

Wolverhampton City Primary Care Trust

Provider Services Business Plan 2009/10:

'Transforming Community Services in Wolverhampton'

"Wolverhampton a Smoke-Free PCT"

Contents:

<i>Introduction</i>	3
<i>Priority Areas</i>	3
<i>Communication & Relationship Management</i>	4
<i>Key Performance Indicators</i>	5
<i>Developing Safe and Effective Services</i>	6
<i>Governance</i>	7
<i>Business Development and Infrastructure</i>	8
<i>Workforce</i>	9
<i>Appendix 1: Outcomes</i>	9

Introduction

The PCT Provider Services has an annual turnover of £80million and employs some 2000 staff in the direct delivery of community based services including:

- Mental health/addiction
- Rehabilitation
- Children, young people and families
- Community nursing
- Allied Health Professionals

Almost 90% of the services delivered by the PCT Provider operate within the City of Wolverhampton. In 2009/10 the PCT Provider will drive forward the 'Future of Provider Services' programme to:

- Establish a clear vision and set of values
- Ensure future business preparedness
- Identify, evaluate and consult upon potential service and organisational configuration options
- Implement a programme of change management

In addition to this programme the PCT Provider has identified a number of key deliverables for 2009/10.

- Delivery of the action plan arising from the Mental Health Peer Review
- Participate in the SHA Productivity and Improvement (PIP) programme for mental health services and continue to implement service changes resulting from the Community Services PIP which commenced in 2008.
- Deliver Year 3 of the 'Transfer of Care' programme, as outlined in the PCT Strategic Services Development Plan (SSDP)
- In conjunction with the commissioner, implement the new national contracts for community and mental health services, including the further development of local currencies and the establishment of a Quality Framework

We will continue to reduce waiting times and improve access to services, as part of the PCT 'zero waits' initiative.

Priority Areas

The PCT provider has undertaken an external review of the key drivers of performance for providing organisations and supplemented this with an organisational analysis that included a review of strengths, weaknesses, opportunities and threats; from this the organisation has established the key theme areas around which all operational activity will be based for the 2009/10 period. These are:

- Communication and relationship management
- Key Performance Indicators
- Developing safe and effective services
- Governance
- Business development and infrastructure
- Workforce

Communication & Relationship Management

Definition: Stakeholder engagement will be user centred so that our organisation can be responsive to the needs of users and stakeholders. Allowing us to learn from the experiences of people who use our service.

Provide effective internal communication to our staff to keep them informed and involved and ensure all external communication and marketing to the public is informative and easily understood. We will work with our partners and commissioners to ensure effective service delivery

Activities:	Please see Appendix 1 for detailed outcomes.	A	R	C
	1. Review of customer service systems and implement recommendations	MEd		
	2. Develop an internal communication and engagement strategy	JB		
	3. Develop an external communication and Marketing strategy	SH		
	4. Develop a User Involvement & Engagement Strategy	SH		

Drivers:

- Election (local / national)
- Foundation Trust – Acute Trust
- Local Authority Finance (savings)
- Equitable Access to Primary Care (EAPC) (new GP's)
- Relationship management with commissioners
- Complaints
- User engagement
- Standards for Better Health

<p>S</p> <ul style="list-style-type: none"> • Working with patients • Respect for health professionals • Understanding the health needs of the population 	<p>W</p> <ul style="list-style-type: none"> • Consistent engagement with the public • Understanding and using the views of service users • PBC relationship management
<p>O</p> <ul style="list-style-type: none"> • Good infrastructures to engage public • Best placed to maximise local provider status • Personalised budgets and choice • Co-terminosities – Acute and Local Authority • PBC developments 	<p>T</p> <ul style="list-style-type: none"> • Knowing our customers • External providers - analysis • Market analysis and marketing • Personalised budgets and choice • PBC intentions

Key Performance Indicators

Definition: There are a number of key statutory national, local and provider specific targets that the Provider are required to deliver as part of normal business operation. The organisation also has an integral role in the delivery of key WCPCT Projects.

Activities:	Please see Appendix 1 for detailed outcomes.	A	R	C
	1. Deliver all KPI's within the Business plan	All	All	All
	2. Development of Provider balance scorecard and KPIs	VM	MP JD SE	

Drivers:

- CQUIN
- PBC
- Strategic Plan (commissioner intentions)
- Finance position – NHS
- Standards for Better Health
- NHS Litigation Authority
- Infection prevention
- National accreditation
- Develop a balanced scorecard

<p>S</p> <ul style="list-style-type: none"> • Infrastructure within Provider • Current Commissioner-Provider relationship • Pathways in partnership with other key stakeholders • Good track record of achieving targets 	<p>W</p> <ul style="list-style-type: none"> • Evidence of quality outcomes • Capacity and capability to train and re-skill • Lack of integrated performance management system
<p>O</p> <ul style="list-style-type: none"> • Decommissioning • Introduction of community contract • Commissioning – Strategic plan developments 	<p>T</p> <ul style="list-style-type: none"> • Competitors – knowledge of competitors (portfolios etc)/Market Analysis • Decommissioning services • Bureaucracy – process

Developing Safe and Effective Services

Definition: We will deliver quality services that are safe, effective and provide enhanced patient experience.

Activities:	Please see Appendix 1 for detailed outcomes.	A	R	C
	1. Delivery of Mental Health peer review action plan	LS		
	2. Delivery of SSDP Transfer Of Care plan	SH		
	3. Review models & service specs for all SSDP Provider Services	SH	All	
	4. Review potential for direct access for all appropriate services	MG	DM	
	5. Delivery of NPSA Patient Safety Campaign	JW	JP	
	6. Ensure delivery of the HCAI targets and evidence best practice	JW	CW	
	7. Develop provider plan for delivery of expansion of choose and book	VM	All	
	8. Deliver recommendations that fall out of HCC Medicines Management Review	LS	Helen Wood	
	9. Develop and implement a programme of clinical skills and competency for all professional staff including an audit programme.	JW		

Drivers:

- Darzi and IFH
- Mental Health peer review
- LIFT
- SSDP
- Personalisation and Patient choice
- Direct Access
- NHS Constitution
- NICE guidance
- National strategy & NSF
- Lessons learned
- HCC Medicines Management Review
- NPSA

<p>S</p> <ul style="list-style-type: none"> • Workforce commitment • Evidence of redesign • Clinical leadership • Clinical Governance infrastructure • Breadth of services 	<p>W</p> <ul style="list-style-type: none"> • Evidence of outcomes • Proof of value for money • Providing uncommissioned services • Marketing/Communications
<p>O</p> <ul style="list-style-type: none"> • Increased capacity to respond • Preventative health services agenda • Delivery of the SSDP 	<p>T</p> <ul style="list-style-type: none"> • Capacity to change • Up-skilling • Competition • Staff retention / expertise

Governance

Definition: Provision of Effective Corporate and Clinical Governance with clear accountability and structure at all levels

Activities:	Please see Appendix 1 for detailed outcomes.	A	R	C
	1. Development & production of quality accounts	MG		
	2. Develop and implement effective service level agreements for corporate services	MEd		
	3. Delivery of action plan to establish Arms Length Provider Organisation (APrO)	ME	All	
	4. Develop and implement a framework for Integrated Governance specific to Provider services	JW	JP/SE	
	5. Develop and implement a Research, Development & Evaluation Strategy for Provider Services	IB	SG	

Drivers:

- Standards for Better Health
- NHS Litigation Authority
- Clinical governance
- CQC & Registrations
- DoH - Transforming community services
- Quality
- Organisational structure
- Clear levels of all accountability
- SFI's
- Safeguarding Adults and Children
- SUI's
- Complaints & lessons learned

<p>S</p> <ul style="list-style-type: none"> • Head nurse roles • Risk assessment process • User/Carer involvement in some services • Evidence of best practice implementation • Professional leadership 	<p>W</p> <ul style="list-style-type: none"> • Lack of Senior medical representation at director level • Directorate evidence/assurance/dissemination • Commissioner/provider split (lack of clarity) • Local Quality indicators • Lack of non-executive engagement in Provider • Directorate CG evidence • Evaluation and assurance • Corporate services – lack of SLAs/Provider ownership
<p>O</p> <ul style="list-style-type: none"> • Review of provider governance arrangements • New resource and structure • C.Q.I (levelling of playing field) • National contract/ Quality Framework • Development of a corporate identity/APrO 	<p>T</p> <ul style="list-style-type: none"> • Form before function • New organisational structure (getting it wrong) • Risk adversity (using risks for the wrong reason) • Changes to statistics • Business preparedness

Business Development and Infrastructure

Definition: Undertake a review of business operations and processes to ensure organisation can operate as a functioning strategic business unit or APrO

Activities:	Please see Appendix 1 for detailed outcomes.	A	R	C
	1. Complete cost & price review of Provider Services	VM	MP	
	2. Conduct core service review of all Provider services	MG		
	3. Undertake information & systems review	NN	JL VM	
	4. Implementation of planning & performance framework to include business elements of baseline assessment	SE VM		
	5. Delivery of SHA Productivity Improvement Programme	VM	CB MH-D CW WW	

Drivers:

- Mental Health tariff
- Systems & IT
- Finance - Non Recurring
- Performance management
- Contract monitoring
- Information support
- PIP (productivity improvement plan)
- Impact of private sector
 - ➔ Competitor analysis
- Systems capacity
- Bidding for service
- Contestability

<p>S</p> <ul style="list-style-type: none"> • Strong business model • Productivity and Improvement Programme • Contracting process • Tendering experience • Movement to cost/volume contract • Knowledge of the agenda • Involvement in national pilots 	<p>W</p> <ul style="list-style-type: none"> • Lack of tendering experience • Lack of integrated performance • Directorate performance <ul style="list-style-type: none"> - information cascade - activity capture - embedding performance • Information/ data and especially analysis of IT system. Lack of robust contract pricing. • Provider information set
<p>O</p> <ul style="list-style-type: none"> • Dedicated Head of Information • Balance scorecard • Development of outcome measures • WCC • Clinical data entry (mobile working) • Movement to cost/volume • Transforming Community Services programme 	<p>T</p> <ul style="list-style-type: none"> • Lack of choice of IT system • DH information model • Income stream (very biased to Wolverhampton) • Local Authority financial position • Lack of integration with EMIS/LA Systems

Workforce

Definition: Recruit, develop and retain our workforce to ensure it is fit for purpose and innovative; being able to deliver quality services. Recognising and rewarding our staff and being recognised as an Employer of Choice.

Activities:	Please see Appendix 1 for detailed outcomes.	A	R	C
	1. Develop Organisation Development plan: <ul style="list-style-type: none"> • Workforce analysis • Structure review • Workforce plan 	SH		
	2. Conduct a Skills gap analysis and develop and deliver a training plan to include: <ul style="list-style-type: none"> • Clinical staff • Management • Non-clinical Staff 	SH		
	3. Conduct a skills gap analysis and deliver a Provider Board development programme	ME	NP	

Drivers:

- Capacity (people)
- Skill base
- Appraisal
- PDP
- Supervision
- Staff Opinion Survey
- New ways of working
- Change management

<p>S</p> <ul style="list-style-type: none"> • Enthusiasm • Flexibility • Retention rates • Good response/quality of candidates to recruitment opportunities • Loyalty to Wolverhampton • Staffside relationship 	<p>W</p> <ul style="list-style-type: none"> • Recruitment process • Lack of skill and competence focus for professionals • Appraisals / PDPs -uptake • Staff survey/perceptions • Gaining trust of ground level staff • Communication cascade • Lack of OD focus for Provider
<p>O</p> <ul style="list-style-type: none"> • Toolkits to support change integrated provision (new roles) • Restating values and vision • Up-skill staff e.g. ToC • SSDP • Recognition of good practice 	<p>T</p> <ul style="list-style-type: none"> • Competitor organisations • Salary comparisons • Future retention • Organisational options

Appendix 1: Outcomes