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	Project Objective - Tells us what the project is going to deliver.	Project Goal - sets the measures that will inform us that the project objective have been delivered	Project Initiative - Social Marketing/ Screening/ Pathway/ Internal process	Project Milestones - sets expected milestones for delivery of the project goal.	Project Metrics - expected measured improvements	Contribution to PCT 4 strategic aims	PCT Top 10 Health outcomes	Our vision, our future workstreams.	World class commissioning contribution.	Lead directorate	Project Go Live date	Planned project completion date	Project delivery against timescales	Current performance against metrics
1	HR Recruitment		Internal Process										Completed but transferred to provider services	
2	To deliver an agreed screening register and pathway for patients at increased risk of CVD	To commission a single pathway for assessing CVD risk across County Durham & Darlington	Pathway; screening	To have software in place with compatible GP practices by Mar '09; to have all practices live with software by Dec '09;	To have 100% of GP practices able to estimate increased CVD risk by Dec '09.	Improving Health; Ensuring services we commission are: fair, personalised, effective & safe	Increase life expectancy	Staying Healthy		Public Health	Jan-08	Sep-08	Ended	89% of GP practices have adopted the CVD screening method to date - locally managed
3	HELPS/Community Equipment -	Investigate the various elements of the service from the patient assessment to the actual delivery of equipment.	Internal Process	create future service model by May 08; have an electric system in place to support ordering & delivery by May 08		Ensuring services we commission are: fair, personalised, effective & safe			Provider focus		Jan-08	May-08	Completed but transferred to provider services	
4	To deliver an integrated sexual health service, including teenage pregnancies	Examine the logistical and IT elements of the service with a view to streamlining processes.	Pathway	A Sexual health strategy and as service specification for an integrated sexual health service by March 09; Development of standard process for PCPI involvement in commissioning services by March 09; A Workforce development plan from a commissioning perspective by March 09; commissioned service in place from Oct 09.	20% reduction in under 18 teenage pregnancies by Dec 2010; LARC to increase uptake of contraception methods by 24% by Dec 2010 (excluding condoms); for 100% Of C+GUM services to offer 48hr access by Dec 2010; Chlamydia screening/test offered to 13-24 years by all services by Dec 2010.	Ensuring services we commission are: fair, personalised, effective & safe	Reducing health inequalities.	Staying Healthy; Maternity & Newborn		Public Health / Systems management	Jan-09	Dec-09		1. Strategy and Service Spec completed 2. PCPI process developed 3. Workforce plan complete 4. Commissioning of services is in progress and on track for end of October.
5	To develop cancer information pathways that will reduce cancer mortality rates by increasing public awareness of the risk factors for cancer and recognising symptoms facilitating earlier presentation to the appropriate service	To have an organisational approach for the use of cancer information and its use to target patient groups at risk of cancer.	Social Marketing; Screening; Pathway;	Local implementation of the National cancer information pathway by June 09; Targeted social marketing strategy and specification for high risk groups by June 09;	% increase in referrals and earlier presentation of cancers by April 10; Reduced cancer mortality rate by 2012; % uptake in screening by April 2010	Improving Health; Ensuring services we commission are: fair, personalised, effective & safe	Reduce cancer mortality rates	Staying healthy		Public Health	Mar-09	Apr-10		Project still underway
6	To develop an organisational approach for knowledge management	Standard processes for data pull; information and intelligence to support the organisation core business; better decision making.	Internal Process	To have a standard process and system in place for clinical programme groups to pull information by Sept 09; to establish an organisational framework and approach for the management and access of knowledge and intelligence by ;	Meet world class commissioning competency 5 level 4 by; Achieve 100% access to the knowledge management solution for all staff; Achieve an 80% improvement in the Collison assessment tool; Achieve an 80% staff satisfaction in user access and sharing of data, information and knowledge; Achieve a 50% improvement in reducing wasted requests for information from key departments.	Value for Money			WCC 5 - managing knowledge & assessing current and future needs.	Strategy Planning & involvement	Jan-09	Dec-09		knowledge support for Clinical programme groups in place; organisational method to be developed at Nov RPIW
7	To identify and implement methods of working which will ensure effective use of all premises and equipment.	An agreed organisational way of working that will ensure effective use of all premises and equipment.	Internal Process	100% of staff will have a base appropriate to their role by Dec 09; 100% of staff will have electronic access to NHS mail by Mar 09; 100% of staff will have access to all work related documents by Dec 09; 100% of PCT premises will be utilised effectively by Dec 09.	To reduce Estates and facilities costs by 10% by Dec 2010 To increase number of meetings utilising video/audio conference facilities by 10% by Dec 2009 To reduce PCT carbon emissions by 5% by Dec 2010 To report 90% staff satisfaction in relation to their working environment by Dec 2010	Value for Money			WCC 11 - making sound financial decisions	Strategy Planning & involvement	Sep-08	Dec-09		1. Decision made to rationalise to 1 building within 18 mths 2. All staff have access to rns.net 3. Productive Leader starting to be rolled out across organisation which will increase utilisation of video/audio conferencing
8	To develop a single strategy and services specification for the delivery of urgent care services across County Durham and Darlington.	To commission services against the new urgent care strategy	Pathway	Urgent care strategy in place by December 2007 Service specifications completed and procurement of services by October 2008; To have a commissioned urgent care service in place from April 09 including 24/7 access, transport and single point of contact.	To have 24/7 access to urgent care by Sept 09; increase in admission prevention through transfers home from A & E; % reduction in A & E attendances through improved patient management of the single point of access. % reduction of child attendances at A & E with urgent care needs	Ensuring services we commission are: fair, personalised, effective & safe		Acute care		Systems management	Oct-07	Oct-09	Urgent care single point of access	1. new transport service in place from April 09 2. Single point of access went live 1 October 3. 24/7 services went live across the patch 1 October - Activity data requested
9	The establish a consistent equitable approach for type 2 diabetes care provision across County Durham and Darlington. - scope currently being revisited.	To commission services against the new type 2 diabetes service specification.	Pathway	To have a local strategy by Mar 09; to have a service specification to commission against by April 09; to have new services in place from April 10; to have standard clinical guidelines from Mar 10.	TBC	Ensuring services we commission are: fair, personalised, effective & safe	Reducing health inequalities	Long term conditions		Systems management / public health	Dec-08	Apr-10		1. Local strategy is in draft format 2. Service Spec is in draft format but needs to be informed by Clinical Guidelines 3. Clinical Guidelines will be complete by end of October 4. Services still on track to go live April 2010
10	To develop an agreed model of service provision for routine, planned outpatient and diagnostic services across the four prisons.	To have an agreed model of service provision for routine, planned outpatient and diagnostic services across the four prisons to commission against.	Pathway	To have completed outpatient service specifications ready for procurement by July 09;	90% of high volume outpatients to be provided in prison setting by Dec 2010; 5% Reduction in costs associated with external appointments by Dec 2010; 100% Reduction in cancellations rates provider units by Dec 2010 ; to sustain a 90% prisoner satisfaction rate; 100% of GP appointments within 48hrs of request by Dec 2009; 100% of consultant appointments within 6 weeks; 80% within 4weeks by Dec 2010; 100% of referral to treatments to be within 18weeks by Dec 2009.	Ensuring services we commission are: fair, personalised, effective & safe	Reducing health inequalities	Offender health		Offender Health & CHC	Feb-08	Oct-09		procurement currently underway for new service specifications - High volume specialities; Teleradiology installed in HMP Frankland and plans underway for it to be installed in remaining 3 prisons in Durham cluster

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11	To develop a single financial framework for CHC, mental health, learning disabilities & children	To have a single financial framework for CHC, mental health, learning disabilities & children	Internal Process	An organisational framework by June 2009; to have standards for decision-making and delegated authority by June 2009; to have contracts in place for all new referrals from June 2009; to have a detailed board report by June 2009	Reduction in time to invoice paid from 65days to under 10; 100% of patients to have personal contracts in place	Value for Money			WCC 9 - secure procurement skills that ensure providers have appropriate contracts.	Offender Health & CHC	Nov-08	Jun-09	ended	Children 100% achieved Adult 75% achieved Learning Disabilities 75% achieved Mental Health 75% achieved. Reduction in time to invoice paid from 52 to 23 days.
12	To develop a guide and toolkit to Pathfinders general practice, enabling spread amongst general practice and potentially other independent contractors	A toolkit to develop model practices and a mechanism for commissioning	Pathways; Internal Process	To produce a tool kit for Productive GP practice by April 2010. To have an agreed method to commission practices using the tool kit by Dec 2009	to have a GP practice tool kit for publication for 100% of GP practices to access; to have a framework to integrate the toolkit into commissioning contracts; to have a 100% of GP practices using the toolkit, providing a framework for safer care.	Ensuring services we commission are: fair, personalised, effective & safe			WCC 4 - collaborate with clinicians; WCC 2 - work with community partners	Clinical Innovation	Apr-08	Mar-10		Project still underway; productive GP practice toolkit is now in draft; commissioning levers are being discussed regarding its use in practice.
13	To design and deliver a stimulating and successful organisational conference.	Successful event campaign; An annual event with representatives from across the PCT.	Internal Process	Annual event in May 09; PCT trained staff in the skill of storytelling by May 09; Agreed organisational implementation plan (post event) June 09; Delivery of event actions by May 10.	Denison cultural audit survey completed to give baseline of current state. High volume of staff to attend conference					Innovation	Oct-08	May-09	ended	1. Conference took place May 09 2. 18 PCT staff trained in skill of storytelling 3. Draft organisation implementation plan 4. Action plan developed to follow through culture development. 5. 280 people attended conference and completed baseline survey.

Performance key

On track with timescales & project goals	
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1	<b>Integrating clinical governance into the commissioning cycle.</b>	Ensure the development of safe sound services for patients, by developing a standard model for clinical governance involvement.	Internal Process		100% on new service development to have CI Governance involvement; all clinical development to have evidence of clinical engagement along the process;	Ensuring services we commission are: fair, personalised, effective & safe	All	All	WCC 4 - collaborate with clinicians;	Liz Graham	Jul-08	Dec-08	Ended	100% of 2009/10 submissions had CI governance involvement prior to AOP submission; 100% of service specifications to date had clinical directorate involvement prior to the approval process
2	<b>Safe patient record keeping</b>	To increase staff understanding regarding the importance of good record keeping, and improve the local standard for nursing records.	Internal Process	To undertake an audit of current practice; to develop and deliver a training package for staff; to develop a standard framework of core	100% of patient records meet the PCT standard; 90% of clinical staff have received record keeping training	Ensuring services we commission are: fair, personalised, effective & safe	All	All	Provider focus	Pat Keane	Dec-07	May-08	Ended	90% of nursing staff trained to understand the standard framework.
3	<b>Continuing healthcare (CHC)</b>	To standardise the approach and timescales for the delivery of the national standard for CHC	Pathway; internal process	to understand current state; map workforce practices across the PDAs; to have single model for commissioning CHC across all PDAs	100% of clients have undergone assessment and have a signed contract within 14days.	Ensuring services we commission are: fair, personalised, effective & safe			WCC 8 - innovation	Pat Keane	Jan-07	May-07	Ended	Reduction from 16 process steps to 9; reduction from 65 days to 14 days in all PDA areas. Achieved single model of delivery.
4	To develop the pathway for <b>acutely ill child</b> into A & E	For all A & E entry points to be NICE compliant	Pathway	To have an agreed future state that delivers safe, NSF compliant pathways by January 2009.	100% of children seen by a practitioner with paediatric training; 100% of children to be seen, assessed and observed in a child specific environment	Ensuring services we commission are: fair, personalised, effective & safe		Acute care; Children's		Tricia Creswell	Oct-08	Jan-09	Ended	Oct 09, future state pathway in place at DMH but not yet in place at UHMD- DUE TO BE REINVESTIGATED TO ENSURE DELIVERY
5	To develop an <b>organisational approach to user engagement</b> and measure its effectiveness.	To have a single definition and organisational approach to user engagement.	Internal Process	Clear definition of what we mean by engagement by Mar 09; Development of an organisational framework for engagement by July 09; Launch events from Oct 09		Ensuring services we commission are: fair, personalised, effective & safe			WCC 3 - engage with public and patients.	Strategy Planning & involvement	Jan-09	Jul-09		Launch of standard practice commenced in Oct 09
6	To develop and implement and organisational approach for the <b>annual operational planning</b> system and measure its effectiveness.	To have an organisational framework for AOP that includes standard documents and evidence of involvement and risk assessment.	Internal Process	Single AOP process for 2010/11 AOP process;	Evidence of engagement of internal stakeholders including PBC for 100% of AOP submissions; Evidence of engagement of patients, public and key local stakeholders for 100% of AOP submissions; 100% of service developments are supported by clear objectives, goals, initiatives and measurement and implementation plans;	Ensuring services we commission are: fair, personalised, effective & safe and deliver value for money			WCC 1 - locally lead the NHS; WCC 2 - work with community partners; WCC 3 - engage with public and users; WCC 4 - collaborate with clinicians; WCC 6 - identify and prioritise investments.	Strategy Planning & involvement	Nov-08	Jun-09		AOP process reduced from 9months to 93days by April 09; super-flow reduce it from 93days to 0
7	To establish a robust, <b>2-way communications culture between IM&amp;T</b> and all users across all organisations to support delivery of the IM&T strategy.	To have a robust 2-way communications culture between IM&T and all users across all organisations that will effectively support delivery of the IM&T strategy	Internal Process	IM&T to be on the agenda at every team meeting Oct 09 Examine feasibility of creating an IM&T User Group Jul 09, Develop the scope and potential content of an IM&T portal - Aug 09 with implementation of portal Oct/Nov 09, Develop a Service Portfolio of IM&T Oct/Nov 09, Develop mechanism for capturing customer feedback Jul 09, Examine feedback from internal and external awareness sessions - internal Ap 09, Ext end Jun 09, Understand the value of Customer Relationship Management Oct 09, evaluate impact Dec 09	Proposed metrics from user engagement:- There will be a standard layout for IM&T emails - what is affected, who, the impact, when, alternatives, where to go for info - Each IM&T department will have generic email addresses - Service desk hours will be amended to open earlier and later to better meet user needs - IM&T intranet site will be redesigned to make it more user friendly and to give more info on IM&T staff and services	Value for Money			WCC 4 - collaborate with clinicians; WCC 8 - promote improvement & innovation WCC 10 - sound financial investment.	Strategy Planning & involvement	Apr-09	Dec-09		- Output from user engagement sessions being prioritised by Operational Managers Group. - Standing item on OMG agenda to report back progress to IM&T Senior Management Team on monthly basis.

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8	To develop a tool and a process that will identify key <b>workforce capacity risks</b> for commissioners.	An organisational approach and tool to assess workforce risks in the commissioning services.	Internal Process	To have a single approach to assessing workforce risk associated with commissioning services by May 2009; 100% of providers have received workforce information on workforce risks and have used this information in their own organisational workforce plans by Dec 09	100% of AOP 2010/11 proposals will provide evidence of workforce risk assessment tool;	Ensuring services we commission are: fair, personalised, effective & safe and deliver value for money	All	All	WCC 1 - locally lead the NHS. WCC 2 - work with community partners. WCC 4 - collaborate with clinicians. WCC 6 - identify and prioritise investments.	Strategy Planning & involvement	Jan-09	May-09		
9	The project will define the framework and the mechanisms to ensure <b>effective communication</b> between the PCT and <b>independent contractors</b> .	An organisational framework for delivery of effective communication between the PCT and independent contractors	Internal Process	To have an organisational framework from June 2009;	% improvement in Independent Contractor satisfaction by December 2009.				WCC 4 - collaborate with clinicians; WCC 2 - work with community partners	Joint with Innovation & Contracting & Performance	Sep-08	Aug-09	Delays with developing & distributing surveys	standard approach proposed requiring organisational sign off prior to implementation
10	Introduction of <b>Productive leaders</b> across the director portfolios	To have a standard approach in place to support the day to day practice of our directors	Internal Process	To establish a standard approach for admin support staff; Pilot productive leaders with EA by end of Oct 09; Roll out to all admin support staff by Dec 09	50% reduction in lead time for management group prep; 50% reduction in director email time; to create 20% protective time for Directors a week	Value for Money				Innovation & development	Jul-09	Dec-09		Anticipated to deliver 50% reduction in lead time for management group prep, 50% reduction in director email time and create 20% protected time for directors a week

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Internal Rapid Process Improvement Event (RPIW)

Date RPIW Title

METRICS	Lead Time	Quality (%) (defects, rework and failure demand)	Environmental, Health & Safety (SS - levels 1 to 5)	Work in Process (WIP) (units observed in the process)	Standard work in progress	Set-up Reduction	Space	Inventory	Staff distance travelled	Parts travelled
Jun-09 Management & reporting of serious incidents	Units	Mins				Mins			Steps	
	Baseline (Before RPIW)	7883		1		398			924	
	After RPIW	293	0%	1		3.46			0	
	Change	96%		0		95%			100%	
Jul-09 GPWSI PCT approval process	Units	Days				Mins		£	Steps	
	Baseline (Before RPIW)	264	100%			731		34,000	929	
	After RPIW	0	0			0		0	0	
	Change	100%	100%			100%		100%	100%	
Aug-09 Development of Service specifications	Units	Months				Weeks				
	Baseline (Before RPIW)	9	100%		107	9				
	After RPIW	3	0		23	1				
	Expected Change	66%	100%			89%				
Aug-09 Section 23 - Contract management	Units	Days				Mins				
	Baseline (Before RPIW)	265			3	924				
	After RPIW	7			3	0				
	Change	97%				100%				
Sep-09 Productive leaders - releasing time to lead	Units	Hrs				steps				
	Baseline (Before RPIW)	5	100%			17				
	After RPIW	2.5	0			9				
	Expected Change	50%	100%			48%				
Oct-09 Strategy, priorities & planning	Units	Months			TBC	Hrs				
	Baseline (Before RPIW)	18	100%			12				
	After RPIW	3	0			0				
	Expected Change	83%	100%			100%				
Oct-09 Market Development & procurement	Units	Days								
	Baseline (Before RPIW)	210	20%							
	After RPIW	130	0							
	Expected Change	38%	100%							
Oct-09 Contract Monitoring & performance	Units	TBM								
	Baseline (Before RPIW)		15%		600					
	After RPIW		TBM		600					
	Expected Change									
Oct-09 Commissioning superflow	Units	Weeks								
	Baseline (Before RPIW)	159	100%							
	After RPIW	44	0							
	Expected Change	72%	100%							
Nov-09 Knowledge & Intelligence Defects relate to the output lead times from the superflow RPIW	Units	minutes								
	Baseline (Before RPIW)	SUS 86,735	100%							

		<b>After RPIW</b>	1095	TBC									
		<b>Change</b>	98%										
<b>Aug-08</b>	<b>Horden Group Practice Blood Taking &amp; Results</b>	<b>Units</b>	mins	-	-							ft	
		<b>Baseline (Before RPIW)</b>	1,579	27%	0							94	
		<b>After RPIW</b>	16	8%	1.5							10	
		<b>Change</b>	-99%	-19%	1.5							-89%	
	<b>Aug-08 Horden Group Practice Repeat Prescriptions</b>	<b>Units</b>	mins	-	-							ft	
		<b>Baseline (Before RPIW)</b>	191	25%	0							86	
		<b>After RPIW</b>	118	0%	1.5							12	
		<b>Change</b>	-38%	0%	1.5							-86%	
	<b>Dec-08 Cedars medical practice Repeat Prescriptions</b>	<b>Units</b>	hrs	-	-							yds	yds
		<b>Baseline (Before RPIW)</b>	16		0							46	46
		<b>After RPIW</b>	8		2							0	0
		<b>Change</b>	-50%		2							-100%	-100%
	<b>Dec-08 Easington &amp; Peterlee Nurse Clinic Flow</b>	<b>Units</b>	mins	-	-						leaflets	yds	yds
		<b>Baseline (Before RPIW)</b>	29		1						Thousands	174	15
		<b>After RPIW</b>	29		3						0	18	0
		<b>Change</b>	0%		2						100%	-90%	-100%
	<b>Dec-08 Horden Group Practice Management of Patient Information</b>	<b>Units</b>	hrs	-	-							yds	
		<b>Baseline (Before RPIW)</b>	24	3%	1.5							96	
		<b>After RPIW</b>	TBC	0%	2							18	
		<b>Change</b>	TBC	-3%	0.5							-81%	
	<b>Oct-09 Stanley Medical Group</b>	<b>Units</b>	days			waiting for tests					cost of nursing time	steps	
		<b>Baseline (Before RPIW)</b>	28days 52 mins	92%	1	1800					£38,322	305	
		<b>After RPIW</b>	7days 20 mins	0%	2	292					£7,240	0	
		<b>Change</b>	72%	100%	1						80%	100%	
	<b>Nov-09 Shinwell Practice</b>	<b>Units</b>	minutes				wte					steps	miles
		<b>Baseline (Before RPIW)</b>	3075	6%	1	73	128					316	70
		<b>After RPIW</b>	92	0%	2	35	4					15	0
		<b>Change</b>	97%	100%	1		97%					95%	100%