

WEST GLOUCESTERSHIRE PRIMARY CARE TRUST

2005/06 BUSINESS PLAN : APRIL TO END OCTOBER 2005

SECTION 2 – STANDARDS FOR BETTER HEALTH

CORE STANDARDS FOR EACH OBJECTIVE (S4BH reference)	National target or performance management standard	Key milestones	Likelihood of achieving 1 = low, 5 = high	Current position at quarterly update	Lead Director and responsible committee/external assessment process
1. SAFETY					
C1. (a) Identify and learn from patient safety incidents	<p>Serious incident review process in place internally, including SUI reporting to the SHA.</p> <p>Regular reports from Datix incident recording system presented to Board sub-committee.</p>	<p>Establish PCT incident reporting systems.</p> <p>Integrated Governance Committee to oversee root/cause analysis of incidents and action taken.</p> <p>Training for staff in incident/near miss identification and reporting.</p> <p>Improvements in practice.</p>	4	<p>Datix training arranged for new staff and as refresher for nov.2005</p> <p>New personnel in Performance Directorate to oversee incident and risk management.</p> <p>First Integrated Governance Committee held on 22nd September 2005.</p>	AF IGCommittee NHSLA RIDDOR NPSA
C1. (b) Ensure patient safety notices/alerts acted on	A defined cascade/ dissemination system is in place from MDAs etc.	Establish cascade mechanisms.	5	Cascade system in place.	AF IGCommittee DoH NPSA
C2. Protect children by following child protection guidelines	Defined processes for identifying, reporting and taking action on child protection issues in accordance with the Children Act and the outcomes of the Victoria	Working effectively with partners and communities to protect and support children.	4	PCT lead GP for child protection resigned – advert out to find replacement.	JM ACPC

WEST GLOUCESTERSHIRE PRIMARY CARE TRUST

2005/06 BUSINESS PLAN : APRIL TO END OCTOBER 2005

SECTION 2 – STANDARDS FOR BETTER HEALTH

CORE STANDARDS FOR EACH OBJECTIVE (S4BH reference)	National target or performance management standard	Key milestones	Likelihood of achieving 1 = low, 5 = high	Current position at quarterly update	Lead Director and responsible committee/external assessment process
	Climbie report.			Concern identified over gap in school age child protection arrangements – school nursing engaged in discussions to resolve.	
C3. Following NICE interventional procedures guidance	Best practice and professional guidance on implementation of NICE guidance/procedures.	Effective county arrangements for new NICE procedures and intentions.	3	County system in operaton. INNf appeals mechanism.	JF GHNHSFT SLA County INNf Panels
C4. (a) Healthcare organisations keep patients, staff and visitors safe by having system to ensure that the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standard of hygiene and cleanliness, achieving year on year reductions on Methicillin-Resistant Staphylococcus Aureus (MRSA)	MRSA 20% reduction year on year.	MRSA reductions year on year	3	Measured on behalf of the county. 2004/05 figures not an improvement over 2003/04.	JM CICC HPA NPSA SHA
	Clean patient care environments.	PEAT assessments in Jan – March 2006	5	2005 assessments completed	JF PEAT PPI Forum

WEST GLOUCESTERSHIRE PRIMARY CARE TRUST

2005/06 BUSINESS PLAN : APRIL TO END OCTOBER 2005

SECTION 2 – STANDARDS FOR BETTER HEALTH

CORE STANDARDS FOR EACH OBJECTIVE (S4BH reference)	National target or performance management standard	Key milestones	Likelihood of achieving 1 = low, 5 = high	Current position at quarterly update	Lead Director and responsible committee/external assessment process
C 4. (b) and (c) Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all risks associated with the acquisition and use of medical devices are minimised and by having systems to ensure that all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed.	Minimising risks of acquisition and use of medical devices including decontamination processes. Regular audits of high risk areas e.g. surgical theatres.	Compliance with Decontamination regulations by March 2007. Local audit undertaken of areas of potential non compliance.	3 4	Insufficient assurance in draft declaration for Annual Health Check.	JM CICC NHS Estates Medical Engineering
C4. (d) Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely.	Medicines handled safely and securely.	PCT Medicines Management team oversee Patient/medicine controls in PCT provider services. Incidents are reviewed.	4	Regular meetings with GHNHSFT Medicines Management Team and community hospital teams	JF PCT Medicines Management Committee GMMC Clinical Governance Community Hospital groups
C4. (e) Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the prevention, segregation, handling, transport and	Disposal of waste managed to minimize risks to patients, staff and the public.	Understanding of new environmental waste regulations. Agreement of county-wide protocols for	3	Insufficient assurance is draft declaration for Annual Health Check.	AM Health and Safety Committee

WEST GLOUCESTERSHIRE PRIMARY CARE TRUST

2005/06 BUSINESS PLAN : APRIL TO END OCTOBER 2005

SECTION 2 – STANDARDS FOR BETTER HEALTH

CORE STANDARDS FOR EACH OBJECTIVE (S4BH reference)	National target or performance management standard	Key milestones	Likelihood of achieving 1 = low, 5 = high	Current position at quarterly update	Lead Director and responsible committee/external assessment process
disposal of waste is properly managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment.		management of waste.		County-wide discussions underway. Isolated incidents where patient or staff safety is compromised are followed up. Policies and procedures being developed following changes in legislation. (DoH consultative document distributed 01/11/05)	
2. CLINICAL AND COST EFFECTIVENESS					
C5. a) Patients achieve healthcare benefits that meet their needs. PCT conforms to procedures for adoption of NICE technology appraisals in accordance with Implementation of NICE	Review of NICE technology appraisals to ensure taken into account when planning and delivering treatment and care	Effective county arrangements to agree implementation arrangements and monitor patient and financial outcomes.	5	County arrangements in place. INNf appeals process for patients.	JF GHNHSFT Contract Board INNf Panels

WEST GLOUCESTERSHIRE PRIMARY CARE TRUST

2005/06 BUSINESS PLAN : APRIL TO END OCTOBER 2005

SECTION 2 – STANDARDS FOR BETTER HEALTH

CORE STANDARDS FOR EACH OBJECTIVE (S4BH reference)	National target or performance management standard	Key milestones	Likelihood of achieving 1 = low, 5 = high	Current position at quarterly update	Lead Director and responsible committee/external assessment process
guidance		LDP responds to NICE work programme.			
C5 b) Clinical care provided under supervision and leadership	Effective professional supervision and leadership arrangements in place.	Annual appraisals of all GPs and employed clinical staff.	4	Annual appraisal process in place.	JM/JF PEC PCCAG LMC
C5 c) Clinicians continuously update skills and techniques	Continuous professional development in place for all practicing clinicians.	CPD plan in place for all practising clinicians	4	Annual CPD process in place.	JM PEC PLT
C5 d) Regular clinical audit participation by clinicians	Evidence of engagement in clinical audit and learning from outcomes	PCT employed clinicians undertake regular clinical audit	4	PCT employed clinicians engage in PCCAG audits	JM PCCAG Clinical Governance Steering Group
C6. Co-operation between health and social care organizations to meet patients' individual needs	Integrated health and social care	Patients receiving effective treatment and care, needs and preferences taken into account, with seamless co-ordination.	3	Occupational Therapy Service Still some work to do across secondary to primary care interface – discharge communication project one step	HA/ JF Joint Supervision with Social Services

WEST GLOUCESTERSHIRE PRIMARY CARE TRUST

2005/06 BUSINESS PLAN : APRIL TO END OCTOBER 2005

SECTION 2 – STANDARDS FOR BETTER HEALTH

CORE STANDARDS FOR EACH OBJECTIVE (S4BH reference)	National target or performance management standard	Key milestones	Likelihood of achieving 1 = low, 5 = high	Current position at quarterly update	Lead Director and responsible committee/external assessment process
				forward	
3. GOVERNANCE					
<p>C7. Arrangements in place for effective clinical and corporate governance in accord with statutory legislation and guidance</p> <p>a) Apply principles of sound clinical and corporate governance.</p>	All statutory requirements for monitoring clinical and corporate governance are met.	<p>Integrated Governance Committee established.</p> <p>Statement on Internal Control approved by Auditors.</p>	4	Integrated Governance Committee started 22 nd Sept 2005.	AF Integrated Governance NHSLA Healthcare Commission
C 7 b) Support all employees in openness, probity, accountability and economic and effective use of resources.	Employees abiding by NHS Code of Conduct and SOs/SFIs Whistle Blowing Policy County Fraud Dept.	<p>Code of Conduct distributed to all employees.</p> <p>SOs/SFIs updated and distributed.</p>	4	<p>Code of Conduct sent out in new employee packs.</p> <p>SOs/SFIs distributed and available.</p>	AF IG Committee Audit Committee
C7 c) Undertake systematic risk assessment and risk management.	Board sub committee level of assurance on adequate risk management.	<p>Incident reporting procedure and system in operation.</p> <p>Risk register</p>	4	<p>Risk Strategy in place.</p> <p>Incident reporting mechanism in place.</p> <p>Integrated Governance Committee.</p>	AF IG Committee Audit Committee

WEST GLOUCESTERSHIRE PRIMARY CARE TRUST

2005/06 BUSINESS PLAN : APRIL TO END OCTOBER 2005

SECTION 2 – STANDARDS FOR BETTER HEALTH

CORE STANDARDS FOR EACH OBJECTIVE (S4BH reference)	National target or performance management standard	Key milestones	Likelihood of achieving 1 = low, 5 = high	Current position at quarterly update	Lead Director and responsible committee/external assessment process
C7 d) Ensure financial management achieves accountability, economy and effectiveness.		Budget monitoring in place. Audit Committee work programme. FRP agreed to achieve financial balance. FRP reporting in place and signed off by SHA Board. Practice Based Commissioning framework in place. Business Continuity arrangements in place for transition to new PCT. Improved Final accounts process.	4	Audit Committee meetings. Regular reports to Board and PEC.	MT Audit Committee PCT Board
C7 e) Challenge discrimination, promote equality and respect human rights.	Equal opportunities provided in recruitment and HR processes. Promotion of equity,	Board to review Race Equality Scheme before June 2005. Appointment of Equality	4	Equality and Diversity – AM Revised Race Equality Scheme adopted by Board	AM HR HA Race Equality

WEST GLOUCESTERSHIRE PRIMARY CARE TRUST

2005/06 BUSINESS PLAN : APRIL TO END OCTOBER 2005

SECTION 2 – STANDARDS FOR BETTER HEALTH

CORE STANDARDS FOR EACH OBJECTIVE (S4BH reference)	National target or performance management standard	Key milestones	Likelihood of achieving 1 = low, 5 = high	Current position at quarterly update	Lead Director and responsible committee/external assessment process
	dignity and race equality. Whistle Blowing Policy.	& Diversity Project Manager.		in May 2005.	
C7 f) Meet existing performance requirements.	21 existing PCT targets	Access targets Cancer targets A&E waits Choice Mental Health targets Reduce DToCs	4	Reported to PEC and Board and reviewed by AGW at monthly meetings.	AF Performance Management JF Delivery
C8. a) Support staff to raise concerns about service delivery/impact on patient care	Whistle blowing policy in place. Staff survey undertaken annually. Use of assessments review e.g. QOF. Confidential employee helpline.	Over 60% response on Staff Survey. IWL Team Links put in place.	4	Staff Survey out with teams. QOF 2005/06 preparations underway.	All Directors Staff Survey Whistle blowing policy GP QOF data
C8 b) Personal development programmes which value staff and address under representation of minority groups	Annual PDP process for staff Mandatory Training including Diversity Awareness	Implementation of KSF job profiles and training programme	4	KSF roll out planned and implementation arrangements in place	AM IWL A4C KSF
C9. Management of healthcare records from creation to disposal and abiding by data protection requirements	Management within information governance arrangements	Information Governance Toolkit updated. Progress to be	3	Insufficient assurance in draft declaration for Annual Health Check.	AF IG Steering Group

WEST GLOUCESTERSHIRE PRIMARY CARE TRUST

2005/06 BUSINESS PLAN : APRIL TO END OCTOBER 2005

SECTION 2 – STANDARDS FOR BETTER HEALTH

CORE STANDARDS FOR EACH OBJECTIVE (S4BH reference)	National target or performance management standard	Key milestones	Likelihood of achieving 1 = low, 5 = high	Current position at quarterly update	Lead Director and responsible committee/external assessment process
		monitored by Integrated Governance Committee.		Information Governance Steering Group established.	
C10. Undertake employment checks	Qualified staff registered with appropriate bodies. Professionals abide by published codes of practice. Professional Registrations Policy	Pre-employment checks. Three Yearly CRB Checks Monthly professional registration checks	5		AM CRB data Professional Register
C11. Staff are recruited trained and qualified for roles including mandatory training and professional development	Staff are trained and qualified for roles undertaken with regular reviews. Regular mandatory training	Obtain data or competency levels and training needs. Continued professional development for clinical staff KSF/appraisal reviews	4	Ongoing	All Directors
C12. Only participate in research governance using a framework	Use nationally accredited research governance frameworks	Ensure all research abides by County Governance Framework	5	Agreement of operation of framework through RDSU SLA	HA RDSU Ethics Committee
4. PATIENT FOCUS					
C13. Systems in place to:	a) Treat Patients with	Underpinning all PCT	4	In SLAs with	JF PPI Forum

WEST GLOUCESTERSHIRE PRIMARY CARE TRUST

2005/06 BUSINESS PLAN : APRIL TO END OCTOBER 2005

SECTION 2 – STANDARDS FOR BETTER HEALTH

CORE STANDARDS FOR EACH OBJECTIVE (S4BH reference)	National target or performance management standard	Key milestones	Likelihood of achieving 1 = low, 5 = high	Current position at quarterly update	Lead Director and responsible committee/external assessment process
	dignity and respect.	business		other providers inspected by PEAT team and PPI Forum	PEAT
	b) Obtain appropriate consent for contact with patients' use of information.	PCT policy in place.	5	Need to monitor use of policy.	JF
	c) Confidential use of patient information by staff.	Abide by Data Protection Act and Caldicott principles.	5	Procedures in place to ensure confidentiality and obtain consent to share.	JF Caldicott Guardian Information Governance Steering Group Induction
C14. Systems in place to:	a) Provide accessible information and procedures to register complaints and feedback on quality of services.	Widely available leaflets and information and in different languages.	5	Complaints Management Group oversee.Action plan system used.	JM
	b) Ensure non-discriminatory complaints management.	All people offered equal access and rights.	5	Complaints Management Group oversee.Action plan system used.	JM
	c) Act on any concerns and make improvements	Feedback concerns raised through	4	Complaints Management	JF

WEST GLOUCESTERSHIRE PRIMARY CARE TRUST

2005/06 BUSINESS PLAN : APRIL TO END OCTOBER 2005

SECTION 2 – STANDARDS FOR BETTER HEALTH

CORE STANDARDS FOR EACH OBJECTIVE (S4BH reference)	National target or performance management standard	Key milestones	Likelihood of achieving 1 = low, 5 = high	Current position at quarterly update	Lead Director and responsible committee/external assessment process
	in services.	complaints or PPI members to key PCT forums which can action change.		Group with NED representative. Action plans produced for all complaints. Use Integrated Governance Committee to make links to identified service improvement needs	
C15. Where food is provided:	Patients are offered choice, it is prepared safely, provides a balanced diet and personal dietary needs are met.	Feedback from patients sought through complaints, PPI Forum, PEAT visits	5	Regular meetings of food and service providers with PCT staff receiving feedback.	JF
C16. Accessible information is made available on services, treatment and care including what to expect during treatment.	Patients expressing preferences and making choices about care. Patients with long term conditions are encouraged to develop	Patients are supported in being offered explanations and choice about care options, including self managing their care.	4	Roll out of Expert Patient Programme PCT Case Management programme.	JF

WEST GLOUCESTERSHIRE PRIMARY CARE TRUST

2005/06 BUSINESS PLAN : APRIL TO END OCTOBER 2005

SECTION 2 – STANDARDS FOR BETTER HEALTH

CORE STANDARDS FOR EACH OBJECTIVE (S4BH reference)	National target or performance management standard	Key milestones	Likelihood of achieving 1 = low, 5 = high	Current position at quarterly update	Lead Director and responsible committee/external assessment process
	self care				
5. ACCESSIBLE AND RESPONSIVE CARE					
C17. User and carers views are sought when planning and improving health services	Effective involvement of users and carers in planning service improvement and change.	Involvement of users and carers in the PCT key planning groups.	4	PPI Forum chair attends PCT Board meetings Stakeholder engagement in Community Hospitals development. Public representatives part of Patch management arrangements. Recommend that ALL PEC and Board papers have mandatory section for PPI and Race Equality.	All Directors. PPI Forum OSC
C18. All members of the population to be offered equal access and choice in access to services and treatment.	<u>Existing targets for PCTs</u> Waiting times: <ul style="list-style-type: none"> ▪ Max. 6 month wait for all inpatients by Dec. 2005 	Achievement of weekly/monthly activity and waiting list profiles.	4	On target but remains high risk.	AF (Performance Management) JF (Delivery)

WEST GLOUCESTERSHIRE PRIMARY CARE TRUST

2005/06 BUSINESS PLAN : APRIL TO END OCTOBER 2005

SECTION 2 – STANDARDS FOR BETTER HEALTH

CORE STANDARDS FOR EACH OBJECTIVE (S4BH reference)	National target or performance management standard	Key milestones	Likelihood of achieving 1 = low, 5 = high	Current position at quarterly update	Lead Director and responsible committee/external assessment process
	<ul style="list-style-type: none"> ▪ Max 13 week wait for all outpatients by Dec. 2005. 	Achievement of weekly/monthly activity and waiting list profiles.	4	On target but remains high risk	AF (Performance Management) JF (Delivery)
	<ul style="list-style-type: none"> ▪ 2 week max. wait for urgent GP suspected cancer referrals. 	Achievement of weekly/monthly activity and waiting list profiles.	5	Continues at 100% achieved	AF (Performance Management) JF (Delivery)
	<ul style="list-style-type: none"> ▪ 31 day max. cancer diagnosis to treatment by Dec. 2005 	Achievement of weekly/monthly activity and waiting list profiles.	3	Not yet on target and remains high risk	AF (Performance Management) JF (Delivery)
	<ul style="list-style-type: none"> ▪ 62 day max. cancer urgent referral to treatment by Dec. 2005 	Achievement of weekly/monthly activity and waiting list profiles.	3	Not yet on target and remains high risk	AF (Performance Management) JF (Delivery)
	<ul style="list-style-type: none"> ▪ 3 month max. wait for revascularisation by March 2005. 	Achieved	5	Achieved	AF (Performance Management) JF (Delivery)

WEST GLOUCESTERSHIRE PRIMARY CARE TRUST

2005/06 BUSINESS PLAN : APRIL TO END OCTOBER 2005

SECTION 2 – STANDARDS FOR BETTER HEALTH

CORE STANDARDS FOR EACH OBJECTIVE (S4BH reference)	National target or performance management standard	Key milestones	Likelihood of achieving 1 = low, 5 = high	Current position at quarterly update	Lead Director and responsible committee/external assessment process
	<ul style="list-style-type: none"> ▪ Deliver a 10% increase per year in the proportion of people receiving thrombolysis within 60 mins of a call for services. <p>CAMHS:</p> <ul style="list-style-type: none"> ▪ All patients to have access to a comprehensive CAMHS service by 2006. <p>Mental Health (adults):</p> <ul style="list-style-type: none"> ▪ Access to crisis services by 2005. <p>NHS choice of access - Choose and Book targets:</p>	<p>Fully trained paramedic and technician workforce to facilitate delivery.</p> <p>To be measured in quarter 4.</p> <p>Access for percentage of population.</p> <p>Measures across the year and by monthly milestones.</p>	<p>3</p> <p>3</p> <p>4</p> <p>5</p>	<p>Trained crews now in place. Some issues around integrity of data reporting. Remains med-high risk.</p> <p>To be measured in quarter 4.</p> <p>PCT on target.</p> <p>Risk is ability to recruit staff. Recurring funding for team to be secured.</p>	<p>AF (Performance Management) JF (Delivery)</p> <p>AF (Performance Management) JF (Delivery)</p> <p>AF (Performance Management) JF (Delivery)</p> <p>AF (Performance Management) JF (Delivery)</p>

WEST GLOUCESTERSHIRE PRIMARY CARE TRUST

2005/06 BUSINESS PLAN : APRIL TO END OCTOBER 2005

SECTION 2 – STANDARDS FOR BETTER HEALTH

CORE STANDARDS FOR EACH OBJECTIVE (S4BH reference)	National target or performance management standard	Key milestones	Likelihood of achieving 1 = low, 5 = high	Current position at quarterly update	Lead Director and responsible committee/external assessment process
	<ul style="list-style-type: none"> ▪ By the end of 2005, every hospital appointment to be booked for the convenience of the patient. ▪ By end of 2005, patients to be able to choose from 4 to 5 health care providers. 	<p>Hospital booking staff trained and technically able to accept bookings through Choose & Book.</p> <p>Support available for patients who need assistance when booking.</p> <p>GP practices trained and technically able to offer choice using Choose and Book.</p>	5	<p>Community hospital booking staff trained. Working towards full technical readiness. Support arrangements with voluntary organisations established. Countywide helpline in place for patients not referred through Choose and Book.</p> <p>Two practices currently live and using Choose & Book. All practices have dates arranged for system upgrades and around half have arrangements for training.</p>	<p>AF (Performance Management) JF (Delivery)</p>

WEST GLOUCESTERSHIRE PRIMARY CARE TRUST

2005/06 BUSINESS PLAN : APRIL TO END OCTOBER 2005

SECTION 2 – STANDARDS FOR BETTER HEALTH

CORE STANDARDS FOR EACH OBJECTIVE (S4BH reference)	National target or performance management standard	Key milestones	Likelihood of achieving 1 = low, 5 = high	Current position at quarterly update	Lead Director and responsible committee/external assessment process
	<p>Diabetic retinopathy screening:</p> <ul style="list-style-type: none"> ▪ 80% diabetics to be offered screening and treatment by March 2006. <p>4 week smoking quitters:</p>	<p>Minimum of 4 providers commissioned by PCT for each speciality, and published on Choose & Book as available choices.</p> <p>Thos practices not technically ready to be trained to use manual choice solution as interim measure.</p> <p>Members of team have been recruited. Aim is to have full team in place by Jan 06.</p> <p>Quarterly reports of</p>	<p>4</p> <p>4</p>	<p>Commissioning almost complete; most providers published. Those not currently available through Choose & Book are expected to be ready before the end of 2005.</p> <p>Plans are in place for roll-out of manual solution in practices who are unable to secure training or experience on-going technical problems.</p> <p>Measured across the whole year.</p> <p>On target but</p>	<p>AF (Performance Management) JF (Delivery)</p> <p>HA CHD group</p>

WEST GLOUCESTERSHIRE PRIMARY CARE TRUST

2005/06 BUSINESS PLAN : APRIL TO END OCTOBER 2005

SECTION 2 – STANDARDS FOR BETTER HEALTH

CORE STANDARDS FOR EACH OBJECTIVE (S4BH reference)	National target or performance management standard	Key milestones	Likelihood of achieving 1 = low, 5 = high	Current position at quarterly update	Lead Director and responsible committee/external assessment process
	<ul style="list-style-type: none"> ▪ Achieve target number of successful quitters at 4 week stage by 2006. <p>Delayed Transfers of Care:</p> <ul style="list-style-type: none"> ▪ Reduce to a minimal level by 2006 	<p>progress to targets.</p> <p>Monthly milestones</p>	3	<p>increasing challenge/poor quit rates in areas of deprivation therefore medium risk</p> <p>Numbers above plan.</p>	<p>JF DToC Group</p>
PEC Clinical Strategy	<p>3 key areas:</p> <ul style="list-style-type: none"> • Unscheduled care • Long Term Conditions • Diagnostics/ outpatients 	Specific objectives set out in each part of the strategy.	4	Board/PEC development session presentation in October 2005.	<p>JM (Overview – PEC link)</p> <p>JF (Delivery)</p>
C19. Patient needs and access standards met for emergency services	<p><u>Existing targets for PCTs</u></p> <p>Ambulance Trust targets-</p> <ul style="list-style-type: none"> ▪ Category A calls meeting 8 minute target (75%). ▪ Category A calls meeting 14/19 minute target (95%). 	<p>75%</p> <p>95%</p>	<p>4</p> <p>5</p>	<p>71.05% achieved</p> <p>94.62% achieved</p>	<p>AF (Performance Management)</p> <p>JF (Delivery)</p> <p>AF (Performance Management)</p> <p>JF (Delivery)</p>

WEST GLOUCESTERSHIRE PRIMARY CARE TRUST

2005/06 BUSINESS PLAN : APRIL TO END OCTOBER 2005

SECTION 2 – STANDARDS FOR BETTER HEALTH

CORE STANDARDS FOR EACH OBJECTIVE (S4BH reference)	National target or performance management standard	Key milestones	Likelihood of achieving 1 = low, 5 = high	Current position at quarterly update	Lead Director and responsible committee/external assessment process
	<ul style="list-style-type: none"> ▪ Category B calls meeting 14/19 minute target (95%). ▪ 98% patients waiting a max. of 4 hours in A & E. ▪ Access to a GP within 48 hours. ▪ Access to a primary care professional within 24 hours 	<p>95%</p> <p>98%</p> <p>100%</p> <p>100%</p>	<p>5</p> <p>4</p> <p>5</p> <p>5</p>	<p>91.35% achieved</p> <p>97.5% achieved across 4 week average in October.</p> <p>100% achievement.</p> <p>100% achievement</p>	<p>AF (Performance Management) JF (Delivery)</p> <p>AF (Performance Management) JF (Delivery)</p> <p>AF (Performance Management) JF (Delivery)</p> <p>AF (Performance Management) JF (Delivery)</p>
Deliver PCT capital and estates programme		<p>SSDP update and Capital Programme agreed by Board</p> <p>Community Hospitals project underway.</p>	<p>4</p> <p>4</p>	<p>Agreed at September Board</p> <p>Re-launched project brief.</p>	<p>JF (Delivery) MT (Capital/ Estates)</p> <p>JF</p>
Deliver PCT's implementation of Connecting for Health	National IM&T programme	<p>Schemes delivered to timetable</p> <p>Choose & Book project</p>	<p>3</p> <p>4</p>	<p>Business Cases underway</p> <p>First stage delivered</p>	<p>MT</p>

WEST GLOUCESTERSHIRE PRIMARY CARE TRUST

2005/06 BUSINESS PLAN : APRIL TO END OCTOBER 2005

SECTION 2 – STANDARDS FOR BETTER HEALTH

CORE STANDARDS FOR EACH OBJECTIVE (S4BH reference)	National target or performance management standard	Key milestones	Likelihood of achieving 1 = low, 5 = high	Current position at quarterly update	Lead Director and responsible committee/external assessment process
		PACs project	4	Business case agreed	
		ESR project	4		
		eSAP project	4	First stage delivered	
		NCRS project plan	4	Business case agreed in draft	
6. CARE ENVIRONMENT AND AMENITIES					
C20. Environments supportive of effective care and optimising health outcomes	(a) Safe and secure environment for patients and staff.	New Counter Fraud Security Management initiative	5	Active involvement of local security management specialist privacy/confidentiality in accordance with patients wishes and national policy.	AM (Security) JF (Environment)
	(b) Privacy and confidentiality		5		MT Estates
C21. Environments promoting patient and staff well being and	Comfortable, clean and secure environments.	Staff and patient feedback encouraged.	5	High scores in latest PEAT	JF PPI Forum PEAT

WEST GLOUCESTERSHIRE PRIMARY CARE TRUST

2005/06 BUSINESS PLAN : APRIL TO END OCTOBER 2005

SECTION 2 – STANDARDS FOR BETTER HEALTH

CORE STANDARDS FOR EACH OBJECTIVE (S4BH reference)	National target or performance management standard	Key milestones	Likelihood of achieving 1 = low, 5 = high	Current position at quarterly update	Lead Director and responsible committee/external assessment process
meeting the specification for clean NHS premises.	Meeting external inspection assessments. Subject of infection control requirements.	PPI Forum feedback. Reports from Infection control Team.		assessment	
7.PUBLIC HEALTH					
C22. Promoting health demonstrating improved health of the community and narrowing health inequalities by:	(a) Co-operating with local authorities and other organisations. (b) DPH Annual Report informing policies and practice. (c) Making an effective contribution to local partnerships including local strategic partnerships and crime and disorder reduction partnerships.	LSPs in place and functioning. DPH Annual Report used for planning purposes. Milestones.	4 4-5 4-5	Achieved but H&S Care in City to be developed (Starts Dec 2005) Annual Audit Partnership self assessments. Some completed. Comm. Counts evaluation in progress – 2007.	HA LSP CDRP Sure Start Comm Counts HA HA
C23. Systematic and managed disease prevention and health promotion programmes which meet national service framework and national plan	NSF specific targets GSAS Weight Mgt Physical Activity Drugs & Alcohol	4 week quitter/early reports. HP Annual Report.	4	All on target.	HA

WEST GLOUCESTERSHIRE PRIMARY CARE TRUST

2005/06 BUSINESS PLAN : APRIL TO END OCTOBER 2005

SECTION 2 – STANDARDS FOR BETTER HEALTH

CORE STANDARDS FOR EACH OBJECTIVE (S4BH reference)	National target or performance management standard	Key milestones	Likelihood of achieving 1 = low, 5 = high	Current position at quarterly update	Lead Director and responsible committee/external assessment process
targets.	Sexual Health	DPH Annual Report.			
C24. Protect the public with a response to incidents and emergency situations affecting normal provision of services.	Major incident plan Business Continuity Plan	PCT Emergency Planning Group work programme Preparing for Exercise Glevum in November 2005. Pandemic Flu preparations	4	County planning for Major Incidents and Pandemic Flu. PCT Planning for major incident response and pandemic flu	AF PCT Emergency Planning Group Pandemic Flu Plan

Strategic objectives 1 to 7 are the core standards which form the 7 domains of Standards for Better Health

WEST GLOUCESTERSHIRE PRIMARY CARE TRUST

2005/06 BUSINESS PLAN : APRIL TO END OCTOBER 2005

SECTION 2 – STANDARDS FOR BETTER HEALTH

GLOSSARY

A&4C	Agenda for Change
ACPC	Area Child Protection Committee
AGW	Avon, Gloucestershire & Wiltshire
CAMHS	Child and Adolescent Mental Health Services
CHD	Coronary Heart Disease
CICC	Community Infection Control Committee
CPD	County Professional Development
CRB	Criminal Records Bureau
DoH	Department of Health
DToCs	Delayed Transfers of Care
eSAP	(electronic) Single Assessment Process
ESR	Electronic Staff Record
FOI	Freedom of Information
FRP	Financial Recovery Plan
GHNHSFT	Gloucestershire Hospitals NHS Foundation Trust
GMMC	Gloucestershire Medicines Management Committee
GSAS	Gloucestershire Smoking Advice Service
HPA	Health Protection Agency
HSE	Health and Safety Executive
IG Committee	Integrated Governance Committee
IG Steering Group	Information Governance Steering Group
IM&T	Information, Management and Technology
INNF	Interventions Not Normally Funded
IWL	Improving Working Lives
KSF	Knowledge & Skills Framework
LDRP	Crime and Disorder Reduction Partnership
LMC	Local Medical Committee
LSP	Local Strategic Plan

WEST GLOUCESTERSHIRE PRIMARY CARE TRUST

2005/06 BUSINESS PLAN : APRIL TO END OCTOBER 2005

SECTION 2 – STANDARDS FOR BETTER HEALTH

MDA	Medical Devises Alert
NCRS	National Care Records Service
NED	Non-Executive Director
NHSLA	NHS Litigation Authority
NICE	National Institute for Clinical Excellence
NPSA	National Patient Safety Agency
NSF	National Service Framework
OSC	Overview and Scrutiny Committee
PACS	Picture Archiving and Communication System
PALs	Patients Advice and Liaison Service
PCCAG	Primary and Community Clinical Audit Group
PDP	Personal Development Plan
PEAT	Patient Environment Action Team
PEC	Professional Executive Committee
PGDs	Patient Group Directives
PLT	Protected Learning Time
PPI	Patient and Pubic Involvement
QOF	Quality and Outcomes Framework
RDSU	Research and Development Support Unit
RIDDOR	Reporting for Injuries, Diseases and Dangerous Occurrences Regulations 1995
SFIs	Standing Financial Instructions
SHA	Strategic Health Authority
SLA	Service Level Agreement
SOs	Standing Orders
SSDP	Strategic Service Development Plan
SUI	Serious Untoward Incident