

NHS Brent Organisational Development Plan

REACH

THIGHER



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Chair / Chief Executive's Introduction

This year we began our journey as a new commissioning organisation with a firm commitment to achieving our vision of “making a significant improvement to the health and well being of the people of Brent”.

Our Organisational Development Plan has been a fundamental enabler to our progress; it helped us lay the foundations for our development as the local leader of the NHS and a highly skilled commissioner demonstrating the competencies of a world class organisation.

For year two of our plan we have reflected on the successes and challenges of the last year, and considered last year's panel feedback. We are submitting a refreshed plan which builds on the achievements we have made and supports the transformational change we need to deliver. We have sought to align the plan to the NHS Constitution.

We have much to celebrate this year. In February 2009 Michael Taylor's follow up report to his Independent Management Review of 2007 was published. In summary, he found that in 2008 the PCT Board had been assiduous in addressing the recommendations. He said that “both the Executive and Non-Executive arms of the PCT Board are wholly committed to the promotion of best practice and value for money” and that the “PCT should be commended for the progress it has achieved in many areas of management practice over the last year.” Referring to the work done to improve relationships and partnerships he commented that our progress had been “quite remarkable” adding that the “formidable challenge” of improving relationships with primary care had been “surmountedand in some cases surpassed”.

These and continuing improvements have now been recognised by the Care Quality Commission Assessment for 2008/09 where we are one of the two fastest improving PCT's in the country having increased our scores from “weak-weak” to “good” for quality of financial management and “fair” for quality of services.

Through our OD Plan we have delivered a new structure which reflects the skills and cultural requirements of a robust commissioning organisation and have successfully recruited to posts with high calibre staff. We have separated from our provider arm, now a 'Business Ready' Autonomous Provider Organisation called Brent Community Services. We have made significant progress in how we engage with our clinicians, partners and stakeholders. We have begun to create a culture of engagement with employees and are greatly encouraged that

these successes are now being reflected in our key indicators with a reduction in absence, turnover and vacancy rates. In addition to addressing these challenges we have played our part in the establishment of North West London Commissioning Partnership and the strategic planning directorate for the North West London Sector.

This has given us the building blocks to face the even greater challenges that lie ahead. The imperatives for the coming years will be ensuring value for money across all the services commissioned including disinvestment, and the need to plan and lead radical changes to the way services are provided. Therefore our revised plan incorporates new goals to not only ensure that we are building an organisation that can meet the challenges of our commissioning strategic plan, but one which is able to embrace and lead change, working with our partners across the sector including the acute commissioning partnership.

We recognise however that real change takes time and sustained effort; for subsequent years we need to build on our early successes and focus on our priorities to support our Commissioning Strategic Plan.

Our CSP sets out a vision for the changes that are needed and describes the journey to achieve them. Our key challenges are to deliver eight Healthcare for London pathways and, working with clinicians, implement a polysystem model and commission affordable health care in more appropriate settings.

We will support and enable this through the Organisational Development initiatives set out in this document. These are grouped into the following three areas:-

- **Pathways into Polysystems** – Supporting the creation of a new service and organisational model including design, skills analysis, capability development and models of staffing. Working with our communities and clinicians to build local health care for the future.

- **New Ways of Working** – Developing our skills, culture, organisational systems and processes to become a more organic, adaptable, outward looking and responsive organisation.

- **Information and Analytics** – Equip ourselves with the skills and tools we need to drive strategic commissioning decisions and improve performance.

Whilst we have made significant progress in the last year, we are realistic in our assessment of the scale of the challenge ahead and the pace at which the organisation will need to adapt. Our Organisational Development plan recognises these challenges and the need to work with our partners and colleagues across the sector to meet these.

Background Information

Organisation Vision and Values

Our Vision - “Making a significant improvement to the health and well being of the people of Brent”

Our Values

Performance Driven

Ensuring that individually and collectively we deliver our objectives to the public we serve and the health community we lead.

Respect

Treating our community, patients and staff with respect.

Integrity

Being open and honest in everything we do, including all our communications. Behaving to others the way we expect others to behave to us.

Continual Improvement

Continually striving to meet the needs of our patients. Being professional, by setting and achieving high standards in all that we do. Challenging the status-quo and continually improving as individuals and teams.

Partnership

Ensuring that we create an organisation where all members of the team can contribute to their full potential and that we work in partnership with our local health and social care community.

Development of our vision and values in 2009

The new vision and values are the foundation of NHS Brent and have been created through a series of workshops with the leadership team and in consultation with the staff.

Panel feedback recommended that we **“articulated our vision in a simple way targeted to key stakeholder groups and spread the positive culture developed in the top team to staff.”**

As a result of this feedback the Executive Management Team reviewed the vision as a commissioning organisation. The output from this process was a refined vision statement leading to a shared understanding and commitment to the vision by the top team.

Subsequently we ran two workshops for senior staff which focussed on exploring the vision and values. The feedback from these events was overwhelmingly positive and has been the cornerstone of our programme on staff engagement.

As part of our OD communications and change management plan we have included our vision statement and key messages linking the activities we are doing to our vision, on a wide range of communications to staff. We have incorporated our vision and values in our new job descriptions and in our “On Boarding” packs for new recruits. As part of our Practice Based Commissioning development programme we ran a workshop for our clinicians to explore the vision and their contribution towards our overall goals.

Embedding Values

In 2010 we intend to build on these foundations by asking staff to develop a code of behaviours that we all adhere to. A group of volunteers, cross directorate and representing all levels of staff will attend a facilitated workshop to define the code of behaviours. They will be responsible for further development and embedding the values in the organisation.

Organisational structure

In the first half of 2009 we undertook a fundamental review of our structures and redesigned NHS Brent to reflect the separation of the provider arm and the requirements of a commissioning organisation.

The new structures were designed with reference to best practice in other similar NHS commissioners and with both internal and external challenge. The new structures addressed existing shortfalls in capacity and sought to build and strengthen our commissioning capability through new posts in areas such as clinical leadership, community engagement, contracting and procurement. The process of designing the new structures and implementing the subsequent organisational change was overseen by The Board with the Remuneration Committee playing a key role in assuring due process and value for money.

The structures incorporate posts which are shared with the London Borough of Brent to develop our approach to partnership working. These include the Director of Public Health and other posts at a senior level including both Deputy Directors of Partnership Commissioning (Children and Young People and Adults). In total the new structures incorporate 20 posts that are shared with key partners. These new structures have largely been recruited to and integration is well advanced. During the implementation process we reviewed and rationalised structures to take account of the availability of appropriate recruits as well as revised financial assumptions and changed circumstances.

For the first year of the plan there has been stability at both executive and non-executive level. Provider separation is almost complete with structures and processes for full autonomy well established with stable leadership and governance in place. Work continues to determine the future organisational form of Brent Community Services in preparation for full externalisation.

Our financial plans incorporate the need to deliver the national efficiency gain across all HQ functions and this is projected at 3.5% per annum for 2010/11 onwards.

As part of the establishment of the North West London Acute Commissioning Partnership we have identified and transferred both posts and resources to the Sector.



Trust Board – Chair – Marcia Saunders
Non Executive Directors – (VC) Gerald Zeidman Geoff Berridge Hema Ghantiwala Isabelle Iny Chandresh Somani

**Chief Executive
Mark Easton**

**Interim Head of
Communications
Kike Biye**

**Chief Operating Officer
Hussein Khatib**
Brent Community Services

**Director of Public Health
and Regeneration
Joint appointment with LBB**

Dr Jim Connelly

- Statutory Public Health Functions
- Regeneration
- Health Promotion
- Health Protection
- Disease Prevention
- Infection Control
- Public Health Analysis
- Applied Research Unit

**Director of Strategic
Commissioning
Thirza Sawtell**

- Commissioning Strategy & World Class Commissioning
- Joint commissioning lead with London Borough of Brent
- Urgent Care Commissioning
- Commissioning
- Market Management and procurement strategy
- Public and Partnership Engagement
- Overview & Scrutiny

**Director of Primary &
Community
Care Commissioning
Jo Ohlson**

- Commissioning Primary & Community Care Services
- Medicines Management
- Practice based Commissioning development
- Performance Management of Independent Contractors
- Primary and Community Strategy

**Director of Finance &
Performance
Jonathan Wise**

- Financial management
- Financial planning
- Performance Monitoring
- Information & ICT

**Director of Human
Resources and OD
Charles Allen**

- HR and OD
- Workforce Information and Planning
- Learning and Development
- Diversity, Equality and Human Rights

**Head of Corporate Affairs
Bridget Pratt**

- Risk strategy
- Standards for Better Health
- Board Assurance Framework
- Legal and claims
- SUIs
- Complaints

**Interim Medical Director
Dr Peter Savege**

- Performance Management - GPs
- Health & Social care Act Panel
- Consultant Appraisal
- Clinical Adviser salaried GPs
- Responsible director – Controlled Drugs

**PEC Chair
Dr Carole Amobi and Dr Manish Prasad**

- Clinical advice to the Board
- Clinical re-design & liaison with PbC
- Advice to TOSLA Group
- NWL clinical reference group
- GP appraisal
- Prescribing and Medicines Management Committee

Description of the major Directorates

Primary and Community Care Commissioning Directorate

The purpose of the Directorate is to deliver high quality commissioning and contract management of primary and community services. The directorate includes Practice Based Commissioning and Prescribing and Medicines Management, both of which play a key role in the commissioning and management of contracts. The directorate looks after GP contracts, Pharmacy contracts, Dental contracts, ophthalmic contracts and a number of Community contracts for services ranging from Diabetes Pathway to Neuro-rehabilitation inpatient units and Community Matrons to Health Visiting, the largest being with NHS Brent Community Services.

Strategic and Joint Commissioning Directorate

The purpose of the Strategic Commissioning Directorate is to ensure effective delivery of NHS Brent's strategy as set out in the Commissioning Strategy Plan through working collaboratively with the community, users, clinicians, other commissioners and providers of care. This includes strategy and planning, systems management, market management and procurement and partnership commissioning with the London Borough of Brent and ensuring effective community engagement.

Public Health and Regeneration Directorate

The purpose of the Public Health Directorate is to improve health and reduce health inequalities in Brent. The department includes a health promotion team, the Applied Research Unit (which includes WeLReN – West London Research Network – as well as other audit and research functions) and the North West London Haemoglobinopathy Network. The Health Protection function is headed by the Health Protection Unit for NW London.

Finance and Performance Directorate

The overall purpose of the Finance & Performance Directorate is to ensure effective delivery of financial and performance targets and duties by working collaboratively with other NHS Brent Directorates and partner organisations.

The Directorate has the lead responsibility for ensuring that World Class financial and performance management is central to all aspects of NHS Brent's work at strategic and operational levels.

Enabling Functions

The work of these directorates is supported by departments responsible for HR and OD, Communication, Corporate Governance and Estates.

Establishment Summary Information by Directorate

Directorate	Whole time equivalent	Vacancies
Chief Executive Directorate	15.70	1.5
Finance and Performance	67.0	4
Primary Care and Community Commissioning	38.27	7
Public Health	29.17	3
Strategic Commissioning	42.10	3
Human Resources and Organisational Development	11.07	0.4
Total	203.31	18.9

How the structure supports the delivery of the priorities identified

Our new structures are designed to support the commissioning cycle and strengthen partnership working by incorporating joint strategic posts with the London Borough of Brent.

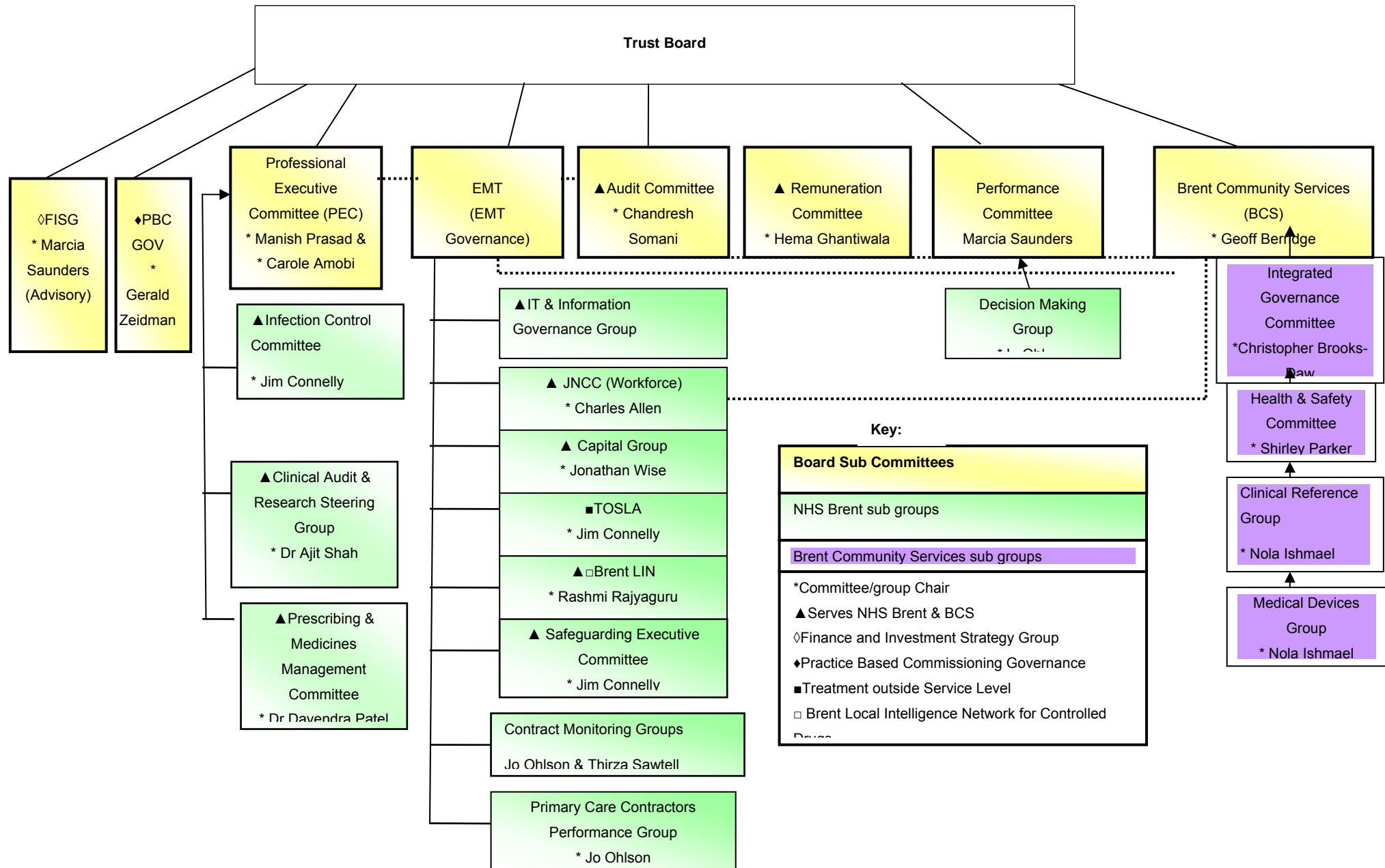
We have identified posts to strengthen strategic planning, commissioning, procurement, management of demand and performance and patient and public involvement.

Our priorities will place a heavy reliance on key commissioning roles, patient and public involvement and clinical engagement and our new structure strengthens these key areas.

The structure also takes account of the emergence of the Acute Commissioning Partnership and was designed in light of the services we are expecting to be able to procure from Commissioning Support London.

The structure significantly reduces our previous heavy reliance on interim support and takes account of the future challenging financial environment.

Chart Showing Accountability of Committee Reporting to the NHS Brent Board



Current Position and Progress

The following section outlines the progress we have made against our development goals since submitting our OD plan.

Development goal : World Class Workforce

Initiative 1 - Restructure as a commissioning organisation

The right people in the right structure to enable us to deliver our Commissioning Strategic Plan and to develop the competencies required of a highly skilled commissioning organisation.

- Define core Directorate functions and dependencies
- Design Directorate structures to achieve competencies
- Identify areas for sharing/buying in expertise
- Approval of new structure with Board Remuneration Committee
- Change Management and recruitment to new structures

Delivery of this initiative was fundamental for us to achieve the goals set out in the CSP and we have now achieved all the actions outlined in this initiative.

A year ago, we were aware that past restructurings, management changes and the impact of Turnaround had left a complicated and inappropriate organisational structure. In addition we were aware that we would need to make a compelling case to attract scarce commissioning resource and would need to address perception issues that potential candidates might have of Brent.

Following review and redesign of our structures (as described in organisational structure section), we undertook a perception survey to better understand the barriers to recruitment. The survey included internal staff and staff of neighbouring organisations, such as London Borough of Brent. The results of this survey allowed us to design a powerful recruitment campaign targeted to attract high quality candidates. The recruitment campaign was supported by a new micro-site designed to showcase the unique characteristics of Brent.

Is it time to change your view of Brent? What you'll discover is likely to surprise you...

REACH HIGHER

NHS Brent

Times change. So have we.

We are building NHS Brent as a World Class Commissioning organisation. We have a strong executive team in place, one of the strongest financial positions in London and a clear direction for achieving our vision of "Making a significant improvement to the health and well being of the people of Brent."

The most diverse community in the UK makes for rich and challenging opportunities for highly motivated and talented individuals with a successful track record.

This is your chance to be part of our success story; whether your strengths are in **COMMISSIONING, PUBLIC HEALTH, FINANCE & PERFORMANCE OR COMMUNICATIONS.**

We are working to ambitious timescales so come and visit www.discovernhsbrent.co.uk to explore a range of world class opportunities for world class people and see what NHS Brent has to offer.

Alternatively please call 0208 795 6762 for information about how to apply.

The opportunities we have available range from Team Administrators through to Deputy Director level posts. An interview is guaranteed to any applicant with a disability who meets the essential criteria of the person specification and we especially welcome applications from groups currently under-represented at senior level.

COMMISSIONING : PUBLIC HEALTH : FINANCE & PERFORMANCE : COMMUNICATIONS

Find out about all of our opportunities at www.discovernhsbrent.co.uk

The outcome is that we have recruited to the majority of our vacancies with high calibre experienced staff who demonstrate the values of our new organisation. This has enabled us to reduce our dependency on interim resource significantly.

The second stage of this initiative was to integrate new employees to enable them to become high performing team members quickly. To meet this objective we have delivered a comprehensive On Boarding process for new recruits which involved, as well as work place induction, an insight into the organisations aspirations, objectives, vision and culture. This model has been shared with the Acute Commissioning Partnership and adapted for use in building their organisation.

Initiative 2 - Employment Proposition

Designing and implementing an attractive identity and package and building our new culture, which ensures we can both recruit and retain the best staff and become an employer of choice.

- Develop distinctive and attractive employer brand and identity
- Develop an approach to staff engagement and communications
- Implement an attractive package of employment benefits
- Commitment to staff welfare and development initiatives

➤ Commitment to achieving diversity and workforce reflecting our community

We have made significant progress against this initiative.

Our brand and identity have been developed to aid recruitment and subsequently we have used the branding on a range of communications to increase staff and public engagement, for example the Annual report.

Staff engagement has been a key issue confirmed by our panel feedback; **“continue to focus on staff satisfaction and sickness issues, specifically understanding the main drivers of this”**

To address these issues we have developed initiatives to make communications two- way and engage more. For example we have run staff focus groups and carried out a perception survey for staff on the Executive Management Team. We have been encouraged that overall the findings show that staff believe we are on an upwards trajectory. There are however areas for further development and we now have established a staff focus group to take forward the findings.

We have analysed the staff survey results and taken specific actions to address concerns and most importantly communicated our actions back to staff.



Organisational Development Plan Realising our Vision

Staff Survey results – acting on your feedback

You told us	What are we doing?
You want improved communications	We have run workshops for staff on defining the culture of the organisation and plan more events for all staff. We are also looking to improve the team brief and other communications so you can have your say.
You would like further training opportunities and a chance to use your skills more.	We have developed an innovative learning and development strategy with a variety of opportunities for all staff.
You would like greater clarity around your job role and your objectives.	We have developed new job descriptions for all bands clearly linked to World Class Commissioning competencies. There will be renewed emphasis on our appraisal system and personal development plans
You would like greater career development and to feel valued for your contribution.	The launch of the learning and development plan and focus on personal development plans will enable career development and help us to become a learning organisation. We will also develop the staff recognition scheme.
You would like a good work life balance	We have refreshed our flexible working policy and are launching a healthy living initiative
You would like more resources	We are well on the way to filling vacancies in our new structure.
You would like reassurance that NHS Brent doesn't unfairly discriminate.	We have appointed an Equalities, Diversity and Human Rights Advisor and have a Single Equalities Scheme and an action plan to support it.
You would like us to demonstrate our commitment to preventing bullying and harassment in the workplace.	We are initiating an independent review and acting on its recommendations. We are also planning to train and appoint staff mediators.

Of particular concern our indicator for perceptions of bullying and harassment was higher than the London average. To respond to this we have been successful in being awarded a grant

from the Social Partnership Fund to launch our “Partners for Dignity” project. This is a joint project working with Brent Community Services and Staff Side organisations, supported by the Partnership Institute. Through this project, which was launched in October 2009, we will understand the root causes of the issues and train staff in mediation and conflict management.

It is encouraging that key indicators such as sickness and absence have reduced from 4.7% to 3.0% significantly lower than the London average of 3.6% and staff turnover figures are down from 27% to 16.8%. In addition our vacancy rate which was at 22% is now reduced to 7.7%.

Through our employment proposition project we have researched what matters to staff and have designed an attractive package of benefits. Implementation of these benefits has commenced this year, for example discounts at local gym and a revised flexible working policy, the project will continue to be implemented over the coming twelve months.

As we aspire to become local leaders of the NHS we are keen to implement a range of healthy living initiatives to support staff welfare and reduce workplace stress. We have devised a localised staff healthy living initiative aligning to “NHS Health and Wellbeing Review” published in August 2009. The implementation of this initiative will commence in 2009 but continue to be run in 2010 and 2011. This initiative will offer an annual health check to staff with onward referral to relevant preventative health promotion services. This programme is aligned to our vascular health strategy and stop smoking services and is being developed in partnership with the London Borough of Brent.

Brent is one of the most diverse communities in London and it is therefore of highest importance that we are leaders in the equalities agenda. We have appointed an Equalities, Diversity and Human Rights Advisor and developed a Single Equalities Scheme and an action plan to support it. The committee which oversees our progress is chaired by Mark Easton which reflects our commitment to the agenda.

Initiative 3 - Learning and Development

Developing a comprehensive Learning and Development Strategy and implementation plan, for all employees that builds on existing capabilities and enable us to achieve new WCC competencies.

- Link to NHSL Commissioning Development Programme to create Commissioning Academy
- Identify broader training needs
- Implement Talent Management System
- Implement Board and top team development

We have made significant progress in achieving this initiative.

We have developed an innovative and comprehensive three year strategy and implementation plan distinctly focussed on our role as a commissioning organisation and linked to World Class Commissioning competencies. This strategy builds on best practice in NHS Brent for example the “Promoting Good Practice in Finance Development” award recently attained.

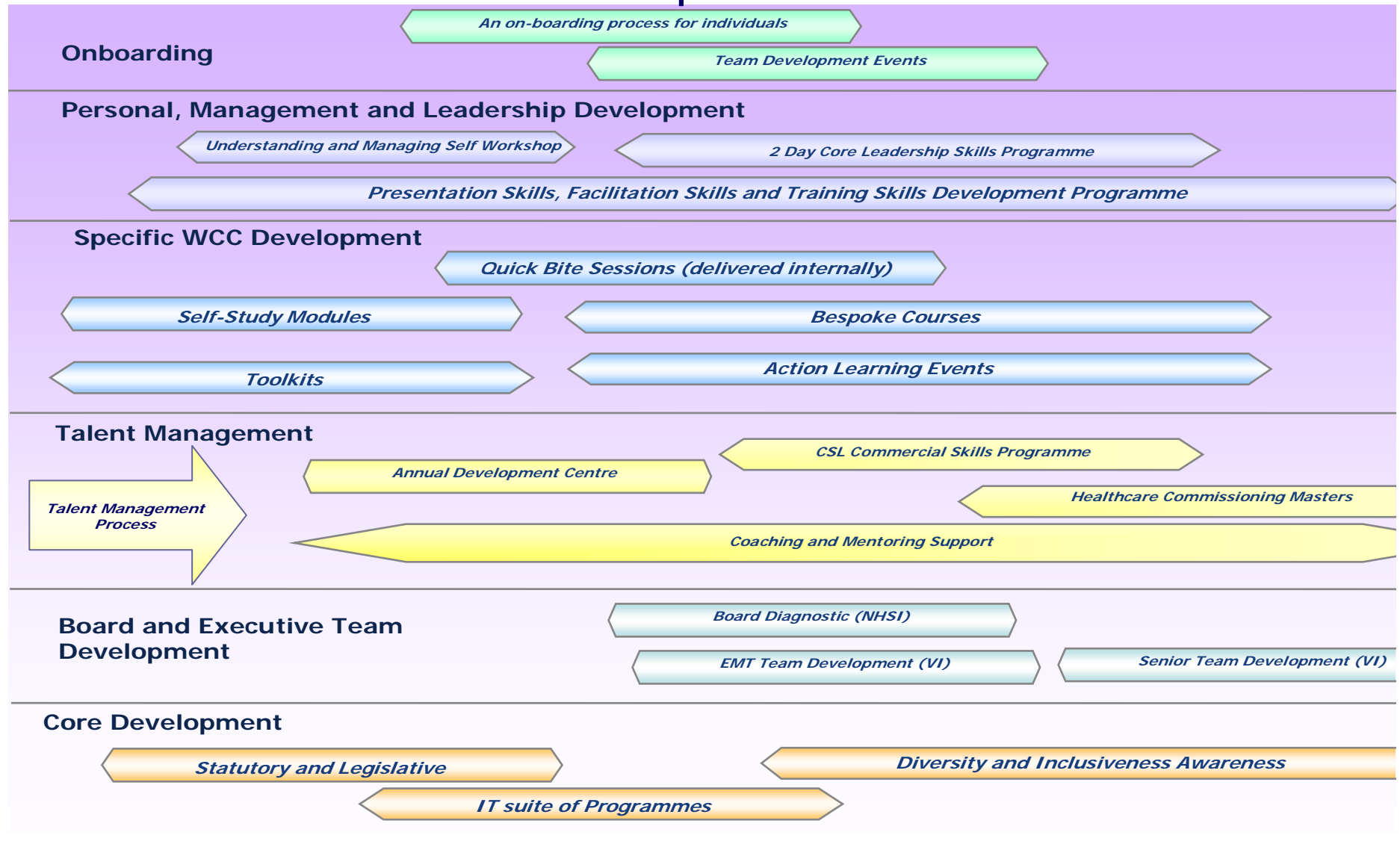
All our learning and development activity is driven by our vision of making a significant improvement to the health and well-being of the people of Brent. We will achieve this by focusing our learning and development activity on at least one of the 3 following outcomes:

- A direct improvement in individual or team performance to enable delivery of our CSP and to improve our world class commissioning competencies
- The development of a broader awareness of our role and our stakeholders
- Individual effectiveness, performance and career development of our staff

The priorities for this year have been to:-

- Deliver the Practice Based Commissioning Development Programme
- Provide a comprehensive On boarding programme to new recruits
- Support the introduction of a new appraisal process
- Develop skills in project delivery focussed on key performance targets.
- Develop facilitation skills to reduce dependency on external resource
- Accessing externally delivered learning and development offerings from Commissioning Support London
- Improve core skills in financial systems and management.

3. Overall Development Architecture



Initiative 4 - Teamwork and Integration

- Re-locating to new premises “fit for purpose”; embedding new ways of working that break down silos and developing high performing teams
- New premises – Break down silos and separation from Provider
- Ways of matrix working and project management
- Team development in new structure and accommodation
- Schedule regular review of structural and IT development to ensure team working

We have made some progress towards this initiative.

Premises

This year, we established a project with a clear intention to moving to new premises and disposing of the Wembley site. Our drivers were to:-

- Move to a more appropriate environment for team working and integration
- Achieve proximity to the London Borough of Brent’s headquarters.
- Physically separate from Brent Community Services
- Deliver cost savings through disposal of the Wembley site.

During the development of the full business case it became clear that our initial financial assumptions were no longer valid based on the space requirements and this together with uncertainties regarding the future of the Wembley site made the move unviable. The project as originally envisaged was aborted and we have now focused the project on converting part of the Wembley site to a headquarters fit for purpose for a commissioning organisation. For the longer term we are exploring co-location with the London Borough of Brent as part of their new development. The decision to stay at Wembley was positively acknowledged by the Chair of Brent Local Involvement Networks (Links) as appropriate in light of the changing financial climate.

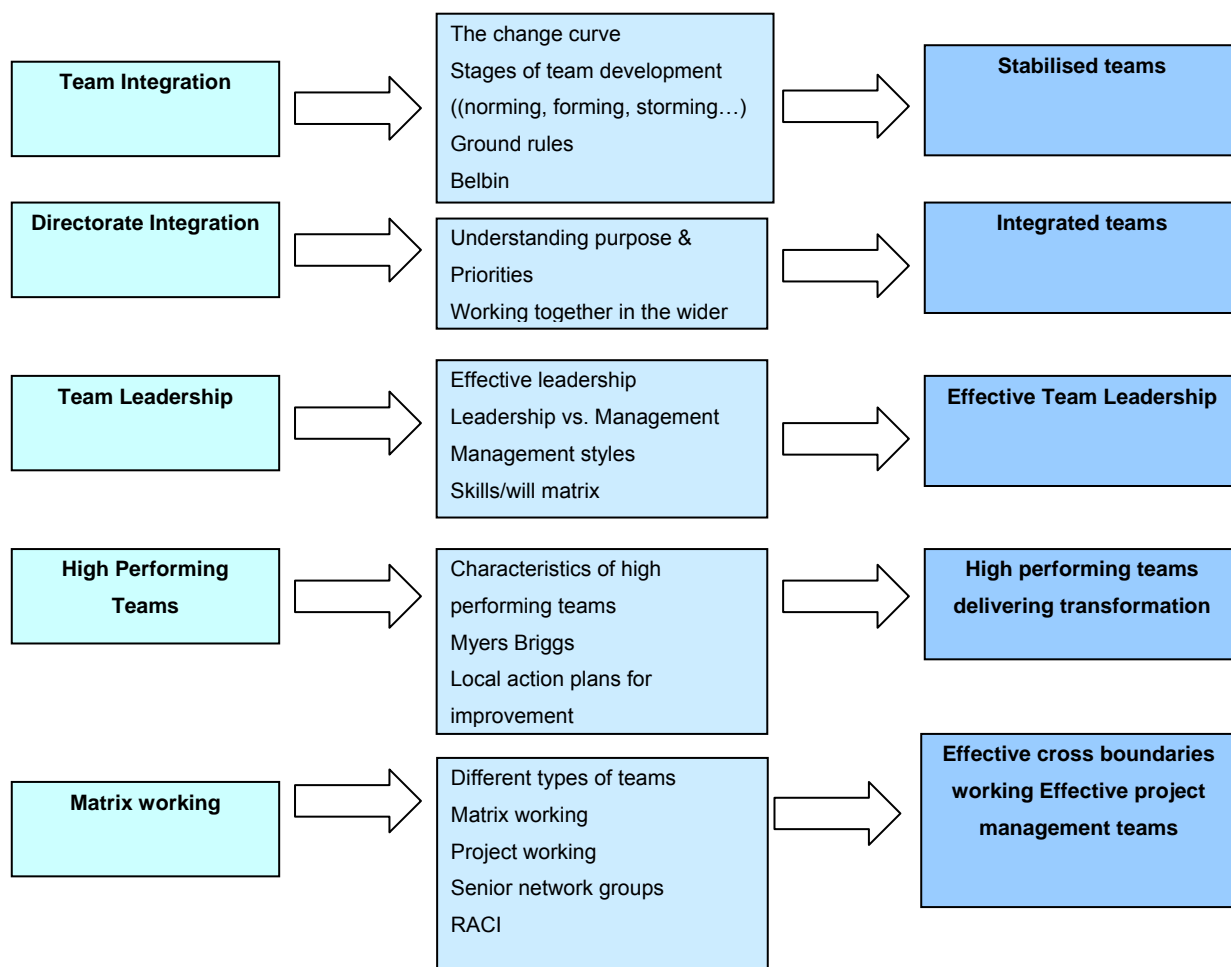
Executive Management Team development

Following its formation, the Executive Management Team have undertaken a comprehensive development programme focussing on personal coaching, team development and effectiveness and development of vision, values and behaviours. This has resulted in stronger leadership and cohesiveness at the senior levels which will be fundamental to driving the culture changes throughout the organisation.

Team Development

We have designed a development path and interventions for team development. This outlines key progressive incremental stages for team development.

With a requirement to integrate a significant number of new starters our focus for this year is to assimilate new recruits with existing teams and develop cross boundaries team working. This activity will commence in January 2010 with a series of away days at team and directorate level.



Development goal: Provider Separation

Achievement of separation of our provider arm into an autonomous organisation with a robust plan to achieve a sustained organisational model

- Develop criteria for separation options; securing viable services, Quality and Responsiveness, Attractive to Staff, Deliverability, Governance and accountability.
- Executive Team evaluates 5 options for provider separation,
- Paper with EMT comments is circulated to PEC, PBCs, borough, JSNC, local providers and patient's forum for comment
- Comments reviewed and decision taken
- Phase 2 (dependant upon option selected) project plan developed
- APO/externalised body created
- Complete handover of provider services

We have made substantial progress towards this development goal.

Separation involved disaggregating structures and resources and establishing robust financial and governance arrangements for the APO. Substantive appointments were made to key senior level posts and shadow board arrangements are in place. Analysis was undertaken to examine business opportunities and the future market and work is currently underway to explore organisational models for a sustained future. Brent Community Services achieved "business ready " status in October 2009. Further work is required to determine the future organisational form of Brent Community services taking into account the emerging provider landscape.

Development goal: Partnerships

Clinical Engagement

- Make PBC Commissioning effective both within the organisation and PBC clusters
- Develop management structure which supports PBC
- Further develop PBC scheme including delegation of budgets
- Review leadership and membership of priority action groups and local implementation teams for NSF and national strategy groups
- Make recommendations on groups to PEC and implement

We have made significant progress against this development goal.

This year we have:-

- Launched a nationally funded PBC Development Programme supported by Humana and NHS Alliance
- Developed our governance and management arrangements for PBC
- Built stronger relationships with PBC and wider clinician groups
- Undertaken a review of clinical groups and provided recommendations

In March 2009 we launched the PBC Development programme. Working in partnership with Humana and Alliance we are one of ten health communities nationwide chosen by the Department of Health to access the programme and were selected as the first London PCT to participate.

Having secured health community ownership and buy in we completed a comprehensive diagnostics stage and over the past year have delivered a number of developmental workshops to GP clusters. The workshops centred around the following themes:-

- Ways of Working
- Data and Information
- Managing the Market
- Communication and Patient Engagement

The programme has enabled better engagement, provided a stronger vision for PBC within NHS Brent and acted as a catalyst to strengthen clinical leadership. Further workshops will continue in 2010.

Additionally, we have developed more robust governance arrangements for Practice Based Commissioning, which are now cluster based and commissioner led. We have moved away from individual GP practice based incentive payments and towards a more developmental model of cluster based payments. The budgets have been expanded to the full range of payment by results (which now include accident and emergency) with a move towards all clusters holding account for prescribing budgets next year.

All five Practice Based Commissioning clusters have developed commissioning plans which are aligned to NHS Brent's CSP and Healthcare for London Pathways. Payment of the

incentive scheme is now based on the delivery of the commissioning plans and ownership of development of a specific clinical pathway in 2009/10.

One of the outcomes of our PBC development programme has been the creation of a transformational change programme which has wide ownership from our clinicians and will drive the establishment of poly systems. PBC are now working more cohesively across NHS Brent. The programme supports acute recovery and implementation of the Commissioning Strategic Plan.

Significant investment in engagement and building trust and relationships has resulted in much more involvement in a number of key commissioning priorities. For example, the PBC have had involvement in development of service specifications for District Nursing and have contributed significantly to the acute services review particularly in relation to surgery and paediatrics.

A key factor in our development this year has been moving towards a more mature approach to the use and ownership of data. Greater emphasis has been placed on decision making using data benchmarked against other Primary Care Trusts.

Review of clinical groups

We have undertaken a comprehensive review of clinical groups in NHS Brent and keen to ensure that clinical leadership is central to our decision making and that groups are streamlined so we maximise limited clinician time. We plan to restructure our clinical groups to reflect this requirement and to enable us to deliver our CSP.

Development Initiative: Coordinated Commissioning

- Agree and implement Outer North West London commissioning arrangements for Imperial
- Agree strengthened commissioning arrangements for NWLHT with Harrow PCT
- Undertake acute services review of NWLHT in partnership with Harrow PCT, discussion document to be published February 2009
- Participate in the development of the LCSS
- Become an intelligent client of the LCBSA hub

In 2009 a health- economy wide review of North West London Hospitals has been undertaken with involvement from a wide range of stakeholders including clinicians and managers from

NHS Brent, NHS Harrow and North West London Hospitals, representatives from both local authorities, patient participations groups and clinical reference groups.

Extensive scenario planning, with activity and financial modelling was undertaken using both Primary Care Trust's Commissioning Strategic Plans as a starting point and having identified fixed points of:

- Maximising the use of Central Middlesex Hospital site – as a PFI build.
- Establishing primary care-led urgent care centres on both sites
- Supporting the establishment of a HASU on Northwick Park site

Scenario planning workshops focused on care pathways relating to

- Maternity and women's health
- Children and Young People
- Urgent and emergency care
- Planned care
- Surgery
- Intermediate Care

The overall outcome of the review concluded that NWLH's financial viability could not be ensured alone and needed to be considered within the wider North West London Transforming Acute Programme. Further development activity will continue into 2010.

Development Initiative: Partnership Commissioning

- Agree strategic direction towards strengthening partnership arrangements with London Borough of Brent
- Agree care groups most appropriate to progress commissioning through lead commissioning arrangements and develop project timelines to progress work
- Agree care groups most appropriate to progress commissioning through partnership/joint arrangements and develop project timelines to progress work
- Establish and implement governance arrangements that reflect strengthened partnership
- Agree concordat with London borough of Brent

We have made significant progress against this initiative.

This year we have reviewed and strengthened our governance arrangements for partnership commissioning with London Borough of Brent and now have established boards and executive management arrangements. We have also strengthened relationships between agencies, the voluntary sector and the community.

For each of our care groups' governance arrangements now reflect our commitment to joint commissioning. For Children and Young People board arrangements are in place which will enable us to develop further opportunities for joint commissioning, for example pooled funding and jointly owned posts. For Adults and Older People we have set up a Joint Executive team which has executive level membership from both organisations. For Learning Disabilities we are in the process of establishing lead commissioning arrangements.

Our new structure supports the delivery of partnership commissioning with a key joint senior appointment Deputy Director of Partnership Planning.

The achievements of the last twelve months have laid the foundations for a strategic piece of work to determine how we commission jointly over the next five years. An away day in December 2009, with representation of both organisations at Chief Executive Level will mobilise this project.

Development Initiative: Community Engagement

- Establish detailed action plan and steering group to oversee recommendations from PPI Strategy & Communication Strategy
- Establish coordination arrangements in relation to all public engagement activities undertaken by NHS Brent
- Agree areas of public engagement to be undertaken with London borough of Brent
- Work with Picker Institute to establish appropriate ways to evaluate the effectiveness of public engagement initiatives.

We have made significant progress towards this initiative.

This year we have set up a public and patient engagement steering group. This group, with representatives from the public, London Borough of Brent and Links has accountability for monitoring the delivery of our community engagement strategy and implementation plans and plays a formal role in signing off stakeholder engagement plans.

We have developed a stakeholder analysis tool which has been used to ensure we identify and engage with a wide range of stakeholders and have used this tool on a number of consultations that have taken place this year. For example the consultation on the review of our intermediate care and stroke and trauma service. This tool is now effectively used across the whole organisation.

Other areas where we have strengthened arrangements in public engagement are establishing relationships with Links who are actively engaged at all stages of the commissioning cycle, for example the contract management of our key providers. We have also set up a reading group with a cross section of community members to ensure that patient information from NHS Brent meets key standards for readability.

Community engagement will be critical to enable us to achieve the large scale changes set out in our CSP and this year we have established the forums and relationships to enable future success.

Development goal: Information and Analytics

- External assessment and scoping of existing capability and capacity
- Gap analysis and creation of options to address
- Review options with Executive Management Team
- Identify next steps and initiatives.

We have made significant progress against this developmental goal.

A Commissioning Intelligence Information Strategy (CIIS) has been developed and approved by the Board for implementation. The strategy sets the direction for developing and improving commissioning information in NHS Brent taking account of best practice and guidance and as an enabler to achieving our CSP and delivery of our initiatives.

The purpose of the CIIS is to define the actions required for NHS Brent to achieve top World Class Competency and Use of Resources ratings in its use of information to improve health in Brent.

The strategy is supported by a project implementation plan covering the period to March 2010 at which point progress will be reviewed and a 10/11 implementation plan produced in line with 10/11 NHS Brent Corporate Objectives.

The strategy and implementation plan covers the actions needed to:-

- Ensure the provision and use of information required to develop and deliver our initiatives as set out in the CSP
- Support delivery of our performance improvement plans
- Enable effective commissioning and contract management including data for Practice Based Commissioners.
- Improve data quality
- Improve information governance and specifically the Information Governance toolkit requirements
- Improve the knowledge, skills and tools across the PCT including working with North West London Commissioning Partnership and Commissioning Support for London.

Implementation of the plan is well underway. Progress is monitored through an Implementation Board, Chaired by the Chief Executive who are accountable for delivering the benefits. Sponsorship for the Programme is held at Director level and regular updates are provided to the Board.

Specific improvements during 2009 have included the following (which includes some of the specific feedback in the WCC 2008 panel report).

- Development of a Data Quality Strategy and monthly monitoring of progress through a Data Quality Dashboard
- Mental Health (awaiting CNWL)
- Community Services - development and Implementation of a Data Quality Improvement Plan
- Primary Care – Implementation of a data cleansing project to improve quality on our Child Immunisation records with over 4,000 records cleansed.
- Acute – The continued development of claims management.

Summary of OD Programme Costs for 2009/2010

Initiative	2008 estimate £	Agreed budget 2009/2010 £	Forecast outturn £
Restructuring	50–100,000	194,000	160,000
Employment Proposition	100,000	67,000	67,000
Learning and Development	100,000	58,000	58,000
Team work and integration	50,000	-	20,000
Leadership Development	-	125,000	125,000
Provider separation	100-500,000	230,000	230,000
Clinical engagement (funded externally)	290,000	100,000	100,000
Acute services review	-	70,000	70,000
3 rd sector capability	-	20,000	20,000
Joint commissioning	75,000	-	-
Public engagement	100,000	80,000	80,000
Information and analytics	250-750,00	31,000	31,000
Programme Management	-	90,000	90,000
Total		1,065.000	1,051.000

Organisational Development Priorities

Our priorities

Our priorities laid out in our CSP are to:-

- Deliver our initiatives aligned to the 8 Healthcare for London Pathways
- Implement a Polysystem model of care
- Deliver affordable health care by shifting care to alternative provider settings

Our first year of delivery focussed on sustaining organisational improvement, building capacity and capability, strengthening partnership working and provider separation. For our refreshed goals our focus now shifts. Whilst continuing to build on improvements remains a priority, we now need to recognise the acceleration of the pace of change, the new financial realities and a changing organisational context within which we will need to operate. More fluid organisational boundaries, more devolved and dispersed decision making and the very sharp focus on best value will require different, more flexible and responsive ways of working with implications for culture, style and systems. Our continued work on organisational culture, learning and development and systems and processes will need to reflect this.

Development goals

In creating our OD goals we have focussed on priority areas that will:-

- Support the delivery of our Commissioning Strategic Plan and Healthcare for London Pathways
- Act as enablers to support the delivery of our plans by addressing cultural barriers
- Improve our performance against World Class Commissioning competencies
- Continue to build on developmental areas identified through panel feedback
- Respond to the financial challenge ahead
- Enable accelerated implementation of Healthcare for London priorities.

Our development goals are grouped into the following three programmes of activity:-

- **Pathways into Polysystems** - Supporting the creation of new service and organisational model including design, skills analysis, capability development and

models of staffing. Working with our communities and clinicians to build local health care for the future.

- **New Ways of Working** - Developing our skills, culture, organisational systems and processes to become a more organic, adaptable, outward looking and responsive organisation.
- **Information and Analytics** – Advanced analytical skills and insights to support strategic commissioning decisions and drive performance.

Pathways into Polysystems

Our CSP sets out the vision for the introduction of polysystems based on our five PBC clusters. The OD goals support the introduction of this model through strengthening clinical leadership and governance to drive change; through capacity and capability building; through public and patient engagement and through the provision of “fit for purpose” IT systems and data.

The scale and complexity of this transformation will be significant and far reaching and will require NHS Brent to both shape and drive the change and have the flexibility and adaptability to support this new and different model.

The progress we have made during 2009 in engagement with PBC and introduction of strengthened governance arrangements will be a solid foundation on which to build polysystem leadership.

New Ways of Working

To deliver the transformational agenda requires an engaged motivated workforce with the right skills and behaviours. The design of our new structures, strengthened to support world class commissioning, together with the success of our capacity building means we are confident that we have the right people in the right jobs. Our OD development goals now focus on building staff engagement, a key development area highlighted in our panel feedback and our staff survey results, to ensure we can retain and develop our staff aligned to WCC competencies. Going forward these goals must reflect the changes in financial environment, pace of service transformation and the emerging organisation architecture across the sector. Therefore, we see this goal as a dynamic and evolving programme which will be regularly reviewed and updated,

Our learning and development focuses on the skills required for changed priorities, such as procurement, negotiation and stakeholder management skills together with the embodiment of advanced analytical skills and insights which will ensure our staff develop the skills that will enable us to make activity shifts outlined in our CSP.

Team development incorporating working across boundaries is key to ensuring we have addressed the cultural barriers that could inhibit the pace of delivery.

Information and Analytics

The analysis and interpretation of robust and reliable data is the foundation to making evidence based decisions in a World Class Commissioning organisation. Having made significant progress in 2009, our focus for 2010 will be to:-

- Continue to improve the quality of data across all commissioned services
- Embed a culture of advanced analysis and modelling to drive commissioning decisions and contract management
- The continued development of investment and disinvestment processes to meet WCC competencies
- Ensuring information flows and analysis enables the monitoring and delivery of our key CSP initiatives

Our development goals and projects

Development Goal	Alignment to Priorities	WCC Competency Improvement
Pathways into Polysystems		
Develop Board and governance arrangements for Clinical Commissioning Groups	Enabler to delivery of CSP	4 A – clinical engagement 4 B – dissemination of information to support decision making
Develop Primary Care capabilities and capacity	Enabler to delivery of CSP	4 A – clinical engagement 4 C – reputation as leader of clinical engagement
Design, develop and implement new care pathways	Enabler to delivery of CSP	8A – Identification of improvement opportunities 8B – Implementation of improvement initiatives
Implement Public and Patient Engagement Plan including patient experience programme	Enabler to delivery of CSP	3 A – Influence on local health opinions and aspirations 3B – Public and patient engagement 3C – Improvement of patient experience
Implement IT infrastructure and systems	Enabler to delivery of CSP	4 B – Dissemination of information to support clinical decision making 5 A – Analytical skills and insights 5 B – Understanding of health needs trends 5 C – Use of health needs benchmarks 6 A – Predictive modelling skills and insights

Implement market management strategy and procurement of services	Enabler to delivery of CSP	1A – Reputation as the local leader of the NHS 1B – Reputation as change leader for local organisations 7B – Alignment of provider capacity with health needs projections 7C – Creation of effective choices for patients
New Ways of Working		
Develop a culture of engagement and communications both within and beyond the organisation	Panel feedback Enabler to delivery of CSP Staff survey results NHS Constitution	1 C– Position as an employer of choice
Implement a revised employments benefits package and staff healthy living scheme	Enabler to delivery of CSP Staff survey results NHS Constitution	1 C – Position as an employer of choice
Implement the single equalities scheme	CSP – Health inequalities Staff survey results NHS Constitution	3 B - Public and patient engagement
Implement the learning and development plan including talent management and team development	Enabler to delivery of CSP Staff survey results CSP and Initiatives NHS Constitution	1 C - Position as an employer of choice
Implement “Partnership for Dignity” project to address bullying and	Enabler to delivery of CSP Staff survey results	1 C– Position as an employer of choice

harassment.	NHS Constitution	
Develop collaborative working across the sector and across agencies	Effective use of resources and greater leverage to shape provider landscape	2 B – Ability to conduct constructive partnerships
Develop internet/intranet as a tool for public engagement and consultation	Enabler to delivery of Health Care for London Pathways and Polysystems	1 A – reputation as the “local leader of the NHS” 1 B – reputation as a change leader for local organisations. 3 B– Influence on local health opinions and aspirations 3 B– Public and patient engagement
Information and Analytics		
Continue to improve the quality of data	Health care for London Pathways Children & Young People Planned Care Long Term Conditions Acute Care	4 B – Dissemination of information to support clinical decision making
Embedding a culture of analysis and modelling	Enabler to delivery of CSP	5 A – Analytical skills and insights 5 B – Understanding of health needs trends 5 C – Use of health needs benchmarks

		6 A – Predictive modelling skills and insights
Developing approaches and skills to meet WCC competency 11 at advanced level	Funding and Disinvestment Enabler to delivery of CSP	6 B – Prioritisation of investment and disinvestment to improve population’s health 6 C - Incorporation of priorities into strategic investment plan 11 A – Measuring and understanding efficiency and effectiveness of spend 11 B – Identifying opportunities to maximise efficient and effectiveness of spend 11 C – Delivering efficiency and effectively of spend sustainably
Ensuring Information analysis and collection enables the monitoring and delivery of our key CSP initiatives	Enabler to delivery of CSP Pathway design of initiatives and polysystem design.	5 A – Analytical skills and insights 5 B – Understanding of health needs trends 5 C – Use of health needs benchmarks 6 A – Predictive modelling skills and insights

		11 B – Identifying opportunities to maximise efficient and effectiveness of spend
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Overview of the organisational planning process

To determine our key OD priorities we undertook a series of structured interviews with the Executive team, discussed priorities at Board meetings and shared plans with our PBC and PEC colleagues. Year two represents a refresh of the plan and whilst there is deliberately a strong thread of continuity through the development goals the main emphasis is now on delivery of Healthcare for London goals through polysystem development.

The determination of our developed priorities was in large part driven by the need to align with national and London wide imperatives, in particular the new funding environment, the need for step change implementation for Health Care for London priorities, sector working arrangements in particular acute commissioning and the creation of poly systems.

In drafting the plan we have worked with colleagues from across the North West London Sector to explore areas of common ground and opportunities for collaboration. Areas we are currently exploring are:-

- **Polysystems** –developing clinical leadership including PBC support network, designing efficient pathways and developing partnership working.
- **Talent management** - developing a framework for talent management and where possible share procurement and expertise.
- **Learning and development** -develop a sector view of needs and design and deliver a core programme to maximise efficiencies.
- **Change management and OD expertise** – where possible share best practice and expertise on change management

Over the coming months we will review priorities for and establish forums to develop sector wide working.

In addition to a sector wide approach we are also developing a forum with the London Borough of Brent and other key stakeholders to take forward an integrated Workforce Strategy for local health and social care.

Organisational strengths to enable delivery

<p>Leadership and Direction</p>	<p>Board and Executive Management Team</p> <p>NHS Brent has robust board arrangements in place. The Board members have clear roles and responsibilities, a clear understanding of the role of a Board in a commissioning organisation. The Board have a strong quality assurance process in place and a commitment to self assessment and continuous improvement.</p> <p>The Executive Management Team, newly formed last year, are now firmly established and working cohesively. There has been stability in the team with no vacancies or turnover. There is strong commitment to our vision, and driving better performance. There is a clear strategy with shared ownership.</p>
<p>Accountability</p>	<p>Systems have been implemented to ensure accountability to the Executive Management Team and to the Board for our performance against key targets.</p> <p>We have developed a new framework for appraisals and performance reviews, supported by training.</p> <p>Our quality of financial management has improved from weak in 2007/08 to good in 2008/09 (as measured by the Use of Resources).</p>
<p>Co-ordination and control</p>	<p>The organisation has re-built its governance and financial and risk management systems and processes following the recommendations of the Taylor report. In his follow up report of November 2008, Michael Taylor acknowledged the considerable progress made and commended the PCT for their achievements.</p> <p>We have robust investment and disinvestment processes in place.</p>
<p>Capability and Motivation</p>	<p>Our new structures and recent recruitment means that we now are better provided with the skills and talent we need to support</p>

	our strategic plans. Retention and development of talent becomes key to ensuring delivery of our goals. Staff turnover continues to be on a downward trajectory, vacancies are reduced and significant investment in development has been committed.
External orientation	<p>A key area of focus over the past two years with much closer working with the London Borough of Brent (supported by joint posts) and close engagement with the establishment of the Acute Commissioning Partnership.</p> <p>The implementation of our community engagement strategy is now well established and has resulted in stronger links with both the community, support agencies and the people of Brent.</p>

Gaps to delivery of plans

Gap identified	Solution
Programme Management and Project Management capacity and capability	<p>Build/Grow/Procure</p> <p>Design and implement “best practice” programme/project management model. Identify skills required for each role and resource with a combination of internal and external specialist resources. Continue knowledge transfer sessions currently in place.</p>
Benefits Management expertise	<p>Procure/Grow</p> <p>Buy specialist external resource to develop benefits management strategy and monitoring processes. Grow Programme Office role to implement processes.</p>
Capacity and capability to deliver complex new models of care (polysystems)	<p>Grow/Share/Procure</p> <p>Access bespoke programmes on polysystem development</p> <p>Share expertise with other PCT's</p> <p>Procure consultancy support</p>
Informatics – Robust data and expertise	<p>Grow</p> <p>Deliver improvements through the Information and Analytics development goal.</p>
Procurement expertise	<p>Procure/Share</p>

	Buy in specialist resource for specific procurement activities. Share procurement activities across the sector.
Sufficient providers	Build Implement Market Management strategy
Sufficient Learning and Development resources/ expertise to deliver WCC competency improvements programme	Share Establish programme with North West London sector to share experts and deliver a sector wide programme
Sufficient communications resource to deliver a sustained programme of communications for staff engagement	Grow Formalise communications arrangements within the programme governance
Skills to develop a comprehensive talent management system	Share Develop a programme across NWL sector. Achieve economies of scale through procurement of providers
Formal arrangements for sector working across OD priorities	Share Establish forum and identify priority areas to work on collaboratively
Culture and systems to work effectively across organisational boundaries	Grow Align cultural development programme to take account of emerging structures and changed ways of working
Capabilities in producing evidence based pathways	Grow Ensure that multi functional project teams are developed with significant input from Public Health
Effective cross discipline cross directorate working	Grow Team building programme and matrix working development

Achievement of our Priorities

Governance arrangements

During the first year of our OD plan, we have adopted a robust programme and project management approach to delivery. We have established an effective programme organisational structure with Sponsorship at Executive level, the Executive Management Team acting in a Programme Board capacity and a full time Programme Manager. This structure has been supported by a Programme Office function.

The roles and responsibilities have been well defined and we have combined procuring external expertise in Programme Management with growing resources internally in Project Managers to ensure a sustainable approach. The capability gaps have been met by a structured series of knowledge transfer sessions led by the Programme Manager.

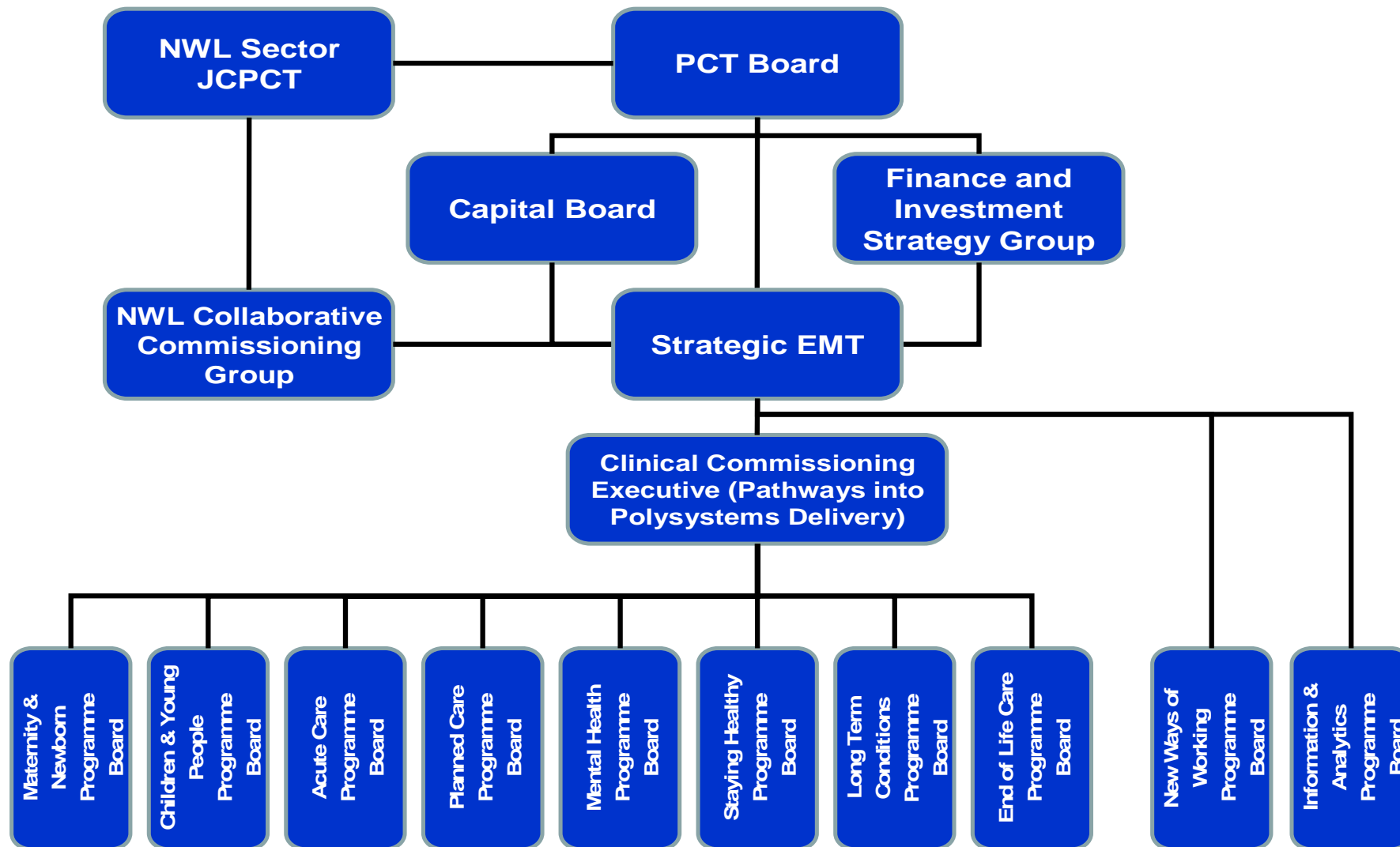
The direction, management and control of the projects have been managed through weekly project team meetings with work stream leads and through robust project planning and proactive issue and risk management.

This structured approach has been a critical success factor in our ability to deliver a large programme of work this year to defined quality standards.

For subsequent years we intend to continue with a structured approach and strengthen areas of governance. The Executive Management Team will continue to act as a Programme Board but with additional allocated time to monitor the effectiveness of the Programme with an emphasis on the benefits being delivered.

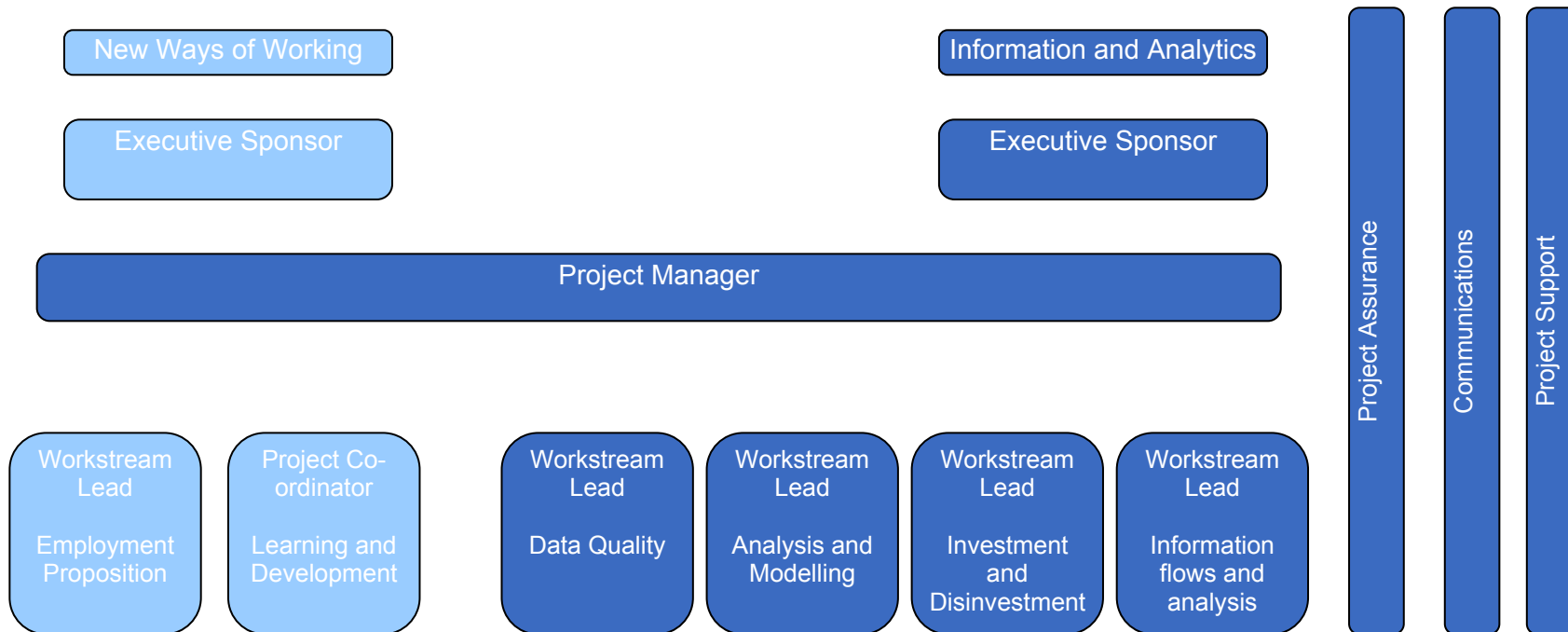
The structures will be resourced by a mixture of internal and external resources.

The diagram below shows our intended governance and organisational structures for subsequent year's delivery.



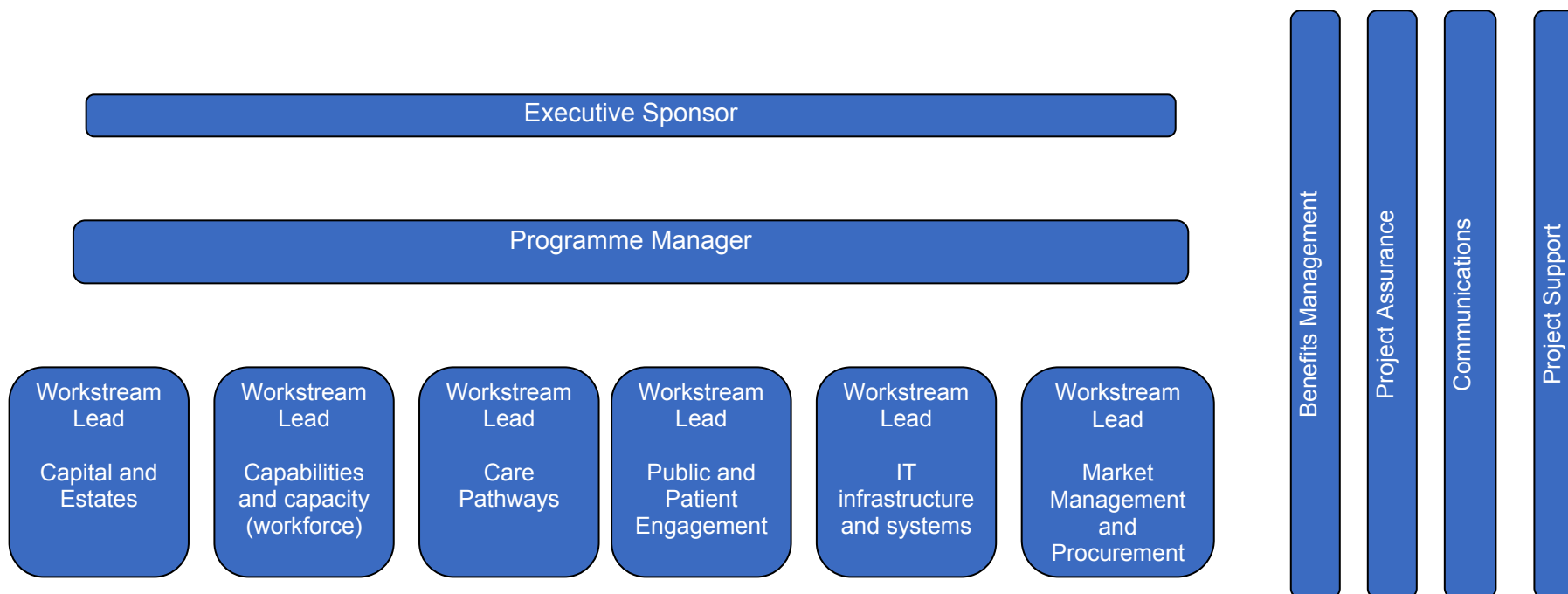
OD Programme Organisation Chart

New ways of working and Information and Analytics



OD Programme Organisation Chart

Pathways into Polysystems



Programme Plan, Budgets and Risk Management

The following section outlines:-

- High level project activity, timescales and resources allocated
- Projected costs of delivery in 2009/10 forward
- Risk register with initial risks identified, owners and mitigating actions

Programme Plan

OD Programme Plan											
Activity Description	Sponsor	Project Manager	2009			2010			2011		
			Oct - Dec	Jan - Mar	Apr - Jun	July - Sep	Oct - Dec	Jan - Mar	Apr - Jun	July - Sep	Oct - Dec
Pathways into Polysystems											
Programme Initiation											
Develop Business Case and mobilise programme											
Define and agree governance arrangements											
Identify and allocate project and programme resources											
Define benefits management strategy and processes											
Develop Board and governance arrangements for clinical commissioning groups											
Define membership, terms of reference and establish clinical commissioning Boards											
Establish governance arrangements											
Define and implement Board development programmes											
Develop Primary Care capabilities and capacity											
Develop Health and Social Care Workforce strategy with LBB											
Undertake training needs analysis											
Define training solutions											
Implement training programmes for HCA, Practice Nurse and Nurse Practitioner											
Implement PBC Development programme	JO	Eliza Tudor									
Design and develop and implement new care pathways											
Long term conditions pathway (MDT)											
Elective pathways (MDT)											
Implement voluntary and community strategy (including carers)											
Implement Public and Patient engagement plan											
Implement Polysystem PPI Plan											
Implement Patient Experience Improvement programme											
Implement IT infrastructure and systems											
Define IT requirements											
Implement IT infrastructure											
Implement EMIS web solution											
Implement Market Management strategy and procurement of services											

New Ways of Working					
Develop a culture of engagement and communications both within and beyond the organisation	CA	Gemma Davies			
Establish staff engagement group	CA				
Deliver cultural change workshops	CA				
Define and implement Codes of Behaviours	CA				
Run workshops and create materials to embed Codes of Behaviours	CA				
Run whole organisation event for staff setting out priorities ahead	CA				
Establish new arrangements for working with staff side in a commissioning organisation	CA				
Launch new staff magazine	CA				
Implement new style team brief for all commissioning staff	CA				
Procure for suppliers to manage exit interviews	CA				
Establish new arrangements for exit interviews					
Exit interview data analysed and recommendations based on data made	CA				
Develop internet/intranet as a tool for public engagement and consultation	TS	Marco Inzani			
Implement a revised employments package and staff healthy living scheme	CA	Gemma Davies			
Implement revised flexible working arrangements	CA				
Implement revised discounts scheme and bike to work scheme	CA				
Implement Employee Assistance telephone support	CA				
Implement Childcare scheme vouchers	CA				
Implement Active Healthy working scheme with borough	CA				
Deliver joint Healthy living sessions	CA				
Implement Occupational Health annual local health checks	CA				
Implement the single equalities scheme	CA	Nolan Victory			
Develop business case	CA				
Run Equality and Diversity conference	CA				
Deliver learning disability awareness training	CA				
Deliver equality, diversity and human rights training	CA				
Implement the learning and development plan and talent management strategy	CA	Gemma Davies			
Cross check interventions for 2009/10 against new CSP priorities	CA				
Establish training approvals board	CA				
Procure and deliver priority training courses	CA				
Establish cross sector group to skill/resource share	CA				
Undertake skills analysis for new employees	CA				
Set up annual programme of "quick bite" sessions	CA				
Delivery of "quick bite" session	CA				
Build web based knowledge share/development on intranet	CA				
Develop and implement talent management strategy with sector	CA				
Implement "Partnership for Dignity" project	CA	Gemma Davies			
Project mobilisation event	CA				
Focus Groups run	CA				
Mediation training run	CA				
Implementation of new policies and working arrangements	CA				
Evaluation and benefits realisation	CA				
Implement team development and cross boundaries working	CA	Gemma Davies			
Procure for suppliers	CA				
Design away days	CA				
Run series of Team and Directorate integration away days	CA				
Cross directorate senior working network group established	CA				
Deliver 8d's cross directorate programme	CA				
Team temperature check	CA				
Develop and implement high performing teams model	CA				
Collaborative working across the sector and across agencies	CA	Charles Allen			
Set up sector OD forum	CA				
Identify areas for collaborative working	CA				
Identify priorities	CA				
Identify resource leads for each area	CA				
Develop business case for implementation	CA				
Implementation					

Information and Analytics									
Continue to improve the quality of data									
Liaise with CSL/ACV on developing acute contract challenges	JW	Jonathan Phimister							
Improving data quality across primary care	JO	Jonathan Phimister							
Undertake cleansing activity of GP patient lists	JO								
Embedding a culture of advanced analysis and modelling									
Systematic use of benchmarking information to understand relative performance	JW	Jonathan Phimister							
Enable PBC to carry out more sophisticated analysis and modelling	JW	Jonathan Phimister							
Align our activities and processes and become an informed customer of ACV/CSL	JW	Jonathan Phimister							
Development of investment and disinvestment processes									
Develop framework for measuring costs and benefits/outcomes across initiatives	JW	Jenny Greenshields							
Expand investment processes to include disinvestment proposals	ME	Bevis Sydney							
Deliver training and support to enable implementation of framework and processes	JW	Jenny Greenshields							
Ensuring information flows and analysis enables the monitoring and delivery of our key CSP initiatives									
Developing information regarding activity undertaken in Primary Care	JW	Avtar Ubbi							
Providing information analysis and insights to support redesign of pathways	JW	Jonathan Phimister							
Support the development of contract currencies for community services	JW	Jonathan Phimister							
Develop information flows to PBC	JW	Gary Sired							

Costs forecast

	10/11	11/12	12/13	13/14	Total
	£m	£m	£m	£m	£m
New ways of working	0.2	0.1	0.1		0.4
Information and analytics	0.2	0.2	0.1		0.5
Polysystems:					
- governance	0.1	0.1			0.2
- capacity and capability	0.4	0.4	0.2		1.0
- care pathways	0.2	0.2	0.1		0.5
- PPI	0.2	0.1	0.1		0.4
- IT					
- market management	0.2	0.5	0.3		1.0
Polysystem transition	0.5	0.5	0.4		1.4
List validation		0.5	0.5	1.0	2.0
Programme management	0.3	-	-	-	0.3
Balance to be identified	0.5	0.4	0.2		1.1
	0.7	0.5			1.2
Total	3.5	3.5	2.0	1.0	10.0

In total project investment could be of the order of £10m. Investments will be subject to world class commissioning compliant business cases before decisions to invest are confirmed.

Risk identification and analysis

Risk management is a central part of our project management methodology. The risk log below represents the key risks identified to the delivery of the OD plan as a programme. Individual project risks will be managed and escalated through standardised processes and are ultimately managed by the Senior Responsible Officer.

Programme	Risk description	O	C	Risk Rating	Mitigating actions
Pathways into polysystems	The complexity, scale of change and pace to deliver polysystems requires significant resource requirements and change management skills to deliver. We may have insufficient resources to deliver the programme	5	4	20	We have invested in a new structure with significant capacity/capability to support the challenges and need to monitor closely that the structure meets our requirements
Pathways into polysystems	For the workforce transformation elements of the programme there needs to be clarity over division of accountabilities between commissioning organisations, provider organisations and the sector. Lack of clarity may lead to duplication or gaps in delivery.	3	3	9	Close engagement with the Sector and cross London working through the sector Directors of Workforce Transformation and the Leading Workforce Transformation programme to establish clear roles and responsibilities.
Information and Analytics	There is the potential that the activity that we undertake is not streamlined with the activity undertaken by the sector Acute Commissioning Vehicle	3	5	15	Continue to work closely with the ACV defining outputs and quality assuring early products
Pathways into polysystems	There is no national data set in existence for the measurement of activity in polysystems	4	4	16	Work through the sector and NHS London to establish meaningful measures

Programme	Risk description	O	C	Risk Rating	Mitigating actions
Partnerships and Polysystems	Maintaining clinical engagement with practice based commissioning is critical to meeting the transformational agenda, this may be challenging within the current financial environment	3	3	9	Continue to develop engagement through the PBC Development programme. Continue the policy of transparency and opening and finding joint solutions. Ensure clinicians understand the nature and benefits of the proposed models.
Programme level	There may be insufficient capacity within corporate communications to manage the communications within the OD plan	4	3	12	Share OD communications plan with corporate communications and agree a SLA for time allocated to the plan
Programme level	Need to ensure there are programme resources to continue the delivery of the OD programme.	5	3	15	Identify all resource requirements and costs required to deliver the OD programme and submit a business case for further recruitment.
World Class Workforce	We may develop initiatives that staff do not fully engage with or do not enable us to become an employer of choice	3	4	12	Run regular focus groups to test the temperature of the organisation. Ensure the business case contains clear objectives which are measurable
World Class Workforce	The Learning and Development plan may prove too costly to implement in it's entirety	4	3	12	Ensure that delivery of the strategy/plan includes a prioritised year by year schedule. Provide cost/benefit analysis as part of business case. Work with NWL sector to share skills and look at pooled funds.
Information and Analytics	IT may not be able to deliver an integrated and effective infrastructure across the health economy	5	3	15	Implementation of actions outlined in OD plan.

Communications

Communications are an integral part of our plans. We have a communications and change management plan for Organisational Development. The purpose of the plan is to:-

- Align activities and manage dependencies, from a communications perspective, arising from the OD implementation plan.
- Ensure that key messages are consistent, controlled and meet overall organisational objectives.
- Ensure that communication is pro-active not re-active
- Ensure that employees are provided with up to date, timely, accurate and relevant information relating to the OD plan.
- Provide the opportunity for two way communications between employees and the Executive Management Team.
- Ensure that a variety of communications means are used to reach a wide audience and designed to “win hearts and minds”.
- Ensure that communications mobilise the organisation towards the overall goals and purpose of the OD plan.
- Ensure that communications are planned and reviewed and changed as events evolve.

The plan includes:-

- Specific communications relating to programme and project milestones within the OD plan.
- Organisational wide communications relating to the OD plan.
- The use of the intranet as a central repository for information on the plan.

The plan identifies the key stakeholders and their interest areas, links each milestone to key messages and identifies objectives, activities, audiences and media for each communications.

The following illustrates an example:-

OD 1 – World Class Workforce
1.1 – Restructuring as a commissioning organisation
Key messages for restructuring project:-

<ul style="list-style-type: none"> • Part of a wider change programme to meet our vision • Not about cost cutting but investment in the future • No redundancies • New structure will require new competencies and ways of working aligned to world class commissioning 						
Project Area	Communications objective	Activity	Audience	Vehicle	When	Owner
Consultation	To launch formal consultation period.	Presentation led by Chief Executive and supported by HR Director.	All commissioning staff	Face to face presentation	18 th March	SD
	To outline the rationale for the change, timescales and activities.			Materials	12.00 – 14.00	
	To deliver key messages that this is part of a wider change programme not a “reshuffle”.			Overarching consultation document		
	To outline next steps			New structures		
	To enable questions and two way communications			Presentation		

The plan is a live changing document and we will continue to adopt this approach in subsequent years with strengthened resource in communications.

NHS Brent of the future

In determining our future state as an organisation we, have taken as our starting point our vision and values and reflected on both the journey so far and the priorities set out in our plan going forward.

We have used the McKinsey 7s model as a framework to describe the kind of organisation we aspire to be and that we feel we need to be in order to achieve success.

Together with our Vision and Values we will use this model to communicate and embed our organisational vision to our staff, partners and stakeholders.

<p>Structure</p>	<p>Our structure will be adaptable to change and support the commissioning cycle by having clinical leadership at the heart of decision making. Working with partners across boundaries and with clear roles, responsibilities and accountability we will commission services that significantly improve the health and well being of the people of Brent.</p>
<p>Staff</p>	<p>Our staff will be skilled commissioners, engaged and committed to our vision and working effectively in teams. They will be performance driven, flexible, responsive and motivated and developed to perform their roles superbly.</p>
<p>Systems</p>	<p>Our systems will support evidence based decision making using accurate and comprehensive data. There will be clear governance and processes that will drive performance and deliver value for money.</p> <p>Delivery of our CSP will be through robust programme and project management systems.</p>

<p>Skills</p>	<p>We will develop skills and competencies within Primary Care that will equip them to deliver new models of service and become world class commissioners. NHS Brent staff will develop skills in change management, procurement and market management, pathway design and stakeholder management.</p> <p>We will procure skills from a specialist resource where it is more cost effective and appropriate to do so. In doing this we will collaborate with sector and other partners.</p>
<p>Strategy</p>	<p>We will deliver our strategy which is aligned to the Healthcare for London goals and outcomes and achieves a financially sustainable healthcare system.</p> <p>Our strategy has been created and will be further developed with public and patient engagement and effective communication.</p>
<p>Style</p>	<p>Our style will be outward looking, transparent, and focussed on the health of the community we serve. We will be leaders of change through an engaged and empowering management style.</p>
<p>Shared Values</p>	<p>We will seek to live up to our shared values of Respect, Integrity, Partnership, Continual Improvement and Performance.</p>