

CQC System wide recommendations aligned with current work streams/groups/boards

Version: Final, v1, 29/01/19

<p>Introduction to the action plan for CQC:</p>	<ul style="list-style-type: none"> • Our ultimate aim, as outlined in our Leeds Health and Wellbeing Strategy 2016-21, is to make Leeds the best city in the UK for health and wellbeing where people who are the poorest improve their health the fastest. Our work over recent years to develop our Leeds Health and Care Plan, which incorporates our Leeds Resilience Plan, reflects this aim in a plan that will improve health and wellbeing for all ages and for all of Leeds and will: protect the vulnerable and reduce inequalities; improve quality and reduce inconsistency, and build a sustainable system within the reduced resources available. • We have developed partnership principles which are “We Are Team Leeds - we work as if we are one organisation, taking collective responsibility for and never undermining what is agreed. Difficult issues are put on the table, with a high support, high challenge attitude to personal and organisational relationships.” • We have welcomed the opportunity to improve using the external perspective of the CQC Local System Review. We recognise the key challenge of any system is do we know ourselves and do we know people’s experience of care in Leeds. The review highlighted above all a need to strengthen the focus on people’s experiences across their journeys of care. As a partnership we feel this requires the highest emphasis, with specific actions and is a theme throughout our action plan. • At the outset of the review we thought our strengths were a strong partnership with a coherent plan, a strong community offer, strength based practice and a thriving third sector. We were pleased that CQC also recognised these and that these are a strong foundation to continue our journey to be the best city for health and wellbeing. We also knew that we had to do more to improve flow through our hospital to improve length of stay, DTOC and people’s experience. This has been confirmed. • Insight generated by close working with Newton Europe work resulted in 12 work areas which we have incorporated into our Leeds Resilience Plan. The review has been a good test of whether we have embedded these improvements, and there are signs of impact even at this early stage with some of the lowest acute DTOCs recorded locally, no use of non-designated beds to date in winter 18/19 and better management of A&E waits and admissions. CQC recognise our journey towards a ‘home first’ culture and support our commitment to embedding this fully through the coming year. • Our approach to the CQC recommendations is therefore to capitalise on actions aligned to existing initiatives wherever possible. In areas where the review found a more mixed score card we have identified where we need new actions to address a recommendation. We have identified appropriate senior leaders for all actions and supporting boards / groups where evident. Accountability for progress will be via our Health and Wellbeing Board with regular reporting agreed via the Board.
<p>Notes to accompany the action plan:</p>	<ul style="list-style-type: none"> • The development of the CQC action plan has been led by the cross partnership Task and Finish Group of senior quality and practice leads established to support the Leeds partnerships through the CQC local system review. The actions were informed by the December 2018 Summit and further by a Health and Wellbeing Board convened meeting in January 2019 in which members of the Partnership Executive Group (PEG), Integrated Executive Group (ICE), Leeds Provider Committees in Common (LPICC) and System Resilience and Assurance Board (SRAB) were represented. This has ensured that there is full senior partnership agreement and ownership to the actions. • All actions need to consider how they relate to all aspects of the health and care system including primary care (in its widest sense), private providers, carers, all citizens (including those from BME and minority groups) and the 3rd sector. • Healthwatch Leeds will lead on evaluating the successful delivery of the actions to ensure that positive impact is being experienced by citizens.
<p>Summary of key progress since start of the CQC local</p>	<p>Key actions undertaken:</p> <ul style="list-style-type: none"> • Leeds Resilience Plan has been finalised and approved by the Health and Wellbeing Board.

system review process (Sep '18):

- Operational winter group established.
- Robust system wide escalation process agreed.
- Designation of Leeds first Urgent Treatment Centre.
- Established Clinical development group for UTC and health and care assessment pathways.
- Contract awarded to YAS for the regional Yorkshire and Humber 111 service, commences April 2019.
- A cross-partnership Hospital Avoidance Group (HAG) established to work with the winter group to support reducing attendance and admission to hospital.
- Newton Europe work steams, action plans and changes are evidenced.
- Leeds is signed-up to the 'Home First' approach which will be embedded across the workforce in 2019.
- Sign-off and implementation of the Transfer of Care Policy.
- Clinical Frailty and End of Life Group are developing information for the public based around the future offer.
- Virtual Respiratory Ward increasing the number of patients supported in the community with oversight from LTHT consultants. This model will be developed for those living with Frailty.
- Initial meeting of Quality Leads with the view to develop an ongoing quality network.
- Citywide Workforce Group have met to take stock of all work completed and ongoing across the system with recommendations presented to partnership boards.
- Leeds has held three System Leadership programme sessions with nine session being held through 2019.
- Big Leeds Chat event took place where we brought senior managers from the health and care sector together with over 350 residents, giving them a voice on what matters most to them and how they thought we should improve health and care in the city.
- GP Confederation is represented on PEG.
- A review of the Care homes joint working, support and meetings structure undertaken.

Impact:

- No patient has been cared for in a non-designated area within LTHT.
- 26% reduction in monthly occupied bed days due to stranded patients (longer than 21 days) in medicine and elderly December 2017 - December 2018.
- 25% Increase in the number of people streamed to the GP in A&E which achieved a 33% increase in GP productivity.
- Reduction in the DTOC numbers within LTHT.
- Maintained flow through the community care beds supporting improved discharge management and increased availability for step up beds from community.

#	CQC system wide recommendation	Leeds comments and actions to be completed in 2019	Alignment with a current work stream, group or Board, including Lead
Strategic areas for improvement			
A.	The review highlighted above all a need to strengthen the focus on people's experiences across their journeys of care. As a partnership we feel this requires the highest emphasis, with specific actions and is a theme throughout our action plan.	1. By the end of March to have completed an assessment of the current approaches to capturing people's experiences across partners.	People's Voices Group (Hannah Davies)
		2. By the end of April to agree an approach to the development and monitoring of collective quantitative and qualitative intelligence to give better assurance of patient's experience across their journey of health and care across organisations.	Cross-partner group which will include leads for quality is being established. Jo Harding, Shona McFarlane, Paul Bollom and Hannah Davies
		3. By June ensure that the findings of action 2 are incorporated into the Leeds Frailty Strategy, in ensuring that people's experience outcomes, are the basis for commissioning and performance managing relevant services.	PEG (Chris Mills)
B.	The HWB should continue to maintain oversight and hold system leaders to account for the delivery of the health and wellbeing strategy.	4. By the end of March develop an easy to follow flowchart of governance, remit and flow of risk at both operational and system level incorporating any lessons which can be learned from other high-performing systems.	Health Partnerships Team (Tony Cooke)
		5. By the end of April agree 'one' system suite of measures dashboard / scorecard and accompanying process for ensuring that all appropriate Boards/groups are regularly sighted and inform decisions taken.	Health and Wellbeing Board (Cath Roff)
		6. Through 2019 participate with WY&H ICS peer review process.	Health Partnerships Team (Tony Cooke)
C.	The remit of the ICE should be further developed so that it extends more widely to underpin the development of wider integrated working.	7. By April develop an Integrated Commissioning Framework and review the role and function of the Integrated Commissioning Executive (ICE) inline with the Integrated Commissioning Framework. This will also include we ensure people's experience is placed at the heart of commissioning activities.	Integrated Commissioning Executive - ICE (Cath Roff and Phil Corrigan)
D.	There is a recognition from system partners that hospital pressures should be addressed as a system. This should be reflected in system-wide strategic plans.	<ul style="list-style-type: none"> Also covered by action 5. 	
		8. By the end of March ensure there is a clear document that explains which groups are in place, their role, frequency of meeting, membership etc, which in turn will be used to ensure that all of these groups/boards are clear of their responsibilities for delivering the Leeds Resilience Plan.	System Resilience and Assurance Board (SRAB) - Leeds Resilience Plan (Phil Corrigan)
		9. By the end of May complete a lessons learned of the impact on citizens experience and system performance of the 2018/19 Leeds Resilience Plan and begin development of the Leeds Resilience Plan for 2019/20.	SRAB - Leeds Resilience Plan (Phil Corrigan)

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		10. By the end of summer 2019, to have a refreshed Leeds Plan reflecting the Leeds Resilience Plan 2019/20, Frailty and End of Life Strategy and the NHS 10 Year Plan. This will provide the place based contribution into the West Yorkshire and Harrogate Integrated Care System planning.	Health Wellbeing Board (Paul Bollom, Tim Ryley, Katherine Sheerin, Chris Mills)
E.	The culture of 'home first' and moving people away from hospital needs to be embedded throughout the system, especially in the hospital setting where there remains a risk averse approach to discharge and a lack of understanding of community support.	11. By the end of February set out a plan to embed the 'home first' approach and the implications for the workforce and citizens, which is supported by all partners.	Decision Making Workstream (Julian Hartley)
12. By the end of March, develop an OD, communications and engagement plan to support the embedding of the 'home first' approach. This needs to link with the work also being undertaken by the Clinical Strategy Group around training to better support people to manage their frailty in community / home settings.		Decision Making Workstream (Julian Hartley)	
13. By the end of June undertake 80 case file audit (i.e. re-run of the Newton Europe analysis) to assess the embedding of 'Home First' within a managed risk way, and that we have demonstrated we have taken the right action with our service users.		Decision Making Workstream (Julian Hartley)	
14. By the end of February to identify any learning from other areas around patient risk management protocols to prioritise patients for discharge. Evaluate if they offer an improved approach for Leeds.		Clinical Senate (Yvette Oade, Simon Stockill)	
F.	Communication between health and social care professionals and their leaders needs to be addressed across the system. Although there are good relationships at system leader level, and where multidisciplinary working is embedded, this can become fragmented at other levels leading to a breakdown in communication which can impact on people's care.	15. By the end of July, partnership to agree communications approach which encompasses recommendation G (see below) and flow of information between all levels of the organisations. Key products will include: <ul style="list-style-type: none"> • Approach for developing 'one pager' explainers of key terms, concepts, groups, processes etc. • Clear communication, engagement and OD plans for each key partner of what they individually need to action to deliver the partnership vision. • Clear consistent narrative and case studies for all partners (including the 3rd sector) to use. 	Citywide Comms and Engagement Group (Jane Westmorland) OD Hub (Steve Keyes)
16. As part of the ongoing development of Leeds Care Record, ensure that there are robust processes for assessing the use, benefit and identifying any improvement requirements of the Leeds Care Record in sharing information accurately, safely, securely and timely to ensure good patient care the gaps of the use of the Leeds Care Record.		Informatics Board (Alistair Walling)	
G.	The workforce strategy for Leeds should be developed at pace, pulling together the different strands of activity to develop deliverables and timescales	17. By the end of April have developed, finalised and agreed the citywide workforce strategy and action plan for Leeds. This will develop and contribute to the West Yorkshire and Harrogate Integrated Care System workforce plan during the summer.	Citywide Workforce Group (Sara Munro, Sheree Axon)

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	which include the independent social care sector.		
H.	There should be improved engagement with GPs and adult social care providers in the development of the strategies and delivery of services in Leeds.	18. By the end of February produce communication material bespoke for GPs that describe the Leeds Health and Wellbeing Strategy and Leeds Plan in the context of primary care. Include the processes by which GPs can shape the plans and delivery and future iterations of the Strategy. Use the existing GP Confederation Strategic Board and Locality Leadership to share materials.	GP Confederation (Jim Barwick, Chris Mills)
		19. From March onwards, enact a process of improved engagement with GPs, via their localities and the GP Confederation Strategic Board, whereby GPs can shape the refreshed Leeds Plan and future iterations of the Strategy. This being in the context of Local Care Partnership and Population Health Management approaches.	GP Confederation (Jim Barwick, Chris Mills)
		20. Use existing provider forums to engage providers on how social care providers can contribute to delivering the Health and Wellbeing Strategy and to shape the refreshed Leeds Plan. Existing forums include: the Strategic Directions Care Homes meeting; Care Homes Provider Forum; Home Care Providers meetings, Third Sector Partnership Forum.	Adults and Health (Caroline Baria)
		21. By end of February 2019, discuss with the forums referenced in action 16, how the social care provider sector would like to be involved in ongoing conversations for example, further discussions at forum meetings, engagement events, questionnaires, contract management meetings etc.	Adults and Health (Caroline Baria)
		22. From January 2019, use the existing Care Homes Strategic Directions meeting to engage with care home providers on market shaping of care home services and in the development of the Integrated Market Position Statement	Leeds Care Homes Strategic Direction meeting (Cath Roff)
Operational Areas for Improvement			
I.	A clear process, such as a risk stratification tool, should be implemented so that health and social care professionals can be assured that they are able to identify and support the members of their communities who are most at risk.	23. By the end of June, review the use of the Risk Stratification approach used in primary care and ensure that the tool, process and communications (to ensure understanding and consistency of language) are effective and fit for purpose. Ensure that the developing population health management (PHM) approach adopted in Leeds provides a partnership approach to the early identification of people at risk of poorer health and care outcomes. Implement Person Led Proactive Care Plans to address the risks identified.	Clinical Senate (Simon Stockill, Yvette Oade) PHM Programme (Chris Mills, Tim Ryley, Lucy Jackson)
J.	Signposting to services needs to be clearer so that people can access the wide range of services in the	24. Healthwatch to evaluate how the effectiveness of Leeds Directory and other sign-posting resources which provide information to citizens and staff. Make recommendations on how sign-posting can be improved to ensure that staff and citizens feel they have sufficient on the range of community services, ensuring that the wide range of 3 rd sector provision is included.	Healthwatch Leeds (Hannah Davies)

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	community and get the support that they need.	25. By April launch the redesigned Leeds Directory which will improve information available to citizens and staff (including NHS Choices and 111).	Adults and Health (Caroline Baria)
		26. By October assess the recommissioned social prescribing service for activity and effectiveness, including that these services are reaching the diversity of people in Leeds.	Leeds CCG (Simon Stockill)
		27. By July ensure that there are clearer processes and easily accessible clear information for ensuring that front-line staff are aware of support available in the community in order to signpost people. This will be informed by recommendations from action 24 and emerging proactive community support model through the Population Health Management work.	SRAB / ORG (Phil Corrigan) Urgent Care & Rapid Response Programme (Sue Robins, Cath Roff) Self-management and Proactive Care Programme (Chris Mills, Jim Barwick)
K.	There should also be consistent and proactive input from GPs to support care homes.	28. By January agree a phased approach to re-specify the primary care support to care homes in Leeds – to include all care homes and provision of rapid response.	Leeds Care Homes System Oversight Board (Jo Harding, Caroline Baria)
		29. Following the completion of action 28, commission primary care support provision as specified.	Leeds CCG (Simon Stockill)
L.	Specific pilot schemes were helping people to receive support in the community. There should be evaluations and exit plans in place to reassure or inform people who benefitted from good support about what their future options were.	30. By April develop consistent approach for evaluations and exit plans. Lessons learned to be used to inform the strategy and commissioning of future services. Consistent approach must include how services and service users are engaged with future options. Linked to action 7 and action 27.	ICE (Cath Roff / Phil Corrigan) Leeds Plan Delivery Group (Paul Bollom, Sue Robins, Steve Hume)
M.	Wards for people who are medically fit for discharge should have a plan in place to reduce the numbers of beds	31. By May have an agreed trajectory to reduce beds and plan agreed between providers and commissioners of how to achieve this.	Decision Making Workstream (Julian Hartley)

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	on these and to reduce the reliance on these as part of the discharge process.		SRAB - Leeds Resilience Plan (Phil Corrigan) LTHT Contract Management Board
N.	Systems should be put in place to ensure that people who go into hospital are seen in the appropriate wards and remain there until they are medically fit for discharge without multiple moves.	32. By March agree sample audit process and metrics for monitoring moves out of hours to ensure that the processes in place are effective.	Decision Making work stream SRAB - Leeds Resilience Plan (Julian Hartley)
O.	System leaders should continue the work to reduce hospital admissions as admissions are higher than the England average.	33. By July, Newton Europe to return to Leeds to look at complete additional analysis on admissions and repeat the original analysis to assess the actions in the Leeds Resilience Plan are being delivered effectively and the right impact being made. 34. Data needs to be assessed regarding the effectiveness of the Crisis Café, 'See, Hear and Treat,' Frailty Unit and other initiatives etc, results to be used by commissioners and the Hospital Avoidance Group to make recommendations for further admissions avoidance.	SRAB (Phil Corrigan)
P.	The patient choice policy should be rolled out as a priority and leaders should have a system to gain assurance that this is understood and implemented.	35. Implementation of the Transfer of Care Policy has been signed off by all CEO's and rolled out. By March will agree an ongoing process for auditing case files to ensure adherence to policy.	Decision Making work stream (Julian Hartley) SRAB - Leeds Resilience Plan (Phil Corrigan)
Q.	The system should ensure that staff, particularly hospital staff understand and respect the dignity of people who use services and to understand the impact that issues such as multiple ward moves can have on people's wellbeing.	36. By the end of February agree the approach and timeline for assuring system-wide quality and ensuring that all staff are clear of the dignity and respect expectations. This will include: <ul style="list-style-type: none"> • System statement of expectation agreed to by all CEOs • Continuing and developing the regular senior manager walk-about approach to provide greater system assurance of quality. • Ensure that all front line staff have current dignity and privacy training / awareness. 	Cross-partner group which will include leads for quality is being established. Jo Harding, Dawn Marshall, Paul Bollom and Hannah Davies