

# Organisational Development **Plan**

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2010

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# SECTION 1

## 1.1 Foreword

Organisational Development is about understanding, planning for, and implementing changes and improvements with our systems, people and culture to ensure we fulfil the strategic goals outlined in NHS Walsall's World Class Commissioning Strategy.

This plan supports the strategic plan and sets out how the PCT will align it self to deliver its strategic vision and goals over the next five years. The Organisational Development Plan is a live document that is reviewed on a monthly basis, changed as different needs are identified within the organisation and refreshed annually.

Implementing the initiatives described in the Organisational Development plan will assist in creating an organisation, that not only commissions high quality services, helps to enhance life style choices and improve the life expectancy of the people of Walsall, but it will also offer excellent employment opportunities and development for our staff and the local community.

We have made significant achievements against the organisational development priorities and initiatives illustrated in the 2009 plan; these will be described in detail in section two.

In the context of World Class Commissioning [WCC], the aims of the Organisational Development plan are to

- ▶ Identify strengths and weaknesses of NHS Walsall from an organisational point of view
- ▶ Demonstrate how NHS Walsall will achieve its goals and strategy from an organisational perspective
- ▶ Reflect current goals and future needs of the local population
- ▶ Incorporate the staff survey results and panel day feed back to ensure on going development towards WCC
- ▶ Describe our approach to Organisational Development
- ▶ Illustrate our successes in organisational development over the last year.

Figure 1 provides an overview of our Organisational Development Plan. We have linked our strategic goals to our core values and WCC competences.

Following the same phased approach to organisational development as last year (described in Figure 2), we identified our organisational development goals by undertaking a capability gap analysis, this allowed us to formulate and prioritise the initiatives described in the plan.

# NHS Walsall Organisational Development Plan 2010 - 2011

Vision	Long Term Aims	Core Values	WCC Competencies	OD Goals identified through gap analysis		Prioritised Initiatives
<p>Health Service, not illness service Evidence- based excellence Alliances- the key to success Listening to local people True choice and accessible services Hitting the hard targets</p> <p>“As the local leader of integrated services for everyone in Walsall, NHS Walsall will shift investment to health, rather than illness, empowering people to have the best possible health by working in partnership with patients, carers and communities as well as other commissioning authorities and health care providers to develop evidence based, fully integrated excellent services for everyone in Walsall.”</p>	<p>Improve life expectancy</p>	<p>Respect and value people</p> <p>Partnership</p> <p>Listen and engage local people</p>	<p>1 Locally lead the NHS</p> <p>2 Work with community partners</p> <p>3 Engage with public and patients</p>	<p>Patient, People and Integration</p>	<p>Supporting strategies (Workforce Development, Clinical Engagement Information Management &amp; Technology, Communication, Intelligence, Quality and Safety, Finance &amp; Resources, Contracting and Procurement and Integrate to Improve)</p>	<p>Enhancing the Commissioning Process through the Patient Experience</p> <p>Staff as Ambassadors</p> <p>Governance Process for Partnership Working</p>
	<p>Enhance healthy lifestyle choices</p>	<p>Drive clinical leadership</p> <p>Fairness and equality</p> <p>Clear accountability and transparency</p>	<p>4 Collaborate with clinicians</p> <p>5 Manage knowledge and assess needs</p> <p>6 Prioritise investment</p> <p>7 Stimulate the market</p>	<p>Board Adding Value to Commissioning</p>		<p>Strengthen Board Architecture</p> <p>Ensuring Board Visibility</p> <p>Productivity Agenda</p>
	<p>Commission high quality services to improve patient experience and clinical outcomes</p>	<p>Quality</p> <p>Innovation</p> <p>Prevention</p> <p>Productivity</p>	<p>8 Promote improvement and innovation</p> <p>9 Secure procurement skills</p> <p>10 Manage the local health system</p> <p>11 Ensure efficient and effectiveness of spending</p>	<p>Clinical Leadership and Engagement</p>		<p>Implement Clinical Engagement Strategy</p> <p>Develop Clinical Leadership Strategy</p>
	<p>Use Data Analysis and Intelligence which Improves Decision Making</p>	<p>Access Commissioning Info and Intelligence</p> <p>Use Intelligence Effectively</p> <p>Decisions on Effective Intelligence</p>				
	<p>Implement Market Management Development</p>	<p>Detailed Health Market Management</p> <p>Ensure Effective Market Management</p>				
	<p>Talent and Talent Management</p>	<p>Develop a Robust Talent Management Approach</p> <p>Develop Systems and Processes to Support Talent Management</p> <p>Develop and Implement Performance Management and Monitoring Processes</p>				
	<p>Contracting and Procurement Development</p>	<p>Infrastructure Systems/Process</p> <p>Develop Policy Guidance</p> <p>contract Performance</p>				

This Organisational Development Plan will ensure that, the key principles [enablers] required to deliver, both the longer term and short term objectives of our Strategy are in place and are robust enough to support it.

The Organisational Development Plan stands alongside the Strategy Document [this the 'what' we are going to deliver]. The Organisational Development plan is the 'how'. It describes the structures, systems, skills, staff, style and shared values we need to have

in place to ensure we are successful in achieving the vision, aims and goals described in our Strategy. Using the '7S' framework has assisted us in developing the Organisational Development plan - In developing this year's Organisational Development

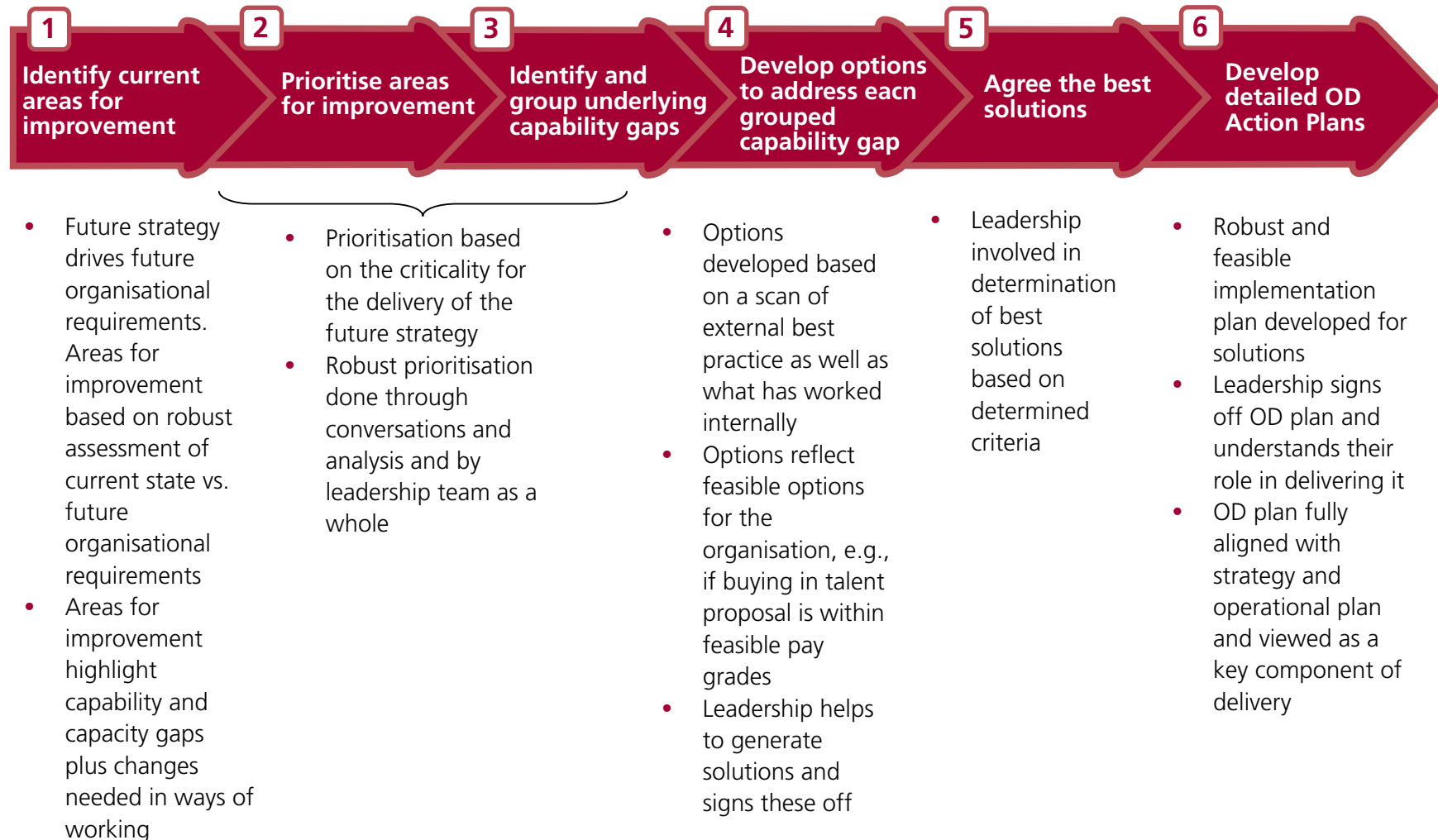


Figure 2

Plan we again followed the recommended process as outlined in the WCC 'How to Guide' for Organisational Development this model is described in Figure 3.

To ensure the full range of levers were considered the '7s' framework was used, this is described below

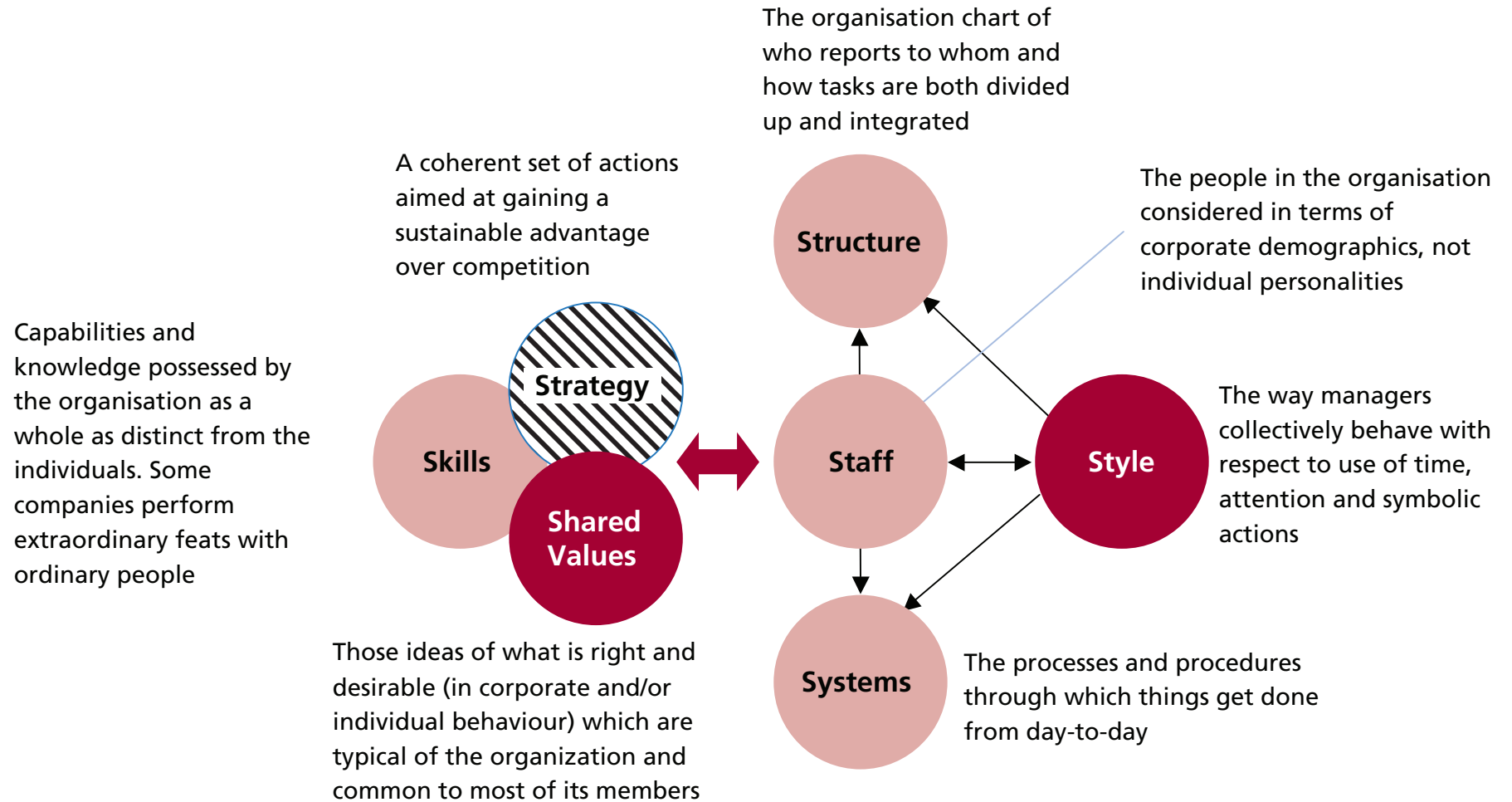


Figure 3

Source: McKinsey team analysis  
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## 1.2 Chief Executive's and Chairman's Introduction

[Our Strategy and Vision]

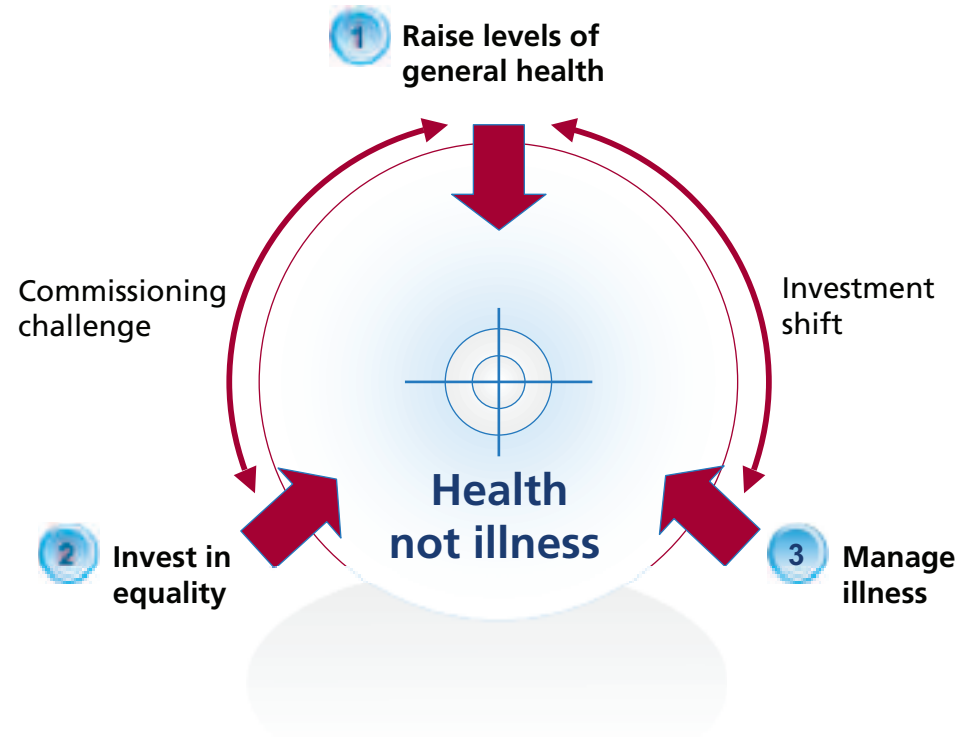
In 2007 NHS Walsall began an exercise to reframe and restate its vision for addressing the health needs of the people of Walsall. During this process we prepared and published our 'Five Year Strategy towards a Healthier Walsall' (1) describing our investment approach for health care in Walsall and outlining the key priorities to which we would work and the values which would underpin our approach.

Our vision statement proposes at a high level our approach to delivering a shift in investment in health which also takes account of the fundamental need to work through, and with all our partners if significant change is to be achieved.

*"As the local NHS leader of integrated services for everyone in walsall, we will shift investment to health, rather than illness, empowering people to have the best possible health by working in partnership with patients, carers and communities as well as other commissioning authorities and health care providers to develop evidence based, fully integrated excellent services."*

NHS Walsall has actively engaged with patients, carers, the public and staff in order to explore debate and articulate a Vision and a Strategy which will have the continual momentum of actions required to ensure deliverability.

To achieve this, our long term strategic aims are to raise levels of general health, invest in equality and manage illness



We are actively looking to use all opportunities to progress in a number of key areas particularly clinical engagement, Practice Based Commissioning, information and procurement. In recent times we have developed new structures which have provided an opportunity to consider the wider position and our approach.

With regard to the commissioning of services we have a number of clear aspirations:

- ▶ Clinicians as partners in service redesign and decision making for commissioning
- ▶ Wider engagement and involvement of our population both in decisions around their own health and the decisions around investment and services

- ▶ Systematic approaches to service redesign recognised through quality assurance mechanisms for clinical issues, public and patient engagement, delivery of strategic objectives, etc
- ▶ Wider use and application of hard and soft intelligence to support analysis and decision making strategically and operationally. This includes data and information from a wider spectrum of sources within and outside the organisation.

To date we have responded to each of these in a number of ways:

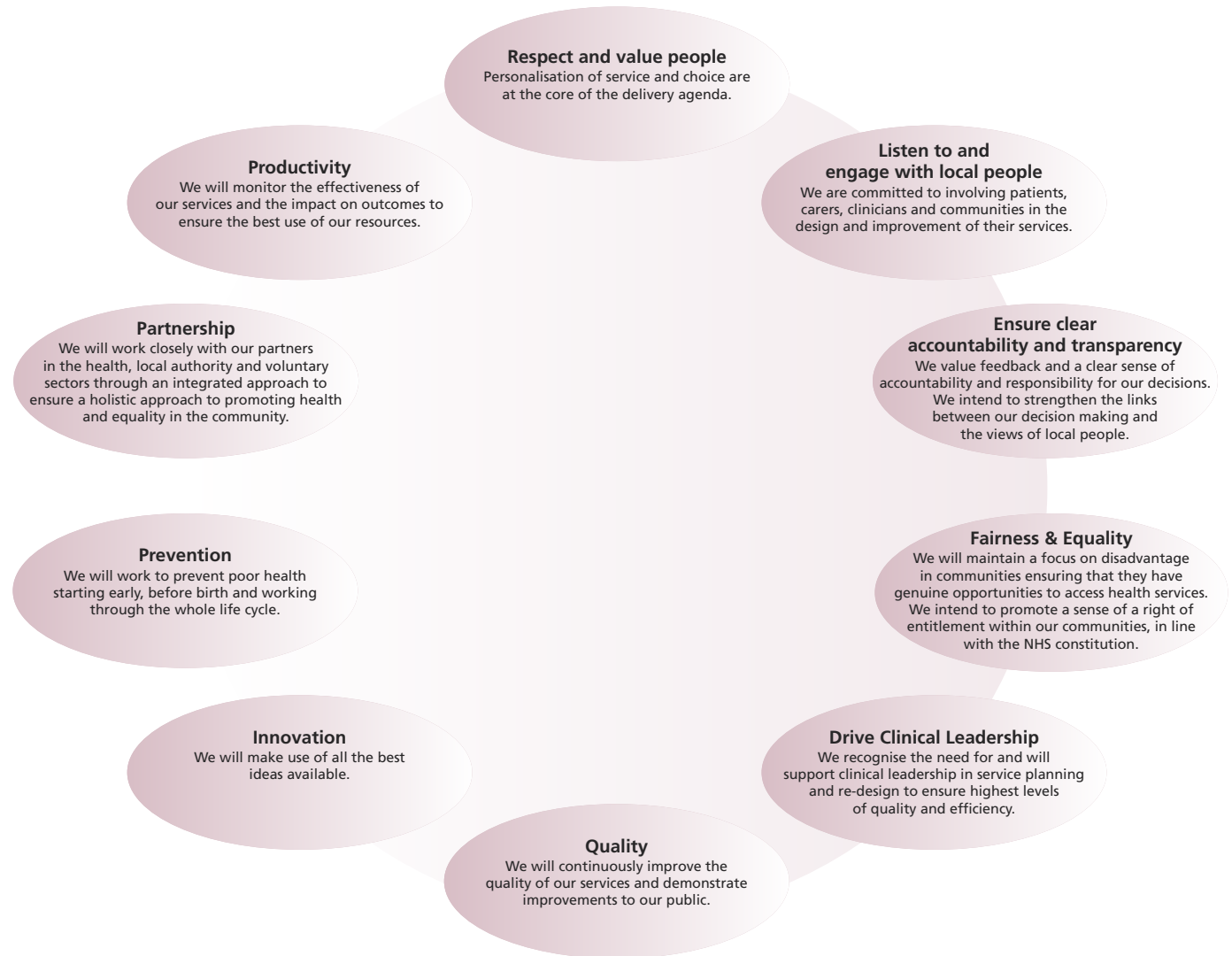
- ▶ Creation of a new elected Professional Executive Committee who are actively leading the engagement of clinicians in all commissioning through the production of guidance roles

- ▶ Continued development of our “membership” scheme MyNHS Walsall, currently standing at approximately 3000 members, with the creation of a “Parliament” with which to consult and engage with
- ▶ Development of a new structure aimed at delivering the key aspects across the commissioning cycle together with a clear programme management approach to strategic commissioning of services
- ▶ Development of initial scoping for an information portal to ensure access to broad range of information by a wider group of staff.

The WCC Assurance process and the discipline of assessment it provides has enabled us to review these issues systematically linking our strategic objectives and the goals required to achieve them to an assessment of ability to deliver, focussing on the ten key WCC competencies.

## 1.3 Organisational Values

We want our organisation to be built on a foundation of strong values. NHS Walsall believes that the core values are critical to achieving our vision. These values have been reviewed and agreed with our board members as part of the refresh process. Most of our core values already align to the national QIPP agenda but we have included two new core values to ensure that we are closely aligned with national priorities.



## 1.4 Organisation Structure

Following the publication of the High Quality Care for All and transforming community services NHS Walsall has been addressing the changes it needs to make to deliver the requirements on all PCTs to further improve the effectiveness of commissioning and delivery of high quality effective health care for the population of Walsall. Initially the concentration was on an appropriate structure for Community Services, a decision was made to establish an Arm's Length Provider Organisation which would give these services a greater degree of autonomy and allow NHS Walsall to focus on its core commissioning business.

NHS Walsall and Walsall Community Health (WCH) have endeavoured to work through a series of organisational challenges in pursuit of the most appropriate provider organisational arrangement. The Transforming Community Services (TCS) programme 'aims to improve community services so that they can provide modern personalised and responsive care of a consistently high standard'. In response to this guidance NHS Walsall has developed its own programme board and strategy in order to lead on the delivery of improved and 'for purpose' community services which complement the local health and social care economy vision in the delivery of services. As part of the TCS initiative a full review of Community services including management arrangements for WCH is being conducted.

Considerable internal discussion and debate has taken place on an appropriate committee structure for improving the commissioning function of NHS Walsall, a series of board development events have

### NHS Walsall Committee Structure

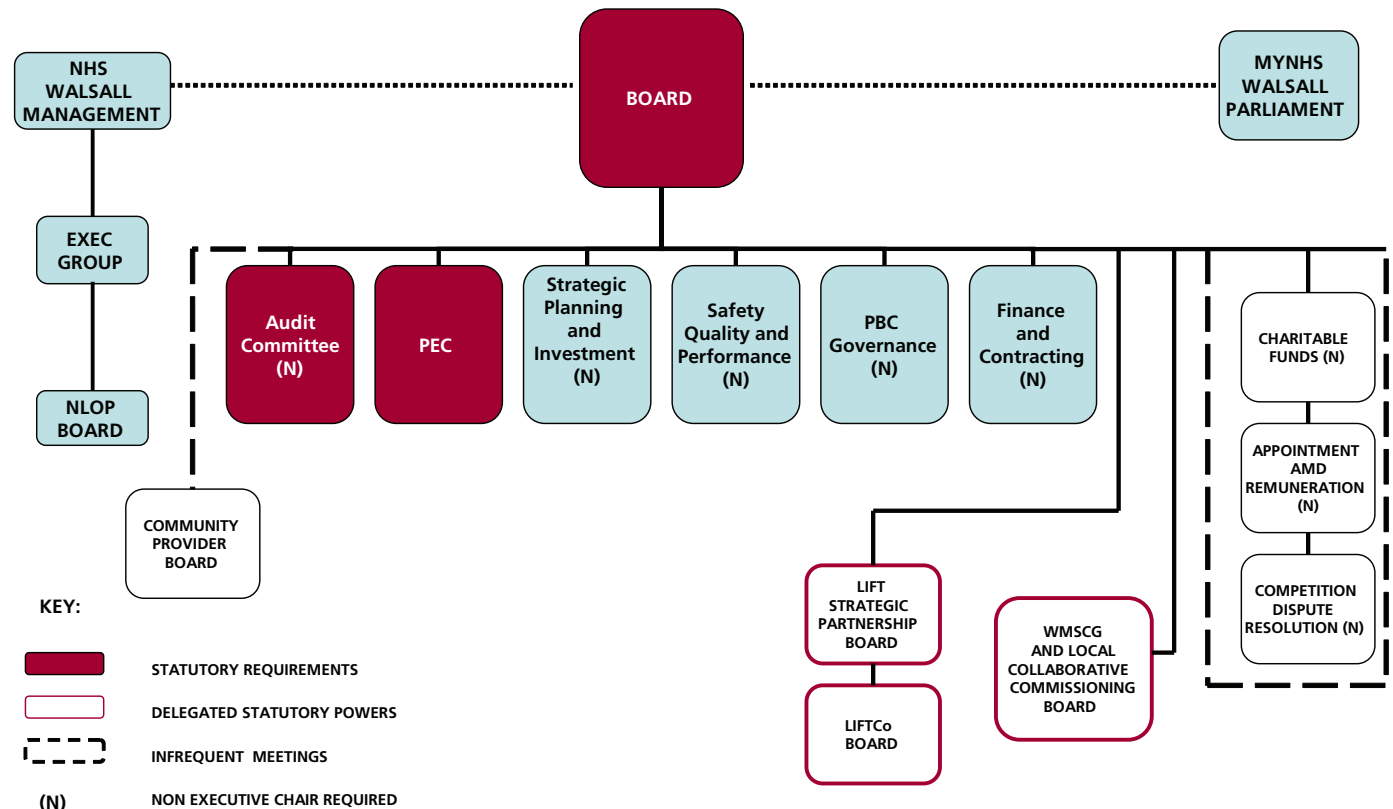


Figure 5

been held and it was through this process that the current committee structure and directorates were agreed. Figure 5 illustrates the committee structure.

The structure Figure 6 allocates those functions to a set of Directorate portfolios.

In essence, the new structure has been developed to respond directly to the:

- ▶ Commissioning a Patient led NHS
- ▶ Journey along the “commissioning cycle”
- ▶ World Class Commissioning
- ▶ Darzi’s Next Stage Review.

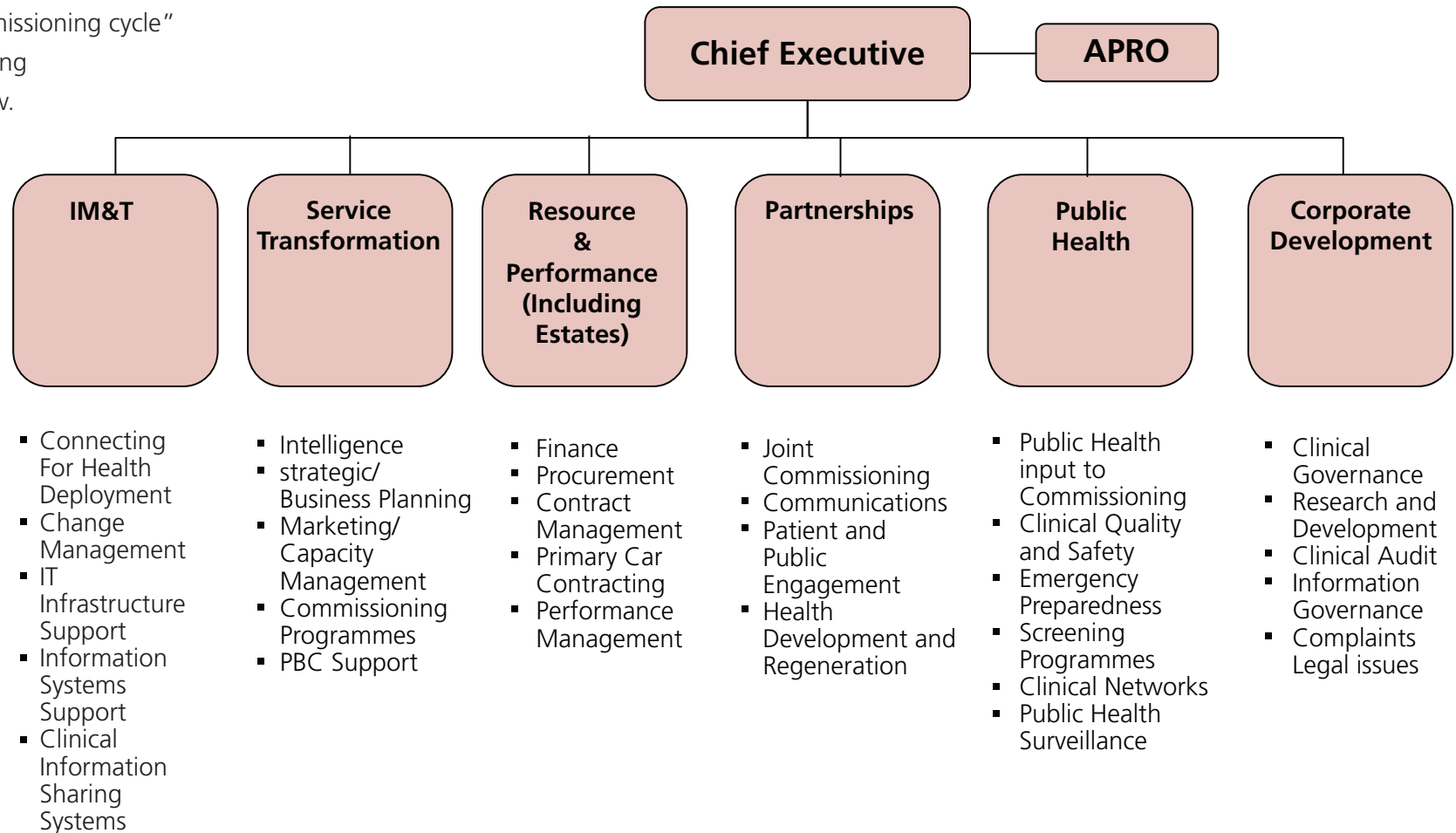


Figure 6

## 1.4.1 Description of directorates

Details of each directorate structure, WTE, and current vacancies can be found in Appendix one.

### Public Health

The Public Health Department has an excellent reputation for providing health needs assessments and health inequalities intelligence, but there will need to be some shift in emphasis, as intelligence becomes more integral to the commissioning process. The strong links with the Local Authority will continue to develop and it is envisaged there will be a close overlap between the role of Director of Public Health and that of the Director of Partnerships as well as a growing integration with the Local Authority, particularly with the emphasis on the development of the Joint Strategic Needs Assessment.

### Partnerships

The work of this directorate is broken down into five main areas. It will lead on the fully engaged programme, joint commissioning work with the Local Authority, work around the Local Area Agreement [support and external funding]. It will lead the continuing development of the social marketing function in NHS Walsall and the communications function. 'MyNHS Walsall' will also be hosted in the Directorate. In addition both PPI and the Equalities functions will link into this work as will the work of NHS Walsall around the Local Involvement Networks.

The geographical patch comprises a range of NHS commissioners and service providers, public sector agencies and a hugely varied Voluntary sector. The thrust of the work of this Directorate is to identify

where there are opportunities to work more effectively together and facilitate collaborative working to optimise joint planning and investment, mobilise resources, harness local energy and talent to deliver whole systems large scale change across the NHS as well as support the emergence of a health improvement movement in Walsall.

The programmes within this Directorate include joint commissioning for adults, children and all vulnerable groups, patient and public engagement, corporate and stakeholder communications, social marketing, public relations; community activation, and regeneration (creating new work forces).

### Service Transformation

The portfolio of this Directorate is broken into five areas. There is some cross over with the Partnerships Directorate in relation to joint commissioning. However, the process and functional elements of joint commissioning are managed within this directorate. The broader relationship and planning issues are managed in the Partnerships Directorate.

All of the components of planning are brought together in this Directorate - previously the planning function has been spread across a number of components of the organisation. The functional area around development and market management including the components of supply chain, analysis and management have been areas of work that have had a lack of capacity can capability in NHS Walsall in the past.

The delivery of the commissioning function in specific service groups or delivery sections is another

high priority for this Directorate. Practice Based Commissioning in particular is a key role.

### Resource and Performance

This directorate incorporates Finance with a number of other responsibilities particularly those relating to performance, the management of contracts, procurement and estates issues.

As NHS Walsall holds the lead lease on a number of premises, there is an explicit role in the management of market exit and entering for service provision through the utilisation of its estate. This role is within the Resource and Performance Directorate.

The role of monitoring clearly links with the function of Performance Management - the structure directly links the issue of performance and resources through incorporating the performance function into this directorate along with resources.

### Corporate Development

The work undertaken by the Directorate of Corporate Development can be broken down in four sections. Integrated Governance and the processes to deliver it within the PCT and are overseen within the Corporate Development Directorate. The Quality, Safety and Patient experience framework, Complaints, Legal Issues, Risk, Research Governance, Information Governance and Clinical Governance are functions of the directorate.

NHS Walsall is not of a sufficient size in staffing numbers to justify a Directorate of Human Resources and Workforce along with Organisational Development. To this end this area will become

a core function within the Corporate Development directorate.

### **IM&T**

The Informatics Directorate operates a shared service across Walsall Health Economy which comprises NHS Walsall, Walsall Community Health, Walsall Hospitals NHS Trust and Dudley/Walsall Mental Health.

The Informatics portfolio is divided into 3 sections: IT services which ensures an integrated technology platform across the entire Health economy, IT Business Delivery which ensures that the Connecting for Health Programme is deployed, together with the development and deployment of local clinical and corporate IT solutions, and IT Business Change which supports the service transformation programme through the facilitation of service redesign, IT Training, Registration Authority and support to Primary Care clinicians.

A close working relationship with Walsall Local Authority IT services completes the Informatics landscape within the borough.

# SECTION 2

## 2.1 Current Organisational Development Position

### 2.1.1 Background

Recognising the importance of how a robust organisational development plan would assist us in delivering our Strategic Plan and in becoming a World Class Commissioner, in 2008 NHS Walsall undertook the phased approach outlined in the WCC “How to Guide” to develop its first Organisational Development Plan. The guide outlines 6 phases as described in Figure 3:

In line with our values, this was an inclusive process for developing the Organisational Development plan. This work was led by the Chief Executive, the Directors, Non Executive Directors and Chair of PEC. The Director of Corporate Development had responsibility for co-ordinating the Operational Development process across NHS Walsall. However, NHS Walsall staff were engaged at all stages to diagnose and develop solutions leading to key initiatives.

This work continued throughout 2009/10 with the introduction of protected learning time (PLT) sessions every two months, to which all NHS staff, Non executive directors and PEC members are invited. These sessions have provided a forum for raising awareness of the direction of our strategy and how we aim to deliver it, and given the staff the opportunity voice their views on how they feel this should go forward, These successful event have

been underpinned by a variety of workshops, reviews and updates between October 2009 and January 2010 to ascertain the capability gaps, agree initiatives and to develop detailed OD plans.

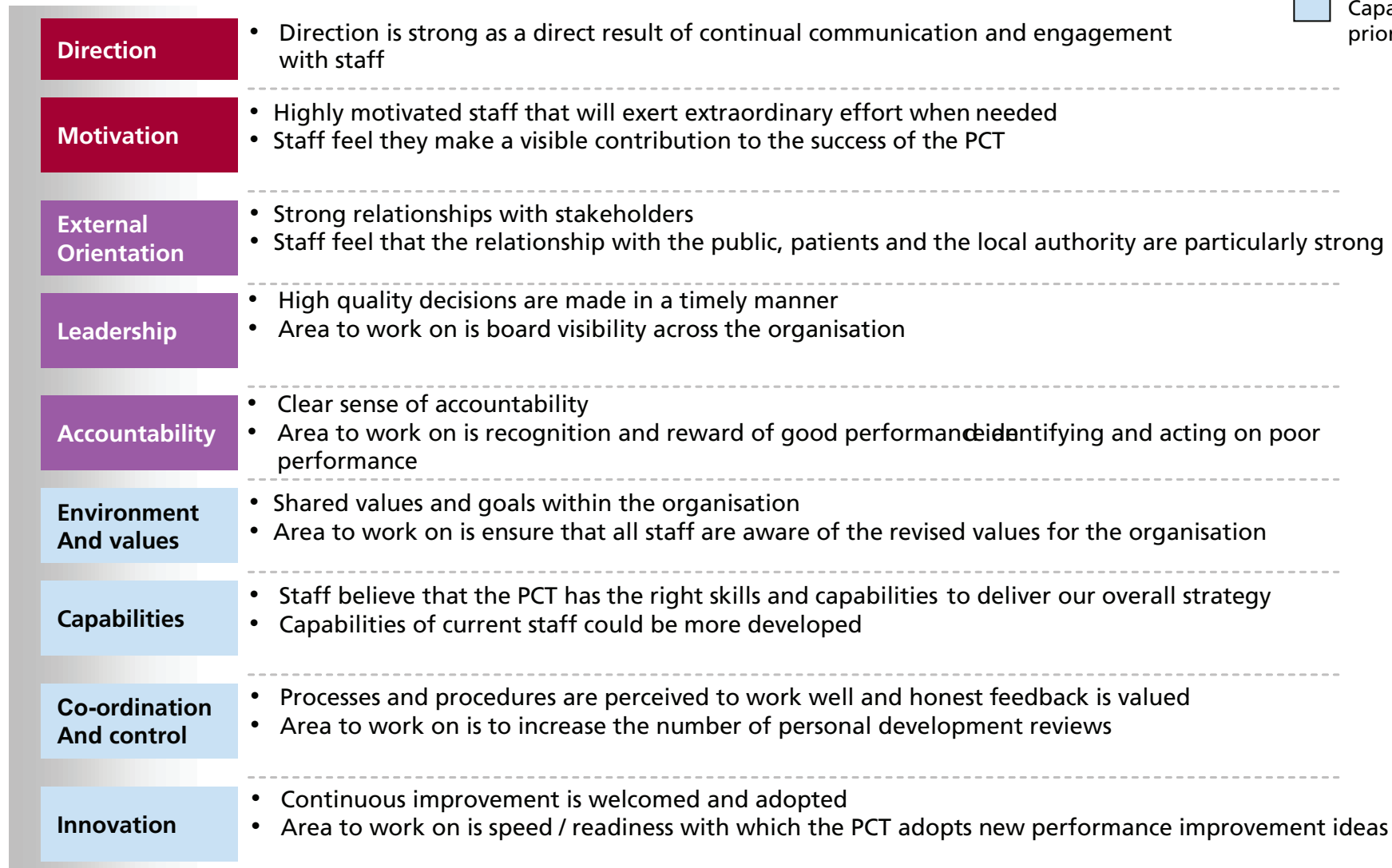
In addition the results of the ‘Performance for Improvement’ questionnaire that was completed by approximately 100 staff from NHS Walsall, between December 2009 and January 2010, were taken into account these results showed that direction, motivation and a shared sense of values was strong however ,the survey did identify some key weaknesses in the areas of innovation - although staff value continuous improvement the results show the PCT needs to work on the speed on which it adopts new ideas. The second area of weakness highlighted by the survey results, was capabilities, further work needs to take place to develop the right skills and capabilities to deliver our goals and to be a highly effective commissioner.

Figure 7 details the results of the survey.

The Organisational Development 2008/09 was updated monthly and a status report received by the Board at each of its public meetings. This year’s plan will be updated following the outcome of the WCC Assurance Panel Report in April 2010 and will be monitored with the same rigour as the previous plan.

The staff survey demonstrated that while leadership, motivation and values are strong, direction is weak, indicating the need for more effective prioritisation

- Strong capability to build on
- Capability has room for improvement
- Capability needs prioritised developed



Source: Walsall PCT values survey run between December 2009 & January 2010, survey received by approximately 250 people, 35% answer rate

Figure 6

## 2.2 Organisational themes and achievements

The organisational development culture in the PCT has grown stronger over the last 18 months, ownership of individual themes within the OD plan by directors and sponsorship by non executive directors and the regular review of the OD plan by the board has provided it with a much higher profile. Staff have embraced the need for organisational development and have supported the process to identify organisational development needs in the knowledge that this is fundamental to delivering effective high quality healthcare to the people of Walsall.

The seven organisational development themes for 2008-09 are detailed below along with the overarching initiatives, these 18 initiatives were further divided into a of total 79 components, 51 have been completed, 26 have been reviewed and amended for completion end of March 2010, two further components have long term completion deadlines.

Seven organisational development themes and initiatives 2008-09		Table 1
Emerging themes	Overarching initiatives	
A. Clinical engagement	Review over arching framework for clinical engagement Revise governance framework for PBC Review committees accountable to PEC	
B. Use of joined up data collection and analysis to improve decision making and outcome quality	Develop a robust corporate intelligence framework Develop an overarching corporate intelligence strategy Develop a robust performance management framework	
C. Search for talent and talent management	Develop a robust talent management framework Develop an overarching workforce strategy and plan Review Board and PEC development	
D. Board adding value to Commissioning activity	Integrate new Board members Agree Board architecture Improve information flows to the board	
E. Market development and capacity planning	Develop approach for strategic market management Develop capacity planning initiative Develop a clear process for priority setting and plans with the LDP	
F. Supporting consumers of healthcare, social marketing	Building capacity for Patient and Public involvement All commissioning staff updated in engagement cycle Every GP practice to have access to PPG My NHS Walsall increase membership	
G. Core commissioning skills and processes	Produce a robust procurement framework Develop appropriate and consistent purchasing tools Develop a systematic approach to sanctions and improvement initiatives	

In addition to the progress against the initiatives in last year's OD Plan (detailed in Table 1) the following achievements should be noted;

- ▶ Integrate to Improve and the frail elderly pathway
- ▶ Further development of the programme management based approach to commissioning
- ▶ Protected Learning time Events for all NHS Walsall staff
- ▶ Board Development programme Appendix 3
- ▶ PEC Development programme Appendix 3
- ▶ Protected Learning Time Programme Appendix 4
- ▶ Joint Commissioning Unit and Section 75 with Local Authority
- ▶ Rolling programme of Appreciative Enquiries (announced and unannounced) visits to our main providers
- ▶ Rolling programme of meetings between executive team members of NHS Walsall and executive teams in Walsall Community Health, Walsall Manor Hospital, Dudley and Walsall Mental Health Trust and Walsall Borough Council. In addition there has been a programme of meeting between the boards of each of these organisations.

## 2.3 2 Provider Arm Organisational Development

In the last six months we have convened a Transforming Community Services (TCS) Board, the purpose of which is to oversee the delivery of the whole systems redesign and to ensure the best outcomes for patients. As part of the TCS initiative a full review of Community services including management arrangements for Walsall Community Health (WCH) is being conducted.

The Board of WCH have undertaken work around the production of WCH Organisational Development plan the focus of the plan is around service improvement and integration. In the spirit of form follows function work on the management structure to deliver the organisational development plan is underway.

# SECTION 3

## 3.1 NHS Walsall's Organisational Development Priorities

Our updated Strategic Plan details how we intend to approach provision of high quality healthcare in a time of increasing resource constraints and changing population health needs.

Our vision statement has been updated to reflect our newly emphasised approach to delivering good outcomes in health as an Integrated Care Economy. It takes account of the need to work with all local partners if significant change is to be achieved in how we deliver effective health management in Walsall. It also reflects a renewed approach to an evidence based approach which complements our commitment to integrated working.

Over the next 5 years our vision will be supported by our longer term aims and goals. In order to achieve the goals our aims are to invest to reduce inequalities, raise the general levels of health and to manage illness through high quality care. These are supported by our goals to add life to years and years to life by focusing our investment to reduce inequalities and improve healthy lifestyle choices.

We have begun to shift our entire commissioning approach towards an integrated care economy, utilising a partnership focused model of care to ensure that we continue to commission high quality, integrated productive services that improve patient experience and clinical outcomes.

Map of vision, strategic goals, programme priorities

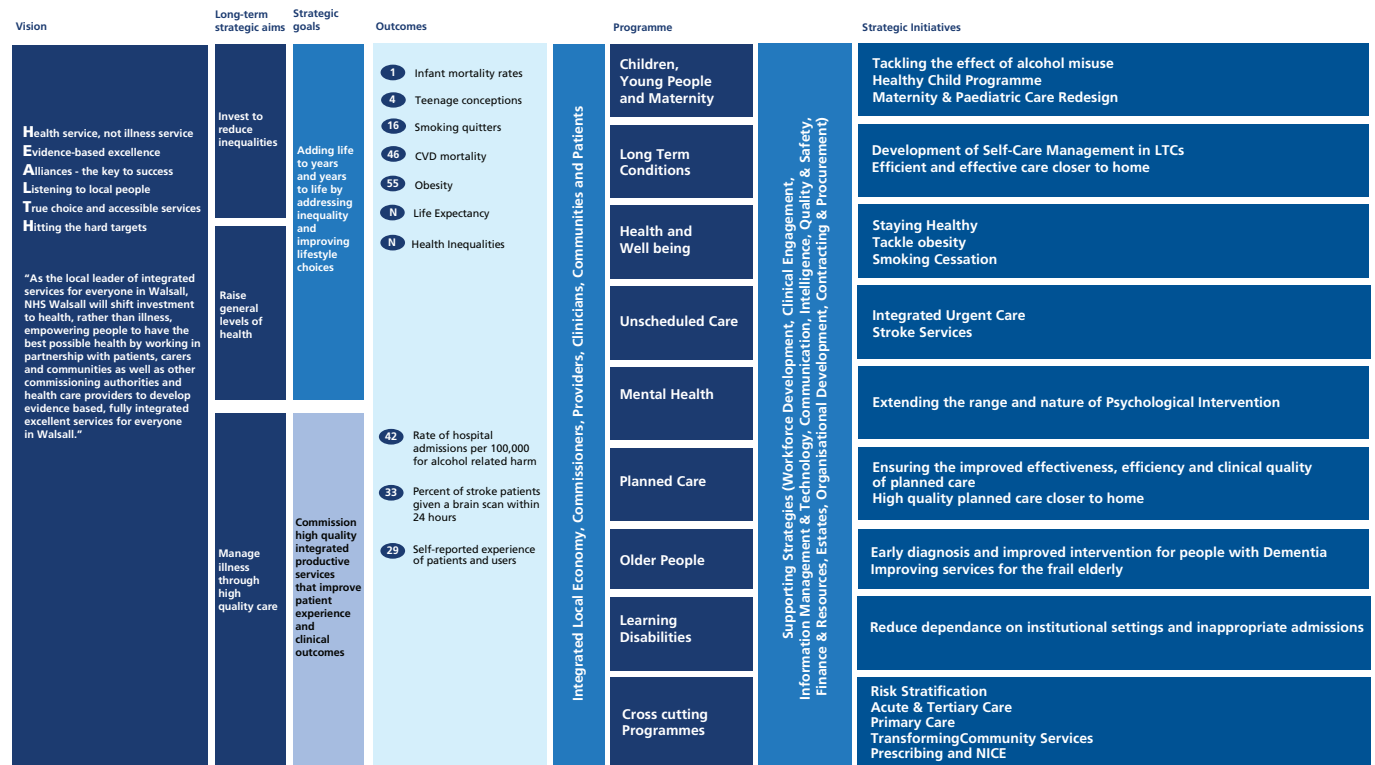


Figure 8

We will continue to engage with patients, carers, the public and staff in order ensure that their input is captured with respect to services provided and the quality of those services. Partnership working in Walsall is increasing acknowledged as generating solutions to problems that single agencies cannot

solve, improving services that users receive and enhancing coordination of services across organisational boundaries.

The relationship between the Vision, Long term objectives and strategic goals are outlined in figure 8.

## 3.2 Organisational Enablers

In developing the Organisational Development Plan we constantly reminded ourselves of our Vision, and Strategic direction, for in order to achieve the Vision, Aim and Goals outlined in our Strategy, there are a number of key principles that we need to have in place. These are listed below:

- ▶ Partnership
- ▶ Integration
- ▶ Choice
- ▶ Customer focus
- ▶ Innovation and evaluation
- ▶ Evidence based information
- ▶ Valuing people
- ▶ Quality improvement and safety
- ▶ Accountability
- ▶ Clinical leadership
- ▶ Local solutions
- ▶ Prevention
- ▶ New technology.

We intend to ensure compliance against these principles through further enhancement of our partnership working and through the implementation of a structured programme management system programme approach. This will guarantee quality assurance of projects as programmes against key principles and will assure alignment with the strategy and benefit realisation. Our approach to programme management is outlined in appendix 2.

## Integration and Partnership

### Integration - Working as an Integrated Care, Local Health Economy

Overall, we believe that our Integrated Care Economy approach will be the major driver and enabler in our strategy to deliver high quality accessible care that provides value for money. Working with our local authority partners, clinicians, and the population is expected to result in enormous benefits. Ultimately, we expect that there will be an improvement in service user experience and outcomes. We expect that by minimising organisational barriers (potentially) within services, between commissioners and providers will result in more stream lined processes for assessment and decision making, and therefore achieve prompt delivery of help or treatment. In addition, there should be a reduced risk of errors and unnecessary stages in the process and in due course this way of working and organising delivery in healthcare will create enhanced opportunities to increase the quality of healthcare.

Strategic Partnership and Joint Commissioning  
In 2009 the creation of a Joint Commissioning Unit (JCU) for vulnerable adults underpinned by a Section 75 was the first phase of a strategic approach to align the commissioning of services between Walsall MBC adult social care and inclusion, Walsall MBC Children and young people's directorate and NHS Walsall.

### Practice Based Commissioning

Working closely with Practice based commissioners (PBC) we have revised the PBC Governance Framework and clinical/ management structures to support a renewed focus as described in 'Reinvigorating Practise Base commissioning'

### Black Country PCTs.

We are building improved links with commissioning colleagues in neighbouring PCTs of Dudley and Wolverhampton, to ensure greater impact within our redesign and commissioning programmes. Collaborative approaches are being considered in several areas, for example strategic configuration for maternity and paediatric services and paediatric surgical services.

NHS Walsall was also nominated the lead commissioner for mental health services across Walsall and Dudley.

### Specialist services Commissioning Team (SCT)

We are planning to work more closely with the SCT to support the need to achieve greater control of demand and costs in this portfolio which historically has required higher rates of growth for developments, for example, implementation of NICE guidance.

### Local Area Partnerships

As an active partner in the Local Strategic Partnership, we are supporting the development of a new model for Neighbourhood Management. This will assist in joining up public sector front line service providers and act as an effective mechanism for improving interest in local commissioning process and procedure. Partnerships in Walsall and interaction between strategies.

### Public as Partners

MyNHS Walsall is currently negotiating with other membership schemes with in the NHS Family and the wider public sector to enable a wider scope for engaging local people in meaningful ways.

### **Clinical leadership**

Ten clinical champions have been created to take the lead at pathway and programme level for each of the care pathways identified. These roles are pivotal in ensuring that we continue to have quality as the driving concern of all we do; quality of outcomes, care and patient experience. Local clinical leads have strengthened the clinical engagement through innovation and clinical advice.

### **Quality improvement and safety**

We believe that a robust and systematically embedded approach to quality and safety is a key enabler in delivering our required outcomes and other associated targets. We recognise that a quality agenda must be implicit in everything we do. Overall our Integrated Economy Approach will be one of the critical ways that we can work towards the best quality services possible for our local people.

### **Customer Focus**

Locally we are encouraging people to exercise more choice over the health services they use, and to be more involved in the design and delivery of health services. This has required us to really understand what matters to patients and to respond to this in new ways, making sure that every contact with a patient counts towards delivering the highest-quality services. We have made good use of feedback gathered through national surveys and local patient experience feedback. Each of our main providers are required to submit information about patient experience as part of the CQUIN scheme. In 2009 we established a Customer Care centre and a new clinical post has been introduced to lead on patient experience across the health economy and ensure that patient/service user experience is at the heart of all commissioned services.

### **New Technology**

All Local Health Economy organisations are signed up to the shared service approach called Walsall Informatics Service. This is now a well-established and experienced shared 'Informatics' team who deliver all aspects of informatics development, ICT support, business change management, information systems, application development, training and support. An integrated approach has always been the philosophy in Walsall. This shared approach enabled high cost specialised staff to be utilised across the trusts enabling economies of scale and skills diversity. This approach recognises the different responsibilities between commissioner and providers and includes a robust governance structure and stakeholder involvement at all levels. User group specific interests or common themes are integrated and recognised when appropriate. The priorities are managed through the Walsall LHE IT Board and this is the primary decision making body.

### **Prevention**

The Walsall tiered model of care has five levels. Level one encompasses joint working with partners and is also aimed at delivering the staying healthy programme, level two emphasises the strategic intent to develop a wide range of services to help people to manage their own health.

These key principles and initiatives go hand in hand with our organisational values, Figure 9, details how the organisational goals and priorities will support the delivery of our strategic goals. The table also shows the connection between the core values, World Class Commissioning competencies and our organisational goals.

# NHS Walsall Organisational Development Plan

Vision	Long Term Aims	Core Values	WCC Competencies	OD Goals identified through gap analysis	Supporting strategies (Workforce Development, Clinical Engagement Information Management & Technology, Communication, Intelligence, Quality and Safety, Finance & Resources, Contracting and Procurement and Integrate to Improve)	Prioritised Initiatives
<p>Health Service, not illness service Evidence- based excellence Alliances- the key to success Listening to local people True choice and accessible services Hitting the hard targets</p> <p>“As the local leader of integrated services for everyone in Walsall, NHS Walsall will shift investment to health, rather than illness, empowering people to have the best possible health by working in partnership with patients, carers and communities as well as other commissioning authorities and health care providers to develop evidence based, fully integrated excellent services for everyone in Walsall.”</p>	<p>Improve life expectancy</p>	<p>Respect and value people</p> <p>Partnership</p> <p>Listen and engage local people</p>	<p>1 Locally lead the NHS</p> <p>2 Work with community partners</p> <p>3 Engage with public and patients</p>	<p>Patient, People and Integration</p>		<p>Enhancing the Commissioning Process through the Patient Experience</p> <p>Staff as Ambassadors</p> <p>Governance Process for Partnership Working</p>
	<p>Enhance healthy lifestyle choices</p>	<p>Drive clinical leadership</p> <p>Fairness and equality</p> <p>Clear accountability and transparency</p>	<p>4 Collaborate with clinicians</p> <p>5 Manage knowledge and assess needs</p> <p>6 Prioritise investment</p> <p>7 Stimulate the market</p>	<p>Board Adding Value to Commissioning</p>		<p>Strengthen Board Architecture</p> <p>Ensuring Board Visibility</p> <p>Productivity Agenda</p>
	<p>Commission high quality services to improve patient experience and clinical outcomes</p>	<p>Quality</p> <p>Innovation</p> <p>Prevention</p> <p>Productivity</p>	<p>8 Promote improvement and innovation</p> <p>9 Secure procurement skills</p> <p>10 Manage the local health system</p> <p>11 Ensure efficient and effectiveness of spending</p>	<p>Clinical Leadership and Engagement</p>		<p>Implement Clinical Engagement Strategy</p> <p>Develop Clinical Leadership Strategy</p>
	<p>Use Data Analysis and Intelligence which Improves Decision Making</p>	<p>Implement Market Management Development</p>	<p>Talent and Talent Management</p>	<p>Develop a Robust Talent Management Approach</p> <p>Develop Systems and Processes to Support Talent Management</p>		
	<p>Contracting and Procurement Development</p>	<p>Develop and Implement Performance Management and Monitoring Processes</p>	<p>Infrastructure Systems/Process</p> <p>Develop Policy Guidance</p> <p>contract Performance</p>			

## 3.2 Organisational Enablers

Competency	09-10 Self-Assessment	Overall 08-09 Achievement
1a	Level 3	Level 2
1b	Level 3	
1c	Level 4	
2a	Level 3	Level 1
2b	Level 3	
2c	Level 3	
3a	Level 3	Level 1
3b	Level 3	
3c	Level 2	
4a	Level 3	Level 1
4b	Level 3	
4c	Level 3	
5a	Level 3	Level 1
5b	Level 4	
5c	Level 3	
6a	Level 3	Level 2
6b	Level 3	
6c	Level 3	
7a	TBC	Level 1
7b	TBC	
7c	TBC	
8a	Level 3	Level 1
8b	Level 3	
8c	Level 3	
9a	Level 3	Level 1
9b	Level 3	
9c	Level 3	
10a	Level 3	Level 2
10b	Level 3	
10c	Level 3	
11a	Level 2	N/A
11b	Level 2	
11c	Level 2	

# SECTION 4 -

## Achieving these priorities

### 4.1 Organisational skills and strengths

Recognising the importance of how a robust organisational development plan will assist us in delivering our Health Strategy and becoming a World Class Commissioner, NHS Walsall undertook the phased approach outlined in the WCC “How to Guide” for Organisational Development Plans. The guide outlines 6 phases as described in Figure 3.

### 4.2 Current gaps and capability gaps

#### Phase 1 - Identify current areas for improvement and areas of good practice

A robust process was followed to identify areas for improvement and areas of good practice. A number of self assessment exercises were held as part of the board development programme and at PLT events, outputs from these were used to compile a list of priority areas for improvement. The results from the WCC Panel also provided essential independent feedback on:

- ▶ Governance
- ▶ Outcomes
- ▶ Competencies.

Staff views were invited again this year via the Performance for Improvement questionnaire.

The overview of the results from the potential for improvement survey are shown in Figure 10, the outcomes of the survey are summarised in terms of ‘alignment’ this is a measure of the extent to which NHS Walsall’s objectives and goals are embedded within the capacity of the organisation to deliver. ‘Execution’ refers to the ability of our organisation to deliver the proposed strategic changes we wish to implement, and ‘renewal’ refers to the organisations ability to refresh and regenerate itself as it must in order to successfully deliver the change agenda.

The organisation proved to be relatively strong in a number of key areas, particularly motivation, having in place the right sense of shared values and purpose for everyone in the organisation to bring about health improvement and direction.

The survey did however identify some key weaknesses in the areas of innovation - although staff value continuous improvement the results show the PCT needs to work on the speed on which it adopts new ideas. The second area of

weakness highlighted by the survey results, was capabilities, further work needs to take place to develop the right skills and capabilities to deliver our goals and to be a highly effective commissioner.

To have highly motivated staff in the organisation that will exert extraordinary effort when needed will support the continual organisational health and well being.

## Potential for improvement survey: Overview

% answered 'agree' or 'strongly agree'. Results averaged over 4 - 8 questions for each dimension

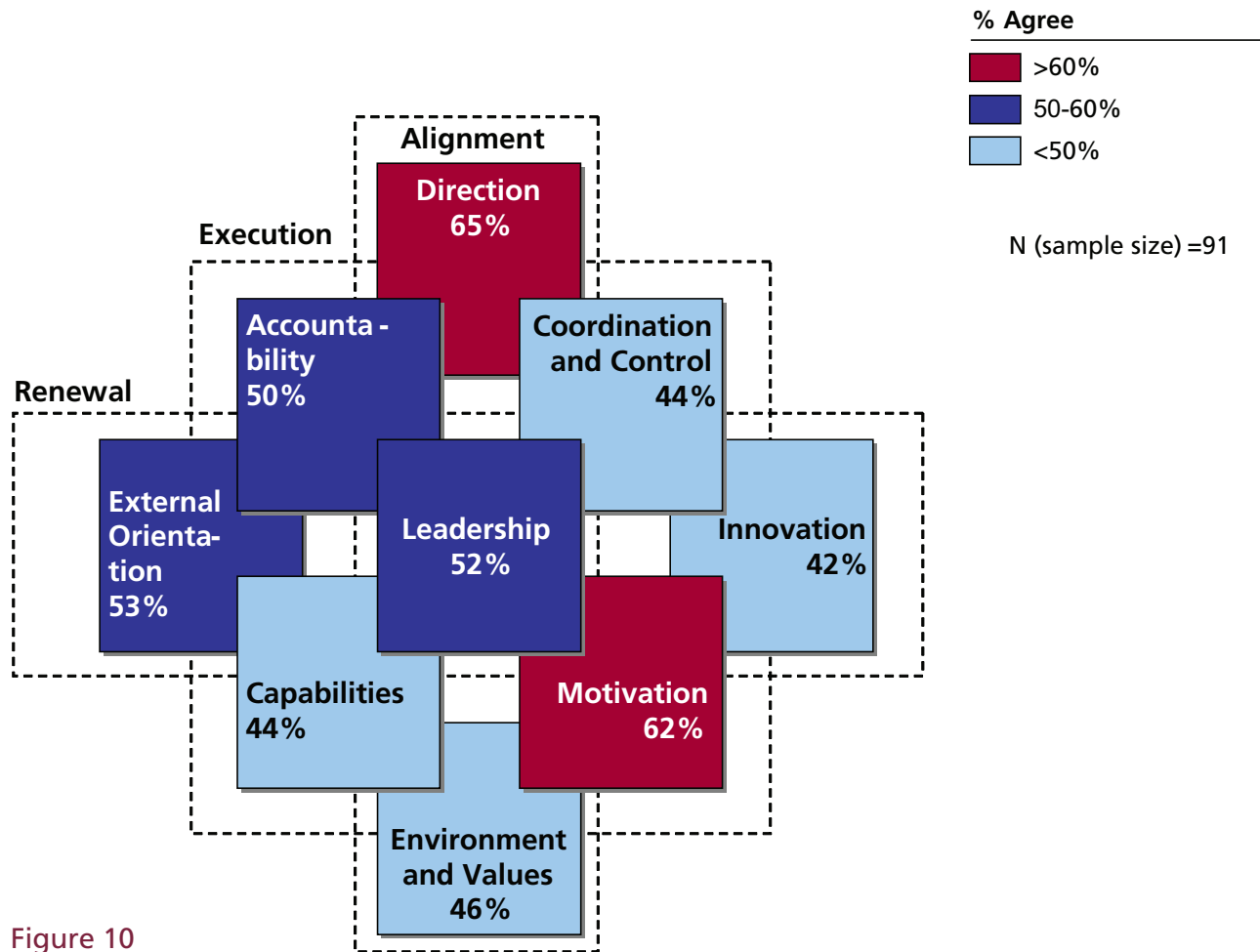


Figure 10

The overall diagnostic provided a wealth of information which in turn, provided a 'long' list of areas for improvement. All these areas were reviewed, against the context of NHS Walsall strategy, including its vision, aims and goals and existing initiatives. To promote consistency with the previous year's organisational development plan these areas have again been divided into key themes:

- ▶ Partnerships and Integration
- ▶ Clinical Engagement and Leadership
- ▶ Use data analysis and intelligence which improves decision making
- ▶ Talent management
- ▶ Board adding value to commissioning activity
- ▶ Implement market management development
- ▶ Contracting and procurement development.

A detailed list of all areas for improvement that emerged from the diagnostic can be found in Appendix 5.

Source: Walsall PCT values survey run between December 2009 & January 2010, survey received by approximately 250 people, -35% answer rate

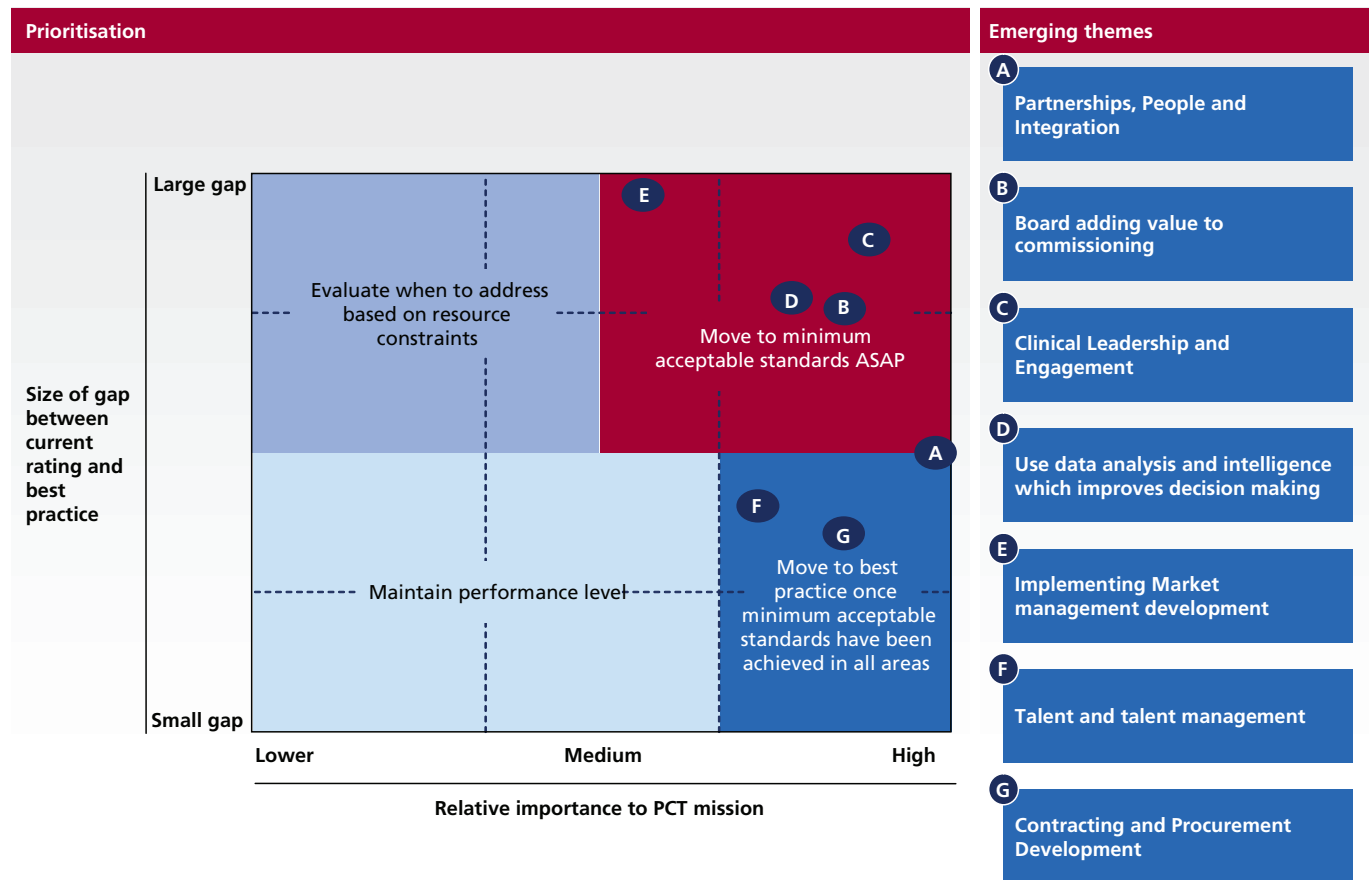
## Phases 2 and 3 - Prioritise performance gaps

In order to prioritise the themes several work shops were held for NHS Walsall Staff, PEC Members and Board Members. At each of the workshops the attendees were asked to:

- ▶ Prioritise the themes
- ▶ Prioritise the top three gaps from each theme
- ▶ Find the root cause analysis of these gaps
- ▶ Prioritise the capability gaps
- ▶ Propose initiatives to address the gaps.

Details of the seven emerging themes are shown in Figure 11 along with a named lead and a non executive sponsor; the themes were prioritised against the relative importance to NHS Walsall's Vision and the size of the gap between the current gap rating and best practice. The matrix shows the priority given to each theme.

## Capability Gaps



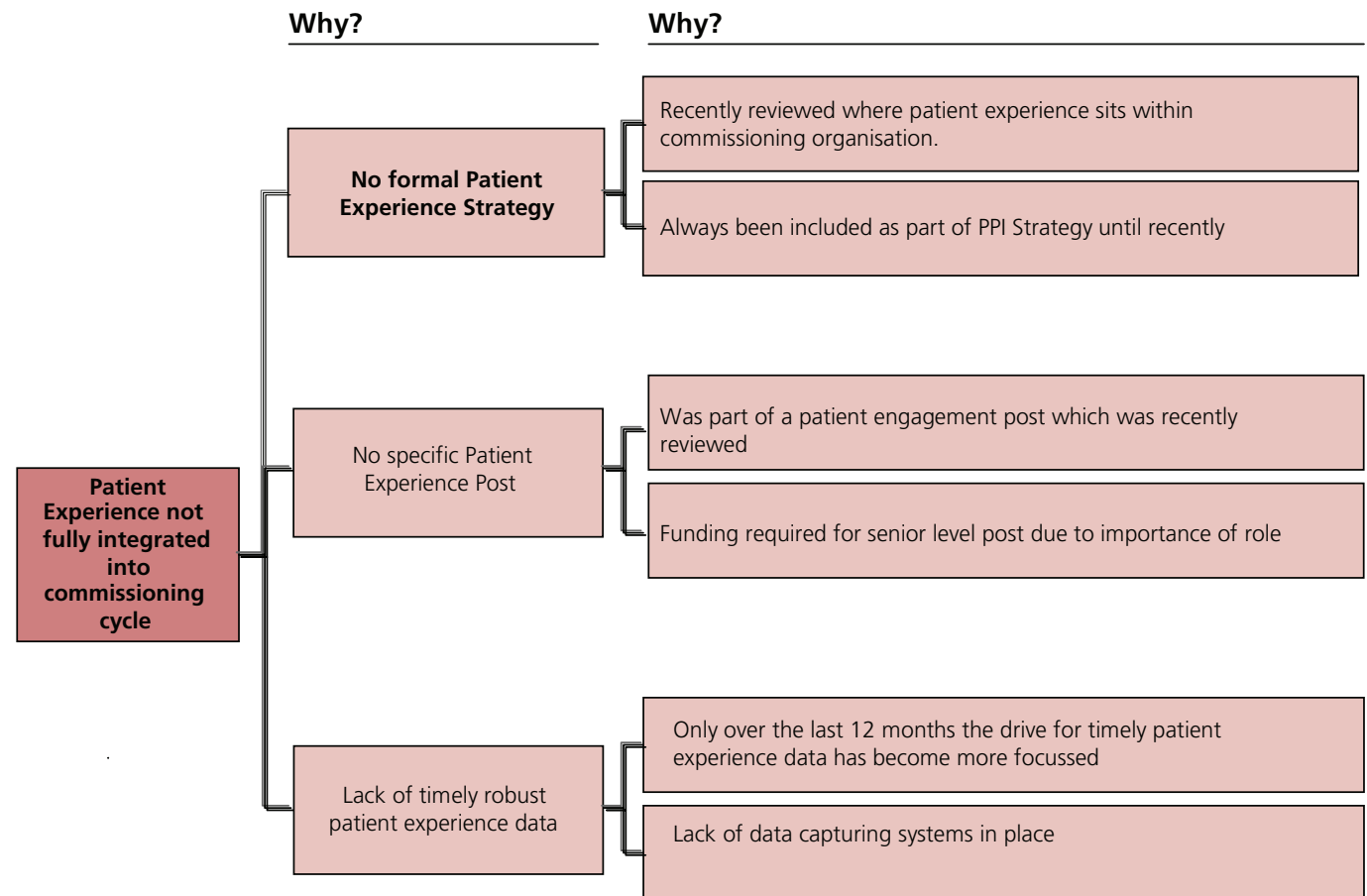
Source: PLT, PEC and Board Sessions

Figure 11

More detailed prioritisation then took place. Each theme had several areas for improvement, each working group was asked to prioritise the top three 'gaps' from their theme, and once the top three were agreed within each group a root cause analysis was undertaken to identify the underlying cause for the capability gap.

An example of the Root Cause Analysis undertaken for the one of the capability gaps highlighted in A1 Enhancing the Commissioning Process through Patient Experience is shown in Figure 12.

### Root cause analysis: A1 Enhancing the Commissioning Process through the Patient Experience



## 4.3 How the gaps will be addressed

### Phase 5 - Agree the best solutions

Each initiative has a detailed plan which includes;

- ▶ Objectives
- ▶ Key deliverables
- ▶ Key performance Indicators (KPIs)
- ▶ Interdependencies
- ▶ Resources (including identified lead)
- ▶ Initial timeline.

Each theme group also has a Non Executive Sponsor and Director or Senior Manager Lead. The detailed plans were proposed by each group and presented to the Organisational Development steering group, these plans currently remain subject to revision over coming weeks but show a clear way forward for NHS Walsall.

The detailed organisational development plans are contained in Appendix 7.

## 4.4 Timelines and Action Plans

### Phase 6 – Develop detailed OD Plans

Each initiative has a detailed plan which includes;

- ▶ Objectives
- ▶ Key deliverables
- ▶ Key performance Indicators (KPIs)

- ▶ Interdependencies
- ▶ Resources (including identified lead)
- ▶ Initial timeline.

Each theme group also has a Non Executive Sponsor and Director or Senior Manager Lead. The detailed plans were proposed by each group and presented to the Organisational Development steering group, these plans currently remain subject to revision over coming weeks but show a clear way forward for NHS Walsall.

The detailed organisational development plans are contained in Appendix 7.

## 4.5 Communications

The internal communication plan to share the final version of this Organisational Development plan and the progress against it includes the following mechanisms:

- ▶ Commissioning Magazine
- ▶ Protected Learning Time events
- ▶ Articles on the intranet - “The Street”
- ▶ Progress reports to each public board meeting
- ▶ Progress report added to intranet site
- ▶ Posters summarising the OD goals and progress against objective
- ▶ Chief Executive monthly briefing for staff.

## 4.6 Monitoring

A programme board has been set up to oversee the implementation of the Organisational Development Plans; Appendix 8 details the structure of the programme, and the Gantt chart giving details of the next steps of the Organisational Development work plan can be found at Appendix 9. The organisational development plan risk register is attached as Appendix 10 - it should be noted that this forms part of the Corporate Risk register.

These organisational plans will be reviewed following the outcome of WCC panel review on 22 April 2010, any capability, or capacity gaps highlighted by the review panel will be added to the OD plan.

The implementation of the Organisational Development plans will be monitored by the Board as part of the internal performance framework.

# SECTION 5 -

## 5.1 References

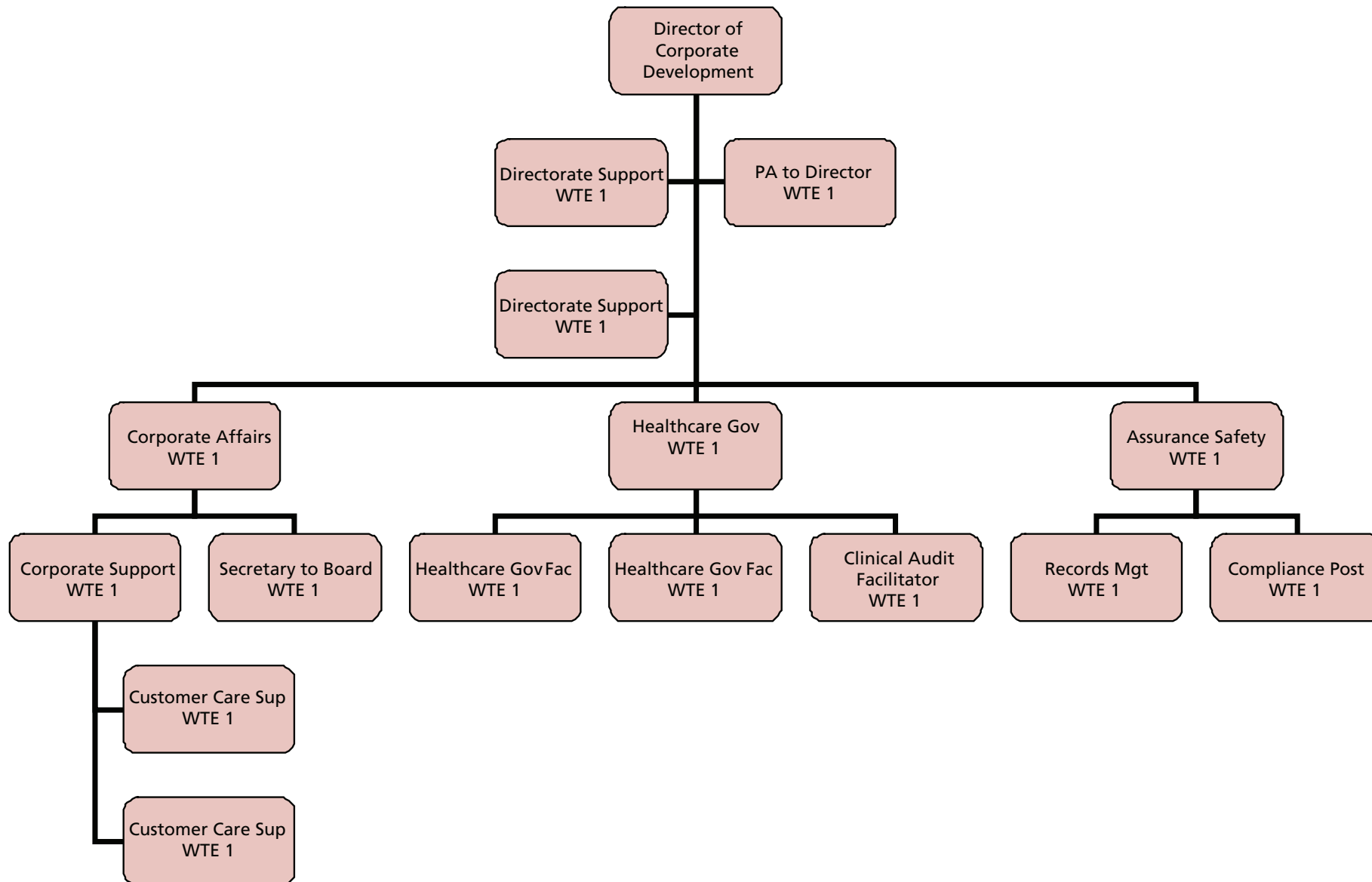
1. Five year Strategy: 2008 - 2012 Towards a Healthier Walsall - NHS Walsall May 2008
2. Commissioning A Patient Led NHS - Department of Health July 2005
3. High Quality Care For All - NHS Next Stage Review - Department of Health June 2008

## 5.2 Appendices

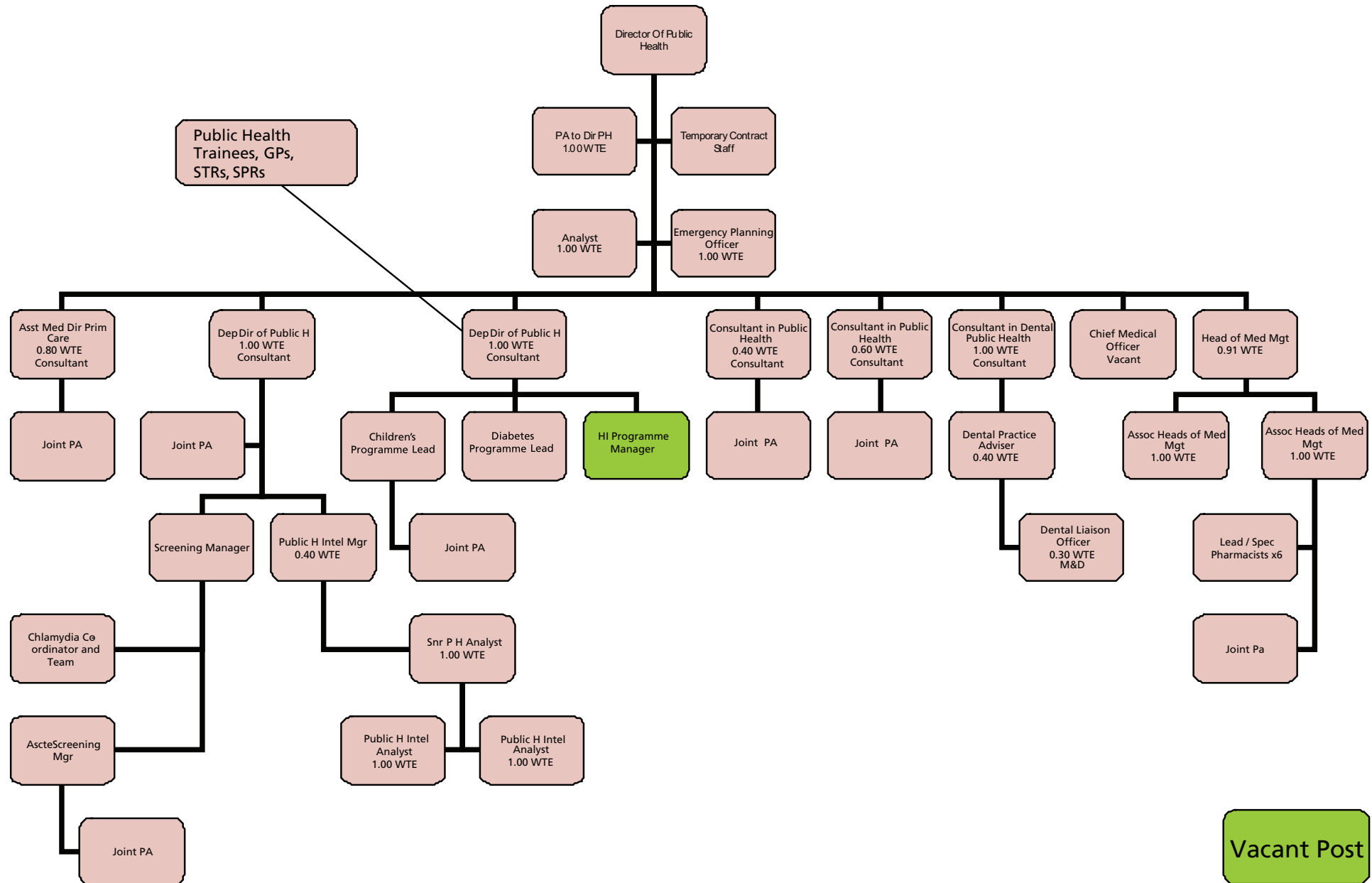
- Appendix 1 Directorate Structures and Current Vacancies
- Appendix 2 Programme management framework
- Appendix 3 Board Development/PEC Development
- Appendix 4 Protected Learning Time
- Appendix 5 Capability Gaps
- Appendix 6 List of initiatives
- Appendix 7 Organisational development plans
- Appendix 8 Project Board structure
- Appendix 9 Gantt chart

# Appendix 1

## 2009/10 Budgeted Establishment Diagram: Corporate Development

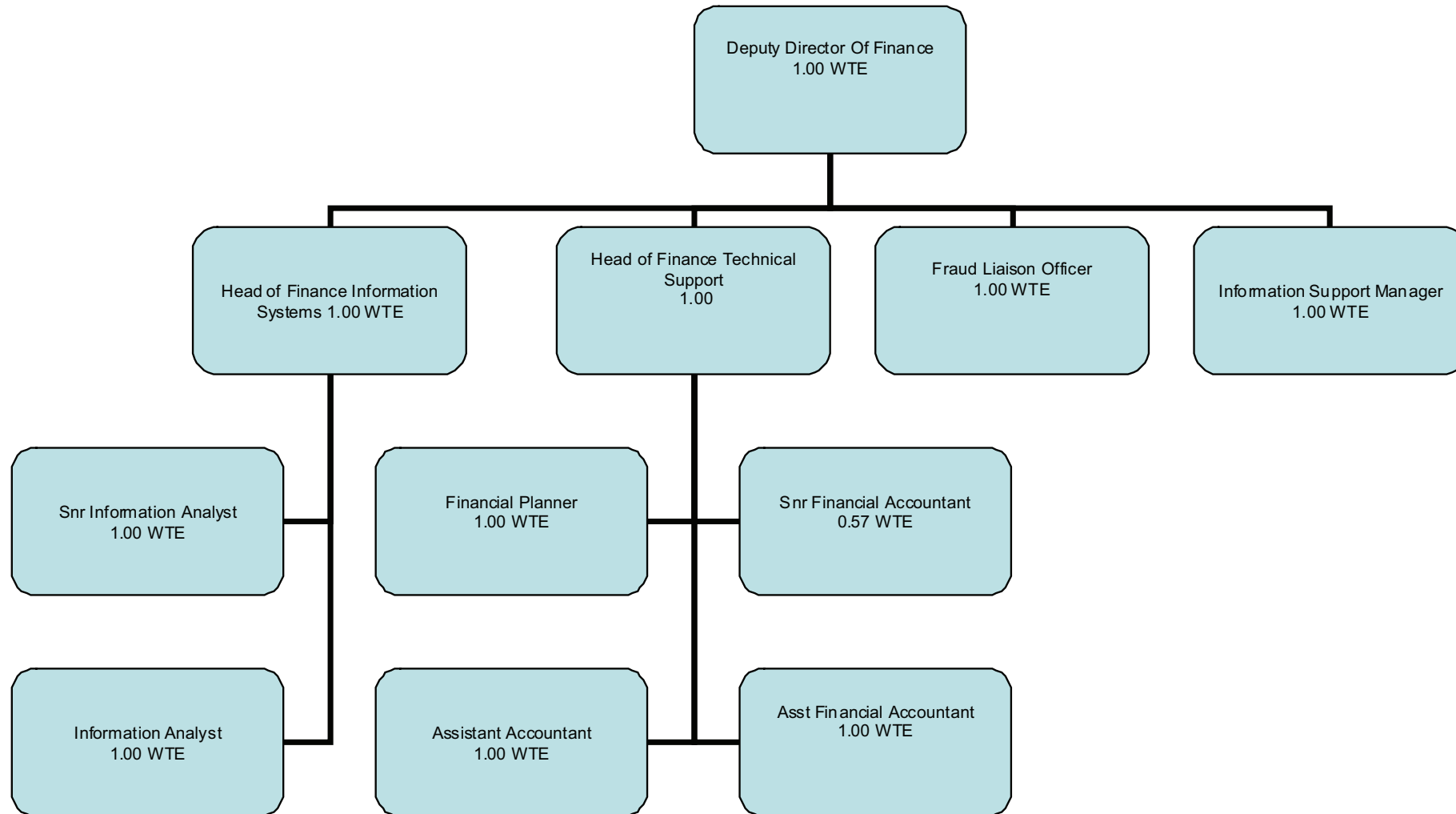


# 2009/10 Budgeted Establishment Diagram: Public Health

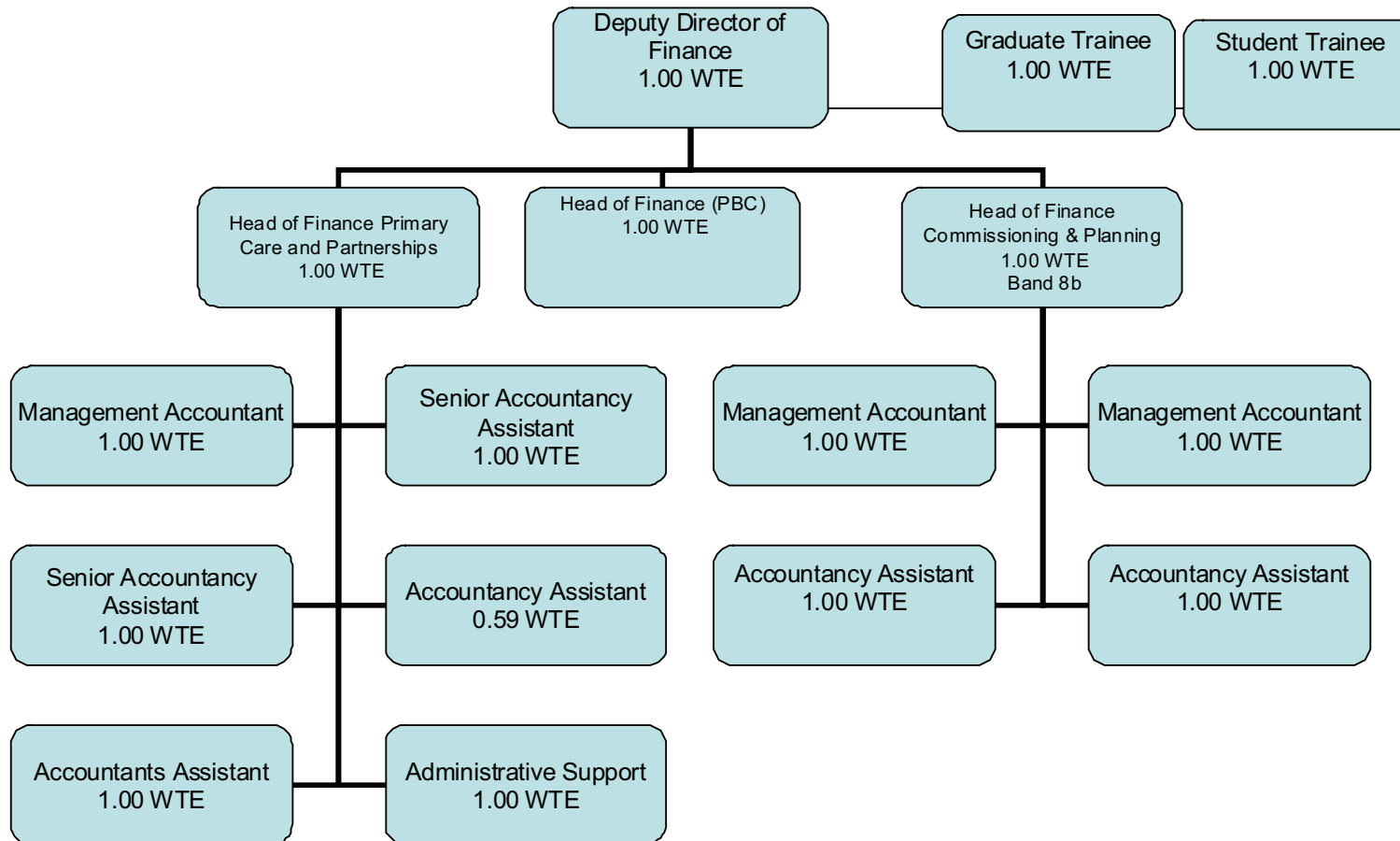


Vacant Post

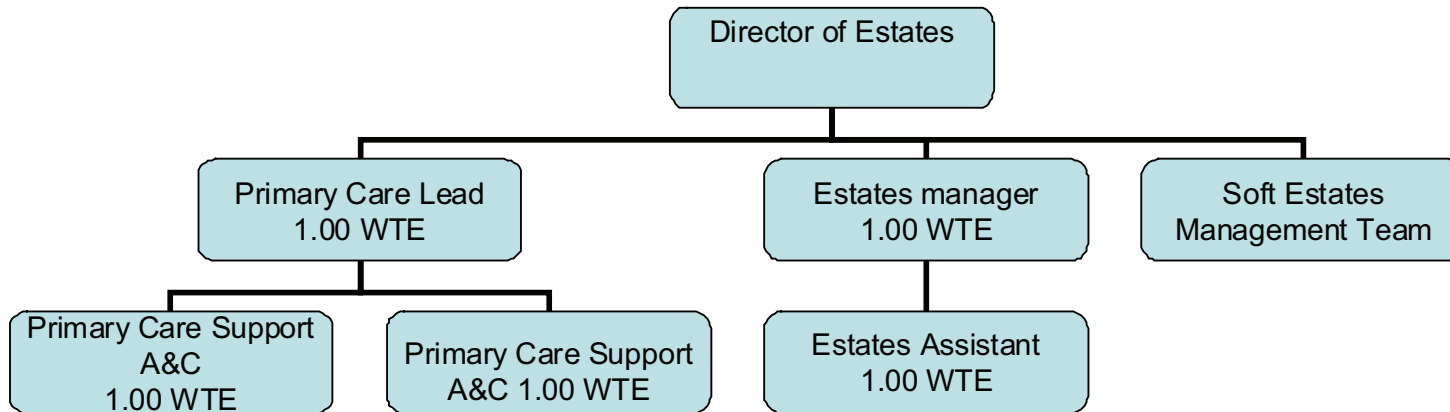
## 2009/10 Budgeted Establishment Diagram: Finance Information - Finance Technical Support - Fraud Liaison



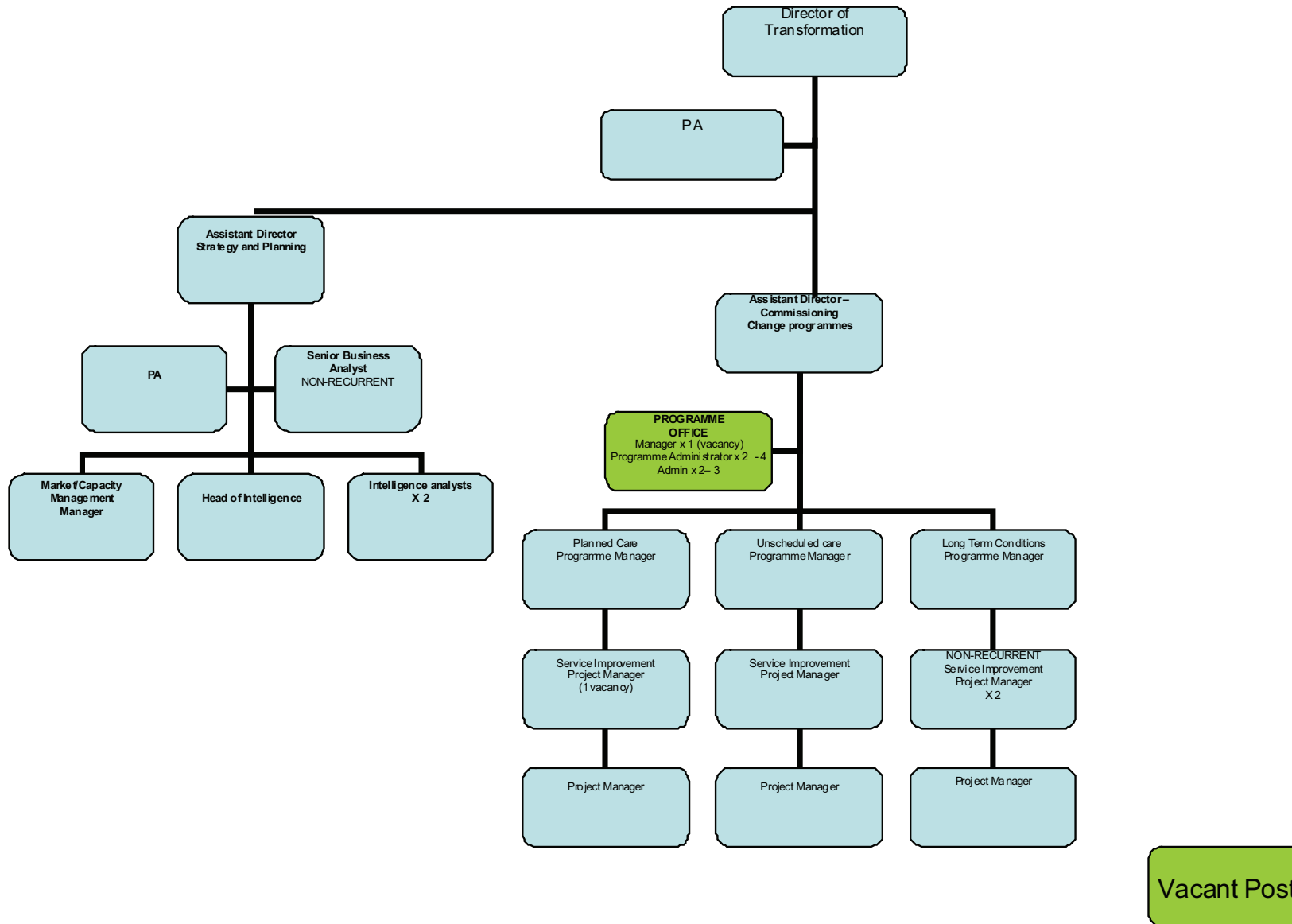
## 2009/10 Budgeted Establishment Diagram: Finance Decision Support



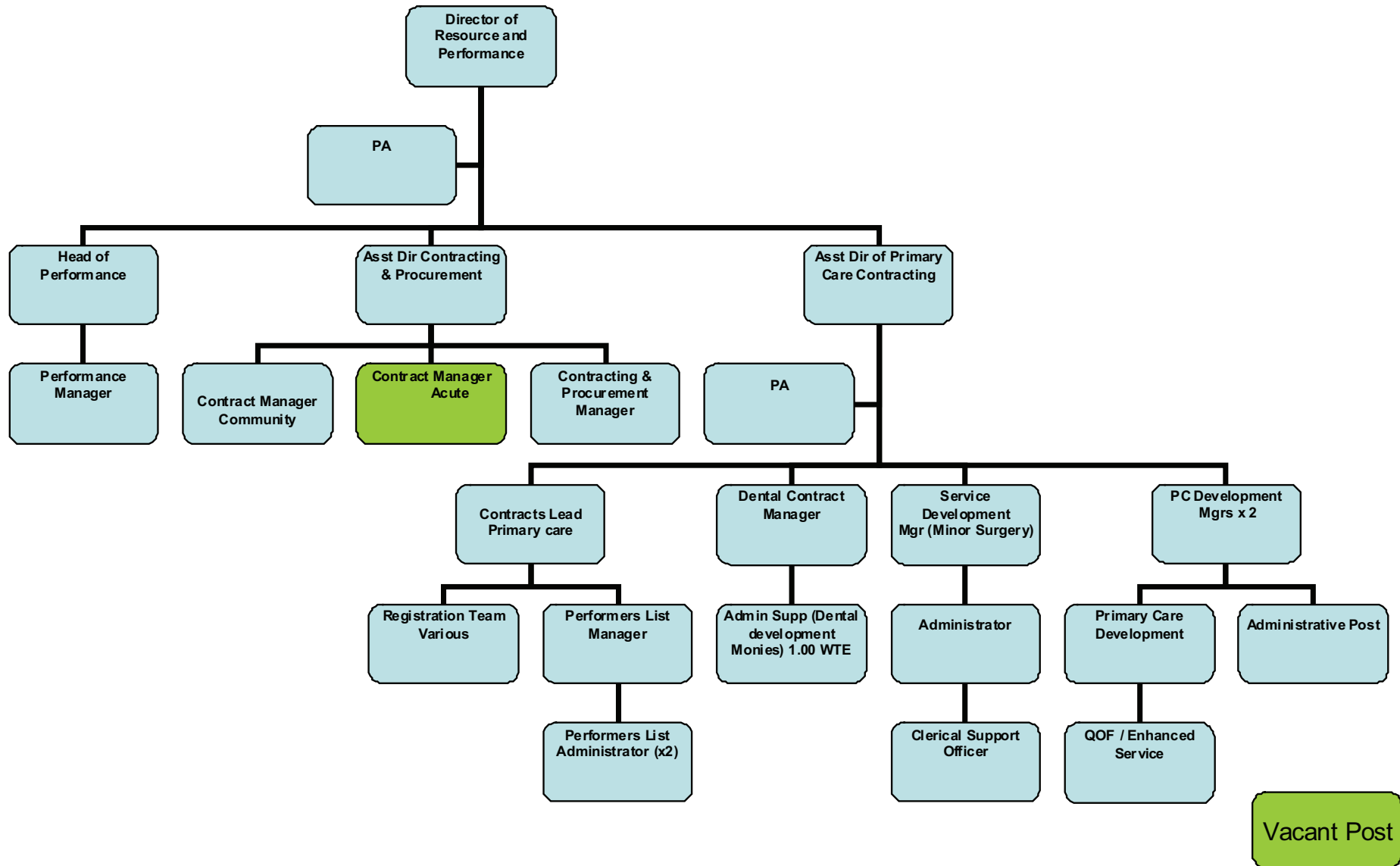
## 2009/10 Budgeted Establishment Diagram: Resources and Performance Primary Care Project



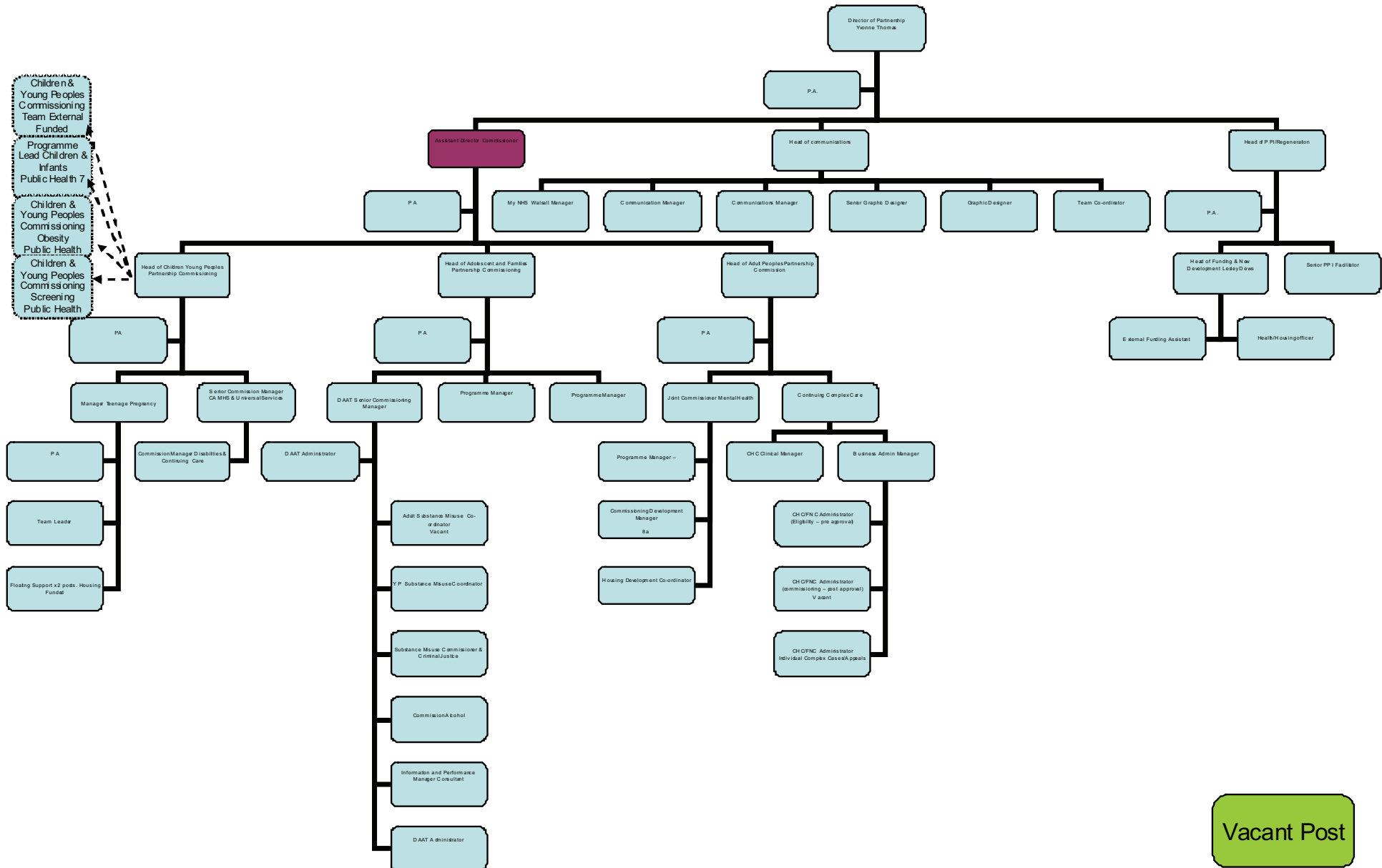
## 2009/10 Budgeted Establishment Diagram: Finance Decision Support



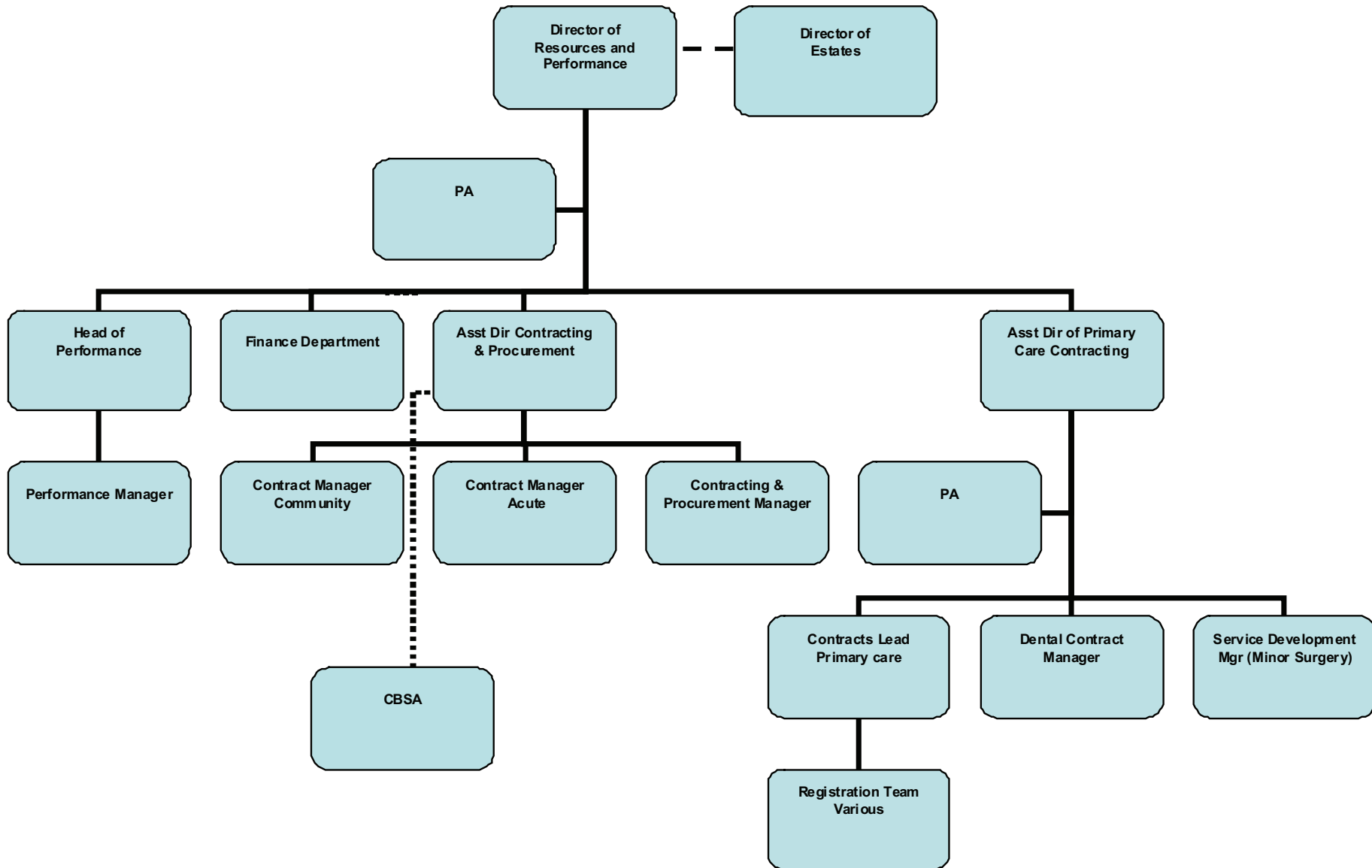
# 2009/10 Budgeted Establishment Chart: Resources and Performance - Performance Procurement - Primary Care Contracting



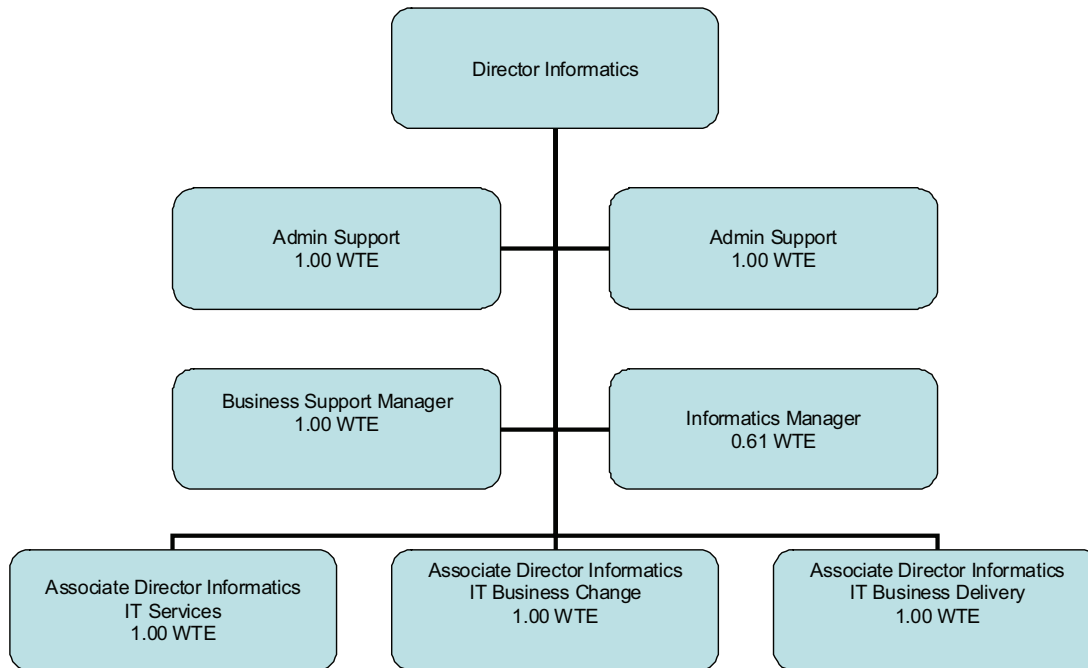
# 2009/10 Budgeted Establishment Diagram: Partnerships



## 2009/10 Budgeted Establishment Chart: Resource and Performance



## 2009/10 Budgeted Establishment Diagram: Informatics



# Appendix 2

## Programme Management in NHS Walsall

As an organisation, NHS Walsall is committed to a programme approach to managing complex programmes of change. It is a management approach for bringing together people, activities and information to achieve a significant business change. Programme Management is a framework for setting up and running a programme or portfolio of projects.

### What is a programme?

A programme is made up of a specific set of related projects identified by an organisation that together will deliver some defined objective, or set of objectives, for the organisation. The objectives, or goals, of the programme are typically at a strategic level so that the organisation can achieve benefits and improvements in its business operation. There is a close link between Programme Management and project management because the programme is made up of projects and is only successful if the projects within it succeeds. The concept of a programme is that it should deliver more than the sum of its parts. Programme Management ensures that projects are able to deliver their outcomes, but ensures that these outcomes would be co-ordinated and integrated into the achievement of strategic goal.

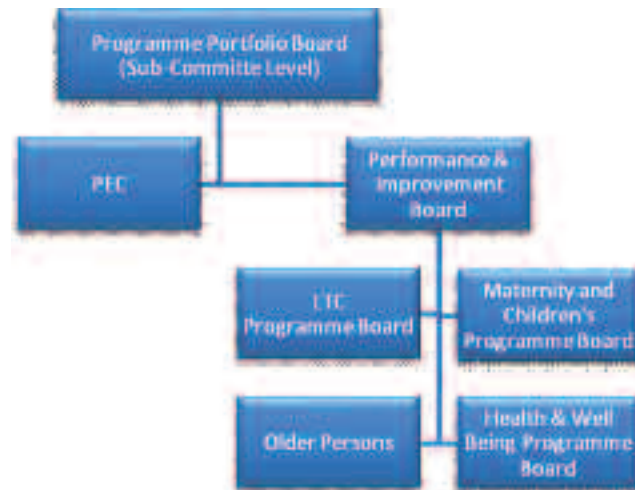
### The Principles in Managing Successful Programmes advise how to:

- Organise people to ensure responsibilities and lines of communication are clear.
- Plan the work in a way that ensure results are achieved.
- Ensure that the organisation realises benefits from undertaking the programme.
- Ensure that all the stakeholders are involved, including all staff, patients, and carers, voluntary and independent sectors.
- Resolve issues which arise.
- Identify and manage risks.
- Ensure quality, reduce variability and improve safety.
- Keep upto-date information which tracks the continually changing environment.
- Audit a programme to ensure standards are being followed.

## The processes in Managing Successful Programmes describe how to:

- Identify key senior managers and nominate a senior responsible owner to set direction and champion the change.
- Identify the aim of the programme and envisaged benefits to the organisation.
- Define the programme, and specify how the organisation will be different afterwards.
- Assess the organisations capability to deliver change through the Programme Assurance Framework.
- Establish the programme.
- Monitor and co-ordinate the projects within a programme to a successful conclusion.
- Manage the transition between the 'old' and 'new' ways of working, ensuring benefit.
- Close the programme and ensure the 'end goal' has been achieved.

The following diagram illustrates the high level governance structure to oversee the implementation of each programme:



## MSP as applied to NHS Walsall

A number of senior commissioners have successfully completed Practitioner level of the Managing Successful Programmes (MSP) training recommended by the Office of Government and Commerce (OGC), and a small number are looking to proceed to advanced practitioner level to support the organisations strategic objectives. Care programmes will be established which cover each of the 9 clinical pathways as well as those services which do not currently fit within this definition set (e.g. Learning Disabilities)

## Programme Management

Each programme will have a board. Each programme board will establish and set objectives and priorities in the delivery of commissioning policies and plans for planned care services for the Walsall PCT population and as such will ensure that the processes and methodology to do this are robust and fit for purpose. The programme board will be responsible for the implementation, performance management, review and evaluation of the work of the planning teams to ensure that these deliver against agreed objectives.

In establishing each programme board, the following will be clearly defined at the outset in order to deliver the objectives of the programme:

- Benefits (key deliverables)
- Timetable
- Measurement
- Potential dis-benefits
- Stakeholders
- Assurance and governance framework

It is of vital importance that each programme board and each of the project groups have stakeholder involvement and engagement. This will include:

Professionals - from both secondary and primary care, both clinical and non-clinical  
Patients and the Public  
Staff

## What will the programmes do?

Each of the programmes will be expected to develop a commissioning plan for its area of responsibility. The detailed work required for each specialty will be undertaken by specially constituted planning sub-groups for an identified specialty, or group of specialties. They are accountable to the programme board and will constitute a local clinical network, involving key clinicians from primary and secondary care in the creation of commissioning policies and plans. Their approach to service planning will be:

- Inclusive
- Evidence Based
- Builds upon the expertise of clinicians, patients, local service providers
- Promotes the seamless delivery of service across organisational boundaries
- Capable of influencing prioritisation and resource allocation processes

## Each project group will be responsible for:

- Enabling stakeholders, patients, service providers, clinicians, service managers, community representatives and service commissioners to plan the delivery of services.
- Develop a clear understanding of national policy and ensure that local services operate within this context.
- Initiate, sponsor and support the development of up to date needs assessments, which will include the needs of specific communities and vulnerable groups.
- Develop a clear vision and strategy for the development of services that are fit for purpose and continue to adapt to changing patterns of need.
- Ensure that a range of services are developed to appropriately meet different levels of needs in an effective and efficient manner.
- Promotes quality and excellence through the sharing of good practice and benchmarking of local services against relevant and recognised centres of excellence
- Plan and support the implementation of reviews/evaluations of existing services.
- Promote and support the redesign of existing service.
- Promote and support the design of new services
- Monitor the implementation of new services and service redesign projects.
- Recommend priorities for the use of existing resource.
- Recommend priorities for the use of new resources
- Involve and develop relationships with the voluntary and the third sector
- Address issues of service efficiency, effectiveness and variability in quality and safety.

Each programme and planning group will use the 'commissioning cycle' as the process by which the design and redesign of services will be undertaken.

# Appendix 3

## Overview of Board Development Session

Board Dates	Main Focus	Competencies Review	Programme Review	Outcomes	Governance	Board Development
30 April 2009	- Monitoring Quality of Provider Services - Safeguarding					
25 June 2009	- PACT Model / Finance - Capital Update - Palliative Care Centre - Health Economy Partnership Board					
27 August 2009	WCC and Board Effectiveness					
29 October 2009	Strategy Review	1, 2, 3, 4	Maternity & Children's Health Urgent Care	1, 42		
Extra Board: 2 December 2009	- Strategic plan - Governance self-assessment					
17 December 2009	LDP – 2009/2010	6, 10, 11	Dementia & Mental Health Older People Planned Care	25, 33, 39		Finance
Extra Board: 7 January 2010	- Strategic plan feedback - OD plan review - Financial Model - Integration - Comms. Plans					
25 February 2010	OD Review	5, 7, 8, 9	Long Term Conditions Health & Well Being	46, 50, 51, 55		

## Professional Executive committee Overview of Development Sessions

PEC Dates	Main Focus
<b>11 May 2009</b>	<ul style="list-style-type: none"> <li>- <i>Safeguarding / Clinical Leadership</i></li> </ul>
<b>3 August 2009</b>	<ul style="list-style-type: none"> <li>- <i>Long-Term Financial Modelling</i></li> <li>- <i>Frail Elderly CPG</i></li> <li>- <i>WCC New Standards</i></li> </ul>
<b>5 October 2009</b>	<ul style="list-style-type: none"> <li>- <i>Dementia Protocol &amp; Strategy</i></li> <li>- <i>CVD Annual Report</i></li> <li>- <i>Renal Pathway</i></li> <li>- <i>WCC Update on Evidence</i></li> </ul>
<b>7 December 2009</b>	<ul style="list-style-type: none"> <li>- <i>Prescribing Antipsychotics in Dementia – Baseline Audit</i></li> <li>- <i>Strategy for Dementia</i></li> <li>- <i>Sexual Health Strategy</i></li> <li>- <i>Update on Frail Elderly</i></li> <li>- <i>Summary of R&amp;D Clinical Activity in the District – Innovation</i></li> </ul>

# Appendix 4

## Protected Learning Time Events for Period Ending December 2009

<b>DATE HELD</b>	<b>TOPICS</b>	<b>COVERING</b>
<b>3 JUNE 2009</b>	<b>NHS WALSALL STRATEGY</b>	<b>STRATEGY, LDP PROCESS AND OPERATING PLAN</b>
<b>12 AUGUST 2009</b>	<b>LEARNING SETS DELIVERED VIA TWO STREAMS</b>	<ol style="list-style-type: none"> <li><b>1. OUR LONG TERM FINANCIAL PLAN</b></li> <li><b>2. MAKING IT HAPPEN</b></li> <li><b>3. WORLD CLASS COMMISSIONING – WE NEED YOU</b></li> <li><b>4. A NEW APPROACH TO PATIENT AND PUBLIC INVOLVEMENT</b></li> <li><b>5. RISKY BUSINESS</b></li> <li><b>6. THE DO'S AND DON'TS OF BUSINESS PLANNING</b></li> <li><b>7. WORKING IN PARTNERSHIP</b></li> <li><b>8. PUBLIC HEALTH IS EVERYWHERE</b></li> </ol>
<b>23 October 2009</b>	<b>AS ABOVE</b>	<b>AS ABOVE</b>
<b>18 December 2009</b>	<b>NHS WALSALL STRATEGY</b>	<b>REFRESH</b>
	<b>ORGANISATIONAL DEVELOPMENT</b>	<b>APPROACH</b>
	<b>ORGANISATIONAL DEVELOPMENT</b>	<b>PRIORITISING AREAS OF IMPROVEMENT</b>
	<b>ORGANISATIONAL DEVELOPMENT</b>	<b>ANALYSING THE ROOT CAUSE OF SOME OF OUR GAPS KEY INITIATIVES</b>

# Appendix 5

## Capability Gaps - Theme A - Patient, People and Integration

Themes	Capability gaps identified through diagnostics	Source
<b>A</b> Patient, People and Integration	<b>A1</b> A stronger leadership position in your local health system in relation to the future of Acute Hospital Services	• Panel Observation
	<b>A2</b> Continue to influence the LAA with the restructure of the LSP and CAA	• Panel Observation
	<b>A3</b> Continue your work to improve the relationship with PBC and put in place mechanism to monitor/evaluate the impact	• Panel Observation
	<b>A4</b> Clear clinical leadership in the delivery of the LAA target	• Panel Observation
	<b>A5</b> Ensure Communication Strategy is implemented.	• Panel Observation
	<b>A6</b> The PCT should develop a system of reviewing patient feedback trends from a variety of sources and link this to commissioning decision making	• Competency 3

## Capability Gaps - Theme B - Board Adding Value to Commissioning

Themes	Capability gaps identified through diagnostics	Source
<b>B</b> <b>Board adding value to commissioning</b>	<b>B1</b> Stronger leadership position in the local health system in relation to the future of Acute Hospital Services.	Panel Observation
	<b>B2</b> Continue to improve the leadership with PBC and monitor / evaluate the impact.	Board self certification
	<b>B3</b> Ensure clear clinical leadership in the delivery of the LAA target.	Board self certification
	<b>B4</b> Take the opportunity to influence the LAA with the restructure of the LSP and CAA.	Board self certification
	<b>B5</b> Board visibility across the organisation.	Potential for Improvement Survey
	<b>B6</b> Ensure all staff are aware of revised values.	Potential for Improvement Survey

## Capability Gaps - Theme C - Clinical Leadership and Engagement

Themes	Capability gaps identified through diagnostics	Source
<b>C</b> <b>Clinical Leadership and Engagement</b>	<b>C1</b> Clinical Engagement Strategy to implemented.	OD Plan 09
	<b>C2</b> All engagement groups actively drive PCT planning and service development and support the setting of the strategic direction of the PCT.	Competency 4
	<b>C3</b> The PCT can demonstrate benefits delivered by clinician-led innovations, in terms of both quality and productivity.	Competency 4
	<b>C4</b> Clinical Leadership Strategy to be developed.	Board Development Sessions
	<b>C5</b> Further development general practice commissioning skills .	Board Development Sessions
	<b>C6</b> Further develop staff capabilities.	Potential for Improvement Survey

## Capability Gaps - Theme D - Use data analysis and Intelligence which improves decision making

Themes	Capability gaps identified through diagnostics	Source
<p><b>D</b></p> <p><b>Use data analysis and intelligence which improves decision making</b></p>	<p><b>D1</b> The panel recommends improvement of your analytical capacity and capability to better understand the unmet needs of your application. This knowledge will improve the effectiveness and efficiency of your efforts, not only for your Strategic Plan but for your broader commissioning responsibilities.</p>	<p>Panel Observation</p>
	<p><b>D2</b> Develop an overarching intelligence strategy covering all aspects of the delivery of information.</p>	<p>Panel Observation</p>
	<p><b>D3</b> Continue to develop an effective data portal which gives appropriate access at all levels of the organisation.</p>	<p>OD Plan 09</p>
	<p><b>D4</b> The PCT needs a high level of knowledge management with associated analytical skills.</p>	<p>Competency 5</p>
	<p><b>D5</b> The PCT uses predictive modelling to support its ability to target required interventions with precision.</p>	<p>Panel Observation</p>

## Capability Gaps - Theme D - Use data analysis and Intelligence which improves decision making continued

Themes	Capability gaps identified through diagnostics	Source
<b>D</b> Use data analysis and intelligence which improves decision making	<b>D6</b> Projects and initiatives are evaluated against defined prioritisation criteria with effective targeting of resources.	Competency 6
	<b>D7</b> Planning and budgeting cycles are aligned to facilitate co-ordination and joint financing arrangements.	Competency 6
	<b>D8</b> Mature programme budgeting or equivalent methodology for all key priority care pathways/disease groups with integrated investment and disinvestment plans of up to 10 years are in place.	Competency 6
	<b>D9</b> The PCT invests for longer-term health outcome gains and can quantify impact.	Competency 6

## Capability Gaps - Theme E - Implementing Market Management Development

Themes	Capability gaps identified through diagnostics	Source
<b>E</b> <b>Implementing market management</b>	<b>E1</b> The PCT works with the local authority and other commissioners to develop robust analysis on all segments of the market and identify a full range of core (current and future) providers by speciality, pathway and setting of care, assess the relative cost, quality and patient feedback of providers of the services they deliver.	Competency 7
	<b>E2</b> The PCT works with GPs and other referrers to develop an effective strategy to improve uptake of choice at practice level.	Competency 7
	<b>E3</b> The PCT uses patients in creating the choice offer, particularly those with long term conditions, and make information available to enable patients to exercise choice.	Competency 7

## Capability Gaps - Theme F - Talent and Talent Management

Themes	Capability gaps identified through diagnostics	Source
<b>F</b> <b>Talent and Talent Management</b>	<b>F1</b> No talent strategy in place.	Board Development Session
	<b>F2</b> No talent management review group.	Board Development Session
	<b>F3</b> Revise current appraisal process.	Potential to Improve Survey
	<b>F4</b> Recognition and reward of good performance and identifying and acting on poor performance.	Potential to Improve Survey
	<b>F5</b> Further develop capabilities of staff in the commissioning process.	Potential to Improve Survey

## Capability Gaps - Theme G - Contracting and Procurement Development

Themes	Capability gaps identified through diagnostics	Source
<b>G</b> <b>Contracting and Procurement Development</b>	<b>G1</b> The key focus should be with the PCT;s major suppliers / supplier registry who have the most effect on its 5 year strategy.	Competency 7
	<b>G2</b> The PCT has proactive contract compliance management , tailored to all providers.	Competency 10
	<b>G3</b> There is ongoing provider capability building through sharing of internal best practice.	Competency 10
	<b>G4</b> The PCT can demonstrate data is used to drive fact-based continuous improvement in quality outcomes	Competency 10

# Appendix 6

## List of Key Initiatives by Theme

Initiatives description	Development leads (initiatives/ theme)
<p><b>A</b></p> <p><b>Patient, People and Integration</b></p> <ul style="list-style-type: none"><li><b>A1</b> • Enhancing the Commissioning Process Through the Patient Experience</li><li><b>A2</b> • Staff as Ambassadors</li><li><b>A3</b> • Governance Process for Partnership Working</li></ul>	Yvonne Thomas
<p><b>B</b></p> <p><b>Board Adding Value to Commissioning</b></p> <ul style="list-style-type: none"><li><b>B1</b> • Strengthen Board Architecture</li><li><b>B2</b> • Ensuring Board Visibility</li><li><b>B3</b> • Productivity Agenda</li></ul>	Yvette Sheward.
<p><b>C</b></p> <p><b>Clinical Leadership and Engagement</b></p> <ul style="list-style-type: none"><li><b>C1</b> • Implement Clinical Engagement Strategy</li><li><b>C2</b> • Develop Clinical Leadership Strategy</li></ul>	Pam Skinner

**D** Use Data Analysis and Intelligence Which Improves Decision Making

- D1** • Develop effective access to commissioning information and intelligence.
- D2** • Develop skills across the organisation to use intelligence effectively.
- D3** • Base commissioning decisions on effective intelligence.

Anne Baines

**E** Implement Market Management Development

- E1** • Complete detailed health market management.
- E2** • Develop skills across the organization to ensure effective market management

Anne Baines

**F** Talent and Talent Management

- F1** • Develop a Robust Talent Management Approach
- F1** • Develop Systems and Processes to Support Talent Management
- F1** • Develop and Implement Performance Management and Monitoring Processes

Denise McLellan

**G** Contracting and Procurement Development

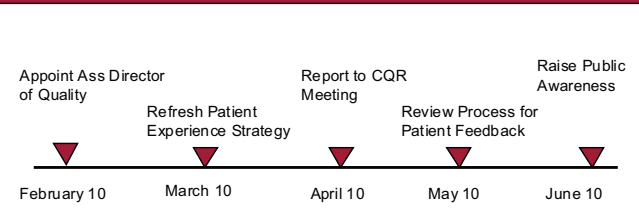
- G1** • Infrastructure Systems/Process
- G2** • Develop Policy Guidance
- G3** • Contract Performance

Robert Mackie

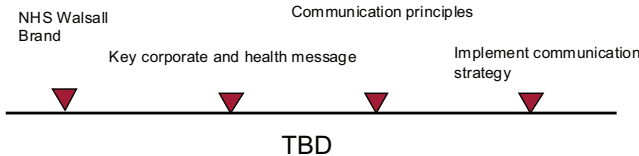
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# Appendix 7

## A1 Patient, People and Integration - Enhancing the Commissioning Process through the Patient Experience

<b>Objectives</b> Further develop the processes by which the patient experience feeds into the commissioning cycle.	<b>KPIs</b> Regular reports available to commissioning teams Regular reports available to CQR meetings						
<b>Key deliverables</b> <ul style="list-style-type: none"> <li>• Appoint Assistant Director of Quality and Safety with lead for Patient Experience.</li> <li>• Revise Patient Experience Strategy</li> <li>• Monthly analysis of patients experience provided to CQR Meetings.</li> <li>• Ensure providers develop a wide range of patient experience monitoring.</li> <li>• Ensure patient experience is fed back into the commissioning cycle</li> <li>• Increase public awareness of how their views can change how we provide Healthcare</li> </ul>	<b>Resources</b> Assistant Director of Quality and Safety Participants: Communications and Involvement Team Customer Care <table border="1" data-bbox="922 683 1211 767"> <tr> <td>Share</td> <td>Build</td> <td>Buy</td> </tr> <tr> <td></td> <td>•</td> <td></td> </tr> </table>	Share	Build	Buy		•	
Share	Build	Buy					
	•						
<b>Interdependencies</b> <ul style="list-style-type: none"> <li>• Worldclass Commissioning Strategy</li> <li>• Patients and Users</li> <li>• Commissioning Staff</li> <li>• Customer Care Team</li> <li>• Providers</li> </ul>	<b>Timeline</b>  <p>Appoint Ass Director of Quality (February 10)</p> <p>Refresh Patient Experience Strategy (March 10)</p> <p>Report to CQR Meeting (April 10)</p> <p>Review Process for Patient Feedback (May 10)</p> <p>Raise Public Awareness (June 10)</p>						

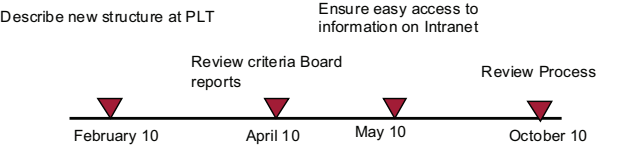
## A2 Patient, People and Integration - Staff as Ambassadors

<p><b>Objectives</b></p> <p>Strengthen internal communications plan to ensure that staff understand corporate goals and are encouraged to pass on our key corporate and health messages to family and friends</p>	<p><b>KPIs</b></p> <ul style="list-style-type: none"> <li>• Survey Staff</li> <li>• Survey patients</li> </ul>						
<p><b>Key deliverables</b></p> <ul style="list-style-type: none"> <li>• Staff understand importance of NHS Walsall brand</li> <li>• Staff understand key corporate and health messages</li> <li>• Staff will be trained in communication principles</li> <li>• Ensure communication strategy is implemented.</li> <li>• Develop staff to answer difficult questions about QIPP</li> <li>• Develop understanding of disadvantaged groups and their needs and the effect of multi deprivation on individuals.</li> </ul>	<p><b>Resources</b></p> <ul style="list-style-type: none"> <li>• Lead: Assistant Director of Communications and Involvement</li> <li>• Participants: Communications and Involvement Team</li> </ul> <table border="1" data-bbox="920 568 1211 659"> <tr> <td>Share</td> <td>Build</td> <td>Buy</td> </tr> <tr> <td></td> <td>•</td> <td></td> </tr> </table>	Share	Build	Buy		•	
Share	Build	Buy					
	•						
<p><b>Interdependencies</b></p> <ul style="list-style-type: none"> <li>• All staff in NHS Walsall</li> <li>• Executives</li> <li>• Programme Leads</li> </ul>	<p><b>Timeline</b></p>  <p>NHS Walsall Brand      Key corporate and health message      Communication principles      Implement communication strategy</p> <p>TBD</p>						

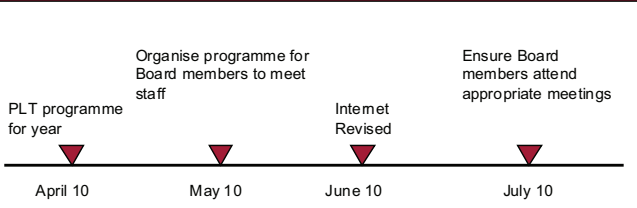
## A3 Patient, People and Integration - Governance Processes for Partnership Working

<p><b>Objectives</b></p> <ul style="list-style-type: none"> <li>Develop a clear overarching governance framework between organisations</li> </ul>	<p><b>KPIs</b></p> <ul style="list-style-type: none"> <li>Agreed Governance Framework</li> </ul>						
<p><b>Key deliverables</b></p> <ul style="list-style-type: none"> <li>Develop and agree governance framework</li> <li>Develop a set of competencies and ensure that these are applied appropriately when working across the Health Economy .</li> <li>Staff are clear of their roles and responsibilities when involved in health economy wide work</li> </ul>	<p><b>Resources</b></p> <ul style="list-style-type: none"> <li>Lead: Director of Partnerships</li> <li>Participants: Executives from Partner Organisations</li> </ul> <table border="1" data-bbox="922 580 1214 657"> <tr> <td>Share</td> <td>Build</td> <td>Buy</td> </tr> <tr> <td>•</td> <td>•</td> <td></td> </tr> </table>	Share	Build	Buy	•	•	
Share	Build	Buy					
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<p><b>Interdependencies</b></p> <ul style="list-style-type: none"> <li>Partner Organisations</li> <li>Executives</li> <li>Commissioning Staff</li> <li>Partner Organisations</li> </ul>	<p><b>Timeline</b></p> <p>The timeline consists of a horizontal line with three downward-pointing triangles indicating milestones. The first milestone is labeled 'Governance Framework' and is positioned above 'March 10'. The second milestone is labeled 'Set Competencies' and is positioned above 'TBD'. The third milestone is labeled 'Health economy wide work' and is positioned above 'TBD'.</p>						

## B1 Board Adding Value to Commissioning - Strengthen Board Architecture

<b>Objectives</b> Further strengthen Board architecture and ensure all staff have knowledge of structure and process	<b>KPIs</b> <ul style="list-style-type: none"> <li>All staff understand committee structure</li> <li>All staff understand pathways for decision making and reporting</li> </ul>						
<b>Key deliverables</b> <ul style="list-style-type: none"> <li>Further strengthen committees to the Board</li> <li>Strengthen process for reports to the Board</li> <li>Create additionality through partnerships</li> <li>Ensure all staff understand committee structure and links to strategy</li> <li>Staff understand information flows to the Board committee and to the board</li> </ul>	<b>Resources</b> <ul style="list-style-type: none"> <li>Director of Corporate Governance</li> <li>Executives</li> <li>NEDS</li> </ul> <table border="1" data-bbox="922 576 1218 659"> <tr> <td>Share</td> <td>Build</td> <td>Buy</td> </tr> <tr> <td></td> <td style="text-align: center;">•</td> <td></td> </tr> </table>	Share	Build	Buy		•	
Share	Build	Buy					
	•						
<b>Interdependencies</b> <ul style="list-style-type: none"> <li>OD Plan</li> <li>PLT</li> <li>Written Board reports</li> <li>PLT Sessions</li> <li>Intranet</li> </ul>	<b>Timeline</b>  <p>Describe new structure at PLT</p> <p>Review criteria Board reports</p> <p>Ensure easy access to information on Intranet</p> <p>Review Process</p> <p>February 10      April 10      May 10      October 10</p>						

## B2 Board Adding Value to Commissioning - Ensuring Board Visibility

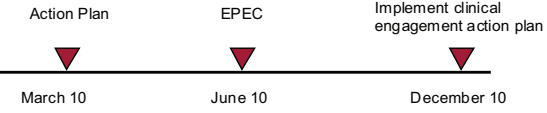
<b>Objectives</b> <p>Increase board engagement and visibility to all staff and stakeholders</p>	<b>KPIs</b> <ul style="list-style-type: none"> <li>• Staff will have awareness of Board members</li> <li>• Staff report higher visibility</li> </ul>						
<b>Key deliverables</b> <ul style="list-style-type: none"> <li>• Team Brief – Chief Executive sessions</li> <li>• Protected Learning Time</li> <li>• Star Quality</li> <li>• Walkabouts by Board</li> <li>• Attendance at relevant meetings and events.</li> <li>• List of Board meetings</li> <li>• Commissioning magazine- Item on Board</li> <li>• Intranet talk/discussion room</li> <li>• Regular staff views</li> </ul>	<b>Resources</b> <ul style="list-style-type: none"> <li>• Ass Director of Communications and Involvement</li> <li>• Communications Team</li> <li>• Executive Team</li> <li>• NEDS</li> </ul> <table border="1" data-bbox="927 580 1218 657"> <thead> <tr> <th>Share</th> <th>Build</th> <th>Buy</th> </tr> </thead> <tbody> <tr> <td></td> <td>•</td> <td></td> </tr> </tbody> </table>	Share	Build	Buy		•	
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<b>Interdependencies</b> <ul style="list-style-type: none"> <li>• Non Executive Directors</li> <li>• Executives</li> <li>• Staff</li> <li>• PLT</li> <li>• Intranet</li> </ul>	<b>Timeline</b>  <p>Timeline milestones:</p> <ul style="list-style-type: none"> <li>April 10: PLT programme for year</li> <li>May 10: Organise programme for Board members to meet staff</li> <li>June 10: Intranet Revised</li> <li>July 10: Ensure Board members attend appropriate meetings</li> </ul>						



# C1 Clinical Leadership and Engagement - Implement Clinical Engagement

<p><b>Objectives</b></p> <p>Clinical Leadership Strategy</p>	<p><b>KPIs</b></p> <ul style="list-style-type: none"> <li>• Number of clinical leads can be identified.</li> <li>• Range of disciplines providing clinical leadership</li> <li>• Involvement of leaders in key strategic development</li> <li>• Leaders ability to involve others in their area.</li> </ul>						
<p><b>Key deliverables</b></p> <ul style="list-style-type: none"> <li>• Engage stakeholders in delivering strategy/developing strategy</li> <li>• Develop action plan</li> <li>• Develop new clinical leadership board around PEC, incorporation PBC levels and Darzi Lead</li> <li>• Develop advice networks for service redesign</li> <li>• Ensure the development of leaders in all clinical disciplines</li> <li>• Identify new leaders for future and help them develop</li> <li>• Work closely with clinical leadership networks in other PCTs and SHA.</li> <li>• Use Darzi clinical champions to succession plan.</li> </ul>	<p><b>Resources</b></p> <ul style="list-style-type: none"> <li>• Ongoing funding for clinical champions, leadership network locally, networking nationally, CPD and personal development of local leaders.</li> <li>• Protected time to develop network with other clinicians in Walsall</li> </ul> <table border="1" data-bbox="922 632 1218 708"> <thead> <tr> <th>Share</th> <th>Build</th> <th>Buy</th> </tr> </thead> <tbody> <tr> <td>•</td> <td></td> <td></td> </tr> </tbody> </table>	Share	Build	Buy	•		
Share	Build	Buy					
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<p><b>Interdependencies</b></p> <ul style="list-style-type: none"> <li>• Clinical engagement strategy</li> <li>• WCC strategy</li> <li>• OD Plan</li> <li>• SHA</li> <li>• Clinical leadership networks</li> </ul>	<p><b>Timeline</b></p> <p>The timeline shows three key milestones marked with downward-pointing triangles on a horizontal axis:</p> <ul style="list-style-type: none"> <li><b>March 10:</b> Action Plan Darzi Champion</li> <li><b>April 10:</b> Start EPEC meetings</li> <li><b>December 10:</b> Implement leadership action plan</li> </ul>						


## C2 Clinical Leadership and Engagement - Develop Clinical Leadership Strategy

<b>Objectives</b> To implement clinical engagement strategy	<b>KPIs</b> <ul style="list-style-type: none"> <li>• Number of clinical champions</li> <li>• Range of professionals involved</li> <li>• Service redesign quality assured (LITS)</li> </ul>						
<b>Key deliverables</b> <ul style="list-style-type: none"> <li>• Write an action plan developed from clinical engagement strategy</li> <li>• Ensure stakeholder involvement</li> <li>• Strengthen clinical champions role</li> <li>• Strengthen professional advisory and assurance systems</li> </ul>	<b>Resources</b> <ul style="list-style-type: none"> <li>• Ongoing funding for clinical champions</li> <li>• Ongoing CPD systems and funding</li> </ul> <table border="1" data-bbox="922 587 1214 667"> <tr> <td>Share</td> <td>Build</td> <td>Buy</td> </tr> <tr> <td></td> <td>•</td> <td></td> </tr> </table>	Share	Build	Buy		•	
Share	Build	Buy					
	•						
<b>Interdependencies</b> <ul style="list-style-type: none"> <li>• Leadership strategy</li> <li>• WCC strategy</li> <li>• OD Plan</li> <li>• LITS and clinical task</li> <li>• PEC</li> </ul>	<b>Timeline</b>  <p>The timeline shows three key milestones marked with downward-pointing triangles on a horizontal line:</p> <ul style="list-style-type: none"> <li><b>Action Plan</b>: March 10</li> <li><b>EPEC</b>: June 10</li> <li><b>Implement clinical engagement action plan</b>: December 10</li> </ul>						

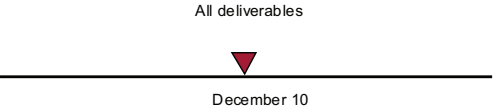
## D1 Use data analysis and intelligence which improves decision making - Develop effective access to commissioning information and intelligence

<b>Objectives</b> Organise current data resources into a cohesive intelligence management system	<b>KPIs</b> <ul style="list-style-type: none"> <li>• Use feedback</li> <li>• Registers in place</li> <li>• Audit of policies on standards.</li> </ul>						
<b>Key deliverables</b> <ul style="list-style-type: none"> <li>• Information Asset Register developed</li> <li>• Develop Project Team</li> <li>• Develop Knowledge Register</li> <li>• Create policies, Standards and procedures .</li> </ul>	<b>Resources</b> <ul style="list-style-type: none"> <li>• Head of Intelligence</li> <li>• IT Support</li> <li>• PH Intelligence</li> <li>• Finance Intelligence</li> <li>• Commissioners.</li> </ul> <table border="1" data-bbox="925 624 1216 703"> <tr> <td>Share</td> <td>Build</td> <td>Buy</td> </tr> <tr> <td>•</td> <td>•</td> <td>•</td> </tr> </table>	Share	Build	Buy	•	•	•
Share	Build	Buy					
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<b>Interdependencies</b> <ul style="list-style-type: none"> <li>• IMT work plans.</li> <li>• Will invite proposals against an agreed framework using Buy Solutions the National Procurement Partner for UK Public Solutions</li> </ul>	<b>Timeline</b> <p>The timeline shows three key milestones marked with red downward-pointing triangles on a horizontal axis:</p> <ul style="list-style-type: none"> <li><b>Project Team</b>: April 10</li> <li><b>Information &amp; Knowledge Asset Register</b>: June 10</li> <li><b>Policies &amp; Procedures</b>: October 10</li> </ul>						

## D2 Use data analysis and intelligence which improves decision making - Develop skills across the organisation to use intelligence effectively

<p><b>Objectives</b></p> <p>Maximise use of existing skill levels and develop other commissioning staff skills and knowledge to use Intelligence effectively</p>	<p><b>KPIs</b></p> <ul style="list-style-type: none"> <li>• Use feedback</li> <li>• Training courses</li> <li>• Plans in place</li> <li>• Register in place</li> </ul>						
<p><b>Key deliverables</b></p> <ul style="list-style-type: none"> <li>• Skill and knowledge audit and gap analysis</li> <li>• Training and development plan and business case</li> <li>• Commence implementation</li> </ul>	<p><b>Resources</b></p> <ul style="list-style-type: none"> <li>• Training courses</li> <li>• £ to be agreed</li> <li>• Staff time.</li> </ul> <table border="1" data-bbox="922 619 1216 702"> <tr> <td>Share</td> <td>Build</td> <td>Buy</td> </tr> <tr> <td></td> <td>•</td> <td>•</td> </tr> </table>	Share	Build	Buy		•	•
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<p><b>Interdependencies</b></p> <ul style="list-style-type: none"> <li>• Information Governance</li> <li>• IMT</li> <li>• Will invite proposals against an agreed framework using Buy Solutions the National Procurement Partner for UK Public Solutions</li> </ul>	<p><b>Timeline</b></p>  <p>Skills Audit                      Develop Plan                      Commence</p> <p>June 10                              September 10                              October 10</p>						

## D2 Use data analysis and intelligence which improves decision making - Base commissioning decision on effective intelligence

<b>Objectives</b> Implementation key intelligence tools to support decision making and commissioning	<b>KPIs</b> <ul style="list-style-type: none"> <li>WCC Competencies</li> <li>User feedback</li> </ul>						
<b>Key deliverables</b> <ul style="list-style-type: none"> <li>Population and practice based risk stratification</li> <li>Plan to use and adapt the Map of Medicine and scenario modelling tools.</li> <li>Develop benchmarking approach</li> </ul>	<b>Resources</b> <ul style="list-style-type: none"> <li>CDR Intel</li> <li>Map of Medicine</li> <li>Analysts</li> </ul> <table border="1" data-bbox="922 619 1216 699"> <tr> <td>Share</td> <td>Build</td> <td>Buy</td> </tr> <tr> <td></td> <td style="text-align: center;">•</td> <td style="text-align: center;">•</td> </tr> </table>	Share	Build	Buy		•	•
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<b>Interdependencies</b> <ul style="list-style-type: none"> <li>PBC</li> <li>PEC</li> <li>Public Health</li> <li>Will invite proposals against an agreed framework using Buy Solutions the National Procurement Partner for UK Public Solutions</li> </ul>	<b>Timeline</b> <p style="text-align: center;">All deliverables</p>  <p style="text-align: center;">December 10</p>						

# E1 Implement Market Management Development

<b>Objectives</b> Understand the impact of Strategic Plan on market dynamics	<b>KPIs</b> <ul style="list-style-type: none"> <li>HMA complete</li> <li>Plan in place</li> <li>Intelligence for Strategy 11/12-14/15</li> </ul>						
<b>Key deliverables</b> <ul style="list-style-type: none"> <li>Undertake a high level strategic market analysis</li> <li>Prioritise key market segments for detailed consideration (Health market Analysis (HMA))</li> <li>Develop draft Market Management plan</li> <li>Undertake consultation</li> <li>Final Market Management Plan</li> </ul>	<b>Resources</b> <ul style="list-style-type: none"> <li>Commissioners</li> <li>Market data</li> <li>HMA Tools</li> </ul> <table border="1" data-bbox="920 580 1214 660"> <tr> <td>Share</td> <td>Build</td> <td>Buy</td> </tr> <tr> <td></td> <td style="text-align: center;">•</td> <td></td> </tr> </table>	Share	Build	Buy		•	
Share	Build	Buy					
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<b>Interdependencies</b> <ul style="list-style-type: none"> <li>Programme Boards</li> <li>Commissioners</li> <li>Procurement and Contracting</li> </ul>	<b>Timeline</b> <p>The timeline consists of a horizontal line with four downward-pointing triangles indicating milestones. Above each triangle is a task name, and below it is a date or duration: 'Strategic market Analysis' (April 10), 'Segment HMA' (Ongoing), 'Consult Market management Plan' (August 10), and 'Final Plan' (November 10).</p>						

## E2 Implement Market Management Development

<p><b>Objectives</b></p> <p>Increase Commissioners understanding skills and knowledge in Market Management tools and Techniques including provider economics.</p>	<p><b>KPIs</b></p> <ul style="list-style-type: none"> <li>• Agreed approach</li> <li>• Training undertaken</li> </ul>						
<p><b>Key deliverables</b></p> <ul style="list-style-type: none"> <li>• Approve approach to Market Management</li> <li>• Implement training and education of commissioners</li> <li>• Embed with Programme Management, planning and commissioning processes</li> </ul>	<p><b>Resources</b></p> <ul style="list-style-type: none"> <li>• Commissioners Time</li> </ul> <table border="1" data-bbox="925 579 1216 659"> <tr> <td>Share</td> <td>Build</td> <td>Buy</td> </tr> <tr> <td></td> <td>•</td> <td></td> </tr> </table>	Share	Build	Buy		•	
Share	Build	Buy					
	•						
<p><b>Interdependencies</b></p> <ul style="list-style-type: none"> <li>• Procurement and contracting</li> <li>• Commissioners</li> </ul>	<p><b>Timeline</b></p> <p>Approach to market management ▼ May 10</p> <p>Implement training ▼ July 10</p> <p>Embed programme management ▼ August 10</p>						

# F1 Talent and Talent Management - Develop a Robust Talent Management Approach

<p><b>Objectives</b></p> <ul style="list-style-type: none"> <li>Develop a Talent Strategy</li> <li>Review and Refine Talent Plan</li> </ul>	<p><b>KPIs</b></p> <ul style="list-style-type: none"> <li>Group established and committed</li> <li>Key roles identified</li> <li>Talent defined and understanding shared.</li> </ul>						
<p><b>Key deliverables</b></p> <ul style="list-style-type: none"> <li>.Establish a Talent Management Review Group</li> <li>Identify Critical Roles across Organisation</li> <li>Define Talent</li> <li>Develop appropriate competences</li> </ul>	<p><b>Resources</b></p> <p>Lead: Head of Workforce Strategy &amp; Planning</p> <p>Participants: Executive Directors/Directors/Assistant Directors</p> <table border="1" data-bbox="922 580 1211 657"> <thead> <tr> <th>Share</th> <th>Build</th> <th>Buy</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">•</td> <td style="text-align: center;">•</td> <td></td> </tr> </tbody> </table>	Share	Build	Buy	•	•	
Share	Build	Buy					
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<p><b>Interdependencies</b></p> <ul style="list-style-type: none"> <li>All Managers</li> <li>Partner organisations</li> </ul>	<p><b>Timeline</b></p> <p>Talent Review Group April 10</p> <p>Identify Roles Define Talent June 10</p> <p>Develop Competencies December 10</p>						

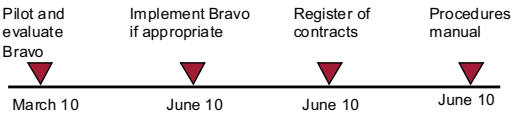
## F2 Talent and Talent Management - Develop Systems and Processes to Support Talent Management

<b>Objectives</b>		<b>KPIs</b>													
Establish Robust Talent Management Process internally and with partners		Regular reports to relevant group(s) (TBC)													
<b>Key deliverables</b>		<b>Resources</b>													
<ul style="list-style-type: none"> <li>•Embed talent management in personal development review process</li> <li>•Explore 360° Appraisal</li> <li>•Develop talent identification tool</li> <li>•Identify existing processes to support talent and establish gaps</li> <li>•Develop policies and guidance that support talent management</li> <li>•Establish and implement formal process for identification of critical roles</li> </ul>		<ul style="list-style-type: none"> <li>•Lead: Head of Workforce Strategy &amp; Planning</li> <li>Participants: Executive Directors/Directors/Assistant Directors (initially)</li> <li>Workforce Department (WCH)</li> <li>Partner HR/Workforce Departments (e.g. the Local Authority, Walsall Hospitals NHS Trust)</li> </ul> <table border="1"> <thead> <tr> <th>Share</th> <th>Build</th> <th>Buy</th> </tr> </thead> <tbody> <tr> <td>•</td> <td>•</td> <td></td> </tr> </tbody> </table>		Share	Build	Buy	•	•							
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<b>Interdependencies</b>		<b>Timeline</b>													
All Staff Partner organisations		<table border="1"> <thead> <tr> <th>Process to Support</th> <th>Personal Development Review 360° Appraisal</th> <th>Talent Identification Tool</th> <th>Policy and Guidance Formal Process</th> </tr> </thead> <tbody> <tr> <td>▼</td> <td>▼</td> <td>▼</td> <td>▼</td> </tr> <tr> <td>June 10</td> <td>July 10</td> <td>October 10</td> <td>December 10</td> </tr> </tbody> </table>		Process to Support	Personal Development Review 360° Appraisal	Talent Identification Tool	Policy and Guidance Formal Process	▼	▼	▼	▼	June 10	July 10	October 10	December 10
Process to Support	Personal Development Review 360° Appraisal	Talent Identification Tool	Policy and Guidance Formal Process												
▼	▼	▼	▼												
June 10	July 10	October 10	December 10												


## F3 Talent and Talent Management - Develop and Implement Performance Management and Monitoring Processes

<b>Objectives</b> Develop robust critical success factors and measurement indicators	<b>KPIs</b> <ul style="list-style-type: none"> <li>Talent identified and tracked on a rolling programme.</li> </ul>						
<b>Key deliverables</b> <ul style="list-style-type: none"> <li>Identify and implement measurable success factors</li> <li>Establish reporting framework for talent identification and tracking</li> </ul>	<b>Resources</b> Lead: Head of Workforce Strategy & Planning Participants: Executive Directors/Directors Workforce Department (WCH) Informatics <table border="1" data-bbox="920 655 1214 735"> <tr> <td>Share</td> <td>Build</td> <td>Buy</td> </tr> <tr> <td></td> <td style="text-align: center;">•</td> <td></td> </tr> </table>	Share	Build	Buy		•	
Share	Build	Buy					
	•						
<b>Interdependencies</b> <ul style="list-style-type: none"> <li>All Managers</li> <li>Staff</li> </ul>	<b>Timeline</b> <div style="text-align: center;"> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Establish Reporting Framework</td> <td style="width: 50%;">Implement Factors</td> </tr> <tr> <td style="text-align: center;">▼</td> <td style="text-align: center;">▼</td> </tr> <tr> <td style="text-align: center;">September 10</td> <td style="text-align: center;">December 10</td> </tr> </table> </div>	Establish Reporting Framework	Implement Factors	▼	▼	September 10	December 10
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▼	▼						
September 10	December 10						

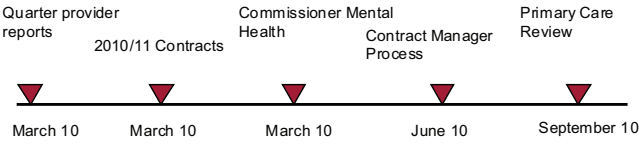
# G1 Contracting and Procurement Development - Infrastructure System/Process

<p><b>Objectives</b></p> <p>Ensure that contracting and procurement team have appropriate tools and procedures to perform its role efficiently and effectively</p>	<p><b>KPIs</b></p> <ul style="list-style-type: none"> <li>.% of tenders using electronic system.</li> </ul>						
<p><b>Key deliverables</b></p> <ul style="list-style-type: none"> <li>Pilot Bravo electronic tendering system and fully implement including award tender evaluation module.</li> <li>Develop register of all contracts using appropriate contract management tools.</li> <li>Develop contracting and procurement procedures manual</li> </ul>	<p><b>Resources</b></p> <ul style="list-style-type: none"> <li>Contracting and Procurement Team</li> </ul> <table border="1" data-bbox="922 580 1218 660"> <tr> <td>Share</td> <td>Build</td> <td>Buy</td> </tr> <tr> <td></td> <td>•</td> <td>•</td> </tr> </table>	Share	Build	Buy		•	•
Share	Build	Buy					
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<p><b>Interdependencies</b></p> <p>Will invite proposals against an agreed framework using Buy Solutions the National Procurement Partner for UK Public Solutions</p>	<p><b>Timeline</b></p>  <p>Pilot and evaluate Bravo March 10</p> <p>Implement Bravo if appropriate June 10</p> <p>Register of contracts June 10</p> <p>Procedures manual June 10</p>						

## G2 Contracting and Procurement Development - Develop Policy Guidance

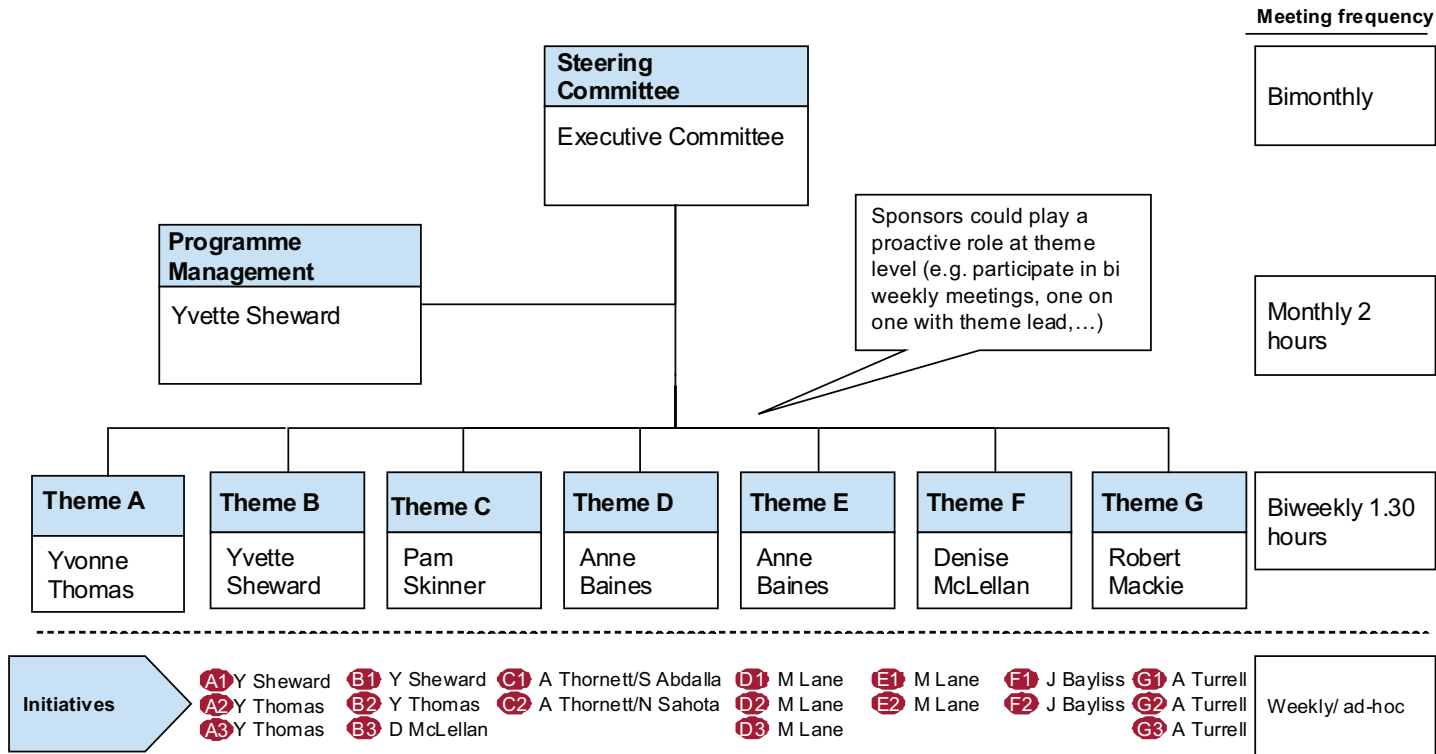
<p><b>Objectives</b></p> <p>Ensure that there is a clear strategy for contracting and procurement and that there is a clear guidance throughout the organisation on how to undertake contracting and procurement and that there is a system between contracting and programme management.</p>	<p><b>KPIs</b></p> <ul style="list-style-type: none"> <li>All procurement follows agreed guidance and policy.</li> </ul>						
<p><b>Key deliverables</b></p> <ul style="list-style-type: none"> <li>Board approves healthcare procurement strategy following end of consultation process.</li> <li>Issue procurement guides and policies.</li> <li>Align contracting activity with programme management</li> </ul>	<p><b>Resources</b></p> <ul style="list-style-type: none"> <li>Contracting and procurement supported by Service Transformation, Partnerships and Public Health Directorates.</li> </ul> <table border="1" data-bbox="922 580 1211 660"> <tr> <td>Share</td> <td>Build</td> <td>Buy</td> </tr> <tr> <td></td> <td>✓</td> <td></td> </tr> </table>	Share	Build	Buy		✓	
Share	Build	Buy					
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<p><b>Interdependencies</b></p> <ul style="list-style-type: none"> <li>Support in developing guidance and policies and alignment with programme management required from Service Transformation, and Public Health Directorates.</li> </ul>	<p><b>Timeline</b></p>  <p>Strategy approved by board      Issue guidance and policies      Align contracting activity to programme management</p> <p>March 10                                  June 10                                  June 10</p>						

## G3 Contracting and Procurement Development - Contract Performance

<b>Objectives</b> Ensure that robust contract management processes are in place which deliver improved out puts and drive innovation	<b>KPIs</b> Timely accurate reports presented.						
<b>Key deliverables</b> <ul style="list-style-type: none"> <li>• Produce quarterly provider reports to finance and contracting committee</li> <li>• Negotiate and issue 2010/11 contract with major providers via new process</li> <li>• Develop coordinated commissioning role for Mental Health.</li> <li>• Refine contract management process and issue guidance</li> <li>• Support review of primary care contract management</li> </ul>	<b>Resources</b> <ul style="list-style-type: none"> <li>• Lead by contracting and procurement and supported by all directorates.</li> </ul> <table border="1" data-bbox="925 579 1216 659"> <thead> <tr> <th>Share</th> <th>Build</th> <th>Buy</th> </tr> </thead> <tbody> <tr> <td>•</td> <td>•</td> <td></td> </tr> </tbody> </table>	Share	Build	Buy	•	•	
Share	Build	Buy					
•	•						
<b>Interdependencies</b> <ul style="list-style-type: none"> <li>• Interface will all other directorates</li> <li>• All Providers and Partners</li> </ul>	<b>Timeline</b>  <p>Quarter provider reports      2010/11 Contracts      Commissioner Mental Health      Contract Manager Process      Primary Care Review</p> <p>March 10      March 10      March 10      June 10      September 10</p>						

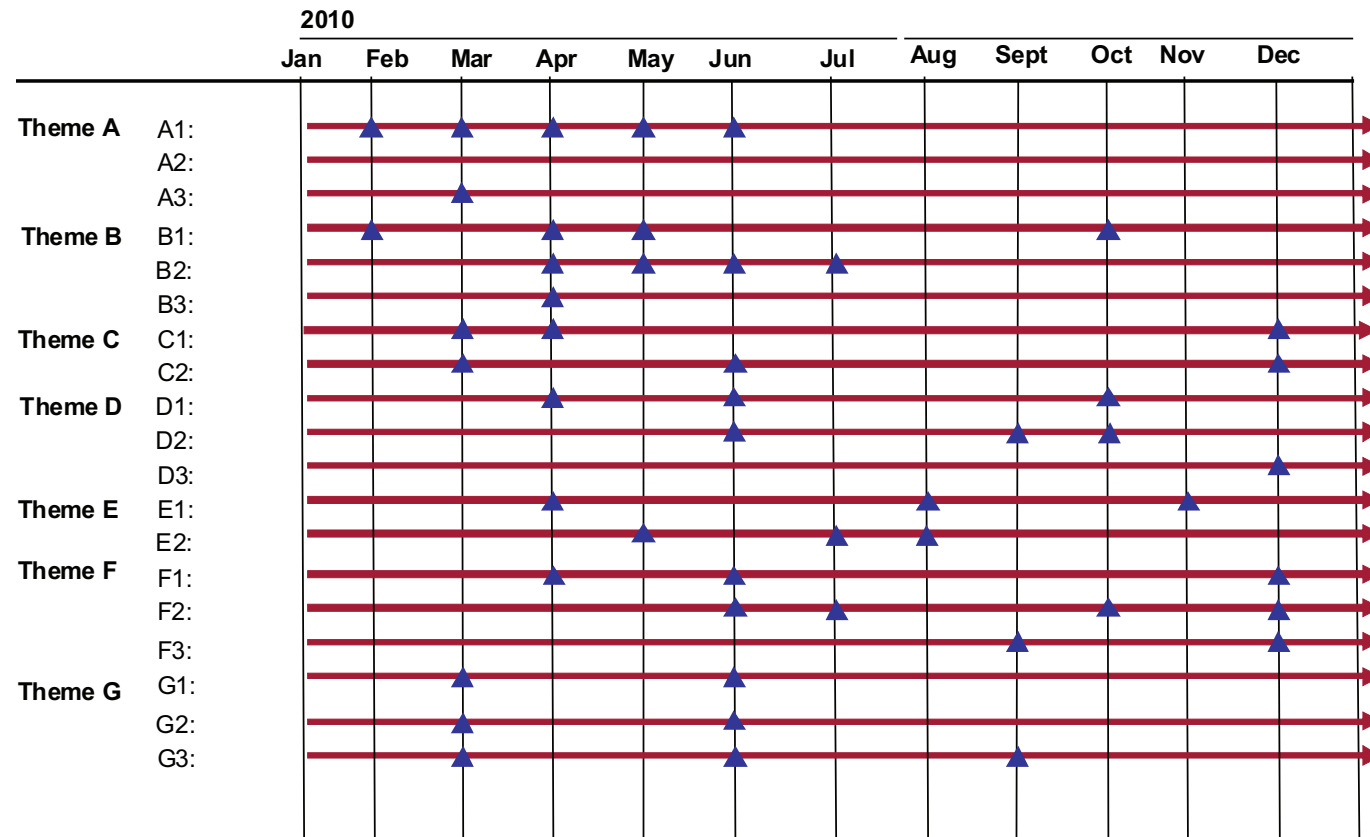
# Appendix 8

## OD Plan Programme Organisation Chart



# Appendix 9

## OD Plan Work Plan Overview



# Appendix 10

## OD Plan Work Plan Overview