantive member of staff into a Project and Equipment Manager role and they will be joining the department on the 29/10/18. The expectation will be for the post holder to further review the replacement list and pull together the projects of the equipment replacement programme working closely with the service line to achieve this. In recent weeks the Trust Board has signed off the replacement of an existing old MRI Van owned by UHP which will be upgraded and retuned in a modular build in March 2019. This was the oldest MRI scanner at the hospital which will now be replaced and provide further resilience to our MRI capacity.

6.5.3 – All risks relating to the replacement of equipment were reviewed and updated with the Service Line Manager in August 2018. There is a risk relating to the overall backlog of imaging equipment replacement however, the revised replacement plan has been attached to the risk register. Progress with the replacement of equipment is expected to improve when the newly appointed Imaging Project Manager joins the service on 29/10/2018. There is one serious risk which relates to the replacement of x-ray equipment in rooms 3 and 4 and this is highlighted as very high risk on the equipment replacement plan and has been highlighted as a priority.

Assurance that actions have been addressed

Not applicable at this stage.

MUST DO: Make sure all patients of child-bearing age have the appropriate pregnancy checks recorded.

Planned Action

Ref	Action	Lead	Deadline
6.6	1.Assess and deliver any training & communication needs. 2.Audit compliance and take appropriate action.	Di Nicholson	28/09/2018

Update on actions

A PowerPoint training package produced by Medical Physics on protocol I2 and form F2 was circulated to all radiologists and radiographers in imaging. A record check has been carried out to ensure that all staff have acknowledged the training information. Lead radiographers have been communicated with to ensure that staff in their areas follow the correct practice regarding the use of the pregnancy form in their areas. An audit sample has been obtained and the results are being collated.

The audit has demonstrated that further work is required to clarify the use of the form and the recording of LMP information on CRIS in the plain film department. Work is ongoing to clarify the current policy documentation which will include screen shots demonstrating how LMP should be recorded on CRIS and scenarios detailing how the policy and form apply. Staff meetings are being utilised to talk through the documentation with the staff to ensure compliance with the process.

There is a further work stream looking at LMP forms and policy in use elsewhere in the region; once this information is collated a decision will be made regarding broadening the use of the LMP form in low dose examinations. Feedback from junior staff indicates they favour use of the form for all exams where the LMP requires consideration.

Assurance that actions have been addressed

Not applicable at this stage.

MUST DO: Progress the e-referral system implementation to reduce risks to patient safety, particularly around unnecessary exposure, and incorrect referrals.

Planned Action

Ref	Action	Lead	Deadline
6.7	1. Review e-referral risks on Risk Register. 2. Project Director to meet with Director of IM&T & CSS Care Group Manager to agree next steps. 3. Service Improvement to be commissioned to process map the process in ED. Next steps will be decided once this is complete.	A Blofield A Orrock	30/09/2018

Update on actions

The entire Trust risk register has been reviewed and a report containing details of IT and e-referral risks provided to the Project Director on 23/08/18.

The Project Director commissioned Service Improvement to undertake a process map of the current ordering process (paper referrals) together with the ordering of Imaging via ICM in the Emergency Department. This process mapping process has been completed and will be written up following discussion with key leads. Once this is complete representatives from both departments will be asked to agree recommendations and any mitigating actions.

Assurance that actions have been addressed

Not applicable at this stage.

MUST DO (Outpatients): Make sure all staff within the outpatient departments have undertaken mandatory training updates in line with trust policy.

SHOULD DO: The service needs to improve compliance rates for mandatory training, to ensure all staff are up to date with the latest practices and processes to keep patients and themselves safe.

Planned Action

Ref	Action	Lead	Deadline
5.1 OP 6.8 Imaging	1. Obtain list of staff with outstanding mandatory training. 2. Confirm course availability, ensure that staff are booked to attend training and have supportive conversations with staff where required.	M Walker	26/10/2018

Update on actions

The Service line continues to send out email reminders to leads of areas where dates are either out of date or proactively reminding leads to book in advance. The service line has also created a specific dashboard to individualise specific matrixes on performance which will be shared with leads week commencing 22/10 18. One to one meetings with leads have an adjusted agenda to discuss further monthly positions and formulate plans if required.

The table below shows the position as at 07/10/18:

	July	Aug
Trust Update	93.5%	92.1%

BLS	81.8%	87.3%
Manual Handling	91.3%	90.4%

- For Trust update: 280 staff with 23 required to be booked.
- For BLS : 271 staff with 35 required of which 22 are booked in the next 2 months.
- For Manual Handling: 280 staff with 33 required of which 28 are booked.

Assurance that actions have been addressed

Not applicable at this stage.

SHOULD DO: Complete paperwork associated with infection prevention and control and that it is appropriately countersigned by a senior radiographer.

Planned Action

Ref	Action	Lead	Deadline
6.9	1.Review and address existence and suitability of SOP. 2.Assess and deliver any training & communication needs. 3.Audit compliance and take appropriate action.	Di Nicholson	28/09/2018

Update on actions

A review of the cleanliness audit templates in the imaging x-ray rooms has been completed. To ensure there is a consistent approach all cleanliness audits have "audit completed by" added to the templates. The fortnightly matrons cleanliness audit has had a question added ("check that the equipment cleanliness sheet is completed") to ensure and record compliance. The matrons audit is currently being piloted and will go onto Meridian shortly to ensure consistent audit is undertaken throughout Imaging and Therapies. The new audit format has been produced by Therapies to be more appropriate for outpatient areas including imaging which provide improved assurance with regarding to cleanliness and infection control matters. It will replace the full matrons audit template in these areas which is a ward based assessment tool. Areas continue to use the existing tool to report audit results until the matrons audit is available. Awaiting confirmation from Therapies that the matrons audit has replaced the current Trust mini audit templates on Meridian.

Matron Mini Audit - Pilot B highlighted for

Assurance that actions have been addressed

Not applicable at this stage.

SHOULD DO: Improve compliance with audits such as the hip fracture audit and the trauma audit.

Planned Action

Ref	Action	Lead	Deadline
6.10	This is assessed as part of ISAS accreditation and is not considered to be an issue. Evidence to be provided.	R Lavis & ISAS Lead	26/10/2018

Update on actions

Dr Lavis and Dr Wotton (ISAS Lead) have reviewed the previous audits. An action plan will be developed from both. Repeat audits are being arranged. We will also correlate with TARN/Peninsula Trauma Network data with regard to Trauma.

Assurance that actions have been addressed
Not applicable at this stage.

SHOULD DO: Ensure that all staff receive, annually, an up to date appraisal.

Planned Action

Ref	Action	Lead	Deadline
6.11	1. Obtain list of outstanding appraisals. 2. Obtain summary of outstanding job plans for Service Line Clinical Director. 3. Address outstanding appraisals and job plans.	R Lavis	Complete

Update on actions

Appraisals - email reminders are sent out to leads and organised accordingly. An entry on the current position has been added to the new dashboard that will be shared with the leads to monitor performance and status. Current performance as at 07/10/18 is **96.5% compliance.**

Job Plans – Job planning complete at SLCD and consultant level, 30/9/18.

Assurance that actions have been addressed

Not applicable at this stage.

SHOULD DO: Improve privacy and dignity for patients in the diagnostic imaging department. Particularly in plain film X-ray, MRI and nuclear medicine.

Planned Action

Ref	Action	Lead	Deadline
6.12	Undertake privacy & dignity assessment and develop an Action Plan.	Di Nicholson & K Richardson	28/09/2018

Update on actions

An audit template was designed to consider privacy and dignity in all areas on imaging. Special consideration being given to waiting areas, design of the area, male/female, privacy, bed patients, areas where procedures were being undertaken.

Privacy and Dignity Audit.docx

Following the audit an action plan has been drawn up which will be discussed at the forthcoming clinical governance meeting. Actions will then be worked up and implemented.

Privacy and Dignity Action Plan Imaging.c

Assurance that actions have been addressed

Not applicable at this stage.

SHOULD DO: Ensure that targets set in diagnostic imaging are achievable, realistic, and encourage the service to improve.

Planned Action

Ref	Action	Lead	Deadline
6.13	Agree KPI's and Performance Standards.	D Edwards, M Walker & M Hollow	28/09/2018

Update on actions

Both the Service Line Manager and the Clinical Director have met with the Deputy Head of Performance to discuss internal professional standards on scan and report timings for in patients. Dashboards are being adjusted accordingly and once completed they will be monitored. The provisional KPI's are as follows:

- Very urgent category 5 scans will be scanned within 1 hour and reported within 1 hour
- Urgent category 3 scans will be scanned within 12 hours and reported within 2 hours
- Routine category 1 scans will be scanned within 24 hours and reported within 4 hours.

Assurance that actions have been addressed

Not applicable at this stage.

Pharmacy

MUST DO: Address and resolve the issue of unrecognised or unaddressed risks in the pharmacy teams connected with patient safety, staff pressures, performance, and governance failings.

Planned Action

Ref	Action	Lead	Deadline
7.4.1	Complete Gap Analysis against Royal Pharmaceutical Society Hospital Pharmacy Standards to identify and manage unrecognised areas of risk.	Sally Mayell	Complete
7.4.2	Review and update Pharmacy Risk Register to include items identified in the recent CQC inspection for example theft of medicines with no timescales of actions.	Sally Mayell	Complete

Update on actions

7.4.1: The Gap Analysis has been completed as a collaborative work-stream involving the Interim Chief Pharmacist, Senior Clinical Pharmacists, Pharmacy Service Line Manager, Senior Nurse, Lead Governance Manager, Lead Service Improvement Manager and Senior HR Manager. Additionally the pharmacy team as a collective have supported the sourcing of evidence and development of future actions to develop continuous improvement and assurance.

The Gap analysis was undertaken using the Royal Pharmaceutical Society's Professional Standards (RPS) for Hospital Pharmacy and is now complete. RPS Standards for Hospital Pharmacy are now being use as a 'continuous development' and assurance tool to inform the Medicines Utilisation and Assurance Committee, Safety and Quality Committee, Pharmacy Board and Trust Board.

7.4.2: Risk identification and mitigation is now supported by the RPS Standards – informing and managing the Risk Register. Risk will be discussed at Medicines Utilisation and Assurance Committee, Safety and Quality Committee, Pharmacy Board and Trust Board.

Assurance that actions have been addressed

Table 1. Screen Shot of front page of RPS Hospital Standards – Gap Analysis

Key: RED – Gap identified, Yellow – Actions in process, Green – Assurance complete (as of x date)

Please note that red does not indicate Risk Level.

Project Element		GYR Status			Prog. Need Date	Planned Date	Closed Date	Resp. Initials	Remarks
		Current	Last	Trend					
Standard 1: Putting Patients First									
1.1	Patient focused services	Y	R	⇧	28-Sep-18	28-Sep-18		SM	Risk Register entry 5852
1.2	Information about medicines	Y	R	⇧	28-Sep-18	28-Sep-18		SM	Risk Register entry 5852
1.3	Support with effective medicines use	Y	R	⇧	28-Sep-18	28-Sep-18		SM	Risk Register entry 5852
Standard 2: Episode of Care									
2.1	At pre-admisison, on admission or at first contact	Y	Y	⇔	28-Sep-18	28-Sep-18		SM	
2.2	Care of the patient	Y	Y	⇔	28-Sep-18	28-Sep-18		SM	
2.3	Patients' outcomes	Y	Y	⇔	28-Sep-18	28-Sep-18		SM	
Standard 3: Integrated Transfer of Care									
3.1	Patient needs	Y		⇔	28-Sep-18	28-Sep-18		SM	
3.2	Professional responsibilities	Y		⇔	28-Sep-18	28-Sep-18		SM	
Standard 4: Medicines governance									
4.1	Effective management of medicines	Y	R	⇧	28-Sep-18	28-Sep-18		Smu	Risk Register entry 6318, 6235
4.2	Support for other health and social care staff	Y	Y	⇔	28-Sep-18	28-Sep-18		SMu	
4.3	Digital technology& informatics to support medicines use	R		⇩	28-Sep-18	28-Sep-18		SM	FMD Risk Register Entry
4.4	Safe systems of care	R	R	⇩	28-Sep-18	28-Sep-18		SMu	
4.5	Safety culture	Y	R	⇧	28-Sep-18	28-Sep-18		SMu	
Standard 5: Efficient supply of medicines									
5.1	Medicines procurement	Y	Y	⇔	28-Sep-18	28-Sep-18		NH	
5.2	Distribution, storage and unused medicines	Y	Y	⇔	28-Sep-18	28-Sep-18		NH	
5.3	Prepared or manufactured unlicensed medicines	R	Y	⇩	28-Sep-18	28-Sep-18		NH	
5.4	Dispensing	R	Y	⇩	28-Sep-18	28-Sep-18		NH	
Standard 6: Leadership									
6.1	Professionalism and professional leadership	Y		⇔	28-Sep-18	28-Sep-18		SM	
6.2	Strategic leadership	Y		⇔	28-Sep-18	28-Sep-18		SM	
6.3	Operational leadership	R		⇩	28-Sep-18	28-Sep-18		SM	Not actively involving patients currently. Risk Register Entry 6318
6.4	Clinical leadership	R		⇩	28-Sep-18	28-Sep-18		SM	
Standard 7: Systems governance & financial management									
7.1	Systems governance	Y	Y	⇔	28-Sep-18	28-Sep-18		KT	
7.2	Financial governance	Y	Y	⇔	28-Sep-18	28-Sep-18		KT	
Standard 8: Workforce									
8.1	Strategic workforce development	R		⇩	28-Sep-18	28-Sep-18		SM	
8.2	Workforce planning	R		⇩	28-Sep-18	28-Sep-18		SM	Risk Register entry 5852
8.3	Workforce quality assurance	Y		⇔	28-Sep-18	28-Sep-18		SM	

An example entry for a red rating (Gap Identified)

Project Element	Key Requirements	Current	Last	Assurance / evidence required	Action required
4.3)	Digital technology& informatics to support medicines us ◀	R			Element Responsibility:
a	Pharmacy services utilize digital systems (including automation) to underpin and transform the delivery of medicines optimisation/pharmaceutical care services.	Y		Pharmacy robot introduced approx 2008, business case to update. EMIS (Ascribe) stock control EPMA - implementation starting Feb 2019 Pharm outcomes - information sharing SALUS tracker FMD	Align to NHS digital transforming Pharmacy services with Technology Program
b	The pharmacy leadership and workforce have the necessary skills in clinical informatics to maximise the use of systems to support optimisation and transformation of medicines use.	Y		Funded posts for pharmacists and technicians to support IT systems	Review leadership skills as part of ongoing appraisal process
c	Information generated through digital systems is used to optimise care with medicines and to support benchmarking and performance management (accommodating information governance and privacy issues).	R			Introduction of EPMA
d	Pharmacy informatics leaders ensure that digital systems comply with required standards and enable interoperability.	G		Example from EPMA set up (business case)	
e	Processes are in place to ensure that any system content relating to medicines is appropriately governed and backed up. This includes looking for and managing unintended consequences of content changes or updates.	R		Example from EPMA set up (business case)	Confirm what the pharmacy specific governance arrangements are
f	The pharmacy team is directly involved with the procurement, implementation, operation and development of electronic prescribing and medicines administration systems.	G		EPMA, Edischarge - pharmacy are key members of the project team.	

MUST DO: Address and resolve the cultural, wellbeing, staffing, resource, and workload issues within the pharmacy service and as they affect both the service and the wider trust.

Planned Action

Ref	Action	Lead	Deadline
7.5.4	Implement a series of leadership and team development days planned to support staff.	Sally Mayell	Ongoing
7.5.6	Recruit to current vacancies as identified in establishment review.	Sally Mayell	30/04/2019
7.5.7	Conduct a workforce review in line with the planned pharmacy integration with Livewell.	Sally Mayell	01/04/2019

Update on actions

7.5.4: Leadership Development Days – delivered over a single day.
Attendance achieved 76% (n=23). Content for the day included:

- Personal disclosure from Interim Chief Pharmacist on personal drivers / motivations for achieving the best she can for the patient.
- Defining 'leadership'.
- Purpose.
- 'Perception is real'.
- What pharmacy needs is… hope… consistency.
- Clear expectations of behaviour, aligning to organisational values and HR policy.

Further actions/follow-up:

- Individuals attendance on combined leadership academy and post-graduate pharmacy course.
- Monthly in-house CPD for leadership team lead by Interim Chief Pharmacist, supported by OD team.

Team Development Days – delivered as a single day.
7 days delivered so far with 93% (n= 140) attendance and included:

- Personal disclosure from Interim Chief Pharmacist – personal drivers.
- Learning about each other.
- Civility.
- Human factors.
- Team building exercise.
- Clear expectations of behaviour, aligning to organisational values and HR policy.

Further actions/follow/up:

- Rolling programme of development sessions for all staff, to include development of shared purpose, mission and vision.

Additional actions underpinning the cultural change programme:
Adoption of an Organisational Development Change Strategy (transformational and collaborative approach to improvement programme) focussing on capabilities within the team including:

- Commitment and trust.
- Co-ordination and team work.
- Competence – technical and leadership.
- Open communications.
- Creativity and capacity for constructive conflict.
- Learning .

…with an emphasis on the importance of shared purpose, developing a strong culture, bottom-up change rather than utilising extrinsic incentives as motivators for change. Generating an environment where employees can self-motivate (intrinsic motivation), through leadership support, self-determination and empowerment.

Trust

Trust is essential for patient safety and underpins all that we need to achieve in pharmacy throughout our improvement programme, and to ensure sustainability for the future.

Reciprocity of trust plays an important role in the building of trusting relationships – pharmacy leadership are developing an environment where leadership exhibit trustworthy behaviours and exhibit trust in employees, and so enabling reciprocal effect through development of the antecedents of trust, ability, benevolence, integrity and predictability.

Re-establishing trust in pharmacy will contribute to improved wellbeing of employees, improved performance, reduction in costs associated with increased productivity, less wastage and lower staff turnover.

Building early credibility in the change process through quick-win activities

Quick-wins were identified through 1:1 meetings with the Interim Chief Pharmacist and team meetings and included:

- Enabling employees to volunteer to attend mental health first aider training to support wellbeing of peers within the department.
- Removal of artefacts which are not aligned to core values of the organisation.
- Introduce an open-door policy.
- Enabling change through empowerment and trust of employees through 'small change leads to big improvements' (Kaizen Philosophy).
- Opportunities for every member of the team to meet with interim Chief Pharmacist 1:1.

7.5.6: Recruitment to Pharmacist Vacancies

2018	Establishment WTE	Vacancies WTE
May	25.8	13.32
August	33.05	6.07

Plan to go to advert week commencing 15th October:

-**Training and Education** – system post. Uplifted to deliver training and education across secondary and primary care, to include general practice, care homes and community hospitals. Responsibilities include developing a sustainable pipeline of pharmacy resource. High level of confidence to recruit to this post.

-**Deputy Medication Safety Officer.**

Outstanding vacant posts:

-Formulary and Medicines Information

-Neurology.

2 WTE Pre-registration Pharmacists (remain vacant for 2018/2019). Reduced to 4 (from 6) pre-registration posts for the year 2018/2019 to accommodate onboarding of large numbers of new staff.

Latest clinical staff – incoming

Paediatric pharmacist commencing 15th October.

Hepatology Specialist Pharmacist – anticipated start date 29th October.

7.5.7: Workforce review/system stakeholder analysis will commence in December 2018 with a plan to submit business case by end of 2018/19 financial year. Early work streams are forming – first review in haematology and oncology – SWOT analysis, PESTLE, Local and National drivers etc. to inform business planning and strategy.

Assurance that actions have been addressed

7.5.4: Pulse-Survey planned for October 2018 ahead of NHS Staff Survey 2018.

Snapshot Received feedback:

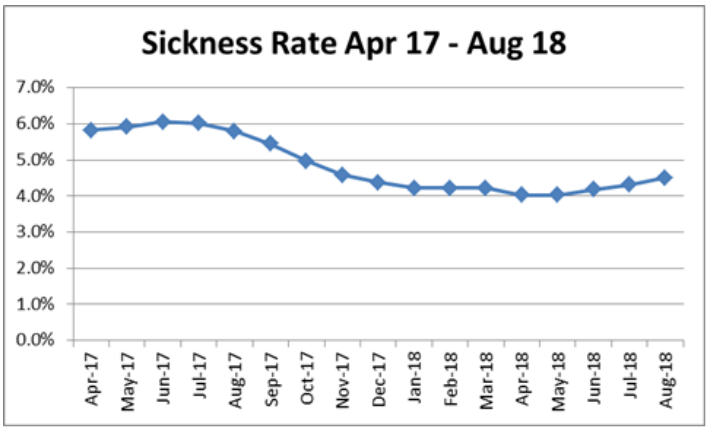
"…a boost in morale, I have fallen back in love with my job...I was considering handing in my notice to leave, I have been given confidence that this department can and will be a wonderful place to work...I have been shown that you don't need to be a mean or nasty person to get to the top step in this department. I thought that my management style was a dying breed… I have been shown this is not the case. [Without the change] I'm not confident I would still be in my position, the department or even the Trust today!" Pharmacy employee

"I have worked in pharmacy for 15 years, I am only realising now how bad things have been here in regard to culture. I have been led to believe that the way the culture was in the past was normal…for the first time we have a voice. I have been allowed to lead my area of the department the way I would like them led and it's proving a fantastic working environment… [the change] has made me realise that we are all one big team within the pharmacy and here to support each other…I found the leadership development days fantastic… into perspective how a good leader should behave… our new leader was open and honest why all of us were there… I felt trusted… I am excited about my future within pharmacy… for the first time in a long time I feel valued." Pharmacy employee

It is appreciated that the above is not representative of the whole team, and that cultural shift will take time to fully achieve, nonetheless early progress has been achieved with some employees forming a 'guiding coalition' for change, and others as expected a little behind on the change curve. It is fully recognised that to ensure sustainability of cultural change momentum must be maintained therefore requiring ongoing investment in time and resource to support employees through the change, with periodic evaluation of progress.

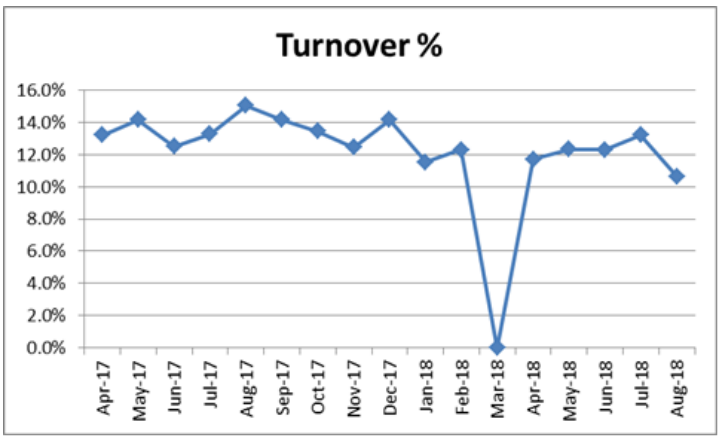
Other Metrics.

Absenteeism: Early measurements show initial reduction in sickness rates falling to the lowest over a 12 month period in April and May of this year, at 4%. June and July show a gradual increase to 4.2 and 4.3% respectively. During significant change programme a spike in sickness might be expected as a reaction to change, or other more formal processes which underpin the conduct and performance improvement work stream.



Staff Retention: No significant difference can be identified in the early phase of improvement for overall pharmacy staff retention. However, our pharmacist turnover has slowed with only two members of the team leaving – one for promotion elsewhere in the county, the second to attend medical school.

The expectation is to see an improved staff retention score over the next 12 months. However, early increase may be explained by the change programme not suiting all employees in relation to their personal values and behaviours not aligning to those desired by the Trust. During any large change programme there may be natural attrition – this will be kept under review.



MUST DO: Urgently produce standard operating procedures to ensure patients leave the hospital with critical medicines, and attend or are made aware of any critical follow-up appointments.

Planned Action

Ref	Action	Lead	Deadline
7.6.1	To implement a system to monitor TTAs returned to pharmacy containing critical medicines.	Sally Mayell	Complete
7.6.2	Any critical medicine that is returned without a valid reason will be escalated.	Sally Mayell	Complete
7.6.3	Develop a system to enable and encourage ward staff to state a reason for the return of TTAs containing critical medicines to pharmacy. An electronic tracking system which could help with this is due to go live over the summer of 2018 (subject to capacity of the Software Development Team). Obtain update on progress with implementation.	Sally Mayell	28/02/2019
7.6.4	Lynher Ward Manager (part of Pharmacy Tiger Team) to meet with Dispensary Supply Manager and Head of Nursing for Medicine with a view to unpicking the ward process around discharge and TTAs to make this process more robust. Appropriate actions will then be developed.	Lin Nicholls	26/10/2018
7.6.5	1. Undertake a review of the confirmation letter process – both content of letter and adherence to process. 2. Undertake a review of the ward admin process relating to follow up appointments related to discharge process review.	Sam Sheridan	30/11/2018

Update on actions

7.6.1, 7.6.2, 7.6.3: A system to safeguard against discharge without critical medication was developed in collaboration between pharmacy and nursing personnel. A pilot has been completed over a two week period to capture patients who were discharged without critical medicines. One patient was discharged without antimicrobials – this was captured within 24hours of discharge with medication sent to patient post-discharge.

Aligned to the daily controlled drug check, a 'sweep' of the ward for TTA's is conducted to ensure that no medications remain in hospital following discharge. To safety-net Pharmacy has a process in place should TTA medicines be returned to pharmacy without the local check for appropriateness at ward level.

The process is currently being rolled out through the organisation.

EPMA is delayed until February 2019; incorporating additional safety measures here will support safe discharge.

Completed Action – to maintain continuous review of process for assurance and learning.

7.6.4: A review of the discharge process is underway between the lead in pharmacy for supply and a senior nurse.

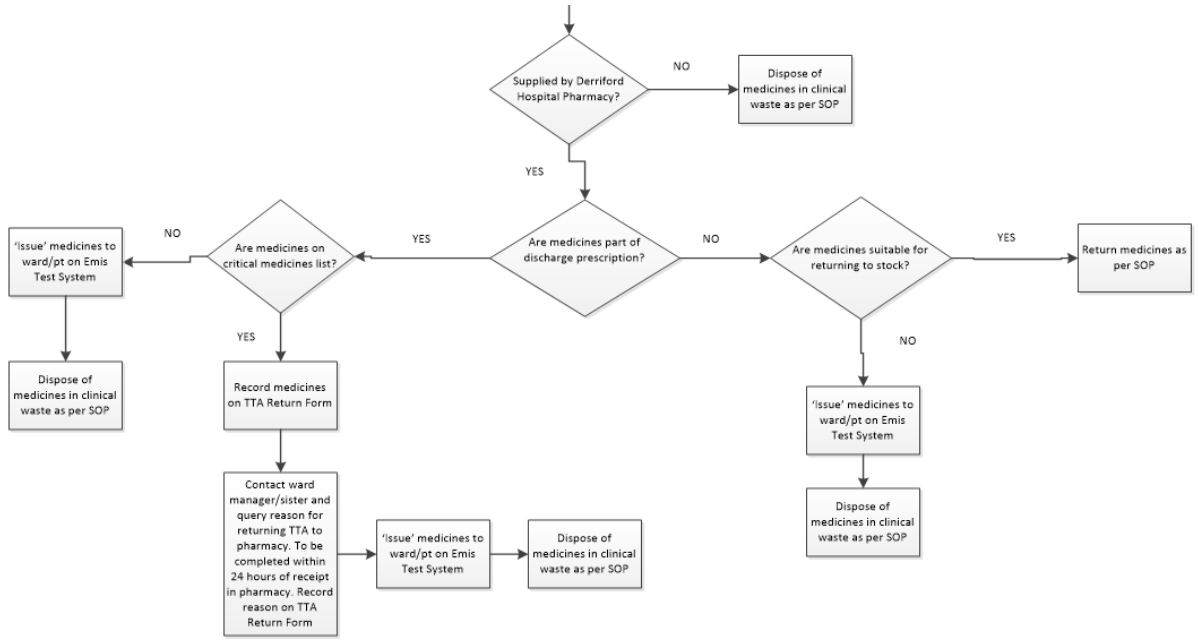
This project is aligning to a broader improvement project reviewing the discharge process as a whole.

7.6.5: We are currently scoping out the automation of confirmation of addition to the follow up waiting list letter through our electronic outcome system. Advice is awaited from our ICT integration team, however initial correspondence indicates that this will not be too problematic. A reminder to send confirmation letters to those being added manually will be sent shortly. The content of these letters is currently under review.

The Chair of the Ward Admin Forum (who sits in the Patient Access Team) is working constantly to ensure that Ward Administrators follow the correct process in relation to the booking of follow-ups. This will be reiterated at, and reminder sent out after the next forum in October.

The Director of Corporate Business is also reviewing ward admin support and processes at a higher corporate level to ensure that the ward admin function is fit for purpose. A forum will be set up to reiterate roles and responsibilities.

Assurance that actions have been addressed
Screen shot of pharmacy flow chart for TTA's returned to pharmacy



MUST DO: Ensure effective governance within the pharmacy service to provide a high quality and safe service.

Planned Action

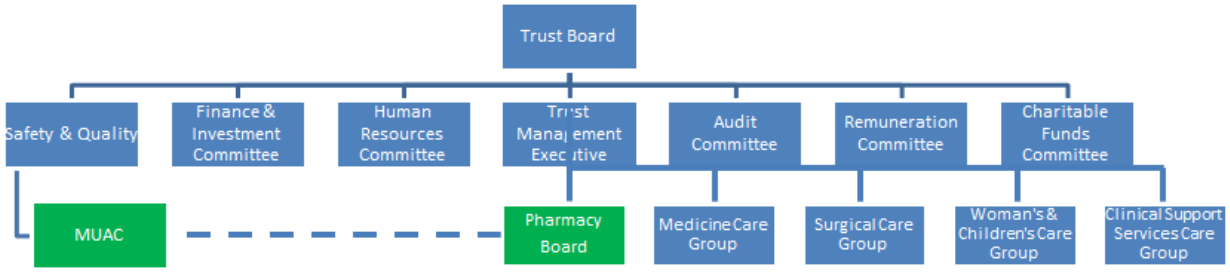
Ref	Action	Lead	Deadline
7.7.1	Undertake a review of the current pharmacy governance framework and make recommendations to Trust Management Executive for a revised structure.	Sally Mayell	Complete
7.7.2	Additional review and redesign of the Medicines Utilisation and Assurance Committee (MUAC) with recommendation to Safety and Quality Board for revised reporting.	Sally Mayell	Complete

Update on actions

It has been agreed that MUAC will report to Safety and Quality Committee and Pharmacy Board will report to Trust Management Executive.

Assurance that actions have been addressed

New Governance reporting Structure for Pharmacy:



SHOULD DO: Improve documentation of when liquid medicines are opened to ensure they are not administered when they have expired.			
Planned Action			
Ref	**Action**	**Lead**	**Deadline**
2.19	1. Review Medicines Management Policy to ensure that liquid medicines are included. 2. Ensure that liquid medicines are part of the medicines management audit.	Sally Mayell	30/11/2018
Update on actions			
Policy change will be ratified at MUAC with communication Trust-wide post ratification in October.			
Assurance that actions have been addressed			
Not applicable at this stage.			

PLYMOUTH CITY COUNCIL

Subject:	Director of Public Health Annual Report
Committee:	Health and Adult Social Care Overview and Scrutiny Committee
Date:	25 October 2018
Cabinet Member:	Councillor Tuffin (Cabinet Member for Health and Adult Social Care)
CMT Member:	Ruth Harrell (Director of Public Health)
Author:	Claire Turbutt, Advanced Public Health Practitioner
Contact details	Tel: 01752 304568 email: Claire.turbutt@plymouth.gov.uk
Ref:	
Key Decision:	No
Part:	I

Purpose of the report:

Each year the Director of Public Health has a duty to publish an independent report on a topic of their choosing. This year's report is a review of year three of the Thrive Plymouth programme. Thrive Plymouth is the Council's 10-year programme to improve health and wellbeing and reduce health inequalities in the city. Each year of the campaign has a different focus. Year three (which ran from October 2016 to October 2017) focused on the localisation of the national 'One You' campaign within Plymouth. One You is the national Public Health England (PHE) campaign to re-engage 40 to 60 year olds with their health. This report was published to outline the reasons for the success of this programme within Plymouth.

Corporate Plan

The annual report will support the corporate plan in the following ways:

Pioneering: The report highlights how year three of the Thrive Plymouth programme encouraged innovative solutions to address the health inequalities in the city.

Growing: The report shows how the population have been encouraged to make positive choices to improve their health and wellbeing. In the longer term this will lead to improved health outcomes across the city and a more resilient population.

Caring: The resources that supported the national PHE One You campaign gave the local Public Health Team the opportunity to secure engagement across the city, allowing residents, organisations and institutions to re-engage with their own health and make the best possible choices about their health.

Confident: Plymouth City Council was recognised nationally for its success in promoting the One You campaign locally as well as its promotion of the supporting tools and apps.

Implications for Medium Term Financial Plan and Resource Implications: Including finance, human, IT and land

None - The report has been produced by the Public Health Team in order to fulfil the mandated requirement to produce such reports.

Other Implications: e.g. Child Poverty, Community Safety, Health and Safety and Risk Management:

- None

Equality and Diversity

Has an Equality Impact Assessment been undertaken? No

Recommendations and Reasons for recommended action:

1. Our Joint Local Plan commits us to making healthy growth a priority for our city and creating environments in our city where the healthy choice is the easy choice. We should therefore plan for health impact assessment to be considered in all our large scale developments and strategies.

2. We should use targeted media to reach those who have not engaged with One You so far and find out what will get them engaged.

3. We should make the most of our natural environment through low cost and fun activities that will improve health outcomes.

4. We need to increase the low cost/free options for improving health and wellbeing within the city, making it easier for everyone to engage with activities on their doorstep.

Reasons:

1. Utilising the health impact assessment approach to development and strategic planning allows us to identify potential avenues for added social value that are missed if health impact is only considered at the end of the process when most decisions have already been made.

2. Public Health England has produced a wide range of well researched marketing materials. It makes sense to use these to target out population.

3. The green and blue spaces in the city already contribute towards improved health amongst our population. By making access easier for those who do not have direct access we can spread these benefits through the community.

4. A significant barrier to activity for many people is financial. By increasing the low cost/free options for physical activity/social interaction/community engagement, we will be helping those on low incomes to take advantage of the health benefits inherent.

Alternative options considered and rejected:
Not applicable

Published work / information:

https://www.plymouth.gov.uk/publichealth/directorpublichealthannualreport

Background papers:

Title	Part I	Part II	Exemption Paragraph Number						
			1	2	3	4	5	6	7
DPH Annual Report 2018	I								

Sign off:

Fin	Djn18 19.09	Leg	Lt/3 0479 /160 5	Mon Off	Lt/ 30 47 9/1 60 5	HR		Assets		IT		Strat Proc	

Originating SMT Member: Ruth Harrell

Has the Cabinet Member(s) agreed the contents of the report? Yes

NA (this is an independent report of the Director of Public Health. Leader and the Cabinet member for public health have been briefed.

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Thrive PLYMOUTH

Plymouth – *A* place to Thrive

Thrive Plymouth Year Three

Director of Public Health | Annual Report 2018

ONE YOU PLYMOUTH

CONTENTS

Thrive PLYMOUTH

Plymouth – A place to thrive

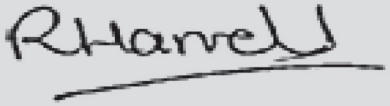
FOREWORD

Health inequalities are differences between people or groups due to social, geographical, biological or other factors. These differences have a huge impact, because they result in people who are worst off experiencing poorer health and shorter lives[1]. We want Plymouth, Britain's Ocean City, to be a place where everyone enjoys an outstanding standard of living and where health is not determined by which part of the city a person is born or lives in. This is why we launched Thrive Plymouth in 2014, to raise awareness of this issue, and work with our partners to coordinate resources from across the city with the goal of reducing the impact of health inequalities on our residents.

We have set ourselves a big challenge and in this Annual Report we look back at year three of our campaign. The national One You campaign launched by Public Health England in March 2016 presented a remarkable opportunity for Plymouth to use precisely researched marketing resources designed to re-engage seven million adults in the UK with their health and influence behaviour change nationally. Year three of Thrive Plymouth maximised the impact of this national campaign, making it meaningful and tailored for Plymouth.

Within this report I have included the stories of our partners who have engaged with Thrive Plymouth this year alongside an explanation of why the localisation of this campaign was so successful. My recommendations for the future are also included.

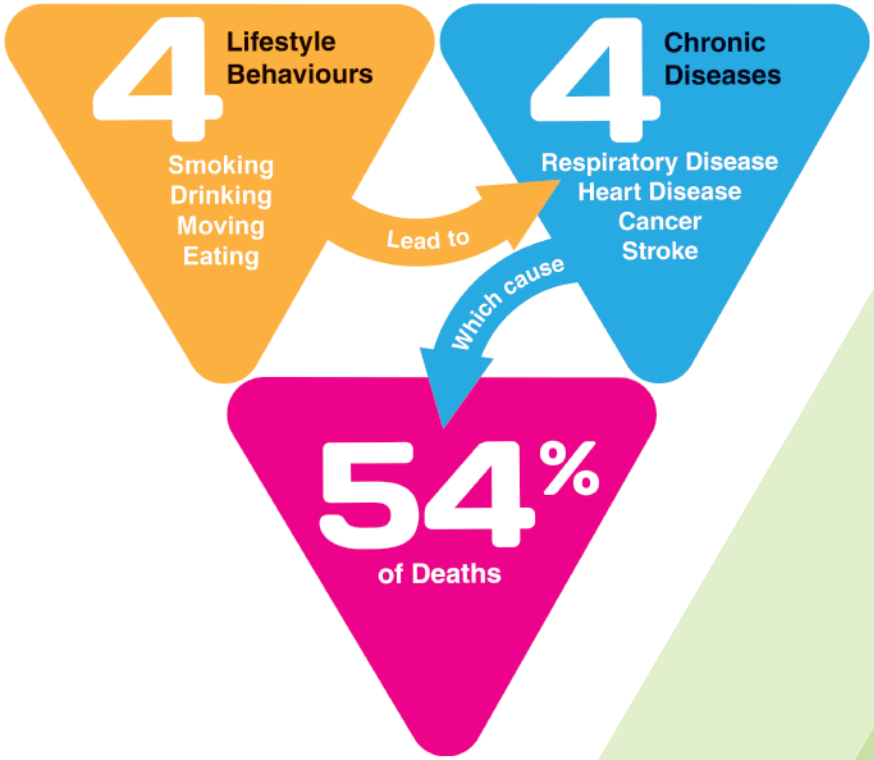
I hope you will enjoy seeing the rich selection of activity in the city this year. As we move forward with year four of Thrive Plymouth, which focuses on mental wellbeing, I want to congratulate all those who participated in year three and encourage them to continue making their contribution to reducing health inequalities. Together we can make this city a thriving community where everyone feels welcome and cared for.



Ruth Harrell
Director of Public Health,
Plymouth City Council

1 THRIVE PLYMOUTH

Thrive Plymouth is the city's ten year programme to get everyone working together to improve health and wellbeing in Plymouth and reduce health inequalities between different people and different communities.



OUR APPROACHES

Population prevention
recognises that small changes in a large number of people can lead to a significant difference in the amount of ill health and premature death across the population. We therefore support everyone, no matter the size of their risk, to make small positive changes.

Common risk factor
recognises that although single unhealthy behaviours can lead to many different diseases, often these risk factors cluster, because they are associated with underlying social determinants of health. Understanding how these behaviours affect each other and tackling these underlying causes is therefore more efficient and effective.

Changing the context
of choice recognises that people do not make decisions in a vacuum; they are influenced by people, places, advertising, street design and many other factors. Many people know how to improve their health and if it was easier to do so, would. We therefore focus on making the healthy choice the easy choice.

OUR VISION

for Plymouth
of happy, healt
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OUR RATIONALE

is that if everyone who lives, works and plays in Plymouth has the opportunity, encouragement and support to make positive changes to their lifestyle, this would add up to a large difference across the population.

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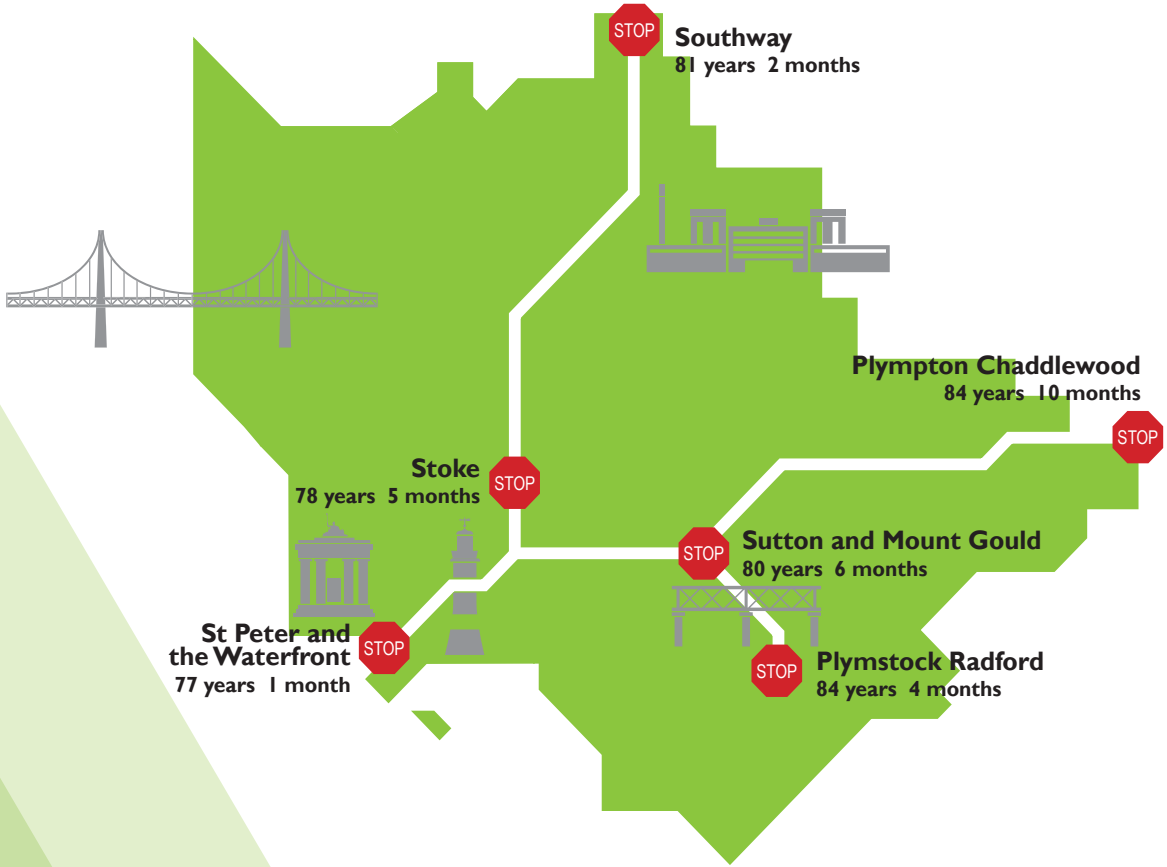
OUR WEBSITE

More information is available on our website www.plymouth.gov.uk/publichealth/thriveplymouth

Why is this important?

Health inequalities mean that some people live more painful, shorter lives than others and we think this is unacceptable. One way of measuring health inequalities is by comparing differences in life expectancy. We have created a bus route which shows that for every mile you travel from the suburbs to the city centre life expectancy drops considerably.



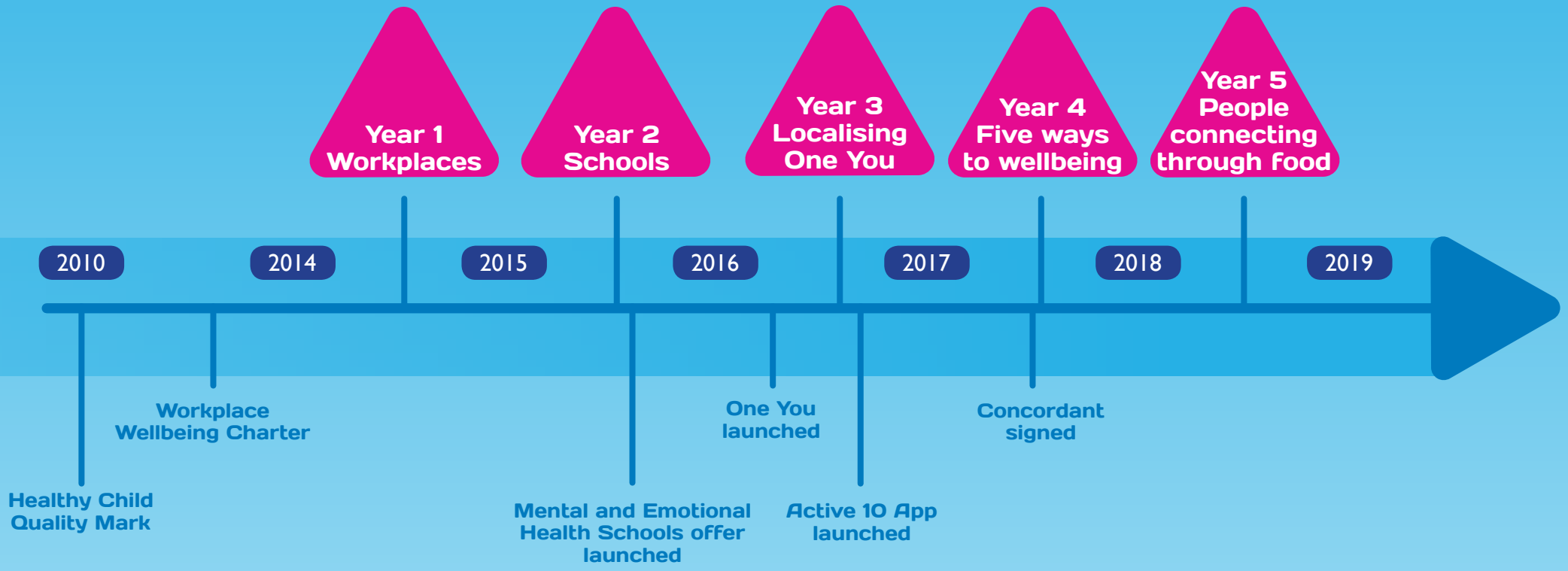
Plymouth's life expectancy bus route 2014 -16

Wards just a few miles apart can have life expectancy values varying by years. Travelling the seven miles south from the Southway ward, each mile closer to the St Peter and the Waterfront ward represents seven months of life expectancy lost. Travelling west to the same location from Plympton Chaddlewood, each mile represents over one year of life expectancy lost.

2 A TIMELINE OF THRIVE PLYMOUTH SO FAR

We think of Thrive Plymouth's annual campaigns like launching a ship each year. We put our efforts into getting the right resources together, making sure the messages are right and then organising the efforts of the institutions, teams and people in the city so that those messages and resources spread as far through the community as possible.

In our first year we focused on workplaces and the workplace wellbeing charter, in the second on schools and the healthy child quality mark, and for the third year, as you will read, we focused on adult health using the national resources of the One You campaign to re-engage adults with their health. Since then, we launched year four in October 2017 which focuses on mental wellbeing and the five ways to wellbeing. We are looking forward to year five, which will focus on the ways we can use food to engage with our community and is currently being developed with partners.



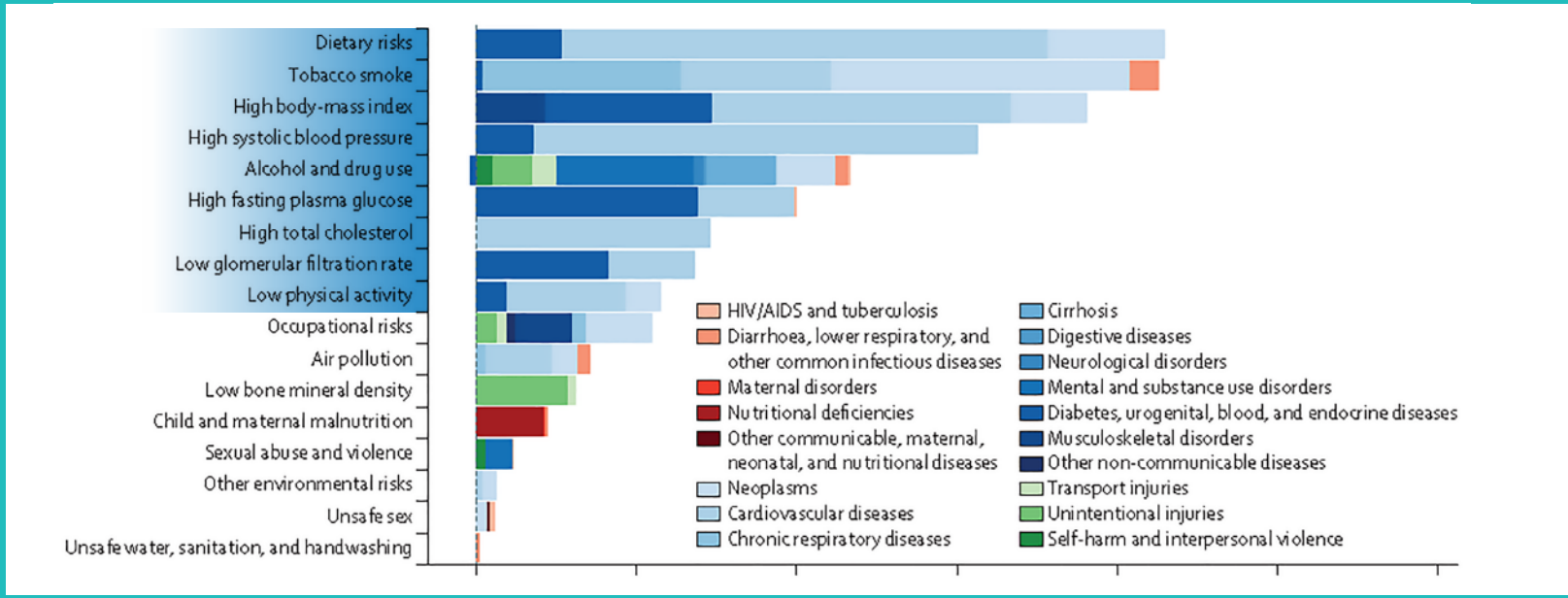
3 ONE YOU NATIONAL CAMPAIGN

Many adults can expect to live into their mid-80s, and many people believe gradual decline in physical and mental health is an inevitable part of ageing. Yet so much of how we age is down to lifestyle and that represents a real opportunity for change. Our lifestyles can be unhealthier than we think. Without even knowing it, by the time we reach our 40s and 50s, many of us will have dramatically increased our risk of contracting diseases like cancer and heart disease, and increased our risk of suffering a stroke. Whether we're eating too much of the wrong things too often, or drinking more than we should, or continuing to smoke despite everything we know, or not being sufficiently active, all these things can add up to have a huge influence on our health.

The good news is that making small changes can improve health right away. It's never too late to start. And that's where One You comes in, an exciting behaviour change programme to help adults fight back and kick those unhealthy habits out of our lives.

One You was launched nationally by Public Health England (PHE) in March 2016 with the goal of getting one million adults between 40 and 60 years old re-engaged with their own health. They did this through a campaign which used cutting edge marketing approaches to health promotion including the creation of an online lifestyle quiz. The 'How Are You?' quiz gives a score out of 10 for health and then gives lifestyle advice specific to the person completing the quiz. The goal of the campaign was to get people doing more physical activity, eating better, going smokefree, drinking less alcohol, sleeping better, stressing less and checking themselves for the symptoms of disease.

Disability adjusted years (DALYs) attributed to level 2 risk factors in 2013 in England for both sexes combined



TO SUPPORT THE CAMPAIGN PHE CREATED A RANGE OF SMART PHONE APPS THAT CAN HELP PEOPLE TO LIVE HEALTHIER LIFESTYLES.

1 Did you know? You don't have to go to the gym or wear Lycra to feel the benefits of exercise. Walking counts too. Active10s are 10 minutes of continuous walking, which can get your heart pumping and can make you feel more energetic, as well as lowering your risk of serious illnesses like heart disease and type 2 diabetes.

2 Did you know? We don't have to stop enjoying our family favourite recipes to reduce salt, sugar and fat in our food, finding tasty and healthier alternatives is easy. It's often cheaper (not to mention tastier) to make your own!

3 Did you know? If you stay smoke free for 28 days you're more likely to stay smokefree. Cravings usually only last a few minutes so they can be beaten. If you time one of them you'll know how long you need to keep busy until it goes away.

4 Did you know? There's a lot you can do to cut down on drinking. Don't feel you have to have an alcoholic drink in a round, order a soft drink. Try a smaller glass or a lower strength drink, or add a mixer.

CONTEXT

Our health system is geared to treating people when they are ill. We need to be equally focussed on prevention. 70% of how well we age, and many adult diseases, are linked to lifestyle factors that could, in the main, be prevented. Many adults believe that a gradual deterioration in physical and mental health is an inevitable sign of aging. But by moving more, eating better, quitting smoking, drinking less, stressing less and checking ourselves we could all make major improvements to our long term health.

KEY BEHAVIOURS THAT WE WILL INFLUENCE

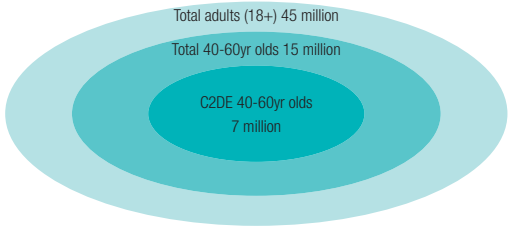
- Moving more
- Smokefree
- Drinking less
- Eating well
- Checking yourself
- Stressing less
- Sleeping better

REINVENTING ADULT HEALTH

40% of audience visit facebook daily, 8/10 most shared content are quizzes, only 4% of audience downloaded a health app

TARGET AUDIENCE

Our core audience is the 7m 40-60 year old C2DEs living in England, although we recognise that there will be a much larger adult audience that overhears campaign comms.

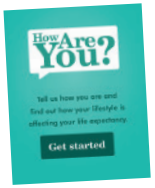


Key insight:

TO VALUE YOUR HEALTH, YOU HAVE TO VALUE YOURSELF

ONE YOU

We believe there is a once in a generation opportunity to reinvent and re-launch adult health to energise and engage one million adults in One You. We are creating an adult to adult voice that advocates living well, engaging and supporting real people to make real changes throughout the year.

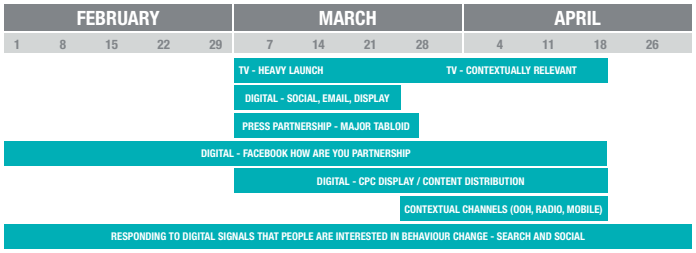


DIGITAL ENGAGEMENT – THE HOW ARE YOU? TOOL

A health related marketing 'quiz' (NOT a medical or clinical diagnostic tool) that starts a conversation about an individual's health, lets people know how they're doing and drives to product(s) they can use to change behaviours.

From | Public Health England

LIVING WELL - OPTIMAL PLAN



A versatile brand to use in a range of settings

4 THRIVE PLYMOUTH YEAR THREE

The behaviours

Of the seven behaviours identified within the One You campaign which impact on health, four are the same as Thrive Plymouth, smoking, eating, drinking and moving, and two others support our ability to make and sustain positive changes (sleeping better, stressing less). As the initial focus of the One You campaign was on these same four behaviours although the One You campaign is aimed at the 40 to 60 years old age group we felt their messaging was also appropriate for Plymouth. We decided to use the third year of Thrive Plymouth to localise One You within the city. The third year launched in November 2016 at Plymouth University.

The launch of year 3

▼ *Thrive Plymouth November 2016 launch event*

During year three of Thrive Plymouth (2016-17) we set ourselves the following goals:

Engagement	To engage 20 organisations in the city by November 2017 150 people to complete Livewell Southwest training courses by November 2017
'How Are You?' quiz	To increase the number of people completing the 'How Are You?' quiz in the city
Geographic coverage	To plan events throughout the whole city using national marketing
Gender balance	To improve the ratio of men using the 'How Are You?' quiz (September 2016 1:3)
Behaviours	To use all seven behaviours throughout the city
Events	To plan a full calendar of events throughout the city To count the number of events using resources branded as One You or One You Plymouth in the city

See page 19

See page 12

The year in brief

We had an amazing year, meeting and exceeding our goals with over 3,000 people in the city completing the 'How Are You?' quiz.

80 New Home New You

360 people received training

3 LARGE SCALE EVENTS

52 organisations joined the Thrive Plymouth Network

23 PCC Health Champions

See page 16

12 ACTIVE 10 Events

11 Working Links staff

20 local events branded as ONE YOU

25 briefing events took place

See page 22

5 WHY OUR APPROACH WAS SUCCESSFUL

We got partners engaged early

We were involved early in the design of the One You campaign; Plymouth City Council is part of a national reference group including 20 local authorities across England which helps Public Health England plan and design their future campaigns. Our participation in this group allowed us enough time to plan for the national launch event in March 2016.

This early engagement gave us time to strengthen our links with a group of organisations in the city who were ready to put their resources towards launching One You successfully. Working as a partnership, a range of organisations from across the city joined with Council teams to plan for the Thrive Plymouth launch of One You. See Livewell Southwest and I Love Life pages.

On the day of the national launch of One You many businesses and services in the city encouraged their staff, clients and customers to take the How Are You Quiz.

Individual Challenges	Organisational Challenges	Population Challenges
Search for How Are You online and take the quiz. Sign up to receive email updates about events and projects you can get involved in.	Spread the One You message through your organisation. Hold a competition to see who can improve their 'How are you?' (HAY) score the most. Use the quiz to measure the health of your workforce.	Let's make it easier to be healthy. Our Joint Local Plan commits us to making healthy growth a priority for our city and creating environments in our city where the healthy choice is the easy choice. We should therefore plan for health impact assessment to be considered in all our developments and strategies.

Livewell Southwest

One You Plymouth is the local health improvement service commissioned by the Council. As One You was launched nationally the local health improvement service had the opportunity to rebrand and decided that aligning with the national PHE brand would be beneficial to the local population.

In 2016 Livewell Southwest was working closely with Plymouth City Council, Plymouth Community Homes and the Herald. It was decided that there would be a local launch of One You through the Herald on the same day as the national publicity. During this time the Livewell Southwest Health Improvement service rebranded to One You Plymouth and established a new website and interactive tools. As a result we were the local provider with the most 'How Are You?' quiz referrals during the launch, 400 more than the next most successful provider.

For the Thrive Plymouth launch event in October 2016 the health improvement service was officially launched as One You Plymouth and all the lifestyles interventions were delivered under the One You Plymouth banner.

Using the national brand at a local level allows the local activity to be endorsed by a nationally recognised brand. The apps and digital tools devised by PHE are very useful for Plymouth residents and allow us to effectively engage with evidence based applications. One You Plymouth has recently joined with PHE to publicise NHS Health Checks and this has increased local take up.

Livewell SW Video

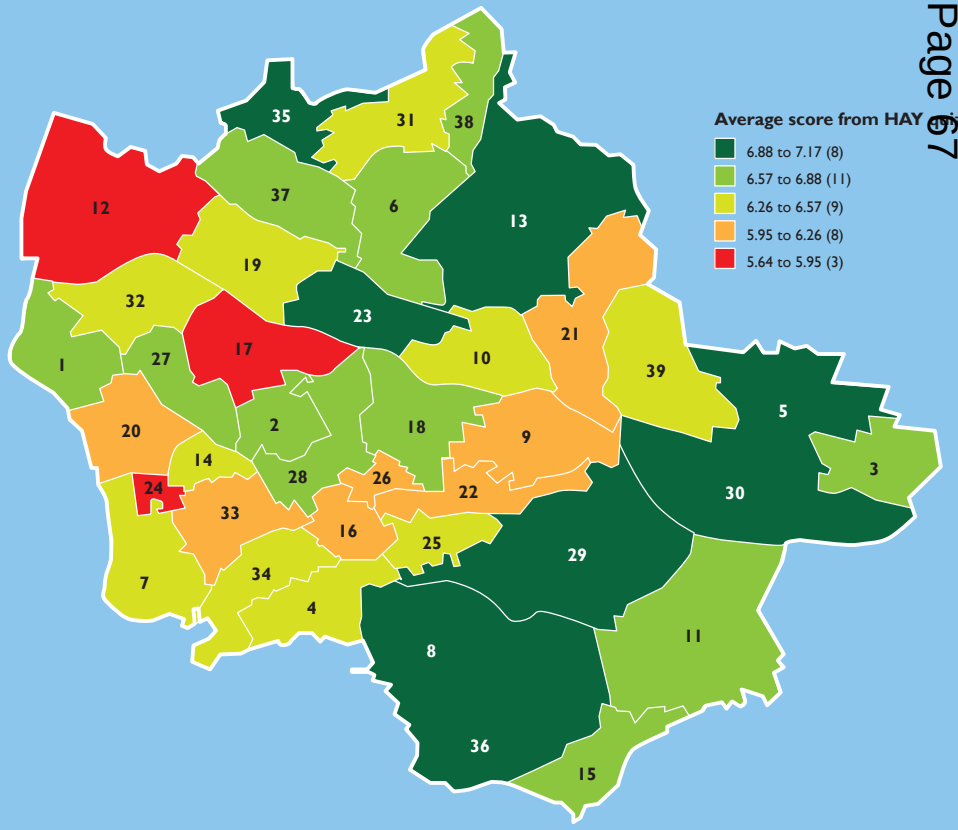
1 Barne Barton
2 Beacon Park
3 Chaddlewood
4 City Centre
5 Colebrook, Newnham and Ridgeway
6 Derriford West and Crownhill
7 Devonport
8 East End
9 Efford
10 Eggbuckland
11 Elburton and Dunstone
12 Ernesettle
13 Estover, Glenholt and Derriford East
14 Ford
15 Goosewell
16 Greenbank and University
17 Ham and Pennycross
18 Higher Compton and Mannamead
19 Honicknowle
20 Keyham
21 Leighham and Mainstone
22 Lipson and Laira
23 Manadon and Widey
24 Morice Town
25 Mount Gould
26 Mutley
27 North Prospect and Weston Mill
28 Peverell and Hartley
29 Plymstock and Radford
30 Plympton St Maurice and Yealmpstone
31 Southway
32 St Budeaux and Kings Tamerton
33 Stoke
34 Stonehouse
35 Tamerton Foliot
36 Turnchapel, Hooe and Oreston
37 Whitleigh
38 Widewell
39 Woodford

'How Are You?' quiz results for Plymouth

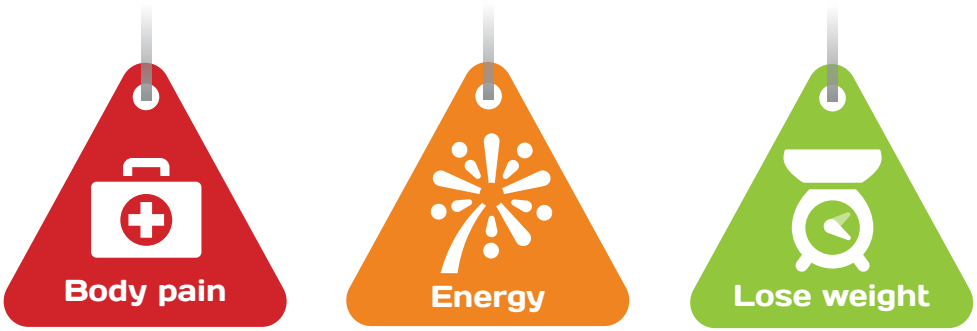
2,329 Plymouth residents completed the quiz in the three months following its launch.

The How Are You (HAY) quiz gives a red/amber/green rating for smoking, drinking, eating and moving with green being the best result and red being the worst. After the launch event we were given access to anonymised quiz results for Plymouth residents. Using this data we were able to identify average health results for the city by electoral ward. We then compared this to the deprivation score for the wards and were able to identify patterns within the data. See map showing overall scores by ward across the city.

Map of average overall score by neighbourhoods



Reasons why people wanted to improve their health



Improving Lives Plymouth

Improving Lives Plymouth (ILP) is a local charity that supports people with disabilities and long term health conditions. They offer both practical and emotional support through a number of programmes which are free to access. They supported 17,000 people in the local community last year alone.

ILP has 50 staff and 80 volunteers who are all passionate about what they do for this local charity.

Active for All is a programme which supports adults with learning difficulties and long term health conditions to get more active and live healthier lifestyles, walking boccia, basketball to name a few. They worked with us to ensure One You was accessible to all and an easy read version of the Thrive Plymouth strategy was created as a result of their input. Improving Lives Plymouth incorporated the Thrive Plymouth framework to all the work they do.

We used media effectively

Our Thrive Plymouth year three launch event in November 2016 was held at the University of Plymouth. At this event we encouraged all organisations present to join up to our Thrive Plymouth network which was launched the following week, as a result 41 organisations joined, by the end of year three there were 52 organisations involved. We also launched a Facebook page dedicated to Thrive Plymouth.

Social media played a big part in the campaign with our partners re-posting many of our posts and using social media to advertise the events they held to support Thrive Plymouth.

Using the nationally developed resources from PHE saved us the cost and time involved in designing and printing marketing material. With the message already crafted and designed by the national team we could focus on networking and spreading the message.

Individual Challenges	Organisational Challenges	Population Challenges
Create a social media post which encourages people to search for the How Are You quiz online.	Create a newsletter article or post to social media as your organisation encouraging your staff, clients or customers to take the How Are You quiz.	Let's get as many people as possible engaged with their own health. Use targeted media to reach those who have not engaged with How Are You so far and find out what will get them engaged.

Improving Lives Video

Plymouth Herald 'I Love Life' campaign

Plymouth's local paper, the Plymouth Herald, has for a number of years run health promotion campaigns. The 'I Love Life' campaign had been running for some time before the launch of One You. This campaign was funded jointly by Public Health, Livewell Southwest, Healthwatch, and Active Devon. The 'I Love Life' steering group had produced a series of 12-page supplements which were published as part of a Herald weekend publication.

In preparation for the launch of One You the 'I Love Life' supplement for March 2016 focused on One You related messages and encouraged readers to complete the How Are You quiz online. The supplement also included articles and features on healthy lifestyles with personal stories from a group of taxi drivers who had become 'I Love Lifers' by completing the Livewell Southwest healthy lifestyles programme. It was hoped by showing the stories of people who had been successful at changing their lifestyles the readers would feel inspired to make their own changes. The supplement was heavily branded using One You raising the likelihood of readers recognising the accompanying out of home advertising which was funded in the city to coincide with the launch.

We were pleased to find out that for all completions of the "How Are You" quiz nationally the BBC website had the highest number of referrals and the Plymouth Herald website had the second most referrals.


4 ONE YOU

Meet 12 people who want to be healthier

A dozen Plymouth City Council workers have signed up to The Herald's 'I Love Life' campaign in the hope of making small changes that will make them fitter and happier

BECAUSE THERE'S ONLY ONE YOU

5


2

Help to get you started

THERE IS ONLY ONE YOU

"Being healthy in middle age can double your chances of being a fit and happy pensioner"

HOW ARE YOU?

HOW HEALTHY ARE YOU? TAKE THE EASY ONLINE QUIZ AT WWW.PLYMOUTHHERALD.CO.UK/ILOVELIFE

Welcome

Professor Kelechi Kinnaham, Director of Public Health for Plymouth City Council

The Green Taverners Love Life

One of Plymouth Argyle's football club supporter groups is called the Green Taverners. In January 2017 they became one of the teams of 'I Love Lifers'. They went through a 12 week programme where Livewell Southwest Wellbeing Team worked with them to 'know their numbers' which means they were weighed, measured and had their blood pressure and body fat percentage recorded. They then learnt about nutrition and physical exercise as well as receiving help and support to cut down tobacco and alcohol use. After 12 weeks they reviewed to see if the programme had helped them make any changes to their lifestyle.

▼ *Plymouth Argyle supporters*

Santa Cycles to Whitleigh

As part of the Herald's 'I Love Life' campaign Healthwatch organised and ran an outreach event in Whitleigh. A series of local elves cycled Santa miles on two stationary bikes to carry Santa all the way from the North Pole to Whitleigh in time for the annual Christmas Fayre.

▼ *Healthwatch, Santa Cycles to Whitleigh*

We ensured a wide range of activities

We held five Thrive Plymouth network events where organisations could come together to share their best practice and encourage each other. We know as a result of these network events many new projects and partnerships have been formed. We look forward to reaping the rewards as a city.

We were asked to make 25 presentations to organisations over the year, this meant an extra 361 people heard about Thrive Plymouth and One You.

There were a further twenty events where One You was represented throughout the city.

Throughout the year PHE launched a number of initiatives with accompanying apps which could help people to live healthier lives. The Active10 app encouraged people who were only doing a small amount of physical activity to increase that to 10 minutes of brisk walking per day, with the eventual goal to increase to 30minutes per day. This app caught our imagination and in the last week of March 2017 we held a week of lunchtime walks with media coverage to encourage more walking in the city. Twelve Active10 walks took place across the city, run by organisations who are members of the Thrive Plymouth network and the Plymouth Herald ran news reports on the app and the walks.

Individual Challenges

Take part in one of the many One You events that are happening city wide throughout the year.

Organisational Challenges

Run an event that will encourage your clients, customers or staff to move more, eat better, smoke less or drink safely?

Population Challenges

Let's make the most of our natural environment. Plymouth has incredible green and blue spaces available. We need to make the most of these through low cost and fun activities that will improve health outcomes.

DATAplay Event

DATAplay is an innovative Plymouth City Council project which aims to encourage more use of publicly collected data. The hope is this will provide solutions to hard-to-solve problems in Plymouth. Towards the end of 2017 we worked with the DATAplay team to run a Hackathon event. Hackathons are events where the digital community comes together and works to solve problems that are presented during the events. We presented the Thrive Plymouth message and data about health in the city to the digital community asking them to suggest/design/create solutions to encourage better lifestyles in the city. The community responded with a menu project to encourage healthy eating through redesigning menus. This project has now been run three times in the city influencing people to make healthier choices within cafés and we are hoping to get funding to continue the good work in the future.

▼ *DATAplay event Dec 2017*

St Jude's Community Hub

This new Community Hub meets every Tuesday morning in the local Church Hall. The volunteers provide an internet café, social inclusion activities and free coffee to anyone who attends. When they got involved with Thrive Plymouth they decided to train their volunteers in how to lead Walking for Health activities as part of the Active10 App launch. Two of their volunteers attended a training course provided by Livewell Southwest and now they offer a weekly walk in the local parks. 'St Jude's Walk, Talk and Tea' takes place at the same time as the Community Hub to encourage more physical as well as social activity.

▼ *Walking for Health Event*

Poole Farm

This community farm has been owned by the Council for over a year and is bringing a little bit of the countryside into town. The farm now boasts a herd of cattle, sheep, bees and chickens alongside the impressive amount of tree planting and improved wildlife habitats that have been achieved. This has all been done through an extensive volunteering programme and organised events, happening weekly throughout the city as well as proactively working with partners such as Duchy College and Plymouth Environmental Action.

In celebration of the work Poole Farm have been doing to increase low level physical activity this year, the Thrive Plymouth Summer Away Day was held at the farm in July 2017. This event was a celebration of all the work which had been carried out to encourage healthier lifestyles, especially amongst our low income residents.

▼ *Poole Farm, Volunteering Days*

PCH New Home New You

This project came about as result of conversation between Public Health and Plymouth Community Homes (PCH) about how PCH could get involved in year three of Thrive Plymouth. PCH revealed that they see approximately 600 new tenancies each year and many of these new tenants suffer from poor health and wellbeing-related outcomes.

The new tenants have several meetings with PCH Housing Officers, before their tenancy begins and then at four weeks, six months, nine months and twelve month home visits. Housing Officers are also responsive to residents needs throughout their tenancy. The start of a new tenancy is the moment that many people choose to make lifestyle changes.

Livewell Southwest trained PCH Housing Officers on how to have a health and wellbeing-related conversation with the new tenants. Staff from the council and Livewell Southwest liaised to develop and deliver a bespoke training package for the PCH Housing Officers. There was also input from the Peninsula Dental School. The package was a mixture of 'making every contact count' and 'wellbeing champion' training. Four half-day training sessions were held with the PCH staff in February and March 2017. Approximately 45 PCH Housing Officers attended these sessions. A further 55 (approximately) front-line staff have also been trained.

The opportunity was also taken to review the 'goody bag' that new tenants are given. Rather than it being simply filled with household items, they now contain signposting information to health and wellbeing-related services as well as some health-improvement-related literature.

The intervention process has now been agreed. This is based on a standard health and wellbeing 'conversation starter' form developed by Livewell Southwest.

A plan for evaluating the impact of the programme has been developed. It is based on the use of (1) the Warwick-Edinburgh mental wellbeing scale and2 the PHE How Are You (HAY) quiz. These can be administered at different points in the first year of tenancy to assess impact over time.

PCH Video

A post-graduate student studying for an Masters in Public Health at Marjons University will carry out an evaluation of the project as part of their degree.

The training has now been offered to staff from the other social housing providers in the city.

The project was officially launched on 16 October 2017.

"A new home isn't the answer to optimal wellbeing, but it can be a powerful catalyst for wider positive change. PCH and partners will provide opportunities to make that change."

We celebrated the success

Throughout the year our partners did incredible things to help Plymouth to thrive. There were so many events and projects it would not be possible to include them all in this report. To share the great news about One You we sent monthly emails to the Thrive Plymouth network encouraging and sharing good practice. We also helped our partners create case studies that could be shared online and in newsletters.

Individual Challenges

Use a One You apps and tell your friends about how it helps you live a healthier lifestyle.

Organisational Challenges

Look at your organisation and identify what environmental factors are discouraging your staff, clients or customers to be unhealthy – can you change anything?

For example encourage brisk walking during breaks or redesign the menu in your staff canteen to make healthy choices the easy choices.

Population Challenges

Let's include everyone. We need to increase the low cost/free options for improving health within the city. Making it easier for everyone to engage with activities on their doorstep.

▲ *Blue Light Day – resulted in hundreds of people living with learning difficulties and their carers learning about healthy lifestyles*

▼ *Library Case Study – resulted in a great health and wellbeing offer being available through the library*

Library Case Study Video

Working Links provided Wellbeing Champion training through Livewell Southwest

IHC lecture

Plymouth Hospitals

Derriford Hospital is the largest hospital trust in the South West. Working with Livewell Southwest. We set up a Plymouth NHS Hospitals Trust Thrive Group to manage the changes that improve the health and wellbeing of our staff. Over the past two years we've:

- launched the Derriford Centre for Health and Wellbeing
- reduced the membership fees for Staff at our Leisure Services
- reviewed our smokefree policy
- launched a range of social activities to target mental as well as physical health
- reviewed our retail catering offer across the Trust
- launched a Health Champion scheme
- run a 'Big Pinch' campaign offering boot camp activities
- revisited our Green Travel plans
- held annual staff health and wellbeing days.

Opening of Derriford Centre for Health and Wellbeing

▲ *Walking football*

As a major employer the Trust already had many of the things you would expect from a good employer: staff knowledgeable about their health, occupational health services, a gym, smoking cessation services, healthy eating options in the café, green travel plans and a commitment to the environment. Thrive Plymouth enabled us to bring this all together to encourage active, happy and healthy staff.

Nick Thomas Deputy CEO, Plymouth NHS Hospital Trust

6 CONCLUSIONS

It was a great year for engagement with Thrive Plymouth across the city. Using a national campaign locally meant we could access high quality, evidence based, free resources to encourage healthy lifestyles amongst our residents. This allowed us to spend time focusing on other aspects of behaviour such as the environment in which we make our choices. A huge amount of work has been done in Plymouth to encourage local residents to access the many smart phone apps launched this year.

▼ *Public Health team at the year four launch 2017*

7 WHAT IS THE FUTURE?

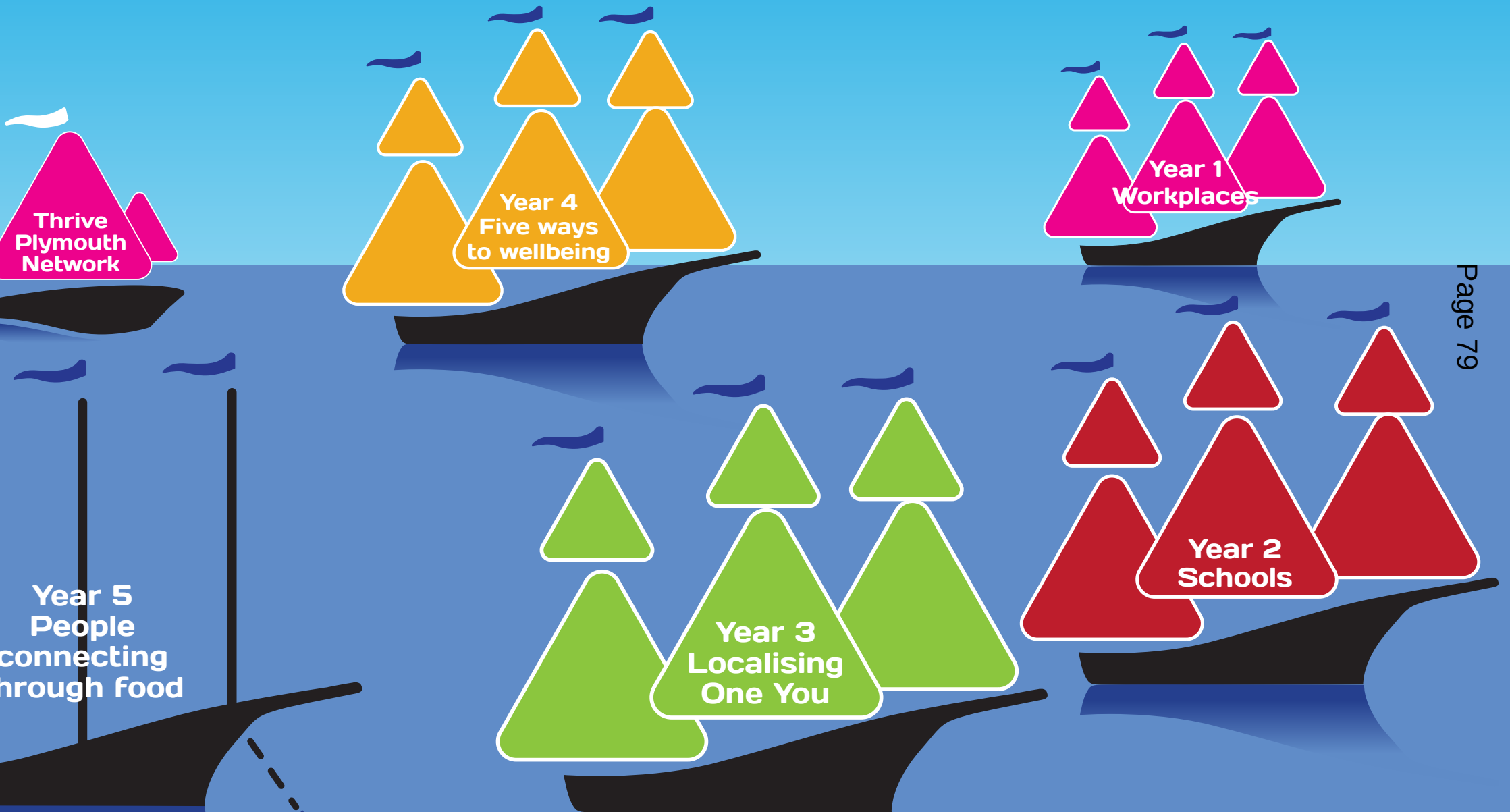
So what is the future for Thrive Plymouth? We are in the midst of year four which is focusing on mental wellbeing. The five ways to wellbeing are a really good way to get people to understand there is more to health (mental and physical) than simply what you eat, drink or do. We want to treat people as individuals, with complex and interesting lives. Understanding that how people are feeling has a massive impact on how well they can respond to stress in their lives we want to make it easier for people to feel good.

We also need to find out whether this year of the Thrive Plymouth programme has worked. There are two parts to this:

1. Finding out what the impact of the One You campaign has been; are people more engaged with their health and able to make healthier choices?
2. Tracking changes in the twenty Thrive Plymouth indicators which include both behaviour and disease rates amongst the population.

It will be some time before we are able to see any significant changes in the indicators, and we know it will be extremely difficult to be certain any changes have definitely been caused by Thrive Plymouth; however we believe we have made a good start and are heading in the right direction.

So to finish, year three allowed us to recruit over fifty organisations into our fleet of Thrive Plymouth ships and we're all heading in the same direction, towards a Plymouth were the healthy choice is the easy choice.



8 LINKS

Thrive Plymouth:

www.plymouth.gov.uk/publichealth/thriveplymouth

Plymouth's Life Expectancy Bus Route 2015-16

www.plymouth.gov.uk/publichealth/thriveplymouth/aboutthriveplymouth/healthinequalities

Global Burden of Disease:

www.healthdata.org/gbd

One You:

www.nhs.uk/oneyou

All One You Apps available from:

www.nhs.uk/oneyou/apps#HeDTm2C0SRUtJUAJ.97

Public Health England:

www.gov.uk/government/organisations/public-health-england

DATAplay:

www.plymouth.gov.uk/dataplay

9 REFERENCES

1 Changes in health in England, with analysis by English regions and areas of deprivation, 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013Newton, John N et al.

2 The Lancet, Volume 386 , Issue 10010 , 2257 - 2274 www.thelancet.com Published online September 15, 2015 http://dx.doi.org/10.1016/S0140-6736(15)00195-6

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WELLBEING OVERVIEW AND SCRUTINY COMMITEEE

October 2018

Report for Information
Planned Care Programme Briefing – Fiona Phelps/Craig McArdle

1. Introduction

In April the Wellbeing Overview and Scrutiny Committee received a briefing on an initiative to begin to address the mismatch between demand and capacity in planned care, starting with orthopaedics. The STP have been exploring the use of 'scoring systems' which use an evidence based, systematic assessment of patients prior to referral to secondary care. The aim is that this assessment takes place in an interface service and gives equitable access to secondary care services across the STP. It ensures that the system gives access to those patients most in need of services and most likely to benefit.

The first area that went live is an assessment prior to referral for hip and knee replacements based on the 'Oxford Scoring' system. The assessment takes place as part of a face to face review, includes a physical examination, taking in to account understanding patient preferences and with the ability to fast track patients with particular conditions. The intention was that patients will only be referred to secondary care when their need for surgery reaches a common level and when they are ready to proceed with a surgical intervention. The scheme was launched across the whole of Devon STP from 1st April 2018.

The purpose of this report is to give an update on this initiative and the impact that it has had.

2. The Outcomes to Date

In the reporting period (first five months of 18/19), referrals to the independent sector providers (Care UK and Nuffield Health) for patients with hip pain have reduced by 42.5% compared with the same period in 17/18, and by 44.4% compared to the five months preceding the reporting period.

For patients with knee pain in the same period, referrals to these providers have reduced by 44.4% compared to 17/18 and by 50.4% compared to the five months preceding the reporting period.

In terms of impact on NHS providers, the waiting times for hip and knee replacements and orthopaedic backlogs are such that the patients in the new hip/knee pathways who do proceed to surgery will not have had their operations yet, we are still putting emphasis on understanding the likely impacts in secondary care. Table 1 shows data provided by University Hospitals Plymouth which shows a 37.3% reduction in weekly and total additions to waiting lists for hip surgery patients in the period April 2018 – September 2018 compared with the same period in the previous year. For patients listed for knee surgery their reduction in weekly and total additions to waiting lists is 33.3%.

Table 1.- Reduction in patients added to hip and knee surgical lists at UHP

	Apr - Sept 2017 *weekly* additions to surgical lists (baseline)	Apr to Sept 2018 *weekly* additions to surgical lists	Apr - Sept 2017 **total** additions to surgical lists (baseline)	Apr - Sept 2018 **total** additions to surgical lists	% (vol) change in total additions
Hip	11.5	8.4	254	185	37.3% (-69)
Knee	11.5	8.6	252	189	33.3% (-63)

3. Impacts on health Inequalities

At the outset of the project we had a hypothesis, supported by a consensus of the three Local Authority Directors of Public Health, that our new pathway should improve inequalities in access to joint replacement over time. The rationale for this was that patients in more deprived populations typically present later in their disease, with greater pain and more disability, for a variety of complex reasons. By commissioning a pathway based explicitly on patient-reported pain and disability, we systematically favour those presenting with the greatest need, which indirectly favours those from more deprived populations.

A clear health inequality was evident in the data prior to our new pathway. Preliminary data from the new pathway shows a very positive impact on health inequalities for both knee and hip replacement.

4. Next Steps

Work has been initiated to complete during Autumn 2018 for senior physiotherapists from all areas of the STP to spend time in each other's clinics to compare and contrast practice in order to understand variation and to standardise further. That work is being overseen by the STP Planned Care Operational Delivery Group.

The offer for patients who do not achieve the threshold for referral have been developed but utilisation of these services is currently poor. The benefits of these wellbeing programmes needs to be better communicated to both patients and other healthcare professionals.

5. Summary and Recommendations

The new interface services appears to be working well to ensure that there is equity of access to secondary care services in a consistent manner across the whole of Devon. It has helped to reduce the number of patients referred to secondary care and thereby support a reduction in waiting times for orthopaedic surgery. In time this methodology will be rolled out to other surgical areas.

Author: Fiona Phelps

Job Title: Head of Commissioning

Department: Integrated Commissioning Team

Date: 15th October 2018

PLYMOUTH CITY COUNCIL

Subject:	Integrated Performance Scorecard
Committee:	Health and Adult Social Care Overview and Scrutiny Committee
Date:	25 October 2018
Cabinet Member:	Councillor Ian Tuffin
CMT Member:	Carole Burgoyne (Strategic Director for People)
Author:	Robert Sowden, Performance Advisor
Contact details	Tel: 01752 305407 Email: Robert.sowden@plymouth.gov.uk
Ref:	
Key Decision:	No
Part:	I

Purpose of the report:

Public Sector organisations across the country are facing unprecedented challenges and pressures due to changes in demography, increasing complexity of need and the requirement to deliver better services with less public resource. Plymouth and Devon also face a particular financial challenge because of the local demography, the historic pattern of provision and pockets of deprivation and entrenched health inequalities.

On the 1st April 2015 Plymouth City Council (PCC) and the Northern, Eastern and Western Devon Clinical Commissioning Group (CCG) pooled their wellbeing, health and social care budgets and formed an integrated commissioning function. Four Integrated Commissioning Strategies were developed to drive activity across the wellbeing health and social care system.

The primary driver of this is to streamline service delivery and provision with the aim of improving outcomes both for individuals and value for money. Integrated commissioning must deliver integrated wellbeing.

The four strategies describe the current picture and the integrated commissioning response across the health and wellbeing 'system' in Plymouth, specifically covering

- Wellbeing
- Children and young people
- Community
- Enhanced and specialist

To monitor progress of the Integrated Commissioning activity an Integrated System Performance Scorecard has been developed. The scorecard will be updated on a quarterly basis and will capture and understand the impact of integration across the system, and inform future commissioning decisions.

Recommendations:

The recommendation is for the Health and Social Care Overview and Scrutiny Panel to:

- To note the contents of the report

INTEGRATED HEALTH & WELLBEING

SYSTEM PERFORMANCE SCORECARD

SEPTEMBER 2018

NHS

Northern, Eastern and Western Devon Clinical Commissioning Group

PLYMOUTH CITY COUNCIL

1. INTRODUCTION

Public Sector organisations across the country are facing unprecedented challenges and pressures due to changes in demography, increasing complexity of need and the requirement to deliver better services with less public resource. Plymouth and Devon also face a particular financial challenge because of the local demography, the historic pattern of provision and pockets of deprivation and entrenched health inequalities.

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2. COLOUR SCHEME – BENCHMARK COLUMN

For indicators taken from either the Public Health Outcomes Framework or the Children and Young People's Health Benchmarking Tool:

- Indicators highlighted green show where Plymouth is significantly better than the England average
- Indicators highlighted amber show where Plymouth is not significantly different to the England average
- Indicators highlighted red show where Plymouth is significantly worse than the England average
- Indicators highlighted white show where no significance test was performed, or where no local data or no national data were available.

For the rest of the indicators:

- Indicators highlighted green show where Plymouth 15% better than England's average
- Indicators highlighted amber show where Plymouth within 15% of England's average
- Indicators highlighted red show where Plymouth 15% worse than England's average
- Indicators highlighted white or N/A show where no local data or no national data were available.

3. TREND GRAPHS

Each indicator is accompanied by a trend graph showing where possible the latest six values. Caution is required when interpreting the graphs as there is no Y axis displayed and as such the significance or flow of the change is difficult to interpret.

4. COLOUR SCHEME - TREND COLUMN (RAG)

- Indicators highlighted dark green show where there the latest 3 values are improving
- Indicators highlighted green show where there the latest 1 or 2 values are improving
- Indicators highlighted amber show where the latest value is between plus and minus 2.5% of the previous value
- Indicators highlighted red show where there the latest 1 or 2 values are deteriorating
- Indicators highlighted dark red show where there the latest 3 values are deteriorating
- Indicators not highlighted have no trend data.

5. PERFORMANCE BY EXCEPTION

WELLBEING

Referral to treatment - Percentage seen within 18 weeks

University Hospitals Plymouth (UHP) is not achieving the 18-week referral to treatment national standard, which is set at 92%. There have been capacity issues in a number of specialties in UHP and referral reductions haven't been a large as planned, as a result it has been agreed that the position at the end of March 2019 should be no worse than the position at the end of March 2018, which was 80.1%. An improvement trajectory has been agreed towards achieving this, a number of actions are in place, and with monitoring of theatre capacity we would to start seeing an improvement in performance.

Estimated diagnosis rates for dementia

NEW Devon CCGs dementia diagnosis rate remains below the national target. The CCG has raised concerns with NHSE with the expected number of people with dementia in our population (this may affect the calculated diagnosis rate). However, the CCG is also looking to work more closely with primary care to improve the pathway and achieve the national target of 66.7% by March 2019.

Excess Weight in Adults, 4-5 year olds and 10-11 year olds

The most recent data (2016/17) saw a slight increase in the percentage of children aged 10-11 that are classed as overweight (31.7%), this is however significantly lower that the England average (34.2%). We continue to worry about the percentage of children aged 4-5 who are classed as overweight, latest data shows that Plymouth is significantly worse. This is also the case for Adults classed as overweight, in Plymouth the latest data shows Plymouth has 67% of adults who are overweight or obese, this compares to the England figure of 61.3%.

We are working to tackle this by giving children the best start in life (e.g. breast feeding, weaning and parenting advice), making schools health-promoting environments (e.g. Healthy School Quality Mark), managing the area around schools through fast food planning policy, and working with partners to raise awareness of the risk factors of unhealthy diets and physical inactivity (Thrive Plymouth). Since 2006/07 when the National Child Measurement Programme (NCMP) began, Plymouth has consistently exceeded the target of taking valid measurements from 85% of eligible children.

COMMUNITY

Health and Social Care System

The Health and Social Care system remains challenged with an increase in the number of older patients who are more likely to require onward care due to the complexity of their needs.

Accident and Emergency four hour wait

UHP are not achieving the four hour wait in Accident & Emergency (A&E) target. This is due to demand pressures including an increase in A&E attendances. There was a significant improvement in performance in May, an upturn in performance that can be associated with the "hard reset" exercise.

During the summer months UHP experienced a high level of A&E attendances with the number of attendances in July the highest numbers on record. This has contributed to a decline in four hour wait performance that returned to the levels achieved prior to the hard reset. A specific work plan is in place to improve performance and a further "hard reset" exercise is planned for October 2018.

Emergency admissions aged 65 and over

Total emergency admissions aged 65 increased by around 6% in 2017/18 compared to 2016/17. The increase in emergency admissions over the last winter was very high especially for older people. This is due to the level of respiratory admissions linked to the flu and the cold weather. The increase in admissions has also continued through into the spring, although over the past three months these numbers have begun to fall.

Delayed transfers of care from hospital per 100,000 population, whole system (delayed days per day)

Following the CQC review of the health and social care system we have been delivering against a CQC action plan, an outcome of which was to reduce Delayed Transfers of Care (DTOC). In June 2018 the NHS signalled its ambition to reduce the number of long stays in hospital by 25%, resulting in a focus on reducing the number of people in hospital for more than 21 days, known as ‘extended length of stay’. A number of actions have been in place with a view to improve performance in length of stay and DTOC. Actions include the establishing of executive lead escalation arrangements across health and social care systems and the daily review of long stay patients by integrated discharge teams.

During quarter two the average number of delayed days per month was 1,081, which compares to 1,269 in quarter one and 2,073 in quarter four of 2017/18. We have continued to reduce the number of delays attributable to adult social care, improving our national ranking from 142nd (of 152) at the end of 2017/18 to 74th at the end of August 2018.

Long term admissions to Residential Care and Nursing Care

Long term admissions to residential and nursing care for older people continue to increase, in 2017/18 there were 261 long term admissions, equating to a rate of 554/100,000. Between April and September there have been 150 long term admissions for older people meaning we are on a trajectory to have approximately 40 more admissions this year than last. The Hard reset at Derriford Hospital has contributed to an increase in people going through the discharge to assess process with an outcome of going into residential care.

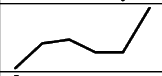
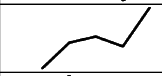
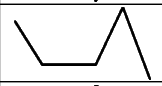
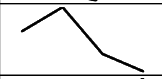
ENHANCED AND SPECIALIST

Percentage of CQC providers with a CQC rating of good or outstanding

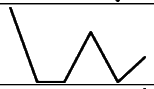
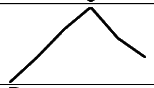
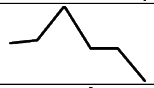
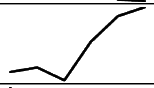
At the end of quarter two the percentage of residential and nursing homes that are rated by CQC as good or outstanding has increased, from 75% (end of quarter one) to 81%. The number of homes that are outstanding rose from four to seven (4% to 7%), the number of homes that are good rose from 68 to 72 (71% to 74%). At the end of quarter two there were no homes rated by CQC as inadequate.

The QAIT (Quality Assurance and Improvement Team) are undertaking a specific project to target providers requiring improvement in the form of supportive workshops over the next 12 months. If necessary these workshops will be ongoing with learning shared across the whole care home sector. The team continue to request and monitor action plans from homes that have been rated as Requires Improvement and provide support visits and advice and information

6. WELLBEING

Indicator	Measure	Most Recent Period	Benchmark	First Value of Graph	Graph	Last Value of Graph	Trend
2.12 - Percentage of adults (aged 18+) classified as overweight or obese	Percentage	2016/17		66.5		67.0	
Child excess weight in 10-11 year olds	Percentage	2016/17		34.4		31.7	
Child excess weight in 4-5 year olds	Percentage	2016/17		24.0		26.3	
2.14 - Smoking Prevalence in adults - current smokers (APS)	Percentage	2017		24.1		18.4	
Social Isolation: percentage of adult social care users who have as much social contact as they would like	Percentage	2017/18		43.8		50.0	
CCGOF Referral to Treatment waiting times (patients seen within 18 weeks on incomplete pathway (%)	Percentage	Aug-18	N/A	79.7%		79.9%	
NHSOF Estimated diagnosis rates for Dementia	Percentage	Aug-18	N/A	59.2%		58.8%	
In hospital Falls with harm	Percentage	Aug-18	N/A	0.23		0.26	
The proportion of people who use services who feel safe	Percentage	2017/18		73.4		72.0	
The proportion of people who use services who say that those services make them feel safe and secure	Percentage	2017/18		93.3		90.0	
Overall satisfaction of people who use services, with their care and support	Percentage	2017/18		65.6		73.0	

7. COMMUNITY

Indicator	Measure	Most Recent Period	Benchmark	First Value of Graph	Graph	Last Value of Graph	Trend
Proportion of people still at home 91 days after discharge from hospital into reablement/ rehabilitation services	Percentage	2018/19 - Q2		86.5		85.0	
Improving Access to Psychological Therapies Monthly Access rate	Percentage	Aug-18	N/A	1.60		1.40	
Improving Access to Psychological Therapies Recovery rate rate	Percentage	Aug-18	N/A	41.90		53.40	
A&E four hour wait	Percentage	Aug-18	N/A	75.80%		80.70%	
Emergency Admissions to hospital (over 65s)	Count	Aug-18	N/A	1,353		1,161	
Discharges at weekends and bank holidays	Percentage	Aug-18	N/A	16.80%		14.60%	
Rate of Delayed transfers of care per day, per 100,000 population	Rate per 100,000	2018/19 - Q2		29.2		16.6	
Rate of Delayed transfers of care per day, per 100,000 population, attributable to Adult Social Care	Rate per 100,000	2018/19 - Q2		10.4		2.3	
Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (aged 65+)	Rate per 100,000	2018/19 - Q2		135.8		167.7	
Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (aged 18-64)	Rate per 100,000	2018/19 - Q2		3.6		2.4	

8. ENHANCED AND SPECIALIST

Indicator	Measure	Most Recent Period	Benchmark	First Value of Graph	Graph	Last Value of Graph	Trend
In hospital Falls with harm	Percentage	Aug-18	N/A	0.2		0.3	
Percentage of CQC providers with a CQC rating of good or outstanding	Percentage	2018/19 - Q2		79.0		81.0	

PLYMOUTH CITY COUNCIL

Subject:	Integrated Finance Report
Committee:	Health and Adult Social Care Overview and Scrutiny Committee
Date:	25 October 2018
Cabinet Member:	Councillor Ian Tuffin
CMT Member:	Carole Burgoyne (Strategic Director for People)
Author:	David Northey, Head of Integrated Finance
Contact details	Tel: 01752 305428 Email: david.northey@plymouth.gov.uk
Ref:	
Key Decision:	No
Part:	I

Purpose of the report:

Public Sector organisations across the country are facing unprecedented challenges and pressures due to changes in demography, increasing complexity of need and the requirement to deliver better services with less public resource. Plymouth and Devon also face a particular financial challenge because of the local demography, the historic pattern of provision and pockets of deprivation and entrenched health inequalities.

On the 1st April 2015 Plymouth City Council (PCC) and the Northern, Eastern and Western Devon Clinical Commissioning Group (CCG) pooled their wellbeing, health and social care budgets and formed an integrated fund. The primary driver of this is to streamline service delivery and provision with the aim of improving outcomes both for individuals and value for money.

Four Integrated Commissioning Strategies were developed to drive activity across the wellbeing health and social care system. The four strategies describe the current picture and the integrated commissioning response across the health and wellbeing 'system' in Plymouth, specifically covering

- Wellbeing
- Children and young people
- Community
- Enhanced and specialist

To monitor progress of the Integrated Commissioning spend, an Integrated Finance Report was developed which is updated on a monthly basis and shows spend across the integrated fund.

Recommendations:

The recommendation is for the Health and Social Care Overview and Scrutiny Panel to:

- Note the contents of the report.

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Plymouth Integrated Fund

Finance Report – Month 5 2018/19

Introduction

This report sets out the financial performance of the Plymouth Integrated Fund for the period to the end of August and the forecast for the financial year 2018/19.

The report is in several sections.

- The first section details the performance of the Integrated Fund, including the section 75 risk share arrangements.
- The second identifies the Better Care Fund, which is a subset of the wider Integrated Fund, but has specific monitoring and outcome expectations.
- The third section details the financial performance of the Western Planning and Delivery Unit (PDU) of the Clinical Commissioning Group (CCG).
- Appendix 1 which shows the Plymouth Integrated Fund performance and risk share.
- Appendix 2 which shows the PDU managed contracts financial performance.
- Appendix 3 which is a glossary of terms used in the report.

SECTION 1 – PLYMOUTH INTEGRATED FUND

Integrated Fund - Month 5 Report 2018/19

As highlighted in previous months, the pressures for health are mainly focussed on the variable use of the independent sector acute contracts. For Plymouth City Council there are pressures in residential, domiciliary care and children's packages.

The report highlights a forecast unplanned over performance against budget for health at this stage in the year. Corporately this is managed through the use of contingencies, but the unplanned overspend is the basis of the risk share for the Integrated Fund. For the Council, the forecast outturn is reflected at this stage without assuming further recovery.

The overall fund position is reflected in Appendix 1, and shows an overall forecast overspend of £2.7m, before corporate contingencies.

Plymouth City Council Integrated Fund

Service	Latest Approved Budget M5	Latest Year End Forecast	Variation at Month 5	Variation at Month 4	Change in Month
	£m	£m	£m	£m	£m
Children, Young People & Families	36.884	37.802	0.918	0.580	0.338
Strategic Cooperative Commissioning	78.085	78.615	0.530	0.530	0.000
Education Participation and Skills	101.106	101.106	0.000	0.000	0.000
Community Connections	3.784	3.952	0.168	0.104	0.064
Director of People	0.295	0.295	(0.000)	0.000	(0.000)
Public Health	16.048	16.048	0.000	0.000	0.000
Sub Total	**236.203**	**237.818**	**1.616**	**1.213**	**0.403**
Support Service Recharges	14.473	14.473	0.000	0.000	0.000
Disabled Facilities Grant (Capital)	2.298	2.298	0.000	0.000	0.000
Total	**252.974**	**254.590**	**1.616**	**1.213**	**0.403**

The integrated fund for Plymouth City Council (PCC) is shown as gross spend and now also includes the Support Service Recharge costs for the People directorate and Public Health department along with the capital spend for Disabled Facilities Grant, which is funded from the Better Care Fund.

Children, Young People and Families

The Children Young People and Families Service are reporting a budget pressure of £0.918m at month 5, an increase of £0.338m within the month. Whilst we have made all saving in the month with regard to planned step down of children's placements, some of this has been offset by new children coming into the system being placed in IFA and residential placements. The Service currently has 5 delayed discharges in the hospital. In the absence of the right type of placement being available and to avoid bed blocking, we have had to place these young people with severe complex needs in expensive wrap around packages of care. The costs for these packages of care are not included in the month 5 forecast.

The national and local context for children's placements is extremely challenging, with increasing difficulties in securing appropriate, good quality placements.

High demand and limited supply of placements, a tightening of Ofsted requirements, as well as initiatives such as the introduction of the National Living Wage, have all led to an increase in the unit costs of placements.

There are a number of assumptions being made in the forecast outturn position going forward as an outcome of the following actions.

- Tightening of the front door for LAC - Action only HOS Children's Social work and Permanence can give consent for anyone to be accommodated and in her absence Service Director will cover.
- Fortnightly placement review to ensure step down of high cost placements
- Focused deep dives into 16-18 years olds and care leavers placement costs with view to reduce cost

- Review of staying put arrangements and financial remuneration
- Reviewing all Section 20 arrangement (voluntary care)
- Maximise contribution from partners - Health and Education Action Complete required Health tool for all Residential placements. Review elements of contracts to ensure Education element is recharged correctly
- Service Director persistently raising matter of budgetary pressures at all staff meetings to ensure only essential expenditure and actions taken in a timely manner.
- Maximise local residential placements to avoid higher out of area associated costs.
- Director & Finance Review all Financial Assumptions

There are risks that continue to require close monitoring and management:

- Increased cost and volume of young people's placements since budget setting autumn 2018.
- Lack of immediate availability of the right in-house foster care placements creating overuse of IFA's.
- There are still a number of individual packages of care at considerably higher cost due to the complex needs of the young person.
- Regional wide commissioning activity did not bring about the anticipated holding and reduction of placement costs in both the residential and IFA sectors.
- There are currently 35 Residential Placements with budget for only 36
- There are 22 Supported Living Placements with budget for 15.
- A region wide lack of placements due to an increase in demand for placements, both national and regionally continues to impact negatively on sufficiency
- There has been a 6% increase in looked after children since August 2017, which compares with an 11.3% increase in the South West Region March 2017- March 2018.

The overall number of children in care at the end of August stands at 413 a reduction of 17 in the month.

Strategic Co-operative Commissioning

The Strategic Commissioning service is forecasting an adverse variation to year end of £0.530m, no change from month 4. The major pressures going into 2018/19 are still around increases in high cost packages and increases in client numbers, especially in the following areas:

	Variation	Budgeted Client Nos	Actual Client Nos Mth 5
Dom Care	£0.371	1,192	1,238
Supported Living	£0.442	551	586
Short Stays	£0.325	60	79

Res & Nursing	£1.404	983	1,034
Additional Income relating to Care Packages	(£0.770)		

Within the variation, there is also a pressure on the income contributions from residential and nursing clients, with a reduction in the number of clients that are contributing to their costs as well as an increasing proportion of clients with outstanding financial assessments whose forecast for contributions needs to be estimated.

There are management actions currently being put in place to try to reduce the variation in year, with a number of “deep dives” taking place into the areas currently overheating, for example:

- Residential & Nursing – review of very high cost clients and transitions, review of admissions and discharges,
- Supported Living – focus on Trusted Provider scheme, review of single handed project,
- Dom Care – review of single handed project, review of reablement contract,
- Short Stays – review of any short stay clients that have been in placements for over 1 month.

Education, Participation and Skills

The Education, Participation and Skills budget is forecast to balance to budget at year end.

A plan is being developed to scope all of the education related services within Education, Participation and Skills and recommend an approach and plan for transforming, in order to realise further savings.

Community Connections

Community Connections is reporting a pressure of £0.168m at Month 5.

Average B & B numbers for April to August have been 55 placements per night, with a reduction in Housing Benefit income due to the change to the claiming through the universal credit system.
The cost pressure for further reducing average placements by 13 from the current 55 to 42 per night is £0.168m, which the service is targeting to reduce with use of alternative properties provided through existing contracts as well as use of additional contracted staff to target single occupancy stays.

The service is also dedicating more resource to encourage clients to complete universal credit claims to increase the Housing Benefit received.

Public Health

Public Health is expected to come in on budget for 2018/19 despite a reduction in the Public Health grant received in 2018/19 of £0.405m from 2017/18. This will be contained by a variety of management actions, mainly around the contracts that are held within the department, as well as using approximately £0.500m of grant that was carried forward from previous years.

Plymouth City Council Delivery Plans

Between People Directorate and Public Health, over £11.5m of savings will need to be delivered during 2018/19, which includes savings of over £6m of savings brought forward from 2017/18 which were delivered as one-off savings. It is forecast that all savings will be achieved - breakdown shown below:

Plymouth City Council	Year To Date			Current Year Forecast		
Month 5 - August 2018	Budget	Actual	Variance Adv / (Fav)	Budget	Actual	Variance Adv / (Fav)
	£000's	£000's	£000's	£000's	£000's	£000's
Children, Young People & Families	1,940	1,940	-	4,655	4,655	-
Strategic Cooperative Commissioning	1,998	1,998	-	4,794	4,794	-
Education Participation & Skills	578	578	-	1,386	1,386	-
Community Connections	275	275	-	659	659	-
Additional People Savings (apportioned to depts above)	-	-	-	-	-	-
Public Health	31	31	-	75	75	-
	4,820	4,820	-	11,569	11,569	-

Better Care Fund (BCF) and Improved Better Care Fund (iBCF)

The table below shows the total BCF and iBCF for 2018/19, and the distribution between CCG and PCC.

2018/19 BCF & iBCF	**PCC**	**CCG**	**Total**
	£m	£m	**£m**
BCF Capital (Disabled Facilities Grant)	2.298	0.000	**2.298**
BCF Revenue	9.425	8.619	**18.044**
Sub Total BCF	**11.723**	**8.619**	**20.342**
iBCF (part of Councils RSG funding)	5.344	0.000	**5.344**
iBCF (other)	2.160	1.500	**3.660**
Sub Total iBCF	**7.504**	**1.500**	**9.004**
Total Funds	**19.227**	**10.119**	**29.346**

The £3.6m of iBCF schemes are currently being implemented, and are being monitored quarterly via the required template.

Western Locality of CCG Integrated Fund

The Western share of the Integrated Fund is forecast for an unplanned overspend of £1.2m at month 5. Whilst pressures have emerged within the independent providers in the acute sector these are currently being mitigated by the corporate contingencies.

Independent Sector:

The forecast for our Independent Sector contracts is currently set to over perform budget by £1.2m and strong delivery of our demand management plans will be required in order to maintain a balanced position.

The remainder of the position is close to plan, with no significant further pressures emerging at this stage.

Integrated Fund Summary

Health are reporting a forecast unplanned overspend of £1.2m whilst the Local Authority are reporting an unplanned over spend of £1.6m. No risk share impact has been calculated at this stage.

SECTION 2 – BETTER CARE FUND (BCF)

Better Care Fund (BCF) and Improved Better Care Fund (iBCF)

The table below provides a summary of the different types of the BCF, how they are funded, how the fund was spent in 2017/18 and how the fund is planned to be spent in 2018/19.

Note that parts of these plans are still under review and subject to change.

NHS Northern, Eastern and Western Devon Clinical Commissioning Group					
Plymouth City Council					
Better Care Fund					
	2017/18		2018/19		
	£000's	£000's	£000's	£000's	
Source	**CCG**	**ASC**	**CCG**	**ASC**	
BCF	17,701	2,126	18,044	2,298	
iBCF_a		764		5,343	
iBCF_b		5,800		3,660	
Total BCF	17,701	8,690	18,044	11,301	
Application	**CCG**	**ASC**	**CCG**	**ASC**	
Intermediate Care	9,156	5,149	9,443	5,149	
Social Care Support		3,396		3,452	
DFG		2,126		2,298	
Social Care Support (iBCF_a)		764		5,343	
Meeting ASC Needs		1,449		2,160	~~
Reducing NHS Pressure	3,351			1,500	~~
Stabilising SC market		1,000			
	12,507	13,884	9,443	19,902	
~~ Still under review					

These funds are being paid to the Local Authority and come with conditions that they are *"to be spent on adult social care and used for the purposes of meeting adult social care needs, reducing pressures on the NHS - including supporting more people to be discharged from hospital when they are ready - and stabilising the social care provider market."*

SECTION 3 – WESTERN PDU MANAGED CONTRACTS

Context / CCG Wide Financial Performance at Month 5

This report sets out the outturn financial performance of the CCG to the end of month 5 of 2018/19.

The CCG plan for 2018/19 has been produced in conjunction with our main acute providers within a wider System Transformation Plan (STP) footprint encompassing South Devon and Torbay CCG (SD&T CCG).

The CCG's submitted Financial Plans for 2018/19 set out forecast deficits to 31st March of £20.0m and £5.0m for NEW Devon CCG and South Devon & Torbay CCG respectively. The challenge is significant both for each of the organisations and for the STP as a whole. The CCG plans require the delivery of a £78.597m savings programme in order to meet the respective positions agreed with NHS England. £70.847m of this challenge relates to NEW Devon CCG and the balance £7.750m with South Devon & Torbay CCG.

The CCG is reporting a forecast delivery against this plan at this stage.

Delivery of the required savings plan is the main financial risk and challenge to the CCGs, however there are other risks emerging in relation to out of area placements and within the independent sector contracts. These will require further investigation and continued focus, priority and joint working across the local community and wider STP foot print to mitigate or reduce the potential impact as a result.

Western PDU Finance Position

Introduction

This report previously described emerging risks within the acute independent sector contracts and these risks have continued to develop. The Western PDU are now reporting these pressures within the forecast position which has resulted in a forecast overspend of £3.7m.

The detailed analysis for the PDU is included at **Appendix 2**.

Acute Care Commissioned Services

University Hospitals Plymouth NHS Trust

The 2018/19 contract plan for University Hospitals Plymouth has been set in accordance with the principles agreed by the Devon STP. The overarching agreement is for flat cash contracts, where the 2018/19 contract value is based upon the 2017/18 contract value with minor adjustments agreed for specific areas. Whilst growth and inflationary pressures have been identified the system expectation is that these will be dealt with through demand management, efficiencies and cost reductions.

The 2018/19 contract value has been agreed at £184.5m for NEW Devon and £4.3m for SD&T CCG which now includes the transferred MIU service.

Contract Performance

Whilst the contract value is fixed we still monitor the contract accordingly. The month 5 performance information showed a year to date over performance against the contract plan of £4.5m.

The main reasons for the contractual over performance are summarised below.

Expenditure on Elective care is 11.7% behind financial plan for NEW Devon and 13.1% for SD&T, representing a combined underspend of £2m to month 5 with

£0.5m of this variance occurring in month. The primary drivers of underperformance include:

1. Orthopaedics - Underperforming by 19.6% worth £713k

2. Cardiology – Underperforming by 36.6% worth £391k

3. Neurosurgery – Underperforming by 34% worth £232k

Non-Elective activity is 4.0% ahead of plan compared with a 0.9% underperformance in financial terms. This is after the contract plan was increased to reflect historical growth trends and includes the activity/spend taking place within the recently formed Acute Assessment Unit (AAU).

Accident and Emergency, which now includes MIU activity which has recently been varied into the UHP contract, is ahead of plan by 4.2% or 1,837 attendances, contributing towards an adverse variance of £0.4m or 7.1%. Whilst the Torbay and South Devon proportion if this part of the contract is small, it should be noted that the activity variance of 83% is exceptionally high.

Outpatient activity and spend has continued to fall behind plan during month 5. Activity is 3.2% or £0.5m behind plan. Outpatient procedures are ahead of plan by £0.2m whilst new and follow-up attendances are underperforming by £0.7m. At specialty level there are over performances in Trauma (91k or 33%), Plastic Surgery (81k or 25%), Endoscopy (60k or 24%) and Paediatrics (64k or 9%). However, these are offset by significant underperformances in Neurosurgery (69k or 64%), Pain Management (82k or 25%), Gastroenterology (90k or 24%) and Orthopaedics (71k or 14%).

Passthrough Drugs and Devices are overspent by 8.2% or £0.5m; which is driven by passthrough drugs.

The plan has an adjustment for system savings; this number reflects the difference between the PbR activity plan and the agreed system wide contract value and for NEW Devon is worth £14.5m. Any activity savings will fall into the reporting at the points of delivery in which they occur, therefore this line will show as a constant overspend all year. As at month 5 this shows an over performance of £6m.

Overall, contract reporting illustrates an over performance of £4.4m. However, a significant contributor to over performance is in respect of the £6m STP contract adjustment. Ignoring these adjustments so that we can consider the contract variance against the agreed activity plan, contract reporting would indicate an under performance of £1.6m.

South Devon Healthcare Foundation Trust

The 2018/19 South Devon Healthcare Foundation Trust contract has been set in accordance to the contracting principles agreed within the Devon STP. The fixed contract value is £5.991m.

Despite having agreed a fixed contract value we will continue to monitor and report on the variances against the agreed activity plan. As at month 5 the activity data shows

a underperformance of £0.1m. This primarily driven by underperformances within non elective and passthrough drugs.

Independent Sector & London Trusts

Despite the early position within the year, risks are emerging for a significant overspend at Care UK, which on an activity basis is forecast to overspend by £1.7m. A similar position exists within Nuffield Plymouth, where the projected overspend is circa £1.4m. This overspend is a result of an increase in year on year activity and slippage in the delivery of savings plans.

A further risk of £0.5m is presenting within our variable London provider contracts.

We will monitor this closely and continue to align the management of this risk with our demand management plans.

Livewell Southwest

The Livewell Southwest (LSW) Contract has been set in accordance to the agreed STP contracting principles which focus on delivering flat cash contracts.

For LSW this means a fixed contract value of £85.2m for 2018/19.

Discharge to Assess beds

There is pressure in the cost of the Intermediate Care (Discharge to Assess) beds in the West, however, work focussed on the discharge pathway has significantly reduced the number of beds in use and the length of stay, such that the system is planning to move into financial balance in this financial year.

Primary Care Prescribing

The position is currently being reported as break even.

Primary Care Enhanced and Other Services

Whilst the budgets and expenditure are reported in the Western PDU report, this is to ensure that all lines of expenditure for the CCG are reported in a PDU and there is integrity to the reports produced. There is, however, a separate governance structure for Enhanced Services that sits outside and alongside the two PDU structures to ensure there is segregation of decision making in primary care investments. The outturn expenditure is in line with budgets.

Conclusion

The overall Integrated Fund is forecasting a year end overspend of £2.7m at this stage. Within this position the Council is forecast to overspend by £1.6m whilst the health position is forecast to be £1.1m overspend, but with emerging risks.

Ben Chilcott
Chief Finance Officer, Western PDU

David Northey
Head of Integrated Finance, PCC

APPENDIX 1

PLYMOUTH INTEGRATED FUND AND RISK SHARE

Month 05 August	Year to Date			Forecast		
	Budget	Actual	Variance Adv / (Fav)	Budget	Actual	Variance Adv / (Fav)
	£000's	£000's	£000's	£000's	£000's	£000's
CCG COMMISSIONED SERVICES						
Acute	64,751	65,197	446	155,426	156,580	1,154
Placements	16,426	16,427	0	37,194	37,194	-0
Community & Non Acute	20,984	20,993	9	50,362	50,386	24
Mental Health Services	15,182	15,181	-1	36,436	36,438	2
Other Commissioned Services	5,621	5,612	-10	13,491	13,467	-24
Primary Care	18,876	18,876	0	44,622	44,622	-0
Subtotal	141,839	142,284	445	337,530	338,686	1,156
Running Costs & Technical/Risk	1,342	1,343	0	6,000	6,000	0
CCG Net Operating Expenditure	143,182	143,627	445	343,530	344,686	1,156
Risk Share					-	-
CCG Net Operating Expenditure (after Risk Share)	143,182	143,627	445	343,530	344,686	1,156
PCC COMMISSIONED SERVICES						
Children, Young People & Families	12,295	12,601	306	36,884	37,802	918
Strategic Cooperative Commissioning	26,028	26,205	177	78,085	78,615	530
Education, Participation & Skills	33,702	33,702	-	101,106	101,106	-
Community Connections	1,261	1,317	56	3,784	3,952	168
Director of people	98	98	-0	295	295	-0
Public Health	5,349	5,349	-	16,048	16,048	-
Subtotal	78,734	79,273	538	236,203	237,818	1,615
Support Services costs	4,824	4,824	-	14,473	14,473	
Disabled Facilities Grant (Cap Spend)	766	766	-	2,298	2,298	-
Recovery Plans in Development	-	-	-	-	-	-
PCC Net Operating Expenditure	84,325	84,863	538	252,974	254,590	1,615
Risk Share					-	-
PCC Net Operating Expenditure (after Risk Share)	84,325	84,863	538	252,974	254,590	1,615
Combined Integrated Fund	227,506	228,490	984	596,504	599,276	2,772

APPENDIX 2

WESTERN PDU MANAGED CONTRACTS FINANCIAL PERFORMANCE

Month 05 August	Year To Date			Current Year Forecast		
	Budget	Actual	Variance Adv / (Fav)	Budget	Forecast	Variance Adv / (Fav)
	£000's	£000's	£000's	£000's	£000's	£000's
ACUTE CARE						
NHS University Hospitals Plymouth NHS Trust	77,042	77,042	-0	184,901	184,901	-
NHS South Devon Healthcare Foundation Trust	2,550	2,550	0	6,119	6,119	-
NHS London Contracts	712	863	151	1,709	2,114	405
Non Contracted Activity (NCA's)	3,897	3,898	0	9,354	9,354	-
Independent Sector	5,594	6,489	894	13,426	16,793	3,367
Referrals Management	1,076	1,075	-0	2,581	2,581	-
Other Acute	9	-119	-128	23	23	0
Cancer Alliance Funding	229	229	0	550	550	-
Subtotal	91,109	92,026	917	218,662	222,435	3,773
COMMUNITY & NON ACUTE						
Livewell Southwest	18,397	18,397	0	44,153	44,153	-
GPw SI's (incl Sentinel, Beacon etc)	695	695	-0	1,668	1,668	-
Community Equipment Plymouth	270	270	-0	648	648	-
Peninsula Ultrasound	119	110	-9	285	285	-
Reablement	632	632	-0	1,517	1,517	-
Other Community Services	107	107	0	256	256	-
Joint Funding_Plymouth CC	3,629	3,629	0	8,711	8,711	-
Subtotal	23,849	23,840	-9	57,237	57,237	-
MENTAL HEALTH SERVICES						
Livewell MH Services	13,772	13,772	-0	33,059	33,059	-
Mental Health Contracts	11	11	0	26	26	-
Other Mental Health	458	458	-0	1,097	1,099	2
Mental Health Resilience	-	-	-	-	-	-
Subtotal	14,242	14,241	-1	34,182	34,184	2
OTHER COMMISSIONED SERVICES						
Stroke Association	66	66	0	159	159	-
Hospices	1,116	1,116	-0	2,679	2,679	-
Discharge to Assess	2,755	2,755	-0	6,613	6,613	-
Patient Transport Services	967	967	0	2,321	2,321	-
Wheelchairs Western Locality	750	750	0	1,800	1,800	-
Commissioning Schemes	80	69	-10	191	191	-
All Other	406	405	-1	973	971	-2
Subtotal	6,140	6,129	-11	14,736	14,734	-2
PRIMARY CARE						
Prescribing	23,457	23,457	-	55,156	55,156	-
Medicines Optimisation	128	128	-0	308	307	-0
Enhanced Services	3,972	3,973	1	9,533	9,533	-
GP IT Revenue	1,063	1,063	0	2,550	2,550	-
Other Primary Care	1,780	1,780	0	4,272	4,272	-
Subtotal	30,400	30,401	1	71,818	71,818	-0
TOTAL COMMISSIONED SERVICES	165,739	166,637	897	396,636	400,408	3,772

APPENDIX 3
GLOSSARY OF TERMS

PCC - Plymouth City Council

NEW Devon CCG – Northern, Eastern, Western Devon Clinical Commissioning Group

CYPF – Children, Young People & Families

SCC – Strategic Cooperative Commissioning

EPS – Education, Participation & Skills

CC – Community Connections

FNC – Funded Nursing Care

IPP – Individual Patient Placement

CHC – Continuing Health Care

NHSE – National Health Service England

PbR – Payment by Results

QIPP —Quality, Innovation, Productivity & Prevention

CCRT – Care Co-ordination Response Team

RTT – Referral to Treatment

PDU – Planning & Delivery Unit

UHP – University Hospitals Plymouth NHS Trust

HEALTH AND ADULT SOCIAL CARE OVERVIEW SCRUTINY COMMITTE

Work Programme 2018 - 19

Please note that the work programme is a 'live' document and subject to change at short notice.

For general enquiries relating to the Council's Scrutiny function, including this committee's work programme, please contact Amelia Boulter, Democratic Support Officer, on 01752 304570.

Date of meeting	Agenda item	Prioritisation Score	Reason for consideration	Responsible Cabinet Member / Officer
13 June 2018	Health Landscape		To give the committee a better understanding of the current health landscape for Plymouth.	Ian Tuffin, Carole Burgoyne, Craig McArdle, Ruth Harell
	Integrated Commissioning Scorecard	-	Standing Item – Written briefing only. Members to advise the Chair if matters arising require presence of an officer / or addition to work programme.	-
	Integrated Finance Monitoring Report	-	Standing Item – Written briefing only. Members to advise the Chair if matters arising require presence of an officer / or addition to work programme.	-
25 July 2018	Emergency Department		To receive an update on waiting times.	Kevin Baber
	Healthwatch Annual Report		Annual Report and overview of 2017 – 18	Karen Marcellino
	CQC Action Plan Update			Craig McArdle
	Integrated Commissioning Action Plans / Performance Scorecard	-	Standing Item – Written briefing only. Members to advise the Chair if matters arising require presence of an officer / or addition to work programme.	-
	Integrated Fund monitoring Report	-	Standing Item – Written briefing only. Members to advise the Chair if matters arising require presence of an officer / or addition to work programme.	-
26 Sept 2018	CQC Reports for Derriford			
	Update on Never Events (Plymouth Herald report on 13 August 2018)			
	Western System -Winter Plan		To include the plans from the NHS as well as looking at flu vaccinations for staff.	NHS, CCG

Date of meeting	Agenda item	Prioritisation Score	Reason for consideration	Responsible Cabinet Member / Officer
	Flu Jabs for Front Line staff – how this is promoted and uptake			
	STP Mental Health and Wellbeing Strategy			
25 Oct 2018	Livewell SW CQC Report			
	UHP Progress Update on two warning notices			
	Director of Public Health Annual Report			
	Planned Care Programme Update			
	Integrated Finance Monitoring Report			
	Integrated Commissioning Score Card			
21 Nov 2018	Dental Access			
	Electronic Prescriptions			
	Workforce Development Strategy to include UHP			
	Integrated Commissioning			
	Integrated Finance Monitoring Report		Standing Item – Written briefing only. Members to advise the Chair if matters arising require presence of an officer / or addition to work programme.	-
	Integrated Commissioning Score Card		Standing Item – Written briefing only. Members to advise the Chair if matters arising require presence of an officer / or addition to work programme.	-
23 Jan 2019	Update on STP and structure			
	Capitated Fair Shares Position Statement (STP)			
	Monitoring of missed hospital and doctor appointments.			
	Integrated Finance Monitoring Report	-	Standing Item – Written briefing only. Members to advise the Chair if matters arising require presence of an officer / or addition to work programme.	-
	Integrated Commissioning Score Card	-	Standing Item – Written briefing only. Members to advise the Chair if matters arising require presence of an officer / or addition to work programme.	-

Date of meeting	Agenda item	Prioritisation Score	Reason for consideration	Responsible Cabinet Member / Officer
27 March 2018	Care Need Assessments			Craig McArdle
	Flu Vaccinations Uptake and impact on sickness and absence			
	Integrated Finance Monitoring Report		Standing Item – Written briefing only. Members to advise the Chair if matters arising require presence of an officer / or addition to work programme.	-
	Integrated Commissioning Score Card		Standing Item – Written briefing only. Members to advise the Chair if matters arising require presence of an officer / or addition to work programme.	-

Items to be scheduled				
	Safeguarding Adults Board		Update and Annual Report	Andy Bickley
	Loneliness			

Select Committee Reviews				
	End of Life Care		Member request	
	Urgent Care			
15 Nov	GP Select Committee			

Cross scrutiny items				
	Health and Brexit			
New Year	Joint Mental Health Select Committee			

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Health and Adult Social Care Overview and Scrutiny Committee

Minute No.	Resolution	Target Date, Officer Responsible and Progress
13 June 2018 Overview of the Health Landscape - Minute 5	Members agreed that a document with key contacts for emergency casework issues would be created and circulated to Councillors.	**Date:** July 2018 **Officer:** Amelia Boulter **Progress:** Complete - email sent to committee members.
26 September 2018 University Hospitals Plymouth NHS Trust CQC Report – Minute 22	The Committee noted the University Hospitals Plymouth NHS Trust CQC Action Plan and congratulated the hospital on being outstanding for caring. It was also agreed that the Committee – 1. to receive a progress update on actions against the CQC Action Plan at the next meeting on 25 October 2018. 2. to receive an update on the University Hospitals Plymouth NHS Trust Workforce Plan.	**Date:** October 2018 **Officer:** Amelia Boulter **Progress:** Complete – report at 25 October meeting. Added to the work programme
26 September 2018 University Hospitals Plymouth NHS Trust Winter Plan – Minute 24	The Committee agreed – 1. to request that South Western Ambulance Service attend scrutiny to provide an update on the NHS111 service. 2. to assist with wider communications to sign post people where appropriate when the Cumberland Centre reaches it capacity in treating patients and closes early as a result.	**Date:** Oct 2018 **Officer:** Amelia Boulter **Progress:** On-going.
26 September 2018 Flu Vaccinations for Front Line Staff – Minute 25	The Committee noted the report from the University Hospitals Plymouth NHS Trust and verbal update from Public Health and agreed that - 1. a short briefing is provided to Councillors to assist with the flu vaccination campaign and link on how to access the voucher to get immunised. 2. the Committee receives an update in March 2019 on the uptake of the flu vaccinations for the past 2 years including the impact on sickness and absence.	**Date:** Oct 2018 **Officer:** Amelia Boulter **Progress:** Complete – email sent to all councillors on 12.10.18 Added to the work programme
26 September 2018	The Committee noted the STP Mental Health and Wellbeing Strategy and agreed to set up a Joint Select Committee with Education and Children's Social Care to explore mental services for children and adults within Plymouth.	**Date:** Oct 2018 **Officer:** Amelia Boulter

Health and Adult Social Care Overview and Scrutiny Committee

Minute No.	Resolution	Target Date, Officer Responsible and Progress
STP Mental Health and Wellbeing Strategy – Minute 26		**Progress:** Scoping meeting planned for November and Select Committee will take place in the New Year.
26 September 2018 Work Programme - Minute 28	The Committee noted the work programme and requested that the following items are scheduled onto the work programme: • Loneliness; • Workforce Development Strategy (November); • Sexual health services – are there any issues in accessing sexual health services in Plymouth? Briefing paper to be circulated to the Committee; • Joint Mental Health Select Committee (new year); • University Hospital Plymouth NHS Trust CQC Action Plan Progress Update (October).	**Date:** Oct 2018 **Officer:** Amelia Boulter **Progress:** Added to the work programme.