Organisational Development Strategy & Plan Update

Purpose:
To present to the Governing Body (GB) the latest update to the Organisational Development (OD) Strategy.

Background:
The CCG OD Strategy is a 3 year strategy originally developed in October 2015 and last presented to Governing Body in February 2016.
During March/April, the Operational Executive took time to refresh the detailed OD plan which forms part of the OD Strategy.

Analysis of key issues and of risks
The original plan was made up of the first 3 columns only. A further 3 columns have now been added – Commentary, Outstanding Actions and Timescale with lead officers updating their sections of the plan accordingly.

This has now been added to the OD strategy and the full document (original 2016 Strategy with updated plan) is presented to Governing Body for information and agreement.

Patient, Public and Stakeholder Involvement:
Outlined within the OD Detailed plan

Equality Impact:
N/A

Financial Implications:
Time to complete actions

Human Resource Implications:
N/A

Procurement:
N/A

Approval history:
Operational Executive – 27 March 2017

Recommendations:

- To discuss and agree the refreshed OD Strategy.
NHS Rotherham Clinical Commissioning Group

Organisational Development – Next Steps

Organisational Development Strategy and Supporting Plan
2015 - 2018

EXECUTIVE SUMMARY
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 £400 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 organisation’s ‘health’ in terms of leadership, delivery, resourcing and achievement. The CCG was re certified in June 2016 for a further 2 years.

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 was also prepared in 2015 and updated in 2017.

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 organisational objectives are:

| Quality     | Improving safety, patient experience and outcomes and reducing variations |
| Delivery    | Leading system wide efficiency programmes that consistently achieve measurable improvements whilst meeting our financial targets |
| Assurance   | Having robust internal constitutional and governance arrangements, ensuring that providers’ services are safe and ensuring vulnerable people have effective safeguarding |
Safeguarding  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

In 2014 we completed an OD diagnostic, which gave us comprehensive information on which to build this strategy and previous supporting plan.

4.1 Drivers

The diagnostic began by identifying the key drivers that are influencing our work at that time and those that were expected in the next two years. Those key drivers were 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 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 determined a set of OD objectives that formed the basis of our detailed plan, these haven’t changed. The objectives are drawn from the responses to the diagnostic and are grouped to support each of our different audiences.

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

<table>
<thead>
<tr>
<th>Governing Body</th>
<th>CCG Staff Team</th>
<th>Member Practices</th>
<th>Wider Partners</th>
</tr>
</thead>
</table>

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 is 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 are submitted to the Governing Body.

6.2 Programme Management

Where appropriate the action plan is 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: Richard Cullen – Clinical Chair
Systems & Processes: Ruth Nutbrown – 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 is reviewed on a 12 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”

<table>
<thead>
<tr>
<th>OD Dimension</th>
<th>Governing Body</th>
<th>CCG Staff Team</th>
<th>Member Practices</th>
<th>With Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership and Empowerment</td>
<td>Setting strategic direction</td>
<td>Clarity of leadership model</td>
<td>Supporting Localities to develop their plans</td>
<td>System Leadership support</td>
</tr>
<tr>
<td></td>
<td>Overseeing plans and delivery</td>
<td>Empowerment and support</td>
<td>Succession planning for locality leads</td>
<td></td>
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<td></td>
<td>Leading by example modelling behaviours</td>
<td>Talent Management</td>
<td></td>
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<tr>
<td>Clinical Focus</td>
<td>Clinical leaders development support</td>
<td>Succession Planning for SCE roles</td>
<td>-Supporting practice networks e.g. Practice nurses and practice managers</td>
<td>Contribution to local, regional and national clinical networks</td>
</tr>
<tr>
<td></td>
<td>Ensuring our decisions and plans are clinically led and informed</td>
<td>Engagement of wider clinical groups in CCG operations</td>
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<tr>
<td>Systems &amp; Processes</td>
<td>Board Development</td>
<td>Effective team structures</td>
<td>Enrich locality model to support practices</td>
<td>Review systems – complaints, patient feedback etc. Build on 360/NHSE assessment</td>
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<tr>
<td></td>
<td>Staff communication</td>
<td>Retention of staff</td>
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<td></td>
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<td>Capacity building</td>
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<tr>
<td>Workforce – Skills &amp; Development</td>
<td>Board appraisal</td>
<td>Skills development</td>
<td>Supporting small practices</td>
<td>Skills development</td>
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<tr>
<td></td>
<td></td>
<td>Career planning</td>
<td>Workforce planning and succession</td>
<td>Innovative workforce design</td>
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<td></td>
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<td>Coaching and culture</td>
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<td>Shared resources</td>
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<tr>
<td>Engagement</td>
<td>System Leadership</td>
<td>Inter team working</td>
<td>Identify skills and interests</td>
<td>Public engagement strategy</td>
</tr>
<tr>
<td></td>
<td>External communications</td>
<td>Staff involvement</td>
<td>Build on existing relationships to support capacity building</td>
<td>Co-commissioning role</td>
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<td></td>
<td>Board to Board mechanisms</td>
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<tr>
<td>Collaboration</td>
<td>CCG collaboration</td>
<td>Joint working between teams</td>
<td>Supporting primary care development</td>
<td>Joint commissioning</td>
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<tr>
<td></td>
<td>Working Together programme</td>
<td></td>
<td></td>
<td>Sharing back office functions</td>
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<tr>
<td>CB/October/Plan on a Page/Rotherham CCG</td>
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</tbody>
</table>
### ROTHERHAM CLINICAL COMMISSIONING GROUP – ORGANISATIONAL DEVELOPMENT STRATEGY 2015-2018

#### Detailed OD Plan
**Updated March 2017**

<table>
<thead>
<tr>
<th>Ref</th>
<th>Action</th>
<th>Initial Timescale</th>
<th>Commentary</th>
<th>Outstanding Actions</th>
<th>Timescale</th>
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</thead>
<tbody>
<tr>
<td></td>
<td><strong>Leadership &amp; Empowerment – Lead Officer CHRIS EDWARDS</strong></td>
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<tr>
<td>L1.</td>
<td>Refresh the CCGs commissioning strategy in the light of known drivers and identify key objectives for 2016/17</td>
<td>February 2016</td>
<td>Rotherham CCG strategy reviewed and refreshed. Specific objectives linked to work programmes. Plan circulated to all key stakeholders. Plan shared at all GP locality meetings. Plan shared at Members committee. Plan shared at Governing Body. Plan shared at All Staff briefing.</td>
<td>none</td>
<td>Completed</td>
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<tr>
<td></td>
<td>- Review strategy and revise in light of new guidance and local drivers</td>
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<tr>
<td></td>
<td>- Identify specific objectives for 2016/17 and link to work programmes</td>
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<tr>
<td></td>
<td>- Communicate plan and key objectives to all member practices, staff team and partners</td>
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<tr>
<td>L2.</td>
<td>Clarify the specific actions needed to deliver against the agreed objectives and ensure capacity &amp; capability for delivery</td>
<td>February 2016</td>
<td>Agreed objectives and priority areas given to OE members. Structure reviewed every 6 months to ensure fit to deliver objectives. All priorities linked to the plan in the PDR process –All PDR completed May 2016.</td>
<td>none</td>
<td>Annual process</td>
</tr>
<tr>
<td></td>
<td>- Work with team managers in the CCG to review objectives and assess capacity needed in staff team</td>
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<tr>
<td></td>
<td>- Consider priorities and how these link to current job roles and discuss delivery plans as part of PDR</td>
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<tr>
<td>L3.</td>
<td>Model behaviours that support the maintenance of an empowered and supportive culture</td>
<td>March 2016</td>
<td>Staff values widely discussed and shared with Staff and GB. GB signed off and implemented OD plan including staff values. Communication with staff continues to score highly in the staff survey. Communication through weekly briefings/All staff meetings.</td>
<td>none</td>
<td>Annual process</td>
</tr>
<tr>
<td></td>
<td>- Discuss and develop Governing Body understanding of empowerment and agree how this can be promoted in the CCG</td>
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<td></td>
<td>- Demonstrate through management and leadership model the preferred CCG approach and discuss/communicate with staff colleagues</td>
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<tr>
<td>L4.</td>
<td>Ensure leadership model and team based</td>
<td>March</td>
<td>OE review structures every 6 months to ensure fit</td>
<td>None</td>
<td>6 monthly</td>
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</table>
| **structures are fit for purpose and recognise system challenges**  
• Undertake a review of team-based structures within the CCG.  
• Engage staff in the discussion and develop a revised management structure based on shared understanding of requirements | 2016 | for purpose.  
Staff consulted on changes prior to implementation. |   |
| **L5.** Encourage all CCG colleagues to adopt an empowered leadership approach, supporting devolved decision making where possible  
• 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  
• Review staff values and ensure in line with an EL model | March 2016 | Empowered leadership and leading in a coaching culture cohort of staff identified. Development session run over 12 months to March 2017.  
12 key staff trained to develop the culture. | None |
| **L6.** Realise the talent and potential of all colleagues working within the CCG and support their future career aspirations  
• Review the talent management policy to ensure fit for purpose  
• Complete skills audit  
• Agree an approach to talent management and identify initial cohort  
• Discuss and agree approach to career development coaching as part of PDR process | April 2016 | Talent management policy reviewed.  
Skills audit completed.  
Cohort identified for empowered leadership and training to develop leadership potential.  
All PDRs completed by May 2016 and reviewed after 6 months. Career development covered in the PDR. | PDR cycle |
| **L7.** Proactively support succession planning for CCG Chair role, SCE members and GPs in locality commissioning roles  
• Undertake review of skills and development needs for those eligible to become CCG Chair and support as necessary  
• Review core skill set required for Locality Lead roles  
• Promote opportunity for CCG involvement | May 2016 | Succession planning using PDR for lead GPs.  
New chair appointed, new SCE member appointed and new GPs in locality role so plan is shown to be working. | None |

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Continuous
and meet with interested candidates to generate interest

| L8. | Play an effective part in the wider leadership system  
|     | • Contribute to existing mechanisms and ensure CCG position is reflected at most senior level discussions  
|     | • Further develop partnerships with key senior leaders in partner organisations | On-going | CCG arranged all partner meetings held weekly at Senior level.  
|     | Regular 1-1s  
|     | Annual Board to Boards  
|     | Chair and CO development sessions | None | Continuous |

### Clinical Focus – Lead Officer JULIE KITLOWSKI/RICHARD CULLEN

#### CF1. Ensure the capability and skills of our clinical leaders are assessed and supported

| On-going | Clinical leaders have 6 monthly PDRs with executive officers and monthly one to ones with the chair to update on capability and skills. PDRs are SMART and achievable. As chair I identify courses training and national meetings which I think may be appropriate for each clinician. PDRs on GB members always include direct reference to contribution to GB. Members are encouraged to attend other CCG GBs. |
| Handover to take place to incoming chair end March and Richard Cullen will then review the board development and one to ones with clinicians | July 2017 |

| May 2016 | Clinical leaders have 6 monthly PDRs with executive officers and monthly one to ones with the chair to update on capability and skills. PDRs are SMART and achievable. As chair I identify courses training and national meetings which I think may be appropriate for each clinician. PDRs on GB members always include direct reference to contribution to GB. Members are encouraged to attend other CCG GBs. |
| Handover to take place to incoming chair end March and Richard Cullen will then review the board development and one to ones with clinicians | July 2017 |

| March 2016 onwards | Succession planning takes place as a regular discussion at SCE along with discussions on role changes. The appointment of a new SCE GP 1st May will trigger a further discussion around portfolios and possible changes. Regular attendance at locality meetings and members committee helps identify potential successors. Regular monthly meetings with the Chair of the members committee |
| A talent management plan is in place but could be further developed by the incoming chair | Sept 2017 |

| January 2016 | Monthly meetings with CCG and LMC officers occur and an SCE GP attends LMC general meeting every month. LPC engagement is more challenging as some of the CCG work has caused some challenge. MMT meet regularly with LPC and chair has 1 to 1s for specific issues. Nurse now more involved with PTLC programme which has improved engagement. CCG actively support practice nurse forum and facilitate |
| Incoming chair to pick up engagement with LPC to support MMT | July 2017 |

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meetings/learning via PLTC. Clinical colleagues support CCG project work as and when it is required using 5 additional GPs to input into meetings.

**CF4.** Facilitate a network of support for member practices in agreed areas
- Explore with member practices the benefits of supported networks for Practice Managers and Practice Nurses
- Consider jointly how these might best be supported and agree a CCG supported development plan

April 2016

PTLC meetings have been changed so that there are now specific support networks for Practice Nurses and these occur for a half day bimonthly. Practice Managers have a monthly Forum and input into members committee. Regular locality visits from the Officers and SCE GPs are valued and appreciated.

Incoming chair to consider CCG supported development plan for practices

Sept 2017

**CF5.** Create and contribute to local and regional clinical networks to ensure influence and learning
- Audit current engagement in regional networks and how useful these are perceived to be
- Agree representation and support attendance
- Ensure regular feedback both to wider CCG staff team and to Governing Body

January 2016

The CCG priorities attendance at clinical networks and has a robust process via OE to decide who the most appropriate attendee needs to be. SCE GPs are directed by OE to the meetings which are deemed to be the priorities for best use of their more limited diary time. Feedback to the CCG is good but not always to the wider staff team and to GB

OE to review how useful the engagement is with the various clinical networks and how communications to wider staff could be improved

August 2017

**Systems & Processes – Lead Officer RUTH NUTBROWN**

**S1.** Ensure the Governing Body is operating effectively
- Refresh board development programme and undertake annual stocktake of progress against plans
- Ensure all GB members access annual PDR and discussion about skills development where appropriate
- Review feedback from 360 questionnaire and follow up on any areas where further improvement could be achieved

June 2016

Board development sessions ongoing last held March 2017.

Annual PDR process soon to commence.

Feedback from 360 questionnaire completed.

None

Annual Process

**S2.** Achieve excellent staff and wider team communications to support open culture
- Refresh staff communications strategy
- Build further on the use of ‘all-staff’ meetings to share key messages

October 2017

Communications & engagement strategy to be revised in line with the Rotherham Place Plan, which align CCG communications with those of health and social care partners. Timescales for the revision will be in line with the Place Plan

None

ongoing
- Ensure staff at all levels in CCG are briefed on key headlines – managers need to cascade messages promptly

**February 2016**

Governance and delivery plan completion

All staff meetings continue to be well attended by staff and executives. Senior Management team meets every Thursday morning for cascades.

### S3.

Ensure organisational structures are fit for purpose
- Undertake a review of the team based structure (see L4) utilising form following function analysis
- Consider how capacity is distributed in the team and revise as necessary in line with CCG plans
- Keep structures under review and respond when capacity pressures affect delivery

**March 2016**

(see L4) OE review structures every 6 months to ensure fit for purpose.

Staff consulted on changes prior to implementation.

### S4.

Support the recruitment and retention of high quality staff
- Refresh recruitment and retention strategy
- Discuss and agree factors which affect staff retention and target those where necessary
- Develop a bespoke rewards strategy linked to recognition

**June 2016**

Recruitment and retention policy has been reviewed following internal audit report around recruitment process.

Staff retention good practice

1) Know your workforce. It is important to review organisation-wide workforce data and for managers to be able to drill down into this by department and team to review, compare and learn – Quarterly reports to OE for workforce and absence. ESR realigned to reflect new structure.

2) Review the effectiveness of your staff engagement plans and activity – overall staff engagement score higher than national average – 4.12/5 vs 3.89 for CCGs

3) Test whether your engagement and communication routes with managers around people management issues are effective. – 82% reported good communication between senior managers and staff.

Policy to continue to go through process

**June 2017**
4) Review recruitment and selection processes, induction and preceptorship – Recruitment complete with training to follow. Induction processes could be reviewed along with SC to confirm relevance of preceptorship for CCG.

5) Consider how your values are used in recruitment and throughout the employee life cycle.- 91% reported a discussion about values being included in the appraisal process.

6) Review your health, work and well-being strategy and its effectiveness. 4.47/5 we satisfied with management interest and action on HWB.

7) Look at your whole reward package and how you describe this to potential new recruits as well as your current workforce. – would need more time to consider this in line with OEs intentions.

8) Review your approach to flexible retirement options. – All options available subject to service need, e.g. flexible retirement and return, some recent examples of this.

10) Review your approach to talent management and development – OE developed a separate talent management strategy, I believe that has been reviewed.

11) Understanding the impact of activity. Build time and measures into your retention plan to enable you to reflect on what has and hasn’t worked. Drill down into team level data. – Workforce reports do not indicate any issues with staff retention.

12) Use some of the data sets identified to help
### S5. Assess and consider overall staff team capacity and prioritise
- Each senior director to review current capacity constraints and feed into structure review in L4/S3
- Utilise refreshed PDR process to debate capacity constraints and prioritise workload jointly with team member
- Review opportunities for joint team working to provide support and improve resilience

<table>
<thead>
<tr>
<th>April/May 2016</th>
<th>(see L4/S3) OE review structures every 6 months to ensure fit for purpose.</th>
<th>April/May 2016</th>
<th>(see L4/S3) OE review structures every 6 months to ensure fit for purpose.</th>
<th>April/May 2016</th>
<th>(see L4/S3) OE review structures every 6 months to ensure fit for purpose.</th>
</tr>
</thead>
</table>

Staff consulted on changes prior to implementation.
PDR training to be delivered
Joint team working developed across Rotherham and wider STP footprint.

**Appraisal training to be delivered: June 2017**

### S6. Enrich the locality model to further support member practices
- Conduct a short survey with each Locality (via the Lead GP?) to discuss how localities could better support member practices
- Review communications strategy in respect of member practices

<table>
<thead>
<tr>
<th>May/June 2016</th>
<th>Development sessions held with all locality leads.</th>
<th>May/June 2016</th>
<th>Development sessions held with all locality leads.</th>
<th>May/June 2016</th>
<th>Development sessions held with all locality leads.</th>
</tr>
</thead>
</table>

GP executive leads visit localities and discuss specific communication items.

**Further development sessions for locality leads to ensure member and localities communicate SCE and members committee discussions: August 2017**

### S7. Ensure patient and public feedback is proactively harnessed to inform commissioning
- Review approach to PPI and consider any improvements
- Discuss with project and programme leads how best to feed PPI feedback into commissioning plans
- Discuss with other partners how to best align PPI activities to avoid duplication

<table>
<thead>
<tr>
<th>June 2016</th>
<th>PPE/I lead is a member of CRMC and feeds into other meetings via Chief Nurse.</th>
<th>Reviewed Feb 2017</th>
<th>PPE/I lead is a member of CRMC and feeds into other meetings via Chief Nurse.</th>
<th>Reviewed Feb 2017</th>
<th>PPE/I lead is a member of CRMC and feeds into other meetings via Chief Nurse.</th>
</tr>
</thead>
</table>

PPE and Comms Committee Chaired by Lay Rep. Reviews PPE/I work plan; our ongoing approach to PPI, and our work plan. This includes membership from the local authority, VAR and Healthwatch, Public Health in order to align activities and avoid duplication. In addition, the PPI Manager links closely with regional colleagues and partners and providers to ensure the most effective allocation of resources.

Quarterly PPG Network meetings to ensure engagement and experience info reaches as widely as possible across the patch.

**None**: Continuous
Annually; draft complete d for 2016-17

Engagement is mapped systematically on an annual basis, using the projects and programmes as set out in the commissioning plan. This gives a framework for programme leads to assess engagement, and identify plans and gaps, and address these.

S8. Act on feedback to continuously improve our functioning as a CCG
- Discuss 360 feedback as part of GB development session
- Engage with voluntary and community sector to review CCG’s approach to engagement with other partners
- Complete staff survey to harness staff feedback re suggestions for improvement

On-going 360 feedback discussed as part of a GB development session.

NHS Rotherham CCG signed the Rotherham Compact agreement with VCS/LA/VAR.

Staff survey completed for this year and actions taken based on feedback.

None Completed.

**Workforce – Skills & Development CHRI S EDWARDS**

**W1.** Support Governing Body members to review their performance and develop their skills
- Ensure regular 360 feedback tool is undertaken and reviewed with each Governing Body Member
- Complete annual appraisal cycle and link to development plans as in CF1.
- Provide opportunities for other staff colleagues to shadow Governing Body meetings and provide feedback

March 2016 GB 360 feedback and development sessions.

All GB members have annual PDRs.

All staff encouraged to attend GB meetings.

Quarterly development sessions for GB.

None Quarterly

**W2.** Ensure our staff team are equipped with the skills to complete their roles
- Review revised PDR process and ensure implementation is systematic and consistent across all teams
- Where appropriate explore methods of engaging staff in personal development – e.g. Action Learning (ALS), Team Development and ‘all-staff’ development sessions
- Consider ‘Team Effectiveness’ audits for

January 2016 PDR process completed for all staff.

Training provided for appraisers and appraees to ensure consistency.

Staff survey reports PDR effectiveness well above national average.

None Continuous
<table>
<thead>
<tr>
<th>W3.</th>
<th>Enter into proactive career planning to maximise the opportunities for staff colleagues to progress</th>
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<tbody>
<tr>
<td></td>
<td>• Provide opportunities for personal development planning to widen options for future career options and support where agreed</td>
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<td></td>
<td>• Ensure all annual PDRs are audited and assessed for balance (use iiE process to complete)</td>
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<td></td>
<td>January 2016 onwards PDRs audited to ensure completed correctly. Training provided for appraisers and appraisees to ensure consistency of quality of PDRs. Opportunities provided for internal projects and career options supported where possible.</td>
</tr>
<tr>
<td></td>
<td>Appraisal training to be delivered July 2017</td>
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<tr>
<td>W4.</td>
<td>Create and model a coaching culture within the organisation</td>
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<td></td>
<td>• Raise awareness of the benefits of coaching as a management style and tool to support personal improvement to all staff</td>
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<td></td>
<td>• 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</td>
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<tr>
<td></td>
<td>• Offer mentoring within and outwith the CCG as part of the PDR process</td>
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<tr>
<td></td>
<td>March 2016 Coaching culture training provided to key staff over a 12 month period to become internal coaches. Coaching made available to staff on a 1-1 level through PDRs.</td>
</tr>
<tr>
<td></td>
<td>None Continuous</td>
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<tr>
<td>W5.</td>
<td>Ensure sustainability for smaller practices to keep diversity within the membership group</td>
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<td></td>
<td>• Recognise the benefits and constraints that small practices are dealing with and discuss these through locality meetings</td>
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<td></td>
<td>• Strengthen approach to support small practices to enable their continued engagement in Locality and CCG activities</td>
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<td></td>
<td>• Discuss through annual practice visits what additional support might be provided by the CCG to support smaller practices</td>
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<td></td>
<td>May 2016 Smaller practices supported thorough buddy arrangements with other practices. Supported to share resources with other practices. Supported through annual visits. Mergers are facilitated if requested.</td>
</tr>
<tr>
<td></td>
<td>None Continuous</td>
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<tr>
<td>W6.</td>
<td>Support workforce planning in primary care</td>
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<td></td>
<td>• Undertake an audit jointly with practices to understand the workforce profile for</td>
</tr>
<tr>
<td></td>
<td>April/May 2016 Workforce audit completed. New initiatives e.g. practice pharmacists are</td>
</tr>
<tr>
<td></td>
<td>None Continuous</td>
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</table>
primary care in Rotherham and identify future recruitment, turnover and retention issues for the borough
  • Consider with practices how the CCG might help with primary care recruitment & retention in the future to meet these gaps
  • Consider with primary care the nature of roles and skill mix for the future to meet the integration agenda

W7. Support inter-organisational skills development to create a mobile workforce
  • Discuss with other Rotherham Leaders the opportunity for collaborative development and cross-organisational training
  • Consider where joint plans for workforce development will benefit the Rotherham system and implement

June 2016
Joint developments sessions with CO’s and chairs. Joint posts with RMBC.

None
As opportunities for collaboration arises

W8. Explore workforce innovation across the system
  • Host a collaborative conference/event to explore innovation in the Rotherham Workforce
  • Agree actions from this and explore opportunities to transfer learning and develop new approaches

June 2016
Workforce events held to recruit/attract staff. CCG work with GP registrars to match to practices.

More work to transfer learning from events during 2017.
Continuous

W9. Explore the opportunities for shared resources
  • Consider through ‘Working Together’ the opportunities for shared staffing solutions across CCGs, wider Rotherham system and across South Yorkshire where appropriate
  • Collaborate in those areas where resources are finite and specialist support is required.

May 2016
Joint functions with other CCGs for financial services, procurement, HR, IFR, Communication, payroll, Occupational Health, Statutory training, health and safety and IT.

Joint posts with RMBC for children’s, Long term conditions, Mental Health and Learning Disabilities.

Collaboration within the STP discussed where possible
Continuous

Engagement – SUE CASSIN

E1. Ensure the Governing Body takes its place as a system leader and is seen as such
  • Continue to participate in system wide discussions and be represented as

On-going
Senior Clinicians and Officers actively engaged in key multi-stakeholder meetings.

Chief Officer and CCG Chair are members of

none
Continuous
<table>
<thead>
<tr>
<th>E2.</th>
<th>Deliver effective communications from Governing Body to all partners, public and staff</th>
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<tbody>
<tr>
<td></td>
<td>• Review current communications strategy and mechanism to ensure fit for purpose</td>
</tr>
<tr>
<td></td>
<td>• Consider new ways of raising the profile of the CCG with all different audiences</td>
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<td></td>
<td>• Strengthen internal staff communications making more use of ‘all-staff’ meetings</td>
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<tr>
<td></td>
<td>• Align communications strategy with those of other system partners where possible to strengthen voice and clarity of message</td>
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</table>

February 2016

Communication and Engagement Committee in place and Chaired by Lay Representative, has oversight of Communication strategy.

All staff encouraged to attend all staff meetings and agenda includes essential internal communications and some elements of mandatory training.

All staff meetings are used to ensure staff voices are heard and contribute to developments within the organisation.

E3. | Ensure mutual benefit is derived from Board to Board engagement |
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<tbody>
<tr>
<td></td>
<td>• Revisit the B2B arrangements to ensure best use is made of the time engaged in these activities</td>
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<td></td>
<td>• Consider opportunities for joint board events wider than just bi-annual review meetings</td>
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<tr>
<td></td>
<td>• Consider ‘buddy’ arrangements between NED and GP /Lay members to discuss areas of common interest and build shared leadership</td>
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</table>

June 2016

Regular Board to Board meetings continue with main providers, attendance remains good, agendas agreed between organisations.

Buddy arrangements

Continuous

E4. | Support and encourage inter-team working |
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<tbody>
<tr>
<td></td>
<td>• Review opportunities presented through team structure review (L4.) to explore</td>
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</table>

April/May 2016

6 monthly reviews of staff structures, staff consulted on any changes.

None

6 monthly
<table>
<thead>
<tr>
<th></th>
<th>E5. Ensure internal CCG staff involvement mechanisms are fit for purpose</th>
<th>February 2016</th>
<th></th>
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</thead>
</table>
|   | - Conduct audit of CCG staff involvement mechanisms enabling staff to participate in review and make suggestions for any improvements  
- Implement changes as a result and work with a diagonal slice of staff representatives to ensure changes meet expectations | Staff survey considered within Executive team to ensure any gaps/concerns are addressed.  
Staff suggestions and feedback taken to Executive meeting and All Staff Meeting quarterly for discussion and consideration.  
Staff consulted on structure review outcomes. | none | Continuous |
|   | E6. Build capacity in conjunction with member practices through identifying skills and interests | May 2016 |  |
|   | - Link with W5 and W6 to identify skills and special interests of both GPs and practice staff  
- Discuss through joint collaboration how these skills might be harnessed as part of the CCG commissioning plan  
- Consider how Practice Managers and other practice staff might be supported to engage in and support the commissioning function  
- Ensure that interested participants have the support to progress if they are interested in moving into a locality or SCE role | Smaller practices supported thorough buddy arrangements with other practices.  
Supported to share resources with other practices.  
Supported through annual visits.  
Mergers are facilitated if requested.  
Workforce audit completed.  
New initiatives e.g. practice pharmacists are offered to practices.  
Locality working ensures an health and social care workers supports GPs.  
GP representation outside of SCE at key meetings (e.g. AQuA). Practice manager representation at GP Members Committee.  
Commission events combined with PLTC to ensure info reaches the wider audience. | none | Continuous |
|   | E7. Continue to develop relationships with member practices to support joint working | On-going |  |
|   | - Review operation of members committee, practice managers meeting and other | GPMC representation at CCG Governing Body.  
Practice nurse forum meeting regularly at PLTC, also has closed Facebook page to share | None | Continuous |
|   | forums currently in existence  
|   | • Develop other/new forums for engagement where there is interest and benefit to do so – e.g. Practice Nurses  
|   | • Explore how other functions (e.g. Pharmacy) might be organised and resourced to support practice development further  
|   | information.  
|   | Initiatives to support the use of Practice Pharmacists / student nurse placements/Physicians Assistants.  
|   | E8. Ensure public engagement strategy is robust and aligned with fellow agencies  
|   | • In line with S7 review public engagement strategy and make any recommendations for improvement  
|   | • Consider collaborative public engagement plans in issues of relevance and co-ordinate consistent messages  
|   | March 2016  
|   | PPE strategy in place covering 2015-19.  
|   | 2017  
|   | PPE/I lead is a member of CRMC and feeds into other meetings via Chief Nurse.  
|   | Communication and Engagement Committee Chaired by Lay Rep. Reviews PPE/I work plan.  
|   | Quarterly PPG Network meetings to ensure engagement and experience info reaches as widely as possible across the patch.  
|   | As above  
|   | The mapping of engagement demonstrates the range of activity and notes where activity is collaborative; a number of examples can be cited. Examples for current year - the AGM this year that we are working with HWB on – others are working with Healthwatch, integrated locality, mental health transformation etc.  
|   | E9. Develop capability to support new co-commissioning role for new models of care  
|   | • Review skills and capacity gaps for new MoC in line with team structures review  
|   | • Explore how the transformation agenda needs to be supported in the CCG and ensure resources for this are appropriately aligned  
|   | March 2016  
|   | 6 monthly structure reviews to ensure capacity and skills to address CCG agendas  
|   | None  
|   | 6 monthly  
|   | Collaboration – IAN ATKINSON  
|   | C1. Explore options for effective and efficient collaboration with other CCGs  
|   | On-going  
|   | Shared services continued to be developed with other S.Yorkshire CCG’s e.g. Health and Safety, HR,  
|   | Continues developed of joint approaches linked  
|   | September 2017  


- Review current approach to shared resources following CSU closure and determine if any changes are needed for future period
- Review as part of team structures work if any further support can be aligned between local or Yorkshire wide CCGs
- Consider those areas which overlap CCG areas and identify if any collaborative work will benefit Rotherham population – e.g. specialised services

I.T.

- Development of Directors of Commissioning Meetings to share good practice
- Joint QIPP development session
- Introduction of Joint Commissioning Committee, to oversee Stroke and HASU

to STP and Sustainable Hospital Services Review

<table>
<thead>
<tr>
<th>C2.</th>
<th>Engage in the NHS FTs ‘Working Together Programme’ to ensure best decisions for Rotherham services</th>
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<tbody>
<tr>
<td>On-going</td>
<td>See above</td>
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</table>

- Keep abreast of the discussions underway and ensure local FT decisions are in line with commissioning intentions
- Consider any unintended consequences of FT collaboration and make sure mitigation is in place as necessary

See above | September 2017 |

<table>
<thead>
<tr>
<th>C3.</th>
<th>Support collaborative working between CCG teams</th>
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<tbody>
<tr>
<td>February 2016</td>
<td>Structure review should allow for increased integration and further joint- working across the CCG.</td>
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</table>

- Coaching Culture approach has continued to develop with specific OD for 12 managers and Senior Managers
- Weekly SMT for all teams to come together

Embed new structure across the organisation from April 2017 | September 2017 |

<table>
<thead>
<tr>
<th>C4.</th>
<th>Provide opportunities for Action Learning to support team and individual development</th>
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</thead>
<tbody>
<tr>
<td>February 2016</td>
<td>Continued development of this action required, to date the CCG has focused on developing the coaching culture within the organisation.</td>
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</tbody>
</table>

- Emphasis on Action Learning and what we mean by this within our organisation

Continued development of this action required, to date the CCG has focused on developing the coaching culture within the organisation. | Emphasis on Action Learning and what we mean by this within our organisation |
<table>
<thead>
<tr>
<th>C5.</th>
<th>staff representatives to present findings to Governing Body/Operational Executive</th>
<th>April/May 2016</th>
<th>Delivery of GYSY FW Development of federation</th>
<th>See actions in W5 and W6</th>
<th>See actions in W5 and W6</th>
</tr>
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<tbody>
<tr>
<td>C6.</td>
<td>Invest effort in securing appropriate joint commissioning arrangements</td>
<td>June 2016</td>
<td>New CCG structure from April 2017 has 4 Senior Joint Commissioning posts with RMBC – focusing on the delivery of the Rotherham Place Plan System level commissioning review for STP</td>
<td>Understand further opportunities for Integrated Commissioning at a Rotherham Place and SY&amp;B level</td>
<td>August 2017</td>
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<td></td>
<td>• Review jointly with RMBC and other commissioning partners (e.g. NHS England)</td>
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<td></td>
<td>the approach to joint commissioning and its success so far</td>
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<td></td>
<td>• Make any recommendations for improvement including discussion with providers to identify any areas where joint commissioning may benefit the approach locally for service transformation</td>
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<td></td>
<td>• Undertake a review of best practice and shared learning in this area and discuss locally for application to Rotherham system</td>
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<tr>
<td>C7.</td>
<td>Explore possibility of sharing back office functions to build capacity and resilience</td>
<td>June 2016</td>
<td>CCG has progressed the shared approach to service with other CCG and RMBC which now include.</td>
<td>None</td>
<td>Review in September 2017</td>
</tr>
<tr>
<td></td>
<td>• Review as part of discussion with neighbouring CCGs and across local organisations in Rotherham</td>
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<td>- I.T (Donc CCG)</td>
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<tr>
<td></td>
<td>• 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</td>
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<td>- BI (MED)</td>
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<td>- CHC</td>
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*Rotherham CCG OD Plan – updated April 2017*