The Royal Wolverhampton Hospitals NHS Trust	

Trust Board Report

Meeting Date:	23 May 2011
Title:	Annual Plan 2011/12
Executive Summary:	The Operational Plan outlines what the Trust expects to achieve in delivering year 3 of its Integrated Business Plan, changes to local and national priorities and provides an overview of the achievements during 2010/11
Action Requested:	The Trust Board is asked to **Approve** the Operational Plan
Report of:	Chief Operating Officer
Author: **Contact Details:**	Helen Davis Tel: 01902 696958 Email: Helen.davis4@nhs.net
Resource Implications:	The resources required to deliver the plan are included within the income the Trust receives from its commissioners
Public or Private: **(with reasons if private)**	Public
References: **(eg from/to other committees)**	
Appendices/ **References/** **Background Reading**	Appendix 1: Operational Plan 2011/12 Appendix A: Community Services Business Plan 2011/12 TB Agenda Item No:7.3.2: Annual Plan Monitoring Framework 2011/12
NHS Constitution: **(How it impacts on any decision-making)**	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: - Equality of treatment and access to services - High standards of excellence and professionalism - Service user preferences - Cross community working - Best Value - Accountability through local influence and scrutiny

Background Details

1	The financial year 2011/12 is the third year of the Integrated Business Plan. This document outlines what we expect to achieve, the way in which we will monitor and report progress and how our plans are aligned to the national drivers for improving health and well being. The documents primary focus is on the Acute Services with headline information on the financial and activity profile for Community Services. The Operational Plan is attached at appendix 1 with the Community Services plan attached as appendix A. the Annual Plan Monitoring Framework is shown at Agenda Item No:7.3.2 of these Board papers

Appendix 1

OPERATIONAL PLAN 2011/12

Introduction

The financial year 2011/12 is the third year of the Integrated Business Plan. This document outlines what we expect to achieve, the way in which we will monitor and report progress and how our plans are aligned to the national drivers for improving health and well being. The documents primary focus is on the Acute Service with headline information on the financial and activity profile for Community Services. The Community Services plan is attached as Appendix A

Setting the Context – Local and National Priorities

This year is a pivotal year for the reforms to the NHS and the wider public sector. For the Trust it is the first year of an ambitious programme to integrate the community services from Wolverhampton City PCT with those of the Trust providing significant benefits for our patients through seamless pathways of care and easier access to services. We will continue our programme of work with GPs and other referrers to our services shaping the framework for commissioning via GP Consortia. As always the overriding emphasis is about delivering high quality, safe services that are as close to home as possible, reducing waiting times and improving communication, engagement and involvement.

Looking Back – Key Achievements In 2010/11

2010/11 was another extremely successful year for the Trust. We achieved all the national and local operational targets as outlined in our contracts with commissioners with the exception of CQUIN payments where we lost around £500,000 primarily linked to VTE assessment. In addition we delivered a financial surplus in excess of plan which enables us to invest further in our capital programme and the redevelopment of the New Cross site.

Our key achievements included:

- Commencement of Robotic Surgery – the first Trust in the West Midlands to offer this service
- Creation of a ward dedicated to the care and treatment of patients with dementia and appointed a nurse consultant for this service
- Established as the West Midlands regional centre for TAVI surgery (Transaortic Valve Implantation)
- Established as the Black Country Electrophysiology service providing treatment for patients with disabling heart rhythms
- Implemented VitalPAC, an electronic systems that monitors patients physiological systems and provides an alert system for patients whose condition is deteriorating
- Continuing to drive down the number of hospital acquired infections
- Hitting all targets whilst treating more patients and managing through the worst winter in 100 years
- Review and redesign of clinical pathways to ensure sustained delivery of the 62 day referral to treatment cancer target
- In conjunction with primary care colleagues we introduced an urgent care advice line for GPs in Wolverhampton to reduce the number of attenders to A&E and EAU

- Established a CT Scanner in A&E to improve the speed of diagnosis and commencement of treatment
- Implemented Saturday lists in Endoscopy to offer greater choice for patients
- Established an Emergency Surgical Ward to improve the assessment and management of patients and reduce unnecessary hospital stays
- Opened a minor procedures theatre linked to our admissions unit
- Created a Head and Neck Ward by relocating ENT, Maxillofacial and Ophthalmology patients
- Achieving a score of Excellent in the PEAT survey
- Launch of a new catering facility supporting better food for our patients
- Implemented a Carbon Strategy and a number of Energy Conservation schemes

In addition to the above the Trust successfully completed the formal transaction for the integration with Wolverhampton City PCT community services which is a significant milestone in the history of the Trust.

Forward Look – The Activity Plan and Anticipated Income

The economic situation and the financial position of a number of PCTs across the West Midlands have resulted in some challenging discussions about contracts for 2011/12. The Trust has successfully secured contracts for acute services based on the outturn position for 2010/11 (for most services) and negotiated additional funding for services (recurrently) and additional projects (non-recurrently) for community services. In addition to an increase in payments relating to the delivery of CQUIN targets (1.5% / £3.9m) and best practice tariffs this year will see changes to income related to the delivery of QIPP schemes. The table below shows the 2011/12 budget:

	Acute 2010/11 Budget £m	**Acute 2011/12 Budget £m**	**Community 2011/12 Budget £m**	**Combined 2011/12 Budget £m**
Income	291	305	53	358
Cost	285	297	52	349
Surplus	6	8	1	9
Cost Improvement Programme	8.9 (3.1%)	10.1 (3.4%)	1.8 (3.5%)	11.9 (3.4%)

Contract Value – All Specialities

The table below shows the contract value for acute services by commissioner, grouping the Black Country Cluster PCTs to reflect the changes that will take place during this financial year

	Contract Value
Specialised Services	£57,629,331
Black Country Cluster	
Dudley PCT	£8,312,348
Sandwell PCT	£1,683,832
Walsall PCT	£19,983,186
Wolverhampton PCT	£145,967,200
South Staffordshire PCT	£33,051,713
All other PCTs	£8,054,549
TOTAL	**£274,682,159**

The community services portfolio has a contract value of around £53 million and includes contracts with neighbouring PCTs for some elements of service.

Activity Profile – All specialities

Mode of Delivery	**Currency**	**Activity**
Day Case	Spells	34442
Elective Inpatient	Spells	10242
Non Elective	Spells	43033
TOTAL SPELLS		**87718**
Elective XSBDs	XSBDs	3415
Non Elective XSBDs	XSBDs	15562
TOTAL EXCESS BED DAYS		**18977**
Outpatients	First	109122
	Follow Up	331504
	Direct Access	529744
	Procedures	33157
TOTAL OUTPATIENTS		**1003527**
A&E	Attendances	100423
Renal	Sessions	72096
Critical Care	Crit Care Spells	12654
Drugs & Devices	Drugs & Devices	Single devices or courses of drugs
Other Variable	Non PBR	Activity not subject to tariff payment
Blocks	Blocks	Activity delivered as a block contract

The community services portfolio covers a diverse range of services as shown in the table below:

COMMUNITY NURSING	Currency	Activity Plan
District Nursing	Total Contacts	203,838
Continence	Total Contacts	2,640
Diabetes	Total Contacts	5,794
TB	Total Contacts	1,881
Wound Care	Total Contacts	-
Hospital at Home (CICT)	Total Contacts	1,728
INR	Total Contacts	48,000
Walk In Centre	All Contacts	28,793
Community Matrons	Total Contacts	2,696
Heart Failure Service (Nursing)	Total Contacts	1,126
Health Visiting	Total Contacts	61,303
Contraception and Sexual Health	Total Contacts	18,534
School Nursing	Total Contacts	12,000
Community Children's Nursing	Total Contacts	14,236
Community Paediatricians	Total Attendances	3,780
Homeless and Travelling Families	Total Contacts	-
HIV / AIDS	Total Contacts	2,508
Cellulitis	Hospital Avoidances	50
EOLC (Palliative Care)	Initial Contacts	327
COPD	Total Contacts	
CHD Exacerbation	Total Contacts	413
Diabetes (Transfer of Care)	Totals	-
Continence - Triage	Totals	1,064
Community Stroke Co-ordinators (Stroke)	Totals	1,406
Care of the Elderly - Inpatients	OBD's	22,176
Care of the Elderly Outpatients	All	1,169
Falls Assessment Clinic	All	175
Neuro-Rehabilitation - Inpatients	OBD's	1,438
Rehabilitation Outpatients	All	401
Spasticity Clinic	Totals	53
Community Neuro Rehabilitation Team Totals (including consultant)	Totals	2,307
CICT Rehab	Totals	8,735
Standard Wheelchairs	Units	1,281
Health trainers	Totals	4,180
Physiotherapy	Initials	7,200
Occupational Therapy	Initials	1,346
Hearing Services	Totals	13,794
Speech & Language Therapy	Totals	14,220
Foot Health	Totals	40,000
Podiatry Surgical	Totals	93
OCAS	Initials	3,006
Community Falls Prevention Team	Totals	3,150

CQUIN schemes

As in 2010/11 the Trust has contracts to deliver against CQUIN schemes for specialised services and acute services. The contract value for specialised services is £851,665 and for acute services £3,207,678. The schemes and their percentage share of the overall contract value are shown below

Acute Contract - 10 Indicators

- VTE prevention (10%)
- Improving outcomes from adult patient surveys (10%)
- Assessment for Tissue Viability (12%)
- Prevention of Falls – risk assessment on admission (10%)
- Missed Medicine Doses – failure to administer medication (10%)
- Smoking cessation (5%)
- Admissions to Stroke Unit (Deaths) (10%)
- Medicines Adherence – patient compliance (10%)
- Nutrition assessment for high risk patients (8%)
- Share Care Agreement (with GPs) for prescribed medications (15%)

Specialised Services Contract - 6 Indicators

- VTE prevention (10%)
- Improving outcomes from adult patient surveys (10%)
- Access Renal Therapies – improving home dialysis rates (25%)
- Improving access to Organs for Transplant (15%)
- Avoiding preventable blindness in Neonates – screening for retinopathy of prematurity (20%)
- Improving Neonatal Pathways (20%)

The Community Services CQUIN schemes are shown in the table below:

CQUIN scheme Title	Description of Indicator
Supported End of Care Pathway	Number of people who have died in the place of their choice
Tissue Viability - Reduction in Community Acquired Pressure Ulcers	a. Number of patients who receive pressure risk assessment within 6 hours of admission b. Number of at risk with care plan c. Decrease in number of grade 2. 3 & 4 ulcers acquired
Patient Experience - Regional Survey (Inpatients)	5 questions as per regional survey
Patient Experience - Regional Survey (Inpatients)	5 questions as per regional survey
Nutrition	Patients will have a nutrition assessment completed on admission to community hospital or initial contact with CICT using nationally recognised tool

CQUIN scheme Title	Description of Indicator
Expected Discharge Date	All patients admitted to community hospitals will have a discharge plan including EDD within 5 days of admission
Medicines Reconciliation	To improve medicines reconciliation on discharge
Falls	Reduction in falls in which physical injury occurs
Long Term Conditions	To personalise and improve community based care for patients with long term conditions through joint working across health and social care using a generic LTC model
Healthcare Associated Infections - Urinary Catheters	To reduce the number of indwelling urinary catheters

Providing Assurance – measuring and monitoring performance

The performance monitoring framework evidencing delivery of the Operational Plan has been developed to support both internal and external reporting and takes account of the following reporting requirements –

- Contractual obligations local and national
- Monitor's Compliance Framework
- Care Quality Commission existing commitments and national priorities

Benchmarking information is obtained from a range of sources, the main comparator data is obtained from the NHS Institute for Innovation and Improvement, Better Care, Better Value measures, Dr Foster Intelligence and the Audit Commission PbR Benchmarker. During 2011/12 the Trust will use the information available within the Hospital Evaluation Data tool (HED) as an additional source of benchmarking information.

We also align performance metrics contained in the Quality Accounts. For the year 2011/12 we have determined 15 Priorities across 3 domains as shown in the table below:

Quality Dimension	Priority Area	Driver
Patient experience	Delays	HIA priority
	Hospital signage	Local priority/ complaints
	Dementia	Local priority, NICE Guidance
	Real time capture of patient feedback	Equity and Excellence: Liberating the NHS/ CQuIN/ operating framework
	End of life care	HIA priority

Quality Dimension	Priority Area	Driver
Patient safety	Recognising a deteriorating patient	Linked to improving mortality / NICE Guidance
	Blood Clots (VTE)	HIA priority/ CQuIN / Safety Express
	Falls	HIA priority/ CQuIN / Safety Express
	Infection Prevention - devices	Safety Express (Urinary catheters)
	Pressure ulcers	HIA priority/ CQuIN / Safety Express
Clinical effectiveness	Normal births	HIA priority
	Nutrition	HIA priority / CQuIn/Ombudsman complaints/ local priority / Essence of Care
	Pain management	Complaints/ national inpatient survey
	Mortality rates	FT application/Monitor, CQC
	Single emergency portal	Local priority

The performance framework is based on an annual cycle which tracks the board cycle and includes quarterly, monthly and weekly monitoring across a range of key performance indicators. For the year 2011/12 we will have two parts to the framework during the first quarter, Part A will cover Acute Services and Part B Community Services, this will ensure that there is robust monitoring of all indicators whilst an integrated framework is developed. The revised Annual Plan Monitoring Framework is shown in the accompanying report.

Developing Our Services

Over the last few years the Trust has continued to grow its services at all levels. We have strong partnerships with a number of commissioners and providers across the West Midlands and now provide services in several host organisations. First and foremost any development must improve the experience of our patients and their families/carers.

The developments have been identified as part of our clinical strategy for the next coming year and are based on one or more of the following priorities:

- Maintaining our position as Provider of Choice
- Consolidating our position as major provider
- Sustaining organic growth
- Retaining a full range of services
- Strengthening our Tertiary Services
- Centralising/Localising services to ensure the highest quality clinical care with the best possible experience
- Integrating with Community Services

2011/12 will be a year of consolidation as we commence work to integrate with the community services and start to realise the benefits for patients and the more efficient use of resources that integration will bring. The service developments we will work towards are those that will support integration, prepare the organisation for the future and ensure viability of services moving forward, these include:

- Expanding the number of specialties offering Robotic surgery
- Scoping the potential for additional theatres on a full and hybrid basis
- Reviewing Upper GI cancer pathway in partnership with UHNS
- Developing a Midwifery Led Unit
- Securing Vascular Centre and Trauma Centre status
- Implementing advanced technologies and treatments for colorectal and breast surgery
- Commencing new treatments for cancer such as Intensity Modulated Radiotherapy and Oesophageal Brachytherapy
- Developing the third centre in the West Midlands for Cystic Fibrosis (both child and adult services)
- Implementing and integrated electronic patient record

In addition to the developments outlined above there are a number of initiatives with the Estates and Facilities portfolio which will support delivery of these developments including:

- implementation of a retail strategy
- implementation of statutory requirements in relation to waste management
- incinerator income optimization
- securing additional catering contracts

We will also begin the review of our Vision, Values and Strategic Goals to ensure they are reflective of the new organisation.

Improving Efficiency And Delivering Savings

The Efficiency Strategy for 2011/12 will outline the approach we will take in ensuring our patients have a first class experience at best value. The divisional teams have identified the schemes they will implement to deliver the cost improvement programme for this year which is £11.8 million (3.4% of our operating budget). Key schemes include review of procurement of goods and services, bed reductions through redesigned clinical pathways, review of roles and responsibilities across a number of staff groups and review of estate utilisation. The delivery of these schemes will be monitored via the CIP Board. In addition a project management structure has been implemented to ensure the Trust delivers the benefits identified within the business case for the integration with Wolverhampton City PCT Community Services.

Risks and Challenges

The operational plan supports the requirement for the Trust to continually review services to ensure that they are high quality, effective and efficient.

The risks to delivery this year and moving forward fall into two main categories:

a) External Environment

The economic situation has driven significant cuts in public sector spending putting pressure on services provided by some of the Trust's key partners which may impact on our ability to deliver internal efficiencies. In addition, the economic crisis is also having an impact on health in terms of increased demands for service.

The move to Cluster arrangements for primary care trusts will lead to a shift in the way contracts are monitored through a more transactional relationship and the requirement to bid for contracts to deliver services as competition increases and commissioners look for best value for money.

b) Internal Environment

The greatest pressure for the trust is the demand for bed capacity over the winter months, predicted to peak at around 40 beds above the average availability.

A further challenge will be the continued drive to reduce the pathway time from the current 18 Weeks Referral to Treatment and the ability to flex outpatient capacity to ensure we are providing sufficient slots for electronic booking.

Effective forecasting, planning and monitoring reduces the risk of not achieving core targets or delivering the activity plan agreed with commissioners. However as we begin the site redevelopment programme pressure on space will require robust plans to manage both elective and emergency activity.

Potential risks to delivery include:

- agreeing revised clinical pathways in a timeframe that delivers the financial saving
- new entrants to the market
- delays to capital schemes affect clinical service delivery
- any workforce changes take longer than planned to implement affecting the ability to deliver services in a different way
- Cluster plans change the scope of shared initiatives such as QIPP mid- year affecting income
- Patients choose to use other providers

Complementary and Supporting Strategies and Plans

The significant supporting strategies and plans are:

- Efficiency strategy
- Estates strategy
- Workforce productivity including consultant job planning
- ICT strategy
- Information Strategy
- Business Continuity Plans
- Business Realisation Plan (TCS)
- Capital Programme
- Patient and Public Engagement Strategy

Appendix A

The Royal Wolverhampton Hospitals NHS
NHS Trust

Community Services

Business Plan 2011/12

Contents

1.0 Introduction

1.1 Portfolio of services

Community services provide an important contribution to the healthcare system, through the provision of universal, specialist and increasingly complex services. Community practitioners deliver care in a variety of settings including people's own homes, health centres, GP facilities, community centres and specialist facilities.

Community services have three key objectives:

- Improving the health and wellbeing of the population
- Delivering alternatives to secondary care provision
- Supporting rehabilitation and improving independence

The community services portfolio has an annual turnover in excess of £53 million and consists of:

- **Health and wellbeing** - Smoking cessation, health trainers and sexual health services
- **Long-term conditions** - Community nursing services, specialist care teams (e.g. diabetes and heart failure) and integrated health and social care teams
- **Rehabilitation** - Community and inpatient elderly care, stroke and neurology services
- **Urgent care** - Nurse-led urgent care walk-in and hospital at home services
- **End of life** - Specialist palliative care services
- **Child and families** - Health visiting, community paediatrics and school nursing services

Contracts for the delivery of community services operate with a number of commissioners across the West Midlands Region. Wolverhampton is the host commissioner and commissions 85% of the total activity delivered currently in the form of a block contract arrangement with activity targets. The activity commissioned from the non-Wolverhampton PCT's is funded through cost and volume contracts.

1.2 Transforming Community Services

The Department of Health (DoH) published "Transforming Community Services: Enabling New Patterns of Provision" (TCS) in 2009. Building upon the commitments set out within the NHS Next Stage Review: Our vision for primary and community care (DoH July 2008), the national guidance sets out a programme of work to ensure that community Services are *"sustainable and flexible and capable of evolving to meet an increasingly challenging environment of rising patient expectations, more demanding commissioners and increasing patient choice".*

The guidance sets out a clear vision for the provision and commissioning of community services and the requirement for PCT's to divest themselves of direct provision and implement new organisational forms by the 1st April 2011.

In responding to the TCS guidance the PCT community services portfolio transferred to the Royal Wolverhampton Hospitals Trust on the 1st April 2011. This merger brings together the provision of community and secondary care services for the 239,000 population of Wolverhampton as well as patients from the surrounding Boroughs across the West Midlands.

The Wolverhampton Health economy has a long history of partnership working to deliver benefits for patients and the wider population. A number of joint service strategies have been developed including the appointment of joint clinical leads in areas such as diabetes care and the transfer of services to enable the delivery of care closer to home. TCS provides an opportunity to formally deliver integrated care across a single organisation and align the clinical services and supporting infrastructure for the benefits of patients and the whole health economy.

In developing proposals for the integration of community services with the RWHT a number of key principles have been adopted, namely:

- The organisation will create a new strategic vision to encompass the delivery of secondary and community services
- The management of acute and community services will be restructured post merger to maximise the opportunities for clinical service integration
- Clinical pathways will be realigned to create the greatest opportunities to improve services for patients
- A robust governance structure will be established to ensure the continued delivery of high quality services and a focus on core business through the transition period

A post transfer integration plan has been developed along with a programme to identify and deliver benefits realisation plans for the integrated services.

1.3 The future landscape

The community services provider recognises the significant change agenda resulting from:

- The integration with RWHT resulting from the TCS work programme.
- Changes to the commissioning landscape with the development of clusters in 2011 and GP-led commissioning consortia in 2012/13.
- The introduction of the Monitor Community Services Compliance Framework
- Proposed changes to the contracting arrangements and the Operating Framework target to develop a community tariff from 2012**.**
- The financial climate and the commissioning QIPP programme.

The 2011/12 Business Plan ensures that there is a sustained focus upon the key performance indicators for community services during this period of change. It is envisaged that as a result of the integration with RWHT a single annual business plan is developed during 2011/12.

2.0 Modular Approach – Overview

Following the successful development of the modular approach in 2010/11, the community provider business plan will again follow the same principles for performance reporting, this enables greater scrutiny and assessment of information, at a more appropriate level within the organisation, and ultimately provides the Board with enhanced assurance.

The process splits the Business Plan into five key modules:

- KPIs
- Activity
- Finance
- Quality
- Projects and Programmes

Each of these modules has a specific designated path through the governance process.

Figure 1 shows the governance and reporting pathway for modules 1-4 to the appropriate subcommittees to the Board.

Figure 2 shows the governance and reporting pathway for the projects and programme module to the appropriate subcommittees of the Board

Figure 1 - Governance and reporting pathway for modules 1-4

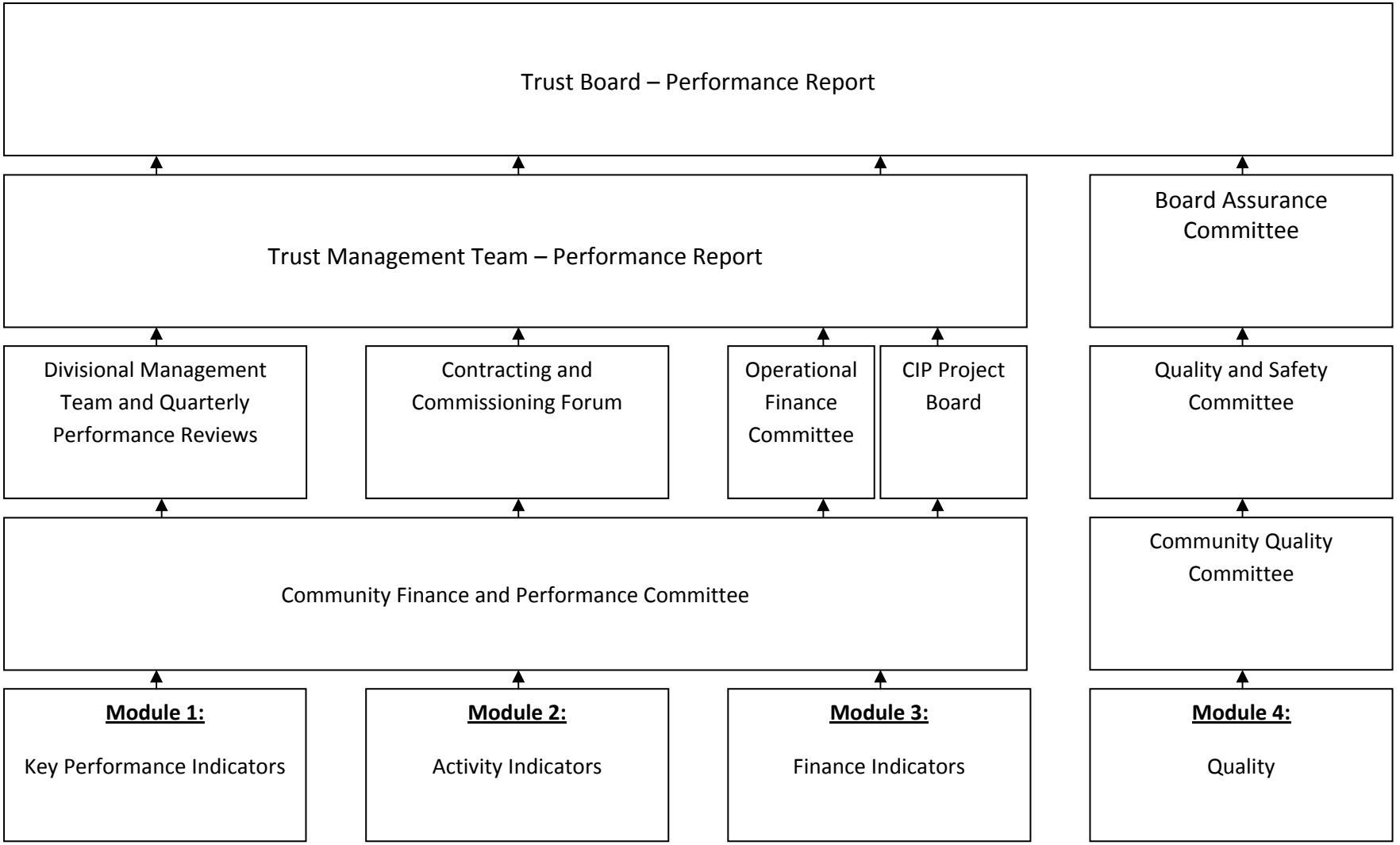
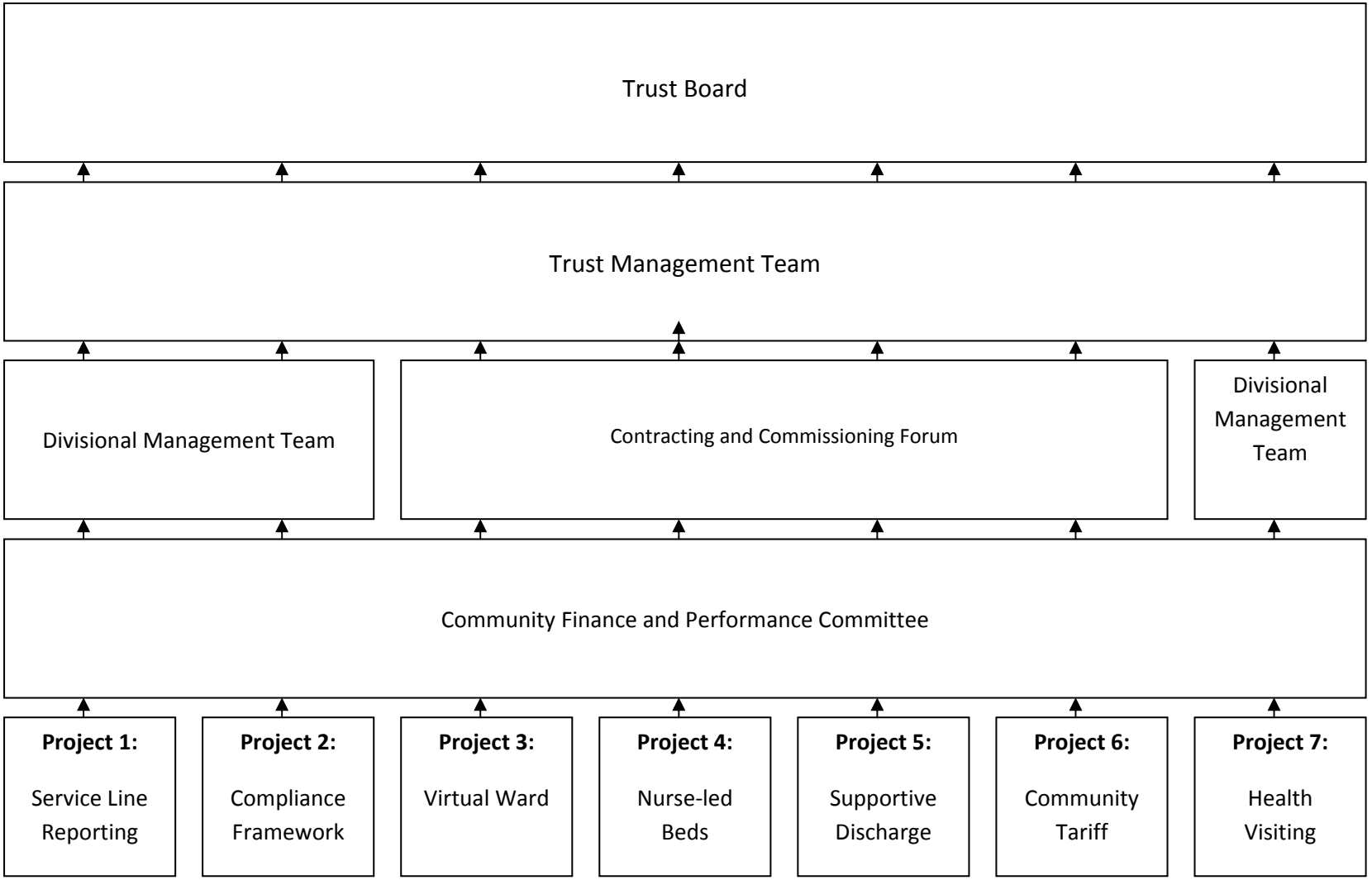


Figure 2 - Governance and reporting pathway for Module 5 - Projects and Programme Module



2.1 KPI Module

The KPI module concerns the quantitative elements of performance against the national agenda. The module includes all operating framework measures and outcomes framework measures that relate to Community Services. Figure 3 shows the indicators for inclusion in the KPI Module, annual targets and responsible leads.

Figure 3: KPI Module of Business Plan

Monthly indicators

KPI Module Reference	Description	Target	Lead
VSA04	Diagnostic Tests – Audiology. (Number of patients seen within 6 weeks)	100%	Professional Head of Audiology and Head of Information
HQU08	Mixed Sex Accommodation breaches	0	General Manager - Rehabilitation Directorate
HRS08	Health visitor numbers	48 (WTE)	General Manager and Professional Head of Nursing - Children, Families and Young people Directorate
SRS19	Staff absences	4.3%	General Managers/Heads of Service
HQU01 IA5.2.1	Incidence of MRSA	TBC*	Professional Heads of Nursing
HQU02 IA5.2.2	Incidence of C difficile	TBC*	Professional Heads of Nursing

Quarterly indicators

KPI Module Reference	Description	Target	Lead
SQU02	Percentage of deaths that occur at home (including care homes)	222	General Manager – Community Services Directorate
SQU18	Four week smoking quitters	TBC*	General Manager – Rehabilitation Directorate
SQU19_01	Breastfeeding (prevalence)	36.7%	General Manager - Children, Families and Young People Directorate
SQU19_02	Breastfeeding (coverage)	95%	General Manager - Children, Families and Young People Directorate

Six monthly indicators

KPI Module Reference	Description	Target	Lead
SQU28	People with long term conditions feeling independent and in control of their condition	Baseline available June 2011	General Manager – Community Services Directorate
O2.1	Health related quality of life for people with long term conditions (EQ-5D)	DH to confirm in Jan 2012	General Manager – Community Services Directorate
IA2.1	Proportion of people feeling supported to manage their condition	DH to confirm in Jan 2012	General Manager – Community Services Directorate

Annual Indicators

KPI Module Reference	Description	Target	Lead
HQU04	Patient experience survey	DH to confirm in 2011	Head of Clinical Standards and Safeguarding Adults

Indicators awaiting definition of frequency reporting

KPI Module Reference	Description	Target	Lead
SRS10_01	Delayed transfers of care (weekly)	7	General Manager – Rehabilitation Directorate
IA3.6	The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into rehabilitation services	DH to confirm in April 2012	General Manager – Rehabilitation Directorate
O5A	Patient safety incident reporting	DH to confirm in April 2011	Head of Clinical Standards and Safeguarding Adults
O5B	Severity of harm	DH to confirm in April 2011	Head of Clinical Standards and Safeguarding Adults
O5C	Number of similar incidents	DH to confirm in April 2011	Head of Clinical Standards and Safeguarding Adults
IA5.3	Incidence of newly acquired category 3 and 4 pressure ulcers	DH to confirm in April 2012	Head of Clinical Standards and Safeguarding Adults
IA5.4	Incidence of medication errors causing serious harm	DH to confirm in April 2012	Head of Clinical Standards and Safeguarding Adults

The following indicators are still awaiting a detailed definition; these indicators will be included once more detail is released by the Department of Health.

KPI Module Reference	Description	Target	Lead
SQU07	Community services	TBC	General Manager – Community Services Directorate
SQU30	Safeguarding	TBC	Head of Clinical Standards and Safeguarding Adults and Designated Nurse Children's Safeguarding
SRS18	Community activity	TBC	Business Manager
IA3.4	Recovery from stroke	TBC	General Manager – Rehabilitation Directorate
IA4.6	End of life	TBC	General Manager – Community Services Directorate
IA4.8	Children	TBC	General Manager - Children, Families and Young People Directorate

*Still awaiting final contractual confirmation with the provider

Method of Monitoring

The KPI Module follows the Business Plan process with Performance Assessment Plans (PAPs) being completed on a quarterly basis for each indicator. One PAP will be completed for each indicator by the lead. Each PAP will contain the milestones and targets for each quarter, the performance against the milestones and targets each quarter, the principal risks for the indicator, RAG rating for each quarter, actions for reducing the risk and the assurance level for each risk.

The performance against each KPI will be presented to the Community Finance and Performance committee and through to the relevant sub-committees of the Board.

The PAP will also collect the assurance levels to satisfy the assurance framework responsibilities. The assurance levels will be selected from the following:

- Adequate – there are no gaps in assurance or control
- Inadequate – there are gaps in control
- Uncertain – there are gaps in assurance

The assurance levels will be presented to the board on a quarterly basis to provide assurance that the systems, policies and people are in place to minimise risk to their principle objectives.

2.2 Activity Module

The national contracts outline that activity data must be communicated between the provider and the commissioners to evidence the work that is being undertaken for its responsible patient population. Local agreements were incorporated into the contracts to specify the activity data required for regular reporting and plans were negotiated for each commissioned service.

Full details of the activity indicators covered by the dashboard are excluded from the Business Plan. The detail can be found in the Community Services dashboard.

Method of Monitoring

A contract dashboard will be produced for Community. All activity data specified within the contract will be included in the dashboards. The dashboard will contain:

- Annual target
- Monthly performance
- Year to date performance
- Year to date target
- Variance
- RAG status

The RAG status will be allocated using national thresholds where available. Where no national thresholds are available the RAG status will be allocated using the variances detailed below:

- Green if within 10% of allocated target
- Amber if between 10% and 20% from target
- Red if greater than 20% from target

Commentary will be provided for any indicator where there are exceptional variances. The commentary will include an explanation of the reasons for over or under performance against the agreed trajectory.

A data quality report will also be produced on a monthly basis outlining compliance with data collection relating to demographics, in particular the recording of NHS numbers and ethnicity in line with Information Standards Board (ISB) definitions. The report will also monitor timeliness of data entry in relation to contract reporting and in preparation for community services moving to PbR in the future.

The dashboard and data quality report will be presented to the Contracting and Commissioning Forum (as described in figure 1 In the governance section) on a monthly basis. The variances will be discussed and corrective actions agreed at this meeting.

2.3 Finance Module

Routine and non routine information relating to the Financial Performance of community services will be produced with the objective of achieving the year-end position and long term sustainability as set out within the long-term financial model.

Two levels of information will be produced:

- Operational Information (Produced monthly)
  - Financial information regarding year to date and forecast variances for Income and Expenditure
  - Delivery against CIP targets
  - Manpower (wte) Information regarding year-to date variances (i.e. vacancy levels)
  - Information regarding specific risks & cost pressures
  - Proposed actions to correct adverse variances / risk mitigation advice

- Strategic Information (periodic)
  - Budget papers (Income & Expenditure plans)– in advance of financial year
  - Proposed actions to correct adverse strategic issues; e.g. addressing CIP plans & cost pressures

Method of Monitoring

The finance module will be presented to the Community Services Finance and Performance Committee and to the relevant Board sub-committees (as described in figure 1 in the governance section) on a monthly basis.

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2.4 Quality Module

The Quality Module outlines the plans for 2011/12 that continue to improve the quality (patient safety, experience and effectiveness) of the services we deliver it also highlights community provider performance against Commissioning for Quality and Innovation (CQUINs). The module supports the lessons learnt and quality risk profile (QRP) issues and seeks to address required actions. Figure 4 shows the description of each project within the Quality Module, the milestones within the project and the responsible lead.

Figure 4: Quality Module (Projects)

Quality Module Reference	Description	Milestones	Lead
QCS01	Develop service level quality KPIs in line with patient safety / “no harm” indicators.	Engage professional heads in determining service level patient safety / “no harm” indicators. Design a process at service level to capture patient safety /”no harm” indicators. Incorporate reporting into quality governance systems. Set service level target reduction in patient safety / “no harm” indicators in appropriate areas.	Head of Clinical Standards and Safeguarding Adults
QCS02	Determine a programme of quality walk-around assessments as part of patient safety first campaign for 2011/12	Engage professional heads in determining the planned programme of quality walk-rounds in 2011/12. Agree at May 2011 Provider Quality Committee. Align quality walk-round processes with RWHT processes. Ensure a feedback and improvement plan process is in place	Head of Clinical Standards and Safeguarding Adults

Quality Module Reference	Description	Milestones	Lead
QCS03	Undertake an audit of clinical documentation in line with revised clinical records guidelines.	Confirm and approve clinical documentation guidelines in directorate areas. Identify audit resource to undertake programme. Design an audit plan to determine adherence to clinical documentation guidelines. Agree with RWHT governance arrangements. Undertake audit in last quarter of year.	Head of Clinical Standards and Safeguarding Adults
QCS04	Develop an action plan to improve GP liaison and attachments following audit results.	Analyse audit of GP liaison for District Nurses and Health Visitors at May 2011 Provider Quality Committee. Determine factors required to improve GP liaison at Professional Heads Committee. Develop an action plan to improve GP liaison and inform GP's and Commissioners. Undertake a re-audit in last quarter of year using the same audit tool.	General Manager – Community Services Directorate and Professional Head of Nursing – Children, Families and Young People Directorate

The Quality Module will also include the CQUINs for Community Services. These indicators will be reported to the Quality Committee as part of the Quality Module. Figure 5 shows the description of the CQUIN indicators for inclusion within the Quality Module, the baseline period to use and the responsible lead.

Figure 5: Quality Module (CQUIN)

QIPP Scheme	CQUIN scheme title	Description of Indicator	Method & Frequency of Measurement
QCQ01	Supported End of Care Pathway	Number of people who have died in the place of their choice	**TBC**
QCQ02	Tissue Viability - Reduction in Community Acquired Pressure Ulcers	a. Number of patients who receive pressure risk assessment within 6 hours of admission b. Number of at risk with care plan c. Decrease in number of grade 2. 3 & 4 ulcers acquired	**TBC**
QCQ03	Patient Experience - Regional Survey	5 questions as per regional survey	**TBC**
QCQ04	Patient Experience - Regional Survey	5 questions as per regional survey	**TBC**
QCQ05	Nutrition	Patients will have a nutrition assessment completed on admission to community hospital or initial contact with CICT using nationally recognised tool	**TBC**
QCQ06	Expected Discharge Date	All patients admitted to community hospitals will have a discharge plan including EDD within 5 days of admission	**TBC**
QCQ07	Medicines Reconciliation	To improve medicines reconciliation on discharge	**TBC**
QCQ08	Falls	Reduction in falls in which physical injury occurs	**TBC**
QCQ09	Long Term Conditions	To personalise and improve community based care for patients with long term conditions through joint working across health and social care using a generic LTC model	**TBC**
QCQ10	Healthcare Associated Infections - Urinary Catheters	To reduce the number of indwelling urinary catheters	**TBC**

Method of Monitoring

A Project Initiation Document (PID) will exist for each quality project within the Quality Module. A project highlight report will be prepared for each project and will be presented to the Quality & Safety Committee (as described in figure 1 in the governance section)on a monthly basis.

2.5 Projects and Programmes Module

The Projects and Programmes Module will include the major projects that the Community Provider has identified as the key drivers for the service. Projects will be monitored as outlined in the governance section at figure 2.

<table>
<tr><th>P&P Module Reference</th><th>Description</th><th>Milestones</th><th>Lead</th></tr>
<tr>
<td></td>
<td>Service Line Reporting

This project supports the business strategy by implementing a framework to aid the contracting process with commissioners. Accurate apportionment of costs and income will provide useful intelligence for making clear decisions regarding the service portfolio and support the development of the community tariff.

For community services, it aligns with the integration with RWHT as SLR is a fundamental requirement of foundation trusts.</td>
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<table>
<tr><th>Phase</th><th>Date</th><th>Milestones</th></tr>
<tr><td>Scope, Initiate & engage on SLR project</td><td>Q 1</td><td>• Review current position going into 2011/12, using 2010/11 as baseline data.
• Secure RWHT financial management & systems support
• Establish service line definitions which directly map to acute/ community service integration
• Agree project principles within Divisions at RWHT.
• Input the planned income for the year based on 2011/12 contract activity plans (combination of block and cost/ volume).
• Revisit operating budgets, including reallocation of overheads across service lines.
• Consult & engage community managers</td></tr>
<tr><td>Develop systems of reporting and communicate/engage management</td><td>Q2/3</td><td>• Input projected future income, based on a revamped pricing structure.
• Produce draft service line reports for review and test by service lines
• Introduce SLR reports as per RWHT standard</td></tr>
<tr><td>Evaluation</td><td>Q4</td><td>• Performance and finance review established by service line and matching RWHT reporting standards</td></tr>
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<td>Business Manager and Divisional Finance Lead</td>
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<tr><th>P&P Module Reference</th><th>Description</th><th>Milestones</th><th>Lead</th></tr>
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Compliance Framework

A compliance framework will be developed that will identify all quality and operational targets and imperatives that have to be met in order to maintain robust performance across all measures applied to the new organisational form, post transfer of community services into RWHT. The requirements set by MONITOR, CQC, DOH and local commissioners will inform the framework.

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<table>
<tr><th>Phase</th><th>Date</th><th>Milestones</th></tr>
<tr><td>Establish and agree Compliance Framework meeting DOH, Monitor and Commissioner expectations for community services.</td><td>Q1</td><td>• Establish Monitor compliance framework requirements
• Establish DOH Operating Framework requirements
• Establish CQUIN and other locally agreed commissioning compliance framework requirements.
• Establish monitoring and performance management arrangements for Q1 linked to targets identified. Continue the existing performance management arrangements for Q1 to maintain robust management of performance.</td></tr>
<tr><td>Ongoing performance management and challenge to drive compliance across all domains.</td><td>Q2</td><td>• Embed the compliance framework within the Divisional performance arrangements
• Take action where required to remain compliant or performance manage recovery plans</td></tr>
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<td>Head of Performance and Head of Information</td>
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<table>
<tr><th>P&P Module Reference</th><th>Description</th><th>Milestones</th><th>Lead</th></tr>
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<h2>Virtual Ward</h2>
The virtual ward is a model of care that provides support in the community to people with the complex medical, nursing and social needs. Virtual wards use the systems and staffing of a hospital ward, but without the physical building: they provide preventative care for people in their own homes or as close to the patient's home as possible. Using risk stratification predictive tools and clinical pathways, patients can be identified by their likelihood to require admission into hospital within the next year and diverted to the most appropriate service. Service redesign and remodelling the skill mix within district nurses, community matrons and other specialist nurses and introducing new ways of working wrapped around general practice will contribute to the delivery of the Virtual Ward Model. The aim is to have 9 virtual wards that enable community health care professions in conjunction with primary and social care to deliver the successful outcomes
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Outcomes desired from the project include:

1. Evidence-based forecasts from predictive risk modelling in order to reduce non-elective secondary care (acute hospital) usage
2. Multidisciplinary case management
3. Serve as a communications hub for all those involved in the care for complex patients
4. Offer clinical pathways that appeal to patients and clinicians and achieve the best clinical outcomes for patients
5. Supports the Productive Community Services programme required to revitalise the workforce and increase the productivity of community staff.
6. Through this approach manage skill mix reviews and a move toward a 60:40 split of qualified to trained healthcare worker staff.

<table>
<tr><th>Phase</th><th>Date</th><th>Milestones</th></tr>
<tr><td>Launch of Virtual Wards to stakeholders following CVO approval</td><td>Q 1</td><td>• Host rapid improvement event to launch Virtual Ward Model
• Engage GP consortia representatives
• Agree project management team</td></tr>
<tr><td>Develop Management of Change (MOC) paper and commence MOC process for affected services</td><td>Q1</td><td>• Develop Management of Change paper
• Brief Staff side
• Agree HR plans for a phased approach.
• Launch Management of Change process for affected Services/Staff</td></tr>
<tr><td>Commence Implementation of Virtual Ward</td><td>Q2</td><td>• Draw up implementation plan
• Commence implementation using project management principles</td></tr>
<tr><td>Evaluation</td><td>Q3/4</td><td>• Staff satisfaction survey
• Patient feedback
• Feedback from primary care and GP commissioners
• Performance and finance review</td></tr>
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<td>General Manager – Community Services Directorate</td>
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<tr><th>P&P Module Reference</th><th>Description</th><th>Milestones</th><th>Lead</th></tr>
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<h2>Nurse Led Beds</h2>
As demand for acute services continues to rise, in conjunction with the ever increasing ageing population (as outlined in the Joint Strategic Needs Assessment) reducing length of hospital stay and providing alternative solutions to avoid acute hospital admission need to be explored.
Wolverhampton City PCT has commissioned the development of a Nurse Led Bed service for the provision of both “step up” and “step down” beds. This model relies upon the integration of health and social care, with the emphasis on supporting individuals in staying healthy and managing ongoing health and social care needs in a co-ordinated way.
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<table>
<tr><th>Phase</th><th>Date</th><th>Milestones</th></tr>
<tr><td>On CQC Registration commence operation of NLB</td><td>March 2011</td><td>• Prepare for operation by end March 2011 with access criteria, booking and safe systems of governance & working in place</td></tr>
<tr><td>Commence Quality/Performance Framework

Reviews/walk rounds

Link managerially to Virtual Ward project</td><td>Q1</td><td>• Implement the quality and performance framework to provide assurance based on reviews for West Park inpatient unit.

• Monitor quality and performance parameters for e.g. length of stay and utilisation.

• Agree baselines for measures with commissioners to enable robust evaluation of the 12 month pilot.

• Establish safe change in management arrangements for the service to Adult Community from Rehabilitation.</td></tr>
<tr><td>Maintain reporting on outcomes organisationally and to commissioner on performance & Quality measures.</td><td>Q2</td><td>• Monthly robust KPI in place meeting outcome measure expectations.

• Data set to be prepared for full evaluation of the pilot at end Q3.

• Prepare for winter plans linked to maximising resources.</td></tr>
<tr><td>Prepare for pilot review</td><td>Q4</td><td>• Start Q4 prepared for formal review of the pilot linked to the 2012/13 commissioning LDP round</td></tr>
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<td>General Manager – Community Services Directorate</td>
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<tr><th>P&P Module Reference</th><th>Description</th><th>Milestones</th><th>Lead</th></tr>
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<h2>Early Supportive Discharge</h2>
The Stroke early supported discharge service enables the accelerated discharge of stroke patients to their family home providing specialist rehabilitation and social support in the community comparable to that of an in-patient rehabilitation stroke unit. Service provision is focused around time specific patient goals and will embrace the needs and ability of their carers.
This service will cover the population of Wolverhampton City PCT and GP's covered within this catchment area.
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<table>
<tr><th>Phase</th><th>Date</th><th>Milestones</th></tr>
<tr><td>Initiate recruitment to two year pilot</td><td>Q1</td><td>• Recruit to posts and develop service in stepped approach until posts adequately filled to provide full specification of service.
• Quality walk around to be commenced as new service becomes operational.</td></tr>
<tr><td>Project established and monitoring in place</td><td>Q2</td><td>Service to report on measures against outcome criteria, specifically:
• Improvement in health/well being e.g. quality of life measures
• Increased patient functional Independence e.g. goal setting and outcome measures
• Reduction in hospital length of stay e.g in days
• Effective hospital discharge with seamless transfer of care e.g. readmission rates
• Patient satisfaction of service via patient survey
• Carer satisfaction with reduction in carer strain
• Reduced "hand off's" between services
• An activity target for the stroke ESD Service per annum</td></tr>
<tr><td>Ongoing project monitoring</td><td>Q3</td><td>• Regular monitoring of agreed outcome/performance data with commissioner.</td></tr>
<tr><td>Review/establish on-going need</td><td>Q4 2012</td><td>• Year 1 outcomes to be agreed with commissioners in relation to planning for long term development of service throughout the second year of operation.</td></tr>
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<td>General Manager – Rehabilitation Directorate</td>
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Community Tariff Development

Presently a national tariff does not exist for the alternative community care designed to reduce hospital admissions. This is a significant risk especially given the funding of community services largely remains on a block contract arrangement.

Following a recent successful collaborative bid to the DoH Wolverhampton has been identified as a PbR development site. The project will support the development of appropriate currency and payment arrangements for services/ patient pathways which enable admissions to be avoided.

A local project will be established within RWHT to take forward this work across the community pathways. A sub-regional project has been developed with the support of the SHA and includes commissioner engagement.

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Phase	Timeframe	Milestones
Project initiation	Q1 2011/12	• Confirm project scope • Confirm project membership
Define framework	Q2 2011/12	• Establish outcome measures • Define currencies • Seek commissioner/GP involvement
Information/ financial	Q3 2011/12	• Confirm data requirements • Assess ‘collectability’
Costing/ pricing	Q4 2011/12	• Complete costing of proposed model • Complete pricing
Shadow monitoring	Q1/ Q2 2012/13	• Undertake 6 month shadow monitoring phase
Implementation	Q3/ Q4 2012/13	• Commissioner sign up • Inclusion in 2013/14 contracts

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<td>Business Manager</td>
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<h2>Health Visiting Review</h2>
Nationally there are significant challenges within health visiting as identified in the recent Department of Health guidance requiring commissioners to review and increase the number of health visitors to a national benchmark level.
Within Wolverhampton the health visiting service has a number of key challenges including the significantly increased intensity of family support, resultant from unprecedented increases in children subject to child protection plans and the implementation of a revised commissioning model to align the service with Children's Centres.
It is proposed to undertake a review of the health visiting service in Wolverhampton, specifically to focus on maximising the benefits of the three year investment in support staff supported by the commissioner and evaluating the revised service model.
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<tr><th>Phase</th><th>Date</th><th>Milestones</th></tr>
<tr><td>Establish the review</td><td>Q1</td><td>• Establish external review lead
• Agree Terms of Reference with the lead and senior children's team. Primary Care and Local Authority (early years) input will be encouraged as part of the review.</td></tr>
<tr><td>Commence the review</td><td>Q1/2</td><td>• Review underway with agreed reporting and governance arrangements
• Initial feedback to children's senior team and Health Visiting leadership</td></tr>
<tr><td>Review report completed and action plans developed</td><td>Q2</td><td>• Full report received and initial review of recommendations undertaken by the service and senior children's management team.
• Action plan developed to respond to the outcomes of the review</td></tr>
<tr><td>Performance Management of Action Plans</td><td>Q3/4</td><td>• Ongoing assessment of achievement of plans and formal evaluation in Q4.</td></tr>
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<td>Community Service leads – Operational and Nursing</td>
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