



# Panel Report

Wolverhampton PCT

20 November 2008  
Final Report

## Overview

First, the panel thanks Wolverhampton 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 Wolverhampton, the panel developed an overall impression of the organisation, which is that the PCT has good potential for improvement subject to the completing and addressing the capacity gaps identified in the OD plan.

The panel felt that the results from the competencies self-assessments did not match the panel's perceptions during the assurance test.

The panel identified 4 main recommendations that the PCT will need to consider as the PCT positions itself to drive transformation of health and healthcare in Wolverhampton.

## Commentary (1/3)

In reviewing the PCT the panel felt that the PCT demonstrated very strong and mature partnership working and there was a real sense of Team Wolverhampton. The PCT has developed a clear, coherent strategy and OD plan and there were some excellent examples of engagement. The PCT has been able to show a good track record of delivery, especially in secondary care. The panel particularly liked the joint working on the “one city” brand and the joint communication messages e.g. tackling alcohol and teenage pregnancy. There is a good organisational base from which to move forward.

The panel identified 4 major areas for consideration by the PCT at this stage on its journey:

### 1. Board development

The journey to WCC requires all PCTs to be able to make the step-change to becoming a truly high-performing organisation. This change must be led by the Board. Every PCT Board should be examining its skills, culture behaviours and, in particular, capacity and readiness to change. The panel did not consider that this was sufficiently explicit in the OD plan and recommend that the PCT develops a comprehensive programme of Board development – enabling the Board to become more outward looking and build up strategic capabilities, including strategic risk management.

### 2. Strategy and Financial Plan

The strategic plan is clear and coherent and indicates that the PCT has started to put in place the changes necessary to respond to the challenges in the IfH economic model. There is though a need to understand this better and be clear whether upstream intervention ( LTC Management ) could be implemented faster and on a more industrial scale, especially given the current level of surpluses. The investment plan represents only a marginal amount of the PCT’s allocation. There is also a need to develop milestones and KPIs for the identified initiatives.

## Commentary (2/3)

### 3. Delivery/Clinical Leadership

The PCT and health community has had a good track record of delivering key NHS targets but the panel recommend that you review capability in two areas. First, linked to the strategy and finance, the capacity and capability to implement change at pace outside of secondary care. This is especially relevant given the planned investment in general practice. This needs to be underpinned by a clear quantification of the benefits to be realised and how the investment will support delivery over the PCT's strategy. Second, the PCT envisages a future scenario where Wolverhampton will remain predominantly a very closed health system, continuing its strong involvement and partnership working and offering choice through alternative local services. The key issue for the Board in such a system is the ability to stand apart, in particular in relation to quality and safety, in order to raise aspirations across all dimensions of quality and challenge robustly, on behalf of patients, when there is a need to do so. To support this, the PCT should review their plan for development of clinical leadership and engagement.

### 4. Organisational development

The PCT has developed a good granular OD plan clearly underpinned by much detailed work. The OD plan highlights the need to develop new capabilities and capacity in:

- Marketing (and social marketing in particular)
- Market intelligence
- Legal drafting of supplier contracts
- Knowledge management

The areas where it is considered key capabilities and capacity must be increased significantly are:

- OD
- Awareness of WCC
- Public relations and communications
- Contract management
- Procurement skills
- The use of information and knowledge
- Clinical engagement
- Partner engagement
- Project management disciplines

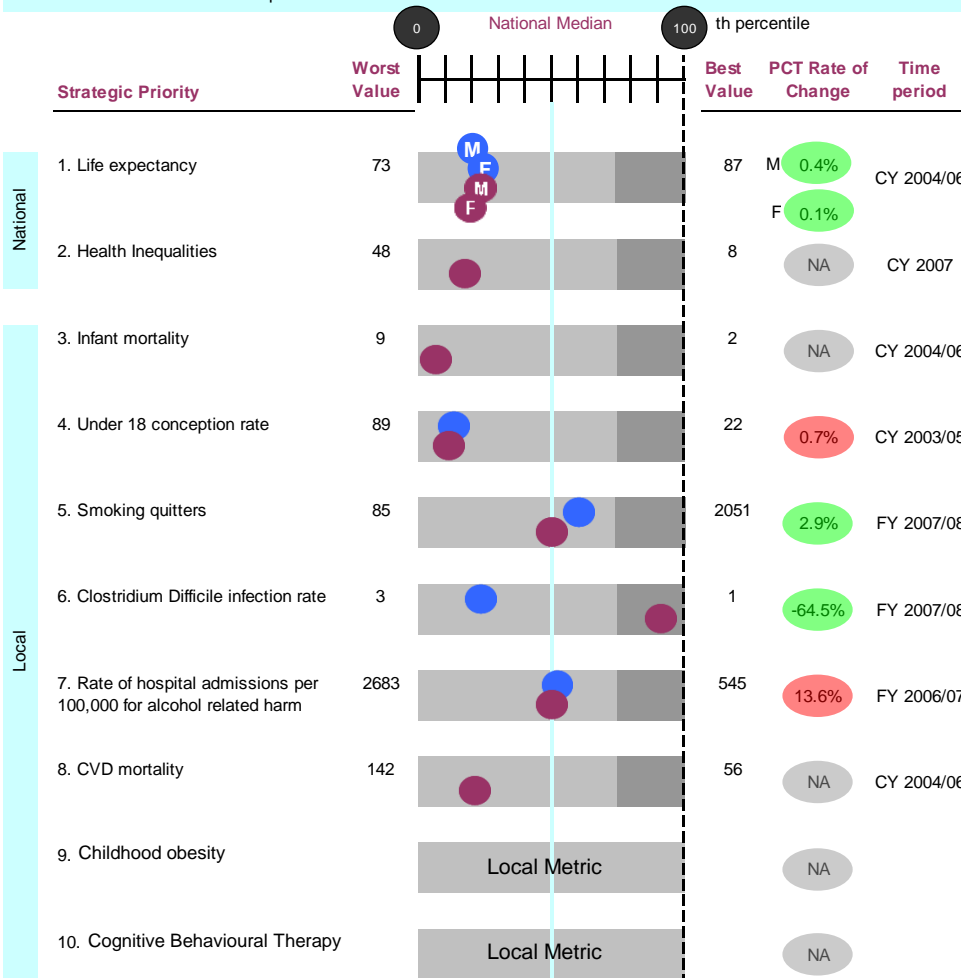
## Commentary (3/3)

The messages in the OD plan were re-affirmed to the panel which was reassuring but at odds with some of the PCT's self-assessment of current capability against the WCC competencies. Our understanding was that the PCT is in the place stated in the OD plan (and therefore is aligned with the majority of other PCTs). There is a need for the Board and Executive team to be clear that they really understand the scale of the journey for PCTs to achieve WCC Levels 3 and 4 performance. The scale of investment planned by the PCT (approximately £500k non-recurring over the next four years and some £600k recurring in building capacity and capability) is very commendable. The panel recommends that, in addition to building the skills and capacity of its own workforce, the Board should focus on key areas of collaboration with other PCTs, especially the development and the role of the CBSA and the use of external support .

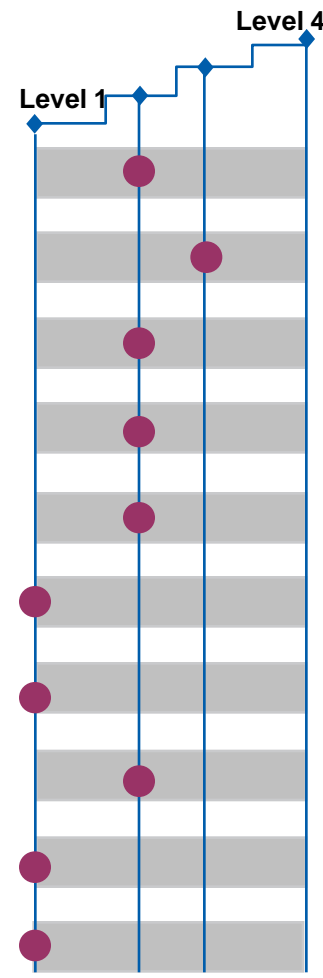
● Current ● Previous ■ Upper Quartile

WOLVERHAMPTON CITY PCT HEALTH OUTCOMES AND QUALITY

Outcomes Selection Date: Sep-Oct 2008



COMPETENCIES



GOVERNANCE



Potential for improvement

With a stable, experienced and able leadership team (across the NEDs, executives and PEC), together with a strong financial position, the panel considers that the PCT has good potential for improvement. To achieve this, there is a need for the Board to understand fully the scale of the journey and to drive forward hard on completion and implementation of the outline OD plan.

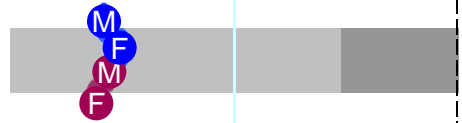
# Outcomes

● Previous  
● Current  
■ Upper Quartile

0% National median 100%

National

Life expectancy



Health inequality



Infant mortality



Under 18 conception rate



Smoking quitters



Local

CDiff infection rate



Rate of admissions for alcohol-related harm



CVD mortality



Prevalence of obesity in primary school aged children at year 6



Completed CBT interventions rate per 1,000 over 16s



## Observations:

- The panel was told that CDiff was selected because it was an important for people of Wolverhampton.
- CBT is a very good KPI for tracking the delivery of IAPT initiative, but an outcome metric would be a better.

## Recommendations:

- For mental health, recommend measuring the effect of the CBT treatment rather than simply measuring the activity.

# Overview - Competencies

PCT's Self Assessment  
 Panel Assessment

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

**Top line introduction:**

- The panel agreed with 5 of the PCT's 30 self-assessment ratings.
- However, the panel found it necessary to adjust the remaining ratings.
- The panel acknowledges that in many areas where it has adjusted self-assessment ratings, the PCT has identified these as areas for development in its OD plan.

# 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"/>		
	• Reputation as a change leader for local organisations	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
	• Position as the local healthcare employer of choice			<input type="radio"/>	<input type="radio"/>

## Rationale for scoring

- 1a Stakeholder survey indicates agreement that the PCT is the local leader of the NHS, but results are not strong enough to warrant a Level 4 assessment. Comments from the survey indicate scope for additional engagement. The panel does not feel that the PCT is leading the NHS-wide agenda on some areas including quality. The Level 3 assessment is supported by the positive Mori survey.
- 1b The PCT has been able to influence local organisations on the importance of health related issues (e.g. domestic violence, street sex, etc.). Last year, they organised a city-wide campaign for alcohol and teenage pregnancy.
- 1c Employee survey ratings regarding the employer of choice are less positive than the SHA average (e.g. recognition for good work, support from manager, amount of responsibility given, opportunity to use skills, support from local colleagues, etc.) On the positive side the PCT has started to invest in commissioning capacity and has managed to attract and appoint some good quality candidates

## Recommendations going forward

- Recommend PCT responds to the insights from their staff survey and progress rapidly with their OD plan.

## 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 type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	• Ability to conduct constructive partnerships	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	• Reputation as an active and effective partner	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

### Rationale for scoring

- 2a PCT was unable to indicate sufficient leadership (rather than involvement) of the LAA to warrant a Level 4 assessment.
- 2b Public perception surveys show that local optimism has significantly increased by 100% from 2006 to 2008. Wolverhampton is now the 3<sup>rd</sup> highest rated PCT in the West Midlands.
- 2c Only 33% of the commissioning plans proposed by the PBC have been approved by the PCT.

### Recommendations going forward

- We strongly encourage the PCT to share their good work with the LAA.
- We recommend expanding and strengthening the relationship with PBC partners as discussed in the Organisational Development plan.

## 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="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	• Public and patient engagement	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	• Delivery of patient satisfaction	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Rationale for scoring

- 3a Good score in the feedback survey (5 out of 6). Communications strategy SWOT analysis mentions limited capacity, lack of targeting and opportunities regarding social marketing. In interviews, the Board did not demonstrate a strong understanding of social marketing or its role in health improvement. The PCT was not able to provide convincing examples of successfully changing public health through social marketing.
- 3b Survey responses indicate opportunity areas in public and patient engagement. In interviews the Board provided a number of examples of insights received from public engagement and impacts of programmes but no evidence of the impact of their involvement through evaluation of public engagement.
- 3c The PCT provided good examples of patient survey data, but did not supply any examples of trend analyses in patient satisfaction.

### Recommendations going forward

- Systematically perform survey data, perform trend analysis, gather insights. There has to be insights other than simple increasing capacity / wait times.
- Strengthen social marketing capabilities as set out in the Organisational Development plan.

## 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Dissemination of information to support clinical decision making	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Reputation as leader of clinical engagement	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Rationale for scoring

- 4a Clinicians participate in the strategy forming process through the Darzi leads. When redesigning pathways decision making authority has been appropriately delegated to clinicians.
- 4b The PCT supplies budget information to the clinicians but does not devolve the budgets. The PCT does not solicit and share quality of care and outcome information with clinicians.
- 4c Survey response is strong. In interviews the PCT provided several examples of services which were relocated from secondary care to the community setting.

### Recommendations going forward

- The work with clinical engagement and Darzi establishes a strong foundation for the PCT, but the PCT should focus upon this competency as a priority as set out in the Organisational Development plan.

## 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 checked="" type="radio"/>	<input type="radio"/>
	• Understanding of health needs trends	<input type="radio"/>	<input checked="" type="checkbox"/>	<input checked="" type="radio"/>	<input type="radio"/>
	• Use of health needs benchmarks	<input checked="" type="checkbox"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

### Rationale for scoring

- 5a Majority of analysis is sourced from Dr. Fosters, CBSA, and contract performance data. External support brought into reviewing the breadth of the information system to improve predictive capacity. The PCT manages under-performance top-down rather than exploring an underlying root cause analysis. The PCT did not provide evidence of a consistent methodology to identify gaps in care and drivers of performance.
- 5b The PCT consistently supplements the JSNA with insights received from patient and public surveys. Identification of unmet needs is done through focus groups rather than systematic analysis.
- 5c The PCT compares themselves to national targets and similar PCTs. However, the PCT relies upon patient engagement to identify the need for change rather than comparing themselves to external benchmarks. We also found inadequate evidence of plans to improve themselves against each benchmark.

### Recommendations going forward

- Systematise isolated benchmarking activities on some pathways (e.g. diabetes)
- Benchmarking should be a core element in development of your knowledge building capability.
- Be much clearer about who you are benchmarked against (e.g. best practice)

## 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	• Predictive modelling skills and insights			<input type="radio"/>	<input type="radio"/>
	• Prioritisation of investment to improve population's health	<input type="radio"/>			<input type="radio"/>
	• Incorporation of priorities into strategic investment plan		<input type="radio"/>		<input type="radio"/>

### Rationale for scoring

- 6a The PCT currently estimates future demand by activity rather than disease area.
- 6b The prioritisation framework helps shape the outcome measures, but is not a clear set of corporate criteria (e.g. impact and finance) which are applied consistently to all the PCT's expenditure.
- 6c No evidence in provided documents or during interviews of using programme budgeting on a whole-system approach of investment. Disinvestment priorities were not articulated. When pressed the Board also considered a large portion of their budget fixed and not subject to de-commissioning per the prioritisation criteria. The PCT also did not provide any evidence of use of programme budgeting.

### Recommendations going forward

- Shift thinking from marginal investment to core
- Revise prioritisation tool to include health impact and cost.
- Improve systematic analysis of local needs.
- Comprehensively assess and prioritise your £500m budget.

## 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 type="radio"/>
	• Alignment of provider capacity with health needs projections			<input type="radio"/>	<input type="radio"/>
	• Creation of effective choices for patients			<input type="radio"/>	<input type="radio"/>

### Rationale for scoring

- 7a The Board recognised that this area is an area of development for the PCT. When interviewed the Board was not able to provide examples of assessing the relative efficiency or effectiveness of their providers.
- 7b The PCT has done demand management assumptions and projections and have challenged these externally. The Board was also able, in interviews, to provide examples of services which were under-supplied (e.g. health trainers, GPs, etc.). However, a full and robust analysis would require a detailed knowledge of current and future provider capacity.
- 7c The PCT's OD plan and interviews recognise provider choice as a need for improvement. Evidence in the panel day was generally weak to support a Level 2 assessment.

### Recommendations going forward

- This competency needs developing across all PCTs in this SHA. The PCT should consider working in collaboration to improve this capability systematically across the region.

## 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Implementation of improvement initiatives	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	• Collection of real time quality and outcome information	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Rationale for scoring

- 8a The diabetes pathway actively involved patients, investigated best practice, and included a pathway map but didn't include prevention as identified in competency 5. There is a need to develop further benchmarking
- 8b The PCT has just initiated evaluation for their pathway improvement process and has not had sufficient time to demonstrate the impact.
- 8c When asked about specific pathways, the PCT referred primarily to utilisation metrics (access time, etc.) and business plan metrics. However, they were not able to provide examples of quality or outcome metrics which accompanies these redesigns.

### Recommendations going forward

- Ensure that all pathways have robust quality metrics to assess the clinical quality of your redesign effort.

## 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 type="radio"/>
	• Negotiation of contracts around defined variables			<input type="radio"/>	<input type="radio"/>
	• Creation of robust contracts based on outcomes			<input type="radio"/>	<input type="radio"/>

### Rationale for scoring

- 9a When asked about provider efficiency improvement potential the Board provided an example of competitive commissioning when sourcing additional capacity. The Board was not able to describe any understanding of provider economics in mental health.
- 9b The PCT was not able to provide examples of negotiation variables or roles in negotiation through provided documents and through interviews. Procurement skills have been identified by the Board as a key risk.
- 9c Contracts with providers are per the national contract. The contract with the PCT's acute provider does not include outcome metrics.

### Recommendations going forward

- Investing for Health project 10 will assist the PCT in development of this competency. Start thinking now how to best take advantage of the CQUIN scheme.
- As commissioning strengthens, we recommend more rigour on defined roles around the negotiation process.
- The panel acknowledges the importance this competency has been given in the PCT's Organisational Development Plan.

## 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 checked="" type="checkbox"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	• Resolution of ongoing contractual issues	<input checked="" type="checkbox"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

### Rationale for scoring

- 10a The PCT meets the criteria for level 2
- 10b The documentation provided showed a lack of evidence of contract and performance monitoring of PCT provider arm. Information on relative performance of GP's will be included in future contracts and will be shared with the public.
- 10c The PCT does not currently have a clinical quality review group. The OD plan and the Chair identified contract management as a key improvement need.

### Recommendations going forward

- The PCT has recognised this an improvement need in the OD plan. We recommend this area for strengthening.

# Governance: Panel assessment on Strategy

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

### Rationale for scoring

- a Vision is clear and sufficiently ambitious.
- b However, it is uncertain whether or not this vision will be able to offset the financial pressures applied by the ageing population or reduce the Life Expectancy gap in the way envisioned.
- c Investments described in the Strategic Plan are a minority of the PCT's plans. Increasing primary care and mental health care capacity is the more significant priority. Risks to plan are not yet clearly articulated by the Board. Investments / disinvestment decisions are not sufficiently robust.
- d Board challenged development of strategy, added initiatives for cancer mortality and diabetes. The plan identifies KPIs and milestones for monitoring performance going forward, but the system for monitoring these KPIs and milestones is not clear.
- e PCT has a history of delivering milestones. However, the provided documents did not provide an assessment of the improvement process for achieving delivery.

### Recommendations going forward

- Ensure the financial plan is more comprehensive and ensure a robust performance monitoring system for monitoring the KPIs and milestones going forward

## Governance: Panel assessment on Finance

### Assessment



### Measure

### Red

### Amber

### Green

<b>a</b> Sustainable financial position	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>b</b> Historical financial management	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<b>c</b> Robustness of planning assumptions	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

### Rationale for scoring

- a** Forecasts for the next 5 years predict surplus. However, surplus in several years significantly exceeds SHA expectations.
- b** PCT was in deficit 5 years ago and was able to restore financial balance. PCT was also able to support some of its struggling providers and has reached a greater level of financial strength.
- c** The PCT does not have sufficient granularity in their planning assumptions. Financial plan includes £8m of “switchable funding”. Savings are expected above and beyond what is expressed in the financial plan.

### Recommendations going forward

- The financial plan needs to be developed further to assess whether the scale of upstream intervention is sufficient to meet the Wanless challenge, and to encompass all of the PCT allocation

## Governance: Panel assessment on Board

Assessment	Measure	Red	Amber	Green
	<b>a</b> Organisation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	<b>b</b> Risk	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	<b>c</b> Information	<input type="radio"/>	<input checked="" type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>

### Rationale for scoring

- a** The PCT has outlined its capability gaps but they are not aligned with those identified within the self assessment. The roles and abilities were not clearly outlined in the OD plan.
- b** The PCT has an ALE score of 2.
- c** The Board reviews quarterly information for finance and performance.
- d** The PCTs is achieving most key targets except GUM access
- e** Working with PBC localities to upskill their capabilities and capacity to facilitate delegation. Most of the effort to date has been in budgeting and performance management. Delegation needs to be strengthened
- f** The Board was not able to provide examples of making tradeoffs for investments and priorities or reach agreement on the top three issues of the strategic plan.

### Recommendations going forward

- The PCT is in a good position with strong leadership characterised by “team Wolverhampton” and reflected in partnership working. Board development is key to successful progress on World Class Commissioning. It is about skills, culture and behaviour. The Board should reflect on how best to build on its strengths and in particular consider: how to be more outward looking, how to challenge yourselves, identifying what world class really looks like, benchmarking against the best and aiming to raise expectations of the population.

## Potential for Improvement Commentary

### PCT trajectory

With a stable, experienced and able leadership team (across the NEDs, executives and PEC), together with a strong financial position, the panel considers that the PCT has good potential for improvement. To achieve this, there is a need for the Board to understand fully the scale of the journey and to drive forward hard on completion and implementation of the outline OD plan.

### Areas for organisational development

In addition to the comments made in our commentary, in which we have prioritised Board development, the panel recommends that the PCT gives the highest priority to developing organisational level competence in social marketing; prioritisation of investment; clinical engagement and delivery in primary care; and strengthening its focus and impact as a commissioning organisation on quality and safety, making full use of the new levers in national contracts.