

# 'Healthy Herefordshire'

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### Year One (2010/11) Operational Plan

(of the Herefordshire  
World Class Commissioning Strategic Plan)  
2010 / 2014



# OPERATING PLAN 2010/2011

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# 1. Context

## 1. Context

NHS Herefordshire's Operational Plan sets out the key priorities, actions and underpinning financial, workforce and informatics plans to ensure that NHS Herefordshire meets national, regional and local health expectations in 2010/11. It is one of the three main Plans for NHS Herefordshire and is accompanied by our:-

- **4 Year World Class Commissioning – Strategic Plan 2010-14** which sets out how we will improve and develop our knowledge, skills, behaviours and characteristics to achieve our mission of becoming a 'World Class' Commissioner
- **The Community Strategy for Herefordshire “A Sustainable Future for the County” 2005-2020** and the Local Area Agreement (LAA) with Partners which set out our joint vision for the future of Herefordshire
- **Herefordshire Public Services Corporate Plan 2010/11** outlines the Council and NHS Herefordshire's key objectives for the year, including all World Class Commissioning (WCC) Outcomes and LAA targets and the projects and programmes aimed at delivering these.
- **Herefordshire Children's Plan 2008-2011** which sets out our joint vision for services to children, young people and their families.

This document outlines how Herefordshire will respond to and achieve NHS priorities, and the local priorities identified in the Herefordshire World Class Commissioning – Strategic Plan 2010 - 2014. Details of how the local priorities were developed can be found in the in the WCC Plan. The document will also help deliver the LAA.

## **2. Introduction**

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The NHS is facing one of the most challenging times since its creation. A combination of deep recession, with predicted slow recovery, is taking its toll on the public purse. What was once unprecedented growth at 7% GDP in health budgets is now more likely to be flat cash in real terms. As is the case for public sector colleagues, there is a need to do more with available resources.

We know we can and must do better. This means being bold and innovative in both our thinking and execution. It means not just following national targets but making sure we are focused on what is right for Herefordshire. It means changing the way we prioritise and invest to deliver services and how we work with partners and providers to make Herefordshire the healthiest place to live and work.

The ambition is to have some of the best services in the country and for local communities to be amongst the healthiest. As a NHS Trust, coterminous with a Local Unitary Authority, the right ingredients are there to shape the environment for those who live, work, bring up their families and choose to see out their years here.

Herefordshire is more fortunate than most counties. As a community it is, in the main, relatively affluent and could best be described as being “averagely” healthy. Like most counties there are areas where there is greater health need, but not to the same degree as some of the more challenged city or urban NHS Trusts.

The biggest challenges emerge from four main areas:

- the rural nature of the county making access to services sometimes difficult and frequently more costly
- the ageing population and the consequent increased need for healthcare
- the financial outlook which demands we use our resources prudently
- and the difficulty of recruiting to replace an ageing workforce

Serving a relatively healthy, cohesive community with many natural advantages, Herefordshire should be amongst the best performing NHS Trust in England but our WCC assessment in 2008 showed we have a distance to go to achieve this. Whilst having excellent clinical services, the scale or speed of health improvement needed is not being achieved, nor are the opportunities of our uniquely close partnership with Herefordshire Council. There is also a need to facilitate innovative and creative services, through effective clinical and public engagement.

In response to feedback from the WCC assessment the weaknesses that it identified are being addressed by:

- Translating our long-term strategy into achievable, measurable goals and priorities.
- Gaining collective commitment to these across NHS Herefordshire, with the Local Authority (our joint corporate plan has been approved) and with our providers and the wider Herefordshire Partnership (the Sustainable Community Strategy has been refreshed and the Partnership Health and Well-Being Policy and Delivery Group established to oversee the delivery of its part of it).
- Reflecting these in a prioritised schedule of programme budgeting.
- With the Local Authority we have put in place an Integrated Commissioning Directorate for health and social care, with a joint commissioning strategy and plans to drive service reconfiguration and improvement.
- Developing a joint Customer Strategy and put in place a joint Patient /Customer Insight Unit.
- Completing our comprehensive review of provider services and establishing a Transition Board to develop sustainable, effective services for the future.
- Begun to deliver more appropriate value for money patterns of services.
- Identifying low priority treatments as the basis for disinvestment that will release funds to invest in what is effective in delivering our priorities.

To achieve more, for more people, with fewer resources we have embarked upon a radical approach to commissioning, service delivery and streamlining our overheads and processes, so that they are as efficient and customer-friendly as possible. In this way we will devote maximum resources to better quality front-line.

### **3. Local Strategic Priorities for the next four years**

### 3. Local Strategic Priorities for the next four years

The WCC Plan identified the most important challenges to be faced; the five strategic priorities are to:

**1. Promote life-styles that underpin good health and well-being**

This is fundamental to the future health of the whole population and to managing demand within constrained resources.

**2. Maximise mental health and well-being**

The risk to mental health is evident in many age groups. In particular, the large increase in the number of over 85s will lead to substantially increased demand.

**3. Reduce health inequalities between localities and groups**

It is our ambition to reduce the gap for life expectancy and health and well being.

**4. Maximise independence, especially for older people**

We want to maximise the independence of our older people and others who require care and support. The need to act is a priority given the expected large increase in the number of frail old people and the need to provide good quality, cost-effective care packages at a time of constrained resources.

**5. Secure good health and well-being for children and young people**

Action is needed to improve children and young people's dental and mental health, levels of obesity and reduce levels of smoking, alcohol consumption and Chlamydia.

These strategic priorities are underpinned by four cross-cutting objectives:

**1. High quality care**

Quality of service and of customer and patient experience inform all aspects of our approach and therefore underlie all elements of this strategy.

**2. Personalised services**

Giving patients more choice and control is an integral part of our approach to improving services, the customer experience and outcomes.

**3. Safeguarding vulnerable people of all ages**

Protecting the most vulnerable and promoting their interests is a primary duty. It therefore features as an integral part of all our planning, commissioning, contracting and monitoring of delivery.

**4. The engagement and involvement of customers and patients**

Proactively seeking and benefiting from the feedback and wishes of patients and clinicians will create the platform to deliver meaningful service redesign. Engagement is core to delivery.

The achievement of the strategic priorities requires a single-minded focus on securing improved performance in relation to the major causes of ill-health.

Herefordshire has not seen the major changes in health outcomes anticipated from the level of investment. Therefore a radical shift in approach has been made, to the prioritising investment for the next five years. Recognising the need to ensure that the process of decision-making is transparent, consistent, ethical and defensible, a structured framework has been used to enable this to happen. It has ensured a consistent approach across major spend areas. It is construed as a major step towards excellent commissioning

Action was required in relation to investment, disinvestment and service review and further work was undertaken to build a programme of change aligned to strategic priorities and cross-cutting objectives. This approach will be pursued in subsequent years, allowing a steady course of investment and commissioning to deliver the priorities.

We have therefore established '**Six Programme Areas**' which pick up both the national and local strategic priorities that have been identified to progress in 2010/11, these are:

**Programme 1: Women and Children**

**Programme 2: Maximising Independence**

**Programme 3: Unscheduled Care**

**Programme 4: Planned**

**Programme 5: Mental Health and Learning Disability**

**Programme 6: Staying Healthy** – Including National Imperatives such as MRSA and Clostridium Difficile

## **4. National Imperatives and Local Programmes**

## Baseline and action 2010/11

### Programme 1 – WOMEN AND CHILDREN

WCC Strategic Objective	Task/ Action	Rationale	Milestone	Timescale	To Deliver WCC Outcome
<b>Priority 1 - Promote life-styles that underpin health and well-being</b>	Commence implementation of the Herefordshire Children's Trust Adolescent Health Strategy 2010 – 2013	To improve the key areas of health for adolescents (healthy lives; teenage pregnancy; CAMHS and substance misuse) identified in the strategy and the JSNA we will implement the actions for Yr 1 and to ensure equitable access to services for young people we will begin the 'You're Welcome' self-assessment	Promotion of Change for Life	May 2010	Reducing Health Inequalities
			Development of care pathway for teenage pregnancy	September 2010	Reducing alcohol-related hospital admissions
			Implementation of good practice on Sex and Relationship Education in schools	December 2010	
			Exit strategy for Targeted Mental Health in Schools project agreed	March 2011	
			Implementation plan for You're Welcome agreed	October 2010	
			Pilot of self-assessment for you're welcome completed.	August 2010.	

<b>Priority 2. Maximise mental health and well-being</b>	Develop business case for eating disorders service (tier 3/ 3+)	In order to address one of the major issues identified in the JSNA 'to cut travel times and the expense of out of county referral and treatment' and to ensure young people with eating disorders returning to Herefordshire receive the best treatment as close to home as possible. This is part of developing a tier 3+ provision	Business case Developed	August 2010	Improving life expectancy
	Complete procurement for mental health provider (incorporating CAMHS) by October 2010	Completion of mental health procurement by end of 2010.	2010 (award contract)	2011	Reduce health inequalities
	Inclusion of tier 2/3 CAMHS workers into multi-agency locality team arrangements	Herefordshire Children's Trust project 'No Wrong Door' is creating multi-agency locality teams as part of early intervention and prevention services	Develop the role of Primary Mental Health workers / locality workers as part of the locality team's developments. Workforce Strategy to be completed by March 2011	Dec 2010  March 2011	Reducing Health Inequalities
	Protocols for robust paediatric liaison, in particular for vulnerable children will be developed with the Council and Hospital Trust by November	To ensure protocols are fit for purpose and provide best protection for vulnerable children.	Protocols for robust paediatric liaison, developed	Nov 2010	Reducing Health Inequalities

	2010. Review of integrated working practices to include CAF. This work is ongoing.		Review of integrated working practices to include CAF. This work is ongoing.	Ongoing	
	Provider review of the Healthy Child programme	In order to deliver the Healthy Lives, Brighter Futures agenda we will review and improve the Healthy Child programme.  Support for Health Visitors to capture quality activity data	Review Started  Review complete	Sept 2010  Dec 2010	Reducing Health Inequalities
<b>Priority 5. Secure good health and well-being for children and young people</b>	Improve existing children's estates infrastructure by development of a new children's build	In line with our WCC Strategy we have commissioned a piece of work to review the Estates Strategy	Estates Strategy to Board for approval  New Build Options paper  Business case developed  Stakeholder involvement	March 2010 (completed)  Jan 2011  Feb 2011  Dec 2010	Reducing Health Inequalities
	Develop robust protocols for safeguarding children	Safeguarding remains a cross-cutting objective in the WCC Strategy and is a key priority area to ensure good health and well-being for children and young people both nationally and locally	A quality schedule will be included in each PCT contract.	The quality schedule will be included in all main PCT contracts by December 2010.	Reducing Health Inequalities
	Review designated doctor function.	Current Designated Doctor for Safeguarding Children retires in September 2010.	Appoint Designated Doctor for Safeguarding Children	September 2010	Reducing Health Inequalities

	Further, develop plans with the SHA to commission forensic medical examinations for children and young people with suspect sexual abuse. SARC plans to be developed and submitted to the PCT board.	Government guidance lists SARC as a PCT / Police priority	Business case and funding for SARC is complete.	December 2010	Reducing Health Inequalities
	We will also review our protocols for safeguarding children to ensure they are in line with the latest publication of working Together to Safeguard Children, this review will incorporate consideration of the services health provides to victims of domestic abuse.	To ensure the single agency guidance is compliant with National Guidance.		September 2010	Reducing Health Inequalities
	Implementation of Teenage Pregnancy Prevention and Support Strategy	Implement Herefordshire Children's Trust Teenage pregnancy prevention and support strategy (part of the Adolescent Health Strategy) 2010 – 2013. 2010 actions include development of a care pathway.	Development of care pathway  Review of Young Mums to be Project  Development of C-Card Condom distribution scheme  Workforce training on Sex and Relationship Education delivery	September 2010  December 2010  March 2011  March 2011	Reducing Health Inequalities

	Develop the right workforce to deliver national and local priorities and meet national standards	Review and deliver appropriate maternity service workforce to ensure required volume and quality of services – Stage 2 workforce planning to be completed	Working party established January 2010	Plan completed November 2010 & submitted to commissioners	Reducing Health Inequalities
	Ensure clinician time is used effectively, and pregnant women receive the appropriate care for their needs at all stages of pregnancy	Further develop the Day Assessment Unit and Early Pregnancy Assessment Unit to enable greater capacity of nursing and medical time in the maternity suite.	A task and finish group will be set up to take this forward by June 2010	New options paper completed by October 2010	Reducing Health Inequalities
	Ensure all women receive early support to ensure best outcomes	Development of a Single Point of Access for Women to enable earlier pregnancy testing and direct referral to a midwife, through a Pharmacy Local Enhanced Service (LES), this will enable frequently excluded groups easier access to the service.	Task and finish group will be set up by May 2010.	November 2010	Reducing Health Inequalities
	Improve screening for women	Plan for expansion of breast screening to meet 2012 targets for 47-49 & 71-73 ages	N/A	Implementation Plan 2010/11	Improving life expectancy
	Breastfeeding provides the best start for babies and helps reduce long term illness, obesity and diabetes	Plan for the Children's Centres to adopt the Peer Support Breastfeeding Programme.	Task and finish group will take this forward.  Continue with UNICEF Baby Friendly accreditation	September 2010  March 2011	Reducing Childhood Obesity  Improving life expectancy

	Ensure women receive appropriate assessments to identify risk and support choice	Nuchal Translucency Screening Programme to become mainstream and offered to all pregnant women to detect Downs Syndrome.	Working party started	Business plan to be presented by June 2010  Maternity Strategy completed September 2010	Reducing Health Inequalities
	Ensure women's choices and preferences are understood and responded to by providers and commissioners	Re-engage Involving Peoples Team in the Maternity Services Liaison Committee, to recruit new members to the group and develop a work plan for 2010/2011.	Ongoing	Ongoing throughout 2010/11	Reducing Health Inequalities
	The Children's Trust will lead on a review of all services available to children with disabilities in Herefordshire (with the exception of CAMHS LD)	Influencing the strategic direction beyond Herefordshire Strategy for Disabled Children and Young People 2008-2011	Development of a framework / tools for the review.  Stakeholder communication  Children, young people, parents and carers engagement  Needs assessment and scoping of future demand  Review of co-ordination of care management  Review of current services  Review of transition protocol and practice Review of	April 2010  May - December 2010  July - December 2010  June 2010  July 2010  July 2010  August 2010	Reducing health inequalities

			personalisation, direct payments and equipment	June 2010	
			Review of Section 75 arrangements for children with complex needs	July 2010	
			Final Report	December 2010	
	Examine how to shift the emphasis in paediatric services from acute based hospital care to community focused support for children with disabilities and long-term conditions as an alternative to admissions.	To move care closer to home  To reduce avoidable hospital admission  To produce more effective and efficient service, more accessible by the public	Report developed	December 2010	Reducing health inequalities
			Options developed	March 2011	
Develop a continuing healthcare framework building on personalised health and social care packages for children and young people.	To reduce avoidable hospital admission  Produce more effective and efficient service, more accessible by the public	Framework developed	January 2011	Reducing health inequalities	
		Pilot of framework	March 2011		
Develop a care pathway for enuresis and continence support.	To improve patient experience	Pathway developed	December 2010	Reducing health inequalities	

	Develop an 'invest to save' pilot to look at commissioning extra capacity for paediatric diabetes specialist nurse to deliver self-management support to young people.	To increase self-management and expert patient programme for young people with diabetes	Business case developed	November 2010	Reducing health inequalities
	Further develop plans for a new centre for children with disabilities to support a new service delivery model for children and young people with complex needs.	To improve integrated multi-disciplinary working and increase efficiency	Options developed	January 2011	Reducing health inequalities
		To improve families satisfaction with services	Business Case developed	February 2011	
	As part of the Children's Trust jointly commission further respite services as part of Aiming High for Disabled Children.	As part of the local implementation of the Aiming High for Disabled Children Programme	Stakeholder involvement	December 2010	Reducing health inequalities
Commissioning strategy agreed			May 2010		
Implement forthcoming guidance on paediatric cardiac services and paediatric neurological services as part of its transformation of community services and the west midlands configuration of paediatric services.	To ensure efficient and effective services	Procurement completed	June 2010	Improving life expectancy	
		Quarterly AHDC monitoring returns	March 2011		
		Stakeholder workshop held	September 2010		
		Current provision mapped	September 2010		
		Options developed Implementation plan agreed	October 2010		

## Baseline and action 2010/11

### Programme 2 – MAXIMISING INDEPENDENCE

WCC Strategic Objective	Task/ Action	Rationale	Milestone	Timescale	To Deliver WCC Outcome
<b>Priority 1. Promote Healthy Lifestyles</b>	Agree implementation plan to roll out NHS Health Checks in Herefordshire.	Good risk assessment will ensure high risk patients are monitored and given appropriate advice and treatment	Pilots started Jan 2010	March 2011	Reduce deaths from coronary heart disease
	Explore options to develop a joint thrombolysis service with neighbouring acute providers	To improve service with economies of scale	Stroke project board established, which will oversee this and other initiatives	March 2011	Reduce deaths from coronary heart disease

<b>Priority 3. Reduce health inequalities between localities and groups</b>	Chemotherapy Nursing team skill mix review to ensure that roles and responsibilities are clearly defined.	This will ensure effective and efficient use of current staff	N/A	May 2010.	Reducing premature deaths from cancer
	Chemotherapy delivery process under review to reduce inefficiencies and duplications in the process	Services need full review prior to relocation to the Macmillan Renton Unit.	N/A	Dec 2010	Reducing premature deaths from cancer
	Dissemination of chemotherapy work out into the community setting will be scoped, in terms of viability (number of patients; training required; changes required with the pathway).	This is essential to ensure proposals to move chemotherapy into community setting is viable	N/A	Dec 2010	Reducing premature deaths from cancer
	Review Cancer CNS job plans to determine activity, patient outcomes, identify gaps in patient pathways.	To ensure new pathways are viable and robust	Review has started	Oct 2010	Reducing premature deaths from cancer
	Determine the appropriate model to deliver an Acute Oncology Service at Hereford County – mapping of emergency patients; review of referral processes between specialties; access to oncologist consultants, cancer nurse support and referral into MDT's. Identify current length of stay for cancer patients, and any current barriers between primary and secondary care.	To ensure the service can meet the needs of the population, in terms of appropriate care in the context of a whole system effective use of all resources	N/A	Dec 2010	Reducing premature deaths from cancer

	3 Counties Cancer Network Inpatient Study In-depth notes This will focus on a review of emergency admissions of patients with a Cancer diagnosis to Hereford Hospitals	This will help inform the development of appropriate and effective Pathways	N/A	Dec 2010	Reducing premature deaths from cancer
	3CCN National Awareness and Early Diagnosis Initiative – 11 Herefordshire GP Practices involved in audit to review primary care cancer pathway and Significant Event Audit.	This will help inform the development of appropriate and effective Pathways	N/A	Oct 2010	Reducing premature deaths from cancer
	Survivorship Project – ‘Life beyond the Prostate’ – 5 x 4 week patient sessions running until September 2010 to be followed by a full evaluation of project.	Cancer patients often receive a clinical service but not a holistic service to support them after diagnosis or treatment	Project has started	July 2010	Maximising Independence
	An additional 18,000 UDA's will provide access for an additional 6000 patients, and will become active by 1 <sup>st</sup> October 2010, with contracts being awarded from mid April 2010.	The Oral Health Needs Assessment highlighted that access to NHS dentistry was still an issue, especially in particular localities in the county. The new procurement will see the introduction of the PDS+ contract, and this will be closely monitored alongside the Steele Pilots.	N/A	Oct 2010	Reduce health inequalities
	Allocate 1800 patients on waiting list for NHS	These 1800 patients are the number	Ongoing	March 2011	Reduce health inequalities

	dentistry	remaining from an initial 20,000 waiting for access to NHS dentistry in 2006/7			
	Provide better support for patients seeking or requiring dentistry services	To further improve the service offered to patients by recruiting a dedicated Dental Service Improvement Co-ordinator, who will facilitate the new Dental Helpline and be responsible for patient surveys & feedback	N/A	July 2010	Reduce health inequalities
	Steele Pilots will be in place and will be closely monitored, with assistance from DH.	Test the viability of the Steele Review recommendations	by the Autumn 2010,	March 2011	Reduce health inequalities
	Implement new PDS+ contracts.	N/A	N/A	October 2010	Reduce health inequalities
	At review visits, discuss recall intervals and NICE guidelines.	Ensure practices are delivering optimal care to patients	N/A	Ongoing throughout 2010/11	Reduce health inequalities
	To improve GP Access, GPs will have to demonstrate how they are planning to meet their practice population needs within both core and extended hours. HNHS undertake work to will establish progress throughout 2010.	Access to GP surgeries is still variable across the county and needs remediate action.	Baseline established by June 2010	Ongoing through 2010/11 (with quarterly monitoring)	Reduce health inequalities
	The GP Access Centre will be commissioned to provide extended hours to ensure maximum	To offer greater choice for patients and supplement extended hours offered by GP	N/A	By July 2010	Reduce health inequalities. Increase life expectancy

	coverage.	practices			
	We intend to explore flexibility around working arrangements between GP's and practice nurses will be considered where a practice list size is greater than 6000 patients in order to maximise choice of appointments.	This will improve patient access to primary care.	Ongoing	Programme through 2010	Reduce health inequalities Increase life expectancy
	To re-visit the Joint Health and Social Care Needs Analysis to determine Herefordshire's percentage of seasonal and migrant workers that could potentially register with several GP practices both within Herefordshire and outside of the County –	This work is required in preparation for the ending of GP practice boundaries	N/A	To be completed by Dec 2010	Reduce health inequalities
	To calculate the number of commuters that live within Herefordshire that potentially would be more likely to register near their place of work	This work is required in preparation for the ending of GP practice boundaries	N/A	By Dec 2010	Reduce health inequalities
	Extended Community Teams: Develop non-acute IV therapy services Integrate health and social intermediate care	This will move care closer to home & improve access This will produce a more effective efficient	N/A	New services implemented by July 2010	Reduce health inequalities

	<p>teams, with a single point of access</p> <p>Develop instant access carers (within 2 hours, 24/7/365)</p>	<p>and accessible service to the public</p> <p>To reduce avoidable hospital admission</p>			
	<p>Project to identify various Telehealth devices that enable individuals to stay in their own homes. A range of devices to support users are in place with more expected to be tested in the coming year</p>	<p>This will support greater levels of independence, self-help and support to carers</p>	<p>September 2010 for start of pilot</p>	<p>September 2011 evaluation</p>	<p>Reducing health inequalities</p>
<b>Priority 4. Maximise independence, especially for older people</b>	<p>Diabetes Care: Develop Care Pathway</p>	<p>This will improve self management and reduce admissions &amp; referral to diabetes team</p>	<p>N/A</p>	<p>N/A</p>	<p>Increase life expectancy</p>
	<p><b><u>Extended Community Teams by:</u></b></p> <p>Developing non-acute IV therapy services in the community</p> <p>Integrating intermediate health and social care teams, with a single point of access</p> <p>Developing instant access for carers (within 2 hours) available throughout the day every day of the</p>	<p>Move care closer to home &amp; improve access</p> <p>Produce more effective and efficient service, more accessible by the public</p> <p>To reduce avoidable hospital admission</p>	<p>Staffing in place</p> <p>Training delivered</p> <p>Contract reviewed</p>	<p>2010</p> <p>2010</p> <p>2010</p>	<p>Reducing health inequalities</p>

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## Baseline and action 2010/11

### Programme 3 – UNSCHEDULED CARE

WCC Strategic Objective	Task/ Action	Rationale	Milestone	Timescale	To Deliver WCC Outcome
<b>Priority 1. Promote healthy lifestyles that underpin good health and well-being</b>	Redefine Alcohol Liaison Nurse role & responsibilities	To reduce excess incidents alcohol consumption thus reduce A&E attendances	N/A	Sept 2010	Improving life expectancy
	Commission a campaign to raise clinician and public awareness of stroke as a treatable medical emergency, linked to the national FAST campaign	This will ensure early interventions to improve outcomes	Discussions have taken place with the Stroke Association to complete this work.	September 2010	Reduce deaths from coronary heart disease
	Continue to support GP practices to ensure TIA cases are referred appropriately. Undertake a re-audit of GP Practices' identification of patients at higher risk of stroke after a TIA, to include an assessment of action taken to identify whether the patient has accessed appropriate treatment	Early intervention to reduce future risk and severity.  This was identified as a follow-up action following a previous audit on this area	Ongoing & will be linked to the audit below	Dec 2010	Reduce deaths from coronary heart disease
			In audit schedule	Dec 2010	
	Work with HHT to improve access to TIA clinics for higher risk patients.	Improved prioritisation will ensure best outcomes for those at high risk. Target 60% treated within 24 hours.	Started discussions with Clinicians	March 2011	Reduce deaths from coronary heart disease
	Increase the proportion of direct admissions to	Target 80% of patients to spend at least 90% of	Discussions started with HHT	March 2011	Reduce deaths from coronary heart disease

	Acute Stroke Unit by exploring the re-designation of General Medical beds as Acute Stroke beds.	their time on an Acute Stroke Unit.			
<b>Priority 3. Reduce health inequalities between localities and groups.</b>	Complete and develop stroke pathway to prevent hospital admissions	Improve and develop the stroke service	Complete pathway by November 2010	Commence implementation December 2010	Reducing deaths from strokes
	Commission a model of specialist rehabilitation services to include a specialist inpatient element and community rehabilitation to support earlier discharge from the acute hospital and earlier return to patients' homes. This will bring together stroke inpatients currently cared for at NHS Herefordshire hospitals/centres across the county into one single inpatient rehabilitation unit supported by a specialist team, and expand the Community Stroke Rehabilitation team. (The possible integration of acute and community provider services within the county may change the timescales & model).	To produce better outcomes for patients, by have a dedicated specialist team to deliver rehabilitation	Decision for consultation June 2010	Sept 2010	Improve life expectancy
	Develop a CQUIN	Improve collection of incident data	N/A	November 2010	Improving life expectancy

	Review GP and A&E pilot	Reduce activity in A&E	N/A	November 2010	Maximise Independence
	Set up Health Community Group	Ensure joint approach across organisations	N/A	December 2010	All 10 WCC outcomes
	Undertake feasibility study to identify requirements and options for the deployment of a clinical portal	Support new models of care through improved information sharing between providers of clinical services	N/A	March 2011	All 10 WCC outcomes
	Complete annual patient satisfaction and experience survey	Improve quality of service	N/A	Nov 2010	Reducing health inequalities
	Ensure best practice in coding	Early and consistent delivery of appropriate support	N/A	Ongoing	Reducing health inequalities
	Implement best practice care in hospital for the care of inpatients with a secondary diagnosis and thus reduce associated health care costs	Multiple rationales and benefits, including reduced LOS, reduce insulin drug errors, reduced referrals to diabetes team	N/A	Jan-Mar 2011	Reducing health inequalities
	Further develop specialist cardiac services across Herefordshire and Worcestershire.  Develop plans to improve access to cardiac rehabilitation.	We will ensure implementation of the recent NICE Guidance on VTE.  Cardiac Rehab and Failure Services are currently under-capacity in relation to national standards.	N/A	2010  2010-2011	Reducing deaths from coronary heart disease
<b>Priority 4. Maximise independence,</b>	Gather baseline care	Reduce admissions & LOS	N/A	November 2010	Reducing health inequalities

especially for older people	activity in acute setting				
	Develop improved protocols for insulin use with the primary care setting	Reduce error rates & improve patient outcomes	N/A	October 2010	Increase life expectancy

## Baseline and action 2010/11

### Programme 4 – PLANNED CARE

WCC Strategic Objective	Task/ Action	Rationale	Milestone	Timescale	To Deliver WCC Outcome
<b>Priority 3. Reduce health inequalities.</b>	Enhanced Recovery: Establish a planned care work stream which will include enhanced recovery	This will reduce excess acute beds in line with moving care into community settings	Bed reduction plan by July 2010	October 2010	Increase life expectancy
	Outpatient Redesign: Reduce first outpatient follow up to WM average. Initially the areas of cardiology and ophthalmology will be addressed. The diabetes pathway work will also impact on follow up rates.	This will reduce patient volumes and flows whilst maintaining quality of outcomes.	Ongoing	Ongoing review of contract volumes throughout year	Reduce health inequalities
	Develop implementation plans for 5 agreed care pathways: <ul style="list-style-type: none"> <li>• Frail Elderly</li> <li>• COPD</li> <li>• Stroke</li> <li>• Diabetes</li> <li>• Lower Back Pain</li> </ul>	These pathways will improve patient care and support and local integration of provider services	Ongoing	Pathways implemented by March 2011	Reduce health inequalities
	Review low priority treatment monitoring processes. <ul style="list-style-type: none"> <li>• Develop audit tool</li> <li>• Develop performance monitoring</li> </ul>	In reviewing procedures & interventions of limited clinical value it will reduce excess acute bed care	Complete audits and review contract data by September 2010	March 2011	Reduce health inequalities

	Develop Risk Stratification tool for LTCs:	This will enable better targeting of care & improve effectiveness	April 2010 (first wave surgeries)	Sept 2010 (initial evaluation of first wave)	Increase life expectancy
	Develop demand and service modelling systems and tools	Modelling information will support better commissioning and effective use of resources	N/A	Ongoing throughout 2010/11	Reduce health inequalities
	Develop case management approach for MD community teams	Improve outcomes and reduce avoidable admissions	Ongoing	Ongoing throughout 2010/11	Reduce health inequalities
	Neighbourhood teams: Development of local MD teams - to link public health, PBC and social care to identify personalisation opportunities	Increase levels of self care	Model agree Apr 2010	October 2010	Reducing health inequalities
	Clinical network project: Joining up care pathway groups in a programme management design – linking to LTC strategy and risk tool pilot work	This work will produce more effective and integrated outcomes	N/A	October 2010	Reducing health inequalities
	Procedures & Interventions of limited clinical value: Review low priority treatment monitoring processes. Develop audit tool Develop performance	Reduce excess acute bed care	Complete audits and review contract data by September 2010	March 2011	Reduce health inequalities

	monitoring dashboard framework				
	Care pathway implementation: Programme of work to ensure the implementation of care pathways and health improvement plans – link to programme budgeting for prioritised areas	<p>These will better target services to high risk groups, in particular for:</p> <ul style="list-style-type: none"> <li>• Frail Elderly</li> <li>• COPD</li> <li>• Stroke</li> <li>• Diabetes</li> <li>• Lower Back Pain</li> </ul>	N/A	Ongoing to Mar 2011	Reducing health inequalities
	<p>Redesign outpatient services by:</p> <p>Reducing first outpatient follow up appointments to WM average by shifting to primary care</p> <p>Developing implementation plans for redesign of outpatients in the 5 agreed care pathways</p>	<p>Reduce patient volumes and flows whilst maintaining quality of outcomes</p> <p>Pathways are:</p> <ul style="list-style-type: none"> <li>• Frail Elderly</li> <li>• COPD</li> <li>• Stroke</li> <li>• Diabetes</li> <li>• Lower Back Pain</li> </ul>	N/A	Ongoing review of contract volumes throughout year	Reduce Health Inequalities
	<p>Deliver the Herefordshire Palliative and End of Life Care Strategy by:</p> <ul style="list-style-type: none"> <li>• Introducing timely identification of individuals approaching the end of life and creating an Advance Care Plan,</li> <li>• Training and</li> </ul>	<p>To enable choice of place of care at end of life.</p> <p>To support generalist staff to deliver best care</p>	<p>Review of Primary Care QoF Palliative Care Register.</p> <p>Revise Palliative &amp; End of Life Education &amp;</p>	<p>September –December 2010</p> <p>October 2010</p>	<p>Reducing Inequalities</p> <p>Reducing Inequalities</p>

	<p>developing the health and social care professionals so they are better equipped to assess the needs of patients and carers and provide the best quality care at the end of life</p> <ul style="list-style-type: none"> <li>Ensuring all service providers are working within the principles of the National Quality Markers for EOL and the Gold Standard Framework.</li> <li>Develop a GP LES to support advance care planning, identification of preferred place for care and an integrated communication stream.</li> </ul>	<p>to an increasing number of individuals</p>	<p>Workforce Training Plan, (all health &amp; care sectors) Training for Generalist staff has started and will be further developed in line with the training plan.</p>		
		<p>Deliver care in accordance with best practice national guidance</p>	<p>Map current services against National Quality Markers and Measures. Include relevant Quality Markers within service contracts</p>	<p>July 2010</p>	<p>Reducing Inequalities</p>
		<p>Continue the nurse specialist Gold Standard Framework facilitator role to ensure implementation across the Residential Care and Nursing Homes locally.</p>	<p>Enable earlier identification of individuals approaching end of life to deliver planned care and services</p>	<p>Present outline LES to Local Medical Council, Practice Based Commissioning and Clinical Reference Group</p>	<p>June 2010</p>
		<p>Extended clinical support to Care Homes</p>	<p>Ongoing</p>	<p>Ongoing</p>	<p>Reducing Inequalities</p>

	Review project infrastructure to ensure the 18 week milestones and targets for Q2, 3 and 4 are met In line with Directive in David Florey letter.	Manage capacity and demand. Preparation for entitlement to treatment within 18 weeks. Further improvement in the patient experience. Preparing for 18 week right to treatment for all hospital patients. Ensure all patients have the option to be seen within 18 weeks.	Monitor 18 week waiting times to ensure targets are met.	Ongoing	Reducing health inequalities. Reducing premature deaths from cancer. Reducing premature deaths from CHD. Improving life expectancy
	Build 18 week waiting times into provider service level agreements.	As above	Agree by all relevant providers	In Contracts for Apr 2010	Reduce Health Inequalities Improve Life Expectancy
	Develop plans for CRS cervical cancer and bowel screen targets	Early diagnosis is proven to improve cancer survival rates	N/A	2010	Improve Life Expectancy
	Deliver Enhanced Recovery initiative	Develop enhanced recovery plan Link into planned care Workstream Identify Project Lead Develop Care Pathway	N/A	May 2010 May 2010 June 2010 Aug 2010	Improve Life Expectancy
	Social Care incident reports linked to NHS care. Discussions with Adult Social Care re joint work on recording incidents involving medicines management in care homes as a time limited sub group of adult safeguarding board plus medicines	To increase safety and reduce potential harm and decrease hospital admissions	Started	Jun2 2010	Reduce Health Inequalities Improve Life Expectancy

	management into a panel of safeguarding & quality concerns for patients in care homes at higher level				
	Further develop a prioritised system of access to healthcare for Armed Forces personnel into NHS care to provide primary care services and to ensure that service personnel have particular preserved rights of access to disability services e.g. wheelchairs etc.	National Policy Drivers building on existing links with the local army camp	N/A	2010	N/A
<b>National Priority</b>	We will continue to monitor action plans, and compliance with national policy through audit and observation	Ensure Providers implement locally agreed action plans outlining how they plan to eliminate same sex accommodation in all of their in patient areas.	N/A	2010/11	N/A

## Baseline and action 2010/11

### Programme 5 – MENTAL HEALTH AND LEARNING DISABILITY

WCC Strategic Objective	Task/ Action	Rationale	Milestone	Timescale	To Deliver WCC Outcome
<b>Priority 2 – Maximise Mental Health and well-being</b>	Implement the NHS Herefordshire early identification of mental health issues (IAPT) project plan approved by the WMSHA.	Herefordshire was originally awarded 3 <sup>rd</sup> wave IAPT funding in 2009, now included in the non ring fenced NHS Herefordshire baseline budget.  Outcome of the Mental Health Provider Arm Divestment awaited as this may affect overall resource requirements.	Targets focusing on specific KPI's are to be agreed / set with WM SHA these will focus on a subset of the 12 overall KPI's minimum data set	April 2010 – 2011	Reducing health inequalities
	<b>Mental Health Under 65</b> To identify a partner and manage maintenance of steady financial state whilst achieving modernisation disinvestment in adult MH	Within context of National and Local priorities – inc. Adult receiving secondary mental health services in settled accommodation and in employment.  Need to spend less on high cost residential care and more on support at home, including carers.	September 2010 award contract	December 2010	Reducing health inequalities.  Improving life expectancy.
	Implement Choose and Book and waiting times targets	Greater choice for patients.	N/A	December 2010	Reducing health inequalities
	Consult with stakeholders on options for achieving reduction in	To ensure appropriate and meaningful participation	N/A	November 2010	Reducing health inequalities

	expenditure				
	To work with provider to reduce out of county placements and ensure appropriate local provision	Reduce spend on expensive out of county placements and offer more effective care pathways.	Dec 2010 to identify model of support	March 2011 to start repatriation	Reducing health inequalities
	<b>Mental health over 65</b> Identify partner and manage steady financial state while achieving modernisation and Redesign of Older Peoples Services.	Prepare for increased expenditure on dementia services to meet the general increasing number of people with dementia and Herefordshire higher than average proportion of adults of retirement age.	N/A	December 2010	Reduce health inequalities.  Improve life expectancy.
	Agree vision and model of future care and identify how resources will be allocated to meet changing need.	Need to support more people at home.	June 2010 draft Commissioning Plan	Sept 2010	Reduce health inequalities. Improve life expectancy.
	Implement Choose and Book	Greater choice for patients	N/A	December 2010	Reduce health inequalities.
	<b>Learning Disability</b> To identify a partner and manage maintenance of steady financial state whilst achieving modernisation.	Ensure individuals are offered choice and control over all aspects of their lives	Sept 2010	Dec 2010	Reducing health inequalities. Improving life expectancy.
	Reduce expenditure on expensive specialist residential placements	Ensure services enable people to be as independent as possible and can support people with complex LD.	Individual Plans are developed with 15 individuals by September 2010	Individuals moved to more independent living options, March 2011	Reduce health inequalities.
	Green Light mental health toolkit	To ensure priority areas of GLT are	April 2010 action plan agreed	Performance against key priorities at amber/	Reducing health inequalities.

		implemented in Herefordshire.		green	
	Support access to universal services and maximise independence	Universal services are enabled to support people in their local community. Increase the number of individuals in settled accommodation. Increase the number of individuals settled in employment.	April 2010 – Award IPS Contract  10 people each year in paid employment	Review Mar 2011	Reducing health inequalities. Improving life expectancy
<b>Priority 3 – Reduce health inequalities.</b>	Extend the current enhanced LD LES to ensure that all individuals have an annual health check, health action plans are implemented and they have access to appropriate screening.  Building on the hospital passport scheme we will undertake further training with hospital staff to ensure individuals with LD receive appropriate care and support using E-learning tools to make this accessible for all staff.	In April 2010 data will be available from the current years LES to inform how many eligible people have accessed screening and identify what further work needs undertaking.	N/A	2010-2011	Reducing health inequalities  Reducing health inequalities

# **5. Staying Healthy and Supporting Programmes**

## Baseline and action 2010/11

### STAYING HEALTHY & SUPPORT PROGRAMME

WCC Strategic Objective	Task/ Action	Rationale	Milestone	Timescale	To Deliver WCC Outcome
<b>Priority 1 - Promote life-styles that underpin health and well-being</b>	Drive out variation in opportunities to stay healthy by offering smoking cessation services by:	Increase opportunities to increase smoking cessation.	Sign off Health Improvement Plans (HIP) Sign off smoking cessation plan with occupational health	Mar 2011	Reducing health inequalities
	Offering brief interventions to patients attending cardiac, chest clinics.	Increase opportunities to increase smoking cessation.			Reducing premature deaths from cancer
	Offering brief interventions to patients attending cardiac, chest & diabetes clinics.		Service started in first quarter		Improving life expectancy
	Offering brief interventions to patients being entered on elective surgery waiting lists.				
	Offering brief intervention at first booking for pregnant women.				
	Opening new Stop Smoking service in acute hospital				
	Opening Stop Smoking service in non-NHS settings.	Specifically in Info Shops and leisure centres			

	Starting a workplace stop smoking service (NHS & non NHS employers)	Increase opportunities to increase smoking cessation			
	Address cancer access inequalities	Consider the Mar 2010 NCAT 'Reducing Cancer Inequality' report and its application to Herefordshire.			
	Reduce alcohol related ill health by collecting data on A&E alcohol related attendances, through the implementation of a database.  Redefine Alcohol Liaison Nurse role & responsibilities	Aid business planning and long term reduction in A&E attendances  Specifically aimed at reducing hospital admissions	Data collected & analysed June 2010	Improvement plan by Sept 2010	Reducing alcohol-related hospital admissions
Introduce NHS Health Checks, the scope of the programme is: <ul style="list-style-type: none"> <li>• identification and assessment of risk</li> <li>• communication of risk</li> <li>• management of risk including advice and signposting to other services if appropriate</li> <li>• referral on to other services if appropriate</li> </ul>	Implement NHS Health Checks to everyone aged between 40 and 74 to identify and manage people's risk of a range of vascular diseases and offer appropriate advice or referral.	Yr 1 pilot study part of 5yrs programme	2010 - 2014	Reducing deaths from coronary heart disease	

	<p>Improve levels of physical activity by promoting active lifestyles building on ongoing programmes across the county in partnership with public sector, private and third sector organisations.</p>	<p>Increase fitness and thus reduce morbidity across a range of conditions</p>	N/A	Ongoing 2010-11	Improving life expectancy
	<p>Deliver as a minimum the NHS organisational target to have reduced CO<sub>2</sub> by 10% compared against its 2007 carbon footprint.</p> <p>Deliver the joint Herefordshire Council target following the signing of the Nottingham Declaration in 2005 and reduce carbon emissions from its own services by 20%.</p> <ul style="list-style-type: none"> <li>Deliver the Herefordshire Partnership's Climate Change Strategy '2020 Vision'.</li> <li>The Herefordshire Partnership has adopted 35 of these indicators into the LAA as priorities for the next 3 years, and included into this is NI 186 - reduction in</li> </ul>	<p>In 2008, central government introduced a set of 198 national performance indicators, which for the first time included several on climate change:</p> <ul style="list-style-type: none"> <li>NI 185 - CO<sub>2</sub> reduction from Local Authority operations</li> <li>NI 186 - Per Capita CO<sub>2</sub> reduction in the LA area</li> <li>NI 187 - Tackling fuel poverty</li> <li>NI 188 - Adaptation to Climate Change</li> <li>NI 189 - Flood and coastal erosion risk management</li> <li>NI 194 - Level of air quality - reduction in NO<sub>x</sub> and primary PM<sub>10</sub> emissions in Local Authority estate and operations</li> </ul>	N/A	<p>2010-2015</p> <p>2010-2020</p>	N/A

	carbon emissions in the county. For NI 186 they have set a challenging target of 13.1% per capita reduction for CO2 emissions by 2010.	<ul style="list-style-type: none"> <li>NI 197 - Improved Biodiversity - active management of local sites</li> </ul>			
	<p>Review, test and update emergency and pandemic plans Implement Vaccination Delivery Strategy., including:</p> <ul style="list-style-type: none"> <li>Locally enhance national social marketing campaigns targeted at parents of young children to increase awareness of the potential threat from infectious diseases and to promote childhood immunisation programme</li> <li>Locally enhance national social marketing campaigns targeted at 12 – 18 year olds using local communication channels and local demographic knowledge to increase awareness of the potential harm from Human Papilloma Virus (HPV) and to</li> </ul>	N/A	<p>Major Incident Plan</p> <p>Pandemic Influence Plan Rest Centre Plan</p> <p>Radiation/CBRN Plan</p> <p>Infectious Disease Plan</p> <p>Excess Deaths Plan</p>	<p>June 2010</p> <p>June 2010 May 2010</p> <p>December 2010</p> <p>June 2010</p> <p>April 2010</p>	Increase MMR vaccine up-take

	<p>promote HPV immunisation programme</p> <ul style="list-style-type: none"> <li>Health Visitors, School Nurses, Practice Nurses, Occupational Health staff and others to routinely increase promotion of VACCS programme.</li> </ul>				
	<p>Deliver as a minimum the NHS organisational target to have reduced co2 by 10% compared against its 2007 carbon footprint.</p> <p>Deliver the joint Herefordshire Council target following the signing of the Nottingham Declaration in 2005 and reduce carbon emissions from its own services by 20%.</p> <ul style="list-style-type: none"> <li>Deliver the Herefordshire Partnership's Climate Change Strategy '2020 Vision'.</li> <li>The Herefordshire Partnership has adopted 35 of these indicators into the LAA as priorities for the next 3 years, and</li> </ul>	<p>In 2008, central government introduced a set of 198 national performance indicators, which for the first time included several on climate change:</p> <ul style="list-style-type: none"> <li>NI 185 - CO2 reduction from Local Authority operations</li> <li>NI 186 - Per Capita CO2 reduction in the LA area</li> <li>NI 187 - Tackling fuel poverty</li> <li>NI 188 - Adaptation to Climate Change</li> <li>NI 189 - Flood and coastal erosion risk management</li> <li>NI 194 - Level of air quality - reduction in NOx and primary PM10 emissions in Local Authority</li> </ul>	N/A	<p>2010-2015</p> <p>2010-2020</p>	N/A

	included into this is NI 186 - reduction in carbon emissions in the county. For NI 186 they have set a challenging target of 13.1% per capita reduction for CO2 emissions by 2010.	estate and operations NI 197 - Improved Biodiversity - active management of local sites			
	MRSA-Introduction of screening for emergency admissions i.e. admissions directly via GP (home) and MIU's.	Reduce numbers of people entering hospital with existing MRSA	N/A	December 2010	Improve Life Expectancy
	MRSA- Improve MRSA screening compliance. This is monitored monthly by the IPC team and reported monthly alongside surveillance data.	Reduce levels of MRSA infection	N/A	Ongoing	Improve Life Expectancy
	MRSA-Exploring the introduction of MRSA screening at Kington Court and Ledbury Health and Care Centre.	Reduce levels of MRSA infection	N/A	November 2010	Improve Life Expectancy
	MRSA- Review and update MRSA policy to reflect changes in National and Local policies.	Reduce levels of MRSA infection	N/A	Ongoing	Improve Life Expectancy
	Clostridium Difficile: Embed the CDI policy across Provider Services and share with local GP's to ensure appropriate antibiotic prescribing and management of patients	Reduce levels of CDI	N/A	October 2010.	Improve Life Expectancy

	diagnosed with CDI				
	Clostridium Difficile: further training for GP's	Reduce levels of CDI	N/A	Ongoing 2010/11	Improve Life Expectancy
	Clostridium Difficile: Learning from RCA's shared across the health economy on a monthly basis	Reduce levels of CDI	N/A	Ongoing 2010/11	Improve Life Expectancy
	Clostridium Difficile: Utilise the prescribing newsletter to share learning from RCA's with the GP's	Improve awareness and understanding as widely as possible	N/A	Throughout 2010	Improve Life Expectancy
<b>Priority 2 – Maximise Mental Health and Well-being</b>	Examine the feasibility of personal health and care budgets for carers	Carers make a vital contribution to service users care and in doing so support the health and social care economies	Work to be part of broader Commissioning Plan work, commencing third quarter 2010	Personal budget scheme implemented by Apr 2011	Reducing health inequalities
	Train Carers Assessors to support the introduction of personal budgets.	Ensure maximum uptake of PBs	Beginning early 2011 (to follow development of PB scheme & protocols)	Mar 2011	Reducing health inequalities
	Implement the recommendations from the 'Scrutiny Review of the Support to Carers in Herefordshire'	20 recommendations will be implemented, which will improve practice, provision of support services and the implementation of IBs	May 2011	Mainly Oct 2010	Increase efficiency
<b>Priority 3 – Reduce health inequalities between localities and groups</b>	Undertake a cancer awareness measurement audit to ascertain the level of awareness of cancer signs and	The ultimate aim is to target social marketing campaigns to deprived areas		Oct 2010	Reducing premature deaths from cancer

	<p>symptoms amongst people within certain postcode areas in Herefordshire.</p> <p>Carry out an audit in primary care that looks at the journey of patients with a cancer diagnosis from first presentation at the GP surgery to secondary care treatment.</p> <p>Implement the 'New Survivorship Prostate Program'.</p>	<p>To reduce the time taken to diagnose cancers</p> <p>Pilot to follow up prostate pathway</p>	<p>Introduce 4 educational sessions covering:</p> <ul style="list-style-type: none"> <li>• Education about the prostate</li> <li>• Physical/psychological impact</li> <li>• Diet, exercise, sexual health and relationships</li> <li>• Goal setting, finances and benefits.</li> </ul>	<p>Commence Jan 2010</p>	<p>Reducing premature deaths from cancer</p> <p>Reducing premature deaths from cancer</p>
	<p>Diabetic retinopathy screening project – ensure screening databases are automatically updated either by MSDi or by EMIS Web.</p>	<p>To ensure demographics are kept up-to-date, the upload will also include:</p> <ul style="list-style-type: none"> <li>• date of diagnosis</li> <li>• type of diabetes (Type 1 or Type 2)</li> <li>• latest BP</li> <li>• latest cholesterol</li> </ul> <p>latest HbA1c</p>	<p>All 24 practices data automatically updated electronically</p>	<p>Commenced February 2010</p>	<p>Reducing health inequalities</p>
<p><b>Priority 4 - Maximise independence, especially for older people</b></p>	<p>Deliver the 4 projects within the Herefordshire Personalisation Programme:</p>	<p>These projects will progress the personalisation agenda and make significant gains in</p>	<p>All projects will have commenced by April 2010</p>	<p>March 2011</p>	<p>Reduce health inequalities</p>

	<ul style="list-style-type: none"><li>• Putting People First</li><li>• Choice and control</li><li>• Telehealthcare</li><li>• Personal healthcare budgets.</li></ul>	supporting people to maintain their independence			
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## **6. Patient Experience, Satisfaction and Clinical Engagement**

## 6 Patient Experience, Satisfaction and Clinical Engagement

### Quality accounts

The legal duty to publish Quality Accounts will be brought into force from April 2010. Providers will then be required to publish their Quality Account in June each year (starting in June 2010), reporting on the quality of their healthcare services for the previous financial year. Acute services will be required to publish their quality accounts in June 2010. Commissioners are likely to be required to check the accuracy of the data provided. Commissioners will also work with providers to ensure that the information in the quality accounts not only complies with the prescribed information form and content but ensure that the local information provided is patient and carer led. Whilst it is not envisaged that primary care services and community services will be required to publish quality accounts in the first year we will support those services who wish to do so, particularly with regard to local patient led requests for information and health economy information.

### CQUIN

The requirements for CQUIN schemes have been set out in the NHS operating framework. In line with the CQUIN guidance produced in December 2009 NHS Herefordshire have been working with its acute provider, NHS Herefordshire provider arm Community services and Mental Health services to develop local CQUIN schemes which will be added to the national and regional mandatory schemes. The local schemes will reflect local priorities for improving quality such as Falls prevention, Medicines Management, Implementation of the Common Assessment Framework for Children and Discharge Planning. Commissioners will also be monitoring how the quality improvements made through the 2009/10 schemes are sustained.

### Patient surveys

Annual national Patient Surveys are carried out in line with requirements; The NHS Herefordshire Sub contracts this work to 'Quality Health' who is a nationally recognised provider. Local patient surveys are supported with advice from the Involving People Team and Clinical Governance, a freepost address has been set up to help improve response rates. Patient survey results are reviewed at the Public Experience Feedback Committee (PEFC) and used as a contract monitoring tool in Quality Monitoring meeting with Providers.

There is currently in progress an 18 week and choose and book survey, which will collect data for the months of February to April 2010. New patients for that period will also be given the survey.

The DH quarterly GP survey results will be available in June 2010, which will feed into QOF. Where required an action plan will be developed to address issues arising.

### **Real time patient feedback**

Three Practice Based Commissioning events were held in Herefordshire in November 2009, in order to engage with Diabetes Service Users across Herefordshire

- To explore service user experience of Herefordshire Services they have used/encountered during the management and support of their diabetes
- To understand from their perspective what could be done differently to improve their experience of the service
- To inform pathway work and service shaping and ensure future service evaluation is based upon patient focused outcomes.

At each event a brief presentation was delivered on Integrated Care Pathways. The emphasis of the pathway is about enabling and supporting people with diabetes to take control of their condition and placing them central to goal setting and informed decision making. The work undertaken by service users will be fed into the wider work on developing a care pathway for diabetic services.

The involving People Team carry out patient interviews at a range of inpatient services on a monthly basis. The feedback is discussed with providers and action plans identified. Feedback is provided in patient areas as to work undertaken as a result of feedback. We have developed a Quality Schedule for inclusion in all contracts that requires providers to undertake real time patient feedback, this will be reported and actions monitored through the Quality Monitoring meetings.

### **Public engagement in strategic planning**

The Involving People Team work with Commissioners on specific strategic developments. We are currently creating a forward plan of public engagement based on WCC priorities. The feedback will be taken to the PEFC and formally reported to Commissioners. Feedback to the public will be undertaken through Herefordshire Public Services Communications Team.

### **Staff engagement**

Staff representation groups established to review findings of Council and NHS Employee Opinion Surveys (last one November 2009), with a view to action planning.

The NHS Herefordshire clinical reference group will continue as a key focus of engagement with Herefordshire clinicians.

Agreed suite of metrics in place to monitor and carry out regular health checks. Expansion of WAVE – Wellbeing Activities for Valued Employees to include public sector staff across health and social care economy.

Staff engagement included within workforce schedule for whole sector.

### **Organisational health and wellbeing**

We are taking actions to support staff to use active travel (walking and cycling) to/from work and to/from meetings during work. In response to the Boorman report we have completed an audit of current initiatives on health and well-being across the Council and NHS Herefordshire and agreed to:

- Identify a Board level champion for staff health and well-being play a proactive role in terms of linking to the Regional work streams.
- Establish a steering group to lead on this work, incorporating key stakeholders, and ensuring that this is linked firmly into both the Improving Working Lives initiative (NHS Herefordshire) and the Staff Survey action plan focus groups (Both organisations), as well as to the Staff Partnership Board.

Staff representation groups established to review findings of Council and NHS Employee Opinion Surveys (last one November 2009), with a view to action planning.

The NHS Herefordshire clinical reference group will continue as a key focus of engagement with Herefordshire clinicians. We have an agreed suite of metrics in place to monitor and carry out regular organisational health checks. We will expand our Wellbeing Activities for Valued Employees (WAVE) programme to include public sector employees across the health and social care economy. We have included staff engagement within workforce schedule for the whole sector.

### **Reducing sickness absence**

We are taking actions to support staff to use active travel (walking and cycling) to/from work and meetings during work. In response to the Boorman report we have completed an audit of current initiatives on health and well-being across the Council and NHS Herefordshire and have agreed to:

- identify a Board level champion for staff health and well-being
- play a proactive role in terms of linking to the Regional work streams
- establish a steering group to lead on this work, incorporating key stakeholders, and ensuring that this is linked firmly into both the Improving Working Lives initiative (NHS Herefordshire) and the Staff Survey action plan focus groups (Both organisations), as well as to the Staff Partnership Board
- develop a staff health and well-being strategy.

Report due back to NHS Herefordshire in June 2010 on progress. NHS Herefordshire has a strategic approach to reducing sickness absence. A new policy has been jointly agreed with the Staff Partnership Board, which includes timescales, management actions and monitoring. Regular reports to the Quality and Performance meeting and the Provider Board ensures Board ownership and management focus.

# **7. Performance Improvement Plans**

## 7. Performance improvement plans

There is a gap between our current performance and where we want to be. In our WCC Strategy we outlined our vision of an 'end state' and recognised that there are very specific actions we must take to achieve this. We will continue to build on the advantageous position of our partnership with the Local Authority. As part of the refresh of the Sustainable Community Strategy in 2009 we are working closely with the Health and Well-being Partnership (one of the Policy and Delivery Groups of the Local Strategic Partnership - LSP for Herefordshire) to ensure that as leader of the health economy in Herefordshire, our locally agreed targets with the NHS are the same or complementary to the targets being agreed through the LAA. We have a locally-agreed a performance management approach and shared workforce to manage this.

Further enhancements to our performance management capacity are underway. Central to these is the introduction of a new performance management tool, Performance Plus, which is enabling the fullest possible integration across NHS Herefordshire and Herefordshire Council. Performance Plus captures performance information in a single place and will enable quicker monitoring, reporting, analysis and action across our key performance indicators. For example we will:

- **Establish Performance Plus across the county:** to ensure as commissioners we have comprehensive access to the key service data required to allow us to make decisions on quality, safety, and value for money. We purchased this system in 2009 and will ensure it is in place and embedded over the next year.
- **Develop a targeted performance dashboard:** for use by commissioning teams and the Board to track and manage progress with our providers towards our newly defined 5 themes, 9 programme areas and 10 world class targets. We will stop monitoring data which does not fit with these three areas and if they are not aligned to our strategic goals.

We are also developing an integrated Performance Improvement cycle for Herefordshire Public Services (HPS).

Performance information and analysis is regularly provided to key managers and NHS Herefordshire boards where performance is challenged and updates to improvement plans are given – this will continue over the coming year with Performance Plus allowing more flexibility in reporting.

Over the next year we will build on our improvement work of last year to ensure areas of underperformance are addressed for the benefits of the residents of Herefordshire. Many of the improvement actions are contained within the preceding sections e.g. details of our Health Improvement Plan and how this will support the delivery of many of our key targets. However other highlights include:

### **a) A&E 4 Hour Waits**

Performance 2010/11 will be improved due to the following key actions:

- Hereford City Equitable Access Centre at the ASDA site is attracting 450+ residents per week since 17<sup>th</sup> December 2009; its existence will have a positive impact on this target
- Purpose built Capital Project at front of HHT A&E that is planned to be operational by late 2011. Additional investment of £1.4m to be agreed with HHT for this development.
- Peer review of unscheduled care against the regionally agreed service specification and leading to an examination of the service and the production of a local action plan.
- Transition Board work includes an unscheduled care work stream and this has already produced a report for action.
- Key performance indicator in the Primecare APMS Contract is now A&E diverts for Herefordshire residents

### **b) Cancer Screening**

To improve performance in this area we have and will be:

- Implementing Three Counties Cancer Network plan.
- Rolling out and expanding breast and bowel screening. (N.B. Our 2 yr round bowel screening programme will not be complete until Sept 2011)
- Continuing to increase public awareness of disease types and symptoms.
- Improving the provision of locality-based services via satellite radiotherapy services from Gloucester Hospitals Foundation Trust.
- Established a task group to ensure compliance with IOGs is reviewed and addressed.

Further details can be found in preceding sections.

### **c) Sexual health**

To improve our performance around Sexual Health and GUM we are:

- Developing an implementation plan in response to our Sexual Health needs assessment
- Reviewing current service model and redesign to improve access and choice
- Social marketing; the use of peers and role models through local media
- Ensuring closer partnership working with schools
- Develop an action plan to address patient experience issues arising from independent GUM survey.

We have also seen a significant improvement in the numbers screened in our Chlamydia screening programmes over the last year. We will continue to promote and develop this programme over the next year.

### **d) Dental Access**

Detailed actions are outlined in the Maximising Independence Work Programme. In essence this includes:

- Procuring 18,000 UDAs, which will provide access for a further 6000 patients.
- More robust contract management
- Improving patient experience

### **e) Transfers of Care**

Our performance has improved in this area, however we recognise more needs to be done – we will be building on the following improvement actions to ensure this happens:

- The Head of Community Hospitals & Intermediate Care Facilities now receives a weekly update of delayed patients which identifies the length of the delay. It has been agreed that any delays greater than 7 days should be escalated for immediate intervention.

- A whole systems review of the delayed transfers of care issue has been initiated including the existing policy for 'eviction' with HHT, Adult Social Care and NHS Herefordshire Commissioners to ensure that delayed discharges are minimised, and areas for improvement are identified and managed across the whole care pathway.

This work has initially has seen a significant drop in the length of stay and number of delays since the introduction of the above changes since the beginning of the calendar year. However it must be noted that recent winter pressures, in the form of adverse weather and closure of wards due to D&V, will have impact on early promising figures. There has been a significant improvement in the number of patients with a delayed transfer of care from non-acute beds. This has been primarily due to the pro-active way in which delayed transfers of care are now highlighted and managed.

#### **f) Maternity – 12 weeks**

All women should access maternity services for a full health and social care assessment of needs, risks and choices by 12 weeks. Our aim is to increase the percentage of women seen in this time to 90 per cent by April 2011. This will be done through targeted outreach work for vulnerable and socially excluded groups of women and it is anticipated this will also reduce health inequalities and ensure improved data and information.

#### **g) Quality of stroke care**

Detailed work on this is described in the Unscheduled Care Work Programme. Key work to ensure we improve our performance around this in the coming year includes:

- CQUIN financial incentives at HHT.
- Development of stroke pathway.
- Single site Stroke Unit with intensive rehabilitation capability.
- Improved thrombolysis times with up-skilled first responder, Telehealth and 24/7 medical stroke cover at HHT.
- Improved reablement services capable of intensive rehabilitation.

## **h) Breastfeeding at 6-8 weeks**

Over the last year it was highlighted that our submissions in 2009-10 failed to meet the necessary data quality checks. This has been addressed via a data quality review. In the forthcoming year we will be concentrating on improving our prevalence rates e.g. plan for children's centres to adopt the peer support breastfeeding programme.

## **i) Smoking quitters**

Performance over the last year is below our intended target – to improve our performance over the coming year we have outlined what we intend to do in detail in the Staying Healthy Work Programme. In summary this includes:

- Start to introduce a wider range of additional smoking cessation services which will include smoking cessation groups in various locations and a clinic in the hospital.
- Increasing the geographical access to this service, there will new access outside of normal working hours.
- Continue to develop and implement a social marketing campaign.
- New data collection systems implemented to provide more timely information
- Building on existing services provided by 22 community pharmacies and 18 general practices, by training leisure service staff and health trainers in Herefordshire council info centres

Delivery against all of the key performance areas will monitored closely by the Health and Wellbeing Partnership Board and HHT Trust Board.

## **8. Programme Delivery Enablers**

## 8. Programme Delivery Enablers

### **COMMISSIONING AND SYSTEM REFORM**

#### **World Class Commissioning (WCC)**

We have already established many of the foundations needed to deliver the strategy successfully; and we have already made progress towards achieving our target outcomes. We have taken to heart the feedback from our WCC assessment last year. In particular, we have:

- Translated our long-term strategy into achievable, measurable goals and priorities
- Gained collective commitment to these within NHS Herefordshire, with the Council (our joint corporate plan is well-advanced) and with our providers and the wider Herefordshire Partnership (the Sustainable Community Strategy has been refreshed and the Partnership Health and Well-Being Policy and Delivery Group established to oversee the delivery of their part of it)
- Reflected these in a prioritised programme of programme budgeting, including cross-cutting elements that will drive improvement across the different programmes
- Put in place with the Council an Integrated Commissioning Directorate for health and social care, with a joint commissioning strategy and plans being developed to drive service reconfiguration and improvement
- Developed a joint Customer Strategy and finalised plans to put in place a joint Customer Insight Unit by early 2010
- Completed our comprehensive review of provider services, establishing a Transition Board to develop the sustainable, effective services of the future
- Begun already to deliver more appropriate, better value for money patterns of services
- Identified cost-ineffective treatments as the basis for disinvestment that will release funds to invest in what will enable us to achieve our priorities

#### **Clinical Commissioning**

We look to the insight of front-line clinicians and specialists - nationally, from different health systems as well as within Herefordshire - to ensure we put the right services in place to deliver the best outcomes. This is particularly important in Herefordshire where the combination of rurality and a widely dispersed population presents special challenges for access to cost-effective services close to home. Our clinicians are helping us quickly pin-point problems or bottlenecks. They frequently know the solution. As commissioners we are increasingly listening to what they tell us about what enables or restricts their day to day work.

We will continue to strengthen our already good relationship with our GPs, PBC groups and our LMC as well as with the acute and community

provider clinicians. We are drawing on the experience of other health systems, such as Kaiser Permanente to help us redesign proactive, risk adverse models of care. Our work to integrate the community and acute providers has already identified the exciting potential of radically reducing the need for hospital beds by targeting health expertise at prevention and rehabilitation – with better health outcomes and better use of resources. Similarly we are increasingly using assistive technology to remotely monitor patients.

They are supportive of the challenges we face both financially and in delivering sustainable services. With strong clinical leadership through the Professional and Commissioning Executive (PEC) we will continue to work closely with the Practice Based Commissioning Consortium to redesign pathways and provider models.

Clinical reference groups through PBC have a key role in the contracting process. PEC, CRG, Transition Board have clinical leadership, Transition Board has independent chair and 16 working groups including primary and secondary care clinicians are developing revised clinical Care Pathways that is taking into account all care settings.

### **Developing Practice Based Commissioning In Herefordshire**

The progress of Practice Based Commissioning (PBC) in Herefordshire has been slow but increasing, with Practices and NHS Herefordshire recognising the importance of PBC as both a demand management and service transformation tool. Currently all Herefordshire practices are involved within PBC and with established locality forums plus an executive forum, ensuring a wide degree of clinical ownership and participation. There are several examples within this strategy where primary care clinicians have developed bespoke solutions for patient care that aligns to the NHS Herefordshire strategy and delivers local services in a locality focus.

The wish of the clinical community and NHS Herefordshire is to therefore “build upon” this experience and empower local clinicians to commissioning a wider set of services. NHS Herefordshire feels PBC can:

- Develop a greater range of more integrated services in community settings, designed around the needs of individuals.
- Secure greater investment in upstream interventions that keep people healthy for longer, prevent ill-health and reduce health inequalities.
- Drive continuous quality improvement and innovation across the whole system, securing better value for money in the process.
- Gives local clinicians greater power and influence working in partnership with NHS commissioners to shape how resources are invested to deliver better health, better care and better value.
- In financially challenged times, clinical empowerment is not a nicety but a necessity.

However, it is evident that as PBC has become implemented, the accountability agreement between PBC practices and NHS Herefordshire remain under developed. These agreements are necessary to describe an underlying set of arrangements and commitments that should be in place prior to any commissioning commencing. Ideally though, an accountability agreement should be more than just a set of rules and responsibilities but should also add dimensions of culture, vision and values. This moves the process from agreeing an accountability document to developing a

**compact** between the PBC consortium and the commissioning NHS Herefordshire.

Following a health community event on the 17<sup>th</sup> November NHS Herefordshire will be now be meeting with a small group of primary care clinicians and senior NHS Herefordshire managers, all in PBC leadership positions, to produce a compact. The objective will be to describe; the principles, the framework, commitments and responsibilities, audit and evaluation and dispute resolution. PBC is seen as being key to improving local services and health. NHS Herefordshire and practices will be mutually accountable for its success.

Practice Based Commissioners have outlined two complementary key proposals.

- **The Neighbourhood Teams project** is designed to empower local multidisciplinary teams to collaborate and work more efficiently together. It builds on the principles of PBC to effectively manage budgets, so that community services can be developed around the public health and social needs of patients registered with practices. The neighbourhood team leaders will work closely together so that practice based proposals can be presented in a more coordinated way and demonstrate their place within the wider strategic picture. A senior neighbourhood pilot project manager post is currently being recruited.
- **The Clinic Network project** is building on the work of the previous Long Term Conditions (LTC) project and utilising the risk stratification tool. The aim is to develop a well defined framework for clinical engagement and clinical pathways work. The role of participating clinicians will be defined and supported, and the output from network will feed directly into the neighbourhoods' scheme, PBC project planning and NHS Herefordshire directorates.

### **World Class Healthcare Delivery System**

#### **Shifting resources from secondary to primary care**

The most important consideration here is the shift of resource into primary and community care. This will be achieved through identifying and predicting demand (through risk stratification, awareness and screening), enhancing existing primary and community care services and making secondary care the most obvious place for treatment of highly complex and the most appropriate case mix.

The inappropriate treatment and admission of patients continues to be an issue for the whole Herefordshire health system. Many patients view A&E as the obvious first port of call for out of hours treatment. Therefore, we have come up with innovative solutions to ensure patients are directed to the right place. We need to enforce practices that will correctly manage admissions by either triaging or diverting patients to the correct first entrance point into the health service. This should not just be considered for non-elective and emergency admissions, but also for elective admissions. Audit and testing of the appropriateness of admission must happen to provide evidence of treatment impact and associated outcomes and enable us to commission services that generate the most efficient performance and the best experience possible.

### **Transforming Community Services**

We commissioned a scoping exercise to develop a strategic service model and options for the future configuration of provider services for

Herefordshire in conjunction with the Health Service Management Centre (HMSC) of Birmingham University.

We have been working with the West Midlands Strategic Health Authority (WMSHA) and Grant Thornton to undertake a baseline assessment of provider organisational capacity and capability.

We have been working with KPMG to establish key priority programme budgeting areas for service redesign. A Transition Board has been established to steer and promote inclusion of all local NHS and Council provider services. Work is ongoing to develop 5 key care pathways for major transformation, these are:

- Frail Elderly
- Diabetes
- Stroke
- COPD
- Lower back pain

We are moving towards a new organisational form for provider services in Herefordshire being underpinned by the achievement of:

- Business readiness.
- Evidence of successful and sustainable transformational change being delivered.
- Good leadership – evidenced by strong governance and Board performance.
- Clear demonstrating financial benefits of the proposed method of delivery.
- Developing Practice Based Commissioning in Herefordshire
- The incentivisation of a new budget setting methodology is to be explored with practice based commissioners in 2010/11.

### **World Class Healthcare Delivery system**

A number of initiatives are demonstrated through the WCC Financial plans that identify schemes for moving activity from secondary to primary care settings.

It is recognised that transition funding is necessary to stabilise local providers whilst enabling the shift in activity in care settings.

A bid has been made for Strategic Change Reserve funding to enable the transformation.

## FINANCE

<b>WOMEN AND CHILDREN</b>	
<b>Children and Young People</b>	<p>£200k has been identified for the promotion of a healthy diet and fitness and reduction of obesity in 2010/11, with a further £200k identified for the development of access to primary care in locality settings, supporting the implementation of the adolescent health strategy.</p> <p>Investment in children's estates infrastructure of further revenue implications of the development of a new children's build has been earmarked for 2011/12.</p>
<b>Maternity and neonatal services</b>	<p>Service redesign and recruitment of additional midwifery capacity to achieve agreed maternity workforce plan ratio of 1:28 midwives from within existing resources by service efficiencies.</p> <p>Costs are currently being evaluated to deliver Nuchal Translucency testing . A Business case is being submitted &amp; tested.</p> <p>Pressures have been identified for cost of a Data Clerk to input PEER information to Data Base at HHT. These costs are currently being worked through.</p>
<b>MAXIMISING INDEPENDENCE</b>	
<b>Cancer</b>	<p>There is investment demonstrated within the financial template for bowel screening £100k and breast screening £53k in 2010/11, with knock on breast screening activity of £15K.</p> <p>Further investment of £132k 2011/12, £83k 2012/13, £87k 2013/14, is planned for screening services across Herefordshire.</p> <p>The sum of £2m has been earmarked for developing radiotherapy services closer to home in 2012/13.</p>
<b>Dentistry</b>	<p>Procurement of the new dental services is to be incorporated from within the ring fenced dental allocation and contained within the national uplift.</p>
<b>Primary Care Access</b>	<p>£200k has been further identified for investment in 2010/11 for the equitable access centre.</p>

<b>UNSCHEDULED CARE</b>																	
<b>Stroke</b>	A recurrent sum of £300k was identified for development of Stroke Rehabilitation Services in the PCT Operational Plan 2009/10 and a further £200k has been identified to augment this figure in 2010/11.																
	Within the Financial templates demographic growth and disease prevalence have been modelled through to take account of capacity and demand. An unscheduled care project group has been set up to mitigate against the significant increase in emergency activity in 2009/10.																
<b>PLANNED CARE</b>																	
<b>18 Weeks</b>	Within the financial templates demographic growth and disease prevalence has been modelled through to take account of capacity and demand to ensure delivery of 18 weeks.																
<b>MENTAL HEALTH/ LEARNING DISABILITY</b>																	
	<p><b>Dementia Services -</b>            Additional investment of £145k in 2010/11 has been identified for dementia services .This is further analysed below:</p> <table border="0"> <tr> <td></td> <td style="text-align: right;">£</td> </tr> <tr> <td>Shift to community by reducing Length of stay</td> <td style="text-align: right;">33</td> </tr> <tr> <td>Shift from acute by reducing Length of stay</td> <td style="text-align: right;">(48)</td> </tr> <tr> <td>Invest in reablement nursing home care</td> <td style="text-align: right;">60</td> </tr> <tr> <td>Invest in community nursing home teams</td> <td style="text-align: right;">80</td> </tr> <tr> <td>Telecare investment</td> <td style="text-align: right;">20</td> </tr> <tr> <td><b>Sub- total</b></td> <td style="text-align: right;"><b>145</b></td> </tr> <tr> <td>To support repatriation of patients closer to home</td> <td style="text-align: right;"><b>259</b></td> </tr> </table>		£	Shift to community by reducing Length of stay	33	Shift from acute by reducing Length of stay	(48)	Invest in reablement nursing home care	60	Invest in community nursing home teams	80	Telecare investment	20	<b>Sub- total</b>	<b>145</b>	To support repatriation of patients closer to home	<b>259</b>
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<b>STAYING HEALTHY AND SUPPORTING PROGRAMMES</b>																	
<b>MRSA</b>	An amount of £100k has been identified to support the IM&T systems in 2010/11 and a further £200k in 2011/12, this funding includes supporting infection control monitoring systems.																
<b>Clostridium Difficile</b>	An amount of £100k has been identified to support the IM&T systems in 2010/11 and a further £200k in 2011/12, this																

	funding includes supporting infection control monitoring systems.
<b>Drive out variation in cancer, stroke, heart disease and maternity services:</b>	KPMG are currently being commissioned to work through Care Pathways in line with the WCC requirements, estimated savings are modelled through existing financial templates.
<b>NHS Health Checks:</b>	The impact of the vascular risks assessment is reflected within financial plans as £179k recurrently in 2010/11 and an additional £200k annually thereafter to 2013/14.
<b>Improving levels of physical activity:</b>	£100k identified on 2010/11 for lifestyles services.
<b>Children with disabilities and their families</b>	'Aiming High' funding of £537,200 recurrent revenue and £166,300 Capital will be held in Council budgets for delivery of the joint children's disability agenda. Children's costs identified above.
<b>Carers</b>	It is anticipated that any additional investment required could be identified through the personalisation project.
<b>Choice of place of death</b>	An additional amount of £165k has been identified for investment in services to support the end of life care in line with the End of Life Care Strategy and identified commissioning intentions
<b>Diabetic Retinopathy Screening:</b>	Funding identified earlier for support to the IM&T systems in 2010/11 and 2011/12.
<b>Early Identification of mental health issues IAPT</b>	Improving access to psychological therapies £396K
<b>Continued delivery of same sex accomodation</b>	Any changes would be from within existing resources.
<b>Smooth transition into NHS care for armed forces personnel</b>	Any changes would be from within existing resources

<b>Personalisation of care:</b>	The personalisation pilot will be funded on an 'invest to save' basis and will inform longer term financial requirements
<b>Risk assessment for VTE</b>	Any changes would be from within existing resources.
<b>Improving access to cardiac rehabilitation</b>	Any changes would be from within existing resources.
<b>Forthcoming guidance on paediatric cardiac services and paediatric neurological services</b>	Any changes would be from within existing resources
<b>Learning from the Sir Jonathon Michael enquiry</b>	Cost yet to be confirmed but any anticipated changes would be from within existing primary care resources.
<b>Climate change Act</b>	Any changes would be funded from within existing resources.
<b>Emergency preparedness Review, test and update emergency and pandemic plans</b>	To be financed from within resources allocated to existing choosing health initiatives.
<b>Vaccination delivery strategy</b>	
<b>PERFORMANCE IMPROVEMENT PLANS</b>	
<b>HC2A- % seen within 48 hours in GUM Clinic</b>	£100k identified for delivery of sexual health commissioning plan.
<b>HC8 a-c – Herefordshire Ambulance</b>	Net savings are being anticipated from the 'Lightfoot Report' of £334k in 2010/11, £566k in 2011/12 and £1m in 2012/13.

<b>response times</b>	
<b>VSC10- Delayed transfers of care</b>	Section 75 agreement including use of a pooled budget and integrated commissioning being developed for 2010/11 for intermediate care.
<b>VSBO5 – 4 Week smoking quitters</b>	Social marketing campaign to be funded from existing 'Choosing Health' monies.
<b>VSBO8- Teenage conceptions</b>	See HC2A
<b>VSB11-1 Breastfeeding at 6-8 weeks</b>	To be funded from within existing 'Choosing Health' monies.

## Financial Framework

NHSH Herefordshire (NHSH) recognises that there is a clear link between organisational financial stability, a financial strategy that underpins the World Class Commissioning Strategic plan and high quality outcomes for our population.

As identified in the WCC Strategy, 2010/11 will be a year of significant change across the Provider Health and Social Care landscape within Herefordshire. Additionally our approach to Commissioning will be driven by a programme budgeting approach supported by the Prioritisation of Investment Framework.

The review of the provision of Health and Social Care service models within Herefordshire led by the Transition Board and KPMG is nearing completion. The final report will be the subject of consultation in early 2010/11 and will require further financial modelling of the impact of care pathways and timelines re investment/savings. Initial KPMG modelling has identified savings of circa £5m per annum from 2011/12 but these are attributable to the reduction of beds across the health economy. It is important that financial stability is maintained.

NHSH feels it is well placed to meet the challenges ahead working within a range of partners and maximising opportunities that are available as part of the unique Public Services arrangements within Herefordshire.

The financial plans incorporate SHA inflationary assumptions and demonstrate the financial challenges that the NHS faces over the next four years in line with other public services. The plans identify initiatives that need to be delivered to ensure a balanced position over those next four years.

The Operating Framework details a need for PCTs to set aside 2% of their allocations recurrently in 2010/11 which should be non recurrently committed until 2013/14. This is demonstrated within the financial plans. The Operating Framework describes 2010/11 as a pivotal year and that it should be seen as the first year of a five year strategy. It provides a set of enablers and tools to drive the transformation that will be required to deliver the challenges that will arise from "flat cash" and respond to changes in the future levels of Public Service finance.

NHSH has reviewed and adjusted financial plans in line with reviewed strategic goals to shift the focus of services from Acute to Community based

enable the shift in activity, workforce and capacity required to support the transformation of care and integration across the two organisations.

The refreshed Estates strategy details how we will arrange our estates portfolio according to the vision and values of NHSH. It sets out a range of objectives that will need to be achieved to support improvement in the delivery of high quality care and patient experience through the provision of an effective, efficient and sustainable estates portfolio.

The aims and objectives included within the strategy have been informed by the NHSH WCC Strategic Plan.

The Operating Framework for the NHS in England 2010/11 outlined that management and administrative costs must be reviewed and revised to maximise the proportion of NHS resources that are invested in frontline services. As part of this review NHSH are well advanced in driving out duplication of costs as part of the deep partnership with Herefordshire Council. There is a Joint Management Team as well as colocation of buildings and a well developed business case for shared services. Within NHSH's financial plans, savings of 15% by 2011/12 and a further 15% by 2013/14 have been assumed.

Revenue and capital allocations and applications are identified within financial plans. Financial management is being strengthened to ensure monitoring of the delivery of the initiatives needed to deliver a balanced position in future years.

To ensure improvement in financial management, NHSH has refreshed its MTFMS which defines the future local and national context to inform investment decisions and underpins the World Class Commissioning Strategic Plan ( Healthy Herefordshire)

To progress Efficiency Management: a Joint Service Desk solution procurement is planned across Herefordshire Public Services.

### **Tariffs and Quality Framework**

In recognition of both the A and E demand and subsequent non-elective admissions NHS Herefordshire is supporting the County Hospital by collocating the out of hours service and funding a GP in A and E to assist in diversion. The Transition Board are also reviewing the unscheduled Care pathways across the whole health Community with the intent to divert care. At this stage therefore implications of tariff and alternative setting are well advanced and will be finalised in 2010/11. In line with Welsh Assembly agreements we have already identified that Welsh Commissioners will meet the costs directly attributable for A and E attendances for their residents in 10/11. However, this arrangement is yet to be agreed.

As part of the Health Community approach to Transforming Community Services and shifts in activity settings the Herefordshire Transition Board have been tasked with developing 5 Care Pathways including Stroke, Diabetes, Frail elderly, Respiratory and Lower back Pain. These will therefore need to be encapsulated into contracts during 10/11 which may define a different contract currency to reflect the unique model for Herefordshire.

As part of our review of provider landscape in Herefordshire we are currently seeking an alternative mental health provider, currently at the competitive dialogue stage, which may impact on the introduction of Payment by Results for adult mental health services. At this stage therefore we will need to make a judgement on implementation, when the contracts are finalised for 10/11.

In line with Regional and National expectations we have submitted suggested CQUINs schemes following consultation with the providers where we are the associate commissioner and await guidance on those mandatory schemes that will be applied locally, to comply with NHS West midlands and DoH expectations.

We will wish to explore the flexibilities afforded to the Commissioner in applying tariff flexibilities and adopting the most appropriate contract framework, that recognises the shift envisaged in acute activity to alternative settings and to sustain viable Provider Trusts in Herefordshire.

## **WORKFORCE**

### **Pay and Workforce Flexibility**

The PCT will use the final year of the pay deal to ensure that the investment in staff will result in improved quality and productivity. Implementation of the Partnership Workforce Strategy (2009-12) will continue, with emphasis on attracting and retaining high quality staff. Making full use of skills / skill mix reviews across integrated teams is a key issue for improved services. The Organisational Change Policy will be developed further in 2010, to allow greater mobility between the local partnership employers and new providers outside Herefordshire (e.g. Mental Health Procurement, transfer of Provider Services). The Staff Passport toolkit is being used as the basis for all information for staff expected to transfer.

### **Management and Agency Costs**

The expanding use of joint management posts across the PCT, Herefordshire Council and Hereford Hospital Trust will be a key element in meeting the target reduction of management costs - cost reductions have been targeted in 2010/11 and 2011/12. We have already partly achieved these savings in 2010 in the Joint Management Team (JMT) and Shared Services. The medical workforce is small, making cover difficult and some agency costs unavoidable. However, the transfer of mental health services to a new provider will give a bigger pool and reduce costs - staffing cost reductions are to be discussed with any new service providers.

### **Education and Training**

The PCT will ensure that its own staff and those of its providers are appropriately regulated, agreeing an action and monitoring plan for revalidation in 2010 ready for 2011. The joint Herefordshire Partnership nurse cadet and apprenticeship schemes had its largest intake in 2009 and will be evaluated in 2010 for its effectiveness to recruitment and retention and enhancing the status of the public sector as an employer.

The Training, Leadership and Management Development plan (part of the Workforce Strategy) will be re-visited in 2010, to ensure that it fully aligns with service objectives and supports flexible working across new roles. We will be implementing the Maytas System and developing e-learning tools to facilitate workplace learning for clinical applications.

NHSH, Hereford Hospitals NHS Trust and the Local Authority are partners involved in a Public Sector Shared Services Review and a Provider Transformation Project to vertically integrate the county's provision of health and social care services. It is anticipated that these two projects will lead to a significant level of service redesign, which will in turn influence the nature and shape of the future workforce. The Transitions Board is responsible for the programme management of the vertical integration and has played a key role in the five 'pathway groups' to drive and reconfigure service delivery.

NHSH has identified an initial £100k to support the workforce development and organisational development in readiness for the transformation of services and the predicted acute to community activity shifts.

The major workforce implications resulting from the delivery of the NHSH Strategic Plan will be mainly focused in two care settings; Primary and Community and Secondary and Tertiary. The anticipated impact for each of these care settings is outlined below:

- Preparing for an integrated organisation and changes to care pathway - A proposed new vertically integrated organisation within Herefordshire delivering new care pathways and care closer to home will result in a need for a different workforce profile. Although current modelling assumes an increase in workforce it is anticipated that over time there will be a flat impact on workforce numbers. However, this may mean fewer posts differently stratified to deliver more complex care in out of hospital settings.
- Primary and Community - The proposed reduction of activity in Secondary or Tertiary care once implemented will impact it is currently estimated on an additional £1.5m of activity within current PCT provider services. This will create an anticipated incremental increase of staffing of 34 a year by 2013/14, including 2.5 medical and dental staff, 21 nursing and midwifery staff, and 5 other clinical staff and 6 other staff. This will result in a real term increase of 8.4% over the period. The expected shift will result in an increase in district nursing and outreach teams to enable people to receive services at home.
- Secondary or Tertiary care - The proposed reduction of activity within HHT for the period to 2013/14 is 25%. Taking into consideration that A&E staffing will need to remain fairly constant, it is projected that some staff will transfer from acute to primary care.

### **Workforce Planning**

In order to support delivery of the NHSH Strategic Plan, there are a number of initiatives that are being delivered to create further capacity and capability in workforce planning and development across the Herefordshire health and adult social care economy.

H-SWoG (Herefordshire Strategic Workforce Group) has been established as a sector-wide group to support workforce planning and provide an environment to discuss and consider issues that impact the economy as a whole. The terms of reference are:

- To agree and promote a vision for the Herefordshire Health and Social Care workforce. The Group's purpose will be to ensure the vision is delivered.
- To ensure sufficient capability and capacity for workforce planning across the health and social care economy.
- To create a forum to enable a collective conversation between commissioners and providers about key workforce issues and how improvements can be made.
- To consider the workforce implications from transforming services.
- To facilitate an interface between providers to enable opportunities for integrated working.
- To provide an opportunity for peer support and to share new ideas, ways of working, information and intelligence and best practice.

- To have shared responsibility for delivery of the SHA demand forecasting return.
- To provide a conduit to the Herefordshire and Worcestershire Locality Board.

The vision for the Herefordshire's health and social care workforce has been agreed as,

'A skilled and effective workforce to deliver integrated and sustainable health, care and support for the people of Herefordshire.'

- Skilled – experience, knowledge and competence
- Effective – appropriate services in the right place at the right time
- Integrated – the whole economy working together to best meet people's needs
- Sustainable – meeting local priorities now and in the future in the most affordable way.

### **Mapping, tracking and modelling**

A whole sector approach to defining, developing and transforming the workforce. Enhancing joined-up working across the whole health economy, with a view to maximising the benefits of integrated roles, rotational working and self-care. This project is providing an opportunity to map and examine the implications of the whole health and social care sector workforce to inform future workforce modelling and commissioning intentions in light of the 'care closer to home' and 'putting people first' agendas. To include all workforce groups; health and social care professionals, volunteers, carers and the burgeoning number of personal assistants.

The project will give consideration to developing workforce models that will lead to benefits of integrated posts, rotational working and self-care making best use of the skills and knowledge available. Common development and learning opportunities will also be explored to ensure consistent understanding and practice across the sector, with introduction of minimum standards where appropriate. Thus enabling staff from all agencies to raise awareness of key well-being issues and recognise the importance of sharing information effectively.

### **Workforce schedule**

We have produced a draft workforce schedule to be included within contracts to ensure that there is a consistent and common approach to planning for, developing and engaging the workforce across Herefordshire. The schedule is currently being consulted upon through H-SWoG and will be introduced during 2010. The four themes within the schedule are:

1. Providers have robust and systematic approaches to workforce planning to meet commissioned service delivery.
2. Providers have comprehensive workforce development mechanisms in place to maximise capacity and capability.
3. Providers actively engage with their employees to obtain feedback and formally respond to that feedback.
4. Providers have robust recruitment and retention practice to attract and retain a high quality, competent workforce

### **Service Assessment tool**

This is a new tool that is being developed to enable services, organisations and providers generally to identify whether they have a workforce that is fit for purpose here and now and whether they have the capability and capacity to sustain their service area in the mid and longer term.

The readiness assessment is made up of two parts:

- a) Fitness for purpose of current workforce service by service.
- b) (i) Capacity and capability within service to undertake workforce planning.  
(ii) Readiness to explore possible futures and scenario plan.

### **Self Assessment tool**

It is intended that this be used in tandem with the service–assessment, it is a simple tool to identify the skills and competences of the key staff responsible for workforce planning and development within the service area. This is based upon the Skills for Health suite of competences and should be used to identify ongoing development needs.

### **Herefordshire Workforce planning tool-kit**

The Herefordshire tool-kit is a collection of tried and tested tools, techniques and resources that are useful to workforce planners. The kit is intended to stimulate discussion about workforce planning and clearly identify and signpost options to support service planning. The final part of the kit is a checklist to ensure that services and providers have taken all necessary steps to ensure they have a workforce that can best deliver the outcomes required.

### **Workforce Planning workshop**

Development of a bespoke training programme to enable and support providers to carry out workforce planning as part of their service and business planning processes. Delivery of this one day bespoke Workforce Planning workshop to colleagues in health and social care will ensure consistency and enable integrated planning opportunities (pilot set for 13<sup>th</sup> May 2010). In addition to this we plan to roll-out an e-learning resource providing an Introduction to Workforce Planning across the health and social care sector to raise awareness and track progress.

### **Herefordshire Workforce Conference**

A Herefordshire Workforce Conference to enable people across the sector to come together in one environment to focus upon a range of current workforce issues; to find out about commissioning intentions, the redesign of services and the impact for the future health and social care workforce – set for 1<sup>st</sup> July 2010.

The PCT will continue to have a role in the locality stakeholder board ensuring that resources available for workforce development, education and training reflect commissioning priorities.

## INFORMATICS

Informatics are supporting the priorities in the following way:

<b>WOMEN AND CHILDREN</b>	
<b><u>Children and Young People</u></b>	<p>Change 4 life website for Public Health has been developed, re-using information provided by Herefordshire Council Youth Service supporting positive activities. An integrated web development team within ICT Services will support the signposting of health messages across multiple websites used by young people including the County Youth Zone</p> <p>Support for Health visitors to capture quality activity data is being arranged through the PCT's 'Mobile Devices' project. This will run during 2010/11 and will provide a mixed economy of solutions including digital pens, wireless enabled laptops and mobile phone technology for all community based health workers.</p> <p>CAMHS information systems are not currently robust and a review was undertaken in 2009/10. This has identified the need for the new provider to work with Herefordshire early in the contract to provide improved systems.</p> <p>Safeguarding. Integrated ICT service provision across health and social care is enabling structured and secure sharing of data between council and NHS teams so that we can have a complete view of vulnerable children across agencies.</p>
<b><u>Maternity and neonatal services</u></b>	<p>A review of Maternity data flows has been undertaken and data capture issues identified will be addressed in 10/11 with a move towards the development of a robust electronic data collection solution. Capital has been made available from the HHT ICT development budget to procure an appropriate system.</p> <p>A virtual tour of the maternity facilities at HHT is being developed for the Trust website.</p>
<b>MAXIMISING INDEPENDENCE</b>	
<b><u>Cancer</u></b>	<p>IT infrastructure requirements for the Radiotherapy Build in 2011 are currently being established. HHT will continue to invest resource in the Cancer Services Information system and in Q1 2010 patient self recorded experience questionnaires will be going live at the HHT MacMillan Renton Unit.</p>
<b><u>Dentistry</u></b>	<p>Recommendations from Steele Review are being reviewed and activity planned. (All computerised practices have NHS.net email accounts).</p>

<p><b>Primary Care Access</b></p>	<p>The IT Infrastructure and system requirements for the temporary GP Access centre are in place and the IT needs for the permanent GP Access centre are being considered as part of the overall project.</p> <p>Libraries &amp; Info shops now provide access to citizens to NHS Choices and Choose and Book. Staff are being taught how to help citizens use and navigate these services.</p> <p>Integration of PCT and Council websites with NHS Choices data utilised therein and possibly within the HHT website, dependant on hosting arrangements.</p> <p>The integrated PCT and Council website will support reuse of content across different community sites, increasing signposting opportunities.</p> <p>Communications departments maintaining up to date content of NHS Choices.</p>
<p><b>UNSCHEDULED CARE</b></p>	
<p><u>Stroke</u></p>	<p>Community Stroke Rehabilitation team was originally included in the Lorenzo CDC first wave shortlist but were not included in the final scope of the project. Once Podiatric Surgery has gone live this will be reviewed as clear benefits including data sharing within an integrated team were identified.</p>
	<p>The development of new models of care needs to be supported by the development of new ways to share information between the providers of clinical services within Herefordshire. During 2010/11 a feasibility study will take place to identify the local requirements and options for the deployment of a clinical portal with a view to implementing this in 2011/12.</p>
<p><b>PLANNED CARE</b></p>	
<p><b>18 Weeks</b></p>	<p>The iPM PAS systems in use in Herefordshire will continue to be used to capture 18 week data and monitor compliance.</p> <p>Within Cancer Services at HHT the Cancer Information System's pathway viewer tool is being rolled out in 2010/11 to monitor the progress within a particular pathway of each patient.</p>
<p><b>MENTAL HEALTH/ LEARNING DISABILITY</b></p>	
	<p>Mental Health Services in Herefordshire currently have to duplicate data entry into several different systems. The MH procurement project has an IT workstream which will work with the new provider to streamline the data collection required and improve data quality and completeness. It is expected that the future clinical portal will allow the continued Herefordshire view of a patient even if data is collected on a product hosted by the provider organisation.</p>
<p><b>STAYING HEALTHY AND SUPPORTING PROGRAMMES</b></p>	
<p><b>MRSA AND</b></p>	<p>The suitability of the Infection Control monitoring system interfaced to PAS for demographics and admissions,</p>

<b>Clostridium Difficile</b>	<p>discharges and transfer information and Pathology for test results which is used at HHT will be assessed for use in Community Hospitals in Q3 2010/11.</p> <p>A project is underway within HHT initially to assess whether the IT systems in use within the Trust (such as the infection control system, Lorenzo R&amp;R, Electronic Discharge Summary system and Docman) would send the Inter-organisation transfer form electronically to informing the receiving organisation of a discharged patient's infection status. The initial report will be considered by the Trust's Medical records committee in April which will inform the scope and duration of the project.</p>
<b>Drive out variation in cancer, stroke, heart disease and maternity services:</b>	<p>Use of GIS data by Public Health to support health equity audits.</p> <p>ICT Services will support the identification of Information flows and Architecture and review information systems collecting and sharing the data to support the care pathways. During 2010/11 a feasibility study will take place to identify the local requirements and options for the deployment of a clinical portal with a view to implementing this in 2011/12.</p>
<b>NHS Health Checks:</b>	<p>Predictive Risk Assessment Tool pilots being supported by ICT Services.</p>
<b>Improving levels of physical activity:</b>	<p>Change 4 life website for Public Health has been developed, re-using information provided by Herefordshire Council Youth Service supporting positive activities. An integrated web development team will support the signposting of health messages across multiple websites used by young people including the County Youth Zone</p>
<b>Diabetic Retinopathy Screening:</b>	<p>All 24 practices in Herefordshire have uploaded an original dataset of details of patients with diabetes (in 2007) to the Worcester-based DRSS (Diabetic Retinopathy Screening Service). Since then, any changes have been updated by each practice manually either by fax or email e.g. new diagnosis or registration or deaths or patient moved away.</p> <p>The plan is this will be automatically updated either by MSDi for the 3 iSOFT practices or by EMIS Web for the 21 EMIS practices. Not only will demographics be kept up-to-date but the upload will also include:</p> <ul style="list-style-type: none"> <li>• date of diagnosis</li> <li>• type of diabetes (Type 1 or Type 2)</li> <li>• latest BP</li> <li>• latest cholesterol</li> <li>• latest HbA1c</li> </ul> <p>We have installed MSDi in the 3 iSOFT practices within the last 2 weeks &amp; have run data extracts and hope to send data to Worcester as soon as data sharing agreements have been established and DRSS will then receive this. This will be done "manually" until we have access to server space at the PCT when we plan to automate the process.</p>

	We already have half of the EMIS practices using EMIS Web and are actively encouraging the others to stream to EMIS Web now. Then we aim to use EMIS Web "PCT-wide Searches and Reports" to send relevant data to DRSS directly. Again this will be "manual" until we have PCT-based access to EMIS Web which is due to occur shortly.
<b>Personalisation of care:</b>	Development of Citizen Portal & ICT support for proposed telehealthcare project.
<b>Adaptations and mitigation requirements required under the Climate Change Act:</b>	VMWare at the hospital will be completed in year, reducing power usages and therefore CO2 emissions. Moving PCT ICT server estate to VMWare environment at the Council Plough Lane Data Centre reducing power usages and therefore CO2 emissions. Pilot project to use technology to power off PCs when not in use reducing power usages and therefore CO2 emissions. Purchasing greener equipment where possible e.g. switches powering off when not in use.
<b>Review, test and update emergency and pandemic plans</b>	PCT Swine flu staff redeployment tool has been developed and is available for future table top exercises. A report was done on staff data sources with a view to create a single PCT & HC & HHT staff view to improve management of staffing Herefordshire Public Services in future emergency situations. A local Swine flu anti viral distribution tool was created before the national tool became available for use. This is now available as a back up should the national tool be unavailable

### **Digital capabilities developments, for clinical and citizens' benefit, to support improved patient experience**

Informatics plays a vital part in supporting the planning and delivery of patient care in Herefordshire. This is evidenced by the Local Health Community having invested resources in IM&T in previous years and being proactive in embracing technology. It remains a challenge, however, to implement solutions that are fit for purpose and are able to deliver tangible benefits to patients and staff, particularly in the planned period of organisational change.

Where appropriate, the informatics needed to enable or enhance delivery of key service developments can be found in the main body of the operating plan above linking informatics functionalities to the service agenda. However, other planned informatics developments are detailed in this informatics specific section.

**Increased Digital capabilities for Herefordshire include:**

Community Hospitals Wireless networks to increase access to clinical systems; Council and NHS wireless into main operational bases; a new web content management system, and the joint networking strategy for Herefordshire Public Services.

Throughout Herefordshire's operating plan, mention has been made of the proposed clinical portal. This supports the updates national strategic direction to a 'connect all' rather than a 'replace all' philosophy. Continuing to provide specialist areas of care service specific systems whilst sharing data across all providers (including Social Care) will ensure that new service specific new datasets as approved by ISB are able to be supported thereby conforming with approved national information standards. Single sign on and the ability to carry through context from system to system will support the efficiency agenda. The success of such a system to support and improve patient care relies of good quality data. Both provider organisations in Herefordshire have undertaken significant work in this area in recent years and whilst the PCT continues its Data Quality Improvement programme in 2010/11 supported by IT trainers, business analysts and project managers, HHT monitors data quality through its regular Information Steering Group and now has a PAS back office manager in post.

### **Improving Patient Experience**

PCT e-consultation tool has been rebranded to support PCT and HC, which could be used to capture patient survey responses. Joint PCT and HC content Management System being procured which allows polls and quizzes to be undertaken on PCT/ Council Website down to service level.

Patient self recorded experience questionnaires are being implemented at the HHT MacMillan Renton Unit using guest VLAN wireless access to allow patients to respond to questionnaires whilst waiting for appointments on hand held devices.

HHT are also implementing CRT viewpoint system across the Trust in outpatient and inpatient areas on kiosks and handheld devices to capture patient experience data.

Q1 2010 patient self recorded experience questionnaires will be going live at the HHT MacMillan Renton Unit.

Libraries and Info Shops now provide access to citizens to NHS Choices and Choose and Book. Staff are being taught how to help citizens use and navigate these services.

### **Sustaining Robust Information Governance**

Governance of patient data remains a focus of the Local Health Community particularly as information flows between organisations are enabled. Hereford Hospitals NHS Trust has an action plan in place to achieve level 2 performance across the IG Toolkit by March 2011. By end March 2010, HHT will be compliant with the key IG standards through achievement of Level 2. Herefordshire PCT will achieve level 2 performance across the IG Toolkit by March 2010.

At HHT, whilst not currently using online NHS IG training tool, all staff (both clinical and non clinical) receive annual face to face interactive training

Information Governance from the Caldicott guardian or their representative utilising training materials and scenario's supplied by Connecting for Health.

SIRO's are in place for both the PCT and Acute Trust who continue to report on the management of information risks in statements on internal controls and details of data loss and confidentiality breach incidents will be included in annual reports. Information Governance is in the annual work plan for HHT Internal auditors.

### **Governance of patient data for secondary uses**

HHT will complete implementation of pseudonymisation by March 2011 and staff training on this is included as part of the wider Information governance training. Changes to processes and systems are being undertaken and whilst the Trust is using the latest version of IG toolkit they are expecting more guidance in version 8.

The PCT are on track to complete implementation of pseudonymisation by March 2011. Activities include a planned upgrade to the Sigma BI tool to a version that is able to support pseudonymisation. Operational management uses anonymised data for data quality reporting and monitoring as part of the Data Quality Improvement programme.

### **Improving Clinical Safety**

Both DSCN 14/09 and DSCN 18/09 are being considered by patient safety group

### **Widespread use of NHS Number**

HHT have implemented the NHS Number project for all major systems (completed in December 2009) and ongoing have plans for remainder by Dec 10. All patient wristbands now contain the patients NHS and are printed directly from the PAS for both HHT and PCT Community Hospitals.

The PCT now use the NHS number as currency for internal communications relating to patients as the Sigma BI tool uses the NHS number as the prime identifier. Only staff with access to NHS systems are able to identify the patient.

### **Implement Electronic Prescription Service Release 2**

EPS2 planning underway to meet September 2010 target a draft Project Initiation Document has been developed and is under review and a Project Board is being set up. Engagement is planned with the SHA, LPC (Local Pharmaceutical Council and LMC (Local Medical Council) to agree this timeline. Appropriate resources both within the PCT, LMC and LPC to support a Project Board and obtain their engagement with the project is being addressed. Pre-empting the formation of this Project Board ICT Services has identified a Project Manager who is currently producing PID for Release 2.

Once the PCT Commissioners have agreed the project governance then the low usage of EPS Release 1 within the local GP Community will be addressed as part of this project. Achievement of the Foundation stage will not be granted unless there is significant use of EPS Release 1 within the community. A deployment plan/ timeline can then be determined by stakeholder sand submitted for SHA approval.

**Implement Summary Care Record**

Summary Care Record project has commenced in Herefordshire with Public Information Programme due to start in July 2010 initial uploads of data due to start in October 2010.

## **Risk-assessed plans for how and when each of the Clinical 5 will be used by all clinicians in the respective providers in each LHC**

(1) PAS –Secondary care services within the local health community use CSCA iPM PAS LE2.2 MR4 which is linked to the Patient Demographics Service (PDS) and via the Trust Integration Engine ‘Rhapsody’ is interfaced to the following systems:

- RIS Radiology
- Ascribe Pharmacy
- ICNET Infection Control
- SQL Server MPI link which in turn feeds:
  - Tomcat Cardiology
  - Endoscopy
  - Infoflex Cancer system
  - CPA
  - Electronic Discharge Summary

Further interfaces delivered in 2009/10 include:

- iLab Pathology
- Lorenzo
- Child Health
- Practice Navigator Audiology System
- Lilie Sexual Health System interface to Pathology

(2) Order Comms.

Through the GP Electronic Messaging Project, Radiology reports are sent directly to GP's.

HHT are working towards the delivery of the Lorenzo R&R deployment Unit which is due to go live in early in 2010/11

Pathology reports are sent using ‘Pathlinks’ from HHT directly to GP systems.

PACS/RIS new contract implementation allows for RISWeb usage for ordering of Radiology tests by GPs and others in LHC.

(3) Letters with coding.

Discharge summaries produced through the GP Electronic Messaging solution are sent directly to GP's. Some practice have an additional solution that automatically codes the content of the letter for the GP systems and there is a requirement for a LHC decision as to whether this is the preferred solution for all practices to be used on all clinical correspondence sent electronically by HHT. (This can also be applied to hard copy documents on scanning).

#### (4) Scheduling.

Within HHT, there are a number of applications in use for scheduling, such as iPM PAS for clinics and day case ORMIS for Theatres, and iLAB & RIS for scheduling requests and tests. Endoscopy, Tomcat cardiology and Audiology Practice Navigator systems are used for scheduling appointments and the Cancer Service use a variety of integrated systems for treatment scheduling.

Virtual purple application agreed as a project for HHT in 2010/11

#### (5) E-Prescribing

Electronic prescribing, including TTO's has been recognised as a requirement within the Local Health Community and it has been agreed to undertake a feasibility study and for a Business Case to be developed in 2010/11 for both HHT and PCT Provider Service..

The Electronic Discharge Summaries sent to GP's from HHT include a TTO summary completed by Pharmacists.

Provide complete and accurate information about local expenditure, necessary IT investments, deployment progress and benefits realised in respect of the implementation of national applications and systems.

#### **Financial details and Benefits**

Investment plans have been worked up through the planning process. Actual local expenditure to date provided to SHA through recent Local Cost Reporting Exercise. Deployment progress and benefits of national solutions available through individual project documentation currently and will be collated.

	HHT				HPCT Commissioner & Provider			
	Non Recurring Revenue Implementation costs	Recurring Staff Revenue System Admin Costs	Recurring non-staff revenue System Maint. Costs	Capital H/W & system costs	Non Recurring Revenue Implementation costs	Recurring Staff Revenue System Admin Costs	Recurring non-staff revenue System Maint. Costs	Capital H/W & system costs
<u>2010/2011</u>								
Sub Total 09/10 Projects	368,000	30,000	-	170,000	180,000	-	-	40,000
Sub Total 10/11 Projects	100,000	15,000	-	180,000	70,000	-	-	155,000
Sub Total Infrastructure Projects	-	-	-	150,000	-	-	-	225,000
<b>Grand Total</b>	<b>468,000</b>	<b>45,000</b>	-	<b>500,000</b>	<b>250,000</b>	-	-	<b>420,000</b>
<b>Revenue / Capital Totals</b>			<b>513,000</b>	<b>500,000</b>			<b>250,000</b>	<b>420,000</b>
Budget			<b>527,000</b>	<b>500,000</b>			<b>278,771</b>	<b>420,000</b>
Forecast Surplus/- Deficit			<b>14,000</b>	<b>0</b>			<b>28,771</b>	<b>0</b>

Final budgets will be confirmed and the financial plan will be refined as the prioritisation of projects linked to business planning is completed. The financial plan to support informatics may change if the requirements of the organisations change in year.

Within the Herefordshire Local Health Community there is a recognition of the need to show how investments in informatics result in real benefits for the stakeholders and that simply ensuring projects that make up the Informatics programme are delivered to budget and to time is not sufficient

as a measure of success. Project processes within the Herefordshire ICT Programme seek to demonstrate how the IT delivered has improved the service for the patients, the service (staff and management) and the taxpayer.

Benefits identification takes place both at individual project level, through the development of the Business Case and Project Initiation Document (using Prince2) and also at a Programme level where benefits may need the products of several projects to be delivered in order for the benefits to be achieved.

The management of benefits realisation within Herefordshire was strengthened during 2009/10 using the Cranfield University School of Management Benefits Management processes. To ensure that the benefits that were identified in the business case have been achieved, post implementation reviews are being put in place; ownership of benefits needs to be strengthened and benefits realisation plans are being developed to ensure that once the project has been completed the realisation of the benefits continues once the product has been passed to operational services. This is because often the business change required to achieve the benefits does not take place as soon as a product is delivered. Business Change Manager post identified In addition, there will be a Programme level benefits realisation plan which identifies all project benefits (whether planned to be delivered during or after the project go live). The plan will be monitored through the PPSO and benefits owners contacted and support offered where required to achieve the benefits.

Project closure reports were also introduced into local processes and these incorporate a summary of the lessons learnt logs which in turn will identify where anticipated benefits have not been realised and why.

## **UIM & ESR**

To deliver the Implement User Identify Manager (UIM) and Electronic Staff Record (ESR) an Interface UIM & ESR interface project is being led by HR within Herefordshire

We are committed to realising the available benefits and potential for process redesign of existing technology and systems.

Examples of this (outside of those already mentioned as direct enablers for service priorities) include:

- Choose and Book Projects at both PCT and HHT
- Possible roll out of PACS for ECG images and long term storage for Cardiac Images. Possible roll out for Podiatric Image file storage.
- Use of Map of Medicine as enabler for Transitions works being discussed.
- Lorenzo: 300 to 600 code upgrade for both PCT and HHT.  
Podiatric Surgery Assessment data captured in Lorenzo CDC will be utilised to populate clinical audit tools.  
PCT and HHT have both approved projects for the 2<sup>nd</sup> half of 2010/11 to review of Lorenzo Clinical Data Capture forms which have been developed in other Trusts for utilisation in Herefordshire. In addition there is a Diabetes Clinical Information system project underway within HHT which is currently evaluating the Lorenzo Diabetes CDC forms. Should these prove to meet the requirements that have

been identified by the service then a separate system procurement will not be needed, saving significant cost. Connecting for Health has indicated that HHT is the first Trust to try to re-use developed content in this way. In Q3 2010/11 the PCT are planning to commence rolling out the in-house developed Electronic Discharge Summary tool to PCT Provider inpatient areas.

### **Developing maturity of technical infrastructure:**

ICT Services for Herefordshire local health community continue to develop the technical infrastructure to provide a robust platform on which to deliver the informatics programme. Current plans in this area include a regular infrastructure review using the NIMM and specifically undertaking the following:

- NIMM
  - Implementing replacement Service Desk software which will be more intuitive and allow full implementation of ITIL processes, and allow end-user self service and request fulfilment
  - Asset management and Discovery tool implementation in 2010/11
  - Implementing a remote support team who will expand use of application and software deployment tools and desktop image standards
  - Aiming to attain ISO27001 for NHS Infrastructure over the next 2 years
  - Aiming to attain ISO20000 over the next 2 years
  - Plan to gain Service Desk accreditation for National Service Desk so that incident request for national applications can be logged directly with suppliers
  - Planned programme of replacement hardware
  - Complete roll out of Server Virtualisation for Hereford Hospital and Herefordshire Primary Care Trust
- Networking
  - Implementation of wireless into community locations and main NHS office locations, which includes patient and guest access
  - Work on pulling together NHS and Council infrastructure to improve resilience and connectivity to all sites programme of work over 3 year period
  - Enabling more home and flexible working – infrastructure to support increased number of users
- Software Licence Management
  - Software licence management tools are planned to be implemented throughout 2010/11

## **Using IT to positively impact transaction costs**

### **Technical Innovation delivering efficiency and productivity**

Significant ICT developments in Herefordshire are directly contributing to increase efficiency and productivity within Herefordshire's Public Services:

The ICT Infrastructure in new school buildings in Herefordshire is being implemented in a way that will enable nurse access to the PCT network when this is agreed.

GSX (direct link to GCHQ) allows Social Care to securely email to DWP and consideration is now being given to using the links for sending N3 applications increasing access to systems for front line staff.

Joint network enabling anyone from PCT to access N3 applications from any public services building in Herefordshire.

Joint networks with Herefordshire Council at locations where both NHS and Council staff work will decrease replication of network circuits and save costs

Consolidation of data centres between health and council is reducing the total costs of ownership, increasing resilience and creating a fit for purpose arrangement for Herefordshire using 2 mirrored data centres, 3 miles apart served by a private link

New service desk software will allow self service for users and allow them to submit, complete and approve requests online using electronic online workflow, as well as a portal for ICT engineers to add, receive and update support requests whilst on the move.

Establishment of a remote support team whose role will be specifically to provide IT support remotely and roll out application and system updates without the need to undertake site visits, reducing travel to sites.

Jointly negotiating procurement contracts with council as a single IT service supporting 6000 end users.

Joint working project is achieving economies of scale by utilising the highly resilient community network which is currently supported by the local authority. The community network is a highly resilient high speed private network utilising BT exchanges to route traffic without a reliance on properties. This provides a number of virtual networks which meet the criteria of ISO20001, N3 and GSx Code of Connection. The network comprises of two data centres with a 3 mile separation linked by private fibre with a resilient, diverse back haul. Within the Data centres, we have utilised virtualisation technology to provide benefits of consolidation, flexible expansion, disaster recovery and business continuity. Joint working project is also enabling secure, resilient and scalable wireless solution

Feasibility study in year of application delivery to minimise software licence costs

Looking to open source solutions wherever feasible

Having a joint Information Management Group between NHS and the local authority moving towards a more robust Information Governance framework and joint policies are considered wherever appropriate.

In addition, the following planned developments demonstrate effective use of technology impacting on reducing costs:

- HC & PCT integrated website
- Exploring opportunity of explicit HC & PCT & HHT integrated intranet site
- Interfacing systems to reduce duplication of data entry and data validation
- Integrated ICT Service
- Joint ICT Procurement to deliver savings
- Virtualisation @ HHT and Plough Lane
- Feasibility studies re Cloud Computing and Software as a Service
- Joint Networking etc
- Mobile Working
- Collaborative working tools
- Exploration of digital channels for service delivery
- Open Source software
- Search technologies

### **Reduce the costs of technology**

Currently utilising VOIP on Council Service Desk, as the NHS and Council ICT services integrate there is the potential to push out across the organisations. Looking at phone solution as part of CNU.

Current network Infrastructure has the potential to use VOIP

At HHT the current Exchange environment is due for replacement in 2011. The cost, security and functionality of a like for like replacement service will be compared with the NHSmail offering. In the future, as other locally hosted email services come up for renewal a similar exercise will be carried out.

The NHS in Herefordshire will continue to take advantage of Enterprise Wide Agreements

### **Cost effective delivery of health informatics services**

Within Herefordshire, informatics and technology services have been provided to the LHC by a single Health Informatics Service. However, the recent deep partnership between NHS Herefordshire and Herefordshire Council has resulted in many more customer/patient facing and supporting services being integrated. The Joint Management Team has been established over a year and is now functioning as a single management entity across the partnership, whilst at the same time retaining the different governance and decision making processes within the two partners.

Working in integrating teams across the partners is seen as central in delivering the vision for Hereford Public Services: “Working together to deliver efficient, excellent services and improved outcomes for the people of Herefordshire.” and pursuing the integration of ICT services between Herefordshire Council and NHS Herefordshire ICT will help to achieve that vision specifically:

- **Integrated Front-Line Services.**  
As more customer/patient services are integrated, they require ICT support to be coordinated to enable them to function.
- **Integrated Back-Office Services.**  
As more back-office support services are integrated, they require ICT support to be coordinated to enable them to work efficiently.
- **Co-location of HC/NHS staff**  
Many staff across the partnership are now co-located into single sites. Over time this is likely to increase.
- **Reduce duplication where no added value**  
Where there are duplicate functions, that have no benefit from being separate, these need to be rationalised and made more efficient.
- **Consolidate technology, reduce maintenance costs**  
Where the same infrastructure and technology can (or should) be used to support multiple clients, economies of scale can be exploited in negotiating with suppliers and rationalising technology contracts. Use the extra procurement muscle that the partnership can enable.
- **Use staff skills to better effect, providing customers with enhanced services**  
Where there are specialist skills within individuals and teams, these can be shared across all customers, giving staff additional opportunities and customers an enhanced service.
- **Standardise Processes to increase efficiency**  
Where the teams use different support processes, these can be standardised along best practice lines (e.g. ITIL, BS15000)
- **Prepare for the Shared Services Programme**  
Ensure the department is as ‘fit for purpose’ and as efficient as possible in preparation for the shared services work programme.

### **Integrated planning and performance**

#### **LHC Informatics Strategic Assessment (LISA)**

The Local Health Community has undertaken a re- assessment of its capability to deliver local health informatics programmes using the LHC Informatics Strategic Assessment (LISA) and comparing the results to last year’s assessment using the same tool.

Areas which scored red last year were subject to an improvement plan and whilst there are still some areas that require further work, this has shown overall positive movement towards green as detailed below.

#### Leadership and Change Governance

LHC Board Sponsor – no movement – hope this will change with permanent DCX in post

LHC Change Portfolio resourcing – now green due to BCM role and increased change resource on projects

#### Change and Benefits Management

Change Management now green with identification of BCM role

Experience of change delivery now green with BC lead on Lorenzo and BCM role

#### Engagement and Communication

Patient and Public engagement has moved to Green – e.g. SCR engagement, communications and stakeholder plans now consider patients, carers and the public.

#### Programme and Project Disciplines

Quality Management and Assurance – has stayed red but improved slightly as quality plans are now being documented more regularly in PIDS and Business cases. Plan to pull this together during 10/11

#### ETD

Sections that relate to ETD still red however there is a plan in 2010/11 to have discussions with the ETD lead for both PCT and HHT to include informatics in the overall ETD summary.

### **LHC Governance Arrangements**

The Herefordshire ICT Programme is managed by a full-time LHC-wide ICT Programme Manager who reports to the Strategic ICT Programme Board, chaired by the PCT Deputy Chief Executive as delegated by the PCT Chief Executive, the Senior Responsible Owner of the Programme who has overall responsibility for the Herefordshire Local Health Community Informatics programme. This is consistent with the role of the Deputy Chief Executive in the other major transformation Programme in Herefordshire, 'Herefordshire Connects'.

The county-wide Strategic ICT Programme Board was established in September 2003, following the standing down of the previous Local Implementation Strategy (LIS) Management Group and meets quarterly.

The LHC-wide group has been renamed the Strategic Group, the intention being that operational delivery is devolved to each organisation, to ensure greater ownership and accountability.

In addition the Herefordshire PCT Provider Services and Hereford Hospitals Trust, each have their own ICT Programme Groups, which meet monthly. The focus of these boards is driving strategy from an organisational perspective and operational delivery of Trust-specific perspective. The Chair of the Herefordshire PCT Provider Services ICT Group is the Managing Director. The chair of the Hereford Hospitals Trust IT Group is the Director of Finance and Information.

Each major project within the programme is run to Prince2 using Prince 2 qualified project managers. Each has its own project board, with SRO, senior user and supplier representation. The Programme and Project support office is now well established which has resulted in increased rigor in project and programme control.

The informatics elements of the Operating Plan will be delivered through the 6 Strategic Programme Boards and will be monitored through the Strategic ICT Programme Board.

## PROGRAMME ENABLERS

The following table shows the Finance, Informatics and Workforce activities that will be supporting delivery of our WCC Priorities in the 6 Programme areas in Herefordshire

### Baseline and action 2010/11 Programme 1 – WOMEN AND CHILDREN

WCC Strategic Objective	Task/ Action	Finance	Informatics	Workforce
<b>Priority 1 - Promote life-styles that underpin health and well-being</b>	Commence implementation of the Herefordshire Children's Trust Adolescent Health Strategy 2010 – 2013	Additional £200k identified for the development of access to primary care in locality settings, supporting the implementation of the adolescent health strategy.	N/A	N/A
<b>Priority 2 – Maximise mental health and well-being</b>	Complete procurement for mental health provider (incorporating CAMHS) by October 2010	N/A	CAMHS information systems are not currently robust and a review was undertaken in 2009/10. This has identified the need for the new provider to work with Herefordshire early in the contract to provide improved systems.	N/A
	Complete procurement for mental health provider (incorporating CAMHS) by October 2010.	N/A	CAMHS information systems are not currently robust and a review was undertaken in 2009/10. This has identified the need for the new provider to work with Herefordshire early in the contract to provide improved systems.	N/A
<b>Priority 5. Secure</b>	Improve existing children's	Investment in children's		

<b>good health and well-being for children and young people</b>	estates infrastructure by development of a new children's build	estates infrastructure of a further £500k revenue implication of the development of a new children's build has been earmarked for 2011/12.	N/A	N/A
	Develop robust protocols for safeguarding children	N/A	Safeguarding: Integrated ICT service provision across health and social care is enabling structured and secure sharing of data between council and NHS teams so that we can have a complete view of vulnerable children across agencies.	N/A
	Implementation of Teenage Pregnancy Prevention and Support Strategy	N/A	N/A	N/A
	Develop the right workforce to deliver national and local priorities and meet national standards	Outcome of Stage 2 plan will have to be considered by Commissioners and considered in the light of a whole systems overview and comparative services	N/A	Workforce review completed for midwifery (Stage 1), medical review on going (Stage 2) and other professionals planned in Stage 3.
	Ensure clinician time is used effectively, and pregnant women receive the appropriate care for their needs at all stages of pregnancy	Capital has been made available from the HHT ICT development budget to procure an appropriate system.	A review of Maternity data flows has been undertaken and data capture issues identified will be addressed in 10/11 with the development of a robust electronic data collection.	N/A
	Ensure all women receive early support to ensure best outcomes	N/A	N/A	N/A
	Breastfeeding provides the			

	best start for babies and helps reduce long term illness, obesity and diabetes	N/A	N/A	N/A
	Ensure women receive appropriate assessments to identify risk and support choice	N/A	N/A	Review of Radiologists numbers for Nuchal Translucency Testing
	Ensure women's choices and preferences are understood and responded to by providers and commissioners	N/A	A virtual tour of the maternity facilities at HHT is being developed for the Trust website.	N/A

## PROGRAMME ENABLERS

The following table shows the Finance, Informatics and Workforce activities that will be supporting delivery of our WCC Priorities in the 6 Programme areas in Herefordshire

### Baseline and action 2010/11

#### Programme 3 – UNSCHEDULED CARE

WCC Strategic Objective	Task/ Action	Finance	Informatics	Workforce
<b>Priority 4 – Maximise independence, especially for older people</b>	Complete and develop stroke pathway to prevent hospital admissions	Financial model based on demographic growth and disease prevalence	See action 5.	N/A
	Review GP and A&E pilot	N/A	See action 5.	N/A
	Set up Health Community Group	N/A	See action 5.	N/A
	Undertake feasibility study to identify requirements and options for the deployment of a clinical portal	March 2011	N/A	N/A
<b>National</b>	Develop a CQUIN	N/A	See action 5.	N/A

## PROGRAMME ENABLERS

The following table shows the Finance, Informatics and Workforce activities that will be supporting delivery of our WCC Priorities in the 6 Programme areas in Herefordshire

### Baseline and action 2010/11 Programme 4 – PLANNED CARE

WCC Strategic Objective	Task/ Action	Finance	Informatics	Workforce
<b>National</b>	Review project infrastructure to ensure the 18 week milestones and targets for Q2, 3 and 4 are met In line with Directive in David Florey letter.	Demographic growth and disease prevalence have been modelled in the finance templates to ensure delivery of 18 week waits.	iPM PAS systems will continue to be used to capture data and monitor compliance.  At HHT the Cancer Information Systems pathway viewer tool is being rolled out through 2010/11.	N/A
<b>National</b>	Build 18 week waiting times into provider service level agreements.	N/A	N/A	N/A

## PROGRAMME ENABLERS

The following table shows the Finance, Informatics and Workforce activities that will be supporting delivery of our WCC Priorities in the 6 Programme areas in Herefordshire

### Baseline and action 2010/11

### Programme 5 – MENTAL HEALTH AND LEARNING DISABILITY

WCC Strategic Objective	Task/ Action	Finance	Informatics	Workforce
<b>Priority 1 - Maximise mental health and well-being</b>	Mental Health Under 65 To identify a partner and manage maintenance of steady financial state whilst achieving modernisation disinvestment in adult MH	N/A	Work with the new service provider to streamline data collection, improve data quality and completeness.	N/A
<b>Priority 4 – Maximise independence, especially for older people</b>	Implement Choose and Book and waiting times targets	N/A	As 1.	N/A
	To work with provider to reduce out of county placements and ensure appropriate local provision	Additional invest £145 in2010. Specifically, £33,000, shift to community by reducing length of stay. £48,000, shift from acute by reducing length of stay. £60,000 investment in reablement nursing home care. £80,000 investment in community nursing home care and £20,000 investment in Telecare.	As 1.	N/A

## PROGRAMME ENABLERS

The following table shows the Finance, Informatics and Workforce activities that will be supporting delivery of our WCC Priorities in the 6 Programme areas in Herefordshire

### Baseline and action 2010/11

### STAYING HEALTHY AND SUPPORTING PROGRAMMES S

WCC Strategic Objective	Task/ Action	Finance	Informatics	Workforce
<b>National</b>	MRSA-Introduction of screening for emergency admissions i.e. admissions directly via GP (home) and MIU's.	An amount of £100k has been identified to support the IM&T systems in 2010/11 and a further £200k in 2011/12	A project is underway within HHT initially to assess whether the IT systems in use within the Trust (such as the infection control system, Lorenzo R&R, Electronic Discharge Summary system and Docman) would send the Inter-organisation transfer form electronically to informing the receiving organisation of a discharged patient's infection status. The initial report will be considered by the Trust's Medical records committee in April which will inform the scope and duration of the project.	Additional laboratory and staffing costs identified with increased screening.
<b>National</b>	MRSA- Improve MRSA screening compliance. This is monitored monthly by the IPC team and reported monthly alongside surveillance data	An amount of £100k has been identified to support the IM&T systems in 2010/11 and a further £200k in 2011/12	The suitability of the Infection Control monitoring system interfaced to PAS for demographics and admissions, discharges and transfer information and Pathology for test results which is used at HHT will be assessed for use in Community Hospitals in Q3 2010/11.	Staff training. This has been delivered to all relevant staff within provider Services working in Community Hospitals and Hillside. Further training is planned for Stonebow staff. This is delivered annually by the IPC Team
<b>National</b>	MRSA-Exploring the	£100k has been		Additional training will be provided if

	introduction of MRSA screening at Kington Court and Ledbury Health and Care Centre	identified to support the IM&T systems in 2010/11 and a further £200k in 2011/12	N/A	requested by individual areas or if identified through audit.
<b>National</b>	MRSA- Review and update MRSA policy to reflect changes in National and Local policies.	£100k has been identified to support the IM&T systems in 2010/11 & a further £200k in 2011/12	N/A	Additional training will be provided following any changes to national or local policy to reinforce changes and ensure appropriate implementation laboratory and staffing costs identified with increased screening.
<b>National</b>	Clostridium Difficile: Embed the CDI policy across Provider Services and share with local GP's to ensure appropriate antibiotic prescribing and management of patients diagnosed with CDI	N/A	See entry in MRSA sections above	See entry in MRSA sections above
<b>National</b>	Clostridium Difficile: further training for GP's	N/A	See entry in MRSA sections above	See entry in MRSA sections above
<b>National</b>	Clostridium Difficile: Learning from RCA's shared across the health economy on a monthly basis	N/A	See entry in MRSA sections above	See entry in MRSA sections above
<b>National</b>	Clostridium Difficile: Utilise the prescribing newsletter to share learning from RCA's with the GP's	N/A	See entry in MRSA sections above	See entry in MRSA sections above
<b>Priority 3 – Reduce health inequalities between localities and groups</b>	Production of a workforce schedule included in all contracts	To ensure workforce correlates to new pathways	N/A	April 2010

## QIPP ENABLERS

WCC Strategic Objective	Task/ Action	Rationale	Milestone	Timescale	To Deliver WCC Outcome
NATIONAL	Prescribing & Medicines Management: Quality Assurance visits- includes all providers e.g. HHT, OOH to care homes with LA contracts	To optimise the safety and use of medicines, avoiding wasted resource and deliver maximum patient benefit	N/A	Ongoing 2010/11	Reducing health inequalities
	Quality schedule: Medicines management including care homes	To optimise the safety and use of medicines, avoiding wasted resource and deliver maximum patient benefit	N/A	Ongoing 2010/11	Reducing health inequalities
	Incident report medicines management: Medicines Management Team contribute to collation, reporting, learning	To increase safety and reduce potential harm	N/A	Ongoing 2010/11	Reducing health inequalities
	Practice based prescribing support: Pharmacist Practice based prescribing support	To increase safety and reduce potential harm and increase efficiency	N/A	Ongoing 2010/11	Reducing health inequalities
	Scriptswitch: IT Practice based decision prescribing support	To increase safety and reduce potential harm and increase efficiency	N/A	Ongoing 2010/11	Reducing health inequalities
	Dispensing Services Quality Scheme DSQS: Annual audit linked to medicines safety egg incident reports , CDs,	To increase safety and reduce potential harm	N/A	Ongoing 2010/11	Reducing health inequalities
	Community pharmacy Intervention scheme,	Increase adherence and decrease	N/A	May 2010	Reducing health inequalities

	MURs: Changes to fit with local initiatives egg C Diff & antibiotics prescribing Prioritising MURs	medicines errors			
	E training for Medicines management project: Developing web based Medicines management training primarily for provider services	To decrease medicines errors	TBC	Nov 2010	Reducing health inequalities
	Pharmaceutical Advice to Care Homes Scheme: revision of this community pharmacy led scheme to include advice on specific areas of medicines – opiates, admission and discharge from hospital, drugs subject to NPSA patient safety alerts. Includes care home patients served by dispensing practices	Reduce hospital admissions, increase adherence and decrease medicines errors	TBC	TBC	Reducing health inequalities
	Care home pharmacist pilot 09/10: savings in excess of £33k for £10k spend visiting 17 care homes in Hereford city plus number of interventions reducing risk and improving safety.	Reduce hospital admissions, increase adherence and decrease medicines errors	N/A	TBC	Reducing health inequalities
	Pharmacist Medication review in care homes for Learning Disabilities:	To increase safety and reduce potential harm and increase efficiency	N/A	May 2010	Reducing health inequalities

	Project savings £8.3k from spend of approx £2k with number of points to reduce harm and improve safety highlighted.				
	Practice based prescribing support: pharmacist medicines reviews of care home patients egg 28 day prescription supplies to reduce confusion and waste	To increase safety and reduce potential harm and increase efficiency	N/A	Ongoing 2010/11	Reducing health inequalities
	Patient Safety First: Identification of high risk medication and measurement of safety indicators to drive improvement	To increase safety and reduce potential harm	N/A	Sept 2010	Reducing health inequalities
	Health Foundation: Improving patient safety – medicine systems	To increase safety and reduce potential harm and increase efficiency	N/A	TBC	Reducing health inequalities
	HHT e discharge: e discharge medicines info for GPs	Improve outcomes for patients and reduce medicines delays or errors	N/A	TBC	Reducing health inequalities

# 9. Glossary

## 9. Glossary

AHDC	Aiming High for Disabled Children
CAMHS	Child and Adult Mental Health Services
Care Pathways	A pre-determined plan of care for patients with a specific condition.
Choose and Book	An E-Booking software application which has been introduced to the National Health Service (NHS) in England. It is designed to enable patients needing an outpatient appointment to choose which hospital they are referred to by their general practitioner (GP), and to book a convenient date and time for their appointment.
Clostridium Difficile	A healthcare associated intestinal infection that mostly affects elderly patients with other underlying diseases.
Commissioning	The processes local authorities and primary care trusts (PCTs) undertake to make sure that services funded by them meet the needs of the patient.
CQUIN	Commissioning for Quality and Innovation
CRS	Colorectal Services
Green Light Mental Health Toolkit	The Green Light Mental Health Toolkit paints a picture of what good mental health support services for people with learning disabilities look like, and gives a way of assessing how well local services measure up to it
HHT	Herefordshire Hospital Trust
Herefordshire Partnership	Herefordshire Partnership (also known as the Local Strategic Partnership) was established in 2000 and comprises public, private, community and voluntary organisations committed to making a difference in the quality of life for people who live and work in the County
Herefordshire Strategic Workforce Group (H-SWoG)	A sector-wide group to support workforce planning and provide an environment to discuss and consider issues that impact the economy as a whole
ICT	Information Communication Technology
iPM PAS Systems	iSoft Patient Manager Patient Administration System
IPC Team	Infection Prevention and Control Team
JSNA	Joint Strategic Needs Assessment (JSNA) describes a process that identifies current and

	future health and wellbeing needs in light of existing services, and informs future service planning taking into account evidence of effectiveness; it identifies “the big picture” in terms of the health and wellbeing needs and inequalities of a local population. The Local Government and Public Involvement in Health Act 2007 require PCTs and local authorities to produce a Joint Strategic Needs Assessment (JSNA) of the health and wellbeing of their local community.
LES	Locally Enhanced Scheme
Local Area Agreement (LAA)	Three year agreements that set out the priorities for a local area in certain policy fields as agreed between government, local authority and other partners.
LTC Strategy	Long Term Conditions Strategy
MRSA	Bacteria that can cause infection in a range of tissues such as wounds, ulcers, abscesses or bloodstream.
NICE Guidance	The National Institute for Health and Clinical Excellence (NICE) is an independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.
PCT	Herefordshire NHS Primary Care Trust is an NHS bodies with responsibility for delivering health care services and health improvements to the local area.
PODS	Product Overview Documents (PODs) produced by KPMG.
PBC	Practice Based Commissioning engages practices and other primary care professionals in the commissioning of services.
QIPP	Quality, Innovation, Productivity and Prevention
QoF	Quality Outcomes Framework is part of the contract primary care trusts (PCTs) have with GPs. It is nationally negotiated and rewards best practice and improved quality of services.
SHA	Strategic Health Authority is the local headquarters of the NHS, responsible for ensuring that national priorities are integrated into local plans, and that primary care trusts (PCTs) are performing well.
VTE	Venous Thrombosis (VTE) is a lower body condition in which a blood clot forms in a vein.
World Class Commissioning (WCC)	World class commissioning will deliver a more strategic and long-term approach to commissioning services, with a clear focus on delivering improved health outcomes. There are four key elements to the programme; a vision for world class commissioning, a set of world class commissioning competencies, an assurance system and a support and development framework