



# Panel Report

Birmingham East and North PCT

4 December 2008  
Final Report

## Overview

Firstly, the panel thanks Birmingham East and North PCT for participating in this round of assessments for World Class Commissioning.

The panel asks the PCT to accept this report in the spirit in which it is intended: a support tool on the journey to world class commissioning and as a considered *perception* of the organisation's strengths and weaknesses based on the insight the PCT itself gave the panel into its commissioning approach.

During our review of Birmingham East and North, the panel developed an overall impression of the organisation, which is that the PCT is making very strong progress towards WCC levels 3 and 4 having reached level 3 in 3 competencies and has significant potential for further improvement.

The panel feels that the results from the competencies self-assessments largely match the panel's perceptions during the assurance test.

The panel identified 5 main recommendations that the PCT will need to consider as the PCT positions itself to drive transformation of health and healthcare in Birmingham East and North PCT.

## Commentary (1/3)

### Positives

The panel had an overall impression of BEN PCT as a confident, articulate and focused organisation leading health improvement and informing National thinking. The External members of the Panel were inspired by the energy and innovation of the PCT's team. Your ambition is underpinned by the confidence and performance of your Executive Team. You also demonstrated strong clinical leadership. The Panel were impressed by your gateway process, OSCAR, performance accelerator, MOSAIC, Birmingham OwnHealth, PRIDE, Wellness Programme, Shaping the Market, collaboration and partnerships.

**The panel identified 5 major areas for consideration by the PCT at this stage on its journey:**

### 1. PBC

#### Observation:

- Primary care is fundamental to the success of any PCT
- The Board recognised some developmental need in PBC, and is starting to develop plans
- Very good at conceiving ideas and flowing it down, but recognised limited grassroots contribution from PBC members

#### Recommendation:

- Delegate to PBC more control over decision-making to encourage greater innovation and contribution from Primary care
- Improve the support you give to PBC (information, business support, sharing ideas, etc.)

## Commentary (2/3)

### 2. Strategy

#### Observation:

- Very impressive strategic “vessel”, but need to navigate it through stormy waters
- Next few years will be a challenge and will place strain upon your external relationships
- Deliverability of your plan will be tested particularly during economic downturn
- Impact of Birmingham OwnHealth is critical, potentially optimistic even though it is based on good modelling

#### Recommendation:

- Expect the unexpected and further consider how you would prioritise if / when you are more financially challenged
- Continue to develop investment / disinvestment capabilities and the underlying analytical capabilities to develop an understanding of your anticipated and actual return for your investments.

### 3. Impact

#### Observation:

- The panel heard about the incremental impact of your change programmes, but would have liked to have heard more about system-wide improvements in process, quality and outcomes for patients

#### Recommendation:

- As a Board focus on real system-level impact, and stretch yourselves
- Board members should provide more challenge to the Executive Team
- Improve the metrics by which your Board can measure your initiatives and strategy in terms of impact and improvement

## Commentary (3/3)

### 4. Impact analysis

#### Observation:

- Would like to have seen a capacity / activity impact assessment of the move from secondary to community care
- Unsure deprived areas have sufficient facilities and capacity to support carer demand

#### Recommendation:

- Perform a full impact assessment of your plans to ensure the wider impact on your communities is understood by PCT and multi-agency partners

### 5. Organisational Development

#### Observation:

- OD Plan is outstanding, CE is providing leadership to other PCTs in this area.
- Making strong progress towards to Level 3 / 4, but skipping Level 2 in a small number of cases

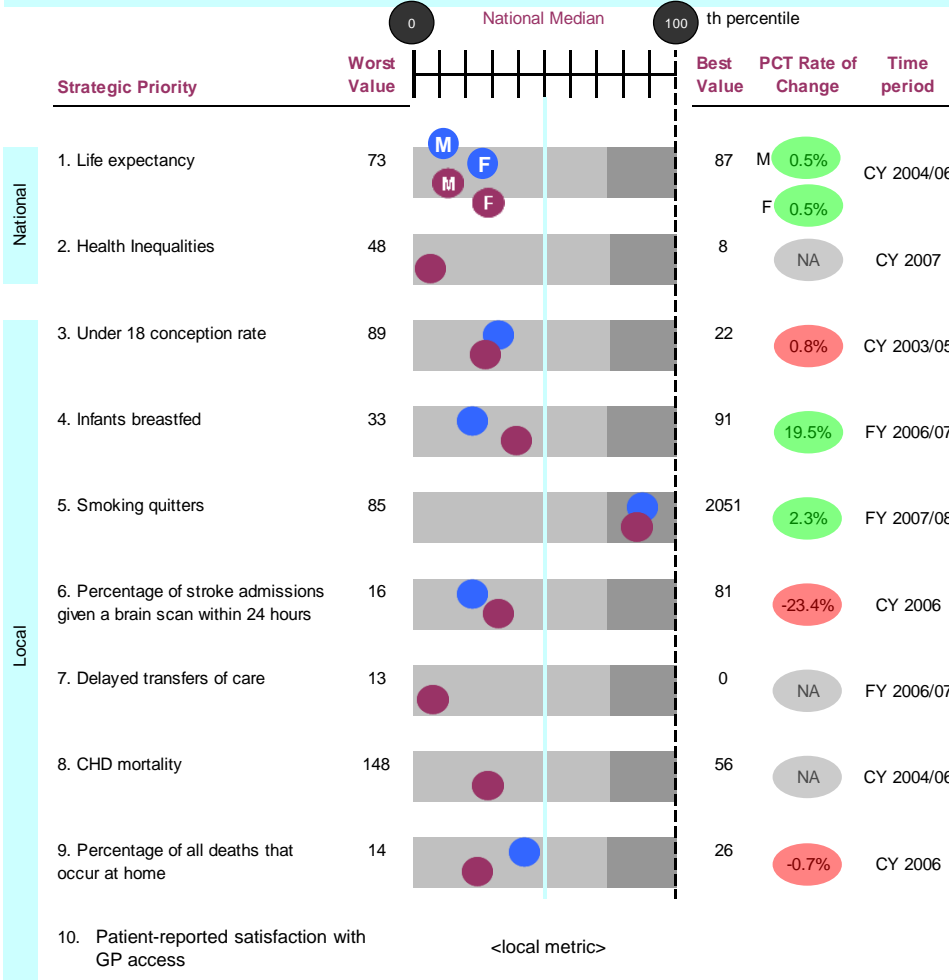
#### Recommendation:

- Ensure continued focus on Board Development with particular focus on behaviours and challenge
- Need to do the ordinary extraordinarily well
- Need to learn as you go in the leadership role and share what you learn
- Identify the potential for greater collaboration in cross-cutting benefit of Birmingham-wide programmes in partnership with other Birmingham PCTs

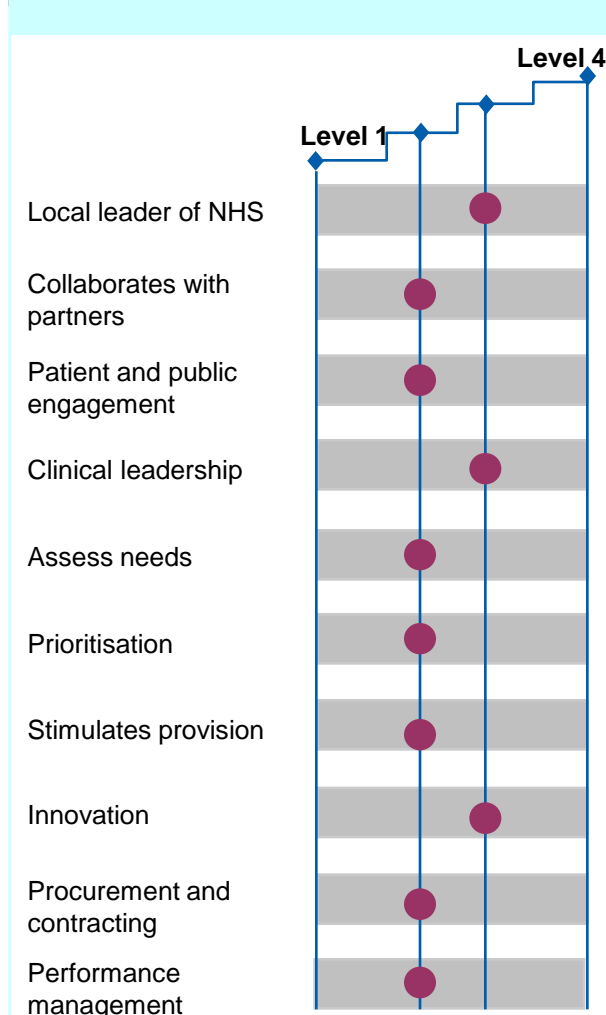
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**BIRMINGHAM EAST AND NORTH PCT HEALTH OUTCOMES AND QUALITY**

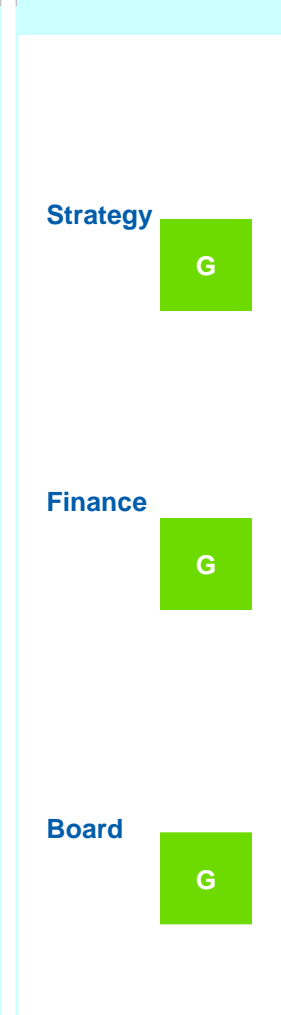
Outcomes Selection Date: Sep-Oct 2008



**COMPETENCIES**



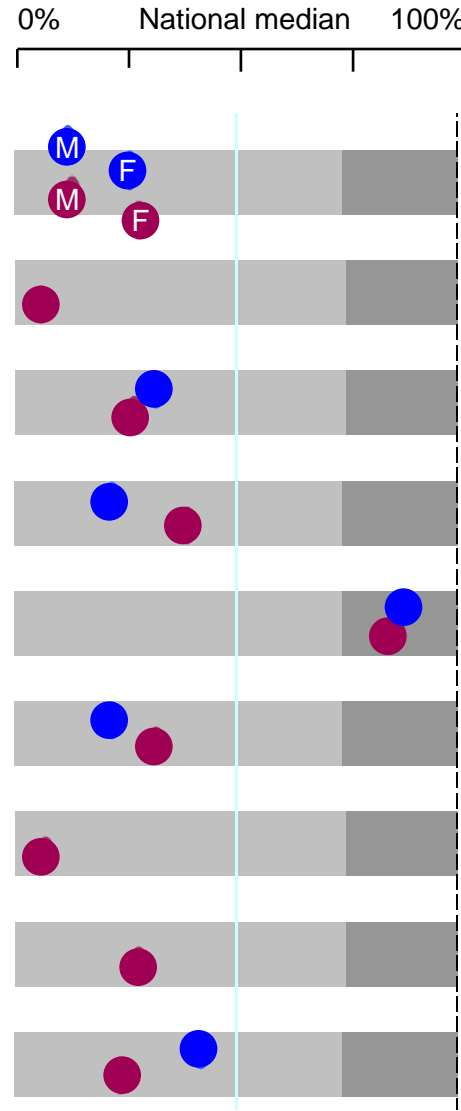
**GOVERNANCE**



**Potential for improvement**

The Panel considers BEN PCT to be demonstrating very strong progress towards WCC levels 3 and 4: indeed already reaching level 3 in some competencies with many examples of great innovation. The Panel was reassured to note the commitment made in the OD plan to do the basics exceptionally well, and the evidence that in the main this was happening. Taken together with the strong strategic and OD plan, this provides for significant potential for improvement and for the PCT to remain at the leading edge

# Outcomes



### Observations:

- Selection of the WCC outcome metrics involved the performance group, the Board, population needs analysis, and external consistency (LAA).
- Chosen metrics are a balance between health and system performance metrics
- The panel believes infant mortality is a direct and important outcome metric for your population.

### Recommendation:

- Reconsider your outcome metrics to ensure they capture the strategic intent of your organisation rather than operational performance.

# Overview - Competencies

PCT's Self Assessment  
 Panel Assessment

Competency	Level			
	1	2	3	4
1. Locally lead the NHS	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2. Work with community partners	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Engage with public and patients	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Collaborate with clinicians	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5. Manage knowledge and assess needs	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Prioritise investment	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Stimulate market	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Promote improvement and innovation	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
9. Secure procurement skills	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Manage the local health system	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Top line introduction:**

- The panel agreed with 22 of the PCT's 30 self-assessment ratings.
- However, the panel found it necessary to adjust 9 ratings downward and 1 rating upward.
- The panel acknowledges that in many areas where it has adjusted self-assessment ratings, the PCT has made inroads into achieving the sub-indicators.

## Competency 1: Panel assessment

PCT's Self Assessment  
 Panel Assessment

Competency	Measure	Level 1	Level 2	Level 3	Level 4
Are recognised as the local leader of the NHS	• Reputation as the 'local leader of the NHS'	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	• Reputation as a change leader for local organisations	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	• Position as the local healthcare employer of choice	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

### Rationale for scoring

- 1a Key stakeholders agree that the PCT is the local leader of the NHS (score of 5 out of 6). Optimism in the future of the NHS among survey respondents has improved from 26% to 34% between 2006 and 2008. BEN leads and/or is a key player on Birmingham-wide work (e.g. mental health, learning difficulties). The PCT also influences the health agenda at a national level.
- 1b Key stakeholders agree that the PCT significantly influences their decisions and actions (score of 5 out of 6). The PCT is actively working on increasing their reputation as a change leader.
- 1c Levels of staff satisfaction are lower than SHA and national averages. Staff turnover rates (13.9%) are lower than the SHA and national average (22.6% and 16.2%, respectively). Director responsibilities, lunchbox seminars, benefits programme for staff, wellness programme, and PRIDE programmes were launched in reaction to issues outlined in the staff survey. The PCT developed the LONU Programme to build OD capabilities nationally. Strong OD plan indicates a focus upon supportive environment.

### Recommendations going forward

- Review whether the newly-commissioned development programmes have had positive effects upon staff satisfaction.
- Commend the leadership you have shown for the LONU Programme. Recommend sharing the experience of the wellness programme with other healthcare organisations.

## Competency 2: Panel assessment

PCT's Self Assessment  
 Panel Assessment

Competency	Measure	Level 1	Level 2	Level 3	Level 4
Work collaboratively with community partners to commission services that optimise health gains and reduce health inequalities	• Creation of Local Area Agreement based on joint needs	<input type="radio"/>	<input checked="" type="checkbox"/>	<input checked="" type="radio"/>	<input type="radio"/>
	• Ability to conduct constructive partnerships	<input type="radio"/>	<input checked="" type="checkbox"/>	<input checked="" type="radio"/>	<input type="radio"/>
	• Reputation as an active and effective partner	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>

### Rationale for scoring

- 2a BEN shares its Local Authority with two other PCTs. The LAA does not have specific targets that reflect the population of BEN. The JSNA is insufficient, but is consistent with the LAA. A key priority in the JSNA (falls prevention) does not feature in the LAA
- 2b Key stakeholders agree that the PCT proactively engages their organisation to inform and drive strategic planning and service design (scores 5 out of 6). There is evidence of shared posts with the LA and Birmingham PCTs. More work needs to be done on the JSNA (see 6a).
- 2c Key stakeholders agree that the PCT is an effective partner in delivering health objectives (scores 5 out of 6). PBC survey shows that more clinicians (64%) have agreed commissioning plans than the SHA and national average (49% and 52%, respectively). Joint appointments of elderly care clinicians in secondary care. A new contract for nursing care homes was delivered through milestone management.

### Recommendations going forward

- The panel recommends making an additional investment in the JSNA to reach a consistent agreement amongst stakeholders on the most pressing health needs of your population.
- Your proposed section 75 arrangements from April 2009 and Partnership Director for MH / LD will further strengthen your partnership arrangements.

## Competency 3: Panel assessment

PCT's Self Assessment  
 Panel Assessment

Competency	Measure	Level 1	Level 2	Level 3	Level 4
Proactively build continuous and meaningful engagement with the public and patients to shape services and improve health	• Influence on local health opinions and aspirations	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
	• Public and patient engagement	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
	• Delivery of patient satisfaction	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Rationale for scoring

- 3a** The communications strategy includes a SWOT analysis, is aligned with the strategic plan, and has a reasonable action plan. Key stakeholders agree that the PCT has proactively shaped the health opinions and aspirations of the local population (score of 5 out of 6). PCT provided a couple of examples of social marketing, but these efforts are still in their infancy.
- 3b** Survey results indicate a preference in communicating through consultation events, patient groups, and patient representatives. Examples were given of end-of-life care, maternity services, location of new primary care centre, and podiatry (of responding to public and patients). The PCT was one of only three in the country to receive an ALE score of 4 which includes how well services meet the needs of the population.
- 3c** The strategic plan provides some examples of social marketing leading to change, but these were acknowledged as “experimental”. The PCT has responded to patient feedback and complaints in maternity and podiatry but do not currently systematically analyse trends in patient feedback.

### Recommendations going forward

- Establish measurement of social marketing efforts to demonstrate Level 3 for competency 3a.
- Engagement strategy is a key underpinning of the initiatives you are trying to develop. Recent investment in Communications Team should reap benefits for increased public engagement.

## Competency 4: Panel assessment

PCT's Self Assessment  
 Panel Assessment

Competency	Measure	Level 1	Level 2	Level 3	Level 4
Lead continuous and meaningful engagement of all clinicians to inform strategy and drive quality, service design and resource utilisation	• Clinical engagement	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	• Dissemination of information to support clinical decision making	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Reputation as leader of clinical engagement	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

### Rationale for scoring

- 4a Working Together for Health reduces barriers between primary and secondary care. The Board provided examples of pathway redesign processes which were led by clinicians (Musculoskeletal pathway, etc.). The PCT has established clinical leads for localities and major disease areas which cover a majority of their health care.
- 4b Survey indicates that information sharing with clinicians is marginally of lower quality, of poorer format, and is less frequent than the SHA average. The PCT is improving these “teething problems” by soliciting and reacting to feedback by primary care clinicians.
- 4c Key stakeholders agree that the PCT proactively engages clinicians to inform and drive strategic planning and service design (score of 5 out of 6). The PCT provided several examples of successful pathway redesign initiatives (e.g. musculoskeletal, COPD, diabetes, dermatology, etc.)

### Recommendations going forward

- Provide tools to help clinicians implement the pathways you have designed.
- Delegate more control and support to PBC over decision making to encourage a greater contribution from Primary Care and PBC.

## Competency 5: Panel assessment

PCT's Self Assessment  
 Panel Assessment

Competency	Measure	Level 1	Level 2	Level 3	Level 4
Manage knowledge and undertake robust and regular needs assessments that establish a full understanding of current and future local health needs and requirements	• Analytical skills and insights	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
	• Understanding of health needs trends	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
	• Use of health needs benchmarks	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Rationale for scoring

- 5a The PCT conducts regular needs assessment (annual reports, etc.). The methodology for comparing health needs is not systematically applied. The JSNA does not assess future needs as recognised by the Board.
- 5b The PCT does understand the health risks and priorities of the population as discussed in the annual reports. Five largest mortality rates for 2006 are prioritised in the JSNA, but no trend analyses were provided. The PCT has strong communications and engagement structures which supplements their analytical understanding of health needs.
- 5c Strategic plan includes benchmarks for AAACM, infant mortality, and risk factors. Neither the strategic plan nor the JSNA include benchmarks for more detailed mortality figures. The Board acknowledged that benchmarking was an area for improvement. The documents and interviews provided limited evidence of benchmarking against the Core Cities Collaborative and a more systematic approach to dissemination to the public was being considered.

### Recommendations going forward

- What you are doing is at or above baseline, but the PCT has a weakness regarding the JSNA which focuses on wellness issues rather than on mortality issues. We would encourage you to work with partners to identify and agree on the health needs of your local population.
- The three Birmingham PCTs together with the Director of Public Health for Birmingham need to complete the JSNA which fully describes the current and changing needs of Birmingham overall and at a local level. Directors of Adult and Children's services should be fully engaged in this assessment

## Competency 6: Panel assessment

PCT's Self Assessment  
 Panel Assessment

Competency	Measure	Level 1	Level 2	Level 3	Level 4
Prioritise investment according to local needs, service requirements and the values of the NHS	<ul style="list-style-type: none"> <li>Predictive modelling skills and insights</li> </ul>	<input type="radio"/>	<input checked="" type="checkbox"/>	<input checked="" type="radio"/>	<input type="radio"/>
	<ul style="list-style-type: none"> <li>Prioritisation of investment to improve population's health</li> </ul>	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
	<ul style="list-style-type: none"> <li>Incorporation of priorities into strategic investment plan</li> </ul>	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>

### Rationale for scoring

- 6a** The JSNA evaluation report identified the lack of predictive models as an improvement need. The PCT is doing some analysis of predictive modelling outside the JSNA (Birmingham Own Health, dermatology, COPD, etc.) but the Board identified a need to be “more forensic in what they do”.
- 6b** Gateway process to prioritise investment which is underpinned by OSCAR (Organisation, Satisfaction, Clinical, Activity, Resources) and other criteria. The Gateway framework involves PCT clinicians, local GPs, and patient feedback.
- 6c** The strategic plan includes 23 initiatives, but only 11 of these feature within the finance template. All new investments are passed through the Gateway (prioritisation) process. The strategic plan relies upon significant cost savings resulting in disinvestment in services from their change programmes.

### Recommendations going forward

- The panel recommends investing in predictive modelling to provide more clarity in the future needs of the population and better support the planned initiatives and investment / disinvestment model.
- We recommend you articulate your gateway prioritisation process in your strategic plan and make the link between your initiatives and the underlying health needs of your population.

## Competency 7: Panel assessment

PCT's Self Assessment  
 Panel Assessment

Competency	Measure	Level 1	Level 2	Level 3	Level 4
Effectively stimulate the market to meet demand and secure required clinical and health and wellbeing outcomes	• Knowledge of current and future provider capacity	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Alignment of provider capacity with health needs projections	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Creation of effective choices for patients	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Rationale for scoring

- 7a The PCT has established quality and cost metrics for mental health, independent sector, and specialised services. The Gateway and OSCAR processes systematically incorporate patient feedback on the performance of providers.
- 7b The strategic plan includes a list of services which require 'scaling up', in need of re-design, are fit-for-purpose, and scheduled for withdrawal.
- 7c Current patient choice in hospital on first appointment (47%) is slightly better than the SHA and national average (44% and 46%, respectively). Patients were involved in the improvement of choice in the dermatology and other pathways. In interviews the Board noted that many patients desired choice in the service delivery, not necessarily between providers.

### Recommendations going forward

- The strategic plan forecasts that patient Choice will increase, however the amount of improvement and the investments which will deliver this improvement is unclear. The Board may wish to address this in the strategic plan refresh.
- The PCT would want to explore the potential of personal health budgets to assist patients with the Choice offer.

## Competency 8: Panel assessment

PCT's Self Assessment  
 Panel Assessment

Competency	Measure	Level 1	Level 2	Level 3	Level 4
Promote and specify continuous improvements in quality and outcomes through clinical and provider innovation and configuration	• Identification of improvement opportunities	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	• Implementation of improvement initiatives	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	• Collection of real time quality and outcome information	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Rationale for scoring

- 8a The three provided pathway redesign examples all clearly identified the current and planned pathways. Birmingham Own Health demonstrates the PCT's focus on prevention in their pathway redesign process. PBC priorities and performance data versus ONS group identify priorities for pathway redesign process. The PCT analyses GP registers to detect people who are missing QOF targets, aggregate information, then distribute to GPs who can reach the patients.
- 8b Gateway process used during re-design process. This process builds performance metrics into each phase of design including patient engagement, clinical / IT re-design, piloting and testing, finance, and performance. OSCAR metrics (Organisation, Satisfaction, Clinical benefit, Activity, financial Resource) measure performance of pathway in each phase of Gateway process. Birmingham Own Health, Orthopaedics triage have demonstrated improvement by this process (referral improvement from 20% to 80% in Orthopaedics).
- 8c Clear identification of metrics including costs and quality. Monthly, quarterly, and bi-annual reporting. PCT provided several examples of where real-time information is used to inform decisions (e.g. A&E Insight provides visit and admissions to manage frequent attendees).

### Recommendations going forward

- The panel believes the PCT is on the cusp of Level 3 for competency 8c. We recommend moving forward on this competency to supplement the breadth of knowledge available about your providers.

## Competency 9: Panel assessment

PCT's Self Assessment  
 Panel Assessment

Competency	Measure	Level 1	Level 2	Level 3	Level 4
Secure procurement skills that ensure robust and viable contracts	• Understanding of providers economics	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Negotiation of contracts around defined variables	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Creation of robust contracts based on outcomes	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Rationale for scoring

- 9a The PCT has a procurement strategy in draft form. Systematic analysis of 26 services in the community patch. New contracts (COPD, radiotherapy, etc) demonstrate understanding of provider economics and provider market dynamics. End-of-life and radiotherapy demonstrated use of patient experience data.
- 9b The PCT provided a systematic approach for negotiation with their main acute provider. Provided some examples outside the acute provider which include quality and performance metrics.
- 9c PCT provided a range of quality metrics which are being integrated into contracts. Driving hard for quality in primary care, incentivising £2m through QOF. Key contracts were agreed by April.

### Recommendations going forward

- As discussed in competency 8, the panel recommends further investment in quality and patient performance intelligence to support commissioning decisions and improve the performance of providers.

## Competency 10: Panel assessment

PCT's Self Assessment  
 Panel Assessment

Competency	Measure	Level 1	Level 2	Level 3	Level 4
Effectively manage systems and work in partnership with providers to ensure contract compliance and continuous improvement in quality and outcomes and value for money	• Use of real time performance information	<input type="radio"/>	<input checked="" type="checkbox"/>	<input checked="" type="radio"/>	<input type="radio"/>
	• Implementation of regular provider performance discussions	<input type="radio"/>	<input checked="" type="checkbox"/>	<input checked="" type="radio"/>	<input type="radio"/>
	• Resolution of ongoing contractual issues	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>

### Rationale for scoring

- 10a PCT goes beyond national data collection routines to collect performance information, collecting for example data to support 18 weeks beyond core set of providers. Lots of evidence of use of performance information to do challenge. Several examples of near-real-time performance information (number of COPD cases that show up at A&E). Performance information is not transparent to the public.
- 10b Minutes from monthly performance monitoring meeting with main acute provider show agreed-upon actions. Community trust performance review and improvement potential in 29 services of provider arm. Developing full performance reports for the provider arm. Looking at services which need to be reviewed, re-designed, or are fit-for-purpose.
- 10c Contracts submitted state terms under which intervention is required, although these are nationally standardised contracts. PCT provided examples of when they had taken remedial action in response to breaches.

### Recommendations going forward

- The panel recommends further development of this competency in the spirit of continuous improvement of providers.
- Performance information needs to be more transparent to the public.

# Governance: Panel assessment on Strategy

Assessment	Measure	Red	Amber	Green
	<b>a</b> Vision and objectives	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	<b>b</b> Initiatives to ensure delivery of strategic objectives	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	<b>c</b> Consistency of financial plan with the strategy	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	<b>d</b> Board challenge and ownership of the strategic plan	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	<b>e</b> Achievement of milestones to date	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

## Rationale for scoring

- a** Vision realistic ambitious and achievable, with credible timelines, aligned with Darzi and national priorities.
- b** Initiatives are bold, specific, and have a well-articulated financial impact. These initiatives have risks, but the risks have mitigation plans. The plan has been certified by patients, public and clinicians.
- c** Resources have only been identified for 11 of 23 initiatives, but the remaining twelve have negligible financial impact. The Board had a clear understanding of the financial resources required for each of the initiatives.
- d** Board “knew the story” for the goals and initiatives. However, the panel does not feel the NEDs have provided sufficient challenge of the strategic plan. May, June, and July board minutes indicated discussion of the outcome metrics rather than the strategic plan. Board acknowledged the need to further develop performance metrics around strategic implementation.
- e** The strategic plan includes several good examples of prior delivery of initiatives.

## Recommendations going forward

- Continue to develop investment / disinvestment capabilities and the underlying analytical capabilities to develop an understanding of the return on your investments.
- There is an opportunity to more tightly demonstrate the relationship between the vision, strategy, initiatives, finance, and outcomes (e.g. goals, outcomes and initiatives supporting reducing infant mortality) with the strategic plan refresh.

## Governance: Panel assessment on Finance

### Assessment



#### Measure

Red

Amber

Green

- a** Sustainable financial position
- b** Historical financial management
- c** Robustness of planning assumptions



### Rationale for scoring

- a** Overall and recurrent surplus forecast for full planning period. Plan is credible and is investing significantly in prevention to overcome the IfH challenge.
- b** Deficit position of £3.9m in 2005/06 and £950k in 2006/07. These figures were within 0.5% of plan.
- c** PCT plans on a 0.5% general contingency over the period which equates to £20m - equivalent to the savings estimated by the cost savings programmes.

### Recommendations going forward

- The PCT should identify alternate cost savings opportunities in the event that the existing cost savings programmes are not realised.

# Governance: Panel assessment on Board

Assessment	Measure	Red	Amber	Green
	<b>a</b> Organisation	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	<b>b</b> Risk	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	<b>c</b> Information	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	<b>d</b> Performance	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	<b>e</b> Delegation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	<b>f</b> Board interaction	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

### Rationale for scoring

- a** Outstanding OD plan which identifies needs through staff surveys which builds upon a history of OD work, significant work with partners, and is an example of best practice.
- b** On PCT has an ALE score of 3. Board articulated the risks associated with their strategy, and there was some evidence of mitigation plans.
- c** The Board effectively uses information and metrics to monitor the performance of their organisation and providers.
- d** The PCT has achieved targets on all key metrics (MRSA, C Diff, 18 weeks, GP extended opening, etc.)
- e** The Board recognised that they have established an adequate foundation for the PBC, but do not have the PBC alignment and capability necessary to deliver their strategy in a more delegated model. The PCT is the host for West Midlands Specialised Services Team.
- f** The Board demonstrated awareness of the strategy, participation in forming the strategy, and debating investment tradeoffs.

### Recommendations going forward

- Recommend adding a simple, articulate system to identify delivery issues early, measure the ROI for investments, and reduce risk. The board needs a higher order of challenge to assess investments.
- Develop PBC to enable them to be able to make a strong contribution to PCT strategy and innovation. Improve the support you give to the PBC (information, business support, sharing ideas, etc.)

## Potential for Improvement Commentary

### PCT trajectory

The Panel considers BEN PCT to be demonstrating very strong progress towards WCC levels 3 and 4: indeed already reaching level 3 in some competencies with many examples of great innovation. The Panel was reassured to note the commitment made in the OD plan to do the basics exceptionally well, and the evidence that in the main this was happening. Taken together with the strong strategic and OD plan, this provides for significant potential for improvement and for the PCT to remain at the leading edge.

### Areas for organisational development

The Panel considered that the OD plan is outstanding and that it should be shared as an example of good practice. The Panel supports the priorities identified in the plan. The PCT has a very innovative and high performing executive team which places great emphasis on the capability and capacity of the non-executives to provide appropriate challenge. This should feature as part of any future Board Development Programme.

The Panel has recommended increased support to PBC in order to encourage a greater level of contribution from primary care and confidence to devolve more responsibility. We also recommend in particular that you prioritise development of your competency in prioritisation of investment, and predictive modelling capabilities.

The Panel challenged you to focus on system-level impact of your change programmes and to identify the potential for greater collaboration across the Birmingham PCTs in Birmingham-wide initiatives where appropriate.