



Wirral Clinical Commissioning Group

## Wirral Clinical Commissioning Group

### Governing Body – Meeting in Public

Tuesday 29<sup>th</sup> January 2013



1500 - 1600



Room 539, 5<sup>th</sup> Floor, Old Market House



### PUBLIC AGENDA

Ref No	Time	No	Papers
	1500	1.	<b>PRELIMINARY BUSINESS</b>
GB12-13/140		1.1	<b>Apologies for absence</b>
GB12-13/141		1.2	<b>Chair's Announcements</b>
GB12-13/142		1.3	<b>Declarations of Interest</b>
	1505	2.	<b>ITEMS FOR APPROVAL</b>
GB12-13/143		2.1	<b>Stroke IASS (Mark Bakewell)</b>
		2.2	<b>Stroke CSS (Mark Bakewell)</b>
GB12-13/144		2.3	<b>PCAAL (Lorna Quigley)</b>
GB12-13/145		2.4	<b>Organisational Development Action Plan (Lorna Quigley)</b>

   
 Stroke IASS Board Report Coversheet v.Recommendation IAS      2 Award

   
 Stroke CSS Board Report Coversheet v.Recommendation CSS      Award

   
 GB board report cover sheet - PCAAL      PCCAL Award Recommendation.pdf

   
 organisational development action p      Organisational Development Action F

	1545	3.	<b>ITEMS FOR INFORMATION AND NOTING</b>	
GB12-13/146				
	1555	3.	<b>ANY OTHER BUSINESS</b>	
GB12-13/147				
		4.	<b>DATE AND TIME OF NEXT MEETING</b>	
			<p>The date of the next Governing Body Board meeting is:</p> <p>Tuesday 19<sup>th</sup> February 2013, 1300 – 1500  Room 539, 5<sup>th</sup> Floor, Old Market House.</p> <p>Please forward apologies to: <a href="mailto:Julie.stamper@wirral.nhs.uk">Julie.stamper@wirral.nhs.uk</a></p>	

<b>Award Recommendation Report for Stroke Information, Advice and Support Service</b>			
<b>Agenda Item:</b>	2.1	<b>Reference:</b>	GB12/13-143
<b>Report to:</b>	Governing Body	<b>Meeting Date:</b>	29 <sup>th</sup> January 2013
<b>Lead Officer:</b>	Mark Bakewell		
<b>Contributors:</b>	Jane Hayes-Green, Anna Roberts, Kim Walker & Sheena Hennell		
<b>Governance:</b>	<b>Link to Commissioning Strategy</b>	N/A	
	<b>Link to current governing body Objectives</b>		
<b>Summary:</b>	<p>A tender process was undertaken for the Stroke Communication Support Service.</p> <p>The Board is asked to approve the process undertaken and award a one year contract for providing the Stroke Information, Advice and Support Service to Wirral residents.</p> <p>The Information, Advice &amp; Support Service provides practical help and advice for all stroke patients and their families for up to 12 months post stroke.</p>		
<b>Recommendation:</b>	<b>To Approve</b>		✓
	<b>To Note</b>		
	<b>Comments</b>		
<b>Next Steps:</b>	The Board to approve the process and a contract can be put in place for 1 year duration from 1 March 2013 with option to extend.		

This section is an assessment of the **impact** of the proposal/item. As such, it identifies the significant risks, issues and exceptions against the identified areas. Each area must contain sufficient (written in full sentences) but succinct information to allow the Board to make informed decisions. It should also make reference to the impact on the proposal/item if the Board rejects the recommended decision.

What are the implications for the following (please state if not applicable):	
<b>Financial</b>	N/A
<b>Value For Money</b>	The service provides support, advice and practical help and helps patients and their families adapt to their change in circumstance due to stroke. This cannot be quantified financially but does lead to an improvement in quality of life.
<b>Risk</b>	Risk of deterioration in mental and physical health for patient and their family if they are unable to adapt to life after stroke.
<b>Legal</b>	Risk of litigation due to lack of support.
<b>Workforce</b>	The current extension to the contract with the Stroke Association ends on 28 <sup>th</sup> February 2013.
<b>Equality &amp; Human Rights</b>	Aim is to deliver high quality, accessible, equitable stroke support services for all.
<b>Patient and Public Involvement (PPI)</b>	A seamless and continuation of service would be provided.
<b>Partnership Working</b>	This service works closely with the Wirral stroke team incorporating professionals from health and social care. The service also works with voluntary and private organisations to offer support to patients and their families.
<b>Performance Indicators</b>	The service reports quarterly on agreed KPIs
<b>Do you agree that this document can be published on the website?</b> (If not, please note that it may still be subject to disclosure under Freedom of Information - <a href="#">Freedom of Information Exemptions</a> )	

This section gives details not only of where the actual paper has previously been submitted and what the outcome was but also of its development path ie. other papers that are directly related to the current paper under discussion.

Report History/Development Path				
Report Name	Reference	Submitted to	Date	Brief Summary of Outcome
Title of Report	Agenda Ref	Title of Meeting	Date	Detail of outcome and next step

## **Private Business**

The Board may exclude the public from a meeting whenever publicity (on the item under discussion) would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution. If this applied, items must be submitted to the private business section of the Board (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960).

The definition of “prejudicial” is where the information is of a type the publication of which may be inappropriate or damaging to an identifiable person or organisation or otherwise contrary to the public interest or which relates to the provision of legal advice (for example clinical care information or employment details of an identifiable individual or commercially confidential information relating to a private sector organisation).

If a report is deemed to be for private business, please note that the tick in the box, indicating whether it can be published on the website, must be changed to a x.

If you require any additional information please contact the Lead Director/Officer.

## Award Recommendation Report for Stroke Information, Advice and Support Service

### Background

1. The Stroke Information, Advice and Support Service is currently being provided by the Stroke Association, their contract expired in March 2012 and an extension was granted by Wirral CCG to 28 February 2013 to allow a procurement process to be undertaken.
2. The procurement process has been completed and this paper gives you details of the robust process followed to enable the C&M CSU to recommend the award of this contract, in order to ensure we have a service provision for patients in Wirral.

### Process Steps

3. Each step taken in the procurement process is detailed below

### Pre-Qualification

4. The tender opportunity for inviting expressions of interest was advertised on Supply 2 Health (national) website and also the NHS Wirral (local) website.
5. Five expressions of interest were received. Each of these organisations was sent a pre qualification questionnaire (PQQ) which required them to complete information regarding the following sections:
  - Contact & Company Information
  - Business Probity
  - Economic and Financial Standing
  - Health and Safety
  - Quality Management Systems
  - Equalities
  - Registration, Contracts and References
  - Technical Ability & Experience
6. Of the five expressions of interest, three organisations completed a full PQQ submission by the required deadline.
7. Upon review of the PQQs all three organisations were short listed and invited to tender.

## Invitation to Tender (ITT)

8. During the process a number of clarification questions were received from the bidding organisations.
9. Provider C subsequently withdrew their bid prior to ITT submission deadline.
10. The remaining two organisations submitted their completed ITT documentation within the deadline date and attended a presentation day; both of these elements were evaluated as part of the tendering process.

## Panel Evaluation and Scores

11. The following is an overview by each of the criterion and scores achieved for each provider:

Evaluation Criterion	Weighting Total 100%	Provider A		Provider B	
		***Score 1 - 5***	Weighting Total Score	***Score 1 - 5***	Weighting Total Score
<b>Tender Submission Documents</b>					
<b>Value for Money</b>	<b>30</b>				
Price	20	5	20	3	12
Breakdown	5	5	5	5	5
Justification	5	5	5	5	5
<b>Adherence to Specification</b>	<b>30</b>				
Service model fit for purpose	10	5	10	4	8
Evidence of innovative practice within application	10	3	6	3	6
Evidence of comprehensive information collection systems	10	4	8	3	6
<b>Quality</b>	<b>30</b>				
Staff competency and training	10	5	10	3	6
Demonstrate safe practices	10	5	10	4	8
Evidence of expertise with identified client group	10	4	8	3	6
<b>Continuous Improvement</b>	<b>10</b>				
Ability to demonstrate evaluation of the impact and effectiveness that this service has, on meeting its user's needs and on all its staff and stakeholders	10	5	10	4	8
<b>Sub Total</b>	<b>100%</b>		<b>92</b>		<b>70</b>
<b>Tender Presentations</b>					
Q1 - What methods will you use to deliver the outcomes within the service specification?	35	4	28	3	21
Q2 - Demonstrate how you will incorporate innovative practice into your service?	35	3	21	4	28
Q3 - How will you identify and deal with cases where more complex needs emerge?	30	5	30	2	12
<b>Sub Total</b>	<b>100%</b>		<b>79</b>		<b>61</b>
<b>Total</b>			<b>88.1%</b>		<b>58.15%</b>

(70% weighting for Tender submission and 30% weighting for the Tender presentations)

<b>Score</b>	<b>Definition</b>
5	Very high standard with no reservations at all about acceptability
4	High standard but falls just short of above
3	Good standard.
2	Generally of a good standard with some reservations
1	Basic compliance only
0	Fails to meet the minimum requirements

12. From the scores above Provider A submitted the most economically advantageous tender bid and was able to strongly demonstrate their ability to provide this service for Wirral patients.

### **Conclusion**

13. In summary the Stroke Information, Advice and Support Service has been out to tender through a robust and EU compliant process.

### **Recommendation**

14. The Board is asked to approve the award of the Stroke Information, Advice and Support Service contract to Provider A, for one year commencing on 01 March 2013.

**Jane Hayes-Green**  
Programme Manager, C&M CSU

**Anna Roberts**  
Contracts Manager, C&M CSU

**Kim Walker**  
Contracts Assistant, C&M CSU

21 January 2012



<b>Award Recommendation Report for Stroke Communication Support Service</b>			
<b>Agenda Item:</b>	2.2	<b>Reference:</b>	GB12/13-143
<b>Report to:</b>	Governing Body	<b>Meeting Date:</b>	29 <sup>th</sup> January 2013
<b>Lead Officer:</b>	Mark Bakewell		
<b>Contributors:</b>	Jane Hayes-Green, Anna Roberts, Kim Walker & Sheena Hennell		
<b>Governance:</b>	<b>Link to Commissioning Strategy</b>	N/A	
	<b>Link to current governing body Objectives</b>		
<b>Summary:</b>	<p>A tender process was undertaken for the Stroke Communication Support Service.</p> <p>The Board is asked to approve the process undertaken and award a one year contract for providing the Stroke Communication Support Service to Wirral residents.</p> <p>The Communication Support Service works closely with the Speech &amp; Language Service and provides ongoing support for those with communication difficulties for up to 2 years post stroke.</p>		
<b>Recommendation:</b>	<b>To Approve</b>		✓
	<b>To Note</b>		
	<b>Comments</b>		
<b>Next Steps:</b>	The Board to approve the process and a contract can be put in place for 1 year duration from 1 March 2013 with option to extend.		

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What are the implications for the following (please state if not applicable):	
<b>Financial</b>	N/A
<b>Value For Money</b>	The service provides support, advice and practical help and helps patients and their families adapt to their change in circumstance due to stroke. This cannot be quantified financially but does lead to an improvement in quality of life.
<b>Risk</b>	Risk of deterioration in mental and physical health for patient and their family if they are unable to adapt to life after stroke.
<b>Legal</b>	Risk of litigation due to lack of support.
<b>Workforce</b>	The current extension to the contract with the Stroke Association ends on 28 <sup>th</sup> February 2013. If the new contract is not awarded to the Stroke Association, they will need to start redundancy procedures for staff.
<b>Equality &amp; Human Rights</b>	Aim is to deliver high quality, accessible, equitable stroke support services for all.
<b>Patient and Public Involvement (PPI)</b>	A seamless and continuation of service would be provided.
<b>Partnership Working</b>	This service works closely with the Wirral stroke team incorporating professionals from health and social care. The service also works with voluntary and private organisations to offer support to patients and their families.
<b>Performance Indicators</b>	The service reports quarterly on agreed KPIs
<b>Do you agree that this document can be published on the website?</b> (If not, please note that it may still be subject to disclosure under Freedom of Information - <a href="#">Freedom of Information Exemptions</a> )	

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Report History/Development Path				
Report Name	Reference	Submitted to	Date	Brief Summary of Outcome
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## Award Recommendation Report for Stroke Communication Support Service

### Background

1. The Stroke Communication Support Service is currently being provided by the Stroke Association, their contract expired in March 2012 and an extension was granted by Wirral CCG to 28 February 2013 to allow a procurement process to be undertaken.
2. The procurement process has been completed and this paper gives you details of the robust process followed to enable the C&M CSU to recommend the award of this contract, in order to ensure we have a service provision for patients in Wirral.

### Process Steps

3. Each step taken in the procurement process is detailed below

### Pre-Qualification

4. The tender opportunity for inviting expressions of interest was advertised on Supply 2 Health (national) website and also the NHS Wirral (local) website.
5. Five expressions of interest were received. Each of these organisations was sent a pre qualification questionnaire (PQQ) which required them to complete information regarding the following sections:
  - Contact & Company Information
  - Business Probity
  - Economic and Financial Standing
  - Health and Safety
  - Quality Management Systems
  - Equalities
  - Registration, Contracts and References
  - Technical Ability & Experience
6. Of the five expressions of interest, three organisations completed a full PQQ submission by the required deadline.
7. Upon review of the PQQs all three organisations were short listed and invited to tender.

## Invitation to Tender (ITT)

8. During the process a number of clarification questions were received from the bidding organisations.
9. Provider C subsequently withdrew their bid prior to ITT submission deadline.
10. The remaining two organisations submitted their completed ITT documentation within the deadline date and attended a presentation day; both of these elements were evaluated as part of the tendering process.

## Panel Evaluation and Scores

11. The following is an overview by each of the criterion and scores achieved for each provider:

Evaluation Criterion	Weighting Total 100%	Provider A		Provider B	
		***Score 1 - 5***	Weighting Total Score	***Score 1 - 5***	Weighting Total Score
<b>Tender Submission Documents</b>					
<b>Value for Money</b>	<b>30</b>				
Price	20	5	20	5	20
Breakdown	5	5	5	5	5
Justification	5	5	5	5	5
<b>Adherence to Specification</b>	<b>30</b>				
Service model fit for purpose	10	5	10	2	4
Evidence of innovative practice within application	10	5	10	0	0
Evidence of comprehensive information collection systems	10	4	8	1	2
<b>Quality</b>	<b>30</b>				
Staff competency and training	10	5	10	2	4
Demonstrate safe practices	10	5	10	2	4
Evidence of expertise with identified client group	10	5	10	0	0
<b>Continuous Improvement</b>	<b>10</b>				
Ability to demonstrate evaluation of the impact and effectiveness that this service has, on meeting its user's needs and on all its staff and stakeholders	10	5	10	0	0
<b>Sub Total</b>	<b>100%</b>		<b>98</b>		<b>44</b>
<b>Tender Presentations</b>					
Q1 - What methods will you use to deliver the outcomes within the service specification?	35	5	35	2	14
Q2 - Demonstrate how you will incorporate innovative practice into your service?	35	5	35	1	7
Q3 - How will you identify and deal with cases where more complex needs emerge?	30	5	30	1	6
<b>Sub Total</b>	<b>100%</b>		<b>100</b>		<b>27</b>
<b>Total</b>			<b>98.6%</b>		<b>38.9%</b>

(70% weighting for Tender submission and 30% weighting for the Tender presentations)

<b>Score</b>	<b>Definition</b>
5	Very high standard with no reservations at all about acceptability
4	High standard but falls just short of above
3	Good standard.
2	Generally of a good standard with some reservations
1	Basic compliance only
0	Fails to meet the minimum requirements

12. From the scores above the Provider A submitted the most economically advantageous tender and was able to strongly demonstrate their ability to provide this service for Wirral patients.

### **Recommendation**

13. The Board is asked to approve the award of the Stroke Communication Support Service contract to the Provider A, for one year commencing on 01 March 2013.

**Jane Hayes-Green**  
Programme Manager, C&M CSU

**Anna Roberts**  
Contracts Manager, C&M CSU

**Kim Walker**  
Contracts Assistant, C&M CSU

21 January 2013

<b>Award Recommendation Report for Primary Care Advice, Advocacy and Liaison Service</b>			
<b>Agenda Item:</b>	2.3	<b>Reference:</b>	GB12/13-144
<b>Report to:</b>	Governing Body	<b>Meeting Date:</b>	29 <sup>th</sup> Jan 2013
<b>Lead Officer:</b>	Lorna Quigley		
<b>Contributors:</b>	Kerry Hogan – Wirral GPCC Commissioning and Engagement Support Manager. Carl Albanese – Contracts Manager		
<b>Governance:</b>	<b>Link to Commissioning Strategy</b>	Services closer to home	
	<b>Link to current governing body Objectives</b>	Improving access to services and patient choice.	
<b>Summary:</b>	<p>The Governing Body is asked to approve the process for awarding a new three year contract for a Primary Care Advice, Advocacy and Liaison Service to Wirral residents.</p> <p>This service will provide a general, and specialist practical advice (including employment support, and representation advice and support for Employment Support Allowance Tribunals), and advocacy. It will promote independence, and support people to maintain or improve their quality of life and prevent individuals from needing ongoing and increasing levels of support, in the management of social or practical problems</p>		
<b>Recommendation:</b>	<b>To Approve</b>		✓
	<b>To Note</b>		
	<b>Comments</b>		
<b>Next Steps:</b>	If process is approved the awarded provider for this service will then have a three year contract will be put in place commencing 01March 2013.		

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What are the implications for the following (please state if not applicable):	
<b>Financial</b>	N/A
<b>Value For Money</b>	Continuity of service for patients as current provider would continue if awarded contract.
<b>Risk</b>	N/A
<b>Legal</b>	
<b>Workforce</b>	The current provider workforce would continue in their current roles.
<b>Equality &amp; Human Rights</b>	
<b>Patient and Public Involvement (PPI)</b>	A seamless and continuation of service would be provided.
<b>Partnership Working</b>	The provider supports partnership working across the health economy.
<b>Performance Indicators</b>	There are clear performance outcomes in the specification and these will be reflected in the contract and the contract monitoring.
<b>Do you agree that this document can be published on the website?</b> (If not, please note that it may still be subject to disclosure under Freedom of Information - <a href="#">Freedom of Information Exemptions</a> )	
	No

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## **Award Recommendation Report for Primary Care Advice, Advocacy and Liaison Service**

### **Background**

1. The current Primary Care Advice, Advocacy and Liaison Service is coming to the final stages of a four year contract.
2. Agreement was made for this service to go out to tender by each of the Consortia in November 2011 and a review of the service specification was undertaken which included input from GP colleagues. A copy of the service specification that was agreed by the Consortia in June 2012.
3. The new service specification was enhanced to include Advocacy as an integral part of the service. It also makes specific reference to service users with long term conditions.

### **The Panel**

4. The panel for the tender consisted of the following:
  - Carl Albanese – Contracts Manager
  - Kerry Hogan – Wirral GPCC Commissioning and Engagement Support Manager
  - Trisha Parker – Carers and Third Sector Commissioning Lead
  - Brian Lannigan – GP Lead
  - Norma Howgate – Patient Representative
  - Keith Heller – Patient Representative
  - Sam Saminaden – Patient Representative
5. Members of the panel were used throughout the process including evaluating and scoring at each stage as required.

### **Process Steps**

6. Each step taken in the procurement process is detailed below

### **Pre-Qualification**

7. The tender opportunity was advertised on the Official Journal of the European Union (OJEU), the Supply 2 Health website and also the NHS Wirral website.
8. Expressions of interest were received from nine organisations. Each of these organisations was sent a pre qualification questionnaire which required them to complete information of the following sections:
  - Contact & Company Information
  - Business Probity
  - Economic and Financial Standing
  - Health and Safety
  - Quality Management Systems
  - Equalities
  - Registration, Contracts and References
  - Technical Ability & Experience

9. Only four organisations submitted the completed questionnaire by the deadline date, and upon review of the information provided, all were shortlisted.

### Invitation to Tender (ITT)

10. An invitation to tender (ITT) pack was sent to the four shortlisted organisations for them to complete and bid for the service.
11. As part of their bid they were asked to provide information in response to a number of key questions relating to the provision of the service. A copy of these questions is attached as Appendix 2.
12. During the process a number of clarification questions were received from the bidding organisations.
13. Compliant bids were received from three out of the four organisations.
14. One organisation chose not return a bid.
15. A presentation day was arranged for the potential providers to come and present. Part of their presentation was to answer the following key questions:
- Demonstrate an overall understanding of the need and function of this service
  - Mobilisation and implementation of the service
  - Understanding of the data that will be required and how this will be collected, collated and used.
  - Demonstrate how the service will achieve sustainable outcomes

### Evaluation

16. The scores for each of the bidders have been collated and below is an overview on how well each performed:

Evaluation Criterion	Weighting Total 100%	Provider A	Provider B	Provider C
<b>Value for Money</b>	<b>30%</b>			
Price	15%	9%	3%	15%
Breakdown of all Elements of Service	10%	10%	10%	10%
Justification	5%	5%	5%	5%

Bidders should describe the key features of their overall service proposal for the provision of the Primary Care Advice, Advocacy & Liaison Service and describe how their proposal meets the requirements set out in the Service Specification.	10%	7.20%	4.60%	5.40%
Bidders must describe how they will build and develop appropriate integration/ interoperability with Wirral Primary Care Mental Health Services services and systems, to ensure that there is a streamlined and integrated pathway between services.	8%	6.40%	4.48%	4.48%
<b>Management and Operation of service</b>				
Bidders must describe the operational and delivery aspects of the service. Previous experience of providing an Advice & Advocacy Service should be referenced, including the scale of the service, the outcomes achieved and lessons learnt.	6%	4.56%	2.76%	3.12%
<b>Skills, Knowledge and experience</b>				
Bidders must: describe how they ensure that such staff have the necessary training, qualifications, experience, current competence and additional skills to undertake their roles as per the requirements set out in the contract.	6%	4.68%	2.76%	3.24%
Bidders must describe for all Staff their proposed contingency arrangements to cover for planned and unplanned increases in workload; Staff absences; the cover available for medical emergencies and any other unexpected/ unplanned disruption to the servic	6%	4.32%	3.12%	2.88%
Bidders must confirm their compliance with the current UK employment applicable UK employment legislation; Complying with equal opportunities legislation, equality duties and associated codes of practice; and ensuring that these standards are upheld in th	6%	4.32%	3.72%	3.24%
<b>Patient Focus, Equality and Diversity</b>				
Bidders must confirm their understanding of the Public Sector Equality Duty, and detail how they will ensure it is met for the duration of this contract including regular diversity data reporting.	5%	3.40%	2.80%	2.80%
Bidders must demonstrate their understanding of human rights legislation, and explain how they will ensure that the principles are embedded into service delivery. This includes, but is not limited to treating people with dignity and respect.	5%	3.40%	3.40%	2.80%
Bidders must describe how they will ensure that patients whose first or preferred language is not English or have a specific communication requirement are able to access the service	6%	4.56%	3.60%	3.12%

Quality				
Details of the source reference/name of any quality standards system underpinning the Organisation's services (ISO9002 and ISO4001) and how the use of these quality standards will facilitate the quality of care delivered.	6%	4.08%	4.08%	3.24%
Bidders must describe how that will demonstrate patient satisfaction, the methods used to obtain patient feedback, and how this information will be utilised.	6%	4.08%	3.60%	3.60%
<b>Total</b>	<b>100%</b>	<b>75%</b>	<b>57%</b>	<b>67.92%</b>
<b>The shortlisted providers from the Tender evaluation will go forward to the presentation stage which will account for 25% of their overall score</b>				
Demonstrate an overall understanding of the need and function of this service	25%	25.00%	10.00%	10.00%
Mobilisation and implementation of the service	25%	20.00%	10.00%	15.00%
Understanding of the data that will be required and how this will be collected, collated and used.	25%	15.00%	5.00%	15.00%
Demonstrate how the service will achieve sustainable outcomes	25%	15.00%	10.00%	12.50%
<b>Tender Presentations (25% of overall score)</b>	<b>100%</b>	<b>75.00%</b>	<b>35.00%</b>	<b>52.50%</b>
		<b>Provider</b>	<b>Provider</b>	<b>Provider</b>
		<b>A</b>	<b>B</b>	<b>C</b>
75% of ITT Documents	<b>75.00%</b>	56.25%	42.69%	50.94%
25% of Tender presentation	<b>25.00%</b>	18.75%	8.75%	13.13%
<b>TOTAL PERCENTAGE</b>		<b>75.00%</b>	<b>51.44%</b>	<b>64.07%</b>

17. The above scores have been averaged out from all the scores received from panel members. Across the whole procurement exercise Provider A scored the highest.

### Recommendation

18. The Board is asked to approve the process to enable an award for a contract for the Primary Care Advice, Advocacy and Liaison Service is awarded to Provider A. This is for a three year contract commencing on 01 March 2013.

### Paper Prepared By

**Carl Albanese,**  
Contracts Manager

**Julie Clarke**  
Contracts Assistant

## Organisational Development Action Plan

<b>Agenda Item:</b>	2.4	<b>Reference:</b>	GB12/13-145
<b>Report to:</b>	Governing Body	<b>Meeting Date:</b>	29 <sup>th</sup> January 2013
<b>Lead Officer:</b>	Lorna Quigley		
<b>Contributors:</b>	Alison Johnstone OD Manager Cheshire and Merseyside CSU		
<b>Governance:</b>	Link to Commissioning Strategy	Delivery of Statuary responsibilities. Ensuring organisation is “fit for purpose”	
	Link to current governing body Objectives		
<b>Summary:</b>	<p>.</p> <p>The CCG Organisational Development plan was developed following two Governing Body development sessions: mission, vision and values and the diagnostic workshop.</p> <p>The plan was approved at the Governing Body meeting in November 2012, with the caveat that there were a number of needs highlighted that would need to be addressed.</p> <p>A similar view was held by the external panel during the site visit in December, that “the plan had to demonstrate that the CCG has assessed the skills processed by Governing Body members and has a plan to build Governing Body competencies/skills where required.”</p> <p>With the support of the Cheshire and Merseyside Commissioning Support Unit, an Organisational Development action plan has been developed, based from the outputs and discussion points identified as part of the development framework programme.</p>		
<b>Recommendation:</b>	To Approve		x
	To Note		
	<b>Comments</b>		
<b>Next Steps:</b>	Governing Body to approve the action plan and the recommendations contained within the paper		

This section is an assessment of the **impact** of the proposal/item. As such, it identifies the significant risks, issues and exceptions against the identified areas. Each area must contain sufficient (written in full sentences) but succinct information to allow the Board to make informed decisions. It should also make reference to the impact on the proposal/item if the Board rejects the recommended decision.

What are the implications for the following (please state if not applicable):	
<b>Financial</b>	N/A
<b>Value For Money</b>	Implementing the action plan will give value for money by ensuring that there is a committed CCG workforce.
<b>Risk</b>	In not implementing a plan there is a risk to the CCG in relation to the undertaking of statutory functions.
<b>Legal</b>	N/A
<b>Workforce</b>	Will increase staff engagement within the organisation. Will allow the CCG to have a succession planning,
<b>Equality &amp; Human Rights</b>	By having an OD plan ensures that EDS is met.
<b>Patient and Public Involvement (PPI)</b>	N/A
<b>Partnership Working</b>	If implemented the partnership working will be improved.
<b>Performance Indicators</b>	Performance will be measured in relation to delivery of the action plan
<b>Do you agree that this document can be published on the website?</b> (If not, please note that it may still be subject to disclosure under Freedom of Information - <a href="#">Freedom of Information Exemptions</a> )	
✓	

This section gives details not only of where the actual paper has previously been submitted and what the outcome was but also of its development path ie. other papers that are directly related to the current paper under discussion.

Report History/Development Path				
Report Name	Reference	Submitted to	Date	Brief Summary of Outcome
Title of Report	Agenda Ref	Title of Meeting	Date	Detail of outcome and next step




## Private Business

The Board may exclude the public from a meeting whenever publicity (on the item under discussion) would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution. If this applied, items must be submitted to the private business section of the Board (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960).

The definition of “prejudicial” is where the information is of a type the publication of which may be inappropriate or damaging to an identifiable person or organisation or otherwise contrary to the public interest or which relates to the provision of legal advice (for example clinical care information or employment details of an identifiable individual or commercially confidential information relating to a private sector organisation).

If a report is deemed to be for private business, please note that the tick in the box, indicating whether it can be published on the website, must be changed to a x.

If you require any additional information please contact the Lead Director/Officer.





## Wirral Clinical Commissioning Group

### Organisational Development Action Plan

#### **1. Introduction**

Organisational development is the process through which an organisation develops its systems, processes, structures capacity and capability in order to deliver its strategy and to sustain itself over the long term. At the heart of an organisation is a vision and core set of values. These help to shape the organisation's future form. An organisation's effectiveness depends on a shared understanding of, and commitment to, the vision and values.

The CCG Organisational development activities are sponsored from Governing body level to ensure they reach across all areas of the business and take the organisation forward in a systematic way, making sure the organisation has the right 'fit for the future' workforce to achieve its strategic ambitions.

The purpose of the Organisational Development Plan (OD Plan) is:

- To set out the principles, vision and decisions required to deliver an effective and sustainable GP Commissioning.
- To outline the underpinning interventions required to further develop organisational capabilities in order to achieve full statutory & regulatory status by April 2013

#### **2. Background**

The CCG Organisational Development plan was developed following two Governing Body development sessions: mission, vision and values and the diagnostic workshop.

The plan was approved at the Governing Body meeting in November 2012, with the caveat that there were a number of needs highlighted that would need to be addressed.

A similar view was held by the external panel during the site visit in December, was that "the plan had to demonstrate that the CCG has assessed the skills processed by Governing Body members and has a plan to build Governing Body competencies/skills where required."

### **3. Progress to date**

With the support of the Cheshire and Merseyside Commissioning Support Unit, an Organisational Development action plan has been developed, based from the outputs and discussion points identified as part of the development framework programme.

This has identified priority areas of organisational development for the CCG including:

- Performance Monitoring and Evaluation
- Partnership and collaborative working

### **4. Next Steps**

In order to for the CCG to establish robust systems and structures in relation to organisational development a number of steps should be undertaken:

- Agree timescales for delivery against the plan.
- Develop a schedule of Governing Body organisational development events throughout the coming year.
- Refresh the organisational development plan in light of the above actions.

### **5. Recommendations**

The Governing Body is asked to:

- Approve the action plan
- Approve the approach to organisational development

**Lorna Quigley**  
**January 2013**