

**NHS Rotherham Clinical Commissioning Group**

## **Organisational Development – Next Steps**

**Organisational Development Strategy and Supporting Plan  
2015 - 2018**

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## 1. Introduction

Rotherham Clinical Commissioning Group (RCCG) is the local NHS Commissioner for the population of the Rotherham Borough and works in partnership with Rotherham Metropolitan Borough Council (RMBC) and other public and voluntary sector organisations, to ensure the provision of safe and clinically effective NHS services. We are responsible for a commissioning budget of £345 million and cover a population of 257,000.

The CCG was established in 2012 under the auspices of the NHS health reforms (Health Act 2012), which introduced GP led clinical commissioning. We have progressed since then, on a journey through authorisation and early development and are now operating in the highest quartile of CCGs in the country as assessed by NHS England and evidenced through responses to our most recent 360-feedback survey.

In May 2014 the CCG undertook a voluntary application to be assessed under the Investors in Excellence standards (IiE) and was awarded accreditation. These standards seek to assess the effectiveness and performance of an organisation against a set of standards which when taken together, define Excellence and indicate an organisations 'health' in terms of leadership, delivery, resourcing and achievement. The CCG will apply for re-accreditation in early 2016.

The IiE assessment indicated to the CCG leadership team that in order to maintain good achievement of the standards overall, the organisation would benefit from continuous improvement in a number of areas. In addition, the NHS system is now under even more intense scrutiny and pressure, and the demand for service transformation and delivery of efficiencies in line with the Five Year Forward View (5YFW) has challenged the context within which we are operating. Together these support the need to develop an Organisational Development Strategy (this document), supporting 'Plan on a Page' (attached at Appendix 1) and detailed OD Plan (attached at Appendix 2), in order to best position the CCG to achieve our objectives for the population of Rotherham.

## 2. Rotherham CCG Context - Our Mission, Values and Objectives

NHS Rotherham CCG is a membership organisation of general practices and is responsible for commissioning a range of local health services on behalf of the people of Rotherham.

### Our Mission

**“Working with the people of Rotherham to sustain and improve health services, to improve health and to reduce health inequalities”**

### Our Values

In everything we do we believe in:

- Clinical leadership
- Putting people first, ensuring that patient and public views impact on the decisions we make
- Working in partnership
- Continuously improving quality of care whilst ensuring value for money
- Showing compassion, respect and dignity
- Listening and learning
- Taking responsibility and being accountable

## Our Priorities

Our four key priorities are:

<b>Quality</b>	Improving safety, patient experience and outcomes and reducing variations
<b>Delivery</b>	Leading system wide efficiency programmes that consistently achieve measurable improvements whilst meeting our financial targets
<b>Assurance</b>	Having robust internal constitutional and governance arrangements, ensuring that providers' services are safe and ensuring vulnerable people have effective safeguarding
<b>Safeguarding</b>	Ensuring all children and vulnerable adults are protected from harm, including implementing all actions on Child Sexual Exploitation from the Jay and Casey reports.

At the start of each year the CCG publishes its *Commissioning Plan* for the forthcoming period. The Commissioning Plan for 2016/17 is currently under development and will continue to focus on the key priorities above, identifying new objectives for the forthcoming period. Detailed transformation programmes and objectives will be consulted on and published in early 2016 to continue to focus on improved outcomes for Rotherham people.

### 3. Organisational Development – A definition and a Model

There are many definitions of Organisational Development in the literature but for the purposes of this strategy and accompanying plan the following applies has been agreed:

**A deliberately planned, organisation-wide effort to increase the organisation's effectiveness and efficiency.**

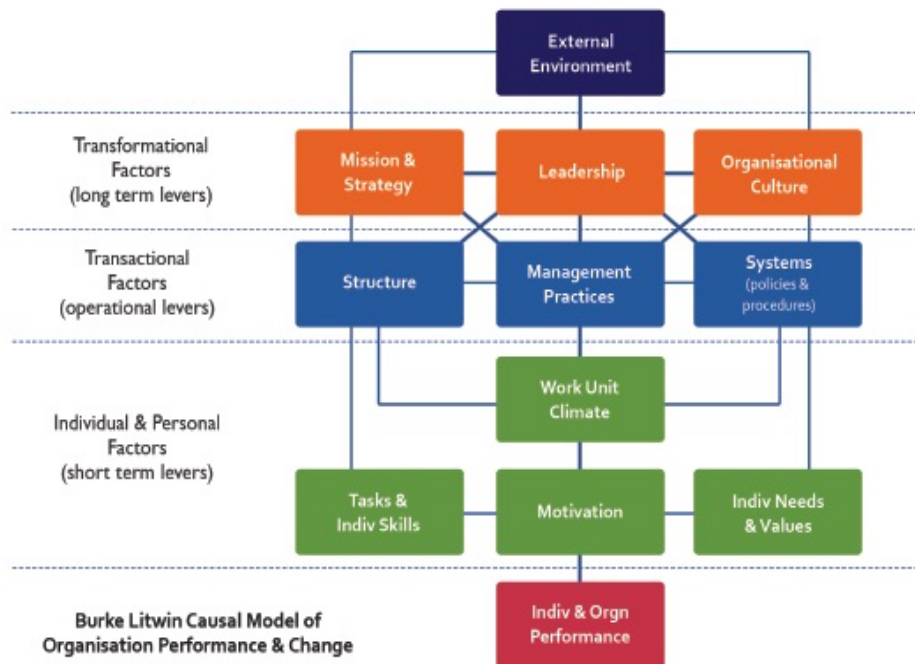
**It is a long-range, long-term, holistic and multi-faceted approach to achieving transformational change, and is underpinned by the ability of individuals, teams and the organisation to grow.**

The key feature here is the reference to 'long term and multi-faceted' which reflects the organisational complexity of the CCG but also the long-term nature of our health improvement ambitions. In addition, the definition recognises the core building blocks for an OD strategy in this context.

- Organisational growth
- Team development and effectiveness
- Individual leadership and talent management

In order to determine our next steps, it is necessary to review our organisational development needs in the context of the system we operate in. We have made significant progress and want to improve further.

To determine our detailed organisational development plan we have undertaken a short diagnostic review against a recognised OD model. The '*Burke-Lewin Causal Model of Organisational Performance & Change*' has enabled us to consider the different elements that drive organisational performance and delivery. Through a number of staff workshops, review of our 360-feedback and liE feedback report and through a number of individual interviews with key players we have reviewed our progress against each of the elements listed below.



The model also enabled us to map the 6 domains identified by NHS England in their ‘*Framework for Excellence in Commissioning*’, which sets out the expectations for CCGs in the delivery of their commissioning duties.

The 6 domains are as follows:

- A strong clinical and multi-professional focus with significant member engagement
- Meaningful involvement of patients, carers and the public
- Clear and credible plans
- Robust governance arrangements
- Collaborative commissioning
- Clinical leadership

Detailed feedback gathered from the workshops and the on line survey is attached for reference at Appendix 3.

## 4. OD Diagnostic – Drivers, Key Themes and Audiences

Completing the OD diagnostic has given us comprehensive information on which to build this strategy and supporting plan. The conversations, surveys and workshops provided an opportunity for drivers to be identified, current issues to be raised, and actions to be suggested. The analysis of that feedback has been essential to identifying what actions we need to take to support delivery of our objectives over the next two years.

### 4.1 Drivers

Our diagnostic began by identifying the key drivers that are influencing our work at the present time and those that are expected in the next two years. Those key drivers are as follows:

- External national policy and government direction
- Local commissioning priorities and plans
- Financial context, cost pressures and requirements for efficiencies
- Changing role and responsibilities of CCG – i.e. CSU functions, primary care commissioning etc.
- Capacity pressures of local partners, providers and GPs
- New Models of Care (MoC), service transformation and learning from Vanguards
- Digital technology/IT developments

## 4.2 Strategic Themes

Following the identification of the key drivers the diagnostic then proceeded to examine the different factors of the *Burke-Lewin* model which affect organisational performance and by considering these in the context of our CCG plans we can summarise the actions we need to take against 6 strategic themes.

Our 6 themes, which form the building blocks for our OD strategy and plan, are as follows:



- **Leadership & Empowerment** - Developing effective leadership and empowerment at all levels and in all aspects of our work
- **Clinical Focus** - Ensuring our decisions and plans are clinically led and informed
- **Systems & Processes** - Working in the most efficient and effective way to deliver the best we can
- **Workforce – Skills & Development** - Supporting our team members to carry out their roles
- **Engagement** - Working to engage in a meaningful way with staff, partners and our local people
- **Collaboration** - Collaborating to deliver objectives that improve health outcomes

## 4.3 Our OD Audiences – Who is this plan for?

In addition to identifying the key themes for our strategy the diagnostic also discussed the audiences who would be affected by the actions in our detailed OD plan. The following were identified:

- Governing Body
- CCG Staff Team
- Member Practices
- Wider Partners

## 5. Organisational Development Objectives 2015-2018

For each building block we have determined a set of OD objectives that form the basis of our detailed plan (attached at appendix 2). The objectives are drawn from the responses to the diagnostic and are grouped to support each of the audiences identified in section 4.3. These objectives will cover the period 2015-2018 and will be refreshed in terms of new detailed actions in 12 months time.

Objectives are colour coded to support each of the four audiences as follows:

Governing Body		CCG Staff Team		Member Practices		Wider Partners	
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### 5.1 Leadership & Empowerment

#### *Developing effective leadership and empowerment at all levels and in all aspects of our work*

We strive to create a supportive and enabling leadership environment for both our own staff and GP clinical colleagues, but also as part of the wider leadership system and to support the development of our member practices. The actions necessary to support this building block are a combination of revisiting current plans and policies developed at an earlier stage in the CCGs development, along with adopting new behaviours that support the creation of an even more empowered culture.

Staff colleagues want the CCG to recognise their abilities to grow and lead the areas for which they are responsible, and member practices want the CCG to step forward and provide additional support at practice level where appropriate.

L1.	Refresh the CCGs commissioning strategy in the light of known drivers and identify key objectives for 2016/17	
L2.	Clarify the specific actions needed to deliver against the agreed objectives and ensure capacity & capability for delivery	
L3.	Model behaviours that support the maintenance of an empowered and supportive culture	
L4.	Ensure leadership model and team based structures are fit for purpose and recognise system challenges	
L5.	Encourage all CCG colleagues to adopt an empowered leadership approach, supporting devolved decision making where possible	
L6.	Realise the talent and potential of all colleagues working within the CCG and support their future career aspirations	
L7.	Proactively support succession planning for locality functions	
L8.	Play an effective part in the wider leadership system	

### 5.2 Clinical Focus

#### *Ensuring our decisions and plans are clinically led and informed*

The essence of our work as a clinical commissioning group is to ensure that our decision-making is clinically led and focused. This means we need to ensure we are effective as a Governing Body with the correct skills and attitudes, along with being engaged with our member practices, and working collaboratively with our clinical colleagues within the provider sector and other partners.

The importance of the wider aspects of clinical focus are also recognised, with the contribution of nursing colleagues, pharmacists, AHPs and others recognised and valued.

C1.	Ensure the capability and skills of our clinical leaders are assessed and supported	
C2.	Proactively support succession planning for our SCE GP leads	
C3.	Support wider clinical engagement across the CCG	
C4.	Facilitate a network of support for member practices in agreed areas	
C5.	Create and contribute to local and regional clinical networks to ensure influence and learning	

### **5.3 Systems & Processes**

#### ***Working in the most efficient and effective way to deliver the best we can***

The drivers that are present in the NHS and wider system are challenging our capacity and our ability to deliver against our objectives. A focus on transformation and financial efficiency means we need to work smarter and more effectively with our partners and our practices if we are to achieve change and deliver improvement. Looking at what we do and how we do it are important parts of organisational development. Keeping our vision for the organisation at the leading edge, continuously seeking improved ways of operating and building on feedback are key elements of this work.

S1.	Ensure the Governing Body is operating effectively	
S2.	Achieve excellent staff and wider team communications to support open culture	
S3.	Ensure organisational structures are fit for purpose	
S4.	Support the recruitment and retention of high quality staff	
S5.	Assess and consider overall staff team capacity and prioritise	
S6.	Enrich the locality model to further support member practices	
S7.	Ensure patient and public feedback is proactively harnessed to inform commissioning	
S8.	Act on feedback to continuously improve our functioning as a CCG	

### **5.4 Workforce – Skills & Development**

#### ***Supporting our team members to carry out their roles***

Our CCG is a small organisation with a Governing Body, approximately 60 staff members and a team of lead GPs who are able to commit approx. 10 days per week clinical leadership time. It is essential therefore that we make the best use of the GP time and staff resources we have and deploy those resources carefully in line with our agreed priorities.

In addition, our staff team are the NHS commissioning resources of the future and we want to support them not only in their current role, but also in preparation for any future opportunities that might arise. To do that we need to spot talent and nurture it. We also want to provide the appropriate opportunities for training and development for all members of our team to enable them to deliver their best.

W1.	Support Governing Body members to review their performance and develop their skills	
W2.	Ensure our staff team are equipped with the skills to complete their roles	
W3.	Enter into proactive career planning to maximise the opportunities for staff colleagues to progress	
W4.	Create and model a coaching culture within the organisation	
W5.	Ensure sustainability for smaller practices to keep diversity within the membership group	



W6.	Support workforce planning in primary care	
W7.	Support inter-organisational skills development to create a mobile workforce	
W8.	Explore workforce innovation across the system	
W9.	Explore the opportunities for shared resources	

## **5.5 Engagement**

### ***Working to engage in a meaningful way with staff, partners and our local people***

The ensure implementation and achievement of our objectives it is important we work with others. The complexity of the health & care system is such that we can only deliver the improvements in outcomes we are seeking with the support of our partners, the public and our staff.

The needs of these different partners are driven by their role in the local health community. Our staff are a key resource for delivery and our partners are an important part of the care delivered to our consumers – our patients. The models of engagement we use for each need to be bespoke and continuously reviewed.

E1.	Ensure the Governing Body takes its place as a system leader and is seen as such	
E2.	Deliver effective communications from GB to all partners, public and staff	
E3.	Ensure mutual benefit is derived from Board to Board engagement	
E4.	Support and encourage inter-team working	
E5.	Ensure internal CCG staff involvement mechanisms are fit for purpose	
E6.	Build capacity in conjunction with member practices through identifying skills and interests	
E7.	Continue to develop relationships with member practices to support joint working	
E8.	Ensure public engagement strategy is robust and aligned with fellow agencies	
E9.	Develop capability to support new co-commissioning role for new models of care	

## **5.6 Collaboration**

### ***Collaborating to deliver objectives that improve health outcomes***

In the same way as engagement is essential to delivery of our objectives, increasingly so is collaboration. We recognise that in order to deliver against the aspirations of the 5YFV and within the financial constraints we are facing, new models of care will need to be implemented and organisations that have previously worked separately (both commissioners and providers) will need to collaborate to get the best outcome for our patients/ Collaboration can take many forms and the CCG will be open to consider how it might collaborate with partners, providers and amongst staff and member practices.

C1.	Explore options for effective and efficient collaboration with other CCGs	
C2.	Engage in the NHS FTs 'Working Together Programme' to ensure best decisions for Rotherham services	
C3.	Support collaborative working between CCG teams	
C4.	Work with practices to support collaborative primary care development	
C5.	Invest effort in securing appropriate joint commissioning arrangements	
C6.	Explore possibility of sharing back office functions to build capacity and resilience	

## **6. How will we achieve our plan?**

## **6.1 Governance**

This strategy is owned and supported by the Governing Body. The Chair and Chief Officer commissioned the Strategy the objectives set out within it will help us deliver the outcomes and objectives set out in the CCG Commissioning Plan.

Some elements of the Strategy will require a budget to be identified and other aspects are already incorporated within the development budget for our CCG. The delivery of this Strategy and the annual refresh of our action plans will be overseen by the Operational Executive Team (OE) who will be accountable for managing any risk arising from implementing the actions contained in the detailed plan.

In order to support the implementation, monitor the key themes and detailed objectives, regular progress reports and risks will be submitted to the Governing Body.

## **6.2 Programme Management**

Where appropriate the action plan will be incorporated into existing work streams in order to avoid duplication and maximise the engagement of staff colleagues across our CCG.

To ensure accountability and close oversight of each of the 6 key themes the following leads have been assigned to each of the building block areas:

Leadership & Empowerment	Chris Edwards - Chief Officer
Clinical Focus	Julie Kitlowski – Clinical Chair
Systems & Processes	Sarah Whittle – Assistant Chief Officer
Workforce Skills & Development	Chris Edwards – Chief Officer
Engagement	Sue Cassin – Chief Nurse
Collaboration	Ian Atkinson – Deputy Chief Officer

The relevant lead officer will ensure that the actions listed in the detailed plan are being progressed within the CCG and that appropriate updates are provided to the Governing Body.

## **6.3 Review**

The strategy and action plan will be reviewed on a 6 monthly basis to keep the objectives relevant to the drivers and context within which the CCG is operating.

## **7. Concluding Comments**

Rotherham CCG has established itself as a high performing Commissioner operating in the top quartile of CCGs in England. We are determined to stay ahead and are ambitious for the health improvements we can make for the people who live in our borough.

There are many challenges facing the CCG and our partners within the health & care system. This Organisational Development Strategy and accompanying action plan sets out our mission, values and objectives and builds on the work already underway to support our Investors in Excellence accreditation.

We will keep this plan under review, ensure it is monitored and prioritised by the Governing Body and Operational Executive, and through it ensure our organisation, our team, our GP practices and our partners are supported to deliver their best for the people who live in Rotherham.

**October 2015**

# ROTHERHAM CCG – ORGANISATIONAL DEVELOPMENT STRATEGY – ‘Plan on a Page’ 2015-2018

**“Working with the people of Rotherham to sustain and improve health services,  
to improve health and to reduce health inequalities”**

<b>QUALITY</b>	<b>DELIVERY</b>	<b>ASSURANCE</b>	<b>SAFEGUARDING</b>
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OD Dimension	Governing Body	CCG Staff Team	Member Practices	With Partners
<b>Leadership and Empowerment</b> Developing effective leadership at all levels and in all aspects of our work	Setting strategic direction Overseeing plans and delivery Leading by example modelling behaviours	Clarity of leadership model Empowerment and support Talent Management	Supporting Localities to develop their plans Succession planning for locality leads	System Leadership support
<b>Clinical Focus</b> Ensuring our decisions and plans are clinically led and informed	Clinical leaders development support	Succession Planning for SCE roles Engagement of wider clinical groups in CCG operations	-Supporting practice networks e.g. Practice nurses and practice managers	Contribution to local, regional and national clinical networks
<b>Systems &amp; Processes</b> Working in the most efficient and effective way to deliver the best we can	Board Development Staff communication	Effective team structures Retention of staff Capacity building	Enrich locality model to support practices	Review systems – complaints, patient feedback etc. Build on 360/NHSE assessment
<b>Workforce – Skills &amp; Development</b> Supporting our team members to carry out their roles	Board appraisal	Skills development Career planning Coaching and culture	Supporting small practices Workforce planning and succession	Skills development Innovative workforce design Shared resources
<b>Engagement</b> Working to engage in a meaningful way with staff, partners and our local people	System Leadership External communications Board to Board mechanisms	Inter team working Staff involvement	Identify skills and interests Build on existing relationships to support capacity building	Public engagement strategy Co-commissioning role
<b>Collaboration</b> Collaborating to deliver objectives that improve health outcomes	CCG collaboration Working Together programme	Joint working between teams	Supporting primary care development	Joint commissioning Sharing back office functions

**ROTHERHAM CLINICAL COMMISSIONING GROUP – ORGANISATIONAL DEVELOPMENT STRATEGY 2015-2017**  
**Detailed OD Plan Year 1**

Ref	Action	Timescale
<b>Leadership &amp; Empowerment – Lead Officer CHRIS EDWARDS</b>		
L1.	Refresh the CCGs commissioning strategy in the light of known drivers and identify key objectives for 2016/17 <ul style="list-style-type: none"> <li>• Review strategy and revise in light of new guidance and local drivers</li> <li>• Identify specific objectives for 2016/17 and link to work programmes</li> <li>• Communicate plan and key objectives to all member practices, staff team and partners</li> </ul>	February 2016
L2.	Clarify the specific actions needed to deliver against the agreed objectives and ensure capacity & capability for delivery <ul style="list-style-type: none"> <li>• Work with team managers in the CCG to review objectives and assess capacity needed in staff team</li> <li>• Consider priorities and how these link to current job roles and discuss delivery plans as part of PDR</li> </ul>	February 2016
L3.	Model behaviours that support the maintenance of an empowered and supportive culture <ul style="list-style-type: none"> <li>• Discuss and develop Governing Body understanding of empowerment and agree how this can be promoted in the CCG</li> <li>• Demonstrate through management and leadership model the preferred CCG approach and discuss/communicate with staff colleagues</li> </ul>	March 2016
L4.	Ensure leadership model and team based structures are fit for purpose and recognise system challenges <ul style="list-style-type: none"> <li>• Undertake a review of team-based structures within the CCG.</li> <li>• Engage staff in the discussion and develop a revised management structure based on shared understanding of requirements</li> </ul>	March 2016
L5.	Encourage all CCG colleagues to adopt an empowered leadership approach, supporting devolved decision making where possible <ul style="list-style-type: none"> <li>• Discuss what 'empowered leadership' (EL) means as a senior team and engage in discussion with staff team through workshops as to how to best implement within the CCG</li> <li>• Review staff values and ensure in line with an EL model</li> </ul>	March 2016
L6.	Realise the talent and potential of all colleagues working within the CCG and support their future career aspirations <ul style="list-style-type: none"> <li>• Review the talent management policy to ensure fit for purpose</li> <li>• Agree an approach to talent management and identify initial cohort</li> <li>• Discuss and agree approach to career development coaching as part of PDR process</li> </ul>	April 2016
L7.	Proactively support succession planning for CCG Chair role, SCE members and GPs in locality commissioning roles <ul style="list-style-type: none"> <li>• Undertake review of skills and development needs for those eligible to become CCG Chair and support as necessary</li> <li>• Review core skill set required for Locality Lead roles</li> <li>• Promote opportunity for CCG involvement and meet with interested candidates to generate interest</li> </ul>	May 2016
L8.	Play an effective part in the wider leadership system <ul style="list-style-type: none"> <li>• Contribute to existing mechanisms and ensure CCG position is reflected at most senior level discussions</li> <li>• Further develop partnerships with key senior leaders in partner organisations</li> </ul>	On-going

<b>Clinical Focus – Lead Officer JULIE KITLOWSKI</b>		
CF1.	<p>Ensure the capability and skills of our clinical leaders are assessed and supported</p> <ul style="list-style-type: none"> <li>• Undertake board development review and assess capability and skills of clinical members on Governing Body</li> <li>• Undertake detailed appraisals of clinical lead roles and contribution to GB discussions and identify any development needs</li> </ul>	May 2016
CF2.	<p>Proactively support succession planning for our SCE GP leads</p> <ul style="list-style-type: none"> <li>• Discuss through appraisal the time lines for potential change in SCE roles</li> <li>• Raise need for succession plan with each Locality and identify potential successors</li> <li>• Develop talent management plan to support potential future SCE nominees</li> </ul>	March 2016 onwards
CF3.	<p>Support wider clinical engagement across the CCG</p> <ul style="list-style-type: none"> <li>• Discuss with member practices and with other interested groups, LMC, LPC, Nurse Networks how they may become more engaged</li> <li>• Consider how wider clinical colleagues might engage with CCG project work and enact as appropriate</li> </ul>	January 2016
CF4.	<p>Facilitate a network of support for member practices in agreed areas</p> <ul style="list-style-type: none"> <li>• Explore with member practices the benefits of supported networks for Practice Managers and Practice Nurses</li> <li>• Consider jointly how these might best be supported and agree a CCG supported development plan</li> </ul>	April 2016
CF5.	<p>Create and contribute to local and regional clinical networks to ensure influence and learning</p> <ul style="list-style-type: none"> <li>• Audit current engagement in regional networks and how useful these are perceived to be</li> <li>• Agree representation and support attendance</li> <li>• Ensure regular feedback both to wider CCG staff team and to Governing Body</li> </ul>	January 2016
<b>Systems &amp; Processes – Lead Officer SARAH WHITTLE</b>		
S1.	<p>Ensure the Governing Body is operating effectively</p> <ul style="list-style-type: none"> <li>• Refresh board development programme and undertake annual stocktake of progress against plans</li> <li>• Ensure all GB members access annual PDR and discussion about skills development where appropriate</li> <li>• Review feedback from 360 questionnaire and follow up on any areas where further improvement could be achieved</li> </ul>	June 2016
S2.	<p>Achieve excellent staff and wider team communications to support open culture</p> <ul style="list-style-type: none"> <li>• Refresh staff communications strategy</li> <li>• Build further on the use of ‘all-staff’ meetings to share key messages</li> <li>• Ensure staff at all levels in CCG are briefed on key headlines – managers need to cascade messages promptly</li> </ul>	February 2016
S3.	<p>Ensure organisational structures are fit for purpose</p> <ul style="list-style-type: none"> <li>• Undertake a review of the team based structure (see L4) utilising form following function analysis</li> <li>• Consider how capacity is distributed in the team and revise as necessary in line with CCG plans</li> <li>• Keep structures under review and respond when capacity pressures affect delivery</li> </ul>	March 2016
S4.	<p>Support the recruitment and retention of high quality staff</p> <ul style="list-style-type: none"> <li>• Refresh recruitment and retention strategy</li> <li>• Discuss and agree factors which affect staff retention and target those where necessary</li> <li>• Develop a bespoke rewards strategy linked to recognition</li> </ul>	June 2016

S5.	Assess and consider overall staff team capacity and prioritise <ul style="list-style-type: none"> <li>• Each senior director to review current capacity constraints and feed into structure review in L4/S3</li> <li>• Utilise refreshed PDR process to debate capacity constraints and prioritise workload jointly with team member</li> <li>• Review opportunities for joint team working to provide support and improve resilience</li> </ul>	April/May 2016
S6.	Enrich the locality model to further support member practices <ul style="list-style-type: none"> <li>• Conduct a short survey with each Locality (via the Lead GP?) to discuss how localities could better support member practices</li> <li>• Review communications strategy in respect of member practices</li> </ul>	May/June 2016
S7.	Ensure patient and public feedback is proactively harnessed to inform commissioning <ul style="list-style-type: none"> <li>• Review approach to PPI and consider any improvements</li> <li>• Discuss with project and programme leads how best to feed PPI feedback into commissioning plans</li> <li>• Discuss with other partners how to best align PPI activities to avoid duplication</li> </ul>	June 2016
S8.	Act on feedback to continuously improve our functioning as a CCG <ul style="list-style-type: none"> <li>• Discuss 360 feedback as part of GB development session</li> <li>• Engage with voluntary and community sector to review CCG's approach to engagement with other partners</li> <li>• Complete staff survey to harness staff feedback re suggestions for improvement</li> </ul>	On-going
<b>Workforce – Skills &amp; Development CHRIS EDWARDS</b>		
W1.	Support Governing Body members to review their performance and develop their skills <ul style="list-style-type: none"> <li>• Ensure regular 360 feedback tool is undertaken and reviewed with each Governing Body Member</li> <li>• Complete annual appraisal cycle and link to development plans as in CF1.</li> <li>• Provide opportunities for other staff colleagues to shadow Governing Body meetings and provide feedback</li> </ul>	March 2016
W2.	Ensure our staff team are equipped with the skills to complete their roles <ul style="list-style-type: none"> <li>• Review revised PDR process and ensure implementation is systematic and consistent across all teams</li> <li>• Where appropriate explore methods of engaging staff in personal development – e.g. Action Learning (ALS), Team Development and 'all-staff' development sessions</li> <li>• Consider 'Team Effectiveness' audits for those teams that identify they need assistance with capacity and delivery</li> </ul>	January 2016
W3.	Enter into proactive career planning to maximise the opportunities for staff colleagues to progress <ul style="list-style-type: none"> <li>• Provide opportunities for personal development planning to widen options for future career options and support where agreed</li> <li>• Ensure all annual PDRs are audited and assessed for balance (use liE process to complete)</li> </ul>	January 2016 onwards
W4.	Create and model a coaching culture within the organisation <ul style="list-style-type: none"> <li>• Raise awareness of the benefits of coaching as a management style and tool to support personal improvement to all staff</li> <li>• Develop/provide training for a cadre of 'internal coaching ambassadors' who can deliver team and individual coaching and support the coaching ethos within the CCG</li> <li>• Offer mentoring within and outwith the CCG as part of the PDR process</li> </ul>	March 2016
W5.	Ensure sustainability for smaller practices to keep diversity within the membership group <ul style="list-style-type: none"> <li>• Recognise the benefits and constraints that small practices are dealing with and discuss these through locality meetings</li> </ul>	May 2016

	<ul style="list-style-type: none"> <li>Strengthen approach to support small practices to enable their continued engagement in Locality and CCG activities</li> <li>Discuss through annual practice visits what additional support might be provided by the CCG to support smaller practices</li> </ul>	
W6.	<p>Support workforce planning in primary care</p> <ul style="list-style-type: none"> <li>Undertake an audit jointly with practices to understand the workforce profile for primary care in Rotherham and identify future recruitment, turnover and retention issues for the borough</li> <li>Consider with practices how the CCG might help with primary care recruitment &amp; retention in the future to meet these gaps</li> <li>Consider with primary care the nature of roles and skill mix for the future to meet the integration agenda</li> </ul>	April/May 2016
W7.	<p>Support inter-organisational skills development to create a mobile workforce</p> <ul style="list-style-type: none"> <li>Discuss with other Rotherham Leaders the opportunity for collaborative development and cross-organisational training</li> <li>Consider where joint plans for workforce development will benefit the Rotherham system and implement</li> </ul>	June 2016
W8.	<p>Explore workforce innovation across the system</p> <ul style="list-style-type: none"> <li>Host a collaborative conference/event to explore innovation in the Rotherham Workforce</li> <li>Agree actions from this and explore opportunities to transfer learning and develop new approaches</li> </ul>	June 2016
W9.	<p>Explore the opportunities for shared resources</p> <ul style="list-style-type: none"> <li>Consider through 'Working Together' the opportunities for shared staffing solutions across CCGs, wider Rotherham system and across South Yorkshire where appropriate</li> <li>Collaborate in those areas where resources are finite and specialist support is required.</li> </ul>	May 2016
<b>Engagement – SUE CASSIN</b>		
E1.	<p>Ensure the Governing Body takes its place as a system leader and is seen as such</p> <ul style="list-style-type: none"> <li>Continue to participate in system wide discussions and be represented as appropriate in Rotherham system governance etc.</li> <li>Be an active member of the Health &amp; Wellbeing Board</li> <li>Ensure GP members of the CCG have active roles/lead Rotherham wide conversations across differing partners to raise the CCGs clinical profile</li> </ul>	On-going
E2.	<p>Deliver effective communications from Governing Body to all partners, public and staff</p> <ul style="list-style-type: none"> <li>Review current communications strategy and mechanism to ensure fit for purpose</li> <li>Consider new ways of raising the profile of the CCG with all different audiences</li> <li>Strengthen internal staff communications making more use of 'all-staff' meetings</li> <li>Align communications strategy with those of other system partners where possible to strengthen voice and clarity of message</li> </ul>	February 2016
E3.	<p>Ensure mutual benefit is derived from Board to Board engagement</p> <ul style="list-style-type: none"> <li>Revisit the B2B arrangements to ensure best use is made of the time engaged in these activities</li> <li>Consider opportunities for joint board events wider than just bi-annual review meetings</li> <li>Consider 'buddy' arrangements between NED and GP /Lay members to discuss areas of common interest and build shared leadership</li> </ul>	June 2016
E4.	<p>Support and encourage inter-team working</p> <ul style="list-style-type: none"> <li>Review opportunities presented through team structure review (L4.) to explore where inter-team working might improve</li> </ul>	April/May 2016

	effectiveness and resilience	
E5.	<p>Ensure internal CCG staff involvement mechanisms are fit for purpose</p> <ul style="list-style-type: none"> <li>• Conduct audit of CCG staff involvement mechanisms enabling staff to participate in review and make suggestions for any improvements</li> <li>• Implement changes as a result and work with a diagonal slice of staff representatives to ensure changes meet expectations</li> </ul>	February 2016
E6.	<p>Build capacity in conjunction with member practices through identifying skills and interests</p> <ul style="list-style-type: none"> <li>• Link with W5 and W6 to identify skills and special interests of both GPs and practice staff</li> <li>• Discuss through joint collaboration how these skills might be harnessed as part of the CCG commissioning plan</li> <li>• Consider how Practice Managers and other practice staff might be supported to engage in and support the commissioning function</li> <li>• Ensure that interested participants have the support to progress if they are interested in moving into a locality or SCE role</li> </ul>	May 2016
E7.	<p>Continue to develop relationships with member practices to support joint working</p> <ul style="list-style-type: none"> <li>• Review operation of members committee, practice managers meeting and other forums currently in existence</li> <li>• Develop other/new forums for engagement where there is interest and benefit to do so – e.g. Practice Nurses</li> <li>• Explore how other functions (e.g. Pharmacy) might be organised and resourced to support practice development further</li> </ul>	On-going
E8.	<p>Ensure public engagement strategy is robust and aligned with fellow agencies</p> <ul style="list-style-type: none"> <li>• In line with S7 review public engagement strategy and make any recommendations for improvement</li> <li>• Consider collaborative public engagement plans in issues of relevance and co-ordinate consistent messages</li> </ul>	March 2016
E9.	<p>Develop capability to support new co-commissioning role for new models of care</p> <ul style="list-style-type: none"> <li>• Review skills and capacity gaps for new MoC in line with team structures review</li> <li>• Explore how the transformation agenda needs to be supported in the CCG and ensure resources for this are appropriately aligned</li> </ul>	March 2016
<b>Collaboration – IAN ATKINSON</b>		
C1.	<p>Explore options for effective and efficient collaboration with other CCGs</p> <ul style="list-style-type: none"> <li>• Review current approach to shared resources following CSU closure and determine if any changes are needed for future period</li> <li>• Review as part of team structures work if any further support can be aligned between local or Yorkshire wide CCGs</li> <li>• Consider those areas which overlap CCG areas and identify if any collaborative work will benefit Rotherham population – e.g. specialised services</li> </ul>	On-going
C2.	<p>Engage in the NHS FTs ‘Working Together Programme’ to ensure best decisions for Rotherham services</p> <ul style="list-style-type: none"> <li>• Keep abreast of the discussions underway and ensure local FT decisions are in line with commissioning intentions</li> <li>• Consider any unintended consequences of FT collaboration and make sure mitigation is in place as necessary</li> </ul>	On-going
C3.	<p>Support collaborative working between CCG teams</p> <ul style="list-style-type: none"> <li>• Review within the CCG where opportunities for joint or more collaborative working exists</li> <li>• Consider based on skills audit and PDR process how to adopt a more ‘programme’ approach to deployment of CCG resources against specific projects</li> </ul>	February 2016
C4.	<p>Provide opportunities for Action Learning to support team and individual development</p> <ul style="list-style-type: none"> <li>• Develop Rotherham approach to Action Learning involving representatives of the staff team and managers</li> </ul>	February 2016



	<ul style="list-style-type: none"> <li>• Design a pilot ALS programme and test with 2/3 groups</li> <li>• Review approach and measure impact to evaluate benefit of approach and enable staff representatives to present findings to Governing Body/Operational Executive</li> </ul>	
C5.	<p>Work with practices to support collaborative primary care development</p> <ul style="list-style-type: none"> <li>• See actions in W5 and W6</li> </ul>	April/May 2016
C6.	<p>Invest effort in securing appropriate joint commissioning arrangements</p> <ul style="list-style-type: none"> <li>• Review jointly with RMBC and other commissioning partners (e.g. NHS England) the approach to joint commissioning and its success so far</li> <li>• Make any recommendations for improvement including discussion with providers to identify any areas where joint commissioning may benefit the approach locally for service transformation</li> <li>• Undertake a review of best practice and shared learning in this area and discuss locally for application to Rotherham system</li> </ul>	June 2016
C7.	<p>Explore possibility of sharing back office functions to build capacity and resilience</p> <ul style="list-style-type: none"> <li>• Review as part of discussion with neighbouring CCGs and across local organisations in Rotherham</li> <li>• Identify those areas in team support where skill set is spread thinly and resilience needs improving and put in place mitigations to manage any gaps</li> </ul>	June 2016

## **Appendix 3 – Detailed Feedback from Workshops and Survey**

### **a) Feedback from Staff Workshops**

A significant number of comments and actions were identified from the staff workshops, which have been prioritised and included in the detailed action plan to support the strategy. By way of a summary – the key themes and actions, which received the most ‘votes’ by staff in the workshops, are summarised below for information. A number of specific individual ‘team based’ actions have not been identified in this summary but are available if required to support future discussions. The actions below have been converted into objectives and actions and form part of the OD plan.

#### **Key Themes and Priority Actions**

- Better communications within the CCG
- Re-look at how decision making happens in the CCG - review committees
- Review CCG current structures – involve staff in this review (bottom-up not top- down)
- Increase time for reflection – both SMT and ‘all-staff’ meetings
- Think about team resilience – are we spread too thinly
- Understand importance of team building – allow time for staff to explore issues
- Review capacity in admin team to support core business
- Look at interdependencies between teams and how they might support one another
- Develop joint commissioning arrangements and make sure we all understand them
- Encourage one directorate approach and ‘all-staff’ meetings
- Consider proactive approach to career planning especially for those at more junior levels and earlier in their careers
- Try to ensure consistent feedback from staff communications
- Build better communication between GP colleagues and CCG staff
- Build on liE work to maintain and further improve staff motivation levels
- Support Healthy Workplace initiative
- Identify business critical processes and have a discussion about back-up/resilience measures
- Learn to say no! Prioritise better if resources cannot support the full range of work desired we have to determine what we spend our time on.
- Do we support as well as commission the GPs and what exactly is our offer – needs to be clarified

### **b) Feedback from Practice Managers Survey Monkey**

A short survey monkey was distributed to all practice managers and 15 responses were received (which could be analysed). A total of 18 responses were logged on the system but 3 did not seem to complete the questionnaire. Of the 15 responses received the following information was extracted.

**The CCG has a responsibility to make sure that all its member practices can participate in its work - overall how well would you rate the CCG in this regard?**

Answered: 15 Skipped: 0

#### **Answer Choices – Responses –**

Very poor	0.00%
Poor	0.00%
Satisfactory	20.00%

**Answer Choices – Responses –**

Good 66.67%

13.33%

Excellent

**More specifically, how well do you think the CCG communicates with Practice Managers, to keep you up to speed and engaged?**

Answered: 14 Skipped: 1

**Answer Choices – Responses –**

– 0.00%

Very poor

– 7.14%

Poor

– 14.29%

Satisfactory

– 71.43%

Good

– 7.14%

Excellent

**How could the CCG do more to engage with you as a Practice Manager?**

- One specific CCG member per practice - main point of contact / who can advise and direct when required
- Practice visits to discuss individual practice issues
- Via Practice Manager Forums
- I'm not a practice manager
- The process of communication has been well thought out but I don't always feel that the information communicated, is always received in its correct form
- I think they do enough - it's up to us to take notice & get engaged

**In terms of improving the Organisation's performance in the future, the OD Plan will be focussing on the following strategic areas. How would you rate the CCGs approach overall in each of the following?**

Answered: 15

Skipped: 0

	Very poor	Poor	Satisfactory	Good	Excellent	Don't know	Total
Leadership (direction and planning)	0.00%	0.00%	13.33%	66.67%	13.33%	6.67%	15
Clinical focus (GP led)	0.00%	0.00%	13.33%	53.33%	20.00%	13.33%	15
Systems and processes (how things are done)	0.00%	13.33%	33.33%	46.67%	0.00%	6.67%	15
Workforce skills (expertise of CCG staff)	0.00%	6.67%	20.00%	66.67%	6.67%	0.00%	15

	Very poor	Poor	Satisfactory	Good	Excellent	Don't know	Total
Engagement (with practices and others)	0.00%	6.67%	26.67%	53.33%	13.33%	0.00%	15
–	0	1	4	8	2	0	
Collaboration (with partner organisations)	6.67%	0.00%	6.67%	53.33%	6.67%	26.67%	15
	1	0	1	8	1	4	

**The main route for engagement of practices in the CCG is via the eight localities. Do you have any thoughts as to how the CCG might support the improved functioning of the locality model?**

Answered: 5 Skipped: 10

- Not at present
- No
- Feedback by Locality Visits more often
- Where a locality is seen to have an opinion that varies widely from others, the CCG should ensure there is direct communication at that specific locality meeting. Negotiation and discussion should result in consensus throughout the CCG localities before major changes
- Making sure that the GP reps have the key points for discussion

**How beneficial are the current Practice Manager meetings in your view?**

Answered: 15 Skipped: 0

**Answer Choices– Responses**

Very poor	0.00%	0
Poor	6.67%	1
Satisfactory	20.00%	3
Good	73.33%	11
Excellent	0.00%	0

**How might the Practice Manager meetings be improved in the future?**

Answered: 9 Skipped: 6

- A short section on systems and processes
- Currently Dawn holding constructive pre meeting to ensure better meetings, so should improve
- I wonder if afternoons would be better than first thing when practices are at their busiest
- Don't Know
- Leave out topics, which should be better directed at Doctors and nurses (say at external PLT meetings)
- More input from practice managers may be useful
- I feel that some how more than the usual Managers should somehow be encouraged to participate in discussion
- Too often feel we're being talked to not listened to
- We've already discussed this and agreed that we will introduce a workshop element after the coffee break to get people more involved. Some are reluctant to air their views to the whole meeting, but better in discussion with colleagues. Also enables colleagues to ask the 'stupid' questions in a smaller arena.

**Would you see any benefit in the CCG facilitating any other specific practice networks in the future - eg practice nurses? If yes, please specify in the comment box below**

Answered: 14 Skipped: 1

**Answer Choices – Responses –**

–	28.57%
Yes	4
–	28.57%
No	4
–	42.86%
Not sure	6
Total	14

- Practice Nurse forums
- Don't agree with practice nurse forums! Anything to do with data reporting to CCG / Public Health would be welcomed
- The Practice nurses have already set up a forum and feel they have a lot to offer with regards to workforce planning, education etc.
- Nurses
- Practice nurses need to have peer review and focus on clinical challenges.

**Do you have any other comments to contribute to this review?**

Answered: 4 Skipped: 1

- No
- Poor Feedback and No understanding of Practice workload, little individual practice support
- Lots of useful joint working could be developed, e.g. equipment users committee (looking at safety and cost of equipment clinical and otherwise).
- Infection control and health and safety and education committees.
- Joint bids to education England to support training and education specifically linked to LES etc.
- The challenge is always finding the time to be able to release staff to engage with wider discussions and agendas

End of Report

**NHS Rotherham Clinical Commissioning Group**

## **Organisational Development – Next Steps**

**Organisational Development Strategy and Supporting Plan  
2015 - 2018**

**EXECUTIVE SUMMARY**

**October 2015**

# Executive Summary

## 1. Introduction

Rotherham Clinical Commissioning Group (RCCG) is the local NHS Commissioner for the population of the Rotherham Borough and works in partnership with Rotherham Metropolitan Borough Council (RMBC) and other public and voluntary sector organisations, to ensure the provision of safe and clinically effective NHS services. We are responsible for a commissioning budget of £345 million and cover a population of 257,000.

In May 2014 the CCG undertook a voluntary application to be assessed under the Investors in Excellence standards (IiE) and was awarded accreditation. These standards seek to assess the effectiveness and performance of an organisation against a set of standards which when taken together, define Excellence and indicate an organisations 'health' in terms of leadership, delivery, resourcing and achievement. The CCG will apply for re-accreditation in early 2016.

The IiE assessment indicated to the CCG leadership team that in order to maintain good achievement of the standards overall, the organisation would benefit from continuous improvement in a number of areas including the need to develop an Organisational Development Strategy, with a supporting 'Plan on a Page' (attached at Appendix 1) to drive work over the next two years. A detailed OD Plan has also been prepared and is available on request.

## 2. Rotherham CCG Context - Our Mission, Values and Objectives

NHS Rotherham CCG is a membership organisation of general practices and is responsible for commissioning a range of local health services on behalf of the people of Rotherham.

### Our Mission

**"Working with the people of Rotherham to sustain and improve health services, to improve health and to reduce health inequalities"**

### Our Values

In everything we do we believe in:

- Clinical leadership
- Putting people first, ensuring that patient and public views impact on the decisions we make
- Working in partnership
- Continuously improving quality of care whilst ensuring value for money
- Showing compassion, respect and dignity
- Listening and learning
- Taking responsibility and being accountable

### Our Priorities

Our four key priorities are:

<b>Quality</b>	Improving safety, patient experience and outcomes and reducing variations
<b>Delivery</b>	Leading system wide efficiency programmes that consistently achieve measurable improvements whilst meeting our financial targets
<b>Assurance</b>	Having robust internal constitutional and governance arrangements, ensuring that providers' services are safe and ensuring vulnerable people have effective safeguarding
<b>Safeguarding</b>	Ensuring all children and vulnerable adults are protected from harm, including implementing all actions on Child Sexual Exploitation from the Jay and Casey reports.

### 3. Organisational Development – A definition and a Model

There are many definitions of Organisational Development in the literature but for the purposes of this strategy and accompanying plan the following applies has been agreed:

**A deliberately planned, organisation-wide effort to increase the organisation's effectiveness and efficiency.**

**It is a long-range, long-term, holistic and multi-faceted approach to achieving transformational change, and is underpinned by the ability of individuals, teams and the organisation to grow.**

The key feature here is the reference to 'long term and multi-faceted' which reflects the organisational complexity of the CCG but also the long-term nature of our health improvement ambitions. In addition, the definition recognises the core building blocks for an OD strategy in this context.

- Organisational growth
- Team development and effectiveness
- Individual leadership and talent management

### 4. OD Diagnostic – Drivers, Key Themes and Audiences

We have completed an OD diagnostic, which has given us comprehensive information on which to build this strategy and supporting plan.

#### 4.1 Drivers

Our diagnostic began by identifying the key drivers that are influencing our work at the present time and those that are expected in the next two years. Those key drivers are as follows:

- External national policy and government direction
- Local commissioning priorities and plans
- Financial context, cost pressures and requirements for efficiencies
- Changing role and responsibilities of CCG – i.e. CSU functions, primary care commissioning etc.
- Capacity pressures of local partners, providers and GPs
- New Models of Care (MoC), service transformation and learning from Vanguard
- Digital technology/IT developments

#### 4.2 Strategic Themes

Following the identification of the key drivers the diagnostic then proceeded to examine the different factors which affect organisational performance and by considering these in the context of our CCG plans we can summarise the actions we need to take against 6 strategic themes which are the building blocks of our strategy.

- **Leadership & Empowerment** - Developing effective leadership and empowerment at all levels and in all aspects of our work
- **Clinical Focus** - Ensuring our decisions and plans are clinically led and informed
- **Systems & Processes** - Working in the most efficient and effective way to deliver the best we can
- **Engagement** - Working to engage in a meaningful way with staff, partners and our local people
- **Collaboration** - Collaborating to deliver objectives that improve health outcomes



## 5. Organisational Development Objectives 2015-2018

For each building block we have determined a set of OD objectives that form the basis of our detailed plan. The objectives are drawn from the responses to the diagnostic and are grouped to support each of our different audiences. These objectives will cover the period 2015-2018 and will be refreshed in terms of new detailed actions in 12 months time.

Objectives are colour coded to support each of the four audiences as follows:

Governing Body		CCG Staff Team		Member Practices		Wider Partners	
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The attached plan on a page (appendix 1) summarises the areas covered by the detailed objectives in the OD strategy and supporting plan.

## 6. How will we achieve our plan?

### 6.1 Governance

This strategy is owned and supported by the Governing Body. Some elements of the Strategy will require a budget to be identified and other aspects are already incorporated within the development budget for our CCG. The delivery of this Strategy will be overseen by the Operational Executive Team (OE).

In order to support the implementation, monitor the key themes and detailed objectives, regular progress reports and risks will be submitted to the Governing Body.

### 6.2 Programme Management

Where appropriate the action plan will be incorporated into existing work streams in order to avoid duplication and maximise the engagement of staff colleagues across our CCG. To ensure accountability and close oversight of each of the 6 key themes the following leads have been assigned to each of the building block areas:

Leadership & Empowerment	Chris Edwards - Chief Officer
Clinical Focus	Julie Kitlowski – Clinical Chair
Systems & Processes	Sarah Whittle – Assistant Chief Officer
Workforce Skills & Development	Chris Edwards – Chief Officer
Engagement	Sue Cassin –Chief Nurse
Collaboration	Ian Atkinson – Deputy Chief Officer

The relevant lead officer will ensure that the actions listed in the detailed plan are being progressed within the CCG and that appropriate updates are provided to the Governing Body.

### 6.3 Review

The strategy and action plan will be reviewed on a 6 monthly basis to keep the objectives relevant to the drivers and context within which the CCG is operating.

## 7. Concluding Comments

We will keep this plan under review, ensure it is monitored and prioritised by the Governing Body and Operational Executive, and through it ensure our organisation, our team, our GP practices and our partners are supported to deliver their best for the people who live in Rotherham.

## Appendix 1 - ROTHERHAM CCG – ORGANISATIONAL DEVELOPMENT STRATEGY – ‘Plan on a Page’ 2015-2018

**“Working with the people of Rotherham to sustain and improve health services,  
to improve health and to reduce health inequalities”**

QUALITY	DELIVERY	ASSURANCE	SAFEGUARDING
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OD Dimension	Governing Body	CCG Staff Team	Member Practices	With Partners
<b>Leadership and Empowerment</b> Developing effective leadership at all levels and in all aspects of our work	Setting strategic direction Overseeing plans and delivery Leading by example modelling behaviours	Clarity of leadership model Empowerment and support Talent Management	Supporting Localities to develop their plans Succession planning for locality leads	System Leadership support
<b>Clinical Focus</b> Ensuring our decisions and plans are clinically led and informed	Clinical leaders development support	Succession Planning for SCE roles Engagement of wider clinical groups in CCG operations	-Supporting practice networks e.g. Practice nurses and practice managers	Contribution to local, regional and national clinical networks
<b>Systems &amp; Processes</b> Working in the most efficient and effective way to deliver the best we can	Board Development Staff communication	Effective team structures Retention of staff Capacity building	Enrich locality model to support practices	Review systems – complaints, patient feedback etc. Build on 360/NHSE assessment
<b>Workforce – Skills &amp; Development</b> Supporting our team members to carry out their roles	Board appraisal	Skills development Career planning Coaching and culture	Supporting small practices Workforce planning and succession	Skills development Innovative workforce design Shared resources
<b>Engagement</b> Working to engage in a meaningful way with staff, partners and our local people	System Leadership External communications Board to Board mechanisms	Inter team working Staff involvement	Identify skills and interests Build on existing relationships to support capacity building	Public engagement strategy Co-commissioning role
<b>Collaboration</b> Collaborating to deliver objectives that improve health outcomes	CCG collaboration Working Together programme	Joint working between teams	Supporting primary care development	Joint commissioning Sharing back office functions

CB/October/Plan on a Page/Rotherham CCG

# ROTHERHAM CCG – ORGANISATIONAL DEVELOPMENT STRATEGY – ‘Plan on a Page’ 2015-2018

**“Working with the people of Rotherham to sustain and improve health services,  
to improve health and to reduce health inequalities”**

<b>QUALITY</b>	<b>DELIVERY</b>	<b>ASSURANCE</b>	<b>SAFEGUARDING</b>
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OD Dimension	Governing Body	CCG Staff Team	Member Practices	With Partners
<b>Leadership and Empowerment</b> Developing effective leadership at all levels and in all aspects of our work	Setting strategic direction Overseeing plans and delivery Leading by example modelling behaviours	Clarity of leadership model Empowerment and support Talent Management	Supporting Localities to develop their plans Succession planning for locality leads	System Leadership support
<b>Clinical Focus</b> Ensuring our decisions and plans are clinically led and informed	Clinical leaders development support	Succession Planning for SCE roles Engagement of wider clinical groups in CCG operations	-Supporting practice networks e.g. Practice nurses and practice managers	Contribution to local, regional and national clinical networks
<b>Systems &amp; Processes</b> Working in the most efficient and effective way to deliver the best we can	Board Development Staff communication	Effective team structures Retention of staff Capacity building	Enrich locality model to support practices	Review systems – complaints, patient feedback etc. Build on 360/NHSE assessment
<b>Workforce – Skills &amp; Development</b> Supporting our team members to carry out their roles	Board appraisal	Skills development Skills Audit Career planning Coaching and culture	Supporting small practices Workforce planning and succession	Skills development Innovative workforce design Shared resources
<b>Engagement</b> Working to engage in a meaningful way with staff, partners and our local people	System Leadership External communications Board to Board mechanisms	Inter team working Staff involvement	Identify skills and interests Build on existing relationships to support capacity building	Public engagement strategy Co-commissioning role
<b>Collaboration</b> Collaborating to deliver objectives that improve health outcomes	CCG collaboration Working Together programme	Joint working between teams	Supporting primary care development	Joint commissioning Sharing back office functions

# ROTHERHAM CLINICAL COMMISSIONING GROUP – ORGANISATIONAL DEVELOPMENT STRATEGY 2015-2018

## Detailed OD Plan Year 1

Ref	Action	Timescale
<b>Leadership &amp; Empowerment – Lead Officer CHRIS EDWARDS</b>		
L1.	Refresh the CCGs commissioning strategy in the light of known drivers and identify key objectives for 2016/17 <ul style="list-style-type: none"> <li>Review strategy and revise in light of new guidance and local drivers</li> <li>Identify specific objectives for 2016/17 and link to work programmes</li> <li>Communicate plan and key objectives to all member practices, staff team and partners</li> </ul>	February 2016
L2.	Clarify the specific actions needed to deliver against the agreed objectives and ensure capacity & capability for delivery <ul style="list-style-type: none"> <li>Work with team managers in the CCG to review objectives and assess capacity needed in staff team</li> <li>Consider priorities and how these link to current job roles and discuss delivery plans as part of PDR</li> </ul>	February 2016
L3.	Model behaviours that support the maintenance of an empowered and supportive culture <ul style="list-style-type: none"> <li>Discuss and develop Governing Body understanding of empowerment and agree how this can be promoted in the CCG</li> <li>Demonstrate through management and leadership model the preferred CCG approach and discuss/communicate with staff colleagues</li> </ul>	March 2016
L4.	Ensure leadership model and team based structures are fit for purpose and recognise system challenges <ul style="list-style-type: none"> <li>Undertake a review of team-based structures within the CCG.</li> <li>Engage staff in the discussion and develop a revised management structure based on shared understanding of requirements</li> </ul>	March 2016
L5.	Encourage all CCG colleagues to adopt an empowered leadership approach, supporting devolved decision making where possible <ul style="list-style-type: none"> <li>Discuss what ‘empowered leadership’ (EL) means as a senior team and engage in discussion with staff team through workshops as to how to best implement within the CCG</li> <li>Review staff values and ensure in line with an EL model</li> </ul>	March 2016
L6.	Realise the talent and potential of all colleagues working within the CCG and support their future career aspirations <ul style="list-style-type: none"> <li>Review the talent management policy to ensure fit for purpose</li> <li>Complete skills audit</li> <li>Agree an approach to talent management and identify initial cohort</li> <li>Discuss and agree approach to career development coaching as part of PDR process</li> </ul>	April 2016
L7.	Proactively support succession planning for CCG Chair role, SCE members and GPs in locality commissioning roles <ul style="list-style-type: none"> <li>Undertake review of skills and development needs for those eligible to become CCG Chair and support as necessary</li> <li>Review core skill set required for Locality Lead roles</li> <li>Promote opportunity for CCG involvement and meet with interested candidates to generate interest</li> </ul>	May 2016
L8.	Play an effective part in the wider leadership system <ul style="list-style-type: none"> <li>Contribute to existing mechanisms and ensure CCG position is reflected at most senior level discussions</li> </ul>	On-going

	<ul style="list-style-type: none"> <li>Further develop partnerships with key senior leaders in partner organisations</li> </ul>	
<b>Clinical Focus – Lead Officer JULIE KITLOWSKI</b>		
CF1.	<p>Ensure the capability and skills of our clinical leaders are assessed and supported</p> <ul style="list-style-type: none"> <li>Undertake board development review and assess capability and skills of clinical members on Governing Body</li> <li>Undertake detailed appraisals of clinical lead roles and contribution to GB discussions and identify any development needs</li> </ul>	May 2016
CF2.	<p>Proactively support succession planning for our SCE GP leads</p> <ul style="list-style-type: none"> <li>Discuss through appraisal the time lines for potential change in SCE roles</li> <li>Raise need for succession plan with each Locality and identify potential successors</li> <li>Develop talent management plan to support potential future SCE nominees</li> </ul>	March 2016 onwards
CF3.	<p>Support wider clinical engagement across the CCG</p> <ul style="list-style-type: none"> <li>Discuss with member practices and with other interested groups, LMC, LPC, Nurse Networks how they may become more engaged</li> <li>Consider how wider clinical colleagues might engage with CCG project work and enact as appropriate</li> </ul>	January 2016
CF4.	<p>Facilitate a network of support for member practices in agreed areas</p> <ul style="list-style-type: none"> <li>Explore with member practices the benefits of supported networks for Practice Managers and Practice Nurses</li> <li>Consider jointly how these might best be supported and agree a CCG supported development plan</li> </ul>	April 2016
CF5.	<p>Create and contribute to local and regional clinical networks to ensure influence and learning</p> <ul style="list-style-type: none"> <li>Audit current engagement in regional networks and how useful these are perceived to be</li> <li>Agree representation and support attendance</li> <li>Ensure regular feedback both to wider CCG staff team and to Governing Body</li> </ul>	January 2016
<b>Systems &amp; Processes – Lead Officer SARAH WHITTLE</b>		
S1.	<p>Ensure the Governing Body is operating effectively</p> <ul style="list-style-type: none"> <li>Refresh board development programme and undertake annual stocktake of progress against plans</li> <li>Ensure all GB members access annual PDR and discussion about skills development where appropriate</li> <li>Review feedback from 360 questionnaire and follow up on any areas where further improvement could be achieved</li> </ul>	June 2016
S2.	<p>Achieve excellent staff and wider team communications to support open culture</p> <ul style="list-style-type: none"> <li>Refresh staff communications strategy</li> <li>Build further on the use of ‘all-staff’ meetings to share key messages</li> <li>Ensure staff at all levels in CCG are briefed on key headlines – managers need to cascade messages promptly</li> </ul>	February 2016
S3.	<p>Ensure organisational structures are fit for purpose</p> <ul style="list-style-type: none"> <li>Undertake a review of the team based structure (see L4) utilising form following function analysis</li> <li>Consider how capacity is distributed in the team and revise as necessary in line with CCG plans</li> <li>Keep structures under review and respond when capacity pressures affect delivery</li> </ul>	March 2016
S4.	<p>Support the recruitment and retention of high quality staff</p> <ul style="list-style-type: none"> <li>Refresh recruitment and retention strategy</li> <li>Discuss and agree factors which affect staff retention and target those where necessary</li> </ul>	June 2016

	<ul style="list-style-type: none"> <li>• Develop a bespoke rewards strategy linked to recognition</li> </ul>	
S5.	<p>Assess and consider overall staff team capacity and prioritise</p> <ul style="list-style-type: none"> <li>• Each senior director to review current capacity constraints and feed into structure review in L4/S3</li> <li>• Utilise refreshed PDR process to debate capacity constraints and prioritise workload jointly with team member</li> <li>• Review opportunities for joint team working to provide support and improve resilience</li> </ul>	April/May 2016
S6.	<p>Enrich the locality model to further support member practices</p> <ul style="list-style-type: none"> <li>• Conduct a short survey with each Locality (via the Lead GP?) to discuss how localities could better support member practices</li> <li>• Review communications strategy in respect of member practices</li> </ul>	May/June 2016
S7.	<p>Ensure patient and public feedback is proactively harnessed to inform commissioning</p> <ul style="list-style-type: none"> <li>• Review approach to PPI and consider any improvements</li> <li>• Discuss with project and programme leads how best to feed PPI feedback into commissioning plans</li> <li>• Discuss with other partners how to best align PPI activities to avoid duplication</li> </ul>	June 2016
S8.	<p>Act on feedback to continuously improve our functioning as a CCG</p> <ul style="list-style-type: none"> <li>• Discuss 360 feedback as part of GB development session</li> <li>• Engage with voluntary and community sector to review CCG's approach to engagement with other partners</li> <li>• Complete staff survey to harness staff feedback re suggestions for improvement</li> </ul>	On-going
<b>Workforce – Skills &amp; Development CHRIS EDWARDS</b>		
W1.	<p>Support Governing Body members to review their performance and develop their skills</p> <ul style="list-style-type: none"> <li>• Ensure regular 360 feedback tool is undertaken and reviewed with each Governing Body Member</li> <li>• Complete annual appraisal cycle and link to development plans as in CF1.</li> <li>• Provide opportunities for other staff colleagues to shadow Governing Body meetings and provide feedback</li> </ul>	March 2016
W2.	<p>Ensure our staff team are equipped with the skills to complete their roles</p> <ul style="list-style-type: none"> <li>• Review revised PDR process and ensure implementation is systematic and consistent across all teams</li> <li>• Where appropriate explore methods of engaging staff in personal development – e.g. Action Learning (ALS), Team Development and 'all-staff' development sessions</li> <li>• Consider 'Team Effectiveness' audits for those teams that identify they need assistance with capacity and delivery</li> </ul>	January 2016
W3.	<p>Enter into proactive career planning to maximise the opportunities for staff colleagues to progress</p> <ul style="list-style-type: none"> <li>• Provide opportunities for personal development planning to widen options for future career options and support where agreed</li> <li>• Ensure all annual PDRs are audited and assessed for balance (use IIE process to complete)</li> </ul>	January 2016 onwards
W4.	<p>Create and model a coaching culture within the organisation</p> <ul style="list-style-type: none"> <li>• Raise awareness of the benefits of coaching as a management style and tool to support personal improvement to all staff</li> <li>• Develop/provide training for a cadre of 'internal coaching ambassadors' who can deliver team and individual coaching and support the coaching ethos within the CCG</li> <li>• Offer mentoring within and outwith the CCG as part of the PDR process</li> </ul>	March 2016
W5.	<p>Ensure sustainability for smaller practices to keep diversity within the membership group</p>	May 2016

	<ul style="list-style-type: none"> <li>Recognise the benefits and constraints that small practices are dealing with and discuss these through locality meetings</li> <li>Strengthen approach to support small practices to enable their continued engagement in Locality and CCG activities</li> <li>Discuss through annual practice visits what additional support might be provided by the CCG to support smaller practices</li> </ul>	
W6.	<p>Support workforce planning in primary care</p> <ul style="list-style-type: none"> <li>Undertake an audit jointly with practices to understand the workforce profile for primary care in Rotherham and identify future recruitment, turnover and retention issues for the borough</li> <li>Consider with practices how the CCG might help with primary care recruitment &amp; retention in the future to meet these gaps</li> <li>Consider with primary care the nature of roles and skill mix for the future to meet the integration agenda</li> </ul>	April/May 2016
W7.	<p>Support inter-organisational skills development to create a mobile workforce</p> <ul style="list-style-type: none"> <li>Discuss with other Rotherham Leaders the opportunity for collaborative development and cross-organisational training</li> <li>Consider where joint plans for workforce development will benefit the Rotherham system and implement</li> </ul>	June 2016
W8.	<p>Explore workforce innovation across the system</p> <ul style="list-style-type: none"> <li>Host a collaborative conference/event to explore innovation in the Rotherham Workforce</li> <li>Agree actions from this and explore opportunities to transfer learning and develop new approaches</li> </ul>	June 2016
W9.	<p>Explore the opportunities for shared resources</p> <ul style="list-style-type: none"> <li>Consider through 'Working Together' the opportunities for shared staffing solutions across CCGs, wider Rotherham system and across South Yorkshire where appropriate</li> <li>Collaborate in those areas where resources are finite and specialist support is required.</li> </ul>	May 2016
<b>Engagement – SUE CASSIN</b>		
E1.	<p>Ensure the Governing Body takes its place as a system leader and is seen as such</p> <ul style="list-style-type: none"> <li>Continue to participate in system wide discussions and be represented as appropriate in Rotherham system governance etc.</li> <li>Be an active member of the Health &amp; Wellbeing Board</li> <li>Ensure GP members of the CCG have active roles/lead Rotherham wide conversations across differing partners to raise the CCGs clinical profile</li> </ul>	On-going
E2.	<p>Deliver effective communications from Governing Body to all partners, public and staff</p> <ul style="list-style-type: none"> <li>Review current communications strategy and mechanism to ensure fit for purpose</li> <li>Consider new ways of raising the profile of the CCG with all different audiences</li> <li>Strengthen internal staff communications making more use of 'all-staff' meetings</li> <li>Align communications strategy with those of other system partners where possible to strengthen voice and clarity of message</li> </ul>	February 2016
E3.	<p>Ensure mutual benefit is derived from Board to Board engagement</p> <ul style="list-style-type: none"> <li>Revisit the B2B arrangements to ensure best use is made of the time engaged in these activities</li> <li>Consider opportunities for joint board events wider than just bi-annual review meetings</li> <li>Consider 'buddy' arrangements between NED and GP /Lay members to discuss areas of common interest and build shared leadership</li> </ul>	June 2016
E4.	Support and encourage inter-team working	April/May 2016

	<ul style="list-style-type: none"> <li>Review opportunities presented through team structure review (L4.) to explore where inter-team working might improve effectiveness and resilience</li> </ul>	
E5.	<p>Ensure internal CCG staff involvement mechanisms are fit for purpose</p> <ul style="list-style-type: none"> <li>Conduct audit of CCG staff involvement mechanisms enabling staff to participate in review and make suggestions for any improvements</li> <li>Implement changes as a result and work with a diagonal slice of staff representatives to ensure changes meet expectations</li> </ul>	February 2016
E6.	<p>Build capacity in conjunction with member practices through identifying skills and interests</p> <ul style="list-style-type: none"> <li>Link with W5 and W6 to identify skills and special interests of both GPs and practice staff</li> <li>Discuss through joint collaboration how these skills might be harnessed as part of the CCG commissioning plan</li> <li>Consider how Practice Managers and other practice staff might be supported to engage in and support the commissioning function</li> <li>Ensure that interested participants have the support to progress if they are interested in moving into a locality or SCE role</li> </ul>	May 2016
E7.	<p>Continue to develop relationships with member practices to support joint working</p> <ul style="list-style-type: none"> <li>Review operation of members committee, practice managers meeting and other forums currently in existence</li> <li>Develop other/new forums for engagement where there is interest and benefit to do so – e.g. Practice Nurses</li> <li>Explore how other functions (e.g. Pharmacy) might be organised and resourced to support practice development further</li> </ul>	On-going
E8.	<p>Ensure public engagement strategy is robust and aligned with fellow agencies</p> <ul style="list-style-type: none"> <li>In line with S7 review public engagement strategy and make any recommendations for improvement</li> <li>Consider collaborative public engagement plans in issues of relevance and co-ordinate consistent messages</li> </ul>	March 2016
E9.	<p>Develop capability to support new co-commissioning role for new models of care</p> <ul style="list-style-type: none"> <li>Review skills and capacity gaps for new MoC in line with team structures review</li> <li>Explore how the transformation agenda needs to be supported in the CCG and ensure resources for this are appropriately aligned</li> </ul>	March 2016
<b>Collaboration – IAN ATKINSON</b>		
C1.	<p>Explore options for effective and efficient collaboration with other CCGs</p> <ul style="list-style-type: none"> <li>Review current approach to shared resources following CSU closure and determine if any changes are needed for future period</li> <li>Review as part of team structures work if any further support can be aligned between local or Yorkshire wide CCGs</li> <li>Consider those areas which overlap CCG areas and identify if any collaborative work will benefit Rotherham population – e.g. specialised services</li> </ul>	On-going
C2.	<p>Engage in the NHS FTs ‘Working Together Programme’ to ensure best decisions for Rotherham services</p> <ul style="list-style-type: none"> <li>Keep abreast of the discussions underway and ensure local FT decisions are in line with commissioning intentions</li> <li>Consider any unintended consequences of FT collaboration and make sure mitigation is in place as necessary</li> </ul>	On-going
C3.	<p>Support collaborative working between CCG teams</p> <ul style="list-style-type: none"> <li>Review within the CCG where opportunities for joint or more collaborative working exists</li> <li>Consider based on skills audit and PDR process how to adopt a more ‘programme’ approach to deployment of CCG resources against specific projects</li> </ul>	February 2016
C4.	<p>Provide opportunities for Action Learning to support team and individual development</p>	February 2016



	<ul style="list-style-type: none"> <li>• Develop Rotherham approach to Action Learning involving representatives of the staff team and managers</li> <li>• Design a pilot ALS programme and test with 2/3 groups</li> <li>• Review approach and measure impact to evaluate benefit of approach and enable staff representatives to present findings to Governing Body/Operational Executive</li> </ul>	
C5.	<p>Work with practices to support collaborative primary care development</p> <ul style="list-style-type: none"> <li>• See actions in W5 and W6</li> </ul>	April/May 2016
C6.	<p>Invest effort in securing appropriate joint commissioning arrangements</p> <ul style="list-style-type: none"> <li>• Review jointly with RMBC and other commissioning partners (e.g. NHS England) the approach to joint commissioning and its success so far</li> <li>• Make any recommendations for improvement including discussion with providers to identify any areas where joint commissioning may benefit the approach locally for service transformation</li> <li>• Undertake a review of best practice and shared learning in this area and discuss locally for application to Rotherham system</li> </ul>	June 2016
C7.	<p>Explore possibility of sharing back office functions to build capacity and resilience</p> <ul style="list-style-type: none"> <li>• Review as part of discussion with neighbouring CCGs and across local organisations in Rotherham</li> <li>• Identify those areas in team support where skill set is spread thinly and resilience needs improving and put in place mitigations to manage any gaps</li> </ul>	June 2016