

Governing Body (public) meeting

DATE: 27 March 2014

Title	Organisational Development Plan
Recommended action for the Governing Body	<p>That the Governing Body:</p> <p>Approve the Organisational Development Plan as attached and delegate the development of an action plan to the Executive.</p>
Executive summary	<p>The CCG developed an Organisational Development (OD) Plan as part of its creation; this plan was reviewed by NHS England as part of the authorisation process.</p> <p>Organisational Development is more than creating and delivering a training program or setting the structures, but should feed into to the culture of an organisation and therefore lead us to defining the “the way we do things round here when no one is watching” the work that has been done with Governing Body, Staff teams and the Primary Care Advisory Group in developing new values for the CCG is therefore key to developing the OD Plan.</p> <p>The Director of Governance and Quality has reviewed the plan and the actions taken, and in consultation with Executive Colleagues and some members of the Governing Body has revised the plan.</p> <p>The plan is written to reflect the Assurance Framework which identifies 6 domains of a good commissioner and reflects on actions that we need to undertake as part of our desire to continuously improve.</p> <p><i>Domain 1: Are patients receiving clinically commissioned, high quality services?</i></p> <p><i>Domain 2: Are patients and the public actively engaged and involved?</i></p> <p><i>Domain 3: Are CCG plans delivering better outcomes for patients?</i></p> <p><i>Domain 4: Does the CCG have robust governance</i></p>

Clinical Commissioning Group

	<p><i>arrangements?</i></p> <p>Domain 5: <i>Are CCGs working in partnership with others?</i></p> <p>Domain 6: <i>Does the CCG have strong and robust leadership?</i></p> <p>It is important to reflect on the successes of the last year, our first as a CCG, for example</p> <p>Under domain : 1 there have been 29 GP leads, 1 Nurse Practitioner lead engaged in clinical leadership roles, representing almost a quarter of the GP community. In addition to which the GP engagement events where commissioning intentions are discussed and agreed have an average of 80 GPs attend.</p> <p>Under domain 5: we have improved relations with the Local Authority and developed a joint commissioning team, and co-sponsored a number of papers to the safeguarding improvement board</p> <p>There should be read-across from this OD plan to The Primary Care Development Strategy and our Commissioning Intentions.</p> <p>A detailed action plan needs to be created, to enable the governing body to monitor the progress in the plan, however an example is shown for information.</p> <p>The 18 recommendations in the plan are considered to be achievable and deliverable. The governing body are therefore asked to sign off the plan and endorse the development of the action plan.</p> <p>If a member of the Governing Body wants to be more actively involved in the development and monitoring of the action plan, please can they liaise with Simon Evans-Evans</p>	
<p>Which objective does this paper support?</p>	<p>Patients: Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders</p>	<p>✓</p>
	<p>People: Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London</p>	<p>✓</p>
	<p>Pounds: Delivering on all of our statutory duties and become an effective, efficient and economical organisation</p>	<p>✓</p>

Clinical Commissioning Group

	Process: Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience		✓
Organisational implications	Key risks <small>(corporate and/or clinical)</small>	An OD plan is a key element of the CCG Assurance and in itself is design to mitigate risks in relation to meeting our statutory responsibilities	
	Equality and diversity	Access to the actions within the plan will be in line with our equality obligations and the 9 protected characteristics will be considered in designed any events or activities	
	Patient impact	Domains 1 to 3 directly link to patients	
	Financial	We will look for grant funding wherever possible, other costs will be absorbed within the £25 per head management costs	
	Legal issues	None arising directly from this report	
	NHS constitution	Aligned to the NHS Constitution and CCG Assurance Framework	
Consultation (public, member or other)	Staff, PCAG and Some members of the Governing Body		
Audit <small>(considered/approved by other committees/groups)</small>	None		
Communications plan	TBA		
Author	Simon Evans-Evans		
	Clinical lead Dr Howard Stoate	Executive sponsor Simon Evans-Evans Director of Governance and Quality	
Date	12 th March 2014		

Organisational Development Plan

For all staff & Members



Author's name & Title:	Simon-Evans Evans, Director of Governance and Quality
Sponsor's name & Title:	Simon-Evans Evans, Director of Governance and Quality
Review date:	March 2015
Supersedes:	Organisational development Strategy 2012
Description:	New Policy for NHS Bexley Clinical Commissioning Group employees
Audience:	All Staff and Members

Name	Date	Version	Reason
<i>Person making the entry</i>	<i>Date of entry</i>	<i>Version control</i>	<i>New / revision / consultation etc.</i>
Simon Evans-Evans	15/10/13	0.3	NEW
Simon Evans-Evans	26/02/2014	0.4	Revision to include action planning

Approved by:		Date:	
Ratified by:		Date	

(Version control v 1.05

First version should be labeled 'V0.1', once ratified, please label 'V1.0')

Consultation:		
Date	Name	Title and /or Organisation
	Simon Evans-Evans	Director of Governance and Quality
Feb	Sarah Blow	Chief Officer
Feb	Jon Winter, David Parkins, Zoe-Hicks-John and Clare Fernee	ADs – Governance and Quality Directorate
Feb	Sarah Blow, Theresa Osborne, Sarah Valentine	Director Team
Feb	Howard Stoate, Nikki Kanani,	Chair, Clinical Vice Chair and Deputy Chair

	Keith Wood	

Contents

Introduction	5
OD interventions so far	6
OD priorities.....	7
Action Plan	13

Introduction

In order to achieve excellence and to deliver effective healthcare for the local population, NHS Bexley Clinical Commissioning Group (CCG) needs to have the right people, doing the right things within the allocations to deliver the right outcomes for patients. This Organisational Development (OD) strategy and action plan is designed to have a multi-faceted approach to deliver that aim.

Defined role of the CCG, effective economic and efficient

Vision

Our vision is for Bexley's residents to stay in better health for longer, with the support of good quality integrated care, available as close to home as possible, backed up by accessible, safe and expert hospital services when they are needed

Mission

Excellent Healthcare – Locally Delivered

Values

We ASPIRE

A - We are **accountable** to our members, stakeholders, partners and ourselves

S - We support our **staff** to be the best they can be, so we can deliver the best for our population

P - We commission for quality to deliver improved outcomes for our **patients**

I - We encourage new ideas and **innovation**

R - We **respect** the diverse needs of our population and the expertise of our delivery partners

E - We aim for **excellence**, working to high standards and increasing transparency

FOUR corporate objectives

Patients: Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders

People: Empower our staff to make BCCG the most successful CCG in (south) London

Pounds: Delivering on all of our statutory duties and become an effective, efficient and economical organisation

Process: Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience

This OD Strategy is designed to ensure that we have the best people and processes that will lead to delivering excellent services to our patients within the financial envelope available to us

OD interventions so far

This strategy builds on the achievements delivered in 2012/13 and 2013/14

People

- Staff
 - Two away days; facilitated to concentrate on values and behaviours
 - Development of an appraisal policy
 - Creation of a staff room
 - Development of a training policy
 - Development of a “lunch and learn” programme
 - Development of CCG bulletin incorporating 221 news, monthly staff briefings and “news-flash” emails
 - Creation of a faith / quiet room
- Assistant Directors (AD)
 - Creation of an AD risk management group
 - Independently run AD development sessions
 - Joint AD / exec away day
 - Individual coaching sessions
- Directors
 - Independently run development sessions
 - Exec away day including personal inventory - MBTI
 - Joint AD / exec away day
 - Weekly informal meeting
 - Individual coaching sessions
 - Social events
 - Skills audit
- Governing Body
 - Independently run development sessions
 - Individual coaching sessions
 - Skills audit
- Members
 - Quarterly GP engagement events
 - Locality briefings
 - GP zone – a password protected extranet
 - GP launch event for CCG
 - Development of CCG bulletin incorporating GP news
 - Lunch and Learn programme

Processes

- Refurbishment of offices (which were significantly overdue)
- Creation of new branding
- Stakeholder launch event for CCG
- Public engagement sessions to develop commissioning plans
- Regular interviews, briefings and features with local media
- HR policies
- Governance structure
- Governance policies
- Refresh of the Patients Council
- Relaunch of the patient Experience Network (BCT membership scheme)

OD priorities

Nationally, the characteristics of an effective clinical commissioner have been articulated into six domains, used for CCG assurance and aligned to those used during the CCG authorisation process.

As we develop as a CCG, we are expected to continue to demonstrate and build on each of the six domains, described in more detail below:

Domain 1: Are patients receiving clinically commissioned, high quality services?

To be a 'great' CCG, we will have a core focus on improving the quality of services that we commission on behalf of our population. We will build on our systems and processes to understand the quality and value of services that are being provided, benchmarking appropriately to gain an understanding of variation in comparison to other services or other CCG areas. We will actively identify opportunities to improve the quality of services that are provided working in partnership with our providers and with other key stakeholders and partners within the health economy including other commissioners.

We will continuously monitor the quality of commissioned services seeking to identify potential quality problems early and taking proactive action with the provider to address any problems and protect patients. We will share information and intelligence about quality with partners in the health economy as part of the local Quality Surveillance Group.

There is already a strong clinical input into the design and monitoring of contracts with providers. The governing body takes a regular and active interest in quality and the impact on quality of services will be made explicit in their considerations. We will be actively engaged with local partners, constituent practices and other clinical colleagues including the clinicians providing local secondary care, community and mental health service, learning disability services, public health experts and social care professionals.

In continuing to demonstrate delivery against this assurance domain, we will:

- Co-design a clear vision and priorities including aims for improving quality, agreed and shaped by member practices.

- Ensure there is strong clinical input into the design of contracts with providers, stipulating the desired outcomes that we want and need to achieve.
- Engage regularly with providers to monitor the quality of services and outcomes achieved, and actively seek out information on quality from other sources, seeking to identify potential quality problems early.
- Where problems are identified, we will work proactively with the provider and other partners to address the problems and protect patients.
- Ensure the CCG is an active participant in and that a senior representative is a regular attendee at Quality Surveillance Group meetings.
- Underpin delivery through robust constitution and governance arrangements.
- Conduct stakeholder surveys in order to canvas views of member practices and other key stakeholders and partners such as the Health and Wellbeing Board and Health Watch.

Development Plan

1) Clinical Leads development programme to ensure best (most effective and efficient) use of clinical leads time

- a) We have developed a series of workshops designed to enhance the leadership capabilities of current and aspiring clinical leads. The sessions will focus on leading change and driving forward projects in priority areas that will align with the wider aims of the CCG. There will be three half day sessions in total which will cover the following areas:
- b) Fundamentals of systems thinking
- c) Leading change
- d) Stakeholder management and engagement
- e) In order to maximise the value of each half day session, real life examples will be combined with both theory and practical learning. The sessions will be delivered by Ararna Ltd who are currently working with CCGs and GP practices delivering practice development programmes, leadership programmes and other business support services.
- f) The two Forum meetings will be an opportunity to share experiences and opportunities with clinical leads.

g) Consider ways to better support localities

2) Primary care development program to support NHS England improve the overall quality of primary care

3) Development of GP engagement events to

- a) **Make the events more two-way including pathway design work**
- b) **Improve the interactions between commissioners and providers by having market stall events**

4) GP survey

5) Expand the Amber Alert system to make it more widely used and improve feedback mechanism

Domain 2: Are patients and the public actively engaged and involved?

We need to show how we listen to and act on the views of patients, carers, public, communities of interest and geography, health and wellbeing boards and local authorities. It should be evident how the views of individual patients are translated into commissioning decisions and how the voice of each practice population will be sought and acted on. We need to ensure that patients and carers can participate in planning, managing and making decisions about their care and treatment. NHS England has produced guidance to support us in our statutory duties around patient and public participation.

In continuing to demonstrate this, we will:

- Know our community and understand their needs.
- Jointly develop a Joint Strategic Needs Assessment, Joint Health and Wellbeing Strategy, and participate in its on-going refresh, ensuring alignment with the our integrated plan and commissioning intentions.
- Have arrangements in place to feed patient and public insights into our decision making, including patient feedback, complaints and concerns.
- Have plans in place to promote support for self-management, shared decision-making and personalised care planning, including personal health budgets.
- Use information technology as an enabler to delivering patient and public engagement activity.

Development Plan

6) Develop the work of the patient council to ensure they are fully engaged with service redesign and performance management

7) Develop the working of the Patient Engagement Network to allow for a virtual engagement framework

Domain 3: Are CCG plans delivering better outcomes for patients?

We should have a clear plan for how we will improve outcomes for patients using broad evidence to support this, including measures within the CCG Outcomes Indicator Set. We will work with the local Health and Wellbeing Board to identify priorities for the local population, and seek interventions that will have the biggest impact on priority areas. We will use data available to measure the baseline, and benchmark ourselves against other CCGs to identify areas that require improvement, and to learn from best practice in other areas. We will develop robust systems to measure the outcomes achieved and be able to demonstrate improvement over time.

At the same time, we will continue to plan effectively to deliver the requirements set out in the NHS Constitution and the requirements of the local QIPP (Quality, Innovation, Prevention and Protection) challenge for our health system. These plans will set out how we will take responsibility for service transformation that will improve outcomes, quality and productivity, whilst reducing unwarranted variation and tackling inequalities, within our financial allocation.

In continuing to demonstrate this, we will:

- Develop a clear plan to improve outcomes for patients, based on a detailed understanding of priority areas that require greatest improvement in outcomes, and seek interventions to address these.
- Use data available to measure baseline position against outcome indicators, and measure improvement rates over time.
- Develop a clear and credible integrated plan which includes an operating plan and draft commissioning intentions including a high level strategic plan each year. QIPP will be integrated within all these plans
- Develop detailed financial plans that deliver the business rules for CCGs from Everyone Counts, and sets out how we will manage within our management allowance.
- Agree and sign off contracts with main providers each year, and have systems in place to track performance against contracts.

Development Plan

8) Include within the Governing Body public time table discussions on progress against the annual commissioning plan and timetable in a six-monthly review.

Domain 4: Does the CCG have robust governance arrangements?

Our capacity and capability to carry out our corporate and commissioning responsibilities should continue to grow and evolve to meet the changing needs of our local community. This means we are properly constituted with robust governance arrangements. We will deliver all our statutory functions, strategic oversight, financial control and probity, as well as driving improvement in quality and outcomes, encouraging innovation and managing risk. We will deliver the NHS Constitution including in areas such as equality and diversity, safeguarding and choice. We will continue to ensure that we have processes in place to effectively commission services for which we are responsible, from the early health needs assessment through service design, planning and reconfiguration to procurement, contract monitoring and quality control.

In continuing to demonstrate this, we will:

- Have well-developed governance arrangements, including a robust constitution that meets the requirement of legislation including standard financial management arrangements.
- Maintain a robust risk management framework including clinical, financial, performance, and corporate risk.
- Have effective systems and processes for monitoring and acting on information about quality including patient feedback, so that we are able to identify early warnings of a failing service.
- Have arrangements in place to deal with and learn from serious incidents and never events.
- Identify health inequalities issues and address them through the Joint Strategic Needs Assessment, and an integrated plan.
- Have appropriate systems for safeguarding children and vulnerable adults.
- Focus our commissioning plans on securing improvements in quality and outcomes.
- Ensure there is a focus on quality at the Governing Body level, with frequent reports and discussions focussed on improvement in quality and outcomes.

Development Plan

9) Review the constitution to meet the needs of the member practices

10) Deliver the NHS Equality and Delivery System (EDS2) and create a working group, chaired at executive level and sponsored by a clinical member of the Governing Body

11) Develop improved processes and engagement in relation to Safeguarding Vulnerable Adults

Domain 5: Are CCGs working in partnership with others?

We have robust arrangements for working with other CCGs when commissioning services and planning major service reconfigurations. We have strong shared leadership with our local authority to develop joint health and wellbeing strategies, and strong arrangements for joint commissioning to commission services where integration of health and social care is vital and have the ability to secure expert public health advice when this is needed. We will continue to work with commissioning support providers to ensure credible arrangements are in place to deliver robust commissioning and economies of scale.

In continuing to demonstrate this, we will have:

- Robust governance arrangements and constitution in place
- Collaboration arrangements in place, with strong links with the health and wellbeing board, evidenced with the production of a Joint Strategic Needs Assessment, Joint Health and Wellbeing Strategy
- Agreements in place on safeguarding arrangements

Development Plan

12) Build relationships between the SEL Strategy Group – so that members of the Governing Body (and the wider membership) are fully sighted on this work

Domain 6: Does the CCG have strong and robust leadership?

CCG leaders guide health commissioning for their population and drive transformational change to deliver improved outcomes. Our leaders demonstrate their commitment to, and understanding of, partnership working in line with such senior public roles. We will ensure that they have the necessary skill set to take an oversight of public services. We will support individual clinical leaders to drive change, and a culture which distributes leadership throughout the organisation. The Chief Officer is capable of steering the organisation and the Chief Finance Officer is both fully qualified and has sufficient experience. We will ensure that the Governing Body demonstrates a wide skill set and the right skills to ensure we deliver our responsibilities effectively.

In continuing to demonstrate this, we will:

- Have a robust organisational development plan.
- Involve clinicians in service redesign and improvement.
- Select senior leaders with appropriate attributes and competencies.
- Have a clear and robust plan in place for nurturing and developing future leadership talent.

Development Plan

- 13) Develop a training & development programme for Senior leaders (Governing Body and Assistant Directors), building on GB survey and stakeholder surveys that will incorporate.**
 - a) Coaching Style of Management**
 - b) Robust and embedded Appraisal (performance and behaviours)**
 - c) Recognition opportunities**
 - d) Personal development**
 - e) Develop a programme to develop better understanding of the local landscape (potentially including visits to or shadowing of providers, a staff volunteering support program)**
- 14) Knowledge training programme for the Governing Body to be agreed to include**
 - a) Risk Appetite**
 - b) Safeguarding**
 - c) Finance**
 - d) Assurance**
- 15) Completed training needs analysis for staff teams.**
- 16) Bi-annual staff event.**
- 17) Analysis of the 360 survey to adjust this plan as required.**
- 18) Consider the options for succession planning.**

Action Plan

Domain 1: Are patients receiving clinically commissioned, high quality services?

OD Objective	Corporate Objectives	Intervention	Owner	Timescale	Status	Commentary
Developing Clinical Leadership	Patients and Process	Training events	Nikki Kanani	Thursday 20 March 2014 (clinical lead catch up) from 12:30pm to 1:30pm	Planned	
Developing Clinical Leadership	Patients and Process	Training events	Nikki Kanani	Thursday 8 May 2014 (training) from 1:00pm to 5:00pm	Planned	
Developing Clinical Leadership	Patients and Process	Training events	Nikki Kanani	Thursday 24 July 2014 (training) from 1:00pm to 5:00pm	Planned	
Developing Clinical Leadership	Patients and Process	Training events	Nikki Kanani	Thursday 21 August 2014 (training) from 1:00pm to 5:00pm	Planned	
Developing Clinical Leadership	Patients and Process	Training events	Nikki Kanani	Thursday 9 October 2014 (clinical lead	Planned	

catch up) from 6:30pm to 8:00pm

Domain 2: Are patients and the public actively engaged and involved?

OD Objective	Corporate Objectives	Intervention	Owner	Timescale	Status	Commentary

Domain 3: Are CCG plans delivering better outcomes for patients?

OD Objective	Corporate Objectives	Intervention	Owner	Timescale	Status	Commentary

Domain 4: Does the CCG have robust governance arrangements?

OD Objective	Corporate Objectives	Intervention	Owner	Timescale	Status	Commentary

Domain 5: Are CCGs working in partnership with others?

OD Objective	Corporate Objectives	Intervention	Owner	Timescale	Status	Commentary

Domain 6: Does the CCG have strong and robust leadership?

OD Objective	Corporate Objectives	Intervention	Owner	Timescale	Status	Commentary

