

Putting good health *into practice*



Organisational Development Strategy

Our CCG – A Developmental Journey 2015 - 2019



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Foreword

This Organisational Development (OD) Strategy sets out how Nottingham North and East Clinical Commissioning Group (NNE CCG) is developing into a culturally responsive organisation. The clinical commissioning group was licensed from 1 April 2013 under provisions enacted in the Health & Social Care Act 2012, which amended the NHS Act 2006.

This strategy is based around the six domains as set out within the national diagnostic competency tool published to support CCGs in their development, namely:

- Clinical focus and added value
- Engagement with patients and communities
- Clear and credible plan
- Capacity and capability
- Collaborative arrangements
- Leadership capacity and capability

The strategy, and progress against it, will continue to be monitored and reviewed by the CCG Governing Body directly, who will take actions necessary in the light of any risks or issues.

NNE CCG's OD strategy has been developed in order to:

- Support the delivery of the CCG Commissioning Strategy
- Enable the Governing Body to mature and expand its skill and knowledge base
- Ensure that the actions we take in the shorter term support delivery of our longer term objectives
- Ensure that the organisational enablers for delivery are in place and being progressed

Nottingham North and East Clinical Commissioning Group (NNE CCG) is co-located with Gedling Borough Council at the Gedling Civic Centre in Arnot Hill Park. We are one of seven Clinical Commissioning Groups in Nottinghamshire, including Nottingham City and Bassetlaw. The CCG is a clinically led membership organisation made up of 21 general practices covering a population of approximately 149,000, organised collectively to commission health services for the patient population living in Arnold, Burton Joyce, Calverton, Carlton, Colwick, Daybrook, Gedling, Giltbrook, Hucknall, Lowdham, Mapperley, Netherfield and Newthorpe.

We are committed to succession planning, talent management and how that contributes to the wider NHS and our part within it. Developing talented people to take more senior roles and broaden their experience and improve their range of skills is in our interest as an organisation as it is to the wider NHS.

This Organisational Development Strategy has been developed through a participative process involving staff, clinicians, practices, partners, our Board and patients. We have considered what people have told us and taken into account our authorisation self-assessment, practice feedback, Local Authority feedback, staff surveys, PCT cluster view and SHA initial configuration feedback and have decided that our immediate organisation development priorities for action are:

Internal View:

- Becoming a culturally responsive organisation
- Being high achievers in meeting the criteria required for authorisation but also exceeding the standards required as we move forward beyond this as a statutory body and evolving high-performing entity
- Working effectively together to become excellent commissioners
- Understand our current and future health needs
- Achieving rounded and balanced competency in:
 - Developing our competency in improvement and innovation.
 - Building for the future with succession planning and talent management
 - Prioritising investment and ensuring efficiency and effectiveness of spend
 - Putting quality and patient safety at the heart of everything that we do
- Getting the basics right as a good employer

External View:

- Demonstrating local expertise and knowledge and being held in high esteem by our NHS colleagues thus building our national reputation from within our constituent staff
- Being seen by our patients as a proactive and responsive organisation in providing the best services we can within the existing financial constraints
- Enabling dynamic clinical leadership and engagement in commissioning

Nottingham North and East CCG are fully committed to the rights and pledges to patients and staff within the NHS Constitution. We will also play a leading role in making the public aware of these rights and pledges.

NNE CCG is ambitious and enthusiastic about the opportunity presented to lead future commissioning of local health services. The health service reforms are designed to unleash the potential for clinical leadership. It is recognised that clinicians in general practice are trusted local community leaders who have the ability to give a voice to the population of patients and communities they serve. In order to fulfil its statutory responsibilities the CCG has agreed corporate objectives which underpin the vision and core values of the organisation. These objectives can be found at Appendix 1.

This plan should be read in conjunction with our other core supporting documents on communications and engagement, stakeholder engagement and equality and diversity as together these strategies will help us achieve our commissioning vision for Nottingham North and East. We thank you for reading this plan and welcome your opinions as part of our on-going commitment to feedback and engagement.

Dr Paul Oliver, Clinical Lead and Chair

Samantha Walters, Chief Officer

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Introduction

Nottingham North and East CCG has made significant progress on its developmental journey towards becoming a statutory body on the 1st April 2013 and seen as fit-for-purpose to deliver health services. The Health Bill empowers our clinicians to take a lead with a very deliberate change in direction from the previous 'top-down' culture to making NNE a practice and thereby patient-facing body responsible to our members. The patient is at the centre of all that the CCG does and the culture of "No decision about me without me" underpins all that we do.

We know from our Staff Opinion Survey and the interviews that we conducted to develop that most of our staff enjoy working here and that there is real enthusiasm for becoming an excellent commissioner.

We will be continuing to help our staff and partners to understand our mission, vision and goals, their part in it and how they can contribute most effectively to our development as an integrated organisation. This includes making sure that all our staff knows what is expected of them, how they are currently performing as well as ensuring appropriate opportunities for our staff to acquire the skills they need.

One of the pillars of this organisation is our responsibility to promote and monitor quality in primary care ensuring that our patients benefit from sharing of best practice and clinically-led decision-making shared with our patients.

We recognise that to make our vision real we cannot act alone. We must work closely with our partners, particularly local government, in giving our patients to very best service. Already we are working in partnership with various organisations including Local Authorities (LA) to share initiatives and pool resources where appropriate as well as investing time in increasing the understanding of our staff of how our partner organisations work and vice versa through schemes such as staff shadowing, presentations, workshops etc.

NNE CCG aspires to be an 'intelligent' organisation, in this context this means that we use all available sources of information to deliver to an excellent standard today and ensure that we can do so tomorrow.

Organisation

Organisation Vision and Values

Our organisation's vision and values were developed in consultation with staff and stakeholders and are being communicated widely. They shape how we work with individuals and organisations to achieve our goals and have been at the heart of our prioritisation process in determining our focus for organisational development.

These values are expected to be evident in all work that we are involved in and are the cornerstone of our existence going into the new world as a statutory body with the accountability that this brings.

We will deliver to our vision by:

- Improving the health of the community and reducing health inequalities
- Securing the provision of safe, high quality services
- Achieving financial balance and value for money

We have agreed that our mission statement will be:

“Putting Good Health into Practice”

As we build our capacity and capability we want to ensure that our values are central to everything we do, that they are owned and understood by our staff and that we can hold ourselves to account in delivering the standard we have set ourselves

Honesty openness and Integrity are central to everything we do

Empowering and communicating with our patient community

Appropriate use of our resources to deliver best value

Leadership that is strong and visible

Together with our partners we will strive to improve the health of our community

High Quality is our standard

Our core values are integral to the delivery of our Clinical Commissioning Plan.

Organisation Aims and Ambition

NNE CCG's aims take into consideration the population profile and groups with the greatest need, whilst also ensuring that focus on the wider population is maintained. They also reflect where clinicians felt change could be more directly affected and where the majority of resources are deployed.

For 2015/2016 NNE CCG's key aims are to:

Reduce health inequalities in the local population by targeting those people with the greatest health needs;	Drive up the quality of care in order to improve health outcomes and reduce unwarranted clinical variation	Direct available resources to where they will deliver the greatest benefit to the local population	Commission appropriate models of care for older and vulnerable people with complex needs, ensuring all patients are treated with dignity and respect	Secure improved chances of a healthy life by targeting our prevention approach for children and young people	Ensure that patients are able to make choices about the care they receive and are seen in the right place at the right time by the right person
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Developing our Organisation

What is organisational development

NHS Leadership Academy describe organisational development in the following way

“It is about leading change, service improvement initiatives, engaging and motivating staff, developing their talents and improving potential of staff. Great OD is about understanding context and culture, taking a systems approach and enabling NHS staff to design and deliver great patient care.

All leaders have a responsibility to develop their organisations as well as their team. We want to facilitate leaders in organisations to do this, and support and develop the capability and capacity of those who have particular responsibility for organisational development.”

We want to ensure patients, carers, communities and stakeholders are empowered to have a real influence on local health services as part of the decision-making process. As a CCG, we are committed to developing a truly organisation-wide approach to engagement.

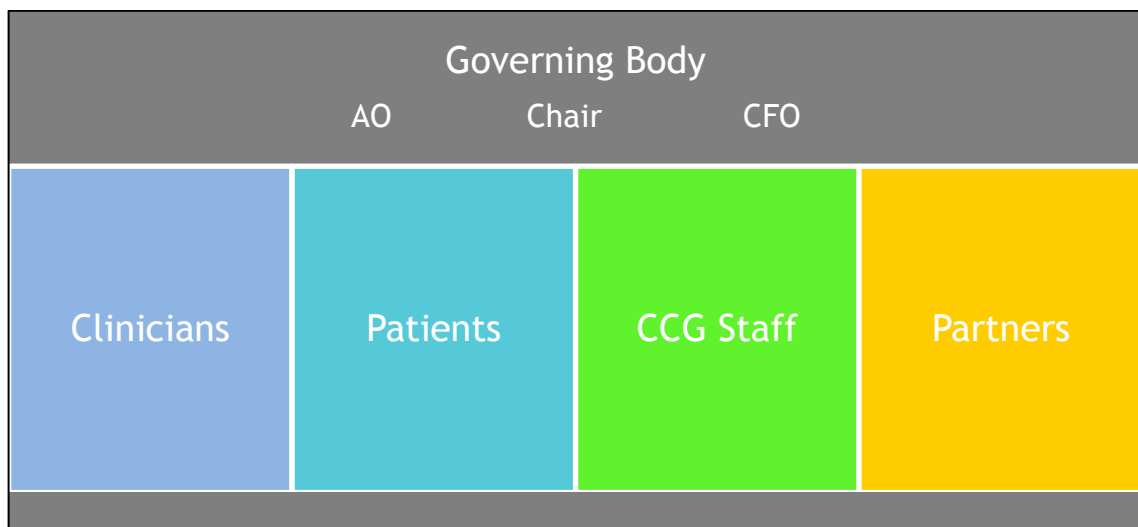
Organisational development draws upon best practice in corporate governance and human resources management. More than that, however, it underpins all that the organisation believes and does – its values, ethics and how it conducts its business.

Real Change	Leading to enhanced functioning	An entire organisation identifies and breaks out of limited ways of working. It stays true to its purpose and finds strength from its new direction
Incremental Change	Making progress	Steady progress towards a goal, building at times to a 'critical mass' where sustainable change is made by the patient accumulation of people and teams doing things differently

Impossible Change	Leading to disillusionment	A vision so far-fetched that people can not relate to it in any meaningful way and hence sabotage it and subsequent change efforts
Destructive Change	Leading to casualties	Stripping away without the simultaneous provision of skills, knowledge or resources, leading to trauma at an organisational and individual level
Fake Change	Leading to the illusion of autonomy and growth	The superficial adoption of new behaviour and belief systems

Organisation Structure

We consider that our success as a CCG is reliant on four supporting pillars: Patients, Clinicians, Staff and Partners.



Consequently we have focussed our Organisational Development activities on engaging, enhancing and developing the effectiveness of each component.

Governing Body

The Governing Body has responsibility for ensuring that the Clinical Commissioning Group has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the Clinical Commissioning Groups principles of good governance. Its key leadership roles are the Chair, Accountable Officer and Chief Finance Officer.

Clinicians

Our multi-professional **Clinical Cabinet** provides focus on the design and delivery of pathways and services. It promotes innovation and strengthens senior clinical leadership.

Patients

Patients and the Public are engaged at sub-committee level, practice level (Patient Participation Groups) and horizontal levels cutting across topic/health condition. We strongly feel our integrated model for their engagement and involvement demands similar priority for organisational development investment to facilitate an understanding of how they can influence commissioning decisions.

Staff

Our directorate structure is designed on the capacity and capability required to deliver our strategy within the required £22.07 per head for 2015 -2016 of population management allowance. This was based on our consideration of what we intended to make, share and buy.

Partners

We are committed to working in partnership with our fellow CCGs, local authorities and as part of the Health and Wellbeing Board. NNE are part of the South Nottinghamshire Transformation Partnership which includes membership from commissioners and providers of health with the aim to work in partnership to transform services, to deliver improved health and wellbeing for the citizens they serve by creating sustainable, high quality health and social care system for everyone through new ways of work together, improving communication and finding better ways of using the resources entrusted in them in combination. All these areas require organisational development support. Co-locating our headquarters (autumn 2012) with Gedling Borough Council has given us the ideal opportunity to enhance partnerships, explore learning, and share functionality as we seek to do with all Local Authorities in our geographical area.

Current View

NNE published its first organisational development plan during its infancy as a statutory body and over the last 4 years has seen significant change and development, including:

- From 1 April 2015 NNE CCG has been approved to take on Level 3 delegated responsibility for NHS England-specified general medical care commissioning functions.
- Rising costs and demand in services has meant that the CCG have faced financial pressures with tough decisions to be made in the upcoming years to ensure that financial balance is met whilst ensuring our patients receive high quality care.
- Our workforce has increased from 32 to 54 employees over the last 3 years.
- In April 2015 we were approved to take on Level 3 delegated responsibility for NHS England-specified general medical care commissioning functions.

Governing Body Self-Assessment

Through funding from the NHS Institute for Innovation and Improvement, the NNE Governing Body has been undertaking dedicated coaching since December 2011. The coaching sessions have provided the opportunity for self-assessment as individuals on the Governing Body, with respect to their role, and collectively in relation to the performance of the group. Self-assessment was carried out on a Four Cs approach against the following:

- Clarity – decision making capabilities and alignment as a group
- Commission – collective purpose
- Create – relationships including challenging one another and managing difficult conversations
- Connection – connection to the role and responsibilities

The Governing Body were also asked to assess the group's overall confidence and learning opportunities which underpin their ability to develop within the Four Cs.

The self-assessment has allowed individual members to express their concerns on how they work as a team as well as identifying areas of development. Subsequent self-assessments demonstrated a tangible understanding and awareness of the role and responsibility of themselves as a Governing Body member and the capability to perform as a team, but with the need for greater clarity on processes around decision-making. Coaching and self-assessment will be on-going, particularly due to the change in the members on the Governing Body alongside developing as a Clinical Commissioning Group. Our judgement is that this is a priority to be invested in on an on-going basis.

Staff Feedback

A Training Needs Analysis was undertaken in May 2015 where staff were invited to complete a survey and have a one to one with the facilitators to discuss their individual and team training needs.

During this exercise it became clear that our staff were keen to

- Deliver better outcomes for our patients within our financial resources through gaining a better understanding of our 5 year forward view and the CCG budget.
- Increase their understanding of commissioning health services at a local and national level
- Increase their knowledge in relation to risk management
- Increase their understanding of the role of the governing body and supporting committee structure.

The 2014 NNE CCG Staff Survey results were largely positive across all sections. Staff responded particularly positively when describing their relationship with both their manager and senior leadership. Staff understand NNE CCG's role in the local health economy, how their input contributes to the organisation's performance, and feel they can use their initiative in their work. The greatest positive is that respondents describe themselves as interested in their work, enjoy coming to work, and all would recommend NNE CCG as a place to work.

There are areas which can be targeted for improvement, notably providing and making staff aware of career opportunities within the organisation, ensuring staff have development targets in place, ensuring staff are involved in decision making which is relevant to them, and exploring what options there are to help staff who believe there are not enough staff within the organisation for them to do their job properly.

Practice Feedback

The leadership of NNE has been conducting induction visits with member practices. The aim was to seek honest feedback and ideas from practices about how to strengthen the two-way accountability between practices and the CCG.

Internal Audit on Authorisation Governance

Following completion of the planned audit work for the financial year for the clinical commissioning group, the Head of Internal Audit issued an independent and objective opinion on the adequacy and effectiveness of the clinical commissioning group's system of risk management, governance and internal control. The Head of Internal Audit concluded

“Significant Assurance as there is a generally sound system of internal control, designed to meet objectives, and that controls are generally being applied consistently. This opinion is determined through our review of your Governing Board Assurance Framework (BAF) and associated processes and the work that we have undertaken throughout the year.”

Stakeholder Survey

IPSOS MORI has been commissioned by the NHS Commissioning Board to carry out Stakeholder Surveys for all CCGs. The findings from the IPSOS MORI Stakeholder Survey help to inform our future plans

Developmental Priorities

Governing Body

The Governing Body underwent a review as part of the NNE governance structure with Browne Jacobson LLP Solicitors in April 2012 in line with best practice and following publication by the NHS Commissioning Board of the guidance document 'Clinical commissioning groups governing body members: Role outlines, attributes and skills'

There is a clear two-way accountability between the CCG and member practices and this is reflected in our constitution. There is a multi-professional focus in the membership of the Governing Body which includes an Allied Health Professional, Patient and Public representative and Local Authority representative. As a public body we will have accountability to our patients in how we operate and spend public money.

The recruitment and assessment of Governing Body members was conducted through a clear and thorough process of interviews involving the Nottinghamshire Local Medical Committee and external SHA representation. Leadership potential and competency of all Governing Body members formed an integral part of their assessment against the nationally determined role outlines, attributes and competencies.

Succession Planning

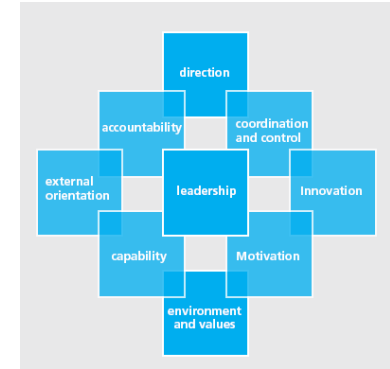
There is a challenge for the CCG to ensure that the Governing Body operates smoothly and with clear plans in place to facilitate succession planning. Our Clinical Cabinet pulls from our practice membership in addition to Governing Body members with the aim of engaging GPs on clinical design alongside introducing them to more corporate decision-making thereby building capacity for succession planning.

The Governing Body is undergoing a bespoke development programme (including significant investment in Governing Body Coaching as a collective) designed and subsequently refined following self-assessment exercises. Governing Body members will have Personal Development Reviews and appraisals where objectives will be agreed and progress discussed.

- Future vision for health in NNE- creating a compelling vision
- Service strategies for our strategic building blocks (including refining our strategic priority statements and their smart objectives)
- Commissioning Plan and QIPP
- Simulation Event

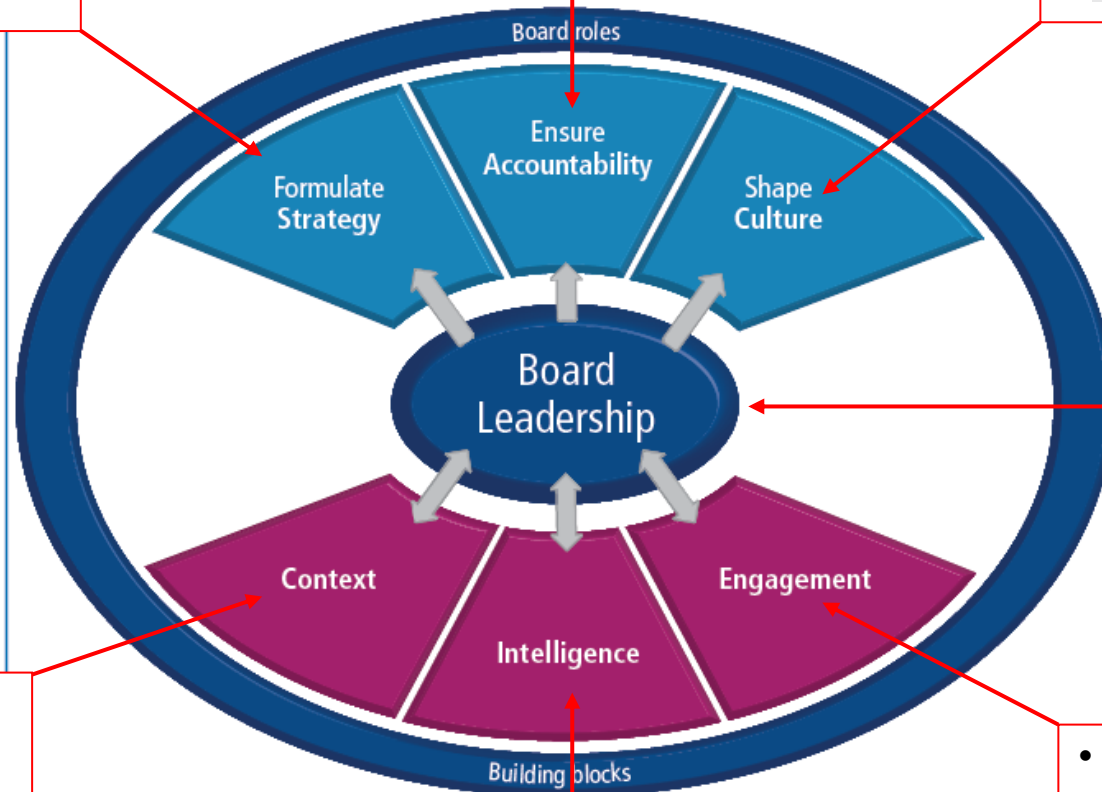
- National leadership Council (NLC) development tool on Good Governance
- Risk management & assurance
- Integrated Governance
- East Midlands Leadership academy Board development modules

• Organisational Health model



FRAMEWORK FOR GOVERNING BODY DEVELOPMENT PROGRAMME

(Where it reads "Board" replace with "Governing Body")



Overall CCG leadership

- Self-assessment diagnostic tool
- 360 degree
- Performance appraisal training
- Individual skills training (induction, coaching, media training, audit committee training etc.)

- Policy Briefings
- Guest speaker programme
- NHS landscape
- Benchmarking
- "Towards Establishment" chapters (Constitution, managing conflicts of interest etc)

- Understanding performance tools
- Strategic and operational performance
- Market analysis
- Health needs and demography

- Stakeholder mapping & analysis
- Approaches to engagement
- Empowering staff
- Engagement with patients, the public and partners.

Clinicians/GP Practices

Through our work with our member practices we are empowering clinicians to speak up for their patients and staff and supporting all to be able to influence and drive commissioning decisions.

The whole NNE team are practice-facing but we also have a dedicated primary care team that is embedded in practices and includes practice liaison staff and prescribing staff. This team has been specifically designed with our responsibilities to improving primary care in mind as per the NCB 'Securing Excellence in Commissioning Primary Care' document.

During the financial year of 2014/15, NNE CCG was successful and Health Education East Midlands awarded funding to the sum of £63481.00 to improve primary care medical services.

NNE initiatives are education based training sessions made available to specific professional colleagues delivering primary care in Practices. Each education session will be evaluated in line with the expectations and concluded in a summary paper.

The training sessions aim to improve the quality of care being provided to patients whilst updating the skills of professional colleagues which can be shared with peers. The training sessions include topics such as Minor Illness in General Practice, Clinical Telephone Triage, GP Cancer Update and Working Together.

Patients

In the past 12 months the CCG has gone from a small number of practices with Patient Participation Groups (PPG) to all practices having one. This enables the patients to have a voice in the services that they experience as well as providing focus groups for new plans. Patient representation is strong in NNE with each practice having a Patient Participation Group and NNE has a Patient Reference Group that includes representation from each PPG.

We have a Peoples Council where PPG representatives are invited and meet regularly and inform CCG decision-making. This group includes members of PPGs bringing issues with them to the meetings and reporting back to their constituent practice PPGs ensuring a two-way flow of information. This has taken on a new role with invitations from patients to get involved in the work streams coming from the clinical building blocks and therefore directly involved in commissioning decision-making.

Exec Team

The NNE Exec Team is the Chief Officer, Chair and Directors/Assistant Directors. The senior team was designed to provide required capacity and capability to maintain strategic oversight for the Governing Body. Strategy progress is monitored and priorities co-ordinated at weekly exec meetings to ensure that any concerns are addressed promptly. Feedback goes directly to directorate staff and reported at CCG-wide weekly team meetings.

Development events for the Exec Team include individual executive coaching programmes including 360 degree surveys. Also quarterly away days and coaching events have ensured continued development for the team with access to the Commissioning for Safety programme, six hats leadership training and the Leadership Academy Supporting Transition programme.

NNE Staff

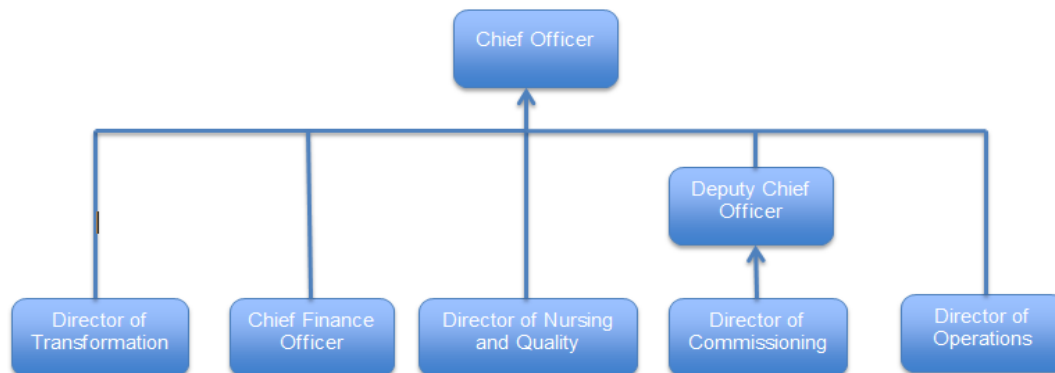
The NNE team is the body of dedicated staff that work with commissioning as their day job. This is markedly different to the Governing Body that is made up mainly of professionals and others with main employment outside of NNE. We also host shared staff that work across the three South Nottingham CCGs in finance and quality and patient safety. We also have staff working for us and the other South CCGs that are hosted at other local CCGs.

There are to be personal development plans and reviews for all NNE staff.

Staff have opportunities for continuous development:

- Programme of away days and also all staff will be involved in the NHS Institute for Innovation and Improvement Productive Leader programme.
- Staff shadowing in practices and with the Local Authorities in a reciprocal arrangement. We are also looking to work with Gedling Borough Council to hire business admin apprentices and talks are on-going to host graduate management trainees.
- Development sessions, aimed at talent management, for staff below band 8 are also held (facilitated through our Commissioning Support Unit).

Nottingham North and East Clinical Commissioning Group Structure



NNE has worked closely with colleagues in other Nottinghamshire CCGs to develop a shared staffing structure to optimise expertise, efficiency and value for money. The CCGs host different functions with clear lines of accountability (e.g. for the main large acute provider each element of the contract management process is allocated to a particular CCG: finance, quality, information and contracting).

We are confident that our collaborative commissioning arrangements ensure that we speak with one voice when facing providers and representing each other at various events. This approach allows the CCG to flex its commissioning control appropriately. For example, the CCG directly commissions services to meet specific local needs but also identifies opportunities for larger scale commissioning along with other local CCGs when it is advantageous to do so. It combines much needed local sensitivity with greater purchasing power, resilience and significantly reduces risk.

In addition, NNE CCG recognises its duty as a statutory body to undertake a formal process for any commissioning support unit (CSU) it needs or wishes to procure in the future. NNE is working collaboratively with other Nottinghamshire CCG's to develop plans to ensure that the CCG has the capacity and capability required to effectively manage the contract with its current CSU provider (Greater East Midlands (GEM)) as an 'intelligent customer', and also to undertake any future procurement processes in respect of commissioning support services. To

NNE is as good as the staff and clinicians working within it, it is in the best interests of all to maximise the talents within the team through:

- Succession planning of staff both internal and the practice staff, clinicians and patient representatives
- Work with staff at all levels to identify potential and assistance with career development
- Identification of specialist skills held by clinicians both in terms of medically and managerially
- Exposure to events that can help to develop staff and clinicians and inform them of the broader political landscape and our place within it

We are committed to working to NICE/Public Health guidance for the Workplace. Also:

- Regular team and one-to-one meetings and opportunities to discuss staff welfare
- Supportive environment conducive to well-being of staff setting example for partner organisations
- Encouraging staff to develop protective measures to protect each other and patients e.g. influenza vaccinations

Conclusion

As outlined in the foreword, this Organisational Development Strategy sets out how NNE CCG is developing into a culturally competent organisation.

The culture and fabric of NNE will be a product of the working practices employed and the ways that relationships are handled. We are able to drive this by leading by example and demonstrating to each other and to partners how we want to work and be regarded. NNE is committed to promoting an open culture that encourages free thinking with the deliberate emphasis on empowering staff to make decisions and be innovative in their thought processes.

Underpinning everything that we do are the 7 Nolan Principles for good governance:

Selflessness	Integrity	Objectivity	Accountability
Openness	Honesty	Leadership	

The Organisational Development Strategy will be refreshed regularly in line with requirements and will be informed further by the findings from our IPSOS MORI Stakeholder Survey in line with on-going self-assessments.