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CQC Leeds System Review Action Plan: Progress Update

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	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)	Assessment completed and shared with PEG April 2019. Further assessment completed July 2019 which in process of being written up to inform future options for better collation of people's experiences across health and care journeys.	G
		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	Cross partner group set up and meeting monthly which is chaired by Healthwatch. Three actions underway including i) video blog of small sample of older people who are likely to move between care settings, ii) a rolling programme of case note review using a multi-agency review protocol, iii) Options appraisal of how to both improve current capture of experience, identify gaps and potential to develop new/improved tools. A quality process is being developed that will provide assurance as well as areas for service improvements directed by these three mechanisms.	G
		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)	Agreement with chair of Clinical Frailty Strategy Group that this item is on the forward plan. To discuss at Frailty Programme Board 8th August. A number of patient experiences measures are in development linked to the Frailty person-focused outcomes. Work is underway to co-ordinate this work to action 2.	A

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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)	Existing charts of governance provide flow of governance, remit and risk between key system groups. Leeds Plan refresh is considering current city governance and mapping 'as is' state and how it will provide coherent progress reporting in light of refreshed plan.	**A**
		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)	HWB have asked for action to improve HWS reporting based on clearer metrics reporting trend and health inequalities. Operational system has developed metrics suite around key operational measures (SRAB dashboard). System has moved towards headline measures for system change. Approach supported and agreed by HWB but further work required.	**A**
		6. Through 2019 participate with WY&H ICS peer review process.	Health Partnerships Team (Tony Cooke)	Leeds has engaged with conversations on peer review programme within WY and Harrogate ICS with ICS colleagues. Request for deferment from late Spring / early Summer date was agreed. Peer review programme has slower pace whilst implications of new ICS and LTP performance management structures emerging.	**A**
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 > Tim Ryley)	Commissioning Framework developed and agreed. Reporting on a regular basis to ICE for progress. Consideration given to development requirements for senior / strategic commissioning the city and the resources required. People's experiences central to framework. Evidence from complaints, incidents, and information from action 1 above are regular discussion at ICE.	**G**
D.	There is a recognition from system partners that hospital pressures should	• Also covered by action 5.			

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	be addressed as a system. This should be reflected in system-wide strategic plans.	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 > Tim Ryley)	A full review of governance supporting the System Resilience Agendas commenced in June 2019. The recommendations have been signed off by the System Resilience Assurance Board August 2019.	G
		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 > Tim Ryley)	Lessons learnt exercise completed with sharing within SRAB, PEG and board level partnership discussions. Improved performance basis for future plan but recognising further work to do / not complacent approach. 19/20 plan is in development. The Leeds system conducted a full winter evaluation exercise in May, this involved gathering all system partners' challenges and experience of the past winter. A full report will form part of the 19/20 System Resilience Plan for Leeds which is currently in development with a sign off date in October 2019 across the Leeds system and will be submitted to NHS England.	G
		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)	Leeds Plan refresh set in context of LRP, LTP, JSA, Big Leeds Chat, MH needs assessment, CYP MH needs assessment. Refresh is the place based contribution to the ICS in response to NHS LTP.	G

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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)	The Home First strategy was agreed by the Partnership Executive Group in May 2019. Home first workstream now established with all system partners attending.	G
		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)	CCG made provision to commission primary care to ensure that all homes could be covered by increasing the resource available with effect from 1 April 2019: • New service specification has been implemented reflecting the outcome of the CQC report and aligning the previous 3 schemes into 1. • Some new practices are delivering the scheme • Some practices have opted not to deliver (minimum of 10 patients prevents some practices from participation). Other practices are offering an enhanced service out with the scheme. • Retains choice for patients • Approx. 70% of all care home beds covered by the scheme (49 practices) All patients in homes registered with a Leeds GP will respond to urgent / acute primary care needs and continue to roll out the provision of telemedicine in care homes (currently in 30 homes). A 3 year phased plan for 100% coverage of telemedicine is in development. A three stage OD, communications and engagement plan has been developed based on gathering insight through a deliberative event, refining home first messages and embedding these in routine communications.	G

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		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)	Plans to continue to work with Primary Care Networks during quarter 3 to deliver the scheme across the care home population in preparation for the national specification to be implemented from 1 April 2020 which will ensure 100% coverage A re-audit was undertaken by Newton Europe in May 2019. The review demonstrated modest progress with 41% of people reaching a non-ideal outcome on discharge compared with 56% a year earlier.	G
		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)	Criteria for virtual wards has been reviewed and in collaboration with community partners more patients are now eligible.	G
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: • 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.	Citywide Comms and Engagement Group (Jane Westmorland)	City-wide communications, engagement and marketing strategy approved by PEG. The strategy outlines our partnership approach to workforce communications and engagement with an accompanying action plan. The first product to come out of that strategy is a regular partnership e-bulletin update aimed at the workforce. Further actions including 'one page' guides, case studies etc in appropriate digital/audio/visual materials to support flows of information are being scoped and then developed. The publicly available partnership website and a staff collaboration site will be updated and act as a hub of up-to-date information for the workforce.	G

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		• Clear consistent narrative and case studies for all partners (including the 3rd sector) to use.	OD Hub (Steve Keyes)	The agreed workforce engagement approach and processes will be implemented for the Leeds Plan once the process for the refreshed Leeds Plan is completed. Leeds has continued to rollout its System Leadership Programme which is open to all staff from all partners at all levels and allows for sharing of ideas The programme also enables developing a consistency of understanding of the partnership ambitions and agreeing action for the delivery of the ambition. To date around 400 staff and service user reps have been part of the programme. A business case is in the process of being developed to continue the rollout of the programme for 2020. The System Leadership Programme has been enhanced with the addition of complimenting system leadership modules which are being incorporated into individual partnership leadership programmes. Leeds has delivered a Shadow PEG programme for aspiring execs. One of the benefits of this programme is broadening understanding of the work of the partnership, flows of information between levels of organisations and what action we need to take to deliver the partnership vision. Links to a more detailed succession planning in the system and talent development programme are being considered.	
		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	Informatics Board	Activity including a breakdown of users and areas accessed is reviewed monthly and analysed to understand any issues. Reported benefits are also analysed at this point in the citywide Leeds Care Record Board meetings. We are in the process of updating our overall benefits analysis	**G**

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		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.	(Alistair Walling)	(including estimated cost saving). Interim reviews are undertaken after significant developments- eg following the recent switch to GP connect as a richer source of GP data- this showed clear benefit in enhanced data for admitting teams in hospitals, this has led to a review of the need for letters from admitting GPs. All providers of data have been consulted as part of the annual review to identify current and future needs to develop the next years roadmap. A wider stakeholder event is planned for September 2019 to shape the 3-5 year plan taking regards of new developments such as LHCRE, and a move to greater access to data from clinical systems. We regularly assess if further rollout across the city is appropriate to support the sharing of information accurately, safely and securely, e.g community pharmacy, commissioned providers in the third sector. Currently supporting the Leeds City Council adult social care digital pathfinder's work to see if the Leeds Care Record could be used to support person centred planning and the sharing of information.	
G.	The workforce strategy for Leeds should be developed at pace, pulling together the different strands of activity to develop deliverables and timescales which include the independent social care sector.	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)	Work on co-creating and then finalising the shared workforce priorities and plans is well developed, with final reporting to PEG in October. This work is being linked to the Leeds Plan refresh, and the ongoing national and system work on the Long term plan implementation. A detailed briefing was provided to Councillor Charlwood on 24 July, and feedback sought in respect of HWB. Leeds health and care place-based representation now confirmed for LWAB and WY&H ICS workforce and OD programmes. In June streamlined decision-making and leadership arrangements for workforce also agreed with further investment from partners – formal delegation from PEG as sub group. Leeds part of WY&H ICS national pilot of workforce readiness assessment tool – supporting NHS Interim people plan operating model workstream. Impact and funding of any resource implications of the citywide workforce strategy yet to be finalised. RAG rating reflects this and slippage from April to October.	**A**

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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)	The governance structure for the Confederation is fully established. This has allowed specific agenda items the Health & Wellbeing Strategy. There is a two way feedback mechanism being developed between the Health & Wellbeing Board and the Confed Strategic Board. We will use the Confed website to share and publish materials for GPs, this work is ongoing.	G
		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)	The Confeds governance and communication approach encompasses full engagement with GPs, localities and Primary Care Networks. There is significant leadership by GPs, facilitated by the Confed, in the development of LCPs. The Confed has contributed to the refresh of the Leeds Plan, based on its members strategic voice. Updates on the Leeds Plan refresh have been shared with the Confed	G
		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)	Discussions being held regularly with providers at relevant forums, with the inclusion of providers' response to LCC's commitment to Climate Emergency.	G

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		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)	Work is being progressed through the Leeds Care Homes System Oversight Board and Delivery Group	A
		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)	Care home strategic direction meeting well attended by system organisations and representatives from care home providers. Integrated Market position statement now developed and signed off.	G

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	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)	Leeds has participated in Wave 1 of the national Population Health Management programme and has worked with 4 Local Care Partnerships to test interventions for people living with frailty. PHM techniques were developed and applied to identify cohorts within frail populations where the greatest impact can be made. Wave 2 of the programme is aiming to work with 7 further LCPs from autumn 2019 and will be fully rolled out during 2020.	**A**
J.	Signposting to services needs to be clearer so that people can access the wide range of services in the community and get the support that they need.	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 3rd sector provision is included.	Healthwatch Leeds (Hannah Davies)	Healthwatch is a member of the Leeds Directory steering group and is working in partnership with LCC around measuring the effectiveness of the Leeds Directory post launch in October 2019. In addition, Leeds Directory will be an integral part of the Big Leeds Chat 2019	**G**
		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)	Leeds Directory has now been successfully relaunched. The service now sits within LCC. The Leeds Directory Team are attending team meetings and liaising with LCPs and GP practices about the directory	**G**

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		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)	The referrals to the social prescribing service are monitored by the CCG and reported through CCG quality and performance committee	G
		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 > Tim Ryley) Urgent Care & Rapid Response Programme (Sue Robins, Cath Roff) Self-management and Proactive Care Programme (Chris Mills, Jim Barwick)	Leeds Providers' Integrated Care Collaborative has sponsored the development of a new integrated proactive community model for people living with frailty. This is being tested and implemented using Population Health Management approaches (see 23 above). The model describes a case management / care coordination function in all LCP areas which will be key in managing and supporting people living with frailty. Once implemented, this will result in streamlined processes for linking community services with hospital staff enabling coordinated care to be delivered. A clear priority for the System Resilience Assurance Board (A&E delivery Board) is to ensure that front line staff are aware of services to support people in the community. This was evidence through the diagnostic work Leeds carried out and will be taken forward as a clear priority in 2019/20	G
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)	A Care homes support team has been commissioned from community provider LCH. The Care homes oversight group is now well established with a matrix working approach in place. They have a clear system wide action plan.	G
		29. Following the completion of action 28, commission primary care support provision as specified.	Leeds CCG (Simon Stockill)	All Care homes in Leeds have a primary care support offer. This is under review to increase standardisation. Pharmacy support to care homes also planned.	G

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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, Tim Ryley) Leeds Plan Delivery Group (Paul Bollom, Sue Robins, Steve Hume)	Leeds Plan Delivery Group around iBCF projects has a decision making approach to mainstream proven interventions based on data and outcomes. The approach is based on robust evidence collation of impact, strategic alignment and shared recommendations to ICE. Recommendations enacted by commissioning prioritisation / commissioning planning processes in partners. The root of this particular recommendation came from looking at the Time to Shine Projects - each of which now have an exit plan. LOPF are reviewing in September.	G
M.	Wards for people who are medically fit for discharge should have a plan in place to reduce the numbers of beds on these and to reduce the reliance on these as part of the discharge process.	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) SRAB - Leeds Resilience Plan (Phil Corrigan) LTHT Contract Management Board	From November 1st 2018 to June 2019 we have closed 60 MOFD beds. We are implementing the NHSI Super Stranded patient review process and anticipate that this will lead to a further reduction in the requirement for MOFD beds. The system has a clear trajectory for reducing the number of stranded and super stranded and reducing the number of beds occupied by people who are medically fit for discharge. Since May we have closed one ward and are working closely with our community bed providers to increase flow. Community bed criteria have been reviewed and expanded and we are working to promote the discharge to assess pathway.	G
N.	Systems should be put in place to ensure that people who go into hospital are seen in the appropriate	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	A daily audit of patients who move for non-clinical reasons out of hours (22:00 - 07:00) has been undertaken since June 2019 and is reported to the weekly quality meeting chaired by the Chief Nurse/Chief Medical Officer. The focus of the work is at St	G

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	wards and remain there until they are medically fit for discharge without multiple moves.		SRAB - Leeds Resilience Plan (Julian Hartley)	James's Hospital where we have seen a step change reduction in the number of patients being moved.	
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.	SRAB	Re-audit of the Newton Europe diagnostic demonstrated that the system has made progress against the agreed actions within the Resilience Plan. It is recognised that there is still improvement to be made for both discharge and admissions avoidance. A full review of the actions in conjunction with the winter evaluation will inform the System Resilience Plan for 2019/20 currently in development.	**G**
		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.	(Phil Corrigan > Tim Ryley)	As above	**G**
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 > Tim Ryley)	The Transfer of Care policy has been implemented. Audits have taken place and identified that letters are being issued however the process of escalation is not yet fully embedded. The operational leadership responsible for the TOC policy implementation is currently being reviewed and this process will require further agreement. Roll out of TOC policy being overseen by the Decision making workstream in LTHT, attended by CCG commissioners.	**A**

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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: • System statement of expectation agreed to by all CEOs • Continuing and developing the regular senior manager walk-abouts 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	The development of a city wide system for assurance of quality of experience is detailed in responses to action 1 in this plan. Further work is underway to create system alignment on broader quality improvement approaches (for example joining the Leeds Improvement Method in the hospital to initiatives in other partners). LTHT undertakes weekly leadership walkrounds and the corporate nursing team oversee a programme of assurance visits, which includes observations re privacy and dignity. There has been a specific focus on the wards managed by Villa Care (patients medically optimised for discharge) following the CQC inspection visits. There is an embedded approach to training on dignity and respect issues across staff working in the hospital. This takes plance across issues specific training (eg falls) or more generic courses for aspiring leaders the importance of dignity and respect for people is reinforced. Audit processes across wards supporting older adults include a review of the experiences of five patients a week. The responses are documented and reviewed. Initiatives for people leaving hospital have included in the Bexley Wing using donated clothes to ensure those who do not have their own clothes with them to leave hospital do so wherever possible in normal dress.	**A**