

PAP Ref	Title	Annual Target	Q1	Q2	Q3	Q4	Programme Manager Accountable	Score	Scope of Control
Cleanliness & Healthcare Associated Infections									
VSA03	Number of cases of Cdiff	Max number of cases = 16	as per work programme 4 cases maximum	as per work programme 4 cases maximum	as per work programme 4 cases maximum	as per work programme 4 cases maximum	Jeanette Wilding 01902 444306 jeanette.wilding@wolvespct.nhs.uk	10	A
Access to Personalised & Effective Care									
VSA04c	Percentage of patients seen within 18 weeks for direct access audiology treatment	95% RTT 100% diagnostic	Meet 95% RTT Meet 100% diagnostic	Meet 95% RTT Meet 100% diagnostic	Meet 95% RTT Meet 100% diagnostic	Meet 95% RTT Meet 100% diagnostic	Mari Gay 01902 444860 mari.gay@wolvespct.nhs.uk	4	A
VSC04	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	Mari Gay 01902 444860 mari.gay@wolvespct.nhs.uk	2	A
VSC06	Proportion of adults in contact with secondary mental health services in settled accommodation	70% in settled accommodation	All outstanding reviews will be completed within the first three months to identify any gaps. All new clients will have their accommodation needs identified this will be reported each month on the Mental health Balanced scorecard	A report will be generated to show any outstanding data issues	Continue monitoring and any exceptions reported on a weekly basis to Effective services	Continue to monitor and any exceptions will be reported	Lesley Shore 01902 445981 lesley.shore@wolvespct.nhs.uk	9	A
VSC10	Reduction of delayed discharges	<14 delayed discharges at any point in time	Achieve less than 14 delayed discharges weekly - 9 West Park hospital - 5 Penn hospital	Achieve less than 14 delayed discharges weekly - 9 West Park hospital - 5 Penn hospital	Achieve less than 14 delayed discharges weekly - 9 West Park hospital - 5 Penn hospital	Achieve less than 14 delayed discharges weekly - 9 West Park hospital - 5 Penn hospital	Mari Gay 01902 444860 mari.gay@wolvespct.nhs.uk	6	B
VSC15P	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	Mari Gay 01902 444860 mari.gay@wolvespct.nhs.uk	6	A
VSC21P	Hospital admissions for ambulatory care sensitive conditions	Cellulitis 84 COPD 200 CHD 300	Cellulitis 19 COPD 35 CHD 65 Undertake an audit of cellulitis admissions to RWHT and report to TOC board	Cellulitis 25 COPD 35 CHD 65	Cellulitis 20 COPD 55 CHD 85	Cellulitis 20 COPD 75 CHD 85	Mari Gay 01902 444860 mari.gay@wolvespct.nhs.uk	9	A
APEC14	Proportion of adults on enhanced CPA receiving follow up within 7 days after discharge	100%	To achieve 100% as monitored on a monthly basis through the balance scorecard.	to achieve 100% as monitored on a monthly basis through the Balance Scorecard	To achieve 100% as monitored on a monthly basis through the Balance Scorecard	To achieve 100% as monitored on a monthly basis through the Balance Scorecard.	Lesley Shore 01902 445981 lesley.shore@wolvespct.nhs.uk	15	A
APEC15	Early intervention in Psychosis service: number of new cases	44 New cases	Achieve 11 new cases	Achieve 11 new cases	Achieve 11 new cases	Achieve 11 new cases	Lesley Shore 01902 445981 lesley.shore@wolvespct.nhs.uk	3	A
APEC18	Access to crisis resolution home treatment	Deliver 588 interventions	147 cases delivered. Acute care pathway implemented with operational standards [demonstrating that the teams in place are functioning properly as a gateway to inpatient care and also facilitating early discharge of service users]. Additional recruitment of team to enable pro-active domicilliary visits overnight. Appointment of psychologist completed.	Monitor Q1 effectiveness. 147 cases delivered. Monthly performance management update meetings. Review of quality and operating standards.	Monitor Q1 effectiveness. 147 cases delivered. Monthly performance management update meetings. Review of quality and operating standards.	Monitor Q1 effectiveness. 147 cases delivered. Monthly performance management update meetings. Review of quality and operating standards.	Lesley Shore 01902 445981 lesley.shore@wolvespct.nhs.uk	9	B
APEC19	End of Lifecare	Targets as set out in the Strategy Implementation Plan	Agree EOL strategy at Trust board Develop and agree implementation plan Develop performance indicators framework in relation to agreed strategy outcomes Develop communications plan	Procure services agreed in implementation plan - where appropriate Develop city wide public communications in relation to choices in EOLC Undertake a training needs analysis city wide in relation to EOLC	Continue to undertake procurement processes Agree contractual alterations in relation to procured services	Fully implement 09/10 implementation plan and evaluate progress of appropriate performance indicators	Mari Gay 01902 444860 mari.gay@wolvespct.nhs.uk	6	A

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APEC20	Patient flow system	tbd in quarter 1	Appoint to patient flow coordinator - 2 year post Develop actions plans for 4 of the 9 project objectives and agree at Lean Project board	Develop actions plans for 4 of the 9 project objectives and agree at Lean Project board Develop project feedback mechanisms/ performance indicator framework Develop patient feedback/evaluation mechanisms	Evaluate 2 of project objectives - productive community hospital - delyed discharges Analyse readmissions to all providers on pathway	Evaluate progress with action plans for 2 remaining projects for 09/10	Mari Gay 01902 444860 mari.gay@wolvespct.nhs.uk	6	A
APEC21	Telehealthcare	40 INDIVIDUALS AT ANY ONE TIME	Appoint to Telehealthcare lead for 2 years. Develop outline of a strategic plan Agree at LTC strategy group Use telehealthcare support to 3 COPD patients and 2 CHD patients at anyone time Develop communications plan for all stakeholders	Produce final draft of strategic plan and agree at PEC Develop detailed implementation plan Use telehealthcare support to 7 COPD patients and 6 CHD patients at any one time	Agree strategic plan at Trust board LTC strategy group to oversee implementation plan Use telehealthcare to support 15 COPD and 12 CHD patients at anyone time	Present evaluation of mainstreamed telehealthcare in o9/10 for COPD/CHD to PEC Use telehealthcare to support 20 COPD and 20 CHD patients at any one time	Mari Gay 01902 444860 mari.gay@wolvespct.nhs.uk	2	A
APEC23	Develop provider plan for delivery of expansion of Choose & Book	Initial implementation of the expansion plan	Undertake benchmarking exercise of C&B usage within PCT providers	Commence scoping exercise and identify key stakeholders	Develop plan for C&B expansion, to fit with provider strategy	Commence implementation of the expansion plan	Maxine Espley 01902 446052 maxine.espley@wolvespct.nhs.uk	4	B
APEC24	Review potential for direct access for all appropriate services	Deliver and evaluate two direct access/self referral pilots in 09/10 Agree range of appropriate other direct access services within provider	Develop and agree a framework to assess potential for appropriate direct access to services within provider. Cross reference with commissioning intentions and agree framework at Commissioner/provider meeting.	Agree an evaluation framework that supports the delivery of appropriate direct access services Undertake planning for self referral/direct access pilots agreed with commissioner PAP ref:	Commence pilots for agreed services Undertake assessment of provider services to determine appropriate services for direct access	Continue pilots and provide initial evaluation Agree ongoing plan with commissioners for pilots Agree ongoing development of further appropriate direct access services with commissioner Agree contractual arrangements with commissioner for 10/11 in relation to direct access	Mari Gay 01902 444860 mari.gay@wolvespct.nhs.uk	6	B
Improving Health and Reducing Health Inequalities									
VSA14	Implementation of the Stroke Strategy	At least 90% of time on stroke unit - 70% TIA scanned and treated within 24hrs - 45%	Agree ESD plan at Project Board and with Commissioners. Agree 7 day therapy working with Therapy leads and MDT and agree funding and training plan., commence recruitment of SALT post.	Recruit additional posts for ESD and 7 day therapy and commence training plan. Commence SALT outpatient service.	Comence services and monitor effectiveness	Monitor and evaluate new services	Mari Gay 01902 444860 mari.gay@wolvespct.nhs.uk	9	A
VSB05	Smoking prevalence among people aged 16 or over and aged 16 or over in routine and manual groups	1795 4 week quitters by end Q4	400 Q1 Quitters Continue to implemet marketing plan with Wolves Football Club.Develope 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	Mari Gay 01902 444860 mari.gay@wolvespct.nhs.uk	6	A
VSB09	Obesity among primary school aged children	2009/10: 87% of Reception year recorded 94% of Year 6 recorded	2009/10 Target: Year 6 - June 2009 = 94% Year 0 - June 2009 = 87%	2009/10 Target: Year 6 - July 2009 = 94% (follow-up missing children) Year 0 - July 2009 = 87% (follow-up missing children) 2010-11 Target Contact schools to set up recording schedule for 2010/11 target	2010/11 Target: Year 6 - Dec 2009 = 95% Year 0 - Dec 2009 = 15%	2010/11 Target: Year 6 - April 2010 = 95% (follow-up missing children) Year 0 - April 2010 = 90% (follow-up missing children)	Mark Edwards 01902 441788 mark.edwards@wolvespct.nhs.uk	6	A

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VSB10	Proportion of children who complete immunisation by recommended ages	1. DTaP/IPV/Hib immunisation rate for children aged 1 = 93% 2. PCV immunisation rate for children aged 2 = 90% 3. Hib/MenC immunisation rate for children aged 2 = 94% 4. MMR immunisation rate for children aged 2 = 90% 5. DTP immunisation rate for children aged 5 = 88% 6. MMR immunisation rate for children aged 5 = 86%	12 Month Cohort - Achieve DTaP /IPV/Hib 93% 24 Month Cohort - MMR 90%, Hib/Menc Booster 94%, PCV Booster 90% 5 Year Cohort - Achieve Primary DTaP/IPV 88%, MMR 1st Dose 86%	12 Month Cohort - Achieve DTaP /IPV/Hib 93% 24 Month Cohort - MMR 90%, Hib/Menc Booster 94%, PCV Booster 90% 5 Year Cohort - Achieve Primary DTaP/IPV 88%, MMR 1st Dose 86%	12 Month Cohort - Achieve DTaP /IPV/Hib 93% 24 Month Cohort - MMR 90%, Hib/Menc Booster 94%, PCV Booster 90% 5 Year Cohort - Achieve Primary DTaP/IPV 88%, MMR 1st Dose 86%	12 Month Cohort - Achieve DTaP /IPV/Hib 93% 24 Month Cohort - MMR 90%, Hib/Menc Booster 94%, PCV Booster 90% 5 Year Cohort - Achieve Primary DTaP/IPV 88%, MMR 1st Dose 86%	Mark Edwards 01902 441788 mark.edwards@wolvespct.nhs.uk	16	A
VSB11	Percentage of infants breastfed at 6-8 weeks	Prevalence - 33% Coverage - 90%	Prevalence =32%	Prevalence =32.5%	Prevalence =33%	Prevalence =33.5%	Mark Edwards 01902 441788 mark.edwards@wolvespct.nhs.uk	12	A
VSB12	Effectiveness of CAMHS	24 Hour Coverage Achieve 4 x level 4 proxy scores	170 initial contacts; 1,870 follow up appointments To achieve this the following developments are necessary: (1) Establish a peri-natal and Infant Mental Health Service (2) To set up Crisis and Home Treatment Service in 2009-10	(3) To create additional learning disability mental health practitioner posts for maternity/peri-natal service, children's centres, MASTs, YOT and Young Adult Transition Service	(4) To establish four additional Primary Mental Health Worker posts as link workers for 16 children's centres, four CAMHS link workers for 8 MASTs and 3 Transition Support Workers for Young Adults Family Team	(5) Establish a Paediatric Psychology Service (in and out patient) for children and young people with chronic physical illnesses and emotional/psychological problems (one Consultant Psychologist, one Highly Specialist Psychologist and one Assistant/Psychologist in Training)	Mark Edwards 01902 441788 mark.edwards@wolvespct.nhs.uk	3	A
IH09	Best practice in mental health services for people with a learning disability (green light toolkit)	Ensure best practice is implemented	Plan project and undertake self assessment	Review self assessment action plan implement actions and survey in-patient and community service users	Review surveys add results into action plan.	Evaluate project and improvements	Lesley Shore 01902 445981 lesley.shore@wolvespct.nhs.uk	8	A
IH11	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
IH12	Review of medical devices management technical support	SLA for technical support reviewed and contract progressed	Revised SLA requirement; Advertise post to support MDM	Progress contractual requirement to implement the changes. Recruitment to MDM post	Contract implemented. Additional audit to support assurance on compliance to best practice	0	Jeanette Wilding 01902 444306 jeanette.wilding@wolvespct.nhs.uk	12	A
IH19	Deliver recommendations that fall out of CQC Medicines Management review	Achieve recommendations by end Q4.	To have submitted a bid for pharmacy staff to commissioning to allow provider arm delivery of medicines reconciliation. Amend SLA with RWHT to ensure all transfers have been reconciled. To have achieved short term actions from HCC review	Pilot of medicines reconciliation on Jasmine ward and ward 3 WP completed. All disciplines educated and supported. Policy review. Funding secured, recruitment underway. To have achieved medium term actions from HCC review	Pharmacy team recruitment and development phased implementation of medicines reconciliation on both inpt sites. To have achieved long term actions from HCC review	full implementation of medicines reconciliation on west park and penn site expansion into SSDP and Pond Lane including audit/data capture. Overall review to ensure all HCC review actions met and review of implementation	Lesley Shore 01902 445981 lesley.shore@wolvespct.nhs.uk	16	B
Reputation, Satisfaction & Confidence in the NHS									
VSB15	Self reported experience of patients and users	Community Mental Health Trust target score = 74.66%	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
RSC01	Experience of Patients - Health & Wellbeing, Clinical Quality, Safety, Patient Focus and Access domain(s)	Patient Information Policy and governance arrangements ratified.	Patient Information Policy and governance arrangements agreed	Implementation Plan developed	Roll out agreed and appropriate resources identified	Patient Information Policy implemented	Cath Cunningham 01902 444757 cath.cunningham@wolvespct.nhs.uk	12	A
Finance									
F01	Implementation of the new contracts for community and mental health services	New national contracts fully implemented	Sign-off of the 2009/10 contract with commissioners and agree monitoring arrangements	Identify phase two of the service specifications to be developed and agree an implementation plan	Sign-off of phase two service specifications	Complete evaluation of 2009/10- year one of the new contracts and agree parameters for 2010/11	Maxine Espley 01902 446052 maxine.espley@wolvespct.nhs.uk	8	A

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F02	Delivery of the "Future of Provider Services" Programme Plan	Programme Plan signed-off	Develop the Baseline Assessment of provider services Action Plan. Appoint a programme manager	Develop, agree and adopt the vision and values to underpin the future of provider services. Undertake core business reviews for provider services	Identify potential organisational options and undertake an options appraisal	Consultation with staff and stakeholders on the future organisational options for the provider	Maxine Espley 01902 446052 maxine.espley@wolvespct.nhs.uk	9	B
F03	Development and delivery of a marketing and communication strategy	Strategy written, signed-off and implemented	Identify and agree the scope of the strategy and its delivery plan. Identify capacity requirements	Recruited to any agreed capacity. Undertaken a market analysis linked to directory of services. Started debate on 'branding' to inform the strategy.	Draft provider marketing and communication strategy for discussion with provider board for debate.	Marketing and communication strategy approved and implementation plan in progress.	Maxine Espley 01902 446052 maxine.espley@wolvespct.nhs.uk	6	A
F04	Implementation and roll-out of the Provider Services balance scorecard	Balanced Scorecard rolled out to all Provider Directorates	Implement the Provider balance score card for provider services and commence reporting at Provider Board	Complete development of all directorate based scorecards ensuring alignment with the provider-wide scorecard	Undertake work to refine the systems for information capture to populate the scorecards	Implement an automated solution for populating the scorecards	Maxine Espley 01902 446052 maxine.espley@wolvespct.nhs.uk	6	A
F05	Delivery of Mental Health peer review action plan	All recommendations delivered	to have delivered all short term actions from peer review . Ratification via appropriate boards ; collection of all success criteria to be collated	to have delivered all medium term actions from peer review . Ratification via appropriate boards ; collection of all success criteria to be collated	to have delivered all long term actions from peer review . Ratification via appropriate boards ; collection of all success criteria to be collated	overall evaluation of peer review actions ; review and audit of outcomes including measurement of quality outcomes in relation to user/ carer surveys and staff feedback	Lesley Shore 01902 445981 lesley.shore@wolvespct.nhs.uk	9	A
F06	Delivery of the Mental Health Productivity and Improvement Programme	Key productivity & improvement milestones met	appoint PIP Project Manager and develop programme setting key milestones and performance indicators.	Monitor and review programme against key milestones and indicators.	Monitor and review programme against key milestones and indicators.	Monitor and review programme against key milestones and indicators.	Lesley Shore 01902 445981 lesley.shore@wolvespct.nhs.uk	9	A
F08	Complete cost & price review of Provider Services	Implement new prices through the 2010.11 contracting process	Complete cost rebase of provider services. Undertake consultation/ research with other providers and review DoH guidance	Develop options for currencies. Identify service headings and consider pathway approach.	Undertake market testing of prices. Engage commissioner views	Implement new prices through the 2010.11 contracting process	Maxine Espley 01902 446052 maxine.espley@wolvespct.nhs.uk	9	A
Partnership Working									
PW03	Develop a user involvement and engagement strategy	Strategy in place	Identify and agree the scope of the strategy and its delivery plan.	Draft strategy to Provider Board for debate	Strategy approved and implementation plan in progress	Strategy in place	Maxine Espley 01902 446052 maxine.espley@wolvespct.nhs.uk	12	A
PW04	Develop an external communication and marketing strategy	Strategy signed-off and being implemented	Strategy delivered via Joint Strategy Group with Provider LCG's and TNC Mgt/staff side representation. Information from SOS 08 results, existing partnership agt, national guidance and local case study information.	Recruited to any agreed capacity.Undertaken a market analysis linked to directory of services. Started debate on "branding" to inform the strategy.	Draft provider marketing and communication strategy to provider board for debate	Marketing and communication strategy approved and implementation plan in progress	Maxine Espley 01902 446052 maxine.espley@wolvespct.nhs.uk	12	A
Leadership & Workforce									
LW03	Staff turnover is consistent with West Midlands benchmark of 13%	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
LW04	Sickness absence and PCT Staff Health & Wellbeing agenda	4.30%	(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
LW05	Appraisals completed	75%	(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

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LW06	Organisation Development Plan for Provider Services	Plan in place to support APRO strategy.	(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
LW07	Conduct a skills gap analysis and develop and deliver a training plan	Plan agreed and signed off	Identify current skills & competencies of Board & Senior Management Team. Identify future competencies that will be required, with gaps. Integrate into OD Plan. Adopt NHS Institute Board Development Tool	Identify any training or development initiatives required to meet the skills gap. Develop a training and development plan. Feedback from NHS Institute regarding the BDT.	Implement Training & Development Plan. Implement recommendations following on from review of Board Development Programme.	Monitor, evaluate and review progress and actions.	Steph Harris 01902 444202 stephanie.harris@wolvespct.nhs.uk	9	B
LW08	Develop an internal communication strategy	Strategy signed-off and in implementation phase	Strategy delivered via Joint Strategy Group with Provider LCG's and TNC Mgt/staff side representation. Information from SOS 08 results, existing partnership agt, national guidance and local case study information.	1st Drafts for consultation with TNC/Prov LCG's, mgt and staff side groups , feedback and amendment, Final document to be ready by Sept09	Strategy ready for PB approval Oct/Nov. to include timetable for implementation and evaluation.	Implementation of Strategy, plus Progress & Evaluation report to PB Mar2010	Steph Harris 01902 444202 stephanie.harris@wolvespct.nhs.uk	6	A
Information Management & Technology									
IMT02	Patterns of care from Mental Health Minimum Data Set (MHMDS)	95% of Care Recors comply with MHMDS	Develop a Care Notes Auditing tool to ensure target is monitored and reported on quarterly basis.	Audit CareNotes to ensure compliance and report to Senior Management Team. Also produce exception report and action plan for under performance.	Audit Care Notes to ensure compliance and report to Senior Management Team. Also produce exception report and action plan for under performance.	Audit Care Notes to ensure compliance and report to Senior Management Team. Also produce exception report and action plan for under performance.	Lesley Shore 01902 445981 lesley.shore@wolvespct.nhs.uk	6	A
IMT11	Deliver a Provider Board development programme	Future development needs agreed and signed-off	Undertake a review of the scheme of delegation from the PCT Board to the Provider Board	Identify the skills required to enable the Provider Board to effectively function	Undertake a skills gap analysis of the provider board and commence a training and development programme	Evaluate the effectiveness of the provider board and define future development needs	Maxine Espley 01902 446052 maxine.espley@wolvespct.nhs.uk	9	B
IMT12	Delivery of SHA Productivity Improvement Programme	Action plans submitted	1st submission of input files for benchmarking tool. Complete directory of service input files	2nd submission of input files for benchmarking tool. 50% compliance of new referrals assigned to Yorkshire Care Pathways	Submission of directory of service maps. Time to Care exercise completed for selected teams.	90% compliance with new referrals assigned to Yorkshire Care Pathways. Trust recommendations and action plans submitted.	Maxine Espley 01902 446052 maxine.espley@wolvespct.nhs.uk	8	B
IMT13	Implementation of planning and performance framework to include business elements of baseline assessment	Framework in place and being adhered to	Develop baseline assessment action plan and identify requirements for planning and performance framework.	Implement planning and performance framework	Monitor performance framework	Evaluate performance framework	Maxine Espley 01902 446052 maxine.espley@wolvespct.nhs.uk	3	A
IMT14	Undertake information and systems review	Outcomes of review being implemented	Develop a detailed specification for the review, encompassing contract requirements, service needs and board reporting	Tender for external resource	Complete review and assess findings. Consider ongoing resource requirements	Commence implementation of findings	Maxine Espley 01902 446052 maxine.espley@wolvespct.nhs.uk	9	A
IMT15	Review models and service specs for all SSDP Provider Services.	Revised models & service specs being monitored	Complete Service Model Refresh and associated action plans reported to SSDP Project Board and Provider Board	Undertake next stage of Staff Engagement jointly with LA	Monitor Progress through Provider Board	Monitor Progress through Provider Board	Maxine Espley 01902 446052 maxine.espley@wolvespct.nhs.uk	12	B
IMT16	Delivery of SSDP Transfer of Care plan	Ensure ToC developments are in 10/11 contract negotiations	Monitor progress against plan through the Transfer of Care Board. Agree activities to be "mainstreamed" as transferred Care.	Work with commissioners and TOC Board on identifying the next stage in Transfer of Care Developments	Clarify TOC developemts to be actioned	Build next stage Transfer of Care Developments into 10/11 contract negotiations	Maxine Espley 01902 446052 maxine.espley@wolvespct.nhs.uk	12	C
IMT17	Conduct core service review of all Provider Services	To produce a Core Service Review of provider services in 09/10	Inform Provider board of need to undertake a core service review and the plan to align to current SSDP process Advertise and appoint to project manager to support service reviews Agree at SSDP servive delivery board a project plan to deliver the Core Service review in agreed timescales Agree a framework to assess current service specifications and agree a gap analysis with stakeholders	Using SHA tool due in Quarter 2 undertake core service reviews in areas identified in gap analysis aligning with SSDP	Continue to undertake core service reviews reporting to SSDP service delivery board, identifying risk areas and undertaking corrective actions	Produce initial draft of caore service review to SSDP service delivery board and make necessary adjustments Provide Provider board with the completed core service review	Mari Gay 01902 444860 mari.gay@wolvespct.nhs.uk	9	A

2009/10 Provider Business Operating Plan Summary Outcomes

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IMT18	Develop and implement effective service level agreement for corporate services	Achieve by end Q2 for Finance Informatics Estates HR	Scope total SLA requirements & identify leads within Provider to scrutinise service provision & produce SLA's with measures for monitoring compliance.	Write, agree and sign off all Provider to corporate services SLA's in preparation for formal APRO status	Introduce formal SLA monitoring process linked to routine Business Performance within Provider services	Produce a report for Trust Board identifying in year developments and assurance through SLA monitoring of robust management arrangements	Mark Edwards 01902 441788 mark.edwards@wolvespct.nhs.uk	10	B
IMT19	Review of customer service systems and implement recommendations	Achieve by end Q3	Scope review work, identify Directorate Professional Leads as project board, TOR and develop plans and milestones linked to PPI & Customer Care standards	Appointed end Q1 through NRB funds external support to work with Professional leads on review - 3 month project. Develop a consultative plan of work.	Deliver recommendations, structure and policy linked to review outcomes and through an appropriate consultative process i.e. Management of Change/User consults etc. End Project support and NRB at 5 months	Mainstream new Customer Services systems, staff policies and process into the Provider Arm linked to the lead professionals role.	Mark Edwards 01902 441788 mark.edwards@wolvespct.nhs.uk	8	A
Operating Framework Enablers									
OF02	Privacy and dignity (elimination of mixed sex accommodation)	Full compliance with guidance	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
OF07	Ensuring no 16-17 year olds are treated on adult psychiatric wards	0 admissions	document number of crisis interventions in CAMHS for 16 and 17 year olds where hospital admission to Adult Mental Health was avoided. Document number of cases where hospital admission is avoided via intensive home treatment.	document number of crisis interventions in CAMHS for 16 and 17 year olds where hospital admission to Adult Mental Health was avoided. Document number of cases where hospital admission is avoided via intensive home treatment.	document number of crisis interventions in CAMHS for 16 and 17 year olds where hospital admission to Adult Mental Health was avoided. Document number of cases where hospital admission is avoided via intensive home treatment.	document number of crisis interventions in CAMHS for 16 and 17 year olds where hospital admission to Adult Mental Health was avoided. Document number of cases where hospital admission is avoided via intensive home treatment.	Mark Edwards 01902 441788 mark.edwards@wolvespct.nhs.uk	6	A
OF08	Disabled children, increased range of services, improved experience	Multi disciplinary team in place	Initial new contacts 30; follow up appointments 665	Initial new contacts 30; follow up appointments 665	Initial new contacts 30; follow up appointments 665	Initial new contacts 30; follow up appointments 665	Mark Edwards 01902 441788 mark.edwards@wolvespct.nhs.uk	3	A
OF09	Long Term Conditions - personalised care plans	95% of all individuals receiving Community Matron services have a PCP	Identify resources to support care planning process- software tool Achieve 25% of caseload having a personalised care plan NB - monthly updates to come from Harminder Kaur	Achieve 45% of caseload having a personalised care plan	Achieve 72% of caseload having a personalised care plan	Achieve 95% of caseload having a personalised care plan Patient and stakeholder evaluation of personalised care plans produced	Mari Gay 01902 444860 mari.gay@wolvespct.nhs.uk	2	A
OF10	National Patient Safety Agency	Compliance 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
OF11	Development of SFBH evidence database	SFBH database to enable all internal/external requirements	Review current database and develop separate database for Commissioner and provider. Commence recruitment to support officer	Data on database reviewed by leads to ensure it reflects commissioner/provider requirements. Database populated for provider directorates. Appointment to support officer post	Re audit of evidence on database	Database provides robust evidence to support external reporting	Jeanette Wilding 01902 444306 jeanette.wilding@wolvespct.nhs.uk	20	A
OF12	Compliance with Standards for Better Health	Full compliance achieved	Review of SFBH evidence on database by lead directors for level of assurance provided	Following appointment of the co-ordinator identify priority areas for additional assurance development	Programme for additional assurance in place	Additional and appropriate assurance secured to inform the annual declaration	Jeanette Wilding 01902 444306 jeanette.wilding@wolvespct.nhs.uk	15	A
OF15	Delivery of action plan to establish Arms Length Provider Organisation (APRO)	To reach level 3 of the baseline assessment tool	Provider Board and PCT approval of the action plan resulting from the Baseline Assessment of provider Services	Review the delivery of the baseline assessment action plan and report by exception to the Provider Board with corrective action plans as required	Achieve the Arms Length Provider Organisation (APRO) status as defined by the DoH Transforming Community Services paper	Project Complete	Maxine Espley 01902 446052 maxine.espley@wolvespct.nhs.uk	12	B
OF16	Development and production of quality accounts	To produce a PCT provider quality account ready to publish in April 2010	Inform Provider Board and PCT board of the legislative requirement to produce PCT provider quality accounts in April 2010 Instigate a steering group to oversee the development of quality accounts reporting to Provider governance board which includes public representatives Develop a project plan that enables development of quality accounts in this financial year to include staff communication plan	Determine national and local elements to be included in quality accounts Develop a framework to support collection of information for quality accounts aligned to current processes under headings of - patient safety - clinical effectiveness - patient experience Develop and agree a publication plan for the city	Cross reference agreed elements with national elements - due to be published in quarter 3 and agree any corrective actions	Produce a draft quality accounts publication to Provider governance board in Jan 2010 and alter as required Produce final draft to Provider board in March 2010 recommending to Trust board in April 2010 to publish in agreed timescales	Mari Gay 01902 444860 mari.gay@wolvespct.nhs.uk	9	B