

No	IMPROVEMENT THEME	Action No.	REVIEW ACTION PLAN						
			ACTIONS	OUTCOMES	Lead	DUE	RAG Rating	Status	Comments
1	PEOPLE	1	Create a short charter for all Northamptonshire patients and people setting out the type of treatment people should expect and our pledge to service users in relation to their engagement in care planning. Underpinned by a fair and transparent escalation process (as well as what we need from them). Two way contract	Person Centred planning and engagement.	Dionne Mayhew (NHFT)	30/09/2018	AMBER	Scoping	Dionne Comms lead for STP and charter to be linked to vision and mission statement being developed for NHCP
		2	Engagement of Healthwatch on what people want from Health and Social Care partners when they are admitted and how they want to be involved in decision making or the information they want to make the decision?	Patient engagement & Co design	Kate Holt	01/10/2018	AMBER	Scoping	Meetings set up for the end of September to scope and progress Healthwatch to help bring groups and thinking together but - will need an iterative cycle of engagement and review through
		3	System Assurance Discharge Group set up	Improved patient experience of discharge	Tansi Harper	31/10/2018	AMBER	Scoping	Review poor patient experience, discharge issues or persistent issues NHCP Stakeholder Forum may be good place to own the assurance across the system to ensure feedback from key stakeholders around the lessons learnt and ways forward?
2	STAFF & WORKFORCE	4	Launch and Publication of refreshed Northants Health and Care Partnership (NHCP) STP Vision and Mission Statement with all system staff and stakeholders	Shared understanding and ownership of a common vision and purpose for Health and social Care	Dionne Mayhew (NHFT)	01/10/2018	AMBER	In Progress	Work started through development days to create the NHCP vision and review cycle through CAG & Stakeholder forum to be completed by ensure we retain a simple, clear and shared vision.
		5	Creation of "Team Northants" Service directory for all front line staff - "who we are and what we do" and level of care can support	Understanding of each others roles and the level of need each team can support - Easy reference guide and comms for all staff on front line	Katie Brown (NCC)	01/10/2018	AMBER	Scoping	Build on existing work to create NCC on line service Directory to create a simple internal reference point for all staff
		6	Staff workforce strategy completed	clarity on the required capacity, roles and skills to deliver as a system	Chris Oakes	01/12/2018	AMBER	In Progress	Front line plan will be shaped on basis of demand and capacity plan. GP recruitment plan already commenced
3	RELATIONSHIPS	7	Continue weekly meetings of COOs and CEOs for the system	CEO leadership visibility and commitment to a system change not organisational imperative	CEO Group	01/07/2018	GREEN	Completed	Ongoing commitment in place
		8	Establish countywide Primary Care Portal for GP Engagement	Effective two way engagement with Primary Care colleagues	Caron Williams / Kathryn Moody	28/09/2018	AMBER	In Progress	Phase one of platform has been built and has received primary care input. Commencing upload of initial content w/c 20/08/18 with input from local teams/partners. Ongoing resource in place.
4	GOVERNANCE	9	Issue refreshed terms of reference and scope for the HWBB and accountability roles	Accountability for Health and Social Care performance clear	Nick Petford (UNO)	13/09/2018	GREEN	In Progress	In draft and being progressed
		10	Present CQC findings and action plan to Committee and Quarterly progress reports on delivery and metrics to demonstrate improvement	Democratic oversight and accountability	Anna Earnshaw (NCC)	05/09/2018	GREEN	In Progress	Findings presented. Action plan to be shared
		11	QUICK WIN - System risk register to be created so all partners aware on each others risks and impacts and required actions	Shared ownership and understanding of System Risk	Tim O'Donovan (NHCP)	31/08/2018	AMBER	In Progress	This will combine the existing UA&E board and other workstream registers to ensure a cross cutting understanding for HCP/HWBB and other key governance boards.
5	SYSTEM FLOW	12	New multi agency Intermediate Care integrated service live for facilitated discharges and step up care implemented	Home First Principles adopted across the system leading to more timely discharges and reduced lengths of stay	Debbie Needham (NGH)	01/09/2018	GREEN	In Progress	Financing to be agreed
		13	7 Days a week discharge teams in place at the Acutes	Reduced length of stay and improved discharge planning	Carl Holland (NGH) Eamon O'Brien (KGH)	30/09/2018	AMBER	In Progress	NGH staff in place Aug 18 ready for Winter 2018
		14	SHREWD system bed capacity tool live	Ability to plan flow, placements and DTA across the system and minimise the movement of patients and improve customer journey and experience by placing in the right place and the right time for the best outcomes and care	Carl Holland (NGH) Eamon O'Brien (KGH)	31/08/2018	GREEN	In Progress	
		15	Northants Discharge, Capacity and Flow planning tool live and being used for forward planning	Improved A&E performance, reduced length of stay and improved discharge delays	CEO Group	31/10/2018	AMBER	In Progress	
		16	New trusted assessment in place and used by all partners	Single and simple common assessment across system - reduced delays, duplication and improved patient experience	Sam Fitzgerald (NCC)	01/11/2018	AMBER	In Progress	
		17	Care home Trusted Assessors appointed in each Acute	timely discharges to homes with reduced duplication	Ken Fairbairn (NCC)	01/11/2018	AMBER	In Progress	
6	SYSTEM WORKING	18	QUICK WIN - Joint CEOs communication to all staff and stakeholders of our response to CQC System Review and commitments made as system partners	Common message and shared commitment to improved outcomes for people, staff and services	Dionne Mayhew (NHFT)	15/08/2018	GREEN	Scoping	Jointly signed letter on CEO commitment to addressing the CQC findings and issues raised and working together to improve the experience of all stakeholders in the NHCP
		19	Removal of Acute "escalation beds" (additional beds used when occupancy is high)	Timely discharges with Home First focus - reduction in Acute Bedded solutions	Debbie Needham (NGH) Dawn F (KGH)	30/09/2018	AMBER	In Progress	
6	COMMISSIONING	20	Commission Northamptonshire Care Home Primary Care & Community support Offer	Reduced care home admissions and improved care in normal place of residence	Bie Grobet Gabrielle O'Keefe	31/12/2018	GREEN	In Progress	SEE DETAILED PLAN BREAKDOWN Tab 2
		21	Refresh JSNA ageing population and OP trajectories and impacts.	Improved understanding of demand Commissioning strategy aligned to need accommodation future needs planning	Lucy Wightman (NCC)	30/11/2018	AMBER	Scoping	Work started on the trajectory of accommodation needs and types for over 65s to share with planners as part of the new unitary strategy
		22	QUICK WIN - Winter 2018 Planning provider events to prepare for winter 2018-19 events	Effective Market engagement and joint planning	Ken Fairbairn (NCC) Jane Taylor (CCG)	01/10/2018	AMBER	Scoping	
		23	Establish County Health and Social care Commissioning Unit.	Population based integrated planning to improve experience and outcomes across the population	Carole Dehghani (CCG) Anna Earnshaw (NCC)	30/12/2018	GREEN	In Progress	

Action 20 - Commission Northamptonshire Care Home Primary Care & Community support Offer

Action No.	REVIEW ACTION PLAN							Comments
	ACTIONS	OUTCOMES	Lead	Start Date	End Date	Status	RAG	
20	Nene commissioned Elderly Frail Toolkit training for 20 residential care homes to upskill and reduce avoidable admission	Outcome – evidence of reduced conveyance	Bie Grobet Gabriella O'Keeffe	May 2018	Jul-18	Completed	G	
20	Nene quality team undertook quality review visits to 20 residential care home undertaking Elderly Frail Toolkit training to improve quality outcomes	Outcome – evidence of improved quality outcomes	Gabriella O'Keeffe	Jan-18	Jul-18	Completed	G	
20	Elderly Frail Toolkit training – ongoing programme of training to nursing care homes	Outcome – evidence of reduced conveyance	Gabriella O'Keeffe	Jan-18	Ongoing	In Progress	A	20 nursing homes trained to date – rolling implementation throughout 2018
20	Phase one - Bedstate Tracker System full implementation achieved for nursing care homes		Gabriella O'Keeffe	Mar-18	Jul-18	Completed	G	
20	Phase Two - Bedstate Tracker System full implementation begins 7th September 2018		Gabriella O'Keeffe	Mar-18	Oct-18	In Progress	A	
20	Syringe Driver training to nursing homes	Referral and prevent avoidable admission	Gabriella O'Keeffe	Sep-18	Mar-19	In Progress	R	Discussions regarding commissioning training to take place
20	Development of step up respite care home beds for ICT	Referral and prevent avoidable admission	Gabriella O'Keeffe	Jun-18	Mar-19	In Progress	A	Report for representation at Clinical Board
20	Development of day care services for frail older people living in the community with care homes	Referral and prevent avoidable admission	Gabriella O'Keeffe	Jun-18	Mar-19	In Progress	A	Report for presentation
20	Development of a regional care homes booklet to advise providers during winter months to ensure continued care within home environment and help avoidable admission/conveyance	Referral and prevent avoidable admission	Gabriella O'Keeffe	Sep-18	Dec-18	In Progress	A	Meeting being arranged to start working group
20	Development of Care Home Programme Board	Project report into Frailty Board, incorporating the Framework for enhanced health in care homes and the STP ambitions	Gabriella O'Keeffe		Ongoing	In Progress	A	Purpose - bring together stakeholders and develop care home and domiciliary care. The meeting will work at an operational level. Care Home Programme Board meetings currently being arranged

20	<p>Learning events to reduce avoidable admission over winter period for residential homes, nursing care homes and domiciliary care to include:</p> <p>Topic – Infection – risk, cause and management - Break out areas to included:</p> <ul style="list-style-type: none"> • EWS • Hygiene management • UTI <p>Topic – Respiratory – assessing, intervention,</p> <ul style="list-style-type: none"> • Common conditions and management • Risk assessing • Phycology and wellbeing <p>Topic – Long term conditions</p> <ul style="list-style-type: none"> • Diabetes • Heart disease • Frailty <p>Topic – Dementia – Delirium</p> <ul style="list-style-type: none"> • MCA and best interests • Documentation • Managing complex behaviour 	Referral and prevent avoidable admission	Gabriella O’Keeffe	Sep-18	Dec-18	In Progress	A	<p>Contact made with training provider to understand timescales and cost of delivery.</p> <p>CCG agreement required to commission and fund events.</p>
20	Domiciliary care providers undertaking bespoke Frail Older People Toolkit Training		Gabriella O’Keeffe	Sep-18	Nov-18	In Progress	A	Training begins 7th September 2018
20	Yellow Bracelet – website to enable tracking system under development. Domiciliary providers and EMAS aware of the scheme		Gabriella O’Keeffe	Oct-18	Mar-18	In Progress		Working with Sundown Solutions to develop www.yellowbracelet.com