

		Cumulative Target							
PAP Ref	Title	Annual Target	Q1	Q2	Q3	Q4	Programme Manager	Score	Scope of Control
<b>Cleanliness &amp; Healthcare Associated Infections</b>									
<a href="#">VSA01</a>	Number of MRSA infections	< 15 cases of MRSA	As per annual work programme - work programme not signed off as at 29/4. Approval and sign-off of Work Programme (scheduled for May 09)	Milestones will be added to this Performance Assurance Plan when the WP is signed-off.	Milestones will be added to this Performance Assurance Plan when the WP is signed-off.	Milestones will be added to this Performance Assurance Plan when the WP is signed-off.	Jeanette Wilding 01902 444306 jeanette.wilding@wolvespct.nhs.uk	20	A
<a href="#">VSA02</a>	Screening of patients for MRSA	100% of elective admissions	Review with providers through Contract Monitoring/monthly meetings for adherence to requirements	Review with providers through Contract Monitoring/monthly meetings for adherence to requirements	Review with providers through Contract Monitoring/monthly meetings for adherence to requirements	Review with providers through Contract Monitoring/monthly meetings for adherence to requirements	Adrian Phillips 01902 444859 adrian.phillips@wolvespct.nhs.uk	6	A
<a href="#">VSA03</a>	Number of cases of Cdif	No more than 182 cases of Cdif PA	Work Programme has not been signed-off at 29/4, scheduled for sign-off during May. No more than 45 cases	Milestones to be added after the WP is signed-off No more than 90 cases	Milestones to be added after the WP is signed-off No more than 135 cases	Milestones to be added after the WP is signed-off No more than 182 cases	Jeanette Wilding 01902 444306 jeanette.wilding@wolvespct.nhs.uk	10	A
<a href="#">VSC01</a>	Achievement of Clinical Negligences Scheme for Trust risk management standards	Achieve CNST Level 1 for Risk Management Standards	As per NHSLA project plan	As per NHSLA project plan	As per NHSLA project plan	level 1 achieved	Jeanette Wilding 01902 444306 jeanette.wilding@wolvespct.nhs.uk	8	A
<b>Access to Personalised &amp; Effective Care</b>									
<a href="#">VSA04a</a>	Percentage of patients seen within 18 weeks for admitted pathways	90.2% of patients are seen within 18 weeks	>= 90% of patients seen within 18 weeks for non-admitted pathways	>= 90% of patients seen within 18 weeks for non-admitted pathways	>= 90% of patients seen within 18 weeks for non-admitted pathways	>= 90% of patients seen within 18 weeks for non-admitted pathways	Harry Ward 01902 445947 harry.ward@wolvespct.nhs.uk	4	B
<a href="#">VSA04b</a>	Percentage of patients seen within 18 weeks for non-admitted pathways	95.2% of patients are seen within 18 weeks	>= 95% of patients seen within 18 weeks for non-admitted pathways	>= 95% of patients seen within 18 weeks for non-admitted pathways	>= 95% of patients seen within 18 weeks for non-admitted pathways	>= 95% of patients seen within 18 weeks for non-admitted pathways	Harry Ward 01902 445947 harry.ward@wolvespct.nhs.uk	4	B
<a href="#">VSA04c</a>	Percentage of patients seen within 18 weeks for direct access audiology treatment	95% of patients are seen within 18 weeks	>= 95% of patients seen within 18 weeks for non-admitted pathways	>= 95% of patients seen within 18 weeks for non-admitted pathways	>= 95% of patients seen within 18 weeks for non-admitted pathways	>= 95% of patients seen within 18 weeks for non-admitted pathways	Harry Ward 01902 445947 harry.ward@wolvespct.nhs.uk	8	B
<a href="#">VSA04d</a>	18 Weeks: Diagnostic Tests > 6 weeks	0 patients waiting longer than 6 weeks for diagnostic tests	0 patients waiting over 6 weeks for diagnostic Tests	0 patients waiting over 6 weeks for diagnostic Tests	0 patients waiting over 6 weeks for diagnostic Tests	0 patients waiting over 6 weeks for diagnostic Tests	Harry Ward 01902 445947 harry.ward@wolvespct.nhs.uk	8	B
<a href="#">VSA05</a>	Activity levels	>/<10% tolerance	Monitor performance, analyse variances and take necessary actions as appropriate.	Monitor performance, analyse variances and take necessary actions as appropriate.	Monitor performance, analyse variances and take necessary actions as appropriate.	Monitor performance, analyse variances and take necessary actions as appropriate.	Harry Ward 01902 445947 harry.ward@wolvespct.nhs.uk	6	B
<a href="#">VSA06</a>	Patient experience of access to primary care	Telephone Access - 92% GP within 48hrs - 87% GP cons 3+ days - 83% See specific GP - 90% Opening times - 89% Average - 88%	Survey activity is annual - no measure prior to national survey being produced. The Primary Care team will monitor access levels in year with GPs where possible.	0	0	PCT meets % or over as per national targets in results of national patient survey - see Annual target as above	Lynne Allen 01902 445856 lyne.allen@wolvespct.nhs.uk	12	C
<a href="#">VSA07</a>	Extended opening hours for GP Practices	65% of GP Practices offer extended opening	65% practices offer extended opening. Team to maintain levels achieved in 2008/9 (77%) and aim to reach 84% during 2009/10	65% practices offer extended opening. Team to maintain levels achieved in 2008/9 (77%) and aim to reach 84% during 2009/10	65% practices offer extended opening. Team to maintain levels achieved in 2008/9 (77%) and aim to reach 84% during 2009/10	65% practices offer extended opening. Team to maintain levels achieved in 2008/9 (77%) and aim to reach 84% during 2009/10	Lynne Allen 01902 445856 lyne.allen@wolvespct.nhs.uk	8	A
<a href="#">VSA08</a>	Proportion of patients with breast symptoms referred to a specialist who are seen within 2 weeks of referral	95% of all patients are seen within 2 weeks	Monitor performance and apply contract levers if performance is not meeting standards.	Monitor performance and apply contract levers if performance is not meeting standards.	Monitor performance and apply contract levers if performance is not meeting standards.	Monitor performance and apply contract levers if performance is not meeting standards.	Harry Ward 01902 445947 harry.ward@wolvespct.nhs.uk	6	B
<a href="#">VSA09</a>	Proportion of women aged 47-49 and 71-73 offered screening for breast cancer	working towards 75% - tbc by DH	Work with Breakthrough Breast Cancer to look at development of educational resources to use with women	Work with Breakthrough Breast Cancer to look at development of educational resources to use with women 2.follow up of non attendees to ascertain reasons for non attendance	1. Follow up of non attendees to ascertain reasons for non attendance 2. raising awareness of self referral for women over 70 through engagement with voluntary sector groups eg age concern	1. Appointment of lead clinician for cancer	Adrian Phillips 01902 444859 adrian.phillips@wolvespct.nhs.uk	12	C

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PAP Ref	Title	Annual Target	Q1	Q2	Q3	Q4	Programme Manager	Score	Scope of Control
<a href="#">VSA10</a>	Proportion of men and women taking part in the bowel cancer programme	> 53% by end 2009/10	Continued promotional work by Bowel Screening Co-ordinator for the Black Country and the PCT Screening Facilitator Promotional cards received from printers and sent to GPs/Pharmacist for patient handouts. Identified need for improved patient information with screening kits - Work started for new booklet with visual instructions for improving number of completed kits. Co-ordinator targeting poor uptake areas of city with extra promotional activities 5. Development of LES for bowel cancer screening	1. Ongoing Promotional activities especially in low uptake areas of city. 2. Continue to meet and follow through with producing new booklet for patients. 3. Monitor performance 4. Attend Bowel Screening Meeting at New Cross. 5. Finalisation of a social marketing programme to increase the uptake of bowel cancer screening 6. Appointment of a clinical lead for cancer to improve clinical engagement with GPs	Monitor performance . Follow up on booklet and the sending out to a section of patients by Hub for assessing usability before using it on ongoing basis Attend Bowel Screening Meeting at New Cross	Monitor performance. Booklet sent out. Follow up of letter to assess patients response on whether it was helpful Attend Bowel Screening meeting at New Cross	Adrian Phillips 01902 444859 adrian.phillips@wolvespct.nhs.uk	16	D
<a href="#">VSA11</a>	Proportion of patients waiting no more than 31 days for second or subsequent cancer treatment (surgery or drug treatments)	100%	Monitor performance and apply contract levers if performance is not meeting standards.	Monitor performance and apply contract levers if performance is not meeting standards.	Monitor performance and apply contract levers if performance is not meeting standards.	Monitor performance and apply contract levers if performance is not meeting standards.	Harry Ward 01902 445947 harry.ward@wolvespct.nhs.uk	9	B
<a href="#">VSA12</a>	Proportion of patients waiting no more than 31 days for second or subsequent cancer treatments (radiotherapy)	92%	Monitor performance and apply contract levers if performance is not meeting standards.	Monitor performance and apply contract levers if performance is not meeting standards.	Monitor performance and apply contract levers if performance is not meeting standards.	Monitor performance and apply contract levers if performance is not meeting standards.	Harry Ward 01902 445947 harry.ward@wolvespct.nhs.uk	6	B
<a href="#">VSA13</a>	Proportion of patients with suspected cancer detected through national screening programmes or by hospital specialist who wait less than 62 days from referral to treatment	100%	Monitor performance and apply contract levers if performance is not meeting standards.	Monitor performance and apply contract levers if performance is not meeting standards.	Monitor performance and apply contract levers if performance is not meeting standards.	Monitor performance and apply contract levers if performance is not meeting standards.	Harry Ward 01902 445947 harry.ward@wolvespct.nhs.uk	9	B
<a href="#">VSB18</a>	Access to Primary dental services, based on assessments of local needs (development of Commissioning Strategy) and with the objective of ensuring year-on-year improvements in the number of patients accessing NHS dental services	167,000 patients receiving NHS primary dental services within the last 2 years	Capacity planning assumption of 2200 patients. Information campaign begun. End of year data not available till mid June. Value for Money review underway and due to complete June. Baseline position = 153,356 Target for end Q1 = 156,767	Acting on recommendations of VFM review commence; anticipate completion by September. Further develop info campaign using ipso/mori research and link to consultation on salaried services. Assess effectiveness of spot purchasing. Consultation info available. Procure or spot purchase activity to retain UDA in city. Develop access campaign. Target for end Q2 = 160,178	recommission on 3 year basis, subject to negotiations with contractors. spot purchase/ retender with spare ££ to retain activity. Access scheme to be implemented. Target for end Q3 = 163589	Target for end Q4 = 167,000	Lynne Allen 01902 445856 lynne.allen@wolvespct.nhs.uk	15	B
<a href="#">VSC02</a>	People with depression and/or anxiety disorders with access to psychological therapies	1,500 referrals 1,200 receive psychological therapy	Strategic Plan Target 438 started interventions 200 completed interventions 100 successful interventions  Vital Signs Target 375 Referrals / 300 psychological therapy cases	Strategic Plan Target 876 started interventions 600 completed interventions 300 successful interventions  Vital Signs Target 375 Referrals / 300 psychological therapy cases	1314 started interventions 1138 completed interventions 569 successful interventions  Vital Signs Target 375 Referrals / 300 psychological therapy cases	1752 started interventions 1752 completed interventions 876 successful interventions  Vital Signs Target 375 Referrals / 300 psychological therapy cases	Adrian Phillips 01902 444859 adrian.phillips@wolvespct.nhs.uk	6	A

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PAP Ref	Title	Annual Target	Q1	Q2	Q3	Q4	Programme Manager	Score	Scope of Control
VSC03	People supported to live independently	Maintaining peoples independence in their own homes 2,617 supported to live independently	Establish base line data and agreed projections with LA	Agree monitoring and data collection process	• Develop services aimed at maintaining people living independently including: o Implementation of productive community hospital to facilitate patient flow o Development of transformational plan o Increase capacity in community services at times of year with greatest demand	• Continue development of services aimed at maintaining people living independently including: o Implementation of productive community hospital to facilitate patient flow o Development of transformational plan o Increase capacity in community services at times of year with greatest demand	Harry Ward 01902 445947 harry.ward@wolvespct.nhs.uk	9	C
<a href="#">VSC04</a>	Achieving independence through rehabilitation	Audit of all individuals who meet criteria	Continuation of 08/09 plan Finalise reporting arrangements and method of collecting data and agree jointly with LA Commence data collection	Provide monthly reports including outcomes of independence and % of individuals who have used services and have been audited	60% of individuals audited	90% individuals audited Present a report outlining findings and report to commissioners	Harry Ward 01902 445947 harry.ward@wolvespct.nhs.uk	2	A
<a href="#">VSC05</a>	Proportion of adults with learning disabilities in settled accommodation	54.20%	1. Establish the new Housing strategy group 2. Risk register for people in high risk accommodation established via Joint Funding Panel 3. Implement revised Supporting People services for LD 4. Data confirmed as robust	Develop revised Housing strategy and include groups of people at high risk of being homeless	Start implementation programme Identify young people in transition who will require accommodation in the following year and agree plans	Implementation programme continues	Harry Ward 01902 445947 harry.ward@wolvespct.nhs.uk	9	C
<a href="#">VSC06</a>	Proportion of adults who receive secondary mental health services in settled accommodation	Maintain 70% in settled accommodation	Performance manage through contract management with the Provider. Award new contract to Registered Social Landlord re: 12 month pilot project for Asian men and supported accommodation. Maintain 70% target	Work with Supporting People to award new contract to Omari Scheme and Rehabilitation service Maintain 70% target	Implement new housing model with Supporting People Maintain 70% target	Work with Supporting People and Registered Social Landlords to develop move on accommodation - through shifting from a 'home for life model' to short - term accommodation (for up to 2 years) Maintain 70% target	Harry Ward 01902 445947 harry.ward@wolvespct.nhs.uk	4	C
<a href="#">VSC10</a>	Reduction of delayed discharges	<28 delayed discharges at any point in time	Achieve less than 30 delayed discharges weekly - 9 West Park hospital - 5 Penn hospital - 14 RWHT	Achieve less than 30 delayed discharges weekly - 9 West Park hospital - 5 Penn hospital - 14 RWHT	Achieve less than 30 delayed discharges weekly - 9 West Park hospital - 5 Penn hospital - 14 RWHT	Achieve less than 30 delayed discharges weekly - 9 West Park hospital - 5 Penn hospital - 14 RWHT	Harry Ward 01902 445947 harry.ward@wolvespct.nhs.uk	6	B
<a href="#">VSC15</a>	Proportion of deaths that occur at home	70 additional deaths to occur at home (annual target = 19%/475 deaths)	17 patients in EOL pathway whose death occurs in own home	17 patients in EOL pathway whose death occurs in own home	18 patients in EOL pathway whose death occurs in own home Discuss with commissioner target review as per performance	18 patients in EOL pathway whose death occurs in own home	Harry Ward 01902 445947 harry.ward@wolvespct.nhs.uk	6	A
<a href="#">VSC20</a>	Number of emergency bed days	No more than 133780	Monitor on a monthly basis	Monitor on a monthly basis	Monitor on a monthly basis	Monitor on a monthly basis	Harry Ward 01902 445947 harry.ward@wolvespct.nhs.uk	6	B
<a href="#">VSC21</a>	Hospital admissions for ambulatory care sensitive conditions	1,620 per 100,000	Reduction of 208 admissions attributable to ACSCs	Reduction of 208 admissions attributable to ACSCs	Reduction of 208 admissions attributable to ACSCs	Reduction of 208 admissions attributable to ACSCs	Harry Ward 01902 445947 harry.ward@wolvespct.nhs.uk	9	A
<a href="#">APEC01</a>	Proportion of appointments booked through Choose and Book	90% or greater	New LES for 09/10 to encourage increased utilisation by practices of C&B system	70%	80%	90%	Harry Ward 01902 445947 harry.ward@wolvespct.nhs.uk	16	B
<a href="#">APEC02</a>	Guaranteed access to GUM Clinic within 48 hours of contacting a service	To ensure that all people who contact a GUM service are seen within 48 hours	Baseline position = 100% offered. Maintenance through continual monthly performance monitoring of multiple providers.	Maintenance through continual monthly performance monitoring of multiple providers.	Maintenance through continual monthly performance monitoring of multiple providers.	Maintenance through continual monthly performance monitoring of multiple providers.	Adrian Phillips 01902 444859 adrian.phillips@wolvespct.nhs.uk	3	D

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PAP Ref	Title	Annual Target	Q1	Q2	Q3	Q4	Programme Manager	Score	Scope of Control
<a href="#">APEC03</a>	Provision of integrated services within the new health centres	4 Practices opened by July 09	Penn Fields Medical centre to open on April 1st 2009	Showell Park Medical Centre and Ettingshall Medical centre to be opened on June 15th 2009	Bilston Urban Village Medical centre to open on July 1st 2009		Lynne Allen 01902 445856 lynne.allen@wolvespct.nhs.uk	9	C
<a href="#">APEC04</a>	Category A calls meeting 19 minute standard	95% of all calls meet the target	Monthly monitoring of contract through WM Commissioning Consortium	Monthly monitoring of contract through WM Commissioning Consortium	Monthly monitoring of contract through WM Commissioning Consortium	Monthly monitoring of contract through WM Commissioning Consortium	Harry Ward 01902 445947 harry.ward@wolvespct.nhs.uk	12	D
<a href="#">APEC05</a>	Category A calls meeting 8 minute standard	75% of all calls meet the target	Monthly monitoring of contract through WM Commissioning Consortium	Monthly monitoring of contract through WM Commissioning Consortium	Monthly monitoring of contract through WM Commissioning Consortium	Monthly monitoring of contract through WM Commissioning Consortium	Harry Ward 01902 445947 harry.ward@wolvespct.nhs.uk	12	D
<a href="#">APEC06</a>	Category B calls meeting 19 minute standard	95% of all calls meet the target	Monthly monitoring of contract through WM Commissioning Consortium	Monthly monitoring of contract through WM Commissioning Consortium	Monthly monitoring of contract through WM Commissioning Consortium	Monthly monitoring of contract through WM Commissioning Consortium	Harry Ward 01902 445947 harry.ward@wolvespct.nhs.uk	12	D
<a href="#">APEC07</a>	Total time in A&E	98% are seen within 4 hours	Ongoing monitoring via contract. In the event of under-performance, contract levers to be applied	Ongoing monitoring via contract. In the event of under-performance, contract levers to be applied	Ongoing monitoring via contract. In the event of under-performance, contract levers to be applied	Ongoing monitoring via contract. In the event of under-performance, contract levers to be applied	Harry Ward 01902 445947 harry.ward@wolvespct.nhs.uk	8	B
<a href="#">APEC08</a>	Inpatients waiting longer than the 26 week standard	0 breaches	Ongoing monitoring via contract. In the event of under-performance, contract levers to be applied	Ongoing monitoring via contract. In the event of under-performance, contract levers to be applied	Ongoing monitoring via contract. In the event of under-performance, contract levers to be applied	Ongoing monitoring via contract. In the event of under-performance, contract levers to be applied	Harry Ward 01902 445947 harry.ward@wolvespct.nhs.uk	8	B
<a href="#">APEC09</a>	Outpatients waiting longer than the 13 week standard	0 breaches	Ongoing monitoring via contract. In the event of under-performance, contract levers to be applied	Ongoing monitoring via contract. In the event of under-performance, contract levers to be applied	Ongoing monitoring via contract. In the event of under-performance, contract levers to be applied	Ongoing monitoring via contract. In the event of under-performance, contract levers to be applied	Harry Ward 01902 445947 harry.ward@wolvespct.nhs.uk	8	B
<a href="#">APEC10</a>	Patients waiting longer than 13 weeks for revascularisation	0 breaches	Ongoing monitoring via contract. In the event of under-performance, contract levers to be applied	Ongoing monitoring via contract. In the event of under-performance, contract levers to be applied	Ongoing monitoring via contract. In the event of under-performance, contract levers to be applied	Ongoing monitoring via contract. In the event of under-performance, contract levers to be applied	Harry Ward 01902 445947 harry.ward@wolvespct.nhs.uk	6	B
<a href="#">APEC11</a>	All cancers: one month diagnosis to treatment	98% of patients are seen	Ongoing monitoring via Cancer Network/contract. In the event of under-performance, contract levers to be applied	Ongoing monitoring via Cancer Network/contract. In the event of under-performance, contract levers to be applied	Ongoing monitoring via Cancer Network/contract. In the event of under-performance, contract levers to be applied	Ongoing monitoring via Cancer Network/contract. In the event of under-performance, contract levers to be applied	Harry Ward 01902 445947 harry.ward@wolvespct.nhs.uk	8	B
<a href="#">APEC12</a>	All cancers: two month GP urgent referral to treatment	95% of patients are seen	Ongoing monitoring via Cancer Network/contract. In the event of under-performance, contract levers to be applied	Ongoing monitoring via Cancer Network/contract. In the event of under-performance, contract levers to be applied	Ongoing monitoring via Cancer Network/contract. In the event of under-performance, contract levers to be applied	Ongoing monitoring via Cancer Network/contract. In the event of under-performance, contract levers to be applied	Harry Ward 01902 445947 harry.ward@wolvespct.nhs.uk	8	B
<a href="#">APEC13</a>	Two-week maximum wait from urgent GP referral to first outpatient appointment for all urgent suspected cancer referrals;	100% of patients are seen	Ongoing monitoring via Cancer Network/contract. In the event of under-performance, contract levers to be applied	Ongoing monitoring via Cancer Network/contract. In the event of under-performance, contract levers to be applied	Ongoing monitoring via Cancer Network/contract. In the event of under-performance, contract levers to be applied	Ongoing monitoring via Cancer Network/contract. In the event of under-performance, contract levers to be applied	Harry Ward 01902 445947 harry.ward@wolvespct.nhs.uk	8	B
<a href="#">APEC14</a>	Proportion of adults on enhanced CPA receiving follow up within 7 days after discharge	100% of patients receive follow-up within 7 days	Provider will follow up patients within 7 days of discharge from hospital	Provider will follow up patients within 7 days of discharge from hospital	Provider will follow up patients within 7 days of discharge from hospital	Provider will follow up patients within 7 days of discharge from hospital	Harry Ward 01902 445947 harry.ward@wolvespct.nhs.uk	8	A
<a href="#">APEC15</a>	Early Intervention in Psychosis service, number of new cases	44 new clients during the year	11 new clients per quarter	11 new clients per quarter (22)	11 new clients per quarter (33)	11 new clients per quarter (44)	Harry Ward 01902 445947 harry.ward@wolvespct.nhs.uk	9	B
<a href="#">APEC18</a>	Crisis Resolution and Home treatment teams	588 episodes to be recorded during the year	The Provider will report progress to commissioner on a monthly basis 147 individuals receiving crisis resolution/ hometreatment services	The Provider will report progress to commissioner on a monthly basis 147 individuals receiving crisis resolution/ hometreatment services	The Provider will report progress to commissioner on a monthly basis 147 individuals receiving crisis resolution/ hometreatment services	The Provider will report progress to commissioner on a monthly basis 147 individuals receiving crisis resolution/ hometreatment services	Harry Ward 01902 445947 harry.ward@wolvespct.nhs.uk	4	B

PAP Ref	Title	Annual Target	Q1	Q2	Q3	Q4	Programme Manager	Score	Scope of Control
<a href="#">APEC22</a>	Continuity of Carer (antenatal)	75% of antenatal contacts are with the same practitioner	Data collection systems in place to measure continuity of carer Audit of baseline data completed ready for action planning and implementation in quarter 2	tbc once outstanding data from Q1 is completed	tbc once outstanding data from Q1 is completed	tbc once outstanding data from Q1 is completed	Adrian Phillips 01902 444859 adrian.phillips@wolvespct.nhs.uk	8	B
<b>Improving Health and Reducing Health Inequalities</b>									
<a href="#">VSA14</a>	Implementation of the Stroke Strategy	70% of people spend 90% of time on stroke unit 45% of TIAs are scanned & treated within 24 hrs	Specification for Stroke Psychologist developed. Referral routes from Stroke Care Coordinators developed. Plan developed for 2009/2010 implementation of Stroke Strategy. Proposals include: increase access to TIA clinics to weekends, 7 day therapy at West Park, Early Supportive Discharge 64% spend 90% time on a stroke unit 36% of TIAs scanned and treated within 24 hours	Dependent on Stroke Strategy Proposals 66% spend 90% time on a stroke unit 39% of TIAs scanned and treated within 24 hours	Dependent on Stroke Strategy Proposals 68% spend 90% time on a stroke unit 42% of TIAs scanned and treated within 24 hours	Dependent on Stroke Strategy Proposals 70% spend 90% time on a stroke unit 45% of TIAs scanned and treated within 24 hours	Adrian Phillips 01902 444859 adrian.phillips@wolvespct.nhs.uk	8	A
<a href="#">VSA15</a>	Percentage of women receiving cervical cancer screening test results within 2 weeks	Normal' results within 2 weeks 'Abnormal' results within 3 weeks	Deferred for 09/10 - plans required for 10/11	0	0	0	Adrian Phillips 01902 444859 adrian.phillips@wolvespct.nhs.uk	0	A
<a href="#">VSB01</a>	All age all cause mortality per 100,000	Males - 683/100,000 Females - 501/100,000	Analysis of 2008 data especially factors affecting female AACM rate	Recommendations regarding actions including new work areas	Development of new work areas or improvements in pre-existing areas	Review of 2009 AACM	Adrian Phillips 01902 444859 adrian.phillips@wolvespct.nhs.uk	12	A
<a href="#">VSB02</a>	< 75 CVD mortality rate	92 per 100,000	Establish baseline for secondary prevention, high risk prevention and VRC. Develop Primary Prevention LES Primary Care Voluntary Sector Contracts for VRC. Develop programme of work for development of specialist services specifications	Dependent on outcomes of Qtr 1 Work Programmes development	Dependent on outcomes of Qtr 1 Work Programmes development	Dependent on outcomes of Qtr 1 Work Programmes development	Adrian Phillips 01902 444859 adrian.phillips@wolvespct.nhs.uk	25	A
<a href="#">VSB03</a>	< 75 cancer mortality rate	120 per 100,000	1. development of social marketing programme to improve awareness of lung cancer symptoms and reduce delays in presentation of lung cancer to GPs	1. development of social marketing programme to improve awareness of bowel cancer symptoms and reduce delays in presentation of lung cancer to GPs 2. development of LES for bowel cancer screening 3. Appointment of a clinical lead for cancer to improve clinical engagement with GPs	Development of LES for bowel cancer screening	Appointment of a clinical lead for cancer to improve clinical engagement with GPs	Adrian Phillips 01902 444859 adrian.phillips@wolvespct.nhs.uk	9	A
<a href="#">VSB04</a>	Suicide and injury of undetermined intent mortality rate	6.95 per 100,000	1)CSIP/SHA lead in the Suicide Prevention Group to develop a City-wide strategy and implementation plan 2) fully costed recommendations of a training programme are produced outlining content, audience, timetable: to be available August 2009	Follow up on primary care recommendations from suicide audit 2004-2008 2) costed training programme available	Review of evidence base and local information to assist in development of citywide suicide strategy	Implementation of training programme, feed into IAPT programme in primary care 2) City-wide suicide strategy is produced	Adrian Phillips 01902 444859 adrian.phillips@wolvespct.nhs.uk	12	A

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PAP Ref	Title	Annual Target	Q1	Q2	Q3	Q4	Programme Manager	Score	Scope of Control
<a href="#">VSB05</a>	Smoking prevalence among people aged 16 or over and aged 16 or over in routine and manual groups	1795	400 Q1 Quitters. Continue to implement marketing plan with Wolves Football Club. Develop cross city social marketing strategy. Continue to monitor implementation of team structure and primary care support.	400 Q2 Quitters. Continue Locality working, evaluate Secondary care working, review effectiveness of smoking in pregnancy service, develop competency framework for community intermediate providers.	400 Q3 Quitters. Monitor competency framework, develop plans for Q4 and marketing plan for January quits	595 Q4 Quitters. Meet demand for Q4 service	Adrian Phillips 01902 444859 adrian.phillips@wolvespct.nhs.uk	9	B
<a href="#">VSB06</a>	Percentage of women who have seen a midwife or a maternity healthcare professional, for assessment of health and social care needs, risk and choices by 12 completed weeks of pregnancy	80% of pregnant women are seen within 12 weeks	Development of an early access service consisting of free pregnancy testing in community pharmacies and the development of 'early bird' antenatal sessions by RWHT midwifery services.	Implementation of the early access service. Marketing of the early access service.	Monitoring of the service Expansion to larger number of pharmacies if effective	Evaluation of expanded service Decision on future commissioning of service	Adrian Phillips 01902 444859 adrian.phillips@wolvespct.nhs.uk	12	A
<a href="#">VSB08</a>	Under 18 conception rates per 1,000 females aged 15-17	29.77 per 1,000	The number of implants and intra-uterine contraceptives will be monitored on a quarterly basis The CCASH re-design will be managed within the auspices of a modified Prince2 Project Management methodology. This methodology encompasses effective project management, risk management and benefits realisation. An update on the progress of the STHA funded additional service developments will be reported to the Sexual Health Network on the 27/04/09 and bi-monthly thereafter	1 new 'Clinic in a Box' venues to be developed in year 250 LARC methods fitted in a year The number of implants and intra-uterine contraceptives will be monitored on a quarterly basis Utilisation of the STHA additional funding Re-marketing of the LARC Service	1 new 'Clinic in a Box' venues to be developed in year 250 LARC methods fitted in a year The number of implants and intra-uterine contraceptives will be monitored on a quarterly basis Utilisation of the STHA additional funding Re-marketing of the LARC Service	1 new 'Clinic in a Box' venues to be developed in year 250 LARC methods fitted in a year The number of implants and intra-uterine contraceptives will be monitored on a quarterly basis Utilisation of the STHA additional funding Re-marketing of the LARC Service	Adrian Phillips 01902 444859 adrian.phillips@wolvespct.nhs.uk	15	A
<a href="#">VSB09</a>	Prevalence of obesity in primary school age children	%age recorded, %age obese R - 87%, 10.6% Y6 - 94%, 25%	Ongoing monitoring and measuring of Year R and Year 6 by school nurses, completing measurements in all schools.	Ongoing monitoring and measuring of Year R and Year 6 by school nurses. Collation of full data set. Commencement of data collection for new school year.	Ongoing monitoring and measuring of Year R and Year 6 by school nurses.	Ongoing monitoring and measuring of Year R and Year 6 by school nurses.	Adrian Phillips 01902 444859 adrian.phillips@wolvespct.nhs.uk	6	A
<a href="#">VSB10</a>	Proportion of children who complete immunisation by recommended ages	Age1 DtaP/IPV/Hib - 93% Age2(Pneumococcal Infection - 90% Age2 Hib/MenC/ - 94% Age2 MMR - 90% Age5 DtaP/IPV - 88% Ade 5 MMR - 86% Girls 12-13y HPVV - 75% Children 13-18y booster DTaP - 70%	Identification of poor performing GP practices using GP analysis data from Child Health Records. Looking at reasons i.e. Insufficient capacity causing queues/ Poor organisation/ Lack of resources Monitor MMR Catch-up with LES with practices and action any problems	Monitoring Uptake and queues. Develop recovery plan to target worst performing GPs and lowest vaccine uptake and monitor MMR catch-up programme	Ongoing monitoring. Implementation of recovery plan and monitor MMR Catch-up programme and act on any problems.	Ongoing Monitoring. Progress achieved against recovery plan Progress of MMR Catch-up programme	Adrian Phillips 01902 444859 adrian.phillips@wolvespct.nhs.uk	16	C
<a href="#">VSB11</a>	Percentage of infants breastfed at 6-8 weeks	Prevalence - 33% Coverage - 90%	Breastfeeding peer support service planned Healthy start to life project group formed and action plan agreed PCT capacity for infant feeding coordination reviewed and recruited City wide breastfeeding strategy developed Social marketing strategy developed	Breastfeeding peer support service implemented City wide strategy agreed by all partners Social marketing of breastfeeding delivered PCT action plan for achieving baby friendly status	Initial round of social marketing of breastfeeding completed Peer support service fully implemented Directory of breastfeeding friendly establishments in the city centre developed	Baby friendly level 1 achieved Directory of breastfeeding friendly establishments delivered to all new mothers	Adrian Phillips 01902 444859 adrian.phillips@wolvespct.nhs.uk	12	A
<a href="#">VSB12</a>	Effectiveness of CAMHS	24 Hour Coverage Achieve 4 x level 4 proxy scores	Contract monitoring with Provider organisation	Contract monitoring with Provider organisation	Contract monitoring with Provider organisation	Contract monitoring with Provider organisation	Harry Ward 01902 445947 harry.ward@wolvespct.nhs.uk	6	A

2009/10 PCT Business Operating Plan Summary Outcomes

PAP Ref	Title	Annual Target	Q1	Q2	Q3	Q4	Programme Manager	Score	Scope of Control
<a href="#">VSB13</a>	Prevalence of Chlamydia (screening)	25% of all 15-24 year olds (32,500) are screened for chlamydia = 8,125 screens	2031 screens	2031 screens	2031 screens	2031 screens	Adrian Phillips 01902 444859 adrian.phillips@wolvespct.nhs.uk	12	C
<a href="#">VSB14</a>	Number of drug users recorded as being in effective treatment	1,269	Numbers in effective treatment 1260. Performance manage through contract management meeting	Numbers in effective treatment 1263. Performance manage through contract management meeting	Numbers in effective treatment 1266. Performance manage through contract management meeting	Numbers in effective treatment 1269. Performance manage through contract management meeting	Harry Ward 01902 445947 harry.ward@wolvespct.nhs.uk	9	B
<a href="#">VSC23</a>	Vascular risk - development of disease register in all GP practices	83.3%	In Quarter 4 2008/2009 a GP extraction and reporting system was procured from Health Intelligence (SCC). This is being implemented in Quarter 4 2008/2009 and early Quarter 1. By April 20th at least 47 practices should have signed up and have had data extracted.	Maintain levels of registers in practices	Maintain levels of registers in practices	Maintain levels of registers in practices	Lynne Allen 01902 444856 lynne.allen@wolvespct.nhs.uk	3	A
<a href="#">VSC24</a>	Patients admitted with a heart attack taking appropriate medicine	Anti-platelet - 98% Statin - 92% Betablocker - 96%	<ul style="list-style-type: none"> <li>Ensure target is identified in contract with RWHT</li> <li>Monitor performance at end of Q1</li> <li>Review performance against contract</li> <li>Gap analysis</li> <li>Deal with deviation from contract through contract monitoring process</li> </ul>	<ul style="list-style-type: none"> <li>Monitor performance at end of Q2</li> <li>Review performance against contract</li> <li>Gap analysis</li> <li>Deal with deviation from contract through contract monitoring process</li> </ul>	<ul style="list-style-type: none"> <li>Monitor performance at end of Q3</li> <li>Review performance against contract</li> <li>Gap analysis</li> <li>Deal with deviation from contract through contract monitoring process</li> </ul>	<ul style="list-style-type: none"> <li>Monitor performance at end of Q4</li> <li>Review performance against contract</li> <li>Gap analysis</li> <li>Deal with deviation from contract through contract monitoring process</li> </ul>	Adrian Phillips 01902 444859 adrian.phillips@wolvespct.nhs.uk	4	B
<a href="#">VSC26</a>	Hospital admissions for alcohol-related harm	2% reduction to current rising trend	1. City-wide approval of multi-agency Wolverhampton Alcohol Strategy and Action Plan 2009-2011 2. Recruitment of Alcohol Project Manager & Commissioning Support Officer	1. Set up a Wolverhampton Strategic Alcohol Commissioning Group 2. Initiate project to improve intelligence systems relating to the harms caused by alcohol 3. Identify service or project development / improvement priorities for 2009/2010 including working in collaboration with colleagues working to reduce mortality from CHD and strokes and improve management of risk factors within the diabetic and epileptic population	Scope and develop suitable PIDs, project delivery plans and service specifications in order to begin the process of commissioning and procuring alcohol services and deliver projects prioritised by the Strategic Alcohol Commissioning Group	Continue to progress commissioning and procurement activity in line with priorities	Adrian Phillips 01902 444859 adrian.phillips@wolvespct.nhs.uk	12	A
<a href="#">VSC27</a>	Proportion of people on the diabetes register whose HbA1c has been measured in the previous 15 months and is 7 or less	41% with HbA1c recording in last 15 months will reach 7mmols or less	<ul style="list-style-type: none"> <li>Monitor performance using QMAS to establish baseline</li> <li>Identify potential for poor performance using QMAS data relating to previous target of 7.5 mmols</li> </ul>	<ul style="list-style-type: none"> <li>Continue to monitor performance using QMAS to corroborate Q1</li> <li>Develop action plan to improve on identified poor performance</li> </ul>	Dependent on Qtr 2	Dependent on Qtr 2	Lynne Allen 01902 445856 lynne.allen@wolvespct.nhs.uk	9	B
<a href="#">IH01</a>	Alcohol - all age all cause mortality	Halt to rising trend	1. City-wide approval of multi-agency Wolverhampton Alcohol Strategy and Action Plan 2009-2011 2. Recruitment of Alcohol Project Manager & Commissioning Support Officer	1. Set up a Wolverhampton Strategic Alcohol Commissioning Group 2. Initiate project to improve intelligence systems relating to the harms caused by alcohol 3. Identify project or service development / improvement priorities for 2009/2010 including working in collaboration with colleagues aiming to reduce mortality from CHD and strokes and improve management of risk factors within the diabetic and epileptic population.	Scope and develop suitable PIDs, project delivery plans and service specifications in order to begin the process of commissioning and procuring alcohol services and deliver projects prioritised by the strategic Alcohol Commissioning Group.	Continue to progress commissioning and procurement activity in line with priorities	Adrian Phillips 01902 444859 adrian.phillips@wolvespct.nhs.uk	12	B

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PAP Ref	Title	Annual Target	Q1	Q2	Q3	Q4	Programme Manager	Score	Scope of Control
<a href="#">JH02</a>	Health Trainers	650 interventions for 2009/10. 6,000 to be delivered (when fully operational by 2011/12)	Produce defined list of potential suppliers (derived from the PQQ phase of the procurement process)	Issue tender documentation to defined list (see Q1). Allow appropriate period for return of tenders for evaluation (max 40 days).	Evaluate returned tenders and award contract. Plan commencement of contract	Health Trainer Service in place and delivering. 400 Health Trainer interventions undertaken	Adrian Phillips 01902 444859 adrian.phillips@wolvespct.nhs.uk	12	B
<a href="#">JH03</a>	Adult Obesity Management	Development of obesity strategy, implementation plan & adult weight management pathways	1. setting up of steering group and working group for the development of adult obesity strategy 2. organisation of 2 workshops for stakeholder engagement in strategy development	1.development of draft strategy 2. development of draft weight management pathways 3.roll out of level 2 commercial weight management services for adults	1.. organisational sign off of obesity strategy 2. set up of implementation group for adult obesity 3. further roll out of level 2 through training of health and social care professionals	Set up of implementation group for adult obesity 2. Further roll out of level 2 training of health and social care professionals	Adrian Phillips 01902 444859 adrian.phillips@wolvespct.nhs.uk	16	A
<a href="#">JH04</a>	Cross service action to change public perceptions towards physical activity and diet	Completion of a major campaign to publicise PCT investments	Agreement of marketing provider	Development and start of programme	Continuation and periodic review of programme	Continuation and periodic review of programme	Adrian Phillips 01902 444859 adrian.phillips@wolvespct.nhs.uk	6	A
<a href="#">JH05</a>	Diabetic retinopathy screening	100% of eligible diabetic patients (circa 12,000) to be offered DDRS	To recall 100% of the eligible patients for this quarter as part of the 12 month, 15 month and 18 month recall system. To meet the standards defined by the National Screening Committee. 2,000 screens offered	To recall 100% of the eligible patients for this quarter as part of the 12 month, 15 month and 18 month recall system. To meet the standards defined by the National Screening Committee. 3,000 screens offered	To recall 100% of the eligible patients for this quarter as part of the 12 month, 15 month and 18 month recall system. To meet the standards defined by the National Screening Committee. 3,000 screens offered	To recall 100% of the eligible patients for this quarter as part of the 12 month, 15 month and 18 month recall system. To meet the standards defined by the National Screening Committee. 4,000 screens offered	Harry Ward 01902 445947 harry.ward@wolvespct.nhs.uk	15	B
<a href="#">JH06</a>	Obesity among primary school aged children - Food Dudes Programme	28 schools take up the initiative. 60% of pupils will achieve sustained increases in fruit and vegetables intake.	2 Special Schools undertake Phase 1 of the programme and commence Phase 2. 10 schools continue monitoring of Phase 2.	Continuation of monitoring Phase 2 in 12 schools	12 schools undertake Phase 1 of the programme and commence Phase 2. Continuation of monitoring in another 12 schools.	14 schools undertake Phase 1 of the programme and commence Phase 2. Evaluations completed of the first 12 schools to complete the programme. Monitoring continued in 14 schools.	Adrian Phillips 01902 444859 adrian.phillips@wolvespct.nhs.uk	6	A
<a href="#">JH07</a>	Obesity among primary school aged children - MEND programme	200 children commence programme. 50% complete.	1 course undertaken in each of 2 pilot sites - MEND Lottery funded programme. Tendering process to commission for large scale intervention completed.	Contract awarded to provide weight management support to children and a parent/carer	Delivery of 1 course in each MAST area and in 2 pilot sites.	Delivery of 1 course in each MAST area	Adrian Phillips 01902 444859 adrian.phillips@wolvespct.nhs.uk	6	A
<a href="#">JH08</a>	Appointment of optical advisor/promotion of the eye care agenda	Advisor appointed & strategy developed	Business case to request funding for appointment of advisor	Secure funding, advertise post	Recruitment underway.	Advisor recruited and strategy under development	Lynne Allen 01902 445856 lynne.allen@wolvespct.nhs.uk	12	A
<a href="#">JH09</a>	Best practice in mental health services for people with a learning disability (green light toolkit)	Implement the best practice guidelines outlined in the Green Light Tool Kit	Awareness raising with Mental Health Services, LD Psychiatrist to provide information and training to Mental Health services on specific services, e.g. autism and CBT	Review Terms of reference of the Resolutions panel and review the care pathway between services	Increased number of people with LD who have mental health as their primary diagnosis admitted to Penn Hospital	Evaluate admission to ascertain improved outcomes for people	Harry Ward 01902 445947 harry.ward@wolvespct.nhs.uk	4	B
<a href="#">JH11</a>	Patient Safety Advice	Meet national requirements	Review alert notification and cascade systems	Options paper for improvement	Approach agreed by directors	Revised system implemented and full assurance available	Jeanette Wilding 01902 444306 jeanette.wilding@wolvespct.nhs.uk	15	A
<a href="#">JH14</a>	Implementation of optometry excellence in practice	All contractors achieving or working towards achievement of SfBH core standards	Business case to seek funding to implement SfBH in optometric practices in line with the strategy [which needs to be developed as per LT04]. Agreed funding per contractor in liaison with LOC	Funding agreed and secured and project plan regarding SfBH developed	Project to implement SfBH begins	PCT beginning to understand the compliance level/ developmental needs of optometric contractors. Action plans in place per contractor.	Lynne Allen 01902 445856 lynne.allen@wolvespct.nhs.uk	20	A

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PAP Ref	Title	Annual Target	Q1	Q2	Q3	Q4	Programme Manager	Score	Scope of Control
<a href="#">IH15</a>	Smoking during Pregnancy	<19.5% smoking at delivery	Opt out referral systems in place and operating for midwifery an health visiting Agreed systematic pathway including all partners for implementation / training in quarter 2 Specialist stop smoking service has sufficient capacity to meet number of referrals in a timely manner 20.7% smoking while pregnant	20.3% smoking while pregnant	19.9% smoking while pregnant	19.5% smoking while pregnant	Adrian Phillips 01902 444859 adrian.phillips@wolvespct.nhs.uk	12	C
<a href="#">IH16</a>	Detection of Foetal Growth Restriction	tbc by WM Perinatal Institute/SHA	Data systems in place to measure detection of FGR Audit report on current proportion of antenatal contacts post 24wks where foetal height is measured and recorded	Planning activity to be completed once confirmation of the annual target has been received	Planning activity to be completed once confirmation of the annual target has been received	Planning activity to be completed once confirmation of the annual target has been received	Adrian Phillips 01902 444859 adrian.phillips@wolvespct.nhs.uk	10	A
<a href="#">IH17</a>	Increase Breastfeeding Initiation by 2%	BF initiation rate to increase to 61.4%	Peer support programme delivering support to mothers Healthy start to life project group delivering against an agreed action plan PCT capacity to deliver increase in initiation rates is sufficient 59.8% Breastfeeding initiation rate achieved	60.3% Breastfeeding initiation rate achieved	60.9% Breastfeeding initiation rate achieved	61.4% Breastfeeding initiation rate achieved	Adrian Phillips 01902 444859 adrian.phillips@wolvespct.nhs.uk	12	A
<a href="#">IH18</a>	Alcohol - all age all cause mortality	Halt to rising trend	1. City-wide approval of multi-agency Wolverhampton Alcohol Strategy and Action Plan 2009-2011 2. Recruitment of Alcohol Project Manager & Commissioning Support Officer	1. Set up a Wolverhampton Strategic Alcohol Commissioning Group 2. Initiate project to improve intelligence systems relating to the harms caused by alcohol 3. Identify project or service development / improvement priorities for 2009/2010 including working in collaboration with colleagues aiming to reduce mortality from CHD and strokes and improve management of risk factors within the diabetic and epileptic population.	Scope and develop suitable PIDs, project delivery plans and service specifications in order to begin the process of commissioning and procuring alcohol services and deliver projects prioritised by the strategic Alcohol Commissioning Group.	Continue to progress commissioning and procurement activity in line with priorities	Adrian Phillips 01902 444859 adrian.phillips@wolvespct.nhs.uk	12	B
<b>Reputation, Satisfaction &amp; Confidence in the NHS</b>									
<a href="#">VSB15</a>	Self-reported experience of patients and users	Community Mental Health Trust - 74.66% PCT Primary Care Survey score - 75.7%	Develop survey programme for coming year. Identify approved contractors and commission surveys as required.	Ensure appropriate data collection and completion of surveys in line with national programme.	Review outputs and facilitate the development of improvement plans	Review improvement plans and adjust where appropriate	Cath Cunningham 01902 444757 cath.cunningham@wolvespct.nhs.uk	6	A
<a href="#">VSB16</a>	Public confidence in local NHS	All statutory publications produced in line with guidance	Annual programme of publications agreed. Appropriate agreements with local communication and media providers. Identification of marketing capacity support in line with communication and engagement strategy.	Proposals for strategic oversight of patient experience information developed and governance arrangements agreed.	Strategic oversight process and governance arrangements in place	Reporting cycle impact evaluation on patient experience developed	Cath Cunningham 01902 444757 cath.cunningham@wolvespct.nhs.uk	6	A
<a href="#">VSB17</a>	Staff participation in Staff Survey and score based measures of job satisfaction	Achieve a score of 3.89 in the SOS	(1) Review of 2008 SOS results (2) Feedback to PCT Board and TNC on results (2) Analysis of 2007 LCG SOS action plans (3) communicate outcomes to staff on what has been achieved (4) 2008 Action Plans developed and communicated	(1) Staff briefings on outcomes on 2008 survey and identify priorities. (2) Review progress on current LCG action plans (3) Preparation for 2009 SOS especially around distribution of surveys	(1) Launch of 2009 surveys (2) Raise profile amongst staff	(1) Continue to review SOS action plan (2) Hold further SOS briefing sessions.	Steph Harris 01902 444202 stephanie.harris@wolvespct.nhs.uk	4	A
<a href="#">RSC01</a>	Experience of Patients - Health & Wellbeing, Clinical Quality, Safety, Patient Focus and Access domain(s)	Patient information policy and governance rolled out	Patient information policy and governance arrangements agreed	Implementation plan developed	Roll out agreed plan with appropriate resources identified	Patient information policy roll out implemented	Cath Cunningham 01902 444757 cath.cunningham@wolvespct.nhs.uk	12	A

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PAP Ref	Title	Annual Target	Q1	Q2	Q3	Q4	Programme Manager	Score	Scope of Control
<b>Finance</b>									
<a href="#">VSC34</a>	NHS Estates energy/carbon efficiency	CO2 Emmissions - 3,846.1 tonnes Energy Performance - 49 GJ/100m3	50.7 Gj/m3 is the target consumption. Monitor performance.	50 Gj/m3. Monitor performance.	50 GJ/m3. Monitor performance.	49 GJ/m3. Monitor performance.	Neil Nisbet 01902 444847 neil.nisbet@wolvespct.nhs.uk	6	A
<a href="#">F07</a>	Personalisation / Individual Health Budgets	MS/motor neurone sufferers accessing services through PHBs	Decision re success of bid to become pilot site to be notified May2009 Subsequent PAP to evolve from this as certain parts of individual budgets only permissible in pilot sites	Project management approach established reflecting outcome of bid submission,	0	0	Harry Ward 01902 445947 harry.ward@wolvespct.nhs.uk	9	A
<b>Partnership Working</b>									
<a href="#">PW01</a>	Providing Greater Opportunities for Communities to Contribute	Comms / engagement plan implemented	Structural review completed and revised structure agreed. Locality Health Panels delivered. Links with Local Neighbourhood Partnerships maintained and further developed. Adhoc programmes, for exmple in relation to SSDP developed and agreed with partners.	Locality Health Panels delivered. Links with Local Neighbourhood Partnerships maintained and further developed. Adhoc programmes, for exmple in relation to SSDP developed and agreed with partners. Communcation and engagement plan for Transforming Community Services agreed and implementation commenced	Implementation plans on target, reviewed and adjusted accordingly. Locality Health Panels delivered. Links with Local Neighbourhood Partnerships maintained and further developed. Adhoc programmes, for exmple in relation to SSDP developed and agreed with partners.	Implementation plans on target, reviewed and adjusted accordingly. Locality Health Panels delivered. Links with Local Neighbourhood Partnerships maintained and further developed. Adhoc programmes, for exmple in relation to SSDP developed and agreed with partners.	Cath Cunningham 01902 444757 cath.cunningham@wolvespct.nhs.uk	12	A
<b>World Class Commissioning</b>									
<a href="#">WCC01</a>	Communications plan	Comms plan fully actioned	Structure and resource review completed and changes agreed. Clinical Engagement workstream implemented	Change management programme for structure review developed. Work programme for key initiatives developed.	Key initiatives work programme implemented. Structural changes implemented and additional capacity and resources identified	Work programme reviewed and adjusted where appropriate. Evaluation programme agreed and implemented	Cath Cunningham 01902 444757 cath.cunningham@wolvespct.nhs.uk	12	A
<a href="#">WCC02</a>	Organisation Development Plan for both Commissioner and Provider Services	APRO/Commissioner plans implemented & reviewed	(1) Review of Commissioner OD plan and update (2) Monitoring of activity against plan undertaken (3) Commissioning workforce planning work identified (4) Appoint project manager to develop APRO OD Plan	(1) First draft of APRO OD plan agreed (2) continue to monitor progress against Commissioner OD plan, exceptions identified and remedial work undertaken where appropriate (4) Recruit to Commissioner Workforce Planning lead	(1) Implement APRO OD Plan and raise awareness	(1) Review progress on APRO and Commissioner OD plans	Steph Harris 01902 444202 stephanie.harris@wolvespct.nhs.uk	6	A
<a href="#">WCC03</a>	CQUIN 1 Mental Health	Multiple indicators in Mental Health Contract achieved	Cquin 1 PIP Progress Cquin 2 Target monitor Cquin 3 Data Collection set in year target	Cquin 1 PIP Progress Cquin 2 Target monitor Cquin 3 Target monitor	Cquin 1 PIP Progress Cquin 2 Target monitor Cquin 3 Target monitor	Cquin 1 PIP Progress Cquin 2 Target monitor Cquin 3 Target monitor	Harry Ward 01902 445947 harry.ward@wolvespct.nhs.uk	8	B
<a href="#">WCC04</a>	CQUIN 2 Community Provider	Multiple indicators in Provider Contract achieved	Cquin 1 PIP progress Cquin 2 Target monitor Cquin 3 Target Monitor	Cquin 1 - Target monitor Cquin 2 Target monitor Cquin 3 Target monitor	Cquin 1 Target Monitor Cquin 2 Target monitor Cquin 3 Target monitor	Cquin 1 Target Monitor Cquin 2 Target monitor Cquin 3 Target monitor	Harry Ward 01902 445947 harry.ward@wolvespct.nhs.uk	8	B
<a href="#">WCC05</a>	CQUIN RWHT Commissioning	5 RWHT CQUIN indicators achieved	Cquin 1 Data Collection and set in year target Cquin 2 Target monitor (2) set remaining target Cquin 3 Data Collection set in year target Cquin 4 See q4 Cquin 5 Target monitor - 10% reduction in patient cancelled appointments	Cquin 1 - Target monitor Cquin 2 Target monitor Cquin 3 Target monitor Cquin 4 See q4 Cquin 5 Target monitor - 10% reduction in patient cancelled appointments	Cquin 1 - Target monitor Cquin 2 Target monitor Cquin 3 Target monitor Cquin 4 See q4 Cquin 5 Target monitor - 10% reduction in patient cancelled appointments	Cquin 1 - Target monitor Cquin 2 Target monitor Cquin 3 Target monitor Cquin 4 Patient Survey Results Cquin 5 Target monitor - 10% reduction in patient cancelled appointments	Harry Ward 01902 445947 harry.ward@wolvespct.nhs.uk	8	B
<a href="#">WCC07</a>	CQUIN (Uplift) Joint Commissioning	CQUIN approach agreed and integrated	Executive director for commissioning and Director of commissioning to agree annual requirements	0	0	0	Jeanette Wilding 01902 444306 jeanette.wilding@wolvespct.nhs.uk	12	A
<a href="#">WCC09</a>	Delivery of Strategic Plan	Achieve March 2010 milestones.	Monitor progress of action of project plans for each initiative.	Monitor progress of action of project plans for each initiative.	Monitor progress of action of project plans for each initiative.	Monitor progress of action of project plans for each initiative.	Harry Ward 01902 445947 harry.ward@wolvespct.nhs.uk	12	A
<a href="#">WCC10</a>	Strategic Plan Refresh	Refreshed plan agreed with SHA.	Receive confirmation from SHA that refresh plan meets SHA requirements.				Harry Ward 01902 445947 harry.ward@wolvespct.nhs.uk	6	A

2009/10 PCT Business Operating Plan Summary Outcomes

PAP Ref	Title	Annual Target	Q1	Q2	Q3	Q4	Programme Manager	Score	Scope of Control
<a href="#">WCC11</a>	World Class Commissioning - Action Plan	Improvement in WCC assurance score.	Draw up action plan based on analysis of panel report.	Implement action plan.	Commence process for 2009/10 assessment.	Finalise process prior to panel assessment.	Harry Ward 01902 445947 harry.ward@wolvespct.nhs.uk	10	A
<a href="#">WCC12</a>	Commissioning for Military Personnel	Guidance met.	Contract monitoring.	Contract monitoring.	Contract monitoring.	Contract monitoring.	Harry Ward 01902 445947 harry.ward@wolvespct.nhs.uk	6	A
<b>Leadership &amp; Workforce</b>									
<a href="#">LW01</a>	Recruiting staff from local neighbourhoods, especially from priority neighbourhoods & monitor equal ops recording of PCT workforce	18% BME staff profile by end Q4	(1) Consultation on redressing the balance strategy completed. (2) Quarterly report to Board and Directors on ethnicity profiles identifying areas for action where under representation of BME occurs.	(1) Redressing the balance strategy agreed and implemented. (2) Monitoring against equal opps milestones (3) Review of work experience policy	(1) Raising awareness amongst managers of positive action initiatives in the workplace. (2) Implement revised work experience policy.	(1) Review progress on implementation of redressing the balance strategy. (2) Identify actions undertaken so far.	Steph Harris 01902 444202 stephanie.harris@wolvespct.nhs.uk	6	A
<a href="#">LW02</a>	Work with LSP to Improve Skills	Working with LSP to develop & improve local skills of population	(1) Undertake training and awareness event for the City with the public sector partners including SLWG to take this work forward. (2) Relocate HealthTec facility to Pond Lane.	(1) Achieve sign-up of 5 organisations to Skills Pledge. (2) Raise profile of HealthTec amongst local population. (3) Work with service users and volunteers to raise awareness of training opportunities within the PCT. (4) Identify work with managers to identify 10 suitable posts for apprenticeships. (5) HealthTec relocated and fully operational.	Arrange further workshops with LSP partners around skills agenda (2) Review of volunteering and service user policies. (3) Look to recruit to apprentice posts identified.	(1) Review of activities undertaken to date.	Steph Harris 01902 444202 stephanie.harris@wolvespct.nhs.uk	6	A
<a href="#">LW03</a>	Staff turnover is consistent with West Midlands benchmark of 13%	Achieve between 9%-16% staff turnover (ideal = 13%)	(1) Review monthly turnover rates for all Directorates (2) Identify any problem areas (3) where appropriate agree remedial action with relevant Director	(1) Review monthly turnover rates for all Directorates (2) Identify any problem areas (3) where appropriate agree remedial action with relevant Director	(1) Review monthly turnover rates for all Directorates (2) Identify any problem areas (3) where appropriate agree remedial action with relevant Director	(1) Review monthly turnover rates for all Directorates (2) Identify any problem areas (3) where appropriate agree remedial action with relevant Director	Steph Harris 01902 444202 stephanie.harris@wolvespct.nhs.uk	6	A
<a href="#">LW04</a>	Sickness absence and PCT Staff Health & Wellbeing agenda	Sickness absence no more than 4.3%	(1) Review Health & Wellbeing Strategy including Action Plan (2) Undertake review of Occupational Health Services delivery in PCT. (3) Monitor sickness absence figures. (4) Work with Directors to identify remedial action where sickness absence rises above 5.5%	(1) Continue to implement Health & Wellbeing action plan. (2) Assess outcome of OH review (3) Draft a formal SLA regards RWHT (4) Continue to monitor sickness figures.	(1) Review implementation of Health & Wellbeing Action Plan (2) Sign off SLA with RWHT.	(1) Monitor SLA sickness figures etc.	Steph Harris 01902 444202 stephanie.harris@wolvespct.nhs.uk	8	A
<a href="#">LW05</a>	Appraisals completed	75% of all staff to have completed an in-year appraisal	(1) Analyse SOS appraisal figures, identify poor and good performing directorates. (2) Undertake further appraisal training (3) Raise awareness of importance of undertaking the appraisals (4) Set up a short life working group to deliver a fully electronic data base, EKSF and managers to self-serve.	(1) provide report to Directors on progress re appraisals. (2) Implement action plan for delivery of electronic data base and self-serve	(1) Review progress on implementation on EKSF.	(1) Fully electronic data base in place with EKSF managers self-service etc. (2) Evidence from training data base that 75% of staff have had appraisals	Steph Harris 01902 444202 stephanie.harris@wolvespct.nhs.uk	8	A
<b>Information Management &amp; Technology</b>									
<a href="#">IMT03</a>	Completeness of MHMDS	Tbc	Review completeness of MHMDS (minimum requirement of 8 fields as per CQC requirements) with Providers. Utilise contract levers in the event of under-performance	Review completeness of MHMDS (minimum requirement of 8 fields as per CQC requirements) with Providers. Utilise contract levers in the event of under-performance	Review completeness of MHMDS (minimum requirement of 8 fields as per CQC requirements) with Providers. Utilise contract levers in the event of under-performance	Review completeness of MHMDS (minimum requirement of 8 fields as per CQC requirements) with Providers. Utilise contract levers in the event of under-performance	Neil Nisbet 01902 444848 neil.nisbet@wolvespct.nhs.uk	6	B
<a href="#">IMT05</a>	Recording of Primary Care Data	Improved data quality within systems in accordance with GP IM&T Strategy / implementation deliverables	Information requirements for WCC to be developed. Interim system in place for recording of CVD/Diabetes	PCT assessment of its role in obtaining Primary Care data for the SHAs Risk Stratification project and associated costs.	Procurement process underway. System scheduled for implementation by November 2010.	Monitoring and review of system performance	Neil Nisbet 01902 444848 neil.nisbet@wolvespct.nhs.uk	8	

2009/10 PCT Business Operating Plan Summary Outcomes

PAP Ref	Title	Annual Target	Q1	Q2	Q3	Q4	Programme Manager	Score	Scope of Control
<a href="#">IMT08</a>	Commissioning clinical governance support	Quality & Safety arrangements for commissioning signed-off by DoPH	Executive director for commissioning to agree required arrangements. Q2-4 milestones tba in light of recommendations	0	0	0	Jeanette Wilding 01902 444306 jeanette.wilding@wolvespct.nhs.uk	25	A
<a href="#">OF11</a>	Development of SFBH evidence database	SFBH database to enable all internal/external requirements	Negotiate contract with HEI provider to deliver the programme	Data on database reviewed by leads to ensure it reflects commissioner/provider requirements. Database populated for provider directorates. Appointment to support officer post	Audit of evidence on database	Database capable of providing robust evidence to support external reporting	Jeanette Wilding 01902 444306 jeanette.wilding@wolvespct.nhs.uk	20	A
<a href="#">IMT10</a>	Integrated Governance	System in place to reflect PCT requirements/organisational changes	Options paper developed for Directors	Paper consultation	Board approval of revised system	Revised system implemented	Jeanette Wilding 01902 444306 jeanette.wilding@wolvespct.nhs.uk	15	A
<b>Operating Framework Enablers</b>									
<a href="#">OF01</a>	Emergency Plans	Revised and tested major incident plan. Staff training program established.	1. Issue of revised major incident plan 2. Rehearsal of revised plan. 3. Appointment of business continuity officer, co-ordinator and clinical lead for pandemic flu. 4. Commencement of business continuity implementation workshops for corporate functions. 5. Raise awareness of emergency planning within Trust's induction program	1. Commencement of emergency preparedness training in-house and in partnership with local health/social care economy 2. Commencement of business continuity exercises for all critical services. 3. Communications cascade exercise. 4. Commencement of e-learning training for pandemic influenza. 5. Identification of gaps required to ensure BC strategies can be invoked. 6. Pandemic influenza conference organised and delivered	1. Improved self assessment audit for pandemic flu returned to SHA. 2. Roll out of exercise program for pandemic influenza. 3. Review of pan flu strategy for the City	1. Establishment of command and control capability. 2. Review/gap analysis of corporate ability to invoke business continuity plans. 3. Major incident exercise for the Trust. 4. Discuss assessment of revised pandemic flu strategy and self assessment.	Adrian Phillips 01902 444859 adrian.phillips@wolvespct.nhs.uk	10	A
<a href="#">OF02</a>	Mixed Sex Accommodation	Full compliance with CNO guidance (2007)	Review current status and identify action required	Progress implementation of action plan	Progress against identified action plan	Fully meet the requirement	Jeanette Wilding 01902 444306 jeanette.wilding@wolvespct.nhs.uk	15	A
<a href="#">OF03</a>	Older People - dementia/locals services	Improve quality of life in later years and minimise the impact on families/carers and statutory services	<ul style="list-style-type: none"> <li>Mainstream Telehealthcare for COPD and CHD in 2009/10 and participate in research to evaluate effectiveness</li> <li>Increase the capacity of intermediate care services in the community at peak times</li> <li>Falls - Analyse the benefit of the self referral system</li> </ul>	<ul style="list-style-type: none"> <li>Develop a plan for a telephone outreach service</li> <li>Identify the independence levels of older people. Undertake the first stage of nurse led intermediate beds project</li> <li>Increase the capacity in walking for health service for 2 years</li> <li>Introduce Hearing and Balance Services</li> </ul>	<ul style="list-style-type: none"> <li>Undertake a trial of lifestyle monitoring service</li> <li>Evaluate the nursing home project in SW locality of the city</li> <li>Vestibular rehabilitation evaluation</li> <li>Encourage over 50 age group to become walk leaders and recruit walkers from the over 50 age group</li> </ul>	<ul style="list-style-type: none"> <li>Develop a strategy for the use of Telehealthcare in 2009/10 for the city</li> <li>Ensure the diversity issues of intermediate care are addressed</li> <li>Anxiety management classes evaluation</li> </ul>	Harry Ward 01902 445947 harry.ward@wolvespct.nhs.uk	4	A
<a href="#">OF04</a>	Implementation of Cancer Reform Strategy	Smoking, Bowel Cancer & median delays for lung cancer/GP referral developed	Development of social marketing plans for achieving success against the indicators.	Tbc in light of social marketing plan agreement.	Tbc in light of social marketing plan agreement.	Tbc in light of social marketing plan agreement.	Adrian Phillips 01902 444859 adrian.phillips@wolvespct.nhs.uk	8	A
<a href="#">OF10</a>	National Patient Safety Agency	System to comply with NPSA guidance/alerts	System reviewed and identification of required changes	Development of IT system to support the required changes	System implemented and improved performance information available	KPI integrated into performance system	Jeanette Wilding 01902 444306 jeanette.wilding@wolvespct.nhs.uk	20	A
<a href="#">OF14</a>	Clinical Team Leader Development Programme (Accredited)	30 band 5 & 7 staff complete programme	Negotiate contract with HEI provider to deliver the programme	Staff identified and programmes commenced	Staff on programme	All places delivered	Jeanette Wilding 01902 444306 jeanette.wilding@wolvespct.nhs.uk	9	A
<a href="#">OF17</a>	Requirements outlined in Joint Strategic Needs Assessment	Updated JSNA	JSNA areas for development agreed and resourced	Project plans in place, work commenced	Early drafts available	Agreed JSNA revisions	Adrian Phillips 01902 444859 adrian.phillips@wolvespct.nhs.uk	9	A