Sheffield Children's NHS Foundation Trust
Sheffield Clinical Commissioning Group
Sheffield Health and Social Care NHS Foundation Trust
Sheffield Teaching Hospitals NHS Foundation Trust

Progress Update on CQC Report

Sheffield Accountable Care Partnership ACP Board

27 February 2019

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Sponsor	**Sheffield CEOs/AOs**

1. Purpose

This report aims to provide an update on progress against the CQC Local System Review submitted in July 2018.

This is the third quarterly update of progress, with the first considered at the September Executive Delivery Group on 5/9/2018. An earlier version of the report was considered by EDG on 30/1/2019 and by the Health and Well-Being Board on 31/1/2019. It will be considered by various partner boards through February.

Alongside system ownership through the EDG, each organisation has identified an executive lead for their organisation. That individual is responsible for ensuring actions for each partner are appropriately governed within organisations.

2. Introduction / Background

In 2018, Sheffield was one of twenty areas chosen by CQC for a Local Area Review because performance was not as good as many other parts of the country on a number of measures, including delayed transfers of care.

The action plan focuses on improving and accelerating progress on the following themes:

1. A way of working that is built around acknowledging and improving older people's views and experiences and which drives a citywide vision (sections 1 and 2 of the action plan).

2. A shared citywide workforce strategy to support front-line staff in delivering this vision and in particular further develops multi-agency working (sections 3 and 4 of the action plan).

3. Developing clearer governance arrangements to ensure stronger joint-working between organisations and greater involvement for our Voluntary, Community and Faith sector (sections 5 and 6 of the action plan).

4. A meaningful shift to prevention at scale, supported by clear commissioning arrangements and digital interoperability (sections 7 and 8 of the action plan).

5. A strong system focus on enabling the right support from the right person in the right place at the right time, to give the best possible experience (section 9 of the plan, covering the Why Not Home Why Not Today Work)

The CQC have indicated their intention to return to care economies to review whether their recommendations have been implemented and care has improved.

Two appendices accompany this report:

Appendix 1 – Line by line progress report against CQC LSR Action Plan
Appendix 2 - Why Not Home Why Not Today Dashboard

A summary is provided below:

Areas of the Plan Progressing Well

1. The system has achieved significant improvement on DTOC through close collaborative working and efforts of all parties comprising the Why Not Home Why Not Today group. The Why Not Home Why Not Today Board look at a wide set of metrics, to track their progress, a short summary is shown in Appendix 2. The charts show improvement with DTOC performance in early February both in terms of delayed patient and delayed day volumes. Chart 1 in Appendix 2 demonstrates volumes of delayed days are now only marginally above the NHS England target of 3.5% of beds being occupied by DTOCs. DTOC actual numbers are at 64 (as at 12.2.2019), above the 45 NHS England target but there are plans to bring down these increases to below 45, a position sustained from mid-December to end of January. Slight increases have continued to be effectively managed to ensure lower numbers than the same period last year. Additional system wide patient experience data (via the Healthwatch ACP work) will be built into this report, building on the patient stories shared by clinicians. Workforce metrics will also be incorporated as the workforce strategy work further develops.

2. The efforts to develop a system wide workforce strategy with staff and patients are developing well. Partners have come together in a Steering Group, working with GE Finnamore. Good progress is being made, 2 large scale workshops with patients and staff were held in December and January. Next Steps

    a. Modelling of Band 2 (or equivalent) staff and using the WRAPT workforce modelling tools to do some projections for the future.

    b. All partners are working together to develop the strategy for the April deadline.

2. Patient experience leads are coming together across the system to take a more holistic view of the user experience through our system. Practical actions have been implemented, supported by Healthwatch now working 3 days into the ACP. Actions taken include: a patient panel has been recruited to for the ACP, a number of workshops have been held with service users and the public and a process of "semi structured interviews" are commencing to get whole system service user view on an ongoing basis. All of this will inform the city wide ACP strategy, the workforce strategy for Older People and the changes to the system care model that we have committed to within the CQC action plan.

3. All governance actions are now completed – including clarification of role of ACP with Health and Wellbeing Board & decision around an independent chair.

Areas of Concern

The key areas of concern considered by EDG in January 2019 are:

1. Whilst good progress has been made on DTOC (see all tasks under section 9 of the action plan) the ACP Board needs to consider confidence levels on sustainability. At EDG in January the CCG, STH and SCC CEOs acknowledged there was a greater degree of confidence in the sustainability of DTOC improvement linking back to key pieces of work such as utilising off site beds since the Robert Hadfield wing closure and good liaison with the private sector. A 2 page summary has been developed outlining a shared system understanding behind the improvement. It was recognised that Easter may represent the next significant challenge and CEO and COO leaders plan to pay close attention to this position.

2. There is considerable ambition around the implementation of new models of care, following the move towards integrated commissioning (see tasks references 7.1 – 7.4 in the plan). In the CQC plan we have committed to an end of March deadline for agreeing recommendations for the new model of care and being ready to mobilise by April 2019. This includes scaling up successful pilots etc. This timescale is very ambitious and risks not being achieved. There are several actions we need to agree

   a. Bringing provider and commissioner discussions together on new models of care for Frailty/ Older People/ "Patients at Risk of Admission" – EDG agreed it should explicitly confirm next steps to bringing these conversations together & reaching decisions). This discussion is planned to take place on 25/2/2019 at EDG.

   b. We then will need to quickly make decisions on resourcing implementation and acting quickly to mobilise these models for winter 19/20.

   c. The larger strategic commitment to joint commissioning across CCG and SCC is also cited in the action plan (reference 8.2).

3. Whilst the workforce strategy for Older People is going well, we are not yet set up to be confident on the delivery of an integrated workforce strategy. CEOs have committed to consider both leadership and capacity arrangements for this across the system.

4. In the plan we committed to reviewing digital inter-operability in the city. This business case is underway, but will require commitment from all partners and needs close EDG attention. EDG in January agreed to develop a proposal outlining what a broader digital workstream needs to look like, with digital leadership for the ACP to be fully considered. There is a particular challenge on how we mobilise these cross system digital developments, alongside often significant internal operational digital agendas.

5. We committed to a new relationship with the voluntary sector in our action plan (see tasks 5.1-5.3). We agreed to consider how to "enable the VCF to have capacity to

provide strategic leadership to the ACP and be a full partner". We have not reached agreement on what this looks like.

3. Is your report for Approval / Consideration / Noting

Consideration

4. Recommendations / Action Required by Accountable Care Partnership

We need to be sure this action plan is a vehicle for change, rather than a process we move through. In particular this requires bold action to tackle the areas of concern outlined.

ACP Board are asked to debate the points outlined and:

- **Note the areas of good practice**
- **Outline any further points they wish EDG to consider relating to how they are addressing the areas of concern.**

5. Other Headings
N/A
Are there any Resource Implications (including Financial, Staffing etc)?

Paper prepared by: Rebecca Joyce, ACP Programme Director
On behalf of: CEOs/ AOs
Date: 15 February 2019

CQC Local Services Review Action Plan
Produced by Becky Joyce
Dated: 25.1.2019

Appendix 1

WBS	ID	Task Name	Description	Type	Duration	Start Date	Completion Date	Forecast Completion Date	Actual Completion Date	Status	RAG	Lead Person(s)	Task Updates
1	CQCLSR18.19-01	A Shared City Wide Vision	A Shared city wide vision for older peoples care, developed and shared between service users, carers and families, the wider population and frontline staff across the NHS, Council and voluntary sector										
1.1	CQCLSR18.19-02	1.1 Vision for Older People Across the City	Articulate, share and develop the vision for older people across the city and hold a series of workshops to further develop this and a level delivery plan to support the work.	Task	0 Days	01/10/2018	31/12/2018			Open	Amber	Rebecca Joyce ACP	25/1/2019 5 public and staff workshops planned 28/1/2019 - 8/2/2019. Developing overall strategy, Older People one of 5 key priorities. Further staff and partner events being organised. Older People workforce workshops completed - links to changing care model/ overall strategy. 31/10/2018 - Progress Since July - Good. Plan agreed and workshops to be delivered in Jan 2019 as part of wider ACP vision/plan development. 25/09/2018 - The approach will be discussed and agreed
2	CQCLSR18.19-03	Ensuring Older Peoples Views and Experiences become integral to our approach	Improvement in self-reported satisfaction from older people and family carers in receipt of health or social care support										
2.1	CQCLSR18.19-04	2.1 Develop a Comprehensive Approach to becoming Person Centred City	Working with communities and system representatives to develop a comprhehensive appraoch to becoming a Person Centred city across our health and care system across Sheffield. This will focus on "What Matters to ME" and bring together linked work such as Health Conversations, For Petes Sake, and the Alzheimers society - This is Me tool to identify the personalised needs of older people	Task	0 Days	01/10/2018	31/12/2018			Open	Amber	Nicki Doherty, CCG/ Jane Ginniver, ACP / Susan Hird SCC	Jan 19: Good strategic support for embedding Person Centred care throughout Older People's workforce strategy. Not yet developed into a system wide plan. Has been built into Liminal Leadership approach. Remains pockets of good practice, not yet systematic approach. No clear plan yet determined. As part of workforce strategy delivery plan, capacity to take this forward needs to be determined.
2.1.1.	CQCLSR18.19-05	2.1.1 Strategic Agreement	Strategic Agreement to scaling up work and a tangible plan at July 2018 EDG	Task	0 Days	01/10/2018	31/12/2018			Open	Amber	Nicki Doherty, CCG/ Jane Ginniver, ACP / Susan Hird SCC	Jan 19: Strategic commitment secured. Growing good practice - plan required.
2.1.2	CQCLSR18.19-06	2.1.2 Developing Joined Up Training Plans	Developing joined up training plans to scale up this work and techniques	Task	0 Days	01/10/2018	31/12/2018			Open	Amber	Workforce Group	25.1.2019 Older People workforce strategy workshops completed. Joined up trained key theme. Strategy to be developed by April. Implementation plan will be critical - need clear vehicle to deliver plan.
2.1.3	CQCLSR18.19-07	2.1.3 Working in partnership with the voluntary sector	Working in partnership with the voluntary sector to benefit from their considerable expertise in this area	Task	0 Days	01/10/2018	31/12/2018			Open	Green	Rebecca Joyce ACP	25.1.2019 VAS now part of the ACP. Part of all work, VAS colleagues member of the workforce steering group. Review what recommendation is.

WBS	ID	Task Name	Description	Type	Duration	Start Date	Completion Date	Forecast Completion Date	Actual Completion Date	Status	RAG	Lead Person(s)	Task Updates
2.2	CQCLSR18.19-08	2.2 Individual Patient Case Studies & Review end to end studies	Take a set of individual patient case studies and review end to end experience of our health and care system. Consider what could be better and does our action plan sufficiently address these cases and agree any additional actions.	Task	6 Months	01/10/2018	31/12/2018			Open	Green	Sue Butler, STH	25.1.2019 "Listen and learn" semi-structured conversations with patients planned to gather whole pathway experience, all partners supporting this approach. 31/10/2018 - Group Met. Individual cases being reviewed across organisations. Action plan to commence from end of December in line with commitments described 25/09/2018 - Meeting to be set up end of October 18. Action plan to commence from end of December in line with commitments described. Accountable by Executive Delivery Grp Patient experience leads taking forward
2.3	CQCLSR18.19-09	2.3 Implement an approach to engagement	Agree and implement an approach to engagement and co-design with Health watch and voluntary sector that builds on good examples within the city (ie Test beds, MASK) and build capacity and capability across local health and care services to effectively involve local people	Task	0 Days	01/07/2018	30/09/2018	31/10/2019		Open	Green	Rebecca Joyce ACP, Margaret Kilner, Healthwatch	25.1.2019 Laura Cook from Healthwatch working 3 days into the ACP team. Public engagement events taken place for improving Older People's Experience in Care. Advisory Panel of patients recruited with first meeting February. "Listen and Learn" structured interviews taking place Jan/ Feb. Healthwatch agreeing with partners approach to generating approach to capturing "holistic" experience. Work being connected into WNHWNT work.
2.4	CQCLSR18.19-10	2.4 Develop Regular Mechanisms	Develop regular mechanism to systematically share and learn continuously from older peoples end to end feedback as part of our evaluation and monitoring mechanism in relation to capturing and responding to system wide patient experience. This will be facilitated by vibrant quality improvement approaches across the system	Task	0 Days	01/10/2018	31/12/2018			Open	Green	Rebecca Joyce ACP, Margaret Kilner, Healthwatch	Jan: See above - advisory group and ongoing semi-structured interviews. 31/10/2018 - Group Met. Individual cases being reviewed across organisation. Action plan to commence from end of December in line with commitments described 25/09/2018 - Meeting to be set up by end of Oct 18. Action plan to commence end of Dec 18 in line with commitments described. Patient Experience Leads taking forward. Accountable by Exec Delivery Group
2.5	CQCLSR18.19-11	2.5 System Theme Feedback	Ensure system themes from older peoples feedback is shared with and built into training and development plans for our workforce to ensure a tailored and responsive approach	Task	0 Days	01/10/2018	31/12/2018			Open	Amber	Workforce Group	25.1.2019 All feedback to be brought into the workforce strategy process. Patients involved directly in this work. 31/10/2018 - Will emerge through 12 week workforce strategy plan Accountable body: Workforce ACP Workstream 25/09/2018 - Feedback into workforce training plan limited. Accountable by Workforce ACP work stream
3	CQCLSR18.19-12	**Develop a Joined Up City-Wide Strategy for the Workforce**	**A joined up approach to ensure that Sheffield is an attractive place to work in health and care. A Joined up approach to tackling some of the shared recruitment and retention challenges with the older peoples workforce. A Joint approach to improving quality so that staff working across health and care have the tools they need put "What Matters to You" into action. A Joined up vibrant training programme to support and**										
3.1	CQCLSR18.19-13	3.1 Establishment of a Workforce Oversight Group	Establishment of a workforce oversight group to steer the development of a strategy to be co-designed with frontline staff across the city.	Task	0 Days	01/10/2018	31/12/2108			Open	Green	Workforce Group	5/1/2019 Group steering 12 week process. 2 co-design workshops completed, rich outputs for strategy. 31/10/2018 - Plan for approach agreed and now mobilising. 1st system wide workshop 18th December. Each partner is providing leadership capacity to support delivery alongside consultancy 25/09/2018 - Consultancy Commission Issued. GE Finnamore to provide support. Details of mobilisation awaited, due 4.9.18. Steering Group meeting planned for late Sept. Plan for approach agreed in principle.
3.2	CQCLSR18.19-14	3.2 Analysis of Workforce Data and Planning of Engagement Workshops	Analysis of workforce data and planning of engagement workshops	Task	0 Days	01/10/2018	31/12/2018			Open	Green	Workforce Group	25/1/2019 - data collected from partners. Workforce modelling with data commencing, focusing on Band 2 level staff across system (carers/ support workers etc). 31/10/2018 - Plan for approach agreed and now mobilising. 1st system wide workshop 18th December. Each partner is providing leadership capacity to support delivery alongside consultancy 25/09/2018 - Consultancy Commission Issued. GE Finnamore to provide support. Details of mobilisation awaited, due 4.9.18. Steering Group meeting planned for late Sept. Plan for approach agreed in principle.

WBS	ID	Task Name	Description	Type	Duration	Start Date	Completion Date	Forecast Completion Date	Actual Completion Date	Status	RAG	Lead Person(s)	Task Updates
3.3	CQCLSR18.19-15	3.3 Workshops to Develop Strategy Using Data Input	Workshops to develop strategy using data, input of front line staff and views of local older people	Task	0 Days	01/10/2018	31/12/2018			Open	Green	Workforce Group	25/1/2011 9 -2 workshops completed December and January. All outputs to be brought together into single strategic approach. 31/10/2018 - Plan for approach agreed and now mobilising. 1st system wide workshop 18th December. Each partner is providing leadership capacity to support delivery alongside consultancy 25/09/2018 - Consultancy Commission Issued. GE Finnamore to provide support. Details of mobilisation awaited, due 4.9.18. Steering Group meeting planned for
3.4	CQCLSR18.19-16	3.4 Publication of overall city wide strategy for workforce	Publication of overall city-wide strategy for workforce, with a focus on older people that is co-designed and connects the front line and the strategic vision. This needs to incorporate the private sector, voluntary and community sector as well as the statutory organisations. We will involve unions across Sheffield in the approach	Task	0 Days	01/01/2019	31/03/2019			Open	Green	Workforce Group	25/1/2019 - see above. On track for April draft. 31/10/2018 - Plan for approach agreed and now mobilising. 1st system wide workshop 18th December. Each partner is providing leadership capacity to support delivery alongside consultancy 25/09/2018 - Consultancy Commission Issued. GE Finnamore to provide support. Details of mobilisation awaited, due 4.9.18. Steering Group meeting planned for late Sept. Plan for approach agreed in principle.
3.5	CQCLSR18.19-17	3.5 Key Work Force Initiatives identified in the Place Based Plan	Progress the key workforce initiatives identified in the Place Based Plan	Task	0 Days	01/10/2018	31/03/2019			Open	Amber	Workforce Group	25/1/2019 No Further Update31/10/2018 - Progress since July: Part of Wider Workforce Strategy Work - will be part of workforce strategy plan. Capacity: SCC Business Partner work to Mark Bennett, HR OD Director 25/09/2018 - Plan work on this as part of workforce strategy. Arrangements for Steering group agreed, Strat Dev Proposal exp from Finnamore 4.9.18. Capacity SCC Bus Partner, wking with Mark Bennett HR OD Director
3.6	CQCLSR18.19-18	3.6 Embed a Training Module on Person Centred Care	Work with provider, voluntary and education partners to embed a training module on person centred care as part of the What Matters to You initiative	Task	0 Days	01/10/2018	31/12/2018			Open	Amber	Nicki Doherty, CCG/ Jane Ginniver, ACP / Susan Hird SCC	25/1/2019 - implementation plan still needs to be determined - needs to be worked into strategy implementation approach. 31/10/2018 - No update from last time 25/09/2018 - Person Centred Training to be part of overall Person Centred Care Plan. Part of overall person centred proposal to be developed following EDG discussion. Capacity PC team, Susan Hird and colleagues
4	CQCLSR18.19-19	A City Wide Organisational Development Approach	Improved multi-agency working for older people. Improved pathways and communication between different services and parts of the systems. More seamless care for older people High job satisfaction										
4.1	CQCLSR18.19-20	4.1 Develop Organisation Development Interventions	Develop organisation development interventions to support and improve multi-agency working between frontline inter-agency teams	Task	0 Days	01/10/2018	31/12/2018			Open	Green	Maddy Ruff, CCG	25/1/2019: Neighbourhood based "liminal leadership" cohort 2 to commence March. Promote MDT working. 1/10/2018 - Progress since July: Plan agreed at EDG on 9th Oct. OD Workstream now mobilising plan to commence Jan 2019. ACP Wide plan but will incorporate Older People Focus. 25/09/2018 - OD Workstream refining plan for discussion at EDG Oct 18. ACP Dep Director to commence 17/09 OD Capacity will need to be released from each organisation to support. Accountable: Exec Del. Group
4.2	CQCLSR18.19-21	4.2 Develop Improved System Leadership Behaviours	Develop improved system leadership behaviours and attitudes at all levels to develop collective leadership approaches across the city. First stage will to be build q plan as agreed by Organisational Development ACP workstream . This will build on the Liminal Leadership pilot delivered in Q1 2018/19	Task	0 Days	01/10/2018	31/12/2018			Open	Amber	Maddy Ruff, CCG	25/1/2019 - "Leading Sheffield" work commencing. Other work for tiers of leadership need to be developed. 31/10/2018 - Progress since July - Plan agreed at EDG on 9th October. OD Workstream now mobilising plan to commence Jan 2019. ACP wide plan but will incorporate Older People focus. 25/09/2018 - OD Workstream refining plan for discussion at EDG Oct 18. ACP Dep Director to commence 17/09 OD Capacity will need to be released from each organisation to support. Accountable: Exec Del. Group

WBS	ID	Task Name	Description	Type	Duration	Start Date	Completion Date	Forecast Completion Date	Actual Completion Date	Status	RAG	Lead Person(s)	Task Updates
4.3	CQCLSR18.19-22	4.3 A Single Quality Improvement Approach	Working towards a single quality improvement approach across health and social care	Task	0 Days	01/10/2018	31/12/2018			Open	Amber	Mark Bennett SCC, Jane Ginniver ACP, Maddy Desforges VAS	25/1/2019 SCC and VCSE have committed to this but not yet happening. 31/10/2018 - Progress since July: Singe Q1 approach - Discussions commenced with SCC and VCSE. Plan - Ongoing discussions. 25/09/2018 - Single Q1 approach- awaiting update from SCC/MCA. Need clarity on next steps. Capacity Person Centred Team. Accountable: Exec Delivery Group
4.4	CQCLSR18.19-23	4.4 Build on System Wide Improvement Programmes	Build on and accelerate specific system wide improvement programmes for pathways within the ACP requiring improvement including: A Continuing healthcare processes B End of Life Care	Task	0 Days	01/07/2018	30/09/2018			Open	Amber	Chief Nurses	25/1/2019 - Good progress on CHC - shared values and behaviours agreed and improvement programme. EOL??? 31/10/2018 - Progress since July: System Wide EOL Work. CCG leading work to refresh current actions and address CQC concerns 25/09/2018 - Good progress on CHC work across SCC/SCCG. Joint Training, SOP delivered. System Wide EOL not yet defined. Case for change considered Oct for overall prog. of work. Disc re shared budget ongoing
4.5	CQCLSR18.19-24	4.5 Develop a Learning Culture	With the first step a process that shares and reviews incidents, risks complaints and patient, family and carer experience across the system and routinely undertakes joined up system wide analyses and investigations, including root cause analysis where appropriate	Task	0 Days	01/07/2018	30/09/2018			Open	Green	Sue Butler, STH	25/1/2019 - complaint reviewed on whole system basis and commitment to continuing this approach on trial basis - then intend to roll out. Learning shared with team. 31/10/2018 - Progress since July - please refer to 2.2 and 2.4 updates. Plan: Experience and governance leads now meeting across the system 25/09/2018 - Will be incorporated into overall plan for patient exp. to be ready Jan 18. Capacity Patient Exp/Governance leads. Accountable Body, Sue Butler co-ordinating/Exec Delivery Group
5	**CQCLSR18.19-25**	**Strengthening our Strategic Partnership**	**strengthening our strategic partnership with the voluntary community and faith sectors to provide more seamless joint working for older people**	**Milestone**	**0 Days**	**01/04/2018**	**31/12/2018**						
5.1	CQCLSR18.19-26	5.1 Define New Strategic Working Relationship with VCF	Define new strategic working relationship with voluntary, community and faith (VCF) sector and consider how we create a mind set shift to this relationship across the city	Task	0 Days	01/07/2018	31/12/2018			Open	Green	Cllr Chris Peace, Tim Moorhead, ACP Board Chairs	25/1/2019 - Further consolidation of relationship throughout system required on ongoing basis. 31/10/2018 - Progress since July: Good progress VCSE confirmed as 7th member, strategic discussion at ACP Board. Strategic discussion between Chair & CEO of VAS and CEO of EDG & Prog Director took place 24.9.18 25/09/2018 - good progress, VCSE confirmed as 7th member, strategic disc at ACP Board. Strat disc. between chair and CEO of VAS and CEO of EDG and Prog Director planned 24/09
5.2	CQCLSR18.19-27	5.2 Recognise the Contribution of the VCF	Recognise the contribution of the VCF to health and care across the city through formal invitation to be a 7th formal member of the ACP	Task	0 Days	01/04/2018	30/06/2018			Closed	Green	Cllr Chris Peace, Tim Moorhead, ACP Board Chairs	25/1/2019 - Action Closed. 31/10/2018 - No changes since last update 25/09/2018 - progress good - VCSE confirmed as 7th member, strategic disc at ACP Board. Strat disc. between chair and CEO of VAS and CEO of EDG and Prog. Director planned for 24/9/18

WBS	ID	Task Name	Description	Type	Duration	Start Date	Completion Date	Forecast Completion Date	Actual Completion Date	Status	RAG	Lead Person(s)	Task Updates
5.3	CQCLSR18.19-28	5.3 How the ACP will enable the VCF to have the capacity to provide strategic leadership to the ACP	Develop a clear plan about how this will be different and how the ACP will enable the VCF to have capacity to provide strategic leadership to the ACP and be a full partner	Task	0 Days	01/10/2018	31/12/2018			Open	Amber	Maddy Desforges, VAS, Rebecca Joyce, ACP	25/1/2019 - Plan presented at December EDG but conclusions not drawn about next steps. Ongoing. 31/10/2018 - Progress since July: Get update from Maddy Desforges. Plan: EDG considering full proposal Dec 18. CEO discussions wiht VAS CEO through Nov to develop outline proposal 25/09/2018 - Get update from Maddy Desforges. Meatier discussion required to understand how this will be different - deadline TBA. Accountable Exec Delivery Group
6	CQCLSR18.19-29	Strengthening our Supporting Governance	Strengthening our Supporting Governance to turn vision into timely action: Review how housing links into services for older people at operational and strategic level. Clear definition of key respective roles for health and well-being board (understanding needs and driving priorities at city -wide level). ACP driving actions to help achieve those priorities. Overview and Scrutiny committee ensuring accountability to local people both to work in							Open			
6.2	CQCLSR18.19-31	6.2 Six Monthly Monitoring of Partnership Delivery	Establishment of 6 monthly monitoring of partnership delivery at overview and scrutiny committee	Task	0 days	01/04/2018	30/06/2018			Closed	Green	Rebecca Joyce, ACP	25/1/2019 ACP first appearance at Scrutiny took place January 2019. Review cycle established. 31/10/2018 - No changes since last update 25/09/2018 - scrutiny planned by ACP Board
6.3	CQCLSR18.19-32	6.3 Review relationship & operation of Health and Wellbeing Board & ACP	Review relationship and operation of health and well being board and ACP This will include: Active review of practice by other Health and Well-Being boards and review of membership	Task	0 Days	01/10/2018	31/12/2018	30/11/2018		Closed	Green	Cllr Chris Peace, Tim Moorhead, ACP Board Chairs	31/10/2018 - Progress since July: Options appraisal to be considered at Oct HWB & ACP Board. Plan: Agreed option to be implemented thereafter 25/09/2018 - Agreed options appraisal. plan options appraisal by end of November 18 by ACP Director/Director of public health
6.4	CQCLSR18.19-33	6.4 Review and Strengthening of Relationships	Review and strengthening of relationship with housing in operational, governance and strategic inter-agency working for older people	Task	0 Days	01/07/2018	30/09/2018			Open	Amber	Phil Holmes SCC	25/1/2019 - 25/1/2019 - . Closer relationships housing/ ASC leading to better delivery of equipment adaptations - operational. Joint development of supported housing focusing on key schemes where health, housing and care can be better aligned. Adlington more sheltered independent living as new model of Homecare currently being developed. L 31/10/2018 - No changes since last update in July. Plan: Working in SCC to delivery a joined up approach to housing and social care to deliver a more targeted & effective approach to housing older people 25/09/2018 - SCC Directors meeting agreed commitment to housing/prevention closer working 03.09.18. Planned disc in Oct on short & long term actions to avoid admission & expediate discharge
6.5	CQCLSR18.19-34	6.5 ACP Delivery Plan	A clear programme ACP delivery plan with milestones informed by the plans for each of the work streams. This will require the partnerships to identify and secure the resource to co-ordinate, communicate and drive each of the programmes	Task	0 Days	01/10/2018	31/12/2018			Open	Amber	Rebecca Joyce ACP	25/1/2019 - Overall plan developing, will be drafted for April following public and staff consultation process currently taking place. 31/10/2018 - Progress Since July: Overall plan agreed at October EDG 25/09/2018 - Overall Plan: Some progress. Plan - refreshed expected 18/19. Capacity: ACP Team

WBS	ID	Task Name	Description	Type	Duration	Start Date	Completion Date	Forecast Completion Date	Actual Completion Date	Status	RAG	Lead Person(s)	Task Updates
7	CQCLSR18.19-35	Scaling up pilots, into sustainable, large scale change to ensure a meaningful shift to prevention	Focusing available resources on the support that has most impact for local people in helping them stay safe and well and preventing avoidable deterioration										
7.1	CQCLSR18.19-36	7.1 Agree priorities for any short term funding (winter pressures)	Agree priorities for any short term funding available to alleviate winter pressures	Task	0 Days	01/07/2018	30/09/2018			Closed	Green		25/1/2019 - Plan agreed and operational 31/10/2018 - Progress since July: Winter Funding Priorities. Plan: Set of agreements made. Plan for additional social care funding being determined for add. commitments (discussion Oct 18) 25/09/2018 - Winter Funding Priorities. Identify whether resource available. Meetings w/c 03.9.18 to progress. Capacity B Hughes/N Doherty (CCG) Dawn Walton & John Doyle (SCC) Accountable: EDG
7.2	CQCLSR18.19-37	7.2 Evaluate successful pilots and assess scale up	Evaluate successful pilots and assess scale up and implement on a city wide basis. This will include a review of Better Care Fund Schemes	Task	0 Days	01/10/2018	31/12/2018			Open	Amber	Nicki Doherty, CCG	25/1/2019 - Commissioning & providers discussion underway re longer term new care model. Needs bringing together to ensure shared conclusions & approach. 31/10/2018 - Progress since July: BCF reviewed at EMG. Plan: Evaluation ongoing through EMG being led by BCF Manager. Overall action behind plan 25/09/2018 - BCF reviewed at EMG. EMG 05.09.18 Evaluation of BCF Schemes Capacity. B Hughes/N Doherty CCG, Dawn Walton & John Doyle SCC
7.3	CQCLSR18.19-38	7.3 Longer Term System Reshaping	Make recommendations about longer term system reshaping of investment priorities to develop new models of care and support (ie facilitated through the Sheffield Outcomes Fund etc)	Task	0 Days	01/10/2018	31/12/2018			Open	Amber	EDG	25.1.2019 - See above. Commissioner and provider discussions taking place on specific proposals. Needs to be brought together joint system approach. 31/10/2018 - No update on progress. Plan: Will be part of forthcoming commissioning round. Overall action behind plan. 25/09/2018 - Work commenced but needs greater pace and commitment to move into tangible actions/decision. To include BCF/Non elective plan (CCG/STH), SOF- timescale = risk. Accountable EMG/STH/SCCG
7.4	CQCLSR18.19-39	7.4 New Models of care for mobilisation	Mobilisation of new models of care and support through collaborative working which focus on multi -disciplinary multi- agency working and single inter-disciplinary care planning and records. These models must approach both the physical and mental health and well-being of older people building on approaches such as IAPT and other models across the city	Task	0 Days	01/01/2019	31/03/2019			Open	Amber	Commissioning Directors SCC, SCCG	25/1/2019 - urgency to ensure decisions & actions to mobilise new model of care. This timescale is pressing challenging now. 31/10/2018 - No updates on progress 25/09/2018 - New models of care for mobilisation. Plan: progress on integrated commissioning models and what we want need to be clear about priorities for early mobilisation
8	CQCLSR18.19-40	Review key supporting Strat & Funct Enablers to improve Effectiveness	Review key supporting Strat & Funct Enablers to improve Effectiveness focusing available resources on the support that has most impact for local people in helping them stay safe and well, and preventing avoidable deterioration. More seamless joint working for older people										

WBS	ID	Task Name	Description	Type	Duration	Start Date	Completion Date	Forecast Completion Date	Actual Completion Date	Status	RAG	Lead Person(s)	Task Updates
8.1	CQCLSR18.19-41	8.1 Review of Digital Inter-Operability	Review of digital inter-operability and ability to share care information across boundaries	Task	0 Days	01/07/2018	30/09/2018			Open	Amber	Sheffiedl CIOs	25/1/2019 Business case being developed. Needs higher profile, shared digital leadership for city to accelerate city wide approach 31/10/2018 - Progress since July: Sheff approach being defined. Part of wider ICS wk. Plan: ICT Directors met Oct 18. Part of ICS approach to implement integrated care record & flow. Full consideration Dec EDG 26/09/2018 - Digital inter-operability. Broad plan discussed but not yet embedded across Sheff. Leadership workstream not identified. Meeting planned of Digital Leads Sept 2018 to agree way forward.
8.2	CQCLSR18.19-42	8.2 Work towards a Joint Commissioning Strategy	Work towards a joint commissioning strategy across health and social care that includes a commitment to creating stability in the parts of the market that we wish to develop and strengthen as part of our new models of care.	Task	0 Days	01/07/2018	31/03/2019			Open	Amber	Maddy Ruff, CCG, John Mothersole, SCC	25/1/2019 Formal discussions on joint commissioning taking place between Cabinet and Governing Body. Discussions still ongoing. 31/10/2018 - Plan: Details of governance arrangements being confirmed on track for April 2019. 26/09/2018 - Progress made - to be fed back October EDG. Good progress on draft model on integrated commissioning, being consulted on via formal bodies in Sept 18. Capacity: B Hughes/N Doherty
9	CQCLSR18.19-43	Ensure Flow & Best Use of System Capacity	Ensure Flow & Best Use of System Capacity so older people get timely support from the right person in the right place.										
9.1	CQCLSR18.19-44	9.1 Ensure that the voice of the older person is heard	Ensure that the voice of the older person and those who care for them in their home is heard and listened to relation to getting them home. This will help to provide the right support and minimise the risk of the provision of non-value adding interventions which introduce waste and do not benefit the individual	Task	0 Days	01/07/2018	30/09/2018			Open	Green	Sue Butler, STH	25.1.2119 - see 2.2, 2.3, 2.4. Good progress. 31/12/2018 - Progress since July: see 2.2, 2.3, 2.4 co-ordination of patient experience across the system plus 2.3 wider work with strategic and operational partner to strengthen approach in ACP as a whole 26/09/2018 - Plan: Overall plan to be mobilised in October. Capcity: Partner Support and Funds for Partner. Accountable body: UEC
9.2	CQCLSR18.19-45	9.2 Refresh of Independent Sector Homecare	Refresh of independent Sector Homecare "Primary Providers"	Task	0 Days	01/10/2018	31/12/2018			Open	Amber	Phil Holmes SCC	25.1.2019 - Reorganisd primary home care provision to ensure greater provision for the city. Incentive schemes introduced to increase capacity in periods of peak demand mobilised and helping pts leave hosp quickly. 26/09/2018 - 9.2-9.4 Series of actions taking place, co-ordinated by Phil Holmes Capacity: Phil Holmes and team Accountable: UEC
9.3	CQCLSR18.19-46	9.3 Development of Outcome based Independent Sector Homecare	Development of outcome-based independent sector home care	Task	0 Days	01/01/2018	31/03/2018			Open	Green	Phil Holmes SCC	25/1/2019 - be clear about locality model in city by March for new home care model with implementation by Oct. 26/9/18 9.2-9.4 Series of actions taking place, co-ordinated by Phil Holmes Capacity: Phil Holmes and team Accountable: UEC
9.4	CQCLSR18.19-47	9.4 Joint Commissioning and Quality Assurance of Homecare and Care Homes between Council and CCG	Joint Commissioning and quality assurance of homecare and care homes between Council and CCG	Task	0 Days	01/01/2018	31/03/2018			Open	Amber	Mandy Philbin, CCG, Phil Holmes, SCC	25/1/2019 - workstreams and project leads agreed. Aims to deliver consistent approach to quality to communication with providers to sustainable funding across NHS and SCC funded models. 26/09/2018 - 9.2-9.4 Series of actions taking place, co-ordinated by Phil Holmes Capacity: Phil Holmes and team Accountable: UEC

| WBS	ID	Task Name	Description	Type	Duration	Start Date	Completion Date	Forecast Completion Date	Actual Completion Date	Status	RAG	Lead Person(s)	Task Updates
9.5	CQCLSR18.19-48	9.5 Agreement and Joint Commissioning of Non-home None-acute Bed Capacity	Agreement and joint commissioning of non-home, non acute bed capacity	Task	0 Days	01/07/2018	30/09/2018			Open	Green	STH/ SCCG	25.1.2019 Intermediate beds commissioned and working well, with good flow. Jointly managed across community team at STH/ Social Care 31/10/2018 - Progress since July: Refreshed commissioning approach across SCC/SCCG - still being discussed 26/09/2018 - No update at time of report although progress being made. Plan TBC, Capacity TBC,
9.6	CQCLSR18.19-49	9.6 Gold Level Board Rounds on all wards with high DTOC levels	Gold Level Board Rounds on all wards with high DTOC levels	Task	0 Days	01/07/2018	30/09/2018			Open	Amber	Jennifer Hill, STH	25.1.2019 Largely in place, some risks around maintaining during operational pressures linked to Hadfield. 31/10/2018 - All 16 DTOC wards now have GOLD boards round in place (final work with MSK - still some silver). All others achieved. Sustained implementation of gold board rounds by Dec 18 26/09/2018 - Plan: To move onto plan for every patient to further build on this work Capacity: STH Service Improvement Team Accountable: WNHWNT - overall accountable body UEC
9.7	CQCLSR18.19-50	9.7 Roll out across STH of the SAFER patient flow bundle	Continued roll-out across STH of the 'SAFER' patient flow budnle (which incorporates daily senior medical review. All patients having a planned discharge datge, flow of patients beginning early in the day and all patients with a long length or stay being frequently reviewed). All these actions are of vital importance in ensuring that patients receive timely and safe care in the most appropriate location	Task	0 Days	01/07/2018	30/09/2018			Open	Green	Jennifer Hill, STH	25.1.2019 Roll out continuing, additional support from STH Organisational Development team during winter period. 31/10/2018 - Plan: Metrics demonstrate impact on length of stay. Ongoing implementation. Team considering how to scale up faster. 26/09/2018 - SAFER work progressing well - linked closely with Board Round Work. Plan: Ongoing implementation. Team considering how to scale up faster. Capacity: STH Service Imp. Team linked to WNHWNT
9.8	CQCLSR18.19-51	9.8 Initial Evaluation of 'Red to Green' work	Initial evaluation of RED to Green work to speed hospital decision making and discharge actions	Task	0 Days	01/07/2018	30/09/2018			Open	Green	Jennifer Hill, STH	25.1.2019 Roll out continuing, additional support from STH Organisational Development team during winter period. 31/10/2018 - Ongoing roll out of red to green pilot to all GSM and MAPS wards by end of Oct. Sustained implementation of red to green in GSM, MAPS and MSK by Dec 18. 26/09/2018 - Evaluation successful. Measured impact on internal delays. Still further work to build on . Red to green pilot completed (informed by ECIST guidance) 5 wards including high priority areas.
9.9	CQCLSR18.19-52	9.9 Physio and OT Assessment in Acute Setting within 24 hrs	Physio and OT assessment in acute setting within 24 hours	Task	0 Days	01/08/2018	30/09/2018			Open	Green	Jennifer Hill, STH	25/1/2019 - HIghlight report outlines over 95% compliance with targets for therapy to support timely discharge. 31/10/2018 - KPIs for all metrics established. Programme plan reports good progress against plan at end of October but amber for impact. All ongoing work. 26/09/2018 - Plan: Ongoing work Therapy service improvement piece of work commenced Aug 18 (focusing on effective work between TOC/therapists/ward MDT), plus some work on therapy care assessment and tool.
9.10	CQCLSR18.19-53	9.10 Therapy Core Assessment and Triage Tool Roll Out	Therapy core assessment and triage tool rolled out to all wards	Task	0 Days	03/09/2018	30/09/2018			Open	Green	Jennifer Hill, STH	25/1/2019 - see above - all therapy actions as part of Hospital Complete project on track. 31/10/2018 - KPIs for all metrics established. Programme plan reports good progress against plan at end of October but amber for impact. All ongoing work 26/09/2018 - Plan: Ongoing work see 9.9
9.11	CQCLSR18.19-54	9.11 Streamlined handover from hospital and community to single point of access	Streamlined handover from hospital and community to single point of access for community services	Task	0 Days	03/09/2018	30/09/2018			Open			25/1/2019 no update available at time of writing. 31/10/2018 - no updates since last report 26/09/2018 - Single Point of Access - Programme of work ongoing Plan: Detailed next steps TBC Capacity: SR Accountable body: UEC

WBS	ID	Task Name	Description	Type	Duration	Start Date	Completion Date	Forecast Completion Date	Actual Completion Date	Status	RAG	Lead Person(s)	Task Updates
9.12	CQCLSR18.19-55	9.12 Integration of Active Recover Services	Integration of Active Recovery Services provided by council and STH: common assessment, trusted assessors, single rostering system	Task	0 Days	03/09/2018	31/12/2018			Open		STH and SCC Leads	31/10/2018 - no further updates 26/09/2018 - Integration of active recovery services - programme of working ongoing. Plan: detailed next steps TBC. Capacity: STH Operations Director, CCA and Head of Access & Prevention SCC

CQC Report: Why Not Home Why Not Today Metrics

Core metrics

- DTOC performance in early February continues to show significant improvement in terms of delayed patient and delayed day volumes, maintaining improvement over the last 12 months. Slight increases have continued to be effectively managed to ensure lower numbers than the same period last year overall.

Chart 1

Delayed days

NHSE Reported Delays
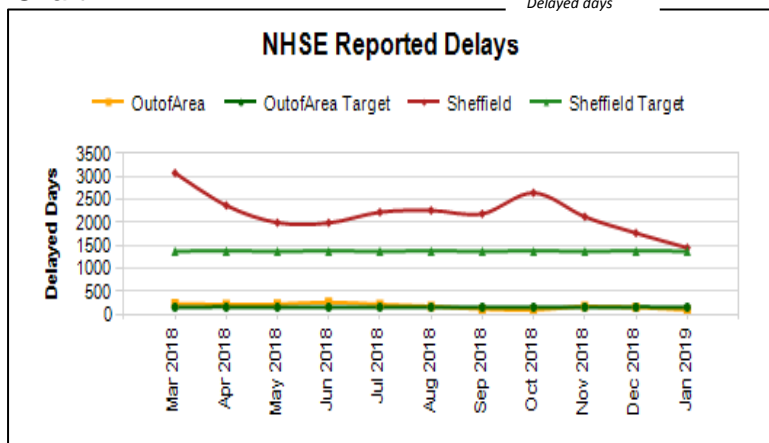
The January 2019 data shows month-on-month improvement since October 2018 with volumes of delayed days now only marginally above the NHS England target of 3.5% (maximum) of beds being occupied by DTOCs.

Weekly reports ensure more focused attention of all delays and focus upon 'delayed patients'. These reports allow a more immediate appreciation of performance and provide more granular data which show in Chart 2, as per Chart 1, continuing decreases in delay volumes, with a particularly sharp decrease during late December and early January. An increase in early February has been quickly addressed.

Chart 2

DTOC Trends 12/02/2019
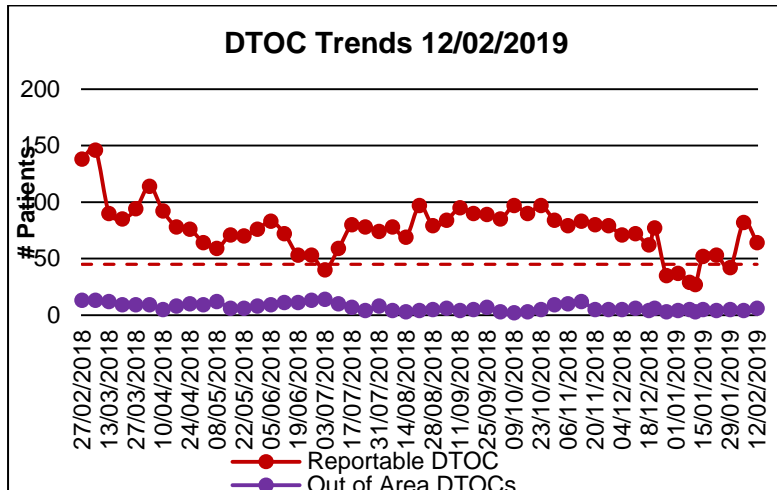
Influencing metrics this month

Top 5 Reportable DTOC Trends 12/02/2019
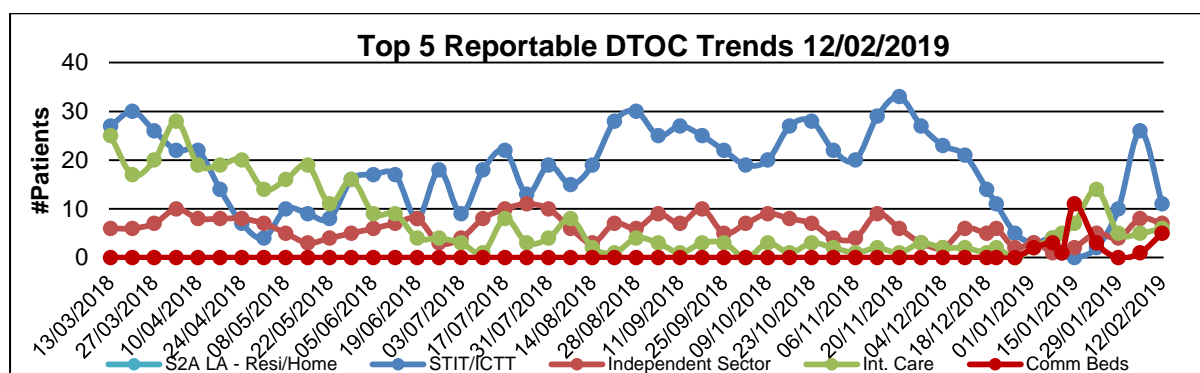
Trend analysis, shows much reduced queues within the Route 2 delay categories. However, a significant peak in demand for STIT/ICTT can be seen in early February.

Route 2 Capacity Flexibility

Flexibility now provided by the Offsite Community Beds (OCBs) with the increased demand for Route 2 catered for via dovetailing STIT and OCB capacity to ensure delays are quickly tackled. Moreover, the OCBs and Intermediate Care Beds (ICBs) are now managed in tandem, teeming and ladling bed capacity between the two in order to provide a rapid response to changing demand patterns.

This flexible approach is co-ordinated via the weekly system 'Flow' meeting and informed by the daily TASK meetings.

Patient Experience

It is the intent of this report to include regular information on patient experience across the system. This is underdevelopment. At present this report includes feedback from clinicians during the why not home why not today board, to give an indication of how services are focusing on avoiding admission and discharge.

A patient story about successful admission avoidance**.**

- Patient was an 80 year old woman, who was living alone
- History of chest problems including having part of her lung removed in 2017 due to cancer
- Had input from community nursing team and also help from her daughters
- HCA attending the patient noticed she was short of breath- HCA phoned the community matron who was comfortable that the patient could wait for an hour until she could go to her home to make an assessment.
- As a result no ambulance was called
- The community matron attended and ruled out a serious cause of shortness of breath
- Shortness of breath attributed to the fact that the patient was anxious and had been rushing around

- The community matron did identify that the patient was struggling (issues with weight loss and relationship with family)
- The community matron arranged to visit again when family was there
- The result was that the patient was referred to breathing space, the matron also spoke to the patient's GP who made referrals to the community pharmacist and the Community Mental Health team and the patient was also given advice on diet and exercise.

Reflections:

- The HCA was skilled to recognise the potential problem, consider the appropriate escalation and the potential impact that this could have for the patient
- The community matron was easily contactable by phone
- Expertise of the matron – looking at the whole of the patients' needs
- Good relationship between HCA and Community Matron and also with the patient and family (Trust and Confidence)
- Feedback from IF, SL and HK that this sort of situation does happen routinely in the community- some feeling that had the patient presented at the GP or ED then connecting back out would have been more challenging
- Reflection that the outcome of this story could have been different depending on how the situation is presented in terms of when and to who
- Area to develop identified - all of those working with people in the community (including social workers) need to know the options available to them as alternatives to ringing an ambulance.
- It was recognised that trust, confidence and relationships take time to build
- Agreed to link into the Organisational Development work happening in neighbourhoods