

Health Scrutiny Committee, 7 July 2015

Information Bulletin

The Information Bulletin is a document that is made available to the public with the published agenda papers. It can include update information requested by the Committee as well as information that a service considers should be made known to the Committee.

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1. Connect Sudbury and Connect East Ipswich

Brief summary of report

1. The purpose of this information item is to update the Suffolk Health Scrutiny Committee on progress with the delivery of the Health and Care Review model, specifically with the two integrated care projects: Connect Sudbury and Connect East Ipswich.
2. Both integrated care projects aim to take a new approach to the delivery of local services for their area populations. The approach is set out in the Suffolk Health and Care review which describes an integrated health and care model for Ipswich and East Suffolk and West Suffolk.
3. Sudbury and Ipswich IP3/IP4 (east Ipswich area) have been chosen as early adopter sites for this new integrated model. Both areas bring together a range of organisations supporting children, families, adults and elderly from across the full range of public services including statutory; voluntary and community sectors (VCS), in partnership with the local population within communities to support, sustain and build capacity to support individuals to live independent and healthy lives.
4. It is intended that the programmes will enable development and roll-out the Health & Independence / whole system model in the Sudbury and Ipswich IP3/

IP4 localities, testing out as much of the model as possible. This will allow for learning to be shared across Suffolk, to guide future implementation across the county.

- 5 The approach for each area is underpinned by the common Integrated Care model developed within the Health and Care Review. The model design allows for some variation to meet specific local needs.

Introduction

6. The outcome of the Health and Care Review has been endorsed by the Suffolk Health and Wellbeing Board and provides a model for the delivery of integrated services in Ipswich, East and West Suffolk. The Health and Care Review is also articulated in the Better Care Fund Plan for Suffolk which was approved by the Department of Health in December 2014.
7. The approach to delivering the Health and Care Review is twofold:
 - a) Establishment of early adopter sites to test out how to deliver the new service model in particular localities (i.e. Sudbury and surrounding area and the IP3/ IP4 – East Ipswich area)
 - b) Delivery of the Better Care Fund more widely across Suffolk including in Waveney.
8. This paper provides the Suffolk Health Scrutiny Committee with a progress update on the first of these actions i.e. progress with developing the early adopter sites to test out the Health and Care Review model.

A brief overview of the two areas is given below:

9. Sudbury and area - The geographical area covered includes Great Cornard, Glemsford, Clare and Long Melford. The GP practice population for this area is around 53,000 people. Connect Sudbury has a wide range of public sector partners which sit on a project group, from the County Council, Babergh District Council, the Constabulary, the NHS, including Norfolk and Suffolk Mental Health Services and Suffolk Community Healthcare. The engagement strategy has determined that the project group has strong representation from the Sudbury Voluntary and Community Sector organisation, 'HIVE', health action group, 'Sudbury WATCH' and observer notifications to Suffolk Healthwatch. Connect Sudbury has an agreed scope and workstreams operating.
10. IP3/ IP4 – East Ipswich. The Connect East Ipswich project group has been more recently formed and is in the planning phase. The project group has engaged with partners to develop a shared vision and scope, as well as starting to set up workstreams and priorities for action. A multi-agency stakeholder engagement event was held on 21 April 2015 with 130 delegates from 48 organisations representing health, social care (adults' and children's services), Ipswich Borough Council, voluntary and community sector organisations and the constabulary. Delegates had the opportunity to learn more about the Health and Care Review and the Health and Independence Programme; obtain an understanding of the IP3/IP4 area from a public health point of view and an overview of Integrated Neighbourhood Teams and Neighbourhood Networks. Throughout the day, multi-agency stakeholder groups discussed and feedback views in each of the areas in greater detail. This information has been collated and is informing the joint Adult and Community Services (ACS), Children's and Young People's services (CYP) and Clinical Commissioning Group (CCG)

programme plan which will be taken forward through the monthly meetings of Connect East Ipswich Project Locality Group.

Governance

11. Both Connect Sudbury and the Connect East Ipswich projects are within the integrated governance arrangements for the two clinical commissioning group (CCG) geographical areas i.e. West Suffolk CCG area and Ipswich and East Suffolk CCG area.
12. Both areas have a local project group which is driving forward activity in a structured manner, ensuring appropriate local groups are represented and that the work is carried out in a planned and co-ordinated way. Workstream leads are core members of the project groups, which meet monthly.

Workstreams

13. There are many synergies between the Connect East Ipswich and Connect Sudbury early adopter sites, and workstream leads are working across the two sites wherever possible. This allows for the maximum learning and opportunities to test different aspects of the model in ways that work specifically for each locality.
14. Workstreams include:

- a) **Integrated Neighbourhood Teams** – testing the vision, aims and function of the INT strategic approach whilst embedding local needs and priorities. There has been a good level of engagement with all operational teams to support the development of this work programme.

The high demand task and finish group (for Sudbury) has been incorporated into the integrated neighbourhood team work to review the multi-agency approach to support patients, customers or clients with high needs or high frequency use of services. Once the overarching framework to monitor and service this cohort of the population is understood, deeper review of specific individuals and families will commence to examine how many times high users cross into other systems and whether information is shared to ensure quality and safety of service.

The project teams (the two task and finish groups and joint engine room) are working on a number of work-strands including mapping current patient/customer experience, creating directories of services and establishing a work shadowing programme so that health and care professionals within each of the localities have a better understanding of other colleagues' work. Other work strands include co-location and information sharing solutions.

- b) **Neighbourhood Networks** - To assist in the future development of Neighbourhood Networks (NNs) across the Sudbury locality, a process to improve Voluntary and Community Sector (VCS) engagement has commenced. The work to conduct a landscape review of VCS organisations in both Sudbury and its surrounding areas is well underway and will also apply to those VCS which are county wide and reach into the area. This has included the completion of an insightful survey across the VCS which demonstrated that VCS need to work both together with each other, but also with wider teams to strengthen their position and build capacity. This development will provide improved communications and referral networks between VCS organisations as well as across integrated neighbourhood

teams. This work will inform development of voluntary sector engagement in IP3/ IP4 – Connect East Ipswich which is currently under development with mapping of existing networks, together with qualitative research in the voluntary and community sector to add to the richness of data. This work will be complete within a few weeks.

Other aspects of this workstream's programme include reviewing how Community Pharmacies feed into the neighbourhood network framework and the introduction of Local Area Co-ordination – a model of individual community support which connects people to community and voluntary sector support and helps manage demand on statutory services.

- c) **Integrated Reablement and Rehabilitation (IRR)** - The Health and Care Review service model is built on the move towards prevention, self-management and preparedness as key to driving down emergency demand and longer term reliance on care and support. One of the key enablers to achieving this is a reablement and rehabilitation ethos and approach that is at the core of this model, and an IRR journey that individuals can access to support them in achieving the independence and wellbeing they want and value. This workstream is developing a methodology for this approach to be embedded in Integrated Neighbourhood Teams and Neighbourhood Networks.
- d) **Access and Information** - The IT and Digital Systems Transformation team will be in place in June/July where work will begin in earnest. Infolink has been re-launched and offers a more user friendly experience when searching for information and this is being promoted across the voluntary and community sector.
- e) **Prevention** - this workstream is taking the agreed recommendations from "Embedding Prevention in Suffolk", the approach endorsed by the Health and Wellbeing Board in March 2015, and ensuring that they are taken forward in the two early adopter site projects. It will also draw on the outcomes from this year's Annual Report of the Director of Public Health which will assess the major causes of demand in the system and recommend options for short and medium term prevention interventions that will both improve health and decrease demand for services.

Some practical applications will include training of Integrated Neighbourhood Team members and other public sector partners (e.g. customer facing district council staff) to deliver brief lifestyle advice to clients with modifiable risk factors (e.g. smoking). In the longer term a target operating model within the Integrated Neighbourhood Teams will be developed. This shift to a more preventative approach will require resources to move upstream.

- f) **Engagement and Communication** - Since January 2015, the Hive and Sudbury WATCH has helped coproduce the communications and engagement plans. Five events have been held for staff and voluntary sector to improve networking and share the project, so that they can help develop how new ways of working will happen. At the time of writing, the plans are to have a multi-agency approach, and all organisations will be able to own and feed into the communications work, after key messages are agreed. There will be:

- Social media – a dedicated Facebook page and Twitter feed

- Website – information on the project, frequently asked questions and maps will be included
- Events – partners will visit six events in the towns and villages in the area to find out what local people think about the Connect Sudbury ideas and how it will work
- Printed information - the Sudbury Health Guide has a broad range of information about health and voluntary sector organisations in the town.

Development of the Connect East Ipswich Communications and Engagement Plan is underway, following the initial stakeholder workshop in April.

- g) **Workforce development** – there are a number of activities within this workstream to support the development of integrated working. They include the setting up of work shadowing arrangements, rotation programmes for staff, the development of an early professional development programme and joint work to support recruitment.

Both early adopter sites recognise the importance of workforce development as critical to the success of the programme.

- h) **Property and co-location** - all organisations involved in the programme of work share the same strategic view regarding the strength of closer environment working. In Sudbury there is an opportunity to co-locate the Sudbury Adult and Community Services team within the newly opened Sudbury Health Centre and all organisations involved in these discussions are positive about potential to make this happen. Formal lease and licence arrangements are in the process of finalisation with the intention that the team will be in place during the summer of 2015.

Opportunities for co-location of teams are also being explored in Connect East Ipswich locality, specifically with an opportunity that exists to jointly develop, between Ipswich and East Suffolk CCG and Suffolk County Council, a health, wellbeing and reablement centre in the former Sidegate Lane care home.

- i) **Information and analytics** - The resource hub is a virtual concept led by the CCGs and Suffolk County Council. The main function of the resource hub is to develop a baseline of activity data from all participating organisations to understand the profile and key drivers of demand within the pilot areas. This will allow for the findings to be closely examined and ascertain areas of strength and areas requiring development to carefully plan a suitable approach to address and to agree the key outcomes for the development work.

Progress on Health and Integration

15. The programme is one that includes significant change. It is making good progress overall with excellent partnership engagement and sign up to the strategic vision and principles. The programme does, however, demand significant project management resource to coordinate the 'system' and its on-going success requires a solid commitment from all system leaders to empower staff to take the necessary actions to drive the programme forward into implementation.
16. Connect is focusing on Sudbury and its surrounding areas, and aims to have workable services by the end of summer. Connect East Ipswich is newer and the

timetable is being developed over the coming weeks, with the aim for implementation in the autumn.

17. The targeted multi-agency work around care homes in Sudbury is already delivering a reduction in emergency admissions from those homes.
18. These early adopter sites provide the opportunity to test out how the Health and Care Review service model will operate in practice. After checking that it works safely and efficiently, the principles of the project will be rolled out with other communities across Ipswich, East and West Suffolk.

Summary

19. An ambitious project aimed at answering calls to bring services together is underway by bringing together police, health and social care services, voluntary sector and community organisations. The shared aims are to make sure services are wrapped around the individual so that they can better look after themselves, and to minimise duplications in services. The concept for Connect Sudbury and Connect East Ipswich early adopter sites was shaped by clinicians, councillors and public representatives last year during the Health and Care Review.

For further information please contact: Isabel Cockayne, Head of Communications, West Suffolk CCG and Ipswich and East Suffolk CCG; Email: isabel.cockayne@suffolk.nhs.uk; Telephone: 01473 770012

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2. Clinical Commissioning Group (CCG) Annual Reports

Background

1. This information item summarises the development of the annual reports and accounts 2014/15 for the NHS Ipswich and East Suffolk Clinical Commissioning Group (CCG) and West Suffolk CCG.

Process

2. CCGs are required to publish, as a single document, an annual reports and accounts. In line with the statutory requirements the annual reports and accounts contain three sections:
 - Annual report
 - Governance statement
 - Annual accounts
3. During production, throughout April and May 2015, there have been a number of internal review stages including Audit Committee and Clinical Executive. In addition final annual reports and accounts were also made available to the Suffolk Health & Wellbeing Board for review.
4. Formal approval of the CCGs' annual reports and accounts by the External Auditors, Ernst & Young was 22 May 2015.
5. The annual reports can be found on the CCGs websites:

West Suffolk CCG

<http://www.westsuffolkccg.nhs.uk/annual-report/>

Ipswich and East Suffolk CCG

http://www.ipswichandeastsuffolkccg.nhs.uk/Library/Library.aspx?udt_1166_param_category=Annual%20Reports

For further information please contact Jo John, Communications Manager, Ipswich and East Suffolk CCG and West Suffolk CCG; Email: jo.john@suffolk.nhs.uk; Tel: 01473 770158

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3. East of England Ambulance Service NHS Trust (EEAST)

1. At its last meeting on 18 March 2015, the Committee requested an update on the performance of the East of England Ambulance Service NHS Trust.
2. Over the last few months EEAST has made significant improvements to its performance, response times and service to patients. These improvements are also reflected in Suffolk and are thanks to the priorities put in place last year, namely recruiting hundreds of new frontline staff, increasing ambulance cover and upskilling existing frontline staff.
3. In Suffolk, last year EEAST recruited 49 new frontline staff, made up of student paramedics, graduate paramedics, qualified emergency medical technicians and qualified paramedics. This year the Trust is looking to recruit another 40 student paramedics to Suffolk, on top of any graduate and qualified paramedics that can be recruited. In addition, the Trust is accelerating its upskill programme for emergency care assistant (ECA), so that more ECAs can progress to become emergency medical technicians this year.
4. Last year the Trust invested in a fleet modernisation programme that means every ambulance in Suffolk is now less than five years old. EEAST is committed to maintaining a modern fleet going forwards. This means patients have a more comfortable journey, staff have better vehicles to work in and the Trust suffers less downtime due to breakdowns.
5. Ambulance cover has been increased in Suffolk and we are looking at further opportunities to increase cover in the coming year. Last year additional cover was put in place in Saxmundham, Felixstowe, Ipswich, Stowmarket and Thetford (which will help support Suffolk).

Suffolk performance

6. The table attached as Appendix 1 to this Information Bulletin shows the significant improvement in performance, especially to Red calls (potentially life threatening calls), despite the increasing demand on the service as shown by the number of responses. An explanation of the call categories and targets is provided in the subsequent table.

Handover delays

7. Table 1 overleaf shows the amount of double staffed ambulance hours lost for those ambulances that had to wait more than 15 minutes at hospitals before being able to hand over their patients to A&E staff. There was a spike in handover delays over the very busy winter period. The times are recorded in hours:minutes:seconds.

Table 1: Amount of double staffed ambulance hours lost

	Ipswich Hospital	James Paget Hospital	West Suffolk Hospital
Mar-14	84:15:46	76:43:18	119:02:52
Apr-14	87:23:40	76:54:20	87:16:51
May-14	69:47:22	64:18:59	69:17:14
Jun-14	44:06:37	78:51:47	86:00:11
Jul-14	70:23:48	56:42:15	113:22:20
Aug-14	51:33:45	69:10:11	94:35:55
Sep-14	37:57:02	53:38:40	89:49:11
Oct-14	58:09:45	61:16:22	108:16:29
Nov-14	50:46:40	54:06:18	84:27:50
Dec-14	120:27:19	86:15:49	171:24:25
Jan-15	164:15:46	71:41:01	208:38:13
Feb-15	133:44:22	57:53:34	167:31:26
Mar-15	81:45:22	87:08:17	140:51:03
Apr-15	112:29:17	70:57:55	116:55:09
Total	1167:06:31	965:38:46	1657:29:09

For further information please contact: Chris Hartley, Communications Director, East of England Ambulance Service NHS Trust; Email: Chris.Hartley@eastamb.nhs.uk; Telephone: 01763 268772

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4. Great Yarmouth and Waveney CCG consultation “GP practice premises in Gorleston and Bradwell”

1. Great Yarmouth and Waveney CCG is consulting on changes to GP practice premises in Gorleston and Bradwell. Although these practices are in Norfolk, the changes could potentially affect Suffolk residents who live on the Norfolk border.
2. The proposed changes are to the following three practices:
 - Family Healthcare Centre, Gorleston;
 - Gorleston Medical Centre; and
 - Falkland Surgery, Bradwell.
3. These practices are currently housed in cramped accommodation which cannot be expanded, and the population of Gorleston is expanding rapidly, but not in the area where the practices are currently located. New houses being built are closer to the James Paget hospital than local GP practices, and the CCG is concerned that residents will preferentially use the local A&E department, potentially overwhelming it, whilst not always being in receipt of the most suitable care for their families.
4. The CCG is proposing to bring all three practices together into one building (a “primary care centre”), which would provide more capacity in response to increasing populations in the area, and greater opportunities to provide

specialised services, recruit and retain staff, and involve the voluntary sector. It would also enable a shared IT system to be installed.

5. The CCG is currently consulting on where the primary care centre should be located, with proposed options being a purpose-built building on one of the following three sites:
 - On the site of the James Paget Hospital;
 - On the Shrublands site;
 - On the Beacon Park site.
6. The consultation runs until **Tuesday 2 September 2015**, and further information about the proposals including a map, online questionnaire and consultation feedback form, can be found at www.greatyarmouthandwaveneyccg.nhs.uk.
7. Responses to the consultation can be made in the following ways:
 - By completing the online questionnaire (which can be found at www.greatyarmouthandwaveneyccg.nhs.uk).
 - By email to gywccg.your-views-matter@nhs.net
 - By post to:
Freepost RSUL-UGLK-JJRA
GP Service in Gorleston
NHS Great Yarmouth and Waveney CCG
Beccles House
1 Common Lane North
Beccles NR34 9BN
 - On social media using the hashtag **#GorlestonGPs**.
8. There will also be a public meeting at The Gym, Mesh Buildings, Shrublands on Wednesday 8 July at 5-6:30 pm.

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5. Great Yarmouth and Waveney CCG Consultation “The Shape of the System – developing modern and sustainable health services in Great Yarmouth and Waveney”

1. NHS Great Yarmouth and Waveney CCG has launched a consultation on a proposal for substantial changes to the way healthcare is delivered locally. The objective is to redesign the system to reflect the healthcare demands of an aging society, in which many people live with several health and social care needs. The CCG believes that the proposed system will facilitate the provision of integrated health and social care to people in their homes, and limit hospital admissions to exceptional cases. The proposals are based on the Kirkley Mill Health Centre in Lowestoft, a new community hub, which patient feedback indicates has been very successful, resulting in high patient satisfaction and a reduction in emergency admissions into the district general hospital. The CCG is satisfied that the new way of working will facilitate staff recruitment and retention.
2. The CCG has identified the following criteria for the service:
 - people should be cared for in the right place;
 - services should be closer to peoples’ homes;
 - service should be joined up, flexible and responsive to parents’ and families’ needs;

- services should support the ageing population;
 - services should be able to cope with the rising demand for health and social care;
 - patients should receive healthcare derived from modern buildings;
 - the buildings should be accessible;
 - the services should be affordable.
3. Proposal One is to develop more community based services by introducing “out of hospital teams” across Great Yarmouth and Waveney (some pilot schemes are already in operation), and supporting them with “beds with care” in nursing and residential homes locally. These will provide short term care and treatment and help people recover and regain their independence, supported by the out of hospital teams. The out of hospital teams will be based at “community hubs” which will be local buildings to be used for patient consultations and as a base for staff who visit local patients at home.
4. Proposal Two is to permanently change the way in which the following hospitals operate (GP beds which close would be replaced by out of hospital teams and local NHS ‘beds with care’, as set out in proposal one):
- Northgate Hospital, Gt Yarmouth – 15 GP beds could close; the hospital would otherwise be unaffected;
 - Southwold Hospital – 12 GP beds could close, with services no longer operating from this site. There are plans to develop land next to Sole Bay Health Centre as a nursing homes;
 - Patrick Stead Hospital, Halesworth – 12 GP beds could close, with services no longer operating from this site, which there are plans to develop as a nursing home;
 - All Hallows Hospital, Ditchingham – 5 GP beds could close, with the hospital continuing to care for long stay patients;
 - Beccles Hospital, Beccles – 21 beds, which are currently used as GP beds, to be used for intermediate hospital care admitted through the out of hospital teams, with medical cover provided by local GPs.
5. This consultation will be open until **Tuesday 2 September 2015** and supporting documents, including an online questionnaire and consultation feedback form, can be found at www.greatyarmouthandwaveneyccg.nhs.uk.
6. Responses to the consultation can be made in the following ways:
- By completing the online questionnaire (which can be found at www.greatyarmouthandwaveneyccg.nhs.uk).
 - By email to gywccg.your-views-matter@nhs.net
 - By post to:
 Freepost RSUL-UGLK-JJRA
 Shape of the system consultation
 NHS Great Yarmouth and Waveney CCG
 Beccles House
 1 Common Lane North
 Beccles NR34 9BN
 - Twitter chats will be available on social media on **#shapeofthesystem**, on Thursday 2 July (7 pm - 8 pm) and Thursday 13 August (10:30 am - 12:00 noon).

7. The following public meetings have also been arranged:
Monday 6 July 10 am - 12 noon The Kings Centre, Great Yarmouth
Tuesday 7 July 7 pm - 9 pm The Cut, Halesworth
Wednesday 15 July 6 pm - 8 pm The Comfort Hotel, Great Yarmouth
8. Following the end of the consultation period on 2 September 2015 the CCG will analyse all of the responses it has received. The CCG's Governing Body will meet in November 2015 to make its decisions in relation to the proposals.
9. Following this, in November 2015, the Joint Norfolk and Suffolk Health Scrutiny Committee will receive formal consultation from the CCG's on the final proposals, with a view to considering whether the consultation process with the joint committee has been adequate and whether the final proposals, as agreed by the CCG Governing Body, are in the interests of the local health service.
10. The Joint Norfolk and Suffolk Health Scrutiny Committee will receive an update on "The Shape of the System" at its next meeting on 22 July 2015.

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6. West Suffolk CCG Operational Plan 2014/15-2015/16

Background

1. This information item summarises the development of the CCG's Operational Plan for 2014/15 – 2015/16 which sets out the CCG's vision for local health services, supporting the Health and Wellbeing Board vision for people in Suffolk to live healthier, happier lives.
2. The Operational Plan is a refresh of that developed in 2014/15 and reflects NHS England's "Five Year Forward View", published in October 2014. This sets out how the health service needs to change, arguing for a more engaged relationship with patients, carers and citizens to promote wellbeing and prevent ill-health. It sets out a vision of a better NHS, and the steps to be taken now to achieve this vision.

Process

3. The CCG's Operational Plan was developed in accordance with the guidance set out in "The Forward View into Action: Planning for 2015/16", and complies with a set financial business rules. It sets out the CCG's plans to deliver the right and pledges for patients under the NHS Constitution, including delivery of the national standards and targets that underpin them.

Content

4. The CCG's Operational Plan sets out:
5. **National Background & Context** – detailing the approach for CCGs to work with providers and partners in local government to develop strong, robust and ambitious five year plans to secure the continuity of sustainable, high quality care for all, as set out in NHS England's publication "Everyone Counts: Planning for Patients 2014/15 to 2018/19" and the "Five Year Forward View", driven, in part, by the Better Care Fund.
6. **Local Background & Context** – detailing the local demographic and health profiles, the Joint Strategic Needs Assessment and Suffolk Health &

Wellbeing Strategy, and how these are supported by the CCG's clinical priorities, and an overview of the Suffolk Health and Care review.

7. **Commissioning and Planning** – detailing the CCG's planning cycle and outlining the CCG's commissioning intentions for 2015/16.
8. **Improving outcomes for local people** – detailing the CCG's current position against key measures within the NHS Outcomes Framework and setting out its ambitions to improve outcomes for local people. This also includes the CCG's plans to reduce health inequalities and to ensuring an equal focus is placed on improving mental health as well as physical health.
9. **Improving services for patients** – detailing the range of ways to ensure patients and the wider public have a much greater say in how health services are organised, and to support patients and their carers in having a greater say in how their personal care is delivered. This section also provides further detail of the Suffolk Health and Care service model.
10. **Access** – detailing the CCG's commitment to delivering the rights and pledges of the NHS Constitution and, in doing so, ensuring that the services provided are readily available to patients, they receive treatment in a timely manner, when and where they need them, and in a time and place that is convenient for their lifestyle.
11. **Improving Quality of Services** – detailing how the CCG discharges its responsibility for meeting the needs of its population through the commissioning of high quality services and working as part of the whole health and social care system to safeguard high quality and patient safety through integrated planning of these services. This section also sets how the CCG is addressing the recommendations made in the Francis, Berwick and Winterbourne View reports, and the steps being taken to improve patient safety and patient experience.
12. **Innovation** – detailing how the CCG supports research and innovation through local and national networks
13. **Delivering Value & QIPP** – detailing the CCG's financial plan and its on-going commitment to delivery of its Quality, Innovation, Productivity, Prevention (QIPP) programme for 2015/16.
14. **Governance & Risk** – detailing the governance arrangements and supporting business processes for the delivery of the strategic and operational plans, including the decision making and planning arrangements, the agreed programme management approach to track delivery of QIPP, and responsibilities and accountability for performance delivery, including financial balance and activity levels.
15. The Operational Plan can be found on the CCG's website:

<http://www.westsuffolkccg.nhs.uk/about-us/operational-plan-201415-and-201516/>

For further information please contact Andrew Eley, Deputy Chief Operating Officer, West Suffolk CCG: Email: andrew.eley@westsuffolkccg.nhs.uk; Tel: 01284 758010

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7. Ipswich Hospital NHS Trust CQC Inspection January 2015

Report to the Health Scrutiny Committee

7 July 2015

The Care Quality Commission

The Care Quality Commission (CQC) monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and publish what we find, including performance ratings to help people choose care. They set out what good and outstanding care looks like and make sure services meet fundamental standards below which care must never fall.

The Ipswich Hospital NHS Trust

The Care Quality Commission (CQC) carried out a comprehensive inspection between the 6 and 8 January 2015. Also carried out unannounced inspections on 12 and 15 January 2015. They carried out this comprehensive inspection at Ipswich Hospital as part of the comprehensive inspection programme.

The hospital was first built around 1910, and has been expanded to cover 45 acres. The newest addition is the private finance initiative (PFI) wing, opened in 2007. The hospital serves around 385,000 people from Ipswich and East Suffolk. It has a relatively high deprivation score, being 83rd out of 326 (1 being the worst), and deals with significantly higher levels of depression and people living with dementia than average. There is also a higher than average number of young people with drug and alcohol-related health problems. However, the population that the trust sees has a higher than average life expectancy.

The CQC reported that the trust had a relatively new executive team, who worked effectively together to highlight issues and address challenges within the hospital. That the trust management team was responsive and acted quickly to address issues highlighted to them during our inspection.

The trust was aware of the issues of poor leadership faced on Sproughton Ward and highlighted this to the CQC prior to their site visit. The CQC also identified challenges on the ward, including poor documentation and a differing patient group than had originally been planned for this ward. We took action overnight to ensure that people received safe and effective care in this ward. The CQC returned to this ward during their announced and unannounced inspections, and found that improvements made had been sustained.

The comprehensive inspections result in trusts being assigned a rating of 'outstanding', 'good', 'requires improvement' or 'inadequate'. Each section of the service receives an individual rating, which, in turn, informs an overall trust rating. The inspection found that overall, the trust has a rating of 'Good'. This puts IHT in the top 30% of hospitals.

Our ratings for this hospital						
Our ratings for this hospital are:						
	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good	Good	Good	Outstanding	Outstanding	Outstanding
Medical care	Good	Good	Good	Good	Good	Good
Surgery	Requires improvement	Good	Good	Good	Good	Good
Critical care	Good	Good	Good	Good	Good	Good
Maternity and gynaecology	Good	Good	Good	Requires improvement	Good	Good
Services for children and young people	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
End of life care	Good	Requires improvement	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Requires improvement	Requires improvement	Good	Good	Good	Good

Key findings

- 'Never events' that had occurred were actively and imaginatively investigated, including using human factors analysis, and lessons were learnt.
- Systems in place within the emergency department were assisting to effectively tackle the Winter pressures during our inspection.
- Staff were caring and compassionate, and treated patients with dignity and respect.
- The hospital was visibly clean and well maintained. Infection control rates in the hospital were lower when compared with those of other hospitals.
- The trust performed better than average in a number of national audits, including the national hip fracture audit, the national bowel cancer audit, the national lung cancer audit data, the Sentinel stroke national audit, and the myocardial infarction national programme.
- Managers and staff responded quickly and took appropriate actions to ensure patient safety where we identified issues on one ward within the medical service.
- The trust had an ongoing recruitment and retention programme to address staffing shortfalls.
- The equipment within the diagnostic centre was aged, and whilst it was noted on the vision for the service that equipment was nearing end of its life, there were no plans or timeframe formally in place to upgrade equipment.
- The critical care pathway for children was not well defined. Improvement was needed with regards to the provision of a children's high dependency unit (HDU).

Areas of outstanding practice

- The emergency department trigger tool, which was in place to ensure that the responsiveness of the emergency department was maintained when the department was beginning to see increasing pressures.
- The chaplaincy service carried a trauma bleep in order to provide emotional support to relatives of trauma victims.
- Ipswich Hospital was one of only two trusts to participate in the American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP), providing international benchmarking of patient outcomes.
- There was a comprehensive outreach service in place, providing full 24/7 cover including a 'patient activated' referral for the team.

Areas for improvement

Importantly, the trust must:

- Review the end of life care paperwork to ensure that it is more individualised and providing a holistic approach in line with National Institute of Health and Care Excellence (NICE) guidelines.
- Provide training to staff providing end of life care, on how to identify patients approaching the end of life, and on how to use the new care plans.
- Ensure that discussions with patients and families regarding end of life care, or advanced care planning decisions, are clearly recorded in the person's medical records.
- Ensure that prior to undertaking a procedure, or completing an end of life care order, the person's mental capacity is appropriately assessed in accordance with the Mental Capacity Act 2005.
- Ensure that all clinical areas in outpatients, including the equipment in rooms, are cleaned regularly, and the cleaning is evidenced.
- Ensure that the decontamination room in ear, nose and throat (ENT) outpatients is compliant with guidelines on decontamination Hospital Technical Memorandum.
- Review medicines management in the South Theatre areas to ensure medicines are stored securely.
- Clearly define a critical care pathway for children and review the provision of services for children requiring high dependency of care, including staffing numbers, competency and provision of registered sick children's nurses (RSCN).

Where the trust should consider action:

- Review reporting incident mechanisms within the surgery division, including reviewing working arrangements to help facilitate timely reporting.
- Review monitoring equipment within surgery, with a view to standardising the equipment available.
- Review service planning and delivery within maternity, to ensure actions for service development are in line with current clinical practices, and consider the requirement of specialist lead roles.
- Ensure governance procedures and risk registers are active and maintained in children's services and critical care, and ensure a robust system of audit, including patient outcome monitoring, to improve learning.
- Review the staffing levels for the palliative care, mortuary and chaplaincy service, to ensure that there are sufficient staffing levels to meet the demand for services.
- Review the audit tools used for end of life care, including 'do not attempt cardio-pulmonary resuscitation' (DNA CPR) forms, to ensure that they are more dynamic to improve learning.
- Ensure that a full review of staffing in diagnostic services is undertaken; to ensure that current staffing levels versus service demands is achievable.
- Develop and agree a reasonably timed plan for the refurbishment and upgrade of diagnostic machines, to ensure that the images meet the NICE guideline requirements.
- Review working arrangements to share learning and information across the outpatient services between the three divisions.
- Ensure that waiting times are clearly displayed in the outpatients department, to ensure that people are informed of up-to-date delays to appointments when they attend clinic.
- The trust should consider ways in which waiting times could be reduced within the outpatient department.
- Ensure that pain relief is offered to patients in the fracture clinic

Next Steps

The Trust has developed an action plan to address the recommendations from the CQC. This was submitted to the CQC and they will return to assess our progress and the care that our service users are experiencing. This plan is overseen by our Quality Matters Steering Board and reports through to the Healthcare Governance Committee.

Whilst the overall CQC result was “Good” the Hospital recognises of course that there are still challenges to be addressed. One such issue, of which the Committee may wish to be aware, is that Delayed Transfers of Care continue to cause concern to the Trust. A snapshot of bed occupancy on the 25th June 2015 identified that 13.8% of the acute bed base is continuing to provide care for patients who are either recognised as an official Delayed Transfer of Care, or patients who are medically fit, but require further interventions such as continuing Health Care assessment, Continuing Health Care/Fast-track placement, or function rehabilitation, as follows:

- 39 patients are awaiting placements or packages of care
- 5 patients are awaiting Community Hospital rehabilitation
- 9 patients are awaiting Fast-track placement or care provision
- 7 patients are awaiting health funded placement or care provision
- 6 patients are not functionally fit for transfer

25th June 2015

For further information please contact Nick Hulme, Chief Executive, The Ipswich Hospital NHS Trust: Email: nick.hulme@ipswichhospital.nhs.uk; Tel: 01473 702087

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8. Care Quality Commission Report on Mildenhall Lodge: Follow up from previous scrutiny

1. In October 2012, Suffolk County Council’s Cabinet agreed the business case for the transfer of the Council’s 16 care homes and 8 community wellbeing centres to Care UK. The plan would provide 10 new purpose-built care homes and 10 community wellbeing centres for the accommodation and support of people with dementia and other complex care needs. Care UK took full operational control of the 16 care homes and 8 community wellbeing centres on 1 December 2012.
2. The first two new developments, Mildenhall Lodge and Asterbury Place, opened according to schedule in June 2014.
3. At its meetings on 15 October 2014, 20 January 2015 and 18 March 2015, following publication of a Care Quality Commission (CQC) Inspection Report on Mildenhall Lodge, the Health Scrutiny Committee has considered reports on the arrangements and actions being taken to ensure the quality of care at Mildenhall Lodge and across all the Care UK residential homes in Suffolk.
4. The Committee made a number of recommendations to Suffolk County Council’s Adult and Community Services Directorate and Care UK, and has also sought further information from the Care Quality Commission over this period.

5. At its last meeting, on 18 March 2015, the Committee requested a copy of the Action Plan for Mildenhall Lodge, once this had been finalised. This is annexed to this report.

Update on Inspection Status of the Care UK Care Home Estate

6. Following the meeting on 18 March 2015, the Chairman of the Committee requested an update to be provided on the inspection status of the rest of the Care UK care home estate. The following information provides a response to the Chairman's request.

Mildenhall Lodge update

7. The CQC report about Mildenhall Lodge was published on 28 April 2015, following CQC inspection visits on 17 and 22 December 2014. It is available on the CQC website: <http://www.cqc.org.uk/search/services/care-homes/Mildenhall%20Lodge?location=Mildenhall%2C%20United%20Kingdom&sort=default&la=&distance=15&mode=html>
8. The report described a number of key issues and said that overall the service 'Requires improvement'.
9. People told CQC that they felt safe using the service and there were a number of positive elements of the service including the quality of meals. People were observed receiving care which maintained their dignity.
10. However, CQC said that staffing levels and the management of medication needed to be improved, together with the storing of cleaning substances. New staff and agency staff needed to be more familiar with people's needs, and help provided to people in their own rooms during mealtimes needed to be improved. Staff needed to follow care plans more closely and know more about residents' life histories. Details in care plans needed improving, and people's experience of asking for issues of concern to be resolved was variable. There had been improvements in the service including the recording of key information about residents' needs and requirements.
11. Officers from Suffolk County Council's Adult and Community Services (ACS) visited the care home on 14 May 2015 and undertook a detailed review of the service, paying particular attention to the points raised in the CQC report and the work which Care UK had undertaken since December 2014, when CQC had visited.
12. Changes which Care UK had made to staffing arrangements were reviewed, together with arrangements to manage medication. There had been changes in the way substances were stored, together with the use of agency staff which had been reduced to nil. Care UK had made improvements to induction arrangements for new staff. Help during mealtimes had been improved, with the new manager of the home personally taking responsibility to take meals with residents and observe the support being provided, and to monitor and check practices in the home in general. Care plans were being reviewed, and the new manager explained his work to build relationships with residents, relatives and staff so that issues of concern could be raised and quickly addressed in future.
13. In view of the progress being made by Care UK, a decision was made to lift the suspension on new placements on 18 May 2015, with provision for ACS to carefully monitor the progress of new admissions, continued monitoring of the

service through visits by officers and continued monitoring through meetings with Care UK.

14. ACS has liaised with CQC about the decision to lift the suspension on new admissions. A monitoring visit took place on 2 June 2015 with the progress of Care UK discussed again with Care UK in a meeting on 5 June 2015.
15. The care home will continue to be monitored closely by ACS. Should there be any further serious concerns, the option of a further suspension would be considered.

Developments in the care homes estate

16. Care UK is contracted with the Council to build 10 new purpose-built care homes to replace 16 care homes transferred to Care UK from the Council in December 2012. Since information was provided for the Committee for the meeting on 18 March 2015, there have been further changes in the development of the Care UK care homes estate:

- Crabbe Street and Sidegate Lane in Ipswich are closed, with residents having transferred to the new Prince George House in Ipswich;
- Place Court in Haverhill has closed, with residents having transferred to Cleves Place in Haverhill in March 2015;
- Wade House in Stowmarket has closed, with residents having transferred to Cedrus House in Stowmarket in April 2015

17. There are now 8 new Care UK care homes open, including Mills Meadow in Framlingham which has Phase 1 of the new building open according to plan, with Phase 2 being completed.

18. The new care homes estate is due to be completed by the end of 2015. The following developments are due in the remaining months of 2015:

- a) Mills Meadow in Framlingham Phase 2. Phase 2 is due to be completed in September 2015. Lehmann House in Wickham Market will close, with residents able to move to Mills Meadow or other homes of their choice;
- b) Hartismere House in Eye is due to open in October 2015. Paddock House will close, with residents able to choose to transfer to Hartismere House or other homes of their choice;
- c) Glastonbury Court in Bury St Edmunds is due to open in December 2015. Ixworth Court in Ixworth will close, with residents able to choose to transfer to Davers Court, or Glastonbury Court or other homes of their choice.

CQC ratings

19. ACS has continued to monitor the Care UK care homes closely. This has continued to include monitoring through visits and attendance at relatives' meetings to hear views and observe how Care UK is resolving problems. Information from social workers is reviewed. There is an 'Issues Log' which has been shared with senior Care UK managers on a weekly basis. There are formal meetings with Care UK including contract meetings and Board meetings attended by senior managers from ACS and Care UK. There is regular informal contact throughout each week.

20. ACS has continued to monitor CQC ratings and reports about the Care UK homes. This has included the discussion of details in CQC reports with Care UK and the actions undertaken by Care UK to address issues and concerns. This has included the common themes which have arisen in the CQC reports about management of medication, the use of agency staff and the review and knowledge of care plans. Particular attention is being given by ACS staff to these issues when visiting the care homes and working with Care UK.
21. In order to rate care homes, CQC previously used five key areas of quality and safety which services need to meet to be fully compliant: treating people with respect and involving them in their care; providing care, treatment and support that meets people's needs; caring for people safely and protecting them from harm; staffing, and; quality and suitability of management.
22. From October 2014, CQC introduced a new inspection model which is explained on the CQC website: <http://www.cqc.org.uk/content/our-new-inspection-model> . CQC now consider these key questions about services:
- Is it safe?
 - Is it effective?
 - Is it caring?
 - Is it responsive?
 - Is it well-led?
23. Services are now rated either 'Outstanding', 'Good', 'Requires improvement', or 'Inadequate'.

Recently published CQC reports and ratings

24. Since information was provided for the Committee on 18 March 2015, CQC has published new reports on a number of Care UK homes in addition to the report about Mildenhall Lodge. These are as follows:-

Paddock House

25. A new report was published on 8 May 2015 about Paddock House. This gave the care home an overall 'Good' rating. The report showed that people told CQC that they felt safe living in the home. Policies, training and staffing arrangements were in place to support this. People said that they were looked after well. Arrangements were in place to make sure that people's needs and choices were provided for and supported. Staff were warm and friendly and respectful, they supported people's dignity, and had a good knowledge of people's needs and requirements. There was a choice of activities, people's views and opinions about the service were listened to and acted upon, and the service was well-led.

26. The report is available on the CQC website: <http://www.cqc.org.uk/location/1-498735514>

Asterbury Place

27. A new report was published on 5 June 2015 about Asterbury Place. CQC explained that there was insufficient evidence to rate this home and that this was because the home had been open for just over 3 months and was not working to full capacity yet.

28. The report says that there were enough staff to meet people's needs, care plans had been developed appropriately and risks to people's health and welfare were assessed and managed appropriately. Staff were appropriately trained, people's health needs were being met, the food provided was valued and dietary needs were managed. Staff were appreciated and people felt well cared for. The report also says that relatives felt involved, there were activities arranged for residents, although the manager said activities for people with dementia would be reviewed and improved. The home was well managed and well led.

29. The report is available on the CQC website:

<http://www.cqc.org.uk/search/services/care-homes/Asterbury%20Place?location=Ipswich%2C%20United%20Kingdom&sort=default&la=&distance=15&mode=html>

Davers Court

30. A new report was published on the CQC website on 10 June 2015 about Davers Court, following a CQC inspection visit on 21 January 2015. The report gives the care home an overall rating of 'Requires improvement'.

31. The report says that improvements are required in the management of medication and information in care plans. However, staffing levels were considered to be appropriate to meet the needs of residents and this was supported by the views of relatives CQC spoke to. Residents were positive and happy about the staff team and the meals provided. Residents' weights were being monitored. Staff were knowledgeable about people in their care,

and residents privacy and dignity was respected. The management of the home was seen positively.

32. A monitoring visit took place on Tuesday 2 June 2015 after the contents of a draft version of the report was shared with ACS. Care UK confirmed that they had put in place a number of actions to address the points raised in the CQC report. These included the retraining of staff in the management of medication, no use of agency staff and so no involvement of agency staff in the management of medication, care plan information being reviewed and updated, and activities being reviewed and improved.

33. The report can be seen on the CQC website:

<http://www.cqc.org.uk/search/services/care-homes/Davers%20Court?location=Bury%20St%20Edmunds%2C%20United%20Kingdom&sort=default&la=&distance=15&mode=html>

34. A summary of inspections and reports by CQC shows the following:

Care Home	Inspected by CQC	Date of last published CQC report	Rating
Lehmann House, Wickham Market	19 June 2014	16 July 2014	Fully compliant under previous inspection arrangements.
Paddock House, Eye	20 & 30 January 2015	8 May 2015	Good.
Ixworth Court, Ixworth	17 April 2014	14 May 2014	Fully compliant under previous inspection arrangements.
Mildenhall Lodge	17 & 22 December 2014	28 April 2015	Requires improvement
Asterbury Place, Ipswich	28 & 29 October 2014	5 June 2015	Not sufficient evidence to rate this service
Davers Court, Bury St Edmunds	21 January 2015	10 June 2015	Requires improvement
Mills Meadow, Framlingham	29 April 2015	19 August 2014	Fully compliant under previous inspection arrangements. Inspected under new arrangements on 29 April 2015, report not yet published.
Britten Court, Lowestoft	30 April 2015	Not yet published.	Inspected under new arrangements on 30 April 2015, report not yet

			published.
Prince George House, Ipswich	Not yet inspected	Not yet inspected	Not yet inspected
Cleves Place, Haverhill	Not yet inspected	Not yet inspected	Not yet inspected
Cedrus House, Stowmarket	Not yet inspected	Not yet inspected	Not yet inspected

For further information please contact Ian Patterson, Head of Contracts and Market Relationships, Adult and Community Services, Suffolk County Council Email: ian.patterson@suffolk.gov; Tel: 0143 2658027

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Report on actions you plan to take to meet CQC essential standards

Please see the covering letter for the date by which you must send your report to us and where to send it. **Failure to send a report may lead to enforcement action.**

Account number	1-116865825
Our reference	INS1-1722094281
Location name	Mildenhall Lodge
Provider name	Care UK Community Partnerships Limited

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care.	REGULATION 13 HSCA 2008 (regulated Activities) Regulations 2010 Management of medicines. How the regulation was not being met: <i>People who use the service were not protected against the risks associated with the unsafe use and management of medicines because the provider did not have appropriate arrangements for the recording, dispensing and safe administration of medicines Regulation 13.</i>
Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve	
<ol style="list-style-type: none"> Regular medication audits, with robust action plans and reviews Internal regulation Audits carried out by Clinical & Quality team Invite Boots Chemist pharmacist to carry out audit and support visit All staff responsible for the administration of medicines will complete the “Boots” E learning training. 	
Who is responsible for the action?	<p>The Home Manager will assume overall responsibility for driving through the action planned.</p> <p>He will be supported by the deputy manager and the senior staff team within Mildenhall Lodge and by regional support staff who will work with the Manager and staff to effect change.</p>
How are you going to ensure that improvements have been made and are sustainable? What measures are you going to put in place to check this?	
<ul style="list-style-type: none"> The Home manager will carry out weekly spot audits, The Deputy Manager will work “hands on” to monitor the process and actions of staff 	

- administering medications
- Weekly audits will be conducted to ensure compliance
- All new staff administering medications will complete: safe administration of medicines & competency assessments
- All staff will complete refreshers in “Safe administration of medicines” & Competencies assessments annually.
- Clinical support meetings carried out fortnightly, chaired by the Deputy Manager / Home manager
- Regular Supervisions of staff team .

Who is responsible? The Home Manager

What resources (if any) are needed to implement the change(s) and are these resources available?

- Boots Chemist support team: available
- Internal (CARE UK) clinical governance team: available

Date actions will be completed: 30th June 2015

How will people who use the service(s) be affected by you not meeting this regulation until this date?

Many of the changes/improvements have already been made. By the end of the month it is anticipated that we will have embedded the improved practice into place.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care.	REGULATION 20 HSCA 2008 (regulated Activities) Regulations 2010 Records.
	<p>How the regulation was not being met:</p> <p><i>People who use the service were not protected against the risk of unsafe or inappropriate care because an accurate record in respect of each service user was not maintained and could not be located promptly when required.</i></p>

Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve

- A full review of the Care documentation has been carried out by the Clinical Governance team within Care UK, these audits are will be shared with the staff team for actions to be addressed, trends will be identified and actions taken to address shortfalls.
- Particularly support and review will take place around managing people’s anxieties and behaviours that challenge.
- Regular home level audits of care records will take place by the Home Manager & Deputy Manager.
- All staff within the home will attend specific dementia awareness training, which explores triggers for anxieties and behaviours that challenge, training delivered W/C: 30th March & 6th April

Who is responsible for the action? The Home Manager will assume overall responsibility for driving through the action planned.

	He will be supported by the deputy manager and the senior staff team within Mildenhall Lodge and by regional support staff who will work with the Manager and staff to effect change.
How are you going to ensure that improvements have been made and are sustainable? What measures are you going to put in place to check this?	
<ul style="list-style-type: none"> • Clinical support meetings carried out fortnightly, chaired by the Deputy Manager / Home manager • Regular Supervisions of staff team . • Re-Auditing at regular intervals 	
Who is responsible?	The Home Manager
What resources (if any) are needed to implement the change(s) and are these resources available?	
<ul style="list-style-type: none"> • Internal (CARE UK) clinical governance team: available 	
Date actions will be completed:	30 th June 2015
How will people who use the service(s) be affected by you not meeting this regulation until this date?	
The Audit of documentation has already taken place and actions have been discussed at team meetings, this improved practice and recording will be embedded by the end of May.	

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care.	REGULATION 22 HSCA 2008 (regulated Activities) Regulations 2010 Staffing.
	<p>How the regulation was not being met:</p> <p><i>The health, safety and welfare of people who use the service were not safeguarded because the provider did not ensure at all times, there were sufficient numbers of suitably qualified, skilled and experienced staff. Regulation 22</i></p>
Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve	
1. We will continue to monitor and review our staffing throughout the home, using our CAPE assessment tool, daily walk round reviews and through feedback from team meetings & supervision of our colleagues.	
Who is responsible for the action?	<p>The Home Manager will assume overall responsibility for driving through the action planned.</p> <p>He will be supported by the deputy manager and the senior staff team within Mildenhall Lodge and by regional support staff who will work with the Manager and staff to effect change.</p>

**How are you going to ensure that improvements have been made and are sustainable?
What measures are you going to put in place to check this?**

- Regular reviews of the dependency scores of those living in the home, using our CAPE assessment tool and reviewing staffing levels and deployment
- Review of skills mix of staff on duty across the 24 hour period,
- Clinical support meetings carried out fortnightly, chaired by the Deputy Manager / Home manager,
- Regular Supervisions of staff team, identifying weakness & strengths of individuals.
- Continued robust recruitment of colleagues

Who is responsible? The Home Manager

What resources (if any) are needed to implement the change(s) and are these resources available?

- CAPE assessment tool: Available
- Sufficient suitably Qualified, skilled & Experienced staff: Currently available

Date actions will be completed: 31st May 2015

How will people who use the service(s) be affected by you not meeting this regulation until this date?

It is believed that the home has a suitably Qualified, Experienced and skilled team currently, therefore there is no effect on the people living at Mildenhall Lodge

Completed by: (please print name(s) in full)	Paul Draper
Position(s):	Home Manager
Date: reviewed	01/05/2015

Number of Suffolk ambulance responses and service performance against call category targets

	2014									2015			
	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	Apr
No of R1 Responses	113	129	103	135	108	122	124	138	186	159	124	151	144
R1 Performance %	62.83	64.34	65.05	65.93	59.26	67.21	69.35	68.84	63.98	66.04	62.90	70.20	74.31
No of R2 Responses	2332	2490	2330	2613	2371	2236	2480	2535	2972	2818	2542	2678	2573
R2 Performance %	56.69	57.63	54.51	53.62	53.06	56.75	54.96	56.92	56.70	59.51	57.87	59.00	63.35
R19 Performance %	84.10	82.10	81.24	82.87	81.18	83.32	80.60	85.28	81.61	84.67	87.82	87.87	90.80
No of G1 Responses	322	315	345	419	303	290	261	260	286	280	245	236	279
G1 Performance %	74.22	76.19	70.72	68.50	76.24	77.24	79.69	78.46	75.17	84.29	81.22	80.93	86.02
No of G2 Responses	1960	2061	2011	2194	2113	1961	2100	2054	2233	2145	2028	2148	2011
G2 Performance %	86.63	81.76	80.51	76.98	80.93	83.22	79.76	83.15	80.39	81.12	84.12	82.54	91.60
No of G3 Responses	232	240	230	237	229	215	225	208	200	193	230	227	195
G3 Performance %	90.52	89.17	89.13	89.03	89.52	92.09	92.44	94.71	90.50	86.53	89.13	89.87	91.28
No of G4 Responses	711	749	711	755	815	814	819	807	928	878	807	892	760
G4 Performance %	95.50	94.39	93.25	91.92	90.43	93.49	91.82	91.20	87.72	90.55	91.08	93.27	94.34

Ambulance call categorisation and targets

999 call category	Target
R1 or Red 1	Potentially life threatening calls, such as a cardiac arrest. The target is to reach 75% of Red 1 calls with an emergency response within eight minutes.
R2 or Red 2	Potentially life threatening calls, such as serious breathing difficulties. The target is to reach 75% of Red 2 calls with an emergency response within eight minutes.
R19 or Red 19	Target to reach 95% of Red 1 and Red 2 calls with a transportable response within 19 minutes.
G1 or Green 1	Serious but not life threatening calls, such as diabetic problems The target is to reach 75% of Green 1 calls in 20 minutes .
G2 or Green 2	Serious but not life threatening calls, such as a suspected fractured arm. The target is to reach 75% of Green 2 calls in 30 minutes .
G3 or Green 3	Non emergency calls, such as an overdose with no symptoms, which require an on scene response within 50 minutes or a phone assessment by a clinican within 20 minutes.
G4 or Green 4	These are non emergency calls, such as a fall with no apparent injuries, which require an on scene response within 90 minutes or a phone assessment by a clinican within 60 minutes.

