
Organisational Development Plan

2008 - 2011

Refresh Version One 30/03/09

South Staffordshire Primary Care Trust

South Staffordshire PCT
Organisational Development Plan

I N D E X

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FOREWORD

During the establishment period of the Primary Care Trust (PCT) in South Staffordshire the whole workforce has delivered an agenda that initially needed to concentrate on financial pressures. The workforce of the PCT managed a significant number of challenges in relation to the services commissioned by the PCT. We have also faced governance challenges that have meant that the organisation has needed to consolidate before we move forward.

Two years into the new organisation, the PCT is gaining organisational maturity. We are clear about our function and role and the vision for the future. We want to embed a culture of trust and openness, which is non hierarchical, welcoming, and engenders a “can do” feel. Staff will feel proud to work for the PCT, hold a shared set of values and be clear of the impact they are having on patient care, reducing inequalities and improving health outcomes for our residents.

As an organisation we can deliver our plans by becoming a ‘World Class Commissioner’. The commissioning process offers a tremendous opportunity to deliver significant improvements in the health of the local population and the health services we commission for them.

Our Strategic Plan offers an exciting vision for healthcare in South Staffordshire and this Organisational Development Plan details how we need to change and grow to deliver our vision.

We have a desire for innovation, a respect for professionalism and we recognise and embrace the role that local clinicians can play in strategy development and the commissioning process. Through our structures we have ensured clinicians are at the heart of our commissioning processes and this is a commitment that we intend to strengthen further as a result of our key actions within this Plan.

We see this Plan as the Board’s commitment to the staff of the PCT, Practice Based Commissioners, the wider health economy and many other local partners to develop the PCT so that we can meet our aspirations for health improvement.

Together we can see a transformational change in the way in which services are delivered and a significant improvement in care quality and the patient experience for the residents of South Staffordshire.



Handwritten signature of Alex J H Fox, MBE, Chairman in black ink.

Alex J H Fox, MBE,
Chairman



Handwritten signature of Stuart Poynor, Chief Executive in purple ink.

Stuart Poynor
Chief Executive



Handwritten signature of Dr Phil Ballard, PEC Chairman in purple ink.

Dr Phil Ballard
PEC Chairman

1.0 EXECUTIVE SUMMARY

South Staffordshire is a mixture of rural and urban communities with a population of 609,000. The population has an average life expectancy across the PCT which masks significant health gaps, some of which are widening. As one of the largest PCTs we will need to focus on prevention to reduce the health impact of poor lifestyle and to focus resources towards the high, and increasing, aging population of over 65 year olds.

The PCT works with a wide range of Primary Care providers, local Acute Trusts, a Mental Health Trust and other NHS and Non NHS Providers.

Our core purpose is to prevent ill health and to promote long life and well being. We will provide excellence for our residents in a committed and inspirational fashion, encouraging our providers to reach the highest quality in service delivery.

South Staffordshire PCT has signed up to the values of the NHS Constitution as guiding principles to shape the way we work and to reflect our culture and aspirations as we focus on the future and implement our vision. These core values underpin all of the work of our PCT and form a clear statement to our public, patients, staff, partners and other stakeholders.

South Staffordshire PCT is now two years old and is in a strong position to move forward to deliver the transformational change required to improve commissioning and deliver our Strategic Plan. In order to plan for the future we have reviewed our progress to date. The PCT has achieved much in its first two years and is now determined to move forward to deliver services that fully meet the changing needs of our population. The PCT is committed to improving both the quality of services and the patient experience.

Our ambition is to deliver and exceed the requirements of World Class Commissioning so that South Staffordshire residents receive excellence in all that the PCT is responsible for. The Organisational Development Plan (OD) describes how we will develop our commissioning competencies and how we will achieve the organisational change needed to deliver our strategic and delivery plans.

This OD Plan is a key document that will lead to the enhancement of our commissioning processes. It describes our journey from formation to establishment and the structural and cultural steps we took along the way. As we describe our vision, values and current structures, we review our position and analyse our organisational development challenges and strengths. Finally, we detail the actions required to implement this Plan and identify a process for measuring success over the next three years. The Plan will build on our current strengths and ensure that we can move forward in a systematic way.

Our action plan has been grouped into 5 key programmes

- Working in Partnership
- Leadership Development
- Quality and Innovation
- Clinical Engagement
- Developing Commissioning Competencies

Within each programme we have identified a number of priority actions. The 15 priority actions detailed in Section 8 will form the cornerstone of our development agenda over the next three years. These actions will deliver significant improvements and will, over the life of our Plan, ensure that the PCT becomes a World Class organisation.

This Plan has been endorsed by the Trust Board and we will enhance our structure to ensure that the organisational development agenda has dedicated leadership within the Executive Team. Performance against our Plan will be formally monitored within the Strategic Commissioning Committee of the Board and progress will be reported within the organisation and externally.

Our Plan is intended to develop the commissioning functions of the PCT. It is not intended to address the important development agenda relating to our staff who directly provide services to our patients. Our commitment to our staff who provide services directly to patients is demonstrated through our implementing a parallel Organisational Development Plan for provider services within the PCT.

2.0 INTRODUCTION

2.1 PURPOSE OF THE ORGANISATIONAL DEVELOPMENT PLAN

This Organisational Development Plan has been developed to ensure that the PCT has the skills and capacity to support the delivery of our Strategic Plan and to deliver our core purpose

'To prevent ill-health and to promote long-life and well-being'

This Plan also sets out the way in which we intend to develop our organisation to become a World Class Commissioner.

2.2 SCOPE

The Plan encompasses all commissioners whether directly employed by the PCT, working within Practice Based Commissioning or within joint commissioning arrangements.

Our Plan is intended to develop the commissioning functions of the PCT. It is not intended to address the important development agenda relating to our staff who directly provide services to our patients. Our commitment to our staff who provide services directly to patients is demonstrated through our implementing a parallel Organisational Development Plan for provider services within the PCT.

2.3 PCT PRIORITIES AND WORLD CLASS COMMISSIONING

The PCT will meet its core purpose by driving forward six strategic priorities which will prevent ill-health and promote long-life and well-being. Our priorities are to:

- improve children's health
- increase life expectancy
- ensure quicker, high quality health care
- improve care for people with long term conditions
- improve mental health and learning disabilities services
- improve end of life care

Our Organisational Development Plan will ensure that we have the skills and capacity to deliver these priorities and enable us to develop the competencies required to become a World Class Commissioner.

World Class Commissioning (DoH, 2007) aims to deliver outstanding performance in the way health and healthcare services are commissioned. It describes an ambitious vision of transforming the commissioning landscape within health economics with the goal of "adding life to years and years to life".

World Class Commissioning (WCC) identifies 10 key competencies required to achieve effective gold-standard commissioning:

1. Locally lead the NHS
2. Work with community partners
3. Engage with public and patients
4. Collaborate with clinicians
5. Manage knowledge and assess needs
6. Prioritise investment
7. Stimulate the market
8. Promote improvement and innovation
9. Secure procurement skills
10. Manage the local health system

These overarching competencies outline and underpin the development of a commissioning organisation and are fundamental for the PCT to meet its core purpose. By 2009 we intend to achieve level 3 in competencies 5 and 6 and by 2010 we will be at a minimum of level 2 for all 10.

2.4 WHAT IS ORGANISATIONAL DEVELOPMENT?

Organisational Development is a positive change management process through which an organisation develops its internal capacity to deliver its core purpose efficiently and effectively to sustain itself long term. Our PCT acknowledges that Organisational Development is an ongoing process, and the content of this initial Organisational Development planning document is the beginning of the organisation's journey in achieving and maintaining World Class Commissioning (WCC) status.

It is acknowledged that becoming a World Class healthcare commissioning organisation will require transformational culture change as well as improved technical ability. It is our responsibility to assess and ensure that we are developing in such a way to optimise organisational effectiveness. This Plan identifies key themes and actions that we wish to develop to underpin the delivery of our Strategic Plan.

2.5 OUTLINE OF THE PLAN

This document proposes the ways we will deliver cultural and technical change. It describes our progress from formation to establishment and the structural and cultural steps we took along the way. As we describe our vision, values and current structures we review our position and analyse our Organisational Development challenges and strengths. Finally, we detail the actions required to implement this Plan and identify a process for measuring success over the next 3 years.

3.0 BACKGROUND

South Staffordshire PCT is one of the largest PCTs in the country serving a rural and urban population of 609,000. Across the PCT the population has an average life expectancy but this masks significant health gaps, some of which are widening. There is an aging population with a higher than national average expected growth of over 65 year olds and the PCT will need to focus on prevention to reduce the current and future health impact of poor lifestyle including alcohol and obesity.

The new PCT works with 95 GP Practices, 83 Dental Practices, 113 Pharmacies, 66 Optometrists, 2 Acute Trusts, a Mental Health Trust and an Independent Treatment Centre as well as the Regional Ambulance Service.

As a relatively young organisation we have had a challenging journey beginning with the announcement of our formation in August 2006. The interim Chair and Chief Executive spent three months managing the transition between the four previous organisations and establishing the new organisation through a new Board, Directorates and focused Task Groups.

A review of these initial organisational plans through Fitness for Purpose, Board to Board reviews with the Strategic Health Authority (SHA), National Support Team visits, the Healthcare Commission reviews and the Auditor's Local Evaluation (ALE) all identified some early actions for the PCT's development, although still with a focus on function and structure.

3.1 INTERIM BOARD TO ESTABLISHED BOARD

To ensure a continuity of governance, the Chairs of the previous PCTs were asked to continue as Non Executive Directors (NEDs) in the new organisation until the appointment of the new Board in January 2007. The PCT established a separate Provider Board in April 2007 to manage the business of service provision within the PCT, allowing separation and clarity of governance.

The PCT Board is made up of Directors from the previous four PCTs, Directors who came in from other PCT's, Non Executive Directors from other PCT's and some Non Executives who were new to the NHS. Early on, it was identified that there was a need for Board development and there has been a programme over the past two years to develop the Board's strategic skills. This has evolved into the current Board and Executive development programme including effective team working and one to one coaching. The Board has now received its panel assessment against the ten WCC competencies. Action plans and training to meet the gaps are being built into the Board development programme.

In August 2008 the Trust Board committee structures were changed to enable the PCT to be in a strong position to achieve the WCC programme. The PCT held a WCC workshop in October 2008 for NEDs across the local health economy. This signalled an important step change in our approach to commissioning and highlighted a PCT fundamental purpose – to embed quality in all our commissioned services.

3.2 SUPPORTING STAFF THROUGH THE TRANSITION

South Staffordshire PCT is a large organisation to manage and during the establishment of the new PCT over 300 staff were directly affected by the changes. The PCT prioritised good working relationships between management and staff and our process of working in partnership with staff has become a model of best practice with considerable benefit to the development of the organisation.

Regular communication with staff during this stressful period was critical and has continued with a regular developmental newsletter. As dispersed staff were brought together in May 2007 a new culture for the PCT began to emerge.

The PCT asked all staff in 2007 to take part in the staff survey which identified concerns around day to day communication, workload, work-life balance, reporting of incidents, addressing harassment and violence, appraisals, recognition of their work and training and development. The Task Group established to address these issues has made significant progress. The National Staff Survey in 2008 provided evidence of this progress in particular the high number of staff who had been appraised.

A strong culture of performance management has been established with staff development at the heart of this work. In the next 12 months managers must concentrate on linking the corporate objectives into individual objectives and personal development plans. The corporate objective setting process will be reviewed and strengthened with the inclusion of the World Class Commissioning competencies.

3.3 TRANSITIONAL MANAGEMENT TO NEW STRUCTURE

The new PCT was a new organisation; the concept of 'merging' existing structures was never considered. The Chief Executive was determined that the Executive structure would be built to deliver the critical future commissioning functions of the PCT.

A management structure designed to support Practice Based Commissioning was developed. Key to the development of the PCT was the identification of the locality structure to support PBC and partnership working with a range of other local agencies.

Supporting and working alongside Localities are the central Directorates including Commissioning and Strategy, Public Health, Quality and Performance, Medical and Finance.

In January 2007 our PCT went through a Fitness for Purpose exercise with the Strategic Health Authority (SHA) and identified some urgent development areas. These were unsurprising for a new organisation but the exercise provided an opportunity to reflect on short and medium term Organisational Development at a time of great organisational turmoil. The issues raised focused on the functions of the new PCT and steered the early work plans of the directorates.

Visits from the Healthcare Commission, the Department of Health National Support Team and external auditors reviewed our PCT's business in more depth. The organisational development recommendations were a clear steer that, while we needed to manage any current problems, there was also the need to focus on looking ahead and being transformational to achieve our vision.

To support Executives in their role within the new PCT, Directors have received coaching and mentoring as well as attending a number of development programmes including the NHS Leadership Programme, PBC Diploma and Neuro Linguistic Programming courses.

3.4 ENGAGING WITH CLINICIANS

The development of PBC and clinical leadership requires more than a structural and functional solution and the Board, Chief Executive and Directors have worked in partnership with both GPs in PBC and clinicians to deliver strategic developments in a new, clinically focused structure. However, we are aware that there is much more to do if the commissioning process is to engage local clinicians fully.

In May 2007 the Board agreed a clinical engagement strategy that included the appointment of a Medical Director, revised focus for the Professional Executive Committee (PEC) and enhanced clinical engagement through Clinical Champions in key service areas.

Following Lord Darzi's review of the NHS, our PCT formed Service Improvement Boards to provide health economy wide clinical redesign proposals and implementation plans. These are also supported by a number of clinical leadership posts within the PCT who provide expertise, advice and ideas for strategy and service development.

4.0 CORE VALUES

4.1 CORE PURPOSE

Our core purpose is to prevent ill health and to promote long life and well-being. We will provide excellence for our residents in a committed and inspirational fashion, encouraging our providers to reach the highest quality in service delivery.

4.2 CORE VALUES

South Staffordshire PCT has signed up to the values of the NHS Constitution as guiding principles to shape the way we work and to reflect our culture and aspirations as we focus on the future and implement our vision. These core values underpin all of the work of our PCT and form a clear statement to our public, patients, staff, partners and other stakeholders.

We believe that our core values actively reflect our organisational culture and underpin the behaviours of our staff as we commission to meet the needs of our residents.

- **Respect and dignity:** We will commission services in a way which values each person as an individual, respects their aspirations and commitments in life and seek to understand their priorities, needs, abilities and limits. We take what others have to say seriously. We are honest about our point of view and what we can and cannot do, running our business with transparency.
- **Commitment to quality of care:** We earn the trust placed in us by insisting on quality in all our commissioned services, ensuring they strive to get the basics right every time: safety, confidentiality, professional and managerial integrity, accountability, dependable service and good communication. We welcome feedback, learn from our mistakes and build on our successes.
- **Compassion:** We find the time to listen and talk when it is needed, make the effort to understand, and get on and do the small things that mean so much – not because we are asked to but because we care. We reflect this value in our commissioning activities and how we treat our staff.
- **Improving lives:** Our core purpose is to improve health and well-being and people's experiences of the NHS. We value excellence and professionalism wherever we find it – in the everyday things that make people's lives better as much as in clinical practice, service improvements and innovation.
- **Working together for our residents:** We put our residents first in everything we do, by reaching out to staff, patients, carers, families, communities, and professionals outside the NHS. We put the needs of individuals and communities before organisational boundaries.
- **Everyone counts:** We use our resources for the benefit of the whole community, and make sure nobody is excluded or left behind. We accept that some people need more help, that difficult decisions have to be taken – and that when we waste resources we waste others' opportunities. We recognise that we all have a part to play in making ourselves and our communities healthier.

5.0 Our Vision

This plan has to deliver an organisation which can achieve our vision for the residents of South Staffordshire. We have outlined this vision in our strategic plan, which identified five strategic themes:-

- **“Patient Experience”**

We will make sure people have an **excellent experience** when they use their health service. We will put patients in control to improve their independence and choices and to respect their status as the most important contributors to their own health and wellbeing.

- **“Working Together”**

We will achieve ever closer **integration between healthcare and other services** for children and adults in Staffordshire. We know many people who rely heavily on the NHS also use other public and voluntary services. By working more closely together we can cut duplication, identify problems before they occur and tailor care to their individual needs, increasing their independence and improving their health.

- **“Preventing Ill Health”**

We will shift the balance of investment and attention to **keeping people well**, not just treating them when they are sick. We know that preventing ill-health is often the most cost-effective solution to keeping people healthy and we can add most years to life and life to years by identifying risks and tackling them early.

- **“Local Services”**

We will provide **care closer to home** if appropriate, to reduce reliance on hospital services and because often the best place to look after someone is in their own home.

- **“Safe and Effective”**

We will make local health services among the **safest and most effective** in the country to restore public trust and confidence in the quality of the NHS and make sure our residents are offered only safe and effective services.

6.0 STRUCTURE

The PCT has taken care to design its structure and processes to meet the needs of a commissioning organisation. Structures underpin organisational development and can be key to its success.

6.1 INTERNAL PCT ORGANISATIONAL STRUCTURE

The structure of the organisation was developed in the months running up to the establishment of the new PCT and in the main has delivered the functions required. Over the past 12 months there have been some developments and shifts across the structure as the organisation has matured in response to the NHS context. Appendix 1 provides full organisational charts for the PCT.

6.1.1 Trust Board Structure – Committee Structure

The Committee Structure had been established as part of the initial transitional process and worked well initially. As the emphasis on commissioning for quality and outcomes grew, and WCC emerged, all committees were reviewed and amended to reflect this change. The establishment of a new Strategic Commissioning Committee and refocusing of Integrated Governance to Quality and Safety are important symbols of cultural change.

The Professional Executive Committee's importance as the clinical driver for strategy and innovation has been strengthened and links with the Darzi Service Delivery Board and Improvement Boards have been clarified.

Prior to Lord Darzi's review of the NHS, we formed nine Service Delivery Boards who provide clinical and corporate governance to service redesign proposals and implementation plans. The Service Delivery Board oversees these service boards and the development of health services and clinical pathways across the PCT and is a vehicle for joint working across organisations. This will enable us to respond effectively to the key elements of this review, the SHA 'Investing for Health' and the local South Staffordshire Strategic direction. It also ensures appropriate engagement with the public, patients and other stakeholders in the development of proposals and applies the WCC cycle in the development and redesign of services.

The Service Delivery Board is a sub-committee of the PEC and consists of representatives from across the health economy, reporting routinely on issues requiring PEC and Board attention.

6.1.2 Directorate Structure

- **Corporate Directorate**

The Chairman and Non Executive Directors provide leadership through governance and scrutiny with the Chief Executive providing leadership for the whole of the PCT. To ensure clinical excellence is encompassed into the PCT, regular meetings are held with the Chairman, Chief Executive, and Chair of the Professional Executive Committee.

The Head of Communications aims to enhance the reputation and profile of the PCT by adopting a managed, integrated and sustained approach to both external and internal communications.

- **Medical Director**

The Medical Director provides medical and infection control leadership, advice for the PCT and oversees the Professional Executive Committee (as PEC Chair) which provides clinical input and leadership for our development of commissioning strategies and governance.

- **Directorate of Commissioning and Strategy**

Commissioning and Strategy is responsible for developing the commissioning framework in the context of the PCT's strategic plan, reflecting the importance of patients at the heart of commissioning. This is delivered through Practice Based Commissioning, PCT commissioning, joint commissioning with local authorities, and collaborative arrangements with partner organisations.

The Directorate leads the development of the PCT's Local Delivery Plan and PCT Business Plan, facilitating strategic redesign, promoting patient choice, working with providers to ensure capacity, contestability and choice as well as improvement in service delivery, access and value for money.

- **Locality Directorate (East and West)**

The two Locality Directorates are responsible for implementing the PCT's commissioning strategy in the localities. They work with and support Practice Based Commissioners to commission health services, redesign local services and care pathways and implement change. The Directorates ensure robust public and patient involvement ensuring service redesign is according to local need.

The Locality Directorate works in partnership with local authorities, social care and health, local community groups and the voluntary sector, public health consultants and healthcare providers to improve health and reduce inequalities.

- **Directorate of Public Health**

The Public Health Directorate supports the commissioning organisation (strategic commissioning, PBC, individual treatment and prioritisation) as well as delivering the core public health functions of health surveillance, health protection and health improvement. The Public Health Directorate also includes medicines management which has brought an additional dimension to its support to the PCT. South Staffordshire PCT leads emergency resilience across the local health economy and this is delivered through the Public Health Directorate. The structure of the directorate reflects the PCT emphasis on locality and partnership working with a number of joint posts with local authorities.

- **Finance, Estates and IM&T Directorate**

The Finance Directorate has a key role in ensuring that the PCT uses public resources effectively and can demonstrate best value for money in all activities. The main functions of the Directorate are financial strategy; planning and control; accounting and assurance; corporate, commissioning, provider and primary care finance as well as responsibility for contracting and procurement processes of all commissioned services and the service level agreements for outsourced non-clinical services.

In addition, the Directorate ensures appropriate information technology systems and services are in place to deliver the objectives of the PCT including the National Programme for IT. The Directorate also leads on Corporate Governance and provides GP registration services.

- **Directorate of Provider Services**

The Provider Services Directorate delivers hospital-based and community services which are supported by multi-professional teams working across localities, working with social services and other agencies.

Provider Services Directorate works in partnership with Practice Based Commissioners to develop a quality and varied range of services across the localities whilst demonstrating best value for money and meeting the needs of the local population.

The Provider Services Directorate hosts the Workforce, Learning and Development Function of the PCT ensuring equitable training and development is available for all staff and good HR practices are in place. Workforce planning and redesign expertise is provided to the PCT in its capacity as local strategic commissioning lead for the health economy.

- **Directorate of Quality and Performance**

The Quality and Performance Directorate assures the PCT Board that commissioned services are high-quality, responsive, efficient and effective for patients and local communities.

All services and providers are reviewed in respect of their comparative quality and clinical outcomes and the Directorate ensures the PCT thoroughly investigates complaints, taking action in response to feedback received.

The Quality & Performance Directorate leads on Children's Services, End of Life Care, Cancer and research governance and provides strategic leadership for Nursing, Midwifery and Allied Health Professionals.

6.2 EXTERNAL STRUCTURES WITH PARTNERS

The new PCT has a local leadership role across the health economy and has been developing this role since its establishment. As well as the wider clinical engagement identified above, the Board and Executives have established a number of processes to engage with the local health economy. This includes Board to Board meetings, a local Non Executive Directors (NEDs) workshop on WCC as well as the regular CEO meetings with peers. The Medical Director and Executive Nurse also meet their clinical colleagues both formally and informally. From April they will also chair the Clinical Quality Review Meetings with providers where senior clinicians can debate and improve safety, effectiveness and the patient experience.

6.2.1 Local Area Agreements

Our PCT plays a key role in the LAA as a major organisation within the local community. Up until January the Chairman of the PCT chaired the LAA Strategic Board. The CEO is a member of the Executive Committee working with staff across the PCT with key roles in the LAA delivery process. In our initial structures, the PCT identified a dedicated LAA officer post. With this high level and supported engagement, the PCT ensures it plays its full role as a partner, influencing others to take forward the health agenda.

6.2.2 Local Strategic Partnership

Within the six Districts in South Staffordshire, each Locality Director directly supports the work of each Local Strategic Partnership. This ensures that the health agenda is integrated with the work of other agencies.

6.2.3 Children's Trust

Health engagement with the Children's Trust has been transformed since the new PCT was established. Establishing a dedicated children's post within the new structure and nominating the lead Director to sit on the Children's Trust Board has ensured the PCT takes action to improve services and work in partnership with key agencies.

6.2.4 Responsible Authorities Group

An Executive Director of the PCT takes a lead role as health representative on each of the six District Responsible Authority Groups. This has ensured that wider partnership work on the community safety agenda is delivered across the whole PCT Executive Team.

6.2.5 Adult Care Board

Previously known as Staffordshire Health and Social Care Board, the Adult Care Board provides leadership across key health and social care organisations in the county of Staffordshire. Chief Executive Officers from across Staffordshire meet together with the Health and Social Care Director and the voluntary sector in order to improve the lives of those people who experience the health and social care divide.

6.2.6 Joint Commissioning Unit

In order to gain the maximum return on investment across public services South Staffordshire PCT, NHS North Staffordshire and the County Council have established a Joint Commissioning Unit for a number of services for adults (e.g. mental health, learning disability). A similar approach is being developed for children in 2009/2010.

7.2.1 Visits to local Leaders (Fire, Police, District CEOs)

As part of developing partnership working, the PCT CEO meets with the South Staffordshire Public Service CEOs, e.g. Fire, Police, District Council CEOs in order to share good practice and identify ways in which to combine forces to enhance the services provided to the residents of South Staffordshire.

Currently we have wide ranging partnerships established, but our self assessment against this WCC competency indicates there is more work to do. In particular the WCC panel recommends that we promote and demonstrate the benefits of partnership working.

7.0 CURRENT STATUS

7.2.2 WHERE ARE WE NOW – WHAT ARE OUR CHALLENGES?

We need to challenge our current organisational design in the context of World Class Commissioning, the maturing of the role of PCTs, including the position of provider services, and the developing local health economy. We need to determine how fit for purpose we are and, where appropriate, redesign and put the right development programmes in place.

We have started this process using a number of organisational diagnostic tools to benchmark the PCT and develop our vision as well as identify our strengths and weaknesses.

7.2 CURRENT ORGANISATIONAL SKILLS AND STRENGTHS

It is often easier to identify the gaps rather than the strengths, but South Staffordshire PCT has much to celebrate in its current form, and the next section outlines these strengths and we will continue to build on them in our development of the Plan.

7.2.3 Locality Focus and Clinical Engagement

The Chief Executive's original vision regarding a strong locality focus and embedding clinical decision making in strategy development is evidenced by the original structure and actions taken along the way (PBC, Clinical Champions, Professional Leads, Darzi groups etc). The next step is to ensure this vision is strengthened and to grasp the inherent tensions across the system to release the creative energy which is a prerequisite of success.

7.2.2 Committed Team

The Board, the Executive Committee, Senior Managers, and PBC Leads are all signed up to the emerging plan and process for strategy development, whilst recognising some of the inherent tensions in the system. The WCC panel assessment confirmed this and stated "The PCT has significant potential for improvement. The Board provides strong leadership and clarity about what it wishes to achieve."

7.2.3 Finance and Governance

Robust systems and processes are in place. The organisation achieved financial balance in year one and a surplus at the end of our second year. The Governance function has been re-examined and committee structures reviewed and enhanced.

7.2.4 Confidence

We have a confidence in our ability to manage significant business issues and want to build on that throughout the organisation.

7.2.5 Appraisal/ Personal Development Plans - 100% compliance

During 2007/08 the Trust Board emphasised the need for all staff to receive an appraisal. This target was closely monitored and achieved by March 2008. This was reflected in the Staff Survey published in March 2009. In addition the new Board made a commitment to increase the training budget year on year by £100k until a total fund of 2% of the salary budget was available.

7.3 CAPABILITY GAPS

In developing this Plan, we used a number of diagnostic tools and frameworks to examine our organisation and identify the next steps towards becoming a World Class Commissioner.

We used the World Class Commissioning competency assessment as a process to identify current gaps in our commissioning competencies. We invested in a Board Development event - 'Look Out Not Up' (LONU) programme, and we used the 7 S framework to help us have a more detailed look at all aspects of the organisation. As part of the executive development programme we carried out a gap analysis across the directorates to consider capacity and capability needs.

The outcome of these assessments have influenced the five OD Plan themes and the specific actions in Section 8.

7.3.1 World Class Commissioning (WCC) Competencies

Our WCC self assessment indicated, unsurprisingly, that as a relatively new organisation we have work to do to become a World Class Commissioner. The WCC Panel assessment gave us the following scores:

	WCC Competency	Panel Assessment
1	Locally lead the NHS	2
2	Work with community partners	2
3	Engage with public and patients	1
4	Collaborate with clinicians	2
5	Manage knowledge and assess needs	1
6	Prioritise investment	1
7	Stimulate the market	1
8	Promote improvement and innovation	1
9	Secure procurement skills	2
10	Manage the local health system	2

This assessment has been reviewed by the Strategic Commissioning Committee where each competency has been considered in detail. An action plan has been developed, agreed and will be implemented over the next 1-3 years under the leadership of Directors and their teams. The Board will monitor delivery and impact. We will heed the Panel's directive that we address 5 and 6 as a matter of urgency.

7.3.2 Look Out Not UP (LONU) Programme

The LONU programme supported the Trust Board by highlighting a range of techniques that could be used to identify an organisation's development needs and key strategic levers which can ensure efforts are aligned and therefore maximise their impact.

During the LONU programme we used an “**Inter-relationship Diagraph**” which enabled us to identify those WCC competencies which had the greatest leverage including:

- Locally lead the NHS
- Work with Community Partners
- Engage with the public and patients
- Collaborate with clinicians
- Develop procurement skills

We also explored the **Leadership Diamond** as a Board, and held fruitful discussions about our strengths and weaknesses and how to ensure we utilise the 4 dimensions of leadership in all that we do – Ethics, Reality, Vision & Courage. This debate led to suggestions for actions such as structured “walkabouts” by all senior managers with feedback loops into the system to ensure we are not remote, but grounded in reality. We are exploring the use of the Institute of Innovations Patient Safety Walkabouts, to structure these visits in a more powerful way.

The programme also provided us with a range of tools which we intend to use as part of our implementation. For example, the **Polarity Management** tool will enable us to find ways of maintaining positive and creative energy between the local devolved structure, central leadership and ultimate accountability for delivering the core purpose.

The **Star Model** enabled us to assess the organisation's design against a number of criteria and we produced a list of guiding principles which will be a reference point as we move forward. These principles are:

- Make decisions swiftly and at the right level
- Have clinical leadership at its heart
- Communicate effectively both internally and externally, and be outward facing
- Support people to work towards shared goals
- Be confident - take risks; respond to patients views; integrate services
- Resolve conflicts and tensions at the earliest stage
- Reinforce acceptable behaviours and challenge those that are unacceptable
- Ensure thinking time is available for all

Finally, the team gained the most benefit from this 3 day programme by sharing ideas, discussing tensions, achievements and developing the vision together. This has translated into an energy and enthusiasm for this Organisational Development plan to be fully realised.

7.3.3 The 7 S Framework

We used the **7 S Framework** to assess both capacity and capability gaps which need bridging. The following summary captures our thinking:

1. SKILLS

This relates to the need to benefit from the skills and knowledge held by individuals. This means good quality recruitment processes, training and development and staff engagement is crucial. Where skills do currently exist in house, this needs to be identified and action taken to bridge the skills gap.

Where are we now?	Where do we want to be?
Centralised recruitment and corporate induction processes in place	Improve recruitment practice and induction programmes to embed the PCT's values and culture
Appraisal at 100% in 2007/08	Ensure individual objectives and developments link clearly to corporate objectives
Established Training and Development embedded.	Commission bespoke leadership and commissioning courses
Clinical Champions in post	Maximise the impact of Clinical Champions and link with SHA champions and national organisations of merit
	Provide opportunities for innovation driven by staff closest to the patient
Level 1 in WCC Needs Assessment (5) and Prioritisation (6)	Level 2 in WCC competency 5 and 6 within 6 months

2. STRATEGY

A coherent set of actions outlined in the Strategic Plan are critical to develop a shared purpose and meaning for stakeholders, both internal and external. The PCT's Strategic Plan will be widely shared and this Organisational Development Plan will be the one of the vehicles by which it is delivered.

Where are we now?	Where do we want to be?
Strategic Plan written and consultation events have taken place	On-going staff, public and stakeholder engagement during strategy implementation.
Clinical strategy developments are produced by clinicians across the local health economy	We want to be recognised for a strategy based on innovation and creativity
WCC Amber for Strategy	WCC Green for Strategy 2010

3. STRUCTURE

The establishment of the Structure took considerable time, effort and energy and the focus now needs to be on ensuring it works effectively, ironing out inevitable tensions. The revamped Committee structure will act as an enabler.

Where are we now?

New Trust Board Committee Structure in place
WCC Amber for Governance
Local reviews of Directorate Structures in line with
WCC competency assessment

Where do we want to be?

WCC Green for Governance
Where necessary implement management structure changes designed to meet identified gaps in capacity/capability.

4. STAFF

Staff need to feel they are the most important asset, rather than just being told they are! This has to start with recruitment processes and continue right through to exit interviews. They need to hear consistent messages and be developed and incentivised in their roles and be clear this is to achieve excellence for patients, users and the public of South Staffordshire.

Where are we now?

Staff issues from staff survey 07/08 addressed

Innovation fund and Special Thank You's established and several national awards have been won

Weekly newsletter in place

Induction process has been improved and led by the Executive Team

Good staff partnership arrangements in place

All staff events which focus on commissioning

Where do we want to be?

An excellent staff survey which shows improvements in all areas
Staff issues raised in 08/09 addressed and improved

Ideas from staff coming forward and being implemented

Staff regularly publishing articles, delivering workshops and national conferences and enthusiastic to share their ideas and actions with others.

Improved communication routes - team briefs, induction, etc

Involvement, engagement and partnership of staff in all PCT Business - "Everyone Counts"

Excellent development programmes linked to commissioning competencies

5. SYSTEMS

The processes and procedures through which things get done can make or break any organisation's effectiveness. Part of the OD action plan needs to dedicate some time to examine current processes, identify what works well and what needs to change, where decisions are taken and how they are communicated, and where systems could be integrated to avoid duplication. Involving those who are close to the procedures and understand the frustrations and strengths will be essential. Some of this work has started but can be built on and revisited over the next 3 years.

Where are we now?

Locality v central decision making can cause tensions

Decision making routes need further clarity at times

Local resolution is not always taken effectively which means issues escalate and impact upon strategic roles inappropriately

Where do we want to be?

Devolved decision making by well informed commissioners

Proactive management of inherent tensions between locality/central roles to ensure positive performance ensues (as per polarity management tool)
Reduction in duplication

System working effectively to deliver core purpose of the PCT

Clear knowledge of provider capacity (WCC Competency 7)

6. SHARED VALUES

Ownership of a set of shared values is a critical first step in any Organisational Development Plan that needs to focus on culture development. We strongly identify with those espoused in the NHS Constitution and want them to be widely owned and totally supported. This will be achieved as identified in the action plan and evidenced by behaviours which embody these values.

Where are we now?

Agreed set of core values

Where do we want to be?

One set of values for the organisation which are evidenced in practice.

Our staff, patients and partners recognise the PCT by the way it works in partnership with others

7. STYLE

This can be described as "the way managers collectively behave with respect to use of time, attention and symbolic actions." This is a leadership task, and needs a set of actions to ensure consistent style is developed amongst managers across the PCT.

Where are we now?

Inconsistent attention to symbolic actions and behaviours - happens by chance

Residual styles from previous organisations

Where do we want to be?

Clear identification of key behaviours and symbolic actions which make up the organisational style and actions taken to embed this

Able to articulate what the PCT style is and ensure it reflects our core values

7.3.4 GAP ANALYSIS OF DIRECTORATE STRUCTURES

Since the establishment of the PCT a number of posts have been developed to strengthen our commissioning capacity and capability. The executive directors reviewed their directorates in response to WCC and the outcome of the analysis tools above. Posts added to the initial structure included:

- Cancer and CVD commissioning posts
- Locality project officers to implement commissioning developments
- Substance misuse commissioning post
- Devolution of redesign team to localities
- Clinical Champions
- Infection Control team expansion and Head of Infection Control
- CBSA local information posts
- Senior Finance Officer

As the organisation matured and we received external feedback, we recognised new pressures in the system and a need to adapt the organisational structure. Following a structure assessment and a skills and capacity analysis, we developed an action plan to tackle the structural gaps. This Organisational Development Plan identifies further developments. Our initial capability and capacity gap analysis identified some early themes for the strengthening of the workforce:

- Expanding the capacity of knowledge, information and analysis
- Benchmarking PCT and providers' performance against national and international metrics
- Contracting and legal skills
- Delivering quality through contracts
- Developing locality contract performance management
- Engagement of the third sector
- Expanding and strengthening the PCT internal and external communication function
- Improving the quality of care in nursing homes

7.3.5 Next Steps

The conclusion of all of this work is essentially that we need to find ways as part of our day to day business to really engage, support and develop a broad range of individuals, teams and communities in the process of shaping and delivering our Strategic Plan. Often organisations can become lost in bureaucracy and lose sight of the key responsibility to bring the core values of compassion, respect, dignity and care into all that we do. We have created an Organisational Development plan that will demonstrate we exist **only** to improve the health of the public, reduce inequalities and commission high quality, safe effective services for our patients.

The PCT is now in a position to move forward with a developmental agenda that is focused on commissioning quality services for the patients of South Staffordshire. We are clearer about our function and role and the vision for the future. We have identified our core values and we will work to implement our Strategic Plan which will deliver real improvements in the quality of services and in the patient experience.

As we move out of a transition phase, messages and communication routes are becoming more consistent and clearer between staff groups and there is less resistance from some staff to move forward into the world of commissioning. Staff working at headquarters, localities and within the provider arm may all still have slightly different day to day experiences but the strategic intention and vision of the Chief Executive and his team is removing some of these cultural barriers.

As well as engendering confidence in the PCT, Directors and Senior Managers are tackling some of the challenges presented within an organisation that is delivering corporate and locality agendas. This needs to be recognised, articulated and developed into a positive tension that becomes a creative force for the PCT. This is crucial in order to deliver our Strategic Plan for South Staffordshire residents.

We recognise it will take time to embed the strategy and culture into the day to day working of staff and managers at all levels in the organisation. To meet this ambition the PCT needs to ensure it has the confidence and trust of staff, the public, GPs, the local health economy and partners. Developing this confidence through good working relationships will form a significant focus of our PCT's Organisational Development and subsequent plans to develop its vision and culture. However, an emphasis on function and delivery will still need to be maintained as the PCT manages a broad range of activity.

Fundamentally, if we are to achieve excellence for the people of South Staffordshire then we need to focus our efforts on the actions that will make the most difference as identified in the section below.

8.0 OUR ACTION PLANS

Our ambition is to deliver and exceed the requirements of WCC so that South Staffordshire residents receive excellence in all that the PCT is responsible for. We have developed a wide ranging programme of organisational development that will transform the way in which we work as a commissioning organisation.

In order to align organisational energy and effort to maximise impact and effectiveness we have themed our organisational developments into the following five key programme areas:

1. Working in Partnership
2. Leadership Development
3. Quality and Innovation
4. Clinical Engagement
5. Commissioning Competencies

To focus our efforts we have highlighted 15 priority actions that will transform the way that we commission services in the organisation. Each of these relates to one of the above themes and will be supported by further development activities to give a coordinated programme that will deliver transformational change.

Whilst these will be the prime focus of year one of the plan, they will not be the only actions we take. As we developed this plan, we identified several actions which would benefit the organisation, but which are not yet fully developed. All these ideas have been collated into an action sheet for further discussion and prioritisation.

We will also constantly review the plan and our actions in the light of new information or contextual and organisational changes.

PROGRAMME ONE WORKING IN PARTNERSHIP

The ethos of the PCT is to work in partnership, this extends to working with patients and the public, clinicians, other NHS and non NHS organisations. It is important that we demonstrate the benefits of working in partnership and will ensure an outcome focus to partnership working.

We recognise that we need to continue the development of partnership working and further embed “working together” within our organisational culture. We have planned a programme that will develop our learning and ensure that our outcomes are even more effective for the residents of South Staffordshire. These actions are listed below:

PRIORITY ACTION 1

Establishment of Organisational Development Partnerships

The PCT will develop a strategic partnership with an external non NHS organisation to support its development of systems and processes to improve both business delivery and customer awareness.

We have yet to approach organisations but we would look to work alongside a local organisation that has a world class reputation and has exhibited excellence in Organisational Development practices.

The partnership will include Board to Board events, secondments, 'day in the life' shadowing, joint training and mentoring.

The outcome of this partnership will strengthen our Organisational Development Plan so that we can inspire, motivate and enthuse our staff utilising new ideas and best practice to help them deliver our core purpose. We also expect to develop a framework for improving quality - for example by adopting the Lean technique and/or Kaizan approach. This structured approach will add value to all that we do.

PRIORITY ACTION 2

Improve health outcomes of Local Partnerships

The key to the delivery of our agenda is our ability to work constructively with other agencies in the local health economy. The local area agreement has provided a mechanism for engagement at a senior level. We also have several joint appointments (e.g. the Director of Public Health, District Directors of Health and Social Care and the Joint Commissioning Unit). However, the biggest dividend for the public will be delivered by working in partnership on the ground where services are delivered.

The PCT will now develop arrangements to facilitate and encourage partnership development at grass roots level by leading partnership forums at all levels in the organisation as we work in partnership to deliver our strategic vision of preventing ill health. The concept of neighbourhood working will be at the core of our plans as we tackle the wider determinants of health and develop integrated, seamless service delivery.

We will also look to design our Local Delivery Plan process in ways which fully utilise the skills and expertise of our partners on an ongoing basis.

The outcome of this element of work will be twofold - a locally owned Investment Plan which addresses the needs of the population and is vibrant and dynamic; and evidence of integrated services being delivered around local populations in both adult and children's services.

PRIORITY ACTION 3

Work with Universities to integrate Strategic Workforce Planning

Similar to the approach to talent management, the PCT is committed to ensuring it has the right workforce fit to deliver the PCT vision. The PCT is a large organisation and as it develops its commissioning strategies, will need to develop more accurate and effective Workforce Plans. The PCT needs a skilled team to support the Strategic Commissioning Committee as it manages a large number of clinical strategies being developed at any one time. Each and everyone of these also requires a detailed Workforce plan, looking at the health and social care workforce across the health economy and being creative and flexible to meet divergent needs.

The PCT will establish a workforce development team in partnership with a local University to meet the emerging health and social care needs of South Staffordshire. This partnership will establish strong links with the Local Delivery Boards, the Deanery and the NHS West Midlands Investing for Health projects to ensure that our locality is utilising all available resources and expertise to full effect.

In addition to workforce planning, the PCT will reshape the training programmes for Health Professionals, wherever they are employed, to ensure that skills are in place to support the emerging integration agenda.

The outcome of this development will mean a more realistic Workforce Plan can be delivered and services will not be held back due to absence of skills. This will provide improved health outcomes, patient experience and equity of service delivery.

PRIORITY ACTION 4

Implementation of a multi-faceted Public Engagement programme

By December 2009 we will have achieved a level 2 in this competency (3). The PCT involves the public in various ways through service reviews, strategy consultation, Joint Strategic Needs Assessment, the website and open forums. This needs to be more consistent and the public need to be confident in knowing how to contact the PCT, who to approach, as well as understanding the opportunities provided by the PCT for discussion. The Public and Patient Engagement Strategy was written with the intention of ensuring that the involvement of patients in the commissioning process becomes an automatic part of our business processes. Embedding this concept in practice is the next important step. The PCT will look to utilise the skills of external bodies to ensure that the PCT is a fully engaged organisation. Emerging and existing technologies will be a key element of our engagement plans.

Actions which support this priority will include a more structured approach to the chief executive's drop in surgeries for the public; building on the elephant kiosks initiatives and look to identify ways in which we are "hard wired" into the needs and views of residents. This will enable us to ensure the patient/user voice is part of all commissioning processes.

We aim to shift the local perception of improvement in the NHS by working with the public to engender an understanding of the public's expectations of the NHS and our expectations of patients and the public. It will give the public an opportunity to express their health needs and for the PCT to commission against those expressed local needs. We will also need to engage with the public about the self care agenda and to work in partnership with them. This will require a shift in culture and focus from PCT staff.

Success in this area will mean we more effectively meet our public's needs, with the potential to reduce complaints and requests for individual treatments. It will also mean we will increase contact with the voluntary and community sector maximising the use of their services with our support, and will in turn deliver positive messages in local and national media.

Priority action	Lead	Milestones	Timescale
Establish OD Partnerships	CEO/NED	Establish partnership with Rolls Royce to look at quality and best practice	6 months
	Director OD	Develop OD programme with partner	12 months
Improve local partnerships	Locality Directors	Develop local partnership forums	9 months
	Director Public Health	Develop neighbourhood focus	9 months
	Director Commissioning and Strategy	Engage partners in LDP	12 months
		Focus on key health outcomes from LAA partnership working	12 months
	Chair/NEDs	Run health economy NEDs conference	12 months
	Director Quality and Performance	Develop the local health economy forum of nurse directors to include voluntary and independent sector nurse leaders	6 months
	Chair/CEO	Ensure PCT representation at partner events	3 months – 3 years
Work with universities on workforce plans	Head of Workforce	Establish workforce development team in partnership with local university	6 months
		Establish workforce partnership	6 months
		Enhance capacity and capability of workforce planning within PCT	12 months
		Re shape training for professionals working in integrated teams	9 months
		Structured system to embed public engagement into commissioning process	6 months
Public Engagement programme	Director Commissioning and Strategy Locality Directors	Commission qualitative research to identify how to better engage stakeholders	6 months
	Medical Director	Build on Service Improvement Boards to increase stakeholder engagement	6 months

PROGRAMME TWO LEADERSHIP DEVELOPMENT**PRIORITY ACTION 5****Team coaching and Patient Safety training for the Board**

Current Board development has focused on the skills and functions of the Board to ensure it operates effectively. The next stage is to develop the Board as a team, build on the PCT values and vision and shift the focus to the future rather than managing the problems of today.

The Executive Team now use a team coaching approach to ensure that working practices are as effective as possible. The coaching will in time cover the whole Trust Board and will also support the second in line staff who all have a vital role to play in the commissioning process. Access to the National Institute of Innovation Executive Coaching has also been utilised for Directors.

With patient safety and quality of patient care as the Board priority, they will undergo specific training in this area to allow all directors and in particular non-executive directors, sufficient knowledge and skills to challenge the quality accounts.

This development programme will ensure that people are delivering their best; thinking time is planned into people's day jobs to help them to be proactive and future focused rather than operational and reactive. This will enable the PCT to become the local leaders of the NHS, fulfilling the core purpose of the PCT and steering the local health economy to excellence.

PRIORITY ACTION 6**The development of Clinical Leadership**

The PCT is committed to supporting the development of clinicians as leaders within our local health economy. We will actively identify the clinical leaders in our midst and encourage them to take part in national and regional development programmes. However, the PCT will also further develop the existing Clinical Champion roles to take a leadership role in each of our Service Improvement Boards.

We will design local development programmes that will provide inspirational seminars from leading national and international clinical leaders, learning sets, peer mentoring, and "visioning events". The focus of the programme will be firmly based on improvement.

By getting this right we will ensure strategy and services are aligned with the needs of the population and based upon local and national evidence from clinical practice about what works best. We will build a reputation that encourages clinicians to work in the area and so attract the best. Clinicians will be able to harness the power of commissioning to enhance clinical activity and many will begin to view commissioning as an attractive career option. Clinicians can then use their clinical knowledge and skills to improve processes and services for patients and the public.

PRIORITY ACTION 7**Implementing systematic PCT Talent Management programmes**

As a large organisation the PCT has a significant opportunity to grow its own managers of the future. We will develop talent in a number of ways.

A development programme for all managers Grade 6 and above will be provided and the potential to use the Investing for Health products in this area will be fully explored. The programme will help to identify managers who aspire to and have the skills to progress to more senior posts, which will allow the PCT to develop formal succession planning. Potential future leaders from across the health economy will be offered opportunities for development including, mentorship / secondments and membership of a PCT 'Commissioning Trainee Scheme'.

The aspiration of our programme will be that future senior manager posts will be recruited from within the PCT and its wider economy and that they will have a good grounding across a variety of settings to enable them to lead change more effectively in a complex system.

Priority action	Lead	Milestones	Timescale
Team coaching for Board	Chairman/CEO	Extend team coaching programme to whole Board	6 months
Patient safety training for Board	CEO	Implement Patient Safety training for all Board members	6 months
Develop clinical leaders	Medical Director	Identify potential clinical leaders within the PCT	6 months
		Identify and offer appropriate national and regional development programmes	12 months
		Develop Clinical Champions to take on leadership role	6 months
PCT talent management	Director OD	Design and offer local development programme	12 months
	Director OD	Programme for managers Grade 6 and above. Aspire to 80% access	12 months
	Director Commissioning and Strategy Locality Directors	Implement Commissioning Trainee scheme	12 months

PROGRAMME THREE QUALITY AND INNOVATION**PRIORITY ACTION 8****Listening to the Patient Experience**

The PCT will put in place a number of programmes to ensure the PCT "hears the patient story" and systems behind those that ensure the issues are addressed in service redesign. The learning from the Investment for Health project on real time patient experience will support the PCT's development of a patient experience programme.

We have already invited the Lay Chairs of the Maternity Liaison Committee to present directly to the Trust Board and will continue to explore this route prior to every Trust Board meeting. Senior PCT management will shadow patients and staff in order to gain first hand experiences of the patients that we are here to serve.

We need to develop our skills to better manage Clinical Quality Reviews and clinical networks – both to chair effectively and ensure the staff are appropriately developed on quality metrics and monitoring.

The PCT is committed to high quality care for all and an essential part of that is for all staff to understand the importance of customer care. It is critical that all staff understand the part they play in the organisation and how important it is to make a difference.

The PCT will look to design specific customer care training for staff, in conjunction with NHS West Midlands. This needs to be for managers, administrators and clinicians. We would hope to extend the programme to cover independent contractors and our main provider Trusts.

Hearing real time patient experiences and implementing a programme of customer care training will raise our awareness of the patient experience and greatly enhance the way in which our organisation monitors quality of care and commissions healthcare.

PRIORITY ACTION 9

Build a culture of innovation

We recognise that the ability to be innovative will be dependant to a significant degree upon the environment and culture in which people work. We aim to develop a culture designed to support innovation with a focus on outcomes rather than process. This will require a cultural shift in commissioning to consider the impact of the service, awareness of opportunities for innovation in redesign and care pathway changes, the impact of differential investment as well as the importance of measures for monitoring the progress to quality.

We will further develop our innovation scheme and we will provide dedicated time for staff to work together to deliver new ideas. We will also look to work with and learn from external agencies which have a proven track record for innovation and staff development.

We aspire to reach level 4 in the WCC competency 8 and recognise we need to benchmark our commissioning decisions, strategies and plans both nationally and internationally. We will seek out and adopt best practice as well as sharing our successes.

To achieve our strategic vision we need to improve and innovate as we shift our investment to keeping people well. We will need to engage the public and patients in the self care agenda, working with them in partnership. This will require a shift in how we work with the public and a different approach from our staff to intervene early.

We anticipate that success in this area will lead to a higher achieving organisation as staff find ways to remove barriers and devise new processes which improve our approach to commissioning.

Priority action	Lead	Milestones	Timescale
Listening to the patient experience	Director Quality and Performance	Implement the learning from IfH project	6 months to 2 years
		Ensure patient representatives present before Board meetings	6 months
	Medical Director	Planned programme of shadowing frontline staff and patient pathways for Board members	6 months
		Chair and manage Clinical Quality Reviews	3 months
		Develop PEC role in engagement with public and patients	6 months
Customer care training	Chair/CEO Director Public Health	Hold public events	3 months
		Patient involvement in JSNA	6 months
	Director OD	Develop and implement a customer care programme for all PCT staff	6 months
Build a culture of innovation	CEO/Directors	Develop and implement a customer care programme for independent contractors and providers	12 months
		Develop current innovation scheme and build in systematic process to encourage development of ideas	12 months
	Director Commissioning and Strategy Locality Directors	Benchmark PCT against others and learn from best practice nationally and internally	1 – 3 years
		Medical Director	Engage public and patients in self care agenda
	Director Commissioning and Strategy Locality Directors	Demonstrate promotion of independence, health and well-being and personalisation agendas	12 months

PROGRAMME FOUR CLINICAL ENGAGEMENT

PRIORITY ACTION 10

Implement a commissioning skills programme for PBC

The PCT is committed to a devolved model of commissioning and the Locality Directorates that support PBC are increasing their capacity. The PCT has structured itself to provide consistent support and encouragement to practices in order to derive real benefits from PBC. PBC leads have already started a development programme and this will be expanded to encompass the wider WCC competencies.

After its first year of providing and increasing PCT support to GPs engaged in PBC, the PCT needs to develop a focused programme for all practice staff who wish to actively engage in the commissioning agenda. We will also look to widen participation from PCT provider staff to ensure locality commissioning captures the widest perspective of issues and solutions for their local community.

In order to develop Practice Based Commissioners, the PCT will build a programme based around our existing diploma course and tailor the content to be specifically focused on how Practice Based Commissioners can improve the quality of services and the patient experience. The PCT would also look to facilitate secondment opportunities for practice staff to gain a greater understanding of the commissioning process within the PCT.

We are already seeing the positive outcomes and improved patient care from PBC and this skills development programme will sustain innovative PBC service redesign and commissioning for the future.

PRIORITY ACTION 11

Establish quality clinical networks

The PCT has established a strong process for clinical engagement within its clinical strategy development. However, we now want to further develop clinical engagement to fully exploit the role of all clinicians in all aspects of the PCT commissioning cycle.

As a leader of the local health economy the PCT will work with partners to develop local clinical networks in a way that can unite local clinicians with the shared goal of improving the patient experience. We will use the Service Improvement Boards and Clinical Quality Review meetings as a process for this change. Focused work programmes led by clinicians will enable delivery of the Strategic Plan.

This will mean that organisational boundaries will not restrict the development of services to meet the needs of patients and commissioning across patient pathways.

Priority action	Lead	Milestones	Timescale
Commissioning skills programme for PBC	Locality Directors	Extend PBC leads development across WCC competencies	12 months
		Develop commissioning awareness and engagement programme for wider practice staff and PCT provider staff	12 months
	Director Commissioning and Strategy Locality Directors	Further develop diploma course for PBC and GPs	6 months – 3 years
		Second practice staff into PCT	12 months
Establish clinical networks for quality	Medical Director/Director Quality and Performance	Use Clinical Quality Reviews and the Service improvement Boards to engage clinicians across the health economy in quality networks	6 months
	Director Commissioning and Strategy	Identify clinician led task groups to implement Strategic Plan	3 months

PROGRAMME FIVE DEVELOPMENT OF COMMISSIONING COMPETENCIES

A major element of our development will be to ensure that our commissioning workforce have the necessary competencies to deliver World Class Commissioning. Our Plan is designed to develop existing staff, attract new staff and to build the workforce in our health economy. We will work with other PCTs to develop our knowledge and capability, seeking out good practice.

**PRIORITY ACTION 12
Improve the PCT WCC Competency assessment**

As previously described we have established a process to deliver the action plans to improve our competencies in WCC. Based on our gap analysis, each plan will be personally led by an Executive and the programme will be geared to delivering continuous improvement over a three year period.

Our work with the LONU programme identified a number of key areas to focus on which would give the PCT greatest leverage to improve its commissioning. We will focus on developing these areas in depth with a comprehensive 3 year improvement programme.

We know that prevention and tackling health risk early is the most cost effective use of resources but we have a long way to go to shift our focus of commissioning from acute health care to primary health care and prevention. We need to develop skills in predictive modelling and impact assessment such as Wanless and embed a culture of evaluation to become an organisation of continuous learning and improvement.

Our urgent focus will be to develop our commissioning competencies 5 and 6 for knowledge and information. We need to improve our skills in health needs assessment, use predictive modelling to prioritise investment and understand the scale of investment required to make the impact we require.

We will expand our knowledge management skills through the development of a "team without barriers" bringing together the vast amount of knowledge, data and information available to the PCT. We will buy in external expertise and capacity to bring together what we know and set up processes to develop that knowledge into a strategic asset.

The Board has already agreed investment in this initiative which will develop the skills and competencies within the PCT. We aspire to achieve a level 4 assessment in both competencies.

The outcome of this development will enable the PCT and wider health system adapt and improve services to meet the increasing demands and expectations of its residents. It will enable the commissioning of services to be evidence based and investment to give the best return. This will allow the PCT to benchmark itself against the Wanless fully engaged scenario, improving its commissioning strategies and investments.

PRIORITY ACTION 13**Implementing a commissioning programme for all staff**

All staff working at the PCT headquarters and localities will receive a structured programme to increase and improve their commissioning skills. The programme will be tailored to meet the needs of our PCT to deliver our core purpose and will be focused on the achievement of our WCC competencies. The importance of quality and establishing patient related outcome measures within a quality landscape (as identified in the NHS Next Stage Review) will form a major plank in this programme as it is a relatively undeveloped area of work, and of prime importance to our residents.

We will look to use external support and expertise to develop our staff as fully rounded commissioners. The programme will focus on highlighting the impact that the commissioning process has on the patient experience.

In year 1 we anticipate training 30% of our staff and the increased confidence, knowledge and skills will be translated into better management of contracts, sophisticated redesign processes and improved services for our residents.

PRIORITY ACTION 14**Provide critical employee pathways**

The development of our workforce is essential to the PCT. We will provide an excellent critical pathway for staff through recruitment, induction, management, appraisal, team brief, development opportunity, promotion and onto exit interview.

To support the enhanced process we will develop an excellent standardised recruitment process and package which will include a welcome DVD, and enhanced induction process. We will set performance standards for staff management including appraisal, development and performance management.

PRIORITY ACTION 15**Implement staff management skills and leadership programmes**

The PCT will ensure it has a high quality Workforce Development Plan for its core functions and professional technical skills.

To meet the challenge of WCC competencies we will implement a consistent staff management skills programme for all managers who have responsibility for staff. This will ensure each manager is competent in a skill set that will get the best out of their team, support staff development and provide effective performance management.

To ensure that the training programme has the appropriate status and content we would look to develop the programme with local educational institutions and where possible the training will be formally accredited.

We will also deliver a leadership development programme across the PCT, recognising that we need good leaders at all levels in the organisation if we are going to deliver the transformational changes needed to achieve our core purpose. To assist us with this programme we will embrace the developments led by the NHS West Midlands, and ensure we access the necessary expertise for our workforce.

This package of staff development will ensure a consistency of approach across staff management and development, embedding PCT core values and giving clarity about how we will measure against them.

Priority action	Lead	Milestones	Timescale
Improve WCC competency assessment	Director Commissioning and Strategy	Implement action plans agreed by Strategic Commissioning Committee	3 months – 3 years
		Develop actions plans to drive forward LONU areas of focus	3 months
	Director Finance	Implement knowledge management partnership and unit	3 months
	Locality Directors	Develop capability in locality teams to analyse information to measure performance against KPIs	6 months
Commissioning programme for all PCT staff	Director Public Health	Develop social marketing skills with external expertise	12 months
	Director Commissioning and Strategy	Develop and implement structured commissioning skills programme.	6 months
		Ensure JCU staff included in PCT commissioning development	3 months – 3 years
Critical employee pathways	Head of Workforce	Set personal assessment standards against WCC competencies for commissioning staff for PDP	12 months
		Develop a standard process for employee pathway	12 months
Staff management programme	Head of Workforce	Set performance standards for staff management	6 months
		Develop and implement a consistent staff management skills programme for all managers with responsibility for staff.	12 months
Leadership programme	Director OD	Work with local university to develop accredited course	12 months
		Develop leadership programmes at all levels of the PCT	1 – 3 years
	CEO	Work with external providers to develop executives as individuals and as a team	1 – 3 years
	CEO	Engage with NHS West Midlands and national leadership programmes to develop local talent	1 – 3 years

9.0 DELIVERING OUR PLAN

9.1 IMPLEMENTATION

This is a really exciting time for our PCT as we take the next steps towards becoming World Class Commissioners, and fulfilling our core purpose of preventing ill health and promoting long life and well-being for our population in South Staffordshire.

Delivering this vision demands the development of an organisation which is focused, energised and empowered at all levels and fully embodies our core values. This will require some significant changes and strong leadership to align the myriad of resources that are available to support this endeavour and manage the complexities of leading the local health economy to excellence. This role lies fundamentally with the Chief Executive, who will need the support of the Executive Team and Board, plus a dedicated champion with the skills and expertise to lead this change agenda, in the form of a Director with responsibility for Organisational Development.

The Director of Organisation Development will be a new post and will enable us to maximise the use of resources currently available within the PCT, such as a dedicated workforce and learning team. They will also be able to access the range of resources available or being developed via other routes. This will include NHS West Midlands Investing for Health projects - such as 'Transforming the Workforce' whose key product is a suite of tools and programmes around leadership, workforce planning and customer care programmes.

The Director will need to build upon the actions identified in the Plan and support the implementation and development of new actions over time. They will be responsible for delivering this 3 year plan overall - but with the full support, commitment and energies of the entire Executive Team and Board, who will all have lead responsibilities for key areas. In effect, the Organisational Development Director will co-ordinate the various plans which contribute to our Organisational Development, in particular the WCC action plans and ensure they are high profile, visible and delivered across the organisation. In supporting lead Directors and managers with this crucial work, they will need to be creative and innovative and focus on the art of the possible, rather than the potential limitations of bureaucratic organisations. Ultimately they will hold the Executive and Board to account for the delivery of the actions and the impact of this work on achieving excellence for our residents. Progress will be monitored via the Strategic Commissioning Committee, which is a sub-committee of the Trust Board.

9.2 MONITORING OUR PLANNED OUTCOMES

As a dynamic vehicle for change this plan will need to adapt frequently in response to new information and ideas, including feedback from partners and key stakeholders. The Organisational Development Director will continuously review and monitor this plan identifying key milestones within the 3 year period and ensuring the PCT gives sufficient continued attention to this area of work as it does to any other performance regime.

We have designed our plan to concentrate on 15 priority actions as detailed in Section 8. Each action is designed to deliver specific outcomes that will have a transformational effect on the way in which the PCT changes to deliver both its core purpose and meet the demands of WCC. Alignment of these actions with the WCC Competency actions is crucial and is the responsibility of Lead Directors.

Our plan will deliver tangible outcomes that will be clearly evident to our patients, staff and partners. We will deliver a range of outcomes that can be grouped into the following areas

Programme	WCC competencies	Key outcomes
Working in partnership	1, 2, 3	We will deliver integrated services for both adults and children and ensure that the wider partnerships are formed e.g. housing, connexions etc which maximise benefits for our communities. We will adopt a systematic approach to quality processes (e.g. lean) by building key partnerships with a local organisation. Our residents will become familiar with our role and responsibilities and we will find new ways of working with them to deliver change.
Leadership development	1,2,4,7	A range of leadership development programmes will ensure we maximise the skills of leaders across the organisation, with a particular emphasis on clinicians. This in turn will lead to transformational change and improvements across the local economy.
Quality and innovation	3, 5, 8, 9	Customer care for all will support staff to tune into our public more effectively, and be responsive and flexible when addressing their needs. Patient experience will be the driving force for change, and ways in which to measure and improve this will be actively developed.
Clinical engagement	4, 8	A series of development programmes for PBC, their staff and the wider clinical community will excite, engage and motivate commissioners to set challenging goals and high standards from all commissioned services. Commissioning for outcomes rather than process will be the new currency
Development of commissioning competencies	All	Investing in staff to deliver the change will ensure they improve their skill set, and increase our ability to recruit the best available staff

Our plan offers an exciting opportunity for the PCT. In order to be effective we will monitor progress in a rigorous way. We will formally review progress by using our Strategic Commissioning committee as the mechanism by which we monitor performance. The chief executive will directly line manager the new director of Organisational Development and the focus of this role will be based on delivery of the plan.

In order to evaluate we need to be clear that we know what success will look like. This paper has outlined our Organisational Development journey and our aspiration. It has identified priorities for action across 5 themes, and included actions to remedy gaps in our ability to deliver WCC.

We have described how changes will be delivered for patients, staff, our partners and communities using a combination of training and development, organisational design and leadership actions to promote a culture of transformational change.

Success therefore will mean we have delivered these actions and more. The impact of this will be evidenced by the implementation of our strategic plan.

Furthermore, all commissioning activity will focus on quality and patient experience, and processes will be vibrant and inclusive rather than bureaucratic and remote.

Our ambition is that at the end of the lifespan of this Organisational Development plan, when the public are asked what South Staffordshire PCT does, they will be able to say

“They helped me to stay healthy, live longer and feel better”.

That will be the true measure of success.