

DERBY CITY COUNCIL

# Livewell Annual Report

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2016/2017



For any further information related to the contents of this report please contact Rob Smithers 01332 641490 / [Robert.smithers@derby.gov.uk](mailto:Robert.smithers@derby.gov.uk)

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## **Livewell Annual Report 2016/17**

### **1. Introduction**

Livewell is a nationally recognised healthy lifestyle service for Derby run by Derby City Council and funded through Public Health. It has grown to help thousands of families to lose weight, stop smoking and support a healthier lifestyle.

In addition to adult weight management and stop smoking services, the 12-month programme offers a children's service and specialist services for people with learning difficulties, cardiac patients and men. The child weight management and men's health programmes are delivered in conjunction with Derby County Community Trust (DCCT). Livewell also delivers community based NHS Health Checks.

Clients follow a 12-month personalised plan developed with an advisor, which includes a mix of individual and group support, prescribed physical activity, healthy eating courses, community based activities, stop smoking clinics and goal setting. Reviews take place at three, six, nine and 12 months to monitor client progress. The service is delivered 8am – 8pm across the week.

The child weight management service is delivered in a similar way to the adult service, offering a 12 month intervention to children age 5 to 17 years old. In addition, parents are also offered support and advice around supporting their children and wider family members to become a healthy weight and lead healthier lifestyles. The programme is primarily based on group work sessions; however, an additional offer of 121 support is available.

In May 2016, the Active Schools programme was piloted to develop a whole school approach to physical activity and to embed a physical activity culture in six primary schools in the city. Part of the data collected for the programme, included weight measurements from all children in school. The programme was used as a conduit to refer children into the child weight management programme. The outcomes of this will inform the child weight management programme going forward.

### **2. Service Targets**

Adults	Children
750 clients with a $\geq 30$ BMI to engage with the service	150 weight management children and young people
50% of clients with $\geq 30$ BMI achieve 5% weight loss	60% retention
70% of $>30$ BMI clients achieve increase in physical activity*	60% from 7 most deprived areas
70% of $>30$ BMI clients achieve increase in fruit	70% parent increase knowledge around physical activity

and vegetables**	60% maintain or reduce BMI zScore by 3%
1250 4 week smoking quits	70% improved diet/5 a day consumption
1000 Community NHS Health Checks	70% increase physical activity levels
70% retention rate	70% increase emotional health and well-being
50% of clients from 7 most deprived wards	2000 children take part in whole school approach
	90% of those assessed increase physical literacy score
	30% move onto the child weight management programme
	70% school staff knowledge around physical activity increased

*Table 1: Livewell key performance indicators*

*\* An increase in physical activity in this report is referred to as an increase of physical activity to CMO recommendations of 5 x 30 minutes a day.*

*\*\* An increase in fruit and vegetables in this report refers to an increase to 5 portions of fruit and veg a day.*

### **3.0 Specialist Programmes**

#### **3.1 Liveability**

The 12-month programme supports young people (11 plus) and adults with learning difficulties to improve a range of health issues including managing weight and stopping smoking.

Sociable activities, delivered in a fun learning environment, are offered to both the client and their carer in order to embed health messages and support positive behaviour change. Catering for all physical and emotional difficulties connected to learning disabilities, these activities include cook and eat sessions, shopping tours, walks, bocchia, new age kurling, seated volleyball and swimming.

#### **3.2 Men's Health (Active Supporters)**

Appealing to male motivations to get fit and healthy, Livewell Active Supporters is a group-based men's health programme that follows the Livewell 12-month pathway.

By linking with Derby County Football Club, the Active Supporters programme engages fans through its stadium based boot camp and football activities.

### ***3.3 Cardiac Rehabilitation***

The Cardiac programme is for patients who are referred with heart conditions. Most come from the Cardiac Rehabilitation Department at the Royal Derby Hospital, following hospital treatment and rehabilitation programme after having a cardiac event (e.g. heart attack). This enables them to lose weight, stop smoking and/or simply manage their cardiac condition.

### ***3.4 Health Checks***

Livewell runs a community NHS Health Check programme which targets hard to reach groups and increase overall uptake of NHS health checks in Derby. In addition, Livewell provide an NHS Health Check service for patients from GP practices who do not deliver the NHS Health Check programme. The programme aims to help prevent heart disease, stroke, diabetes, chronic kidney disease and certain types of dementia. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions can have a health check (every five years) to assess their risk of developing cardiovascular disease and are given support and advice to help them reduce or manage that risk.

Health checks are delivered from a variety of community settings across the city including; leisure centres, libraries, the Council house and NHS venues.

### ***3.5 Active Schools (part of the child weight management programme)***

The active schools programme exists to help create a whole schools approach to healthy living within the school and encourage referrals for the child weight management service. The key aims are;

To support schools with identifying the needs of their pupils through assessment of pupil's physical development, physical activity levels/fitness, emotional health and wellbeing and weight

To provide a bespoke package of support that includes: raising the awareness and adoption of healthy lifestyles amongst all pupils and parents, easy and fun ways to increase physical activity in and around the curriculum, training for both teaching and non-teaching staff to develop skills, knowledge and confidence to deliver physical activity as part of a whole school approach

To help physical activity to become a part of daily life in school and the community

To identify pupils within school that meet Livewell's child weight management criteria and/or are inactive and target them to join the Master Cadet healthy living club

## 4.0 Outcomes

### 4.1 Service users

A total of 3,721 service users joined Livewell in 2016/17. This number is based on those that have had a first appointment with the exception of NHS Health checks which is a one off appointment.

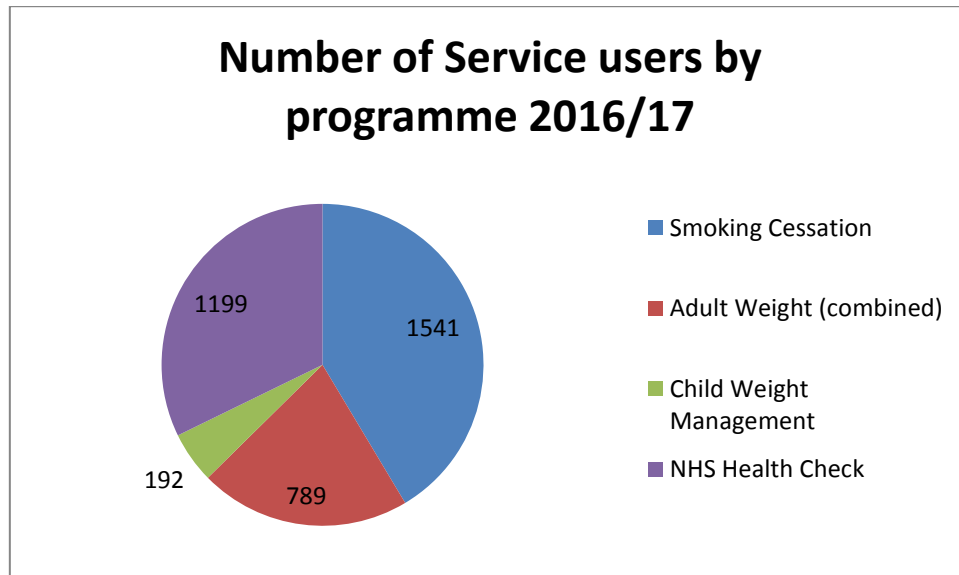


Figure 1: Service users by programme

### 4.2 Adult Weight Outcomes

The service target of 50% has been exceeded this year for the generic service with 66% of clients with a BMI  $\geq 30$  achieving a minimum of 5% weight loss, this is an improvement of 12% against the previous year outcomes. However the men's health programme was 46%, which is 4% below the outcome set but 5% improvement on 2015/2016. The highest achieving BMI classification is 40-49.99 with 69% of these clients achieving at least 5% weight loss which is an 8% improvement compared to 2015/2016.

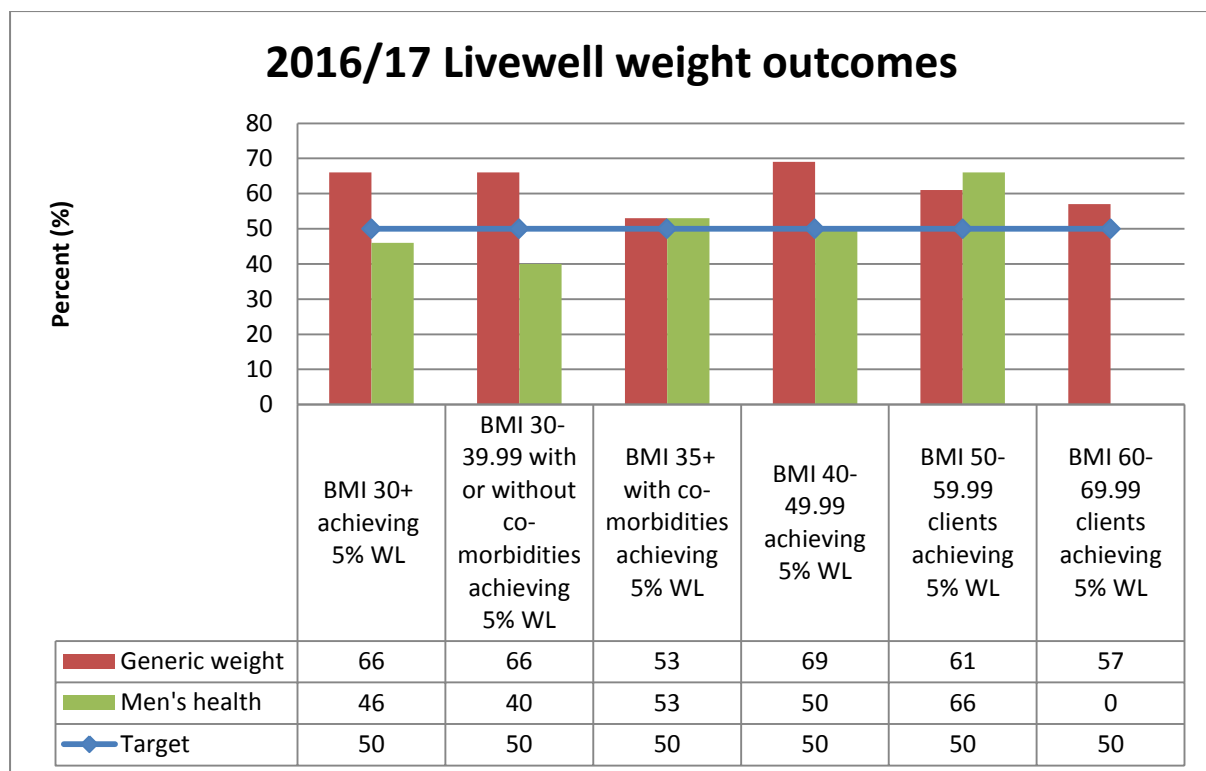
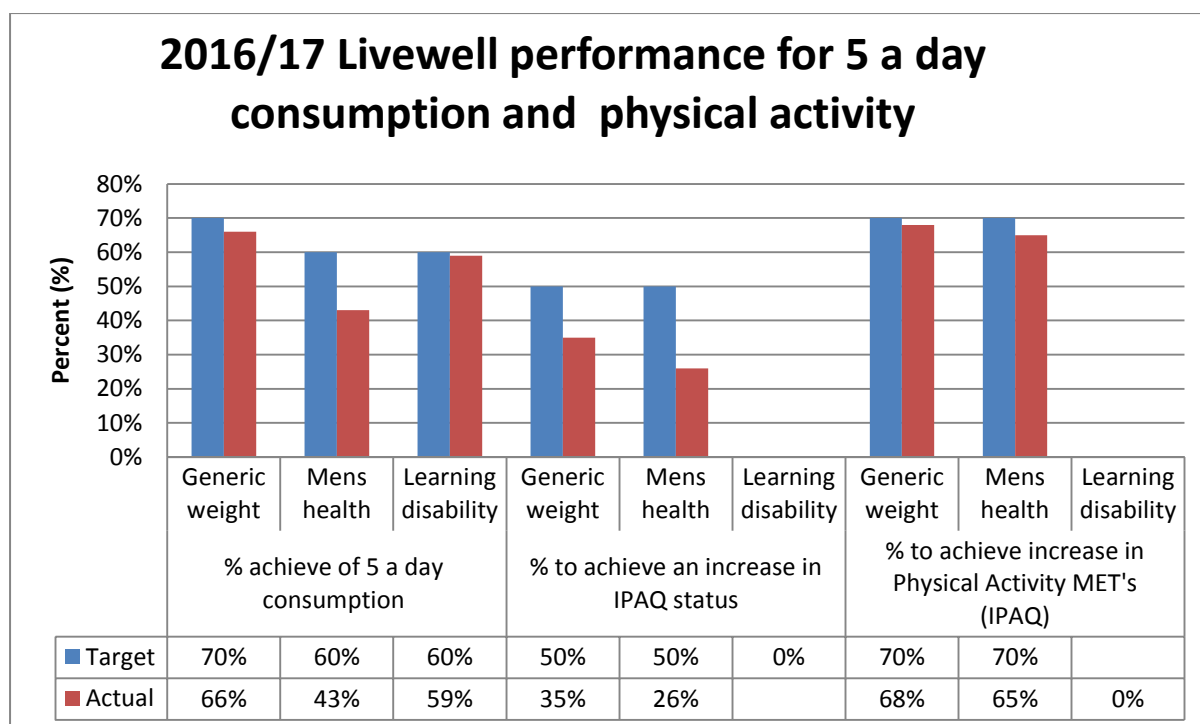


Figure 2: Adult weight outcomes

#### 4.2.1 Physical Activity and Fruit and Vegetable Consumption

The service is also measured on other lifestyle modifications; specifically intake of fruit and vegetables, increasing physical activity and quality of life (QoL). The QoL measure is taken at baseline and at 12 months and was introduced in August 2016, as a result there is no 12 month QoL data to show. The 5-a-day consumption is slightly below the target of 70% however over 90% of clients that have completed the service have at least increased their intake. Figure 3 shows that physical activity is now measured by using IPAQ (international physical activity questionnaire) again as with QoL this measure was introduced in August 2016 so the results are only an indication (measurement taken at 3,6 months) rather than the final 12 month outcome. *\*\*note the Liveability programme does not use QoL or IPAQ measures due to the complexity of the questions*





*Figure 3: 5-a-day consumption and physical activity outcomes*

#### **4.3 Adults Smoking Outcomes**

1541 people engaged with Livewell to quit smoking with 1044 achieving a 4 week quit resulting in a 68% quit rate against the target of 60%. 38% of people that achieved a 4 week smoking quit in 2015/16 went on to achieve a 52 week quit. The overall target of 1250 has not been achieved however there is ongoing work with several practices as part of Primary Care + and the COPD Rightcare work stream within the Royal Derby Hospital. This should increase the overall number of people engaged with the service. Figure 4 shows the breakdown of generic and pregnancy clients and their smoking outcomes.

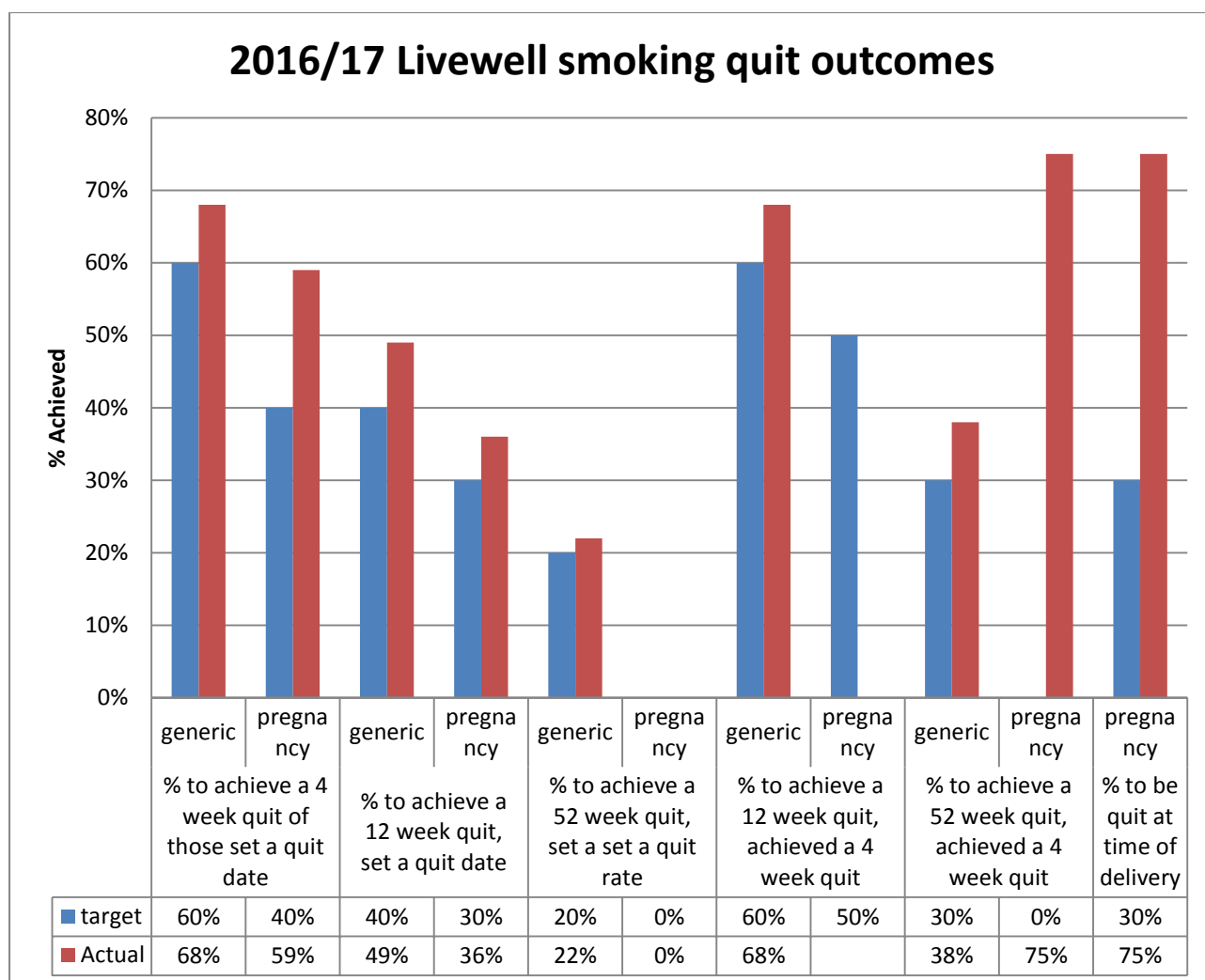


Figure 4: Smoking Outcomes

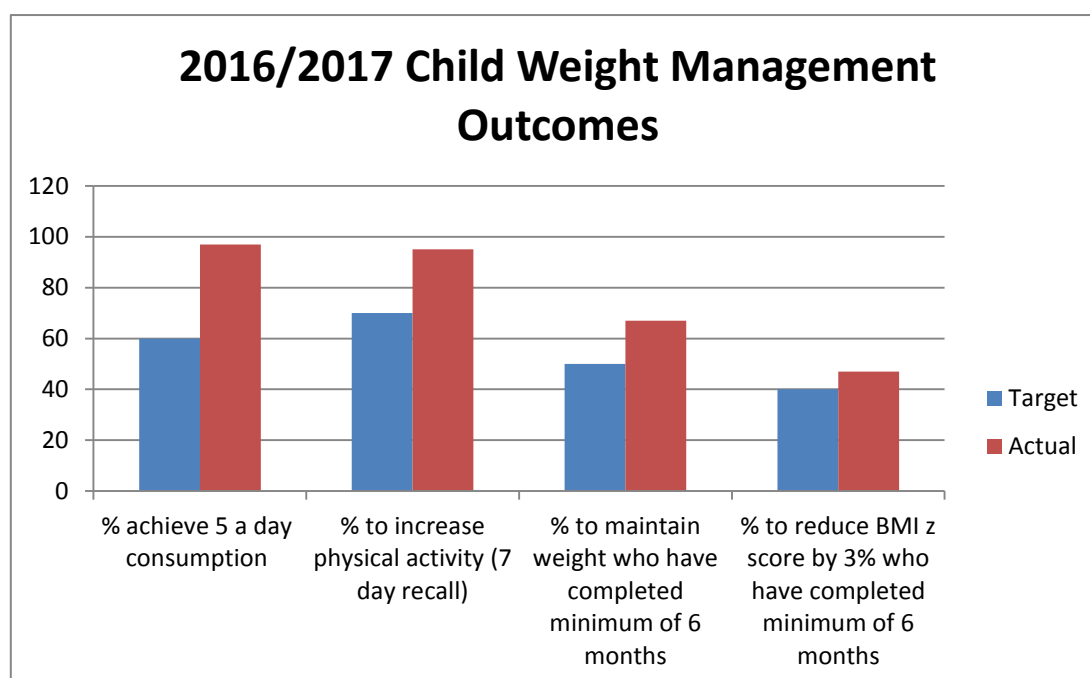
#### 4.4 Child Weight Management Outcomes

This year saw an increase in weight loss and maintenance for children and young people accessing the programme. The service target for reducing BMI Z score by 3% was 40%, however the final target reached was 47%; maintenance target was 50%, with the final target reached being 67%. Table 2 and figure 4 demonstrate these outcomes.

With the introduction of the Active School programme and a whole school approach, referrals to the programme also increased considerably this year. The majority of children (under 11s) joined after attending the Master Cadet Clubs delivered in the six Active Schools and through self-referrals; this cohort far exceeded the number of 12+ joiners.

Weight	Target	Actual
% achieve 5 a day consumption	60%	97%
% to increase physical activity (7 day recall)	70%	95%
% to maintain weight who have completed minimum of 6 months	50%	67%
% to reduce BMI z score by 3% who have completed minimum of 6 months	40%	47%

*Table 2: Child weight management outcomes*



*Figure 5: Child weight management outcomes*

#### **4.4.1 Active School programme – whole school approach outcomes**

2,264 children were engaged in a whole school approach to physical activity.

Average daily physical activity (not including PE or physical activity before and after school) increased by an average of 27 minutes a day across the schools in KS1 and KS2.

- **90% of 208** KS2 pupils surveyed reported being happy or very happy.

- **54% of KS2** pupils had increased their emotional health and wellbeing scores, 12% moving from an unhappy category into happy or very happy category.
- **50%** of staff said they felt more confident about teaching physical activity because of the Active School programme and now felt confident or very confident.
- **154** children attended Master Cadet healthy living lunchtime clubs across the schools.
- **80** children moved from Master Cadets to the Live IT Active Child programme.

**Comments from teachers include;**

*'Getting families on side through the Master Cadet programme has meant we are able to target children that need support early on.' 'Master Cadet club and the Active Child programme has been phenomenal, it's had such a great impact on the whole culture of physical activity in the school for children and families.'*

**Comments from children include;**

*'Master Cadets is amazing! We always have fun being healthy, we always do good games. I really like being healthy so I am strong so if I was in a competition, I will win because of this amazing club.'*

**Comments from parents include;**

*'I'm very pleased with the changes in my son's diet at home. He is voluntarily reducing his portion sizes at home (half a chapatti). He's a lot more aware of healthy food choices and has increased his fruit and veg consumption. Has increased his physical activity and is now attending Boxing in the community and will be starting the Kicks programme soon.'*

Whole school approach	Target	Actual
children to be part of the whole school approach	2000	2264
% to increase physical literacy from a score of 15 or less	90%	82%
% of eligible children continuing their behaviour change within the community obesity treatment programme	30%	52%
% report increase in emotional health and well being (use validated tool)	70%	54%
% of school staff reporting an increased confidence in delivering physical activity in the curriculum	70%	50%

*Table 3: Whole school approach outcomes*

#### **4.4.2 Children's Physical Activity and Fruit and Veg Consumption**

As with the adult programme, the children's service is also measured on other lifestyle modifications, which includes intake of fruit and vegetables and increasing physical activity. A 7-day recall (physical activity diary) was the measure used for the children's service, measured quarterly, as with fruit and vegetable intake. This year saw an increase in both these, with 97% of children increasing their 5-a-day consumption and 95% increasing the physical activity level to the CMO recommendation. It was evident this year, that the 7-day recall was based around self-reported physical activity and children understanding how to complete the sheet. It was felt on occasions the data recorded was inaccurate, particularly amongst younger children. Therefore, going forward the use of pedometers will replace the 7-day recall.

#### **4.4.3 Working with Parents**

Parental support has been a key element to the success of the programme by offering parents additional programmes that ran alongside the children's activities sessions. This included support from the wider Livewell service where they met the criteria and Derby County Community Trust's physical activity programmes. In addition we offered more 1-2-1 and group work sessions to any parent. These sessions provided information and guidance around the importance of healthy eating, including food swaps, fussy eaters and how to incorporate 5-a-day into their child's diet.

A key success to the parenting programme, has been the work undertaken at Hardwick School, which is situated in one of the most deprived areas of Derby. Initial work in school through the Active School programme led to the successful delivery of a lifestyle programme for the parents and their friends and families. This approach will be carried forward into 2017/18 and used as good practice for the city.

### **5. NHS Health Checks**

A total of 1199 NHS Health Checks were completed against a target of 1000. This is an increase of 449 against 2015/2016. Significant areas of work in workplaces, religious settings, events and with partners has led to this increase. Figure 6 show the gender breakdown which is in reflective of the local trend, however this is much closer than 2015/16 which was 60% female and 40% male.

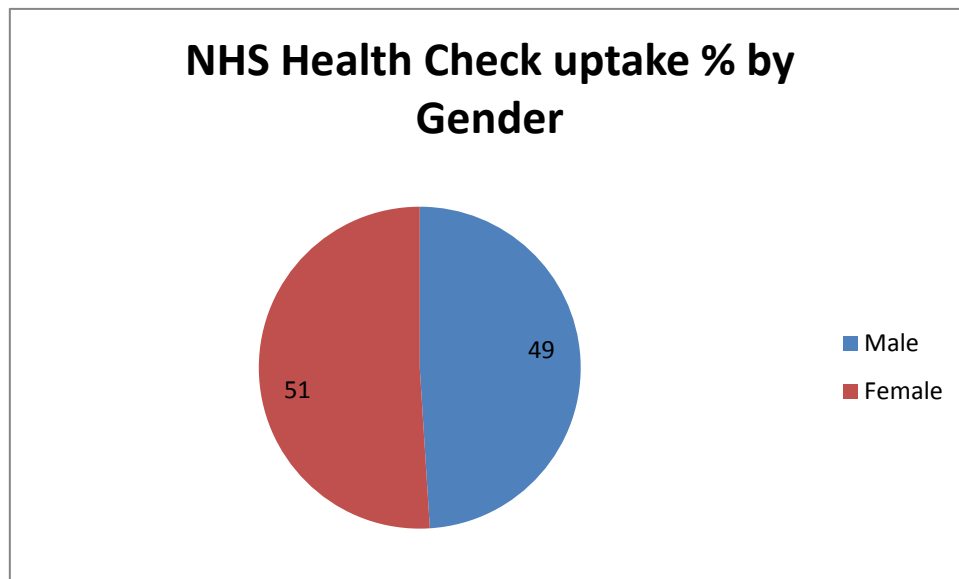


Figure 6: Health check uptake by gender

When broken down by ethnicity not surprisingly British is the largest group represented however the second largest group that have had a check is Pakistani (see figure 7) which was the fourth highest ethnicity in 2015/16.

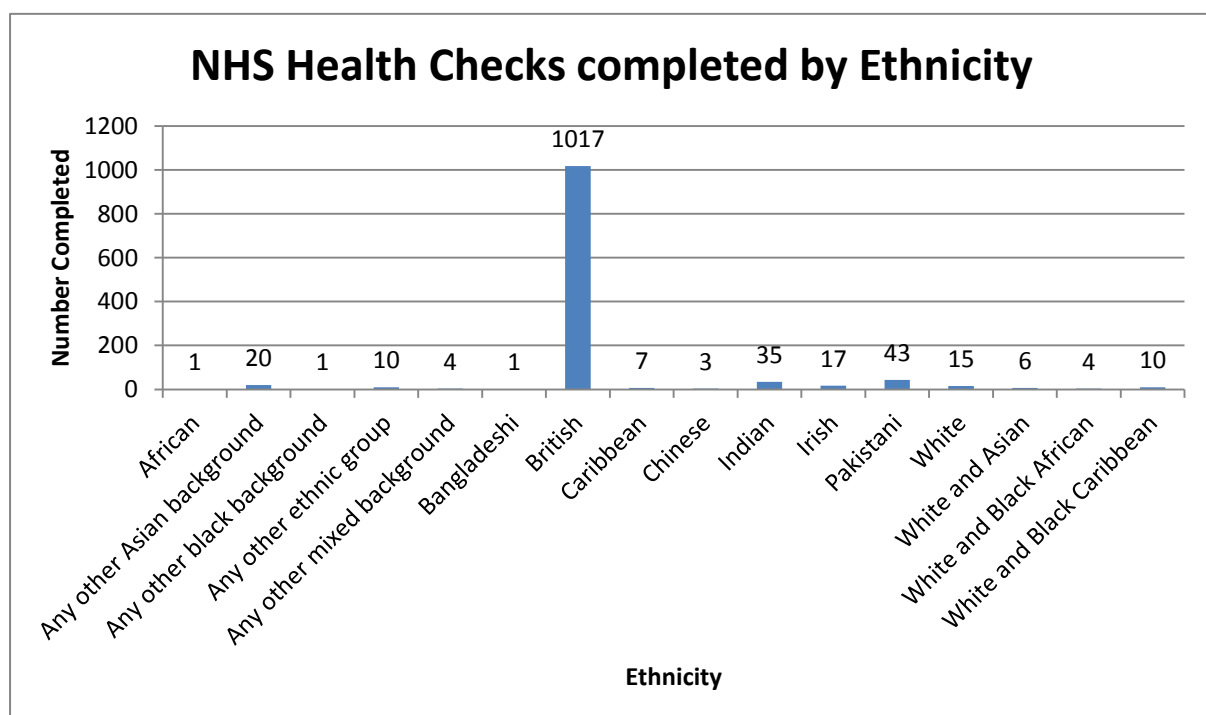


Figure 7: Health checks completed by ethnicity

Figure 8 shows the breakdown of patient's registered GP practice. Most of these patients come from practices that the service is currently working with. In 2015-16 these practices were sending invites to their patients on behalf of Livewell. One issue to resolve is the uptake rate of these practices vs those practices that deliver their own health checks (28% vs 55%). If this conversion rate is improved it will have a significant increase in the number completed.

As part of the new contract starting 1<sup>st</sup> April 2017 Park Lane have opted in to deliver their own checks which will have an impact on potential numbers, the service will mitigate this through more community engagement and improvements in uptake rate.

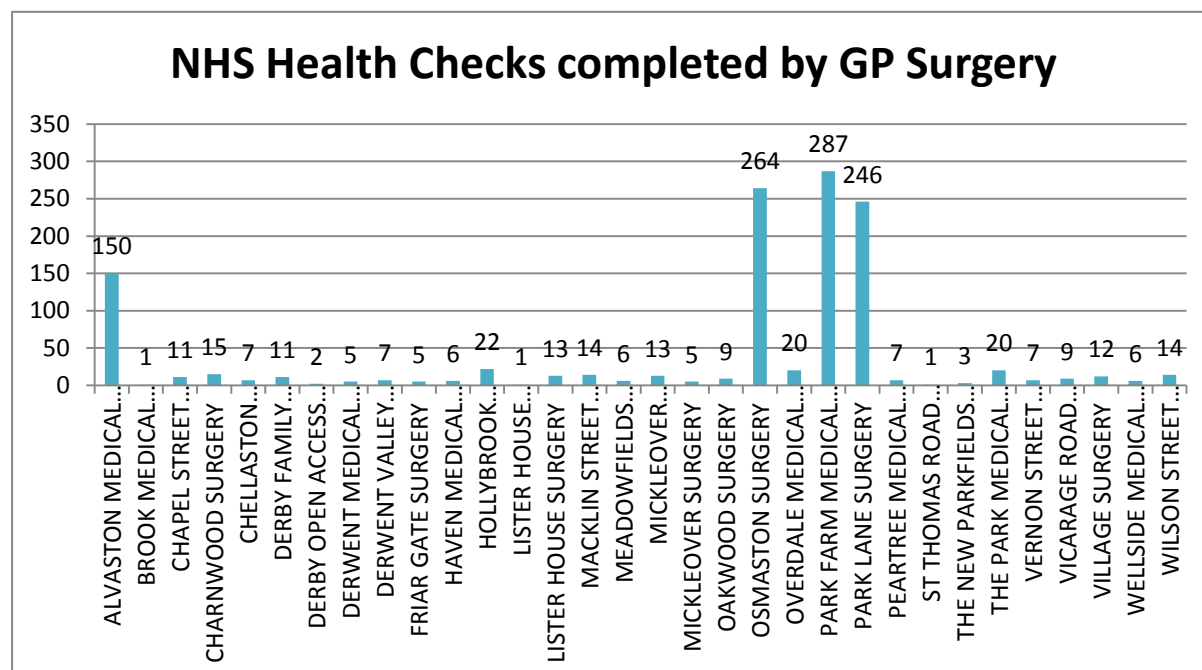


Figure 8: Health checks completed by patient registered surgery

Figure 9 shows the range of outcomes that have been found as a result of having an NHS health check. 69% of people were shown to be overweight or obese. 48% (535) of those having a check were then referred to their GP for further investigation.

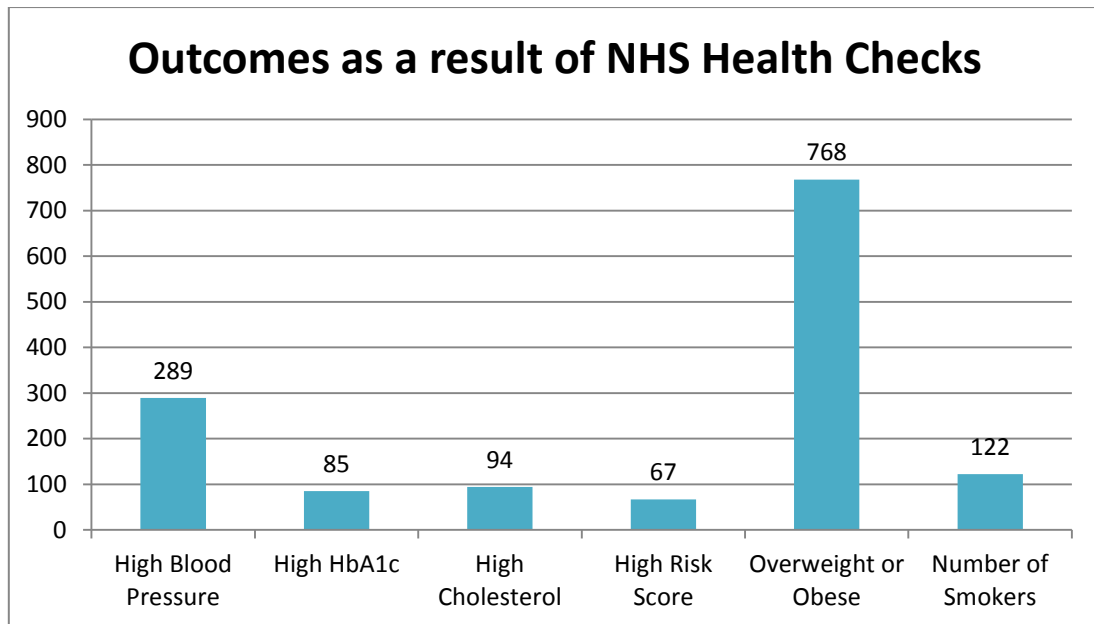


Figure 9: patients' referral outcomes as a result of a health check

## 6. Demographics

Inequalities		Target	Actual
Gender	% Males		48%
	% Females		51%
	% Other		1%
Age	Under 18		11%
	18-34		28%
	35-44		21%
	45-59		26%
	60 and over		14%
Ethnicity	White		80%
	Asian/ Asian British		10.2%
	Black/ Black British		2.3%
	Dual heritage		2.6%



	Chinese		0.1%
	Other		1.2%
	Rather not say		3.6%

*Table 4: Livewell demographics by programme*

Table 4 shows the demographic breakdown for the whole service and table 5 shows the specific child weight management programme demographics.

## 6. Demographics Children:

Table 5 shows the demographic breakdown for the child weight management service.

Inequalities		Target	Actual
Clients the 7 most deprived wards		60%	52%
Gender	% Males		50%
	% Females		50%
	% Other		0%
Ethnicity	White		58%
	Asian/ Asian British		15%
	Black/ Black British		5%
	Dual heritage		5%
	Chinese		1%
	Other		7%
	Rather not say		9%

*Table 5: Child weight management demographics*

## 7. Social Media and Marketing

Social marketing and especially social media has had a significant positive impact on the way in which the service reaches new clients and interacts with existing clients. Using social media habits and behaviours, the service was able to target specific client groups – those most in need. The way of targeting people led to a significant increase in clients accessing the service. This method is also extremely cost effective when compared with traditional marketing channels, due to the way in which it can be targeted but also the way in which success can be measured.

## Facebook in figures

- 1.58m reach (the cumulative total number of pages that have been reached)
- 930 Likes (883 1 April 16 – 31 Mar 17)
- 95,555 video views from January and March weight and smoking campaigns
- 596 Twitter followers
- 14.7k impressions earned by Tweets in the last quarter

## Championing national campaigns

During the last year, we've supported a wide variety of national health campaigns including Stoptober, Ovarian Cancer, Dementia Awareness, Mental Health Awareness, Be Clear on Cancer, One You, Change 4 Life and many more.

## Bi-monthly e- newsletters

Our digital strategy is complemented by the introduction of two new e-newsletters for Professionals/Partners and for Clients which started in January 2016 and have a higher than national opening rate of 45%.

## 8. Outreach Community Work

### A family affair - parents and children get healthier

Livewell and DCCT have worked with Hardwick School since November to support children and their families to manage their weight and improve their health.

Through information and recruitment events at Hardwick Primary and St Chad's Nursery and Infant School parents, staff and community members have signed up to Livewell's weight loss programme, DCCT's Active Ewe free exercise programme for women and the Master Cadets programme for children.

The partnership made it easy and less daunting for parents to attend exercise and healthy eating sessions by running activities in familiar, local places and during the school day. As a result, 18 parents now regularly attend Livewell and Active Ewe exercise sessions.

The Master Cadets programme delivers fun weekly exercise sessions for 90 children at Hardwick Primary School.

This popular programme encourages children to enjoy physical activity, which appears to be working well judging from the number of children who bring their friends to the sessions.

Sharan Bola, Community and Extended Services Manager, at Hardwick Primary School said:

*“Livewell and DCCT have given the parents (mainly women from the Asian community) self-esteem, confidence and opportunities to do something for themselves, to make healthy lifestyle choices, socialise and have fun while exercising. The parents absolutely love attending the classes and I know*

*the partnership we've forged will help change their families' lives for the better. We are very proud of our parents who have taken on this journey and to Livewell and DCCT for being part of it. I am hoping to help recruit more parents and to encourage more of the community to get involved."*

More examples of Livewell working in Derby's communities and in the last year have seen us meeting a wide range of people from all walks of life. The service has also supported a number of events:

- Staying Warm and Healthy event at the West Indian Community Centre in February.
- Men's Health event at All Nations for Christ Church in Normanton to raise awareness of prostate cancer.
- Healthy eating talk at The Twenty Twenty Lifeskills Centre for Community Action - a self-help forum for voluntary organisations in Derby.
- Vaisakhi Celebration at the Sikh temple - Guru Arjan Dev Gurdwara Derby - one of the most important and colourful festivals celebrated by the Sikh nation.
- Health events at Lister House and Peartree Medical Centre to promote healthy eating, stopping smoking and being more physically active and talk to patients about how Livewell can support them to make healthy lifestyle changes

## **9. Volunteering and Walking**

### **Walk Well Derby**

The Walk Well Derby walking programme (Livewell's walking programme) started in July 2015 and over 320 people have accessed the walks. The walks are particularly aimed at inactive people, such as those on Livewell, but they can also be accessed by the general public too. They are free for anyone to attend and are based at various accessible locations across the city, lasting between 30-90 minutes.

Walk Well Derby has also recently gained accreditation from the national Walking for Health programme, demonstrating that the programme follows quality guidance, including having a volunteer policy, health and safety, and monitoring and evaluation.

The scheme has been very successful and much of this is down to the dedication and hard work of the walk leaders, particularly those who volunteer their time to take part. As part of the programme, over 75 people have been trained to lead these walks, which includes Livewell team members, employees from other organisations across the city and further afield, and volunteers. There are currently eight active volunteers leading walks as part of the programme and helping with other tasks such as administration and promotion of the scheme.

Walk Well Derby has proved to be a popular and sustainable activity and one that has been of great benefit to the walkers and also the volunteers.

*'The Oakwood Woodland walk is mostly flat and lasts around 45-60 minutes, which sounds like a long time, but once we get going and everyone has a bit of a natter, we're back before we know it*

*and feel great! The group is very welcoming and sociable and that's why lots of people like to come back.'*

**Pete Blair, Volunteer Walk Leader**

*'I find it very rewarding to help people get more active and to see their fitness improve whilst making new friends. The walks' success has extended to group social activities, including a Sunday walk in the Peak District and a barn dance we held a celebratory Christmas lunch in December and were joined by 30 of our most regular walkers.'*

**Sandra Ward, Volunteer Walk Leader**

As many clients have requested to stay involved in Livewell in some way, there is also work underway to recruit volunteers from within the Livewell service and set up a peer mentoring programme, so they can help others to be more active, stop smoking or lose weight.

## **10. Royal Derby Hospital and Primary Care+**

From Monday 5<sup>th</sup> June Livewell will be supporting two city 'places' – City Centre South and City North East to deliver against the extended hours pilot offer. Across two sites (Park Medical Practice and Peartree Medical Centre) Livewell will be delivering smoking cessation, group activations and the 'lose weight, feel great' weight management course Monday – Thursday 6pm – 8pm. This will help encourages more referrals, improve patient, practice and service relationships.

From Monday 3<sup>rd</sup> July a smoking cessation service will commence within the respiratory wards at Royal Derby Hospital. This forms part of the Rightcare work programme that is looking at changing the way in which COPD is diagnosed and managed within the city. Livewell are working in conjunction with 'Live Life Better Derbyshire' to deliver this service and support inpatients to quit smoking within acute care and when they are discharged.

## **11. Summary - Adults**

2016/2017 has again been another successful year for the service especially for the weight management and NHS Health Check areas of work with 66% of BMI clients achieving at least 5% weight loss and 1119 NHS Health Checks completed. 4 week smoking quits achieved were 1044 with 68% of people setting a quit date going on to successfully quit. Physical activity outcomes have not improved against 2015/2016 however, the way in which physical activity is measured is now far more stringent from self-reported to using IPAQ therefore a decline was to be expected.

Public engagement through social media and on the ground community work has been crucial in the success of recruiting new clients, improving relationship with communities and significantly improving the efficiency of marketing budgets. This has also allowed the service to engage with audience that might normally be missed – those who are in fact most in need.

2016/17 has also seen the service gain national accreditation from the Royal Society for Public Health (RSPH) for its weight management service. During observations the RSPH fed back that they

were really impressed with the course content, the way in which it has been developed and how it supports a highly diverse population. **RSPH Chief Executive Shirley Cramer CBE commented:** “RSPH is delighted to be able to support Derby City Council’s Livewell initiative through our accreditation of this healthy eating programme. We commend Livewell for the tremendous opportunities it provides to its residents to help them to make positive changes to improve their own health”.

A new survey has praised the work of Derby City Council and Derby County Community Trust in helping men take advice on health matters seriously.

The Men’s Health Forum has singled out the Council in a survey to promote Men’s Health Week.

Martin Todd, chief executive of the Men’s Health Forum, said some councils were failing to engage with men following a survey of 88 local authorities.

But he added: “It doesn’t have to be so bad. Authorities like Derby City Council, in partnership with Derby County Community Trust (DCCT), are taking the challenge of engaging men more seriously – and as a result, 48 per cent of the people (368) accessing their weight management services are men.

“Our goal is to help more men take action to address their weight problems, but also to get more serious services in place that are designed to work for men.”

This is further evidence that our partnership with DCCT continues to flourish, with more clients being able to access a greater range of specific behaviour change programmes.

## **12. Summary - Children**

This year has seen a significant increase in referrals to the programme. It is evident this is as a result of the Active Schools programme which takes a whole school approach to increasing physical activity and developing healthy lifestyles. The programme aims to integrate health and wellbeing within the ethos, culture and routine life of the school setting. It involves addressing the needs of pupils, staff and the wider community.

For a more detailed example of the work of the Active School programme, see Hardwick Case Study in appendix 2. There has been a significant increase in all outcomes this year, except for smoking targets, which remain low. However, with the introduction of the Risky Behaviour Team, it is anticipated this will improve in the coming year.

As with the adult programme, we have found that by delivering more front facing work this has enabled the programme to not only recruit more children, but has also effectively engaged more parents. This has led to an increase in sign up for both Livewell and Derby County Community Trust sessions.

#### **14. Quality Schedule**

All appropriate components of the quality schedule outlined in Appendix 4 have been achieved and adhered to.

## Appendix 1

	<b>Glossary of Terms and Abbreviations</b>
BMI	Body Mass Index
BP	Blood Pressure
CHD	Coronary Heart Disease
CKD	Chronic Kidney Disease
CMO	Chief Medical Officer
CVD	Cardiovascular Disease
CQUIN	Commissioning for Quality and Innovation
DCCT	Derby County Community Trust
DNA	Did Not Attend
DoH	Department of Health
GP	General Practitioner
IPAQ	International Physical Activity Questionnaire
KPI	Key Performance Indicator
RSPH	Royal Society for Public Health
SDCCG	Southern Derbyshire Clinical Commissioning Group
SATOD	Smoking at Time of Delivery
TCC	Tobacco Control Centre

## Appendix 2 Whole School Approach Case Study

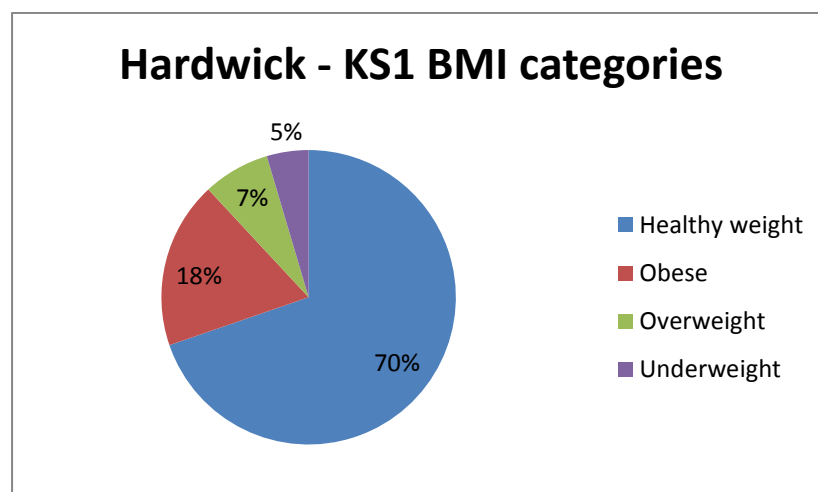
### Active School Programme 'Our Story' How to engage children and their families in leading healthier lifestyles as part of a whole school approach to physical activity

#### School name: Hardwick Primary

Hardwick Primary is classified as an outstanding school by Ofsted and is situated in one of the most deprived areas of Derby. The school is larger than the average-sized primary school. The proportion of disabled pupils and those who have special educational needs supported through school action is above average. The proportion of pupils from minority ethnic backgrounds is high, with the largest groups being of Pakistani and Gypsy Roma heritage. An above average proportion of pupils speaks English as an additional language with some, newly arrived, at an early stage of learning English. A well above average proportion of pupils is known to be eligible for the pupil premium (which provides additional funding for looked after pupils and those known to be eligible for free school meals).

#### What needs did we identify?

- 1) After weighing and measuring pupils from year 1 to 6 we identified the following:

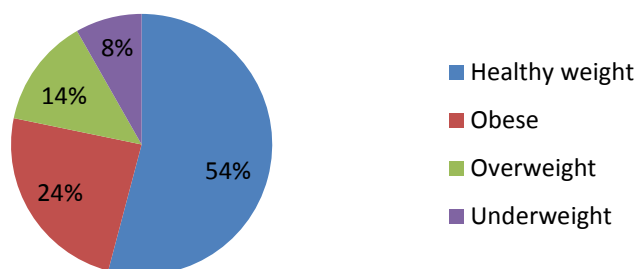


25% of our KS1 children were overweight or obese

By the time the children got to KS2 this rose to 38%, which is higher than the national average



## Hardwick - KS2 BMI categories



- 2) Physical activity diaries kept by the KS2 children over a week, also indicated that the majority of children were not achieving the Chief Medical Officer's recommendation of 60 minutes of physical activity a day.
- 3) Staff surveys showed that 27% of staff were not confident in delivering physical activity or PE.

### What outcomes did we focus on?

#### Targeted:

- 1) 30 children are engaged in the Master Cadet healthy lifestyle programme so that children have an increased knowledge and understanding of a healthy lifestyle and can make healthy choices independently
- 2) 15 children and their families access the Active Child programme running after school to: support children with achieving a healthy weight, increase their physical activity levels and improve their knowledge and understanding of healthy food and drink choices
- 3) Increased confidence and willingness to participate in physical activity in and outside of school of targeted pupils

#### Universal:

- 4) Increased levels of daily physical activity in lesson time by 10 minutes
- 5) 70% of school staff report an increased confidence in delivering physical activity in the curriculum

### What activities/interventions did we put in place?

#### Master Cadets - Livewell Healthy living club:

Master Cadets is a healthy lifestyle programme for children identified as being overweight and/ or physically inactive and their friends. It was run by the Active School team over a lunchtime session. Children accessed 8 weeks of fun activities and informal learning to increase their knowledge of a healthy lifestyle. Examples of activities included:

*'One of the children's favourite sessions is where we play lots of different games. These include sugar busters, which is a version of dodgeball which gets across the message about not having too much sugar in our food and drinks. We play football cricket, football, tag games, relay races, boxfit, stuck in the mud and lots more. Our focus is on having fun and raising the confidence of children to have a go at something new'* Sara Adcock (Physical Activity and Health Officer)

### **Live It – Active Child programme**

After 8 weeks, Children who would benefit from further support with managing their weight are invited to join the Livewell Active Child programme. This programme runs for a year, after school, and allows a longer session to increase physical activity and knowledge and understanding of healthy eating. Parents are a key part of the Active Child programme and have regular meetings with staff to review their child's progress.

*'Our sessions after school are an hour and 15 minutes long and we spend an hour exercising and then 15 minutes on our informal learning which includes: the eatwell plate, think before you drink, food labelling, portion sizes, 5 a day challenge and other healthy eating challenges. We always bring fruit and veg to our sessions and the children get really excited to see what it is each week!'* Sara Adcock

Where families have been harder to engage because of a language barrier, Mrs Bola from pastoral care, contacted the parents using an interpreter to explain the programme. The majority of these families were from the Roma community. Sara Adcock also held a parent workshop with the translator with some of the Roma parents, looking at what the children had learnt and discussed key health messages.

### **Universal Daily Physical Activity:**

We accessed several training sessions for staff from Arwen Green (Active learning officer at DCCT). These included an overview of the importance of physical activity and key messages about the impact on children's health.

Arwen ran a second staff meeting on 'Take Ten Every Move Counts' and 'Fit to Think'. This gave us two resources for the classroom that every teacher could use to increase short bursts of physical activity. For example, children can follow dance routines on the interactive white board with Take Ten or do chair exercises to accompany a simple story. Staff have also used 'Jumpstart Jonny' to provide short bursts of activity.

All staff in KS1 accessed training on physical literacy to further support staff understanding of physical development in children and how this can affect children's physical activity levels. Physical

literacy was rolled out as a universal programme in the early years and as an intervention for year two pupils.

### What did we achieve, and how did we know?

#### Targeted support:

- 1) **90** children attended the lunchtime Master Cadet club
- 2) **25** children from Master Cadets signed up with their families to the 12-month Active Child programme
- 3) Out of these 25 children, the first 3-month review showed:
  - **66%** of children increased their physical activity levels by an additional 2 hours a week and children were trying new activities out of school. For example: swimming, boxfit, cycling
  - **33%** of children had maintained their physical activity levels
  - **100%** had increased their fruit and vegetable intake
  - **78%** had decreased their BMI z score because of reducing portion sizes, eating less fatty and sugary foods and drinks and increasing their physical activity levels
  - **92%** of children were in a happy or very happy category (EHWB survey) who attended the lunchtime or after school club. Of these **42% had increased their happiness levels** over the course of the programme.
- 4) Perception feedback from the children also indicated an increased confidence and knowledge and understanding of healthy lifestyles:

‘Amazing ! We always have fun being healthy, we always do good games. I really like being healthy so I am strong so if I was in a competition I will win because of this amazing club.’

‘It’s fun but it makes me tired. I like to be here because I learn lots of stuff for example how to be healthy and I also enjoy playing games and I love it!’

- 5) Teacher feedback also captured the wider impact of the programme:

‘Master Cadet club has been phenomenal, it’s had such a great impact on the whole culture of physical activity in the school for children and families’

‘Tuesday lunchtime they all want to go to Master Cadets and that shows a big difference in children’s attitude. More children now want to participate in clubs and competitions’

‘Getting families on side through the Master Cadet programme has meant we are able to target children that need support early on. ‘

- 6) Parent feedback:

‘I’m very pleased with the changes in my son’s diet at home. He is voluntarily reducing his portion sizes at home (half a chapatti). He’s a lot more aware of healthy food choices and has increased his fruit and veg consumption. He has increased his physical activity and is now attending Boxing in the community and will be starting the Kicks programme soon.’

- 7) Parent workshop feedback from Roma parents – Sara Adcock

*‘The families were keen to engage and said that their children are feeding back what they have learnt in the sessions, which is resulting in them making healthier choices at home. The parents have made changes and have increased their fruit and veg and also decreased portion sizes. Fizzy drinks have also been reduced. The parents have also commented that they were unaware that some of the foods they were all eating were unhealthy/had hidden sugar and they were more aware of what’s in food. ‘*

#### **Wider impact on parents and the community:**

Because of relationships developed by Sara Adcock with families through the Active School programme and the work of Mrs Bola - Community and Extended Services Coordinator, we were able to make links with other programmes in Derby County Community Trust – Active Ewe a free Derby County programme aimed at women who do little or no physical activity and Livewell’s programme aimed at adults that have a BMI over 30 who want to reduce weight. We became not just an Active School for the pupils and teachers but also for the parents:

*'With children coming home from school excited about the things they were learning during the Master Cadet Club, it led to parents showing interest in making some changes themselves. A parent information session was then set up with Livewell and Active Ewe to give parents more information about the programmes available and it was soon realised that the majority of them wanted to get fit and lose weight.*

*Within a few weeks a specific pathway to joining was developed with a class designed solely for the parents of Hardwick to attend at their local library 2 minutes' walk from the school. The class was designed and delivered by Derby County Community Trust staff with the aim to cater for the health issues raised during the information session and the requirements of the parent's needs. Furthermore, to educate on exercises that could also be done at home in between the sessions.*

*With myself having a background of 15 years teaching experience, I've never noticed such a fast change in people's fitness, strength, body awareness and confidence like I have at this parent session, it's been amazing to witness such a positive change and watch people progress!*

*Further support was added by Livewell who held an 8-week healthy eating workshop after each class in the same venue, this is where parents would then learn about how to lose weight safely and most importantly make lifestyle changes that would ensure sustained weight loss and fitness.*

*The session has reached over **40 parents** so far with plenty more names being added to the waiting list for the next group sign up session.'* Stephanie Thompson (Active Children and Women's Team Leader)

#### **Universal approach:**

- 8) **91%** of staff that hadn't been confident about delivering physical activity before the Active School programme, moved from **not feeling confident** at all to **feeling confident** about delivering physical activity. Overall, **59%** of staff said they felt **more confident** about teaching physical activity because of the Active School programme, despite many being confident at the beginning.

#### **Because of increased staff confidence:**

- 9) An average of 10 minutes of additional daily bursts of physical activity were built into lesson time across the school day

*'Training has been really useful to increase staff knowledge and understanding as it's reinforced a whole school, whole curricular approach, that it's not just PE. '*

*'A Literacy lesson on letter writing, using active learning, saw a real impact on children recalling key features and was particularly positive on a child with autism'*

*'The Active School programme has changed the attitude of certain staff as the children are so motivated now, they are asking when they can do physical activity. Some staff have also joined the Livewell programme and KS1 staff have even started a slimming club'*

## What will we do next?

### Continue to increase daily physical activity through:

- Developing active lunchtimes by building in additional opportunities with Sports Council delivering.
- Building on good practice across school with Take Ten.
- Promoting physical activity across school as part of Health and Fitness fortnight and build on the offer for children to try new things. For example: Rammie's Daily Mile Challenge
- Develop further community links with 'DCCT Kicks programme' and continue to signpost parents to Active Ewe and Livewell
- Continue with the Active Child programme after school next year, to engage those children who are less active and need support with managing their weight.

For more information about the Active School programme contact [Arwen.green@dcct.co.uk](mailto:Arwen.green@dcct.co.uk)

For more information about Live IT Active Child programme contact [Stephanie.Thompson@dcct.co.uk](mailto:Stephanie.Thompson@dcct.co.uk)

With special thanks to link teacher Katy Popple (Year 1 and 2, PE and PSCHÉ Leader Hardwick Primary)



## Appendix 3

### Annual Report Case Studies

#### Livewell in numbers

##### Smashing targets

Since 2013, Livewell has supported **over 9000 people** in Derby to change their lifestyles and improve their health.

It smashed its annual target to deliver 1000 community NHS Health Checks almost two months early in February 2017 and helps three times more smokers achieve a 4-week quit than the national average. Other successes include:

- 61% of people joining Livewell to lose weight achieve at least a 5% weight loss. The highest weight loss is over 50%! Over the last four years that equates to 22 tonnes of fat or the weight of four African elephants (5455kg each)
- Last year Livewell supported over 1000 smokers to quit, saving each smoker around £3158 a year (based on 20 a day), that's up to £3.15m in total! In addition that's up to nearly 7kg less tar consumed by people in Derby.
- 56% of all people coming to Livewell for an NHS Health Check are referred to their GP or to Livewell for clinical or lifestyle support.

##### NHS Health Checks

Livewell is helping people in Derby to lower their risks of getting heart disease, type 2 diabetes, stroke and dementia through its community-based NHS Health Check programme. Offering day and evening 30 minute appointments in venues such as mosques, church halls, and even pubs has helped reach people who wouldn't normally visit their GP. The checks include body mass index, blood pressure, cholesterol and even heart age and are designed to help prevent the development of certain health conditions.

David Roberts (61) was shocked to be referred to his GP for a high blood glucose level and high blood pressure after his Livewell Health Check. His doctor gave him three months to improve his health and turn things around. That gave David the push he needed to make some key changes to his eating and exercise habits. His doctor claimed that if all patients followed these instructions the diabetes problem in this country wouldn't exist! Needless to say both David and his doctor are thrilled with the turnaround.





*“Discovering I was overweight and diabetic was a big wake up call. Thanks to my Health Check with Livewell I’ve lost two stones in 3 months by eating better and exercising more. I now have a healthy blood sugar, cholesterol, blood pressure and BMI. My GP is delighted.”*

### **Derby Jamia Mosque – a community partnership**

Livewell has forged a unique relationship with the Derby Jamia Mosque, supporting the Muslim community in Peartree and Normanton to lower their risks of health issues such as type 2 diabetes, heart disease and stroke through its free community-based NHS Health Check programme:

Nazir Hussain, Secretary at Derby Jamia Mosque said:

*“Livewell has genuinely involved our community – running events at the Mosque, women-only sessions, giving checks and raising awareness about the importance of Health Checks. The team understands our cultural needs and actively encourages everyone to get involved. It runs health awareness events timed around prayers and activities to support as many of our people as possible to take part. We’re excited about Livewell having a regular presence here and the difference it will make to our community’s health.”*



### **A family affair - parents and children get healthier**

#### **Livewell, Derby County Community Trust and Hardwick Primary School**

A new project in Normanton/Peartree is making a real difference to the health of Hardwick Primary School's community.

Livewell and DCCT have worked with Hardwick School since November 2016 to support children and their families to manage their weight and improve their health.

The partnership made it easy and less daunting for parents to attend exercise and healthy eating sessions by running activities in familiar, local places and during the school day. As a result, 18 parents and 90 children now regularly attend exercise sessions.



Sharan Bola, Community and Extended Services Manager, at Hardwick Primary School said:

*“Livewell and DCCT have given the parents (mainly women from the Asian community) self-esteem, confidence and opportunities to do something for themselves, to make healthy lifestyle choices, socialise and have fun while exercising. The parents absolutely love attending the classes and I know the partnership we’ve forged will help change their families’ lives for the better. We are very proud of our parents who have taken on this journey and to Livewell and DCCT for being part of it. I am hoping to help recruit more parents and to encourage more of the community to get involved.”*



### Dawn drops 4 dress sizes and 3.5 stones

#### Fighting fit and healthy thanks to Livewell

Dawn Perry from Mickleover is a new woman thanks to her amazing life-changing journey with Livewell.

Since joining, Dawn has reduced her BMI from 35 to 25.5 and is three and a half stones lighter. She is loving her new found energy, just one of the benefits of the regular exercise she is doing most days.

Dawn puts her success down to the support and encouragement of fellow clients who in her words have become 'friends for life' and the continued motivation from our advisors.



People can watch Dawn's inspirational story on the Livewell home page at [www.livewellderby.co.uk](http://www.livewellderby.co.uk)

Dawn is pictured right with fellow Livewell client, Denise Gamble.

### Ana celebrates one-year smoke free

#### Livewell supports Ana to kick 40-a-day habit – a dream she never thought possible.

Ana from Sinfen successfully quit a year ago with Livewell's support and is helping to inspire others to kick the habit for good.

It was no mean feat for the grandma and mother of 6 who smoked 40 a day for 31 years. But thanks to encouragement and support from her advisor, Rania and using a different stop smoking medicine, she finally beat the cravings and achieved success!



Ana is so proud that she's achieved the hardest thing she's ever had to do: *"I can't believe how good I feel. My cough has vanished, my clothes no longer smell and I'm so thankful to have my health - I give myself a little pat on the back every day. My husband, children and grandchildren are so happy and proud of me, there's no way I'll ever let them down and start again."*

### Norman's story: I'm half the man I used to be!

#### New lease of life for Norman after incredible 10-stone weight loss

61-year-old Norman Todd from Chellaston is one of thousands of people in Derby to change his lifestyle for the better and enjoy a healthier, more fulfilled way of life.

With Livewell's support, Norman steadily lost weight and gradually built his fitness through gentle walks, badminton and Livewell circuits.

“I’d not done any exercise since leaving school but I was surprised how much I enjoyed getting stuck in, working hard to improve my fitness and having a laugh with the new friends I made.”

Breaking bad snacking habits was another key change to Norman’s lifestyle after completing Livewell’s Lose Weight Feel Great 8-week course.

Today Norman’s a fitter, healthier and more positive person. “My wife and children can’t believe the difference. Before I could hardly walk to the end of the road now I’m always on the go, doing two hours of exercise nearly every day.”



Norman left with advisor, Ben Middleton and below shows Norman before and after his transformation.



	Quality Requirement	Threshold	Method of Measurement	Consequence of breach
1.	<b>Clinical Effectiveness</b>  The provider will ensure that they conform to <b>NICE</b> guidance and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care	The provider to provide assurance that relevant guidance is subject to implementation and progress monitoring	Information included within the annual quality report to the commissioner. Including the following:  1) up to date information on who is currently leading/ implementing  2)comprehensive detail on any not yet implemented fully and plan to do this,  3) how the risks of the lack of implementation have been assessed and mitigated	Subject to the Contract Management process set out in Section B29 of the contract.
2.	Equality and Human Rights Assurance (B5)	The provider to demonstrate compliance with the requirements the Equality Act 2010 and have due regard to the obligations contemplated by section 149 of the Equality Act 2010.	Equality and Human Rights information to be included within annual quality report to the commissioner. Including the following: <ul style="list-style-type: none"> <li>• Evidence that it has considered the needs of all the protected groups (as defined in the Equality Act 2010) and other seldom-heard groups.</li> <li>• Evidence of Patient and staff engagement which can be shown to have been used in improving services and or setting priorities / objectives to enhance outcomes for the protected groups. Examples should include Improvements made to: access; patient care; patient experience; outcomes with reference to the groups which have benefited.</li> <li>• Clear objectives aligned to stakeholder and other patient feedback.</li> <li>• Appropriate governance arrangements for reporting and monitoring compliance with the</li> </ul>	Subject to the Contract Management process set out in Section B29 of the contract

			Equalities Act 2010	
3.	<p>The provider will know, understand and act on the needs of clients accessing and receiving services at all locations</p> <p>(B5)</p>	<p>The provider to provide evidence to confirm that systematic collection and reporting of equality data is being done on the service: Such data must be collated by protected characteristic.</p> <p>The provider must be able to satisfy the Commissioner that.</p> <ul style="list-style-type: none"> <li>Where a patient has a disability or other access needs, such as reasonable adjustments and/or language needs, these are met and assurance provided that such needs are automatically met, based on the patient's need.</li> <li>It is providing increased provision to respond to patient needs (e.g. more patient information in easy read; increased use of hearing induction loops; timely arrangements for interpreters, including BSL or electronic communications where needed.)</li> </ul>	<p>Information to be included within the annual quality report to commissioner Information to include:</p> <ul style="list-style-type: none"> <li>Data collection on the equality profile of patients in the service, provided by protected characteristic. (Gaps to be explained and addressed )</li> <li>Analysis of the collected data to show trends and identify any areas of concern. Where data is not currently collected the provider must show how this will be resolved.</li> <li>A list of Actions taken to respond to any anomalies in patient profiles.</li> <li>The improvements made in provisions to meet patient's needs, summarising the improvements made and which groups have benefited.</li> </ul>	<p>Subject to the Contract Management process set out in Section B29 of the contract.</p>

4.	<b>Confidentiality (B36)</b> The provider has systems in place that ensure staff treat patient information confidentially, except where authorised to the contrary	<p>The provider has a confidentiality policy in place, reviewed as necessary.</p> <p>This policy must take particular note of the importance to maintain confidentiality around a protected characteristic where that would differ from standard practice.</p>	Copy of current policies at start of contract year – and in year if changes made to policy	Subject to the Contract Management process set out in Section B29 of the contract.
5.	<b>Patient Experience – complaints (B17)</b>  Ensure the implementation of lessons learned from reviews and evaluation of Complaints and the extent to which service improvements have been made as a result.	<p>Demonstrable evidence of analysis, learning and actions taken to learn from complaints.</p> <p>Where any complaint relates to a protected characteristic or a complainant is from one of the protected groups covered by the Equality Act 2010 it is especially important that lessons learned are detailed.</p>	<p>Annual quality report to commissioners to include: Number, type and severity of complaints and,</p> <ul style="list-style-type: none"> <li>• Themes and trends with a focus on the top 5</li> <li>• Exception reporting</li> <li>• Service improvements and changes made to Facilitate a better patient experience</li> </ul>	Subject to the Contract Management process set out in Section B29 of the contract.
6.	<b>Client-Led Assessments of the Environment.</b> To assess the quality of the premises and environment.	<p>Site based assessment to be undertaken to include</p> <ul style="list-style-type: none"> <li>• Privacy and Dignity</li> <li>• Wellbeing</li> <li>• Cleanliness</li> </ul>	<p>Information included within annual quality report to the commissioner</p> <p>Action plan for improvement to be supplied if the assessments identify any gaps in care delivery</p>	Subject to the Contract Management process set out in Section B29 of the contract.

		<ul style="list-style-type: none"> <li>General maintenance</li> </ul>		
7.	<b>Patient Safety - Safety Notices</b>  The Provider will ensure that it is protecting patients through a robust system of enacting patient safety notices, alerts and other communications concerning patient safety and actions are carried out within required timescales	Service to provide assurance that the alert process is in place and is operating effectively	Information demonstrating the implementation of process, relevant actions taken and any exception details to be included within the annual quality report to the commissioner	Subject to the Contract Management process set out in Section B29 of the contract.
8.	<b>Patient Safety – Safeguarding Children (B10)</b>  The provider protects children by following national child protection guidelines within their own activities and in their dealings with other organisations and adhering to Derby Safeguarding Children's Procedures	The service will participate in the use of the Markers of Good Practice working with the designated professional roles.  The service will demonstrate active participation with the Local Safeguarding Children's Board.	Markers of Good practice audit undertaken and action plan in place to respond to any gaps. A summary of audit findings to be included within the annual quality report to the commissioner	Subject to the Contract Management process set out in Section B29 of the contract.
9.	<b>Patient Safety – Safeguarding Adults (B10)</b>  The provider protects adults at risk by following local (Derby Safeguarding Adults Procedures) and any national adult safeguarding arrangements	The service will participate in the use of the Derby City Council's Vulnerable Adults Risk Assessment (VARM) working with the designated professional roles.	Evidence of VARM assessments undertaken included in the annual quality report to commissioners.	Subject to the Contract Management process set out in Section B29 of the contract.



	these are interpreted within their own activities and in their dealings with other organisations.			
10.	<b>Patient Safety - Medicines Management</b>  The provider keeps patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely	Named Accountable Officer in place and registered with the CQC  All medication incidents that are reported in the service or raised through commissioning concerns have an action plan/lessons learned	Copy of Annual Report for the Accountable Officer  Report that demonstrates analysis and learning from medication errors included within the annual quality report to the commissioner	Subject to the Contract Management process set out in Section B29 of the contract.
11.	<b>Patient Safety</b>  The provider monitors quality of care by undertaking assurance audits	Bi-annual audits are undertaken and outcome measures are reviewed and updated as necessary. Action plans are produced for areas below threshold	Information included within the annual quality report to the commissioner	Subject to the Contract Management process set out in Section B29 of the contract.
12.	<b>Control of Infection - Hand hygiene</b>  Percentage of staff demonstrating positive outcome through hand hygiene audit	Achievement of a minimum of 95% across each individual staff group.	Service Balance Score Card to present position.  Hand hygiene audit report.  .	Subject to the Contract Management process set out in Section B29 of the contract.

13.	<p>Patient Safety- Incident Reporting (B11)</p> <p>The Provider undertakes Root Cause Analysis for all moderate, high or catastrophic incidents in order to prevent reoccurrence of similar incidents and disseminate lessons learnt</p>	<p>All high and catastrophic incidents are reported onto STEIS, CQC and other regulatory bodies (where appropriate) and to the commissioner and as per the Derby City Public Health Incident Reporting policy</p>	<p>Quarterly SI summary report to commissioner to include:</p> <ul style="list-style-type: none"> <li>• Number reported by category</li> <li>• Grade 2 incidents</li> <li>• Analysis of contributory factors, lessons learned and outcomes</li> <li>• Themes and trends and how re-occurring themes are being managed</li> <li>• Monitoring of action plans</li> </ul>	<p>Subject to the Contract Management process set out in Section B29 of the contract.</p>
		<p>All moderate incidents undergo local investigation</p>	<p>Quarterly reports containing:</p> <ol style="list-style-type: none"> <li>1. Numbers of incidents reported by division broken down into incident types in current quarter and previous 3 quarters (showing 12 month period)</li> <li>2. Analysis of contributory factors, lessons learned and outcomes</li> <li>3. Themes and trends and how re-occurring themes are being managed</li> <li>4. Monitoring of action plans</li> </ol>	
14.	<p><b>Patient Safety - Incident Investigation Training</b></p> <p>The Provider provides Root Cause Analysis Training and updates for all staff undertaking RCA investigations</p>	<p>Lead investigators have undertaken RCA training including investigation methodology and report writing skills.</p> <p>Update training is available to continually improve the quality of investigations and reports</p>	<p>Annual training figures within annual quality report to the commissioner</p>	<p>Subject to the Contract Management process set out in Section B29 of the contract.</p>



15.	<b>Patient Safety - Risk Management</b>  The provider monitors compliance with the risk management process	The provider holds a risk register and regularly monitors its high level risks against actions to be completed / delays / issues	Annual quality report to the commissioner to include information showing how the service regularly manages its risks in line with Derby City Public Health Incident Reporting Policy.	Subject to the Contract Management process set out in Section B29 of the contract.
16.	<b>Patient safety - Health Records (B13)</b>  Standards of health records are monitored	The service has a system for tracking health records and a process for dealing with missing records	Audit of health records, including the number of missing records included within annual quality report for the commissioner	Subject to the Contract Management process set out in Section B29 of the contract.
17.	<b>Safe Staffing (B7)</b>  The provider keeps patients, staff and visitors safe by applying the principles of good employment practice	<p>The service will undertake evaluation of actual / planned staffing levels</p> <p>6 monthly staffing reviews will be undertaken detailing concerns relating to patient safety or service delivery with lessons learned and action plan followed by a review meeting</p> <p>The impact of staffing issues is to be explored for clinical audit data, safety thermometer, complaints, incidents, Never Events and service user / staff involvement</p>	<p>Staffing level exception reports</p> <p>6 monthly staffing review reports</p> <p>Evidence of public disclosure at board level / website</p> <p>Mandatory and essential training data in terms of performance and on-going education and training in accordance with Good Clinical Practice and the standards of any applicable body</p>	Subject to the Contract Management process set out in Section B29 of the contract.

		The service will publicly disclose outcomes and lessons learned from staffing reviews		
<b>21.</b>	Provider shall provide an Advice & Guidance service for all specialties	a) 95% or more of relevant specialties to offer Advice and Guidance Service  b) 95% of requests for Advice and Guidance to be responded to within 3 working days of request (urgent) or 5 working days (routine) being made via Choose & Book	Number of routine Advice and Guidance requests and number of those responded to within 5 working days –included within the annual quality report to commissioners	Subject to the Contract Management process set out in Section B29 of the contract.