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PCT:

SEC Operating Framework

	Item	SHA Lead	Time Frame	RAG Rating	Comments
	HPEC Delivery				
1.0	**Healthcare Acquired Infections**				
1.1	Zero tolerance towards HCAI	DS			Already in place
1.2	No avoidable cases of MRSA	DS	2011		
1.3	<2,000 cases C.Dif per annum in SEC	DS	2011		
1.4	Root cause analysis for all MRSA bacteraemia	DS			Plan to do in 09/10
2.0	**Maternity & Newborn**				
2.1	Choice of how to access maternity care	HO			Strategy and commissioning plan to be in place by summer 09
2.2	Choice of type of antenatal care	HO			Strategy and commissioning plan to be in place by summer 09
2.3	Choice of place of birth	HO			Strategy and commissioning plan to be in place by summer 09
2.4	Choice of place of postnatal care	HO			Strategy and commissioning plan to be in place by summer 09
2.5	Ability for women to choose maternity services outside of their area	HO			Already in place
2.6	All units able to accommodate extra capacity	HO			To be reviewed as part of maternity strategy; if necessary implement plans 1011.
2.7	Epidurals available in all units 24/7	HO			In place
2.8	90% of pregnant women to see midwife within 12/52 to discuss individual needs & preferences; where to give birth; focus on contact with vulnerable groups	HO	2011		Work in place to address this
2.9	All women will be able to make an informed choice about place of birth. NHS will meet her preference for home birth, midwife led unit or consultant unit.	HO	2010		
2.10	Consultant present on labour ward for 60 hours per week (min) (<2,500 births = 40 hours)	HO	2010		BSUH appointing 4 additional consultants to address this
2.11	All women will be individually supported by a healthcare professional throughout their labour & birth	HO	2010		Has only recently been agreed. Plans not yet developed to identify required service improvements. No funding in place.
2.12	All mothers & babies to receive high quality postnatal care e.g. support with breast feeding for 6/52	HO	2010		
2.13	All pregnant women & new mothers will have access to help with mental health problems	HO	2011		Scoping to begin in 2009/10

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	Item	SHA Lead	Time Frame	RAG Rating	Comments
3.0	**Children's Services**				
3.1	Teams of health & social care givers will co-ordinate "care around the child"	KD/YA	2011		Integrated care provided by B&H Children and Young People's Trust
3.2	Dedicated transitional care teams to help individual vulnerable young people make the move to adulthood	KD/YA	2011		B&H PCT are leading a Sussex wide Clinical Reference group that focuses on Transitional Care. This will oversee the development of care pathways that supports this agenda.
3.3	More children's care available in the community & outside of hospital	KD/YA			Provision being reviewed with key stakeholders.
3.4	Reduction in teenage pregnancy	KD/YA			Targets currently not being met but plans have been refocussed.
3.5	Reduction in alcohol related harm to young people by targeted prevention services & better alcohol support services in the community	KD/YA	2011		Ongoing work with A&E and early intervention with the community safety team. Pathways being developed with CYPT to ensure that young people are signposted to appropriate services.
3.6	Partnership working with LA & other partners to enable joint commissioning & delivery of integrated services	KD/YA	2009/10		Integrated care provided by B&H Children and Young People's Trust
3.7	Strengthening Children's Trust by taking account of revised statutory guidance	KD/YA	2009/10		In progress
3.8	Identified improved outcomes for children	KD/YA			Actions tbc
3.9	Responsible for Safeguarding Children	KD/YA			Systems in place with named leads in provider organisations
3.10	Need to ensure all providers meet safeguarding standards	KD/YA			As above
3.11	Implementation of standards set out in Child Health Promotion Programme	KD/YA			Actions tbc

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	Item	SHA Lead	Time Frame	RAG Rating	Comments
4.0	**Staying Healthy**				
4.1	Access to health services that help people stay healthy & provide excellent care when ill for everyone, in accessible locations not just GP surgeries & hospitals	FB	2018		
4.2	Reduction in carbon footprint	FB			Lead identified. Need to implement with providers.
4.3	Encouraging staff to make healthy options	FB			
4.4	Everyone to be supported to maintain healthy weight. Those who are overweight or obese to be offered appropriate & individualised advise & support	FB	2011		Focus on children's obesity in 2009/10. Further weight management schemes for adults will be considered as funding allows in 2009/10 and further addressed in 2010/11.
4.4.1	Structured local plans to tackle child obesity in partnership with LA	FB			
4.4.2	Local staff/practitioners have greater understanding of their role & empowered to deliver	FB			Local Change4Life event Feb09. Training being rolled out to practice staff, health visitors, school nurses and other groups.
4.4.3	Clear indicators of success with robust monitoring of performance	FB			SLA being developed for all newly funded projects. Evaluation framework will include performance indicators.
4.4.4	Evaluation built into each programme. This to feed into evidence base	FB			Regular audit and evaluation of projects funded via Choosing Health monies. Evaluation framework being developed for childhood obesity work.
4.4.5	Appropriate training for individual members of staff in sensitively raising the issue of weight	FB			Included in training noted above.
4.5	Sexual Health Clinics to be able to offer appointments within 48 hours & at weekends & evenings	FB			
4.5.1	48 hour access to community contraceptive services	FB			Community contraceptive services are included in the Sexual Health clinics above.
4.5.2	Service provision to meet "Your Welcome" quality criteria	FB			Pilot project by CYPT starting February to assess a number of young people's sexual health services.
4.5.3	Service provision mapped to local need & where impact on health inequalities	FB			JSNA completed.
4.6	High quality tobacco control programmes, focusing on those most at risk of long-term harm	FB			
4.6.1	Develop understanding of prevalence of smoking in routine & manual population	FB			Information about local prevalence has been obtained through lifestyle surveys. The last one was carried out in 2003. Synthetic estimates have also been provided. Referrals to the smoking cessation service and successful 4 week quitters are routinely analysed by deprivation quintile. Information on manual/non-manual group status is recorded for all referrals to the service and analysed on an annual basis.

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	Item	SHA Lead	Time Frame	RAG Rating	Comments
4.7	Reduction in harm from alcohol misuse	FB			
4.7.1	Locally agreed inter-agency alcohol strategy & action plan	FB			
4.8	Work with employers to improve the health of the workforce	FB			Healthy Work and Wellbeing project in place
4.8.1	Develop "fit for work" pilots	FB			PCT has expressed an interest to be part of a South East wide bid
5.0	**Mental Health**				
5.1	Effective support for people with urgent mental health needs	MJ			
5.1.1	Outcome based contracts that improve access	MJ			
5.1.2	Improved liaison services	MJ			
5.2	Access to psychological therapies in primary & secondary care in line with best practice	MJ			
5.3	Work with partners to overcome discrimination against people with mental health problems & take action to reduce inequalities & social exclusion	MJ			
5.4	Work with NHS & employers to maintain employment for those with mental health problems. Rehabilitation for those who need to return to work so that they can do so at the earliest opportunity	MJ			
5.5	Agreed joint mental health strategy with key public sector & other partners	MJ			
5.6	Improvement targets for access to general primary care health checks for people with severe & enduring mental illness	MJ			
5.7	Learning Disabilities				
5.7.1	People with learning disabilities are identified, have an annual health check resulting in Health Action Plan as part of Person Centred Plan	JP	2009/10		
5.7.2	Health & social care will have agreed the transfer of commissioning so that people will rec3eive the care that is tailored to their needs	JP	2009/10		
5.7.3	Undertake SEC LD Performance & self assessment framework	JP	2009/10		Planned work for 2009/10.

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	Item	SHA Lead	Time Frame	RAG Rating	Comments
6.0	**Acute Care**				
6.1	People can expect the same outcomes & level of care regardless of which part of the health service they first approach	DM	2010		
6.2	Heart attack, stroke & major trauma patients will receive specialist care from 24/7 service meeting national guidelines	FB	2010		
6.2.1	Continue to meet the requirements for thrombolysis whilst developing primary angioplasty services	FB	2009/10		
6.2.2	Develop detailed plans for primary angioplasty services across their population. Where these are already developed proceed with implementation	FB	2009/10		
6.2.3	24/7 access to thrombolysis for stroke patients	FB	2009/10		
6.2.4	Kent PCTs to implement stroke strategic proposals committed to	FB	2009/10	n/a	
6.2.5	Surrey publish stroke strategy & detailed implementation plan	FB	2009/10	n/a	
6.2.6	Sussex to conclude strategic plan & governance arrangements. Agreement of pan-Sussex model of 24/7 acute stroke care	FB	2009/10		
6.2.7	PCTs to accredit specialist units & agree protocols with SAST & local providers	FB	2010		tbc
6.3	Plans for closer integration of community & social services to support people with urgent care needs	LP			
6.4	Medical Records	DS			
6.4.1	All patients to have full access to their own medical records for acute care	DM	2012		Via Summary Care Record

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	Item	SHA Lead	Time Frame	RAG Rating	Comments
7.0	**Planned Care**				
7.1	Diagnostic tests available outside hospital setting	DB			
7.2	Access to GP or other primary care professional on same day if urgent, within 48 hours routinely	LW			
7.3	Book GP appointment more than 2 days in advance & up to 6 weeks	LW			
7.4	Everyday diagnostic test result available within 72 hours of referral for urgent; 2/52 for routine	DB			
7.5	Waiting times falling to 9 weeks	DB			Average performance in Jan 2009 already less than 9 weeks. Plans in place to maintain this average through 2009/10.
7.6	Shorter hospital stays & choice of surgery date	DB			
7.6	Mixed sex accommodation will be virtually eliminated during 2009/10 in SEC	DS/PB			BSUH have a 10% reduction target but will not be fully compliant due to their buildings. SDH and SPT are compliant already.
7.6.1	How they engage with patients and the public about their expectations	DS			Engagement via BSUH (relates to mixed sex accommodation)
7.6.2	Ensuring, through their contracts, that differential targets for the annual survey are agreed with their providers, depending on current performance	DS			Done for BSUH (relates to mixed sex accommodation)
7.6.3	How they will assure themselves on a regular basis (i.e. more frequently than the annual survey) that their providers are meeting these targets, for example through 'near real time' patient surveys, PEAT surveys and local monitoring of the patient environment.	DS			Monitored via monthly quality meetings and BSUH 'Picker' targets.
7.7	All women receive cervical screening test within 2/52	MA			Currently target not being met but plans in place for it to be achieved 0910.
7.8	Cancer Services				
7.8.1	Develop stronger commissioning arrangements for cancer services. This will require the use of the cancer commissioning toolkit, launched in 2007 which supports the WCC agenda. Cancer networks and their constituent PCTs will focus on aspects of the WCC assurance framework, including organisational competencies required by those involved in cancer commissioning	FB			

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	Item	SHA Lead	Time Frame	RAG Rating	Comments
7.8.2	Ensure that bowel cancer screening is rolled out across the region by December 2009 and that programmes start to plan provision of the service to an increased age range so that eventually all men and women from 60 -75 will be invited for screening	MA			
7.8.3	Introduce digital mammography for breast screening services	FB			Already in place.
7.8.4	Ensure delivery of the new waiting times standards	FB			
7.8.5	Ensure specialist teams for head and neck cancers which treat more than 100 new patients per year are in place	FB			In place
7.8.6	Ensure that the new 31 day waiting times standard for radiotherapy by 2010 is achieved. From April 2009 radiotherapy fraction information should be routinely collected so that cancer networks and PCTs can track how radiotherapy access is improving to their populations	DB			We are assessing the activity requirements to meet this target.
8.0	**Long Term Conditions**				
8.1	Health & social care be jointly planned & purchased	AL	2010		Long term conditions model
8.2	Patient offered a care plan	AL	2010		
8.3	90% of those with complex LTC identified & manage their own simple, personalised & negotiated care plan	AL	2011		
8.4	Ongoing support, education & training for people with LTC and their carers to facilitate them better managing their own condition	AL	2010		
8.5	Supported disease-specific clinical networks across the whole of healthcare, social care & 3rd sector	AL			
8.6	Work with NHS & employers to rehabilitate people of working age so that they return to work at the earliest opportunity	AL			Addressed under physical disability strategy

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	Item	SHA Lead	Time Frame	RAG Rating	Comments
9.0	**End of Life**				
9.1	Support for patients & their families to allow patient to die in place of own choice.	DS			
9.2	All health, social care & 3rd sector providers will provide evidence of achieving best practice against recognised quality standards in EOL care.	DS	2012		
9.3	Acute & social care contracts to include EOLC tools	DS	2009/10		
9.4	GPOOH contracts to include EOLC tools	DS	2009/10		
9.5	Quality standards specifications in place in GPOOH contracts	DS	2010/11		
9.6	Specifications for specialist palliative care in all provider contracts including IS & 3rd sector	DS	2010/11		
9.7	Specialist palliative care advice available 24/7	DS	2009/10		
9.8	Contracts in place to help manage patients with pain & other symptom control	DS	2010/11		
9.9	24/7 district nursing service with ability to respond quickly to EOLC	DS	2011		
9.10	Health & social care commission a 24/7 home equipment service	DS	2011		
9.11	Integrated OOH service with access to register of EOLC patients	DS	2011		
9.12	Raise awareness of EOL issues	DS			
9.13	Strategic approach to EOL care services developed with partners	DS			
9.14	Workforce, including social care 3rd sector & voluntary, trained in EOLC	DS	2012		

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	Item	SHA Lead	Time Frame	RAG Rating	Comments
	Enablers				
1	**World Class Commissioning**				
1.1	Strategic Commissioning Plans	WC			
1.1.1	Revised Strategic Commissioning Plans in light of the feedback from the SHA and the World Class Commissioning (WCC) assurance panel report, and have formally agreed plans by board before 31 March 2009.	OP			SCP activity and finances will not be changed.
1.1.2	Clear articulation of how initiatives deliver stated strategy and target the most deprived. Activity and financial modelling and the impact of investment/ disinvestment needs to be clearer. Ensure appropriate prioritisation of initiatives and alignment with strategic objectives	OP			
1.1.3	Integrated programme & risk management	OP			Integral to AOP
1.1.4	Outcome-based commissioning across all services, including predictive modelling of health impact	OP			Included in organisational development plan.
1.1.5	Framework for commissioning primary & community services with particular focus on outcomes; predictive modelling; market management & robust contract management	LP			Included in organisational development plan.
1.1.6	Support for PBC	WC			Included in organisational development plan.
1.1.7	Development of clear negotiation strategy	OP			Included in organisational development plan.
1.2	Development Plans				
1.2.1	OD Plans should include individual talent management and leadership development plans that will support aspirations to become world class commissioners.	BB			Included in organisational development plan.
1.3	Working in Partnership				Included in organisational development plan.
3.1	Cooperate with local authorities in agreeing and delivering Local Area Agreements. Take account of local Compact to ensure close partnership working with third sector partners.	MD			Included in organisational development plan.

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	Item	SHA Lead	Time Frame	RAG Rating	Comments
1.4	Practice Based Commissioning				Included in organisational development plan.
1.4.1	High quality information at practice level	SR			Included in organisational development plan.
1.4.2	PBC management resource	WC			Included in organisational development plan.
1.4.3	Clear plans to develop PBC as part of PCTs' WCC Development Plans	JP			Included in organisational development plan.
1.4.4	Clarity of roles between PCT and PBC groups, with the creation of a compact between the two.	WC			Included in organisational development plan.
1.5	Experience, satisfaction & Engagement	SW			Included in organisational development plan.
1.5.1	Identification of targets to improve public confidence in the NHS.	DW			Included in organisational development plan.
1.5.2	Improvement of staff satisfaction across providers	LG			Included in organisational development plan.
1.6	Knowledge Management				Included in organisational development plan.
1.6.1	Contracts that ensure provision of robust & accurate provider data to support programme budgeting	AH			Included in organisational development plan.
1.7	System management, competition & Choice	LP			Included in organisational development plan.
1.7.1	Development of robust procurement strategy particularly improving capabilities in competencies 7 & 9	LP			Included in organisational development plan.
1.7.1	Ensure that people are able to access services at the time and place of their choice	LP			Included in organisational development plan.
1.7.2	Ensure that local people are aware that they have a choice, both of their GP and other providers.	LP			Included in organisational development plan.
1.7.3	Clear, robust and easily accessible information for patients about the services that are available	LP			Included in organisational development plan.
1.7.4	Increase the use of Choose and Book to 90% and work with providers to reduce slot unavailability	LP	2009/10		
1.7.5	How the use of the Choose and Book system will be extended to include cancer two week maximum wait referrals.	LP	2009/10		Work started - will be complete summer 09

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	Item	SHA Lead	Time Frame	RAG Rating	Comments
2.0	**Transforming Community Services**				
2.1	Move provider services into contractual relationship with the PCT commissioner function using the national standard contract	LP	Apr-09	N/a	
2.2	Direct provider organisations are business ready, in line with the Department of Health's Business Readiness for PCT Provision guidance	LP	Apr-09	N/a	
2.3	Develop and share commissioning strategies for community services that will inform the development of organisational options.	LP	Apr-09	N/a	
2.4	Detailed plan for transforming community services as described in Transforming Community Services: Enabling New Patterns of Provision	LP	Oct-09	N/a	
2.5	Agree with SHA intentions for the future of provider services; timescale for potentially establishing social enterprises or community foundation trusts, market testing and a plan for supply-side development or integration with other community organisations.	LP	Oct-09	N/a	
2.6	Strategy for the future of their community estate that will ensure the estate is fit for purpose and ensures that the estate is managed in an efficient and flexible basis to accommodate future changes in need.	LP	2010	N/a	

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	Item	SHA Lead	Time Frame	RAG Rating	Comments
3.0	**Financial Context**				
3.1	Deliver the NHS South East Coast share of the national net surplus, in line with the high level medium term financial plans prepared during September/ October 2008	SO			The PCT is planning to breakeven as BSUHT is planning a surplus to repay their working capital debt
3.2	Deliver a surplus in the NHS trust sector to cover any legacy deficit positions and/or further generation of surpluses to service working capital loan repayments and/or surpluses necessary to support an organisation's foundation trust trajectory	SO			
3.3	Ensure all NHS organisations operate in recurrent balance	SO			PCT plans are designed to maintain a modest underlying surplus, which is used non-recurrently each year
3.4	Ensure every PCT has resolved its outstanding legacy issues and is debt free by 31 March 2009	SO			We have never posted a deficit
3.5	Deliver a recurrent 3% cash releasing efficiency saving in 2009/10	SO			As a non provider organisation this is not relevant other than for prescribing costs
3.6	Cash brokerage will be in the form of loans and will be minimised	SO			n/a
3.7	Develop plans to identify an increased recurrent cash releasing efficiency saving from 2010/11 onwards	SO			This mainly applies to providers. However, we have a LHE wide group to ensure future efficiency savings are delivered by all organisations in the LHE
3.8	Adoption of international accounting financial reporting standards as required in 2009/10	SO			Our plans reflect IFRS
3.9	Develop a financial strategy which ensures financial health over the next five years and delivers productivity gains, efficiency and improved taxpayer value	SO			We have a LHE MTFP extending to 2015/16
3.10	Establish an Innovation and Improvement Fund, to support innovative practice, service redesign and new technologies.	SO			see 3.7
3.11	PCT Capital Investment				limited as a non provider

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	Item	SHA Lead	Time Frame	RAG Rating	Comments
3.11.1	Capital assets in PCT ownership must be protected. Duration of provider tenancies will be linked to contracts for services	RG		n/a	
3.11.2	Plans for provision of capital infrastructure from which providers as tenants will operate	RG		n/a	
3.11.3	Efficient & flexible management of PCT estate	RG		n/a	
3.11.4	Optimise location of modern, safe & functionally efficient patient environments	RG			We work with providers to achieve this.
3.11.5	Estate Strategy compliant with DH policy	RG			We have a city wide estates strategy
3.11.6	Ensure providers have compliant Estate Strategy	RG			see above
3.11.7	Efm risk management processes & procedures compliant with DH & HSE	RG			Check with JT
3.11.8	Ensure providers maintain compliant risk management processes & procedures	RG			Check with JT
3.11.9	Land & property management compliant with DH	RG		n/a	Point for Provider organisations only
3.11.10	Capital improvement plan consistent with PCT business plans & DH policy	RG		n/a	Point for Provider organisations only
3.11.11	Monitor & manage PCT capital schemes within cost and time constraints	RG		n/a	Point for Provider organisations only
3.11.12	Maximise sustainability across Estate function & comply with NHS Carbon Reduction policy	RG		n/a	Point for Provider organisations only
3.11.13	Appropriate expertise engaged to address all aspects of Estate management	RG		n/a	Point for Provider organisations only
3.12	PCT Voluntary Lodgements				All we have assumed currently is the agreed profile of replenishments to the reserve agreed with PCT colleaugues
3.12.1	Lodgements are to be accounted for within the overall South East Coast planned surplus and meet the underlying principles of transparency, consistency, independence and fairness.	SO			see above

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	Item	SHA Lead	Time Frame	RAG Rating	Comments
3.12.2	No further new lodgements are expected in 2009/10 except in line with identified replenishment profiles.	SO			see above
3.13	Contingency will be in the region of 0.5% of turnover	SO			Due to various risks we are aiming for a 1.5% contingency reserve.
3.14	PBR				see above
3.14.1	Use of HRG4	SO			see above
3.14.2	Two top-ups - orthopaedics and specialised children's services, payable to designated providers	SO			For information only
3.14.3	Same day tariff, designed to incentivise the shift of activity to a less acute setting	SO			For information only
3.14.4	MFF payment index capped at 2%	SO			For information only
3.14.5	MFF paid directly to providers by PCTs	SO			For information only
3.14.6	Uplift is 1.7% which is net of an efficiency requirement of 3%.	SO			For information only
3.14.7	1.7% should serve as benchmark for contracted services currently outside of the tariff	SO			This is reduced for our community provider.
3.14.8	No assumption that the tariff uplift for 2010/11 will exceed 1.2% on a comparable basis.	SO			For information only

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	Item	SHA Lead	Time Frame	RAG Rating	Comments
4.0	**Informatics**				
4.1	All provider organisations are submitting appropriate activity data to the secondary uses service so that it contains the full pathway	TM			Through SACS, the PCTs are currently reconciling SUS data against provider monitoring and systematically agreeing with acute providers how this process will work during 9/10 when reconciliation moves from quarterly to a monthly frequency.
4.2	Agree timelines for implementing the Summary Care Record with the SHA	TM			Timelines currently being reviewed based on elements required for readiness for comm strategy
4.3	All organisations can demonstrate compliance with the information governance toolkit by achieving a minimum of level 2 against the key requirements in the toolkit	TM			Still to be confirmed but need to ensure level 2 is achievable by for 107 and 111 through reassessment of key standards.
4.4	Organisations providing NHS care make effective use of the NHS number and the NHS patient demographics service	TM			Built into Central Sussex Local Health Community IM&T strategy and plan and local IM&T strategy - not directly relevant to PCT as commissioning only
4.5	Local health community health informatics programme has sufficient capability and capacity to deliver the informatics enabling work streams in support of Operational Plans and national expectations, such as sufficient access to information governance experts. These programmes should continue to be led by PCT chief executives	TM			Built into Central Sussex Local Health Community IM&T strategy and plan and local IM&T strategy - not directly relevant to PCT as commissioning only
4.6	Local health community informatics plans provide a pathway for all secondary care organisations to achieve the Informatics Review 'Clinical Five' as detailed in Annex 2 to *Informatics Planning 2009/10* , published alongside the national Operating Framework	TM			Currently under review by the Central Sussex Local Health Community group established recently and led by PCT as well as local IM&T strategies.
4.7	Local health community informatics plans include a detailed description on the approach that will be used to capture full costs and value of realised benefits from informatics work streams.	TM			Currently under review by the Central Sussex Local Health Community group established recently and led by PCT as well as local IM&T strategies.
4.8	Review of community provider information systems and sources which include plans for deployment of solutions from NPfIT local service providers.	TM			Currently under review by the Central Sussex Local Health Community group established recently and led by PCT as well as local IM&T strategies.

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	Item	SHA Lead	Time Frame	RAG Rating	Comments
5.0	**Equality Impact Assessment**				
5.1	On all significant policy documents	FM			
5.2	All revised SCP, OP, WCC development/OD plans	FM			In progress
5.3	Policy documents which are still current	FM			Process being developed
6	**Healthcare Commission & Care Quality Commission**				
6.1	Attainment of key targets and compliance with the requirements of Standards for Better Health will be central to success for acute trusts.			n/a	
7.0	**Winter Planning**				
7.1	Coordinate & lead winter resilience arrangements for the local population that meet DH Winter Check List	PB			
7.2	Maintain ambulance response standards	PB			
7.3	Robust arrangements for critical care	PB			
7.4	Include critical care networks in winter planning discussions	PB			
7.5	Appropriate management, escalation & communication arrangements in place in all NHS organisations 24/7	PB			
8	**Emergency preparedness**				
8.1	Robust major incident plan requirement in provider contracts	AT			Refer to narrative in AOP
8.2	Test of Pandemic Flu plan during 2009/10	AT			Refer to narrative in AOP
9	**Workforce**				
9.1	Local health community workforce plans to be published	JT			Workforce planning in progress
8.2	Education commissioning plans to be submitted	JT		n/a	Provider requirement