

Review of the Organisational Development Strategy

Governing Body meeting

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3 July 2014

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Sponsor	Idris Griffiths, Chief Operating Officer
Is your report for Approval / Consideration / Noting	
Approval	
Are there any Resource Implications (including Financial, Staffing etc)?	
N/A	
Audit Requirement	
<p><u>CCG Objectives</u></p> <p>Specifically Objective 5. “Organisational development to ensure CCG meets organisational health and capability requirements set out in the 6 domains (Annex C NHS England CCG Assurance Framework.”</p> <p>However, effective organisational development can be considered to be of relevance to the successful delivery of all the CCG’s objectives.</p> <p>Principal risks 5.2, 5.3, 5.4, 5.5</p> <p>This paper provides assurance to the Governing Body that the risks are being addressed as it sets out a proposed revised CCG Organisational Development (OD) Strategy and suggested development priorities which reflect the findings of a review of the current OD Strategy and the first 12+ months since CCG authorisation.</p>	
<u>Equality impact assessment</u>	
<p><i>Have you carried out an Equality Impact Assessment and is it attached?</i> No</p> <p><i>If not, why not?</i> No expected impact.</p>	
<u>PPE Activity</u>	
<p><i>How does your paper support involving patients, carers and the public?</i></p> <p>Not applicable as feedback was restricted to representatives of CCG staff and clinicians to ensure that all views collected specifically reflected the experiences of people working within the organisation.</p>	

Recommendations

The Governing Body is asked to:

- Consider the results of the OD strategy diagnostics and agree the subsequent revision to the Organisational Development Strategy
- Agree the recommended priorities and actions included in the strategy.

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1. Introduction / Background

- 1.1. The purpose of this paper is to present Governing Body with the revised version of the CCG's Organisational Development (OD) Strategy; which includes the approach, diagnostic process, findings and resulting development priorities.
- 1.2. The accompanying documents contain the OD Strategy document, including a summary 'Strategy-on-a-page'. A slide presentation will be provided at the meeting.

2. Review Process

- 2.1. Between February and May 2014, a review of the current OD Strategy was undertaken by Andrew Reynolds and Andrew Cribbis, who are part of the OD service, provided to us by West & South Yorkshire & Bassetlaw Commissioning Support Unit (WSYBCSU). 28 members of the CCG, covering all directorates and grades of staff and membership representation, were interviewed, individually or in groups, to gather their perceptions of the organisations current effectiveness and readiness for future challenges against the 12 areas of the Burke-Litwin OD diagnostic tool. In addition, a desktop review of 16 key CCG documents was also undertaken as part of the review.
- 2.2. The qualitative and quantitative data collected was analysed and reflected in a summary position statement with a RAG-rating for each of the 12 areas. Collectively, this provides a statement of position for the whole organisation at 12-months+ since Authorisation as a CCG for Sheffield.

3. Findings

- 3.1 The results from the diagnostic confirm a relatively healthy position of the organisation at this stage of its lifespan as a CCG. It identifies and prioritises the areas for development to support the delivery of commissioning intentions over the coming 2-5 year period.
- 3.2 The results also detail areas where we are currently robust and equipped to meet future challenges and as such have been given a 'Low' priority rating for development. Those areas in which we are currently robust, but need to continue to develop have been given a 'Medium' priority rating. Those areas considered 'High' priority for development are considered to have either an immediate need, or will have the greatest impact on performance of the organisation in the next 12-months.
- 3.3 The areas deemed to be a 'High' priority are:

1) External Environment –

Key Action: influencing key external stakeholders & partners

4) Organisational Culture –

Key Action: developing a 'high support / high challenge' culture

6) Systems -

Key Action: develop a systematic approach to programme management

7) Management Practices –

Key Action: further developing a consistency of approach at all levels

Recommended actions for each are included in the 'Summary' and detailed actions are included in the 'Delivery Plan' (to follow) for each target cohort.

4. Supporting documentation

- Revised OD Strategy (Appendix A)
- Summary of OD Priorities ('Strategy-on-a-page') (Appendix B)

5. Recommendations

The Governing Body is asked to:

- Consider the results of the OD strategy diagnostics and agree the subsequent revision to the Organisational Development Strategy
- Agree the recommended priorities and actions included in the strategy.

Paper prepared by Andrew Reynolds and Andrew Cribbis, Senior Associates – OD,
WSYBCSU

On behalf of Idris Griffiths, Chief Operating Officer

23 June 2014

Working with you to make Sheffield

HEALTHIER

NHS

**Sheffield
Clinical Commissioning Group**

Organisational Development Strategy

1st April 2014 – 31st March 2016

Version 1.9

DRAFT

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1. Executive Summary

Clinical Commissioning Groups (CCG's) are continuing to face some of the most significant challenges the NHS has encountered since its creation.

The coming years represent a time of significant change to the way services will be delivered within increasing limitations on resources. We recognise it is in everyone's interest, within our own health economy, to ensure that resources are spent and used effectively, allocated fairly, that services are of the highest possible quality and ultimately produce the outcomes the local population both need and deserve.

Key features will be clinical leadership, adding value to commissioning, a collaborative approach and accountability for delivery as an aspirational high performing organisation. Our success will also depend on working with partner organisations, constituent practices and local communities.

We consider ourselves ambitious; which means bringing clinical insight from our practices to the forefront of service design, and better understand the views and priorities of our patients, residents, carers, communities and partners.

There is recognition that holistic and effective Organisation Development (OD) is a critical success factor in achieving this sustainable transformational change. We need a talented, committed and highly competent workforce. We are continually developing programmes of on-going development to enable our staff and our member practices to be the best they can be and to reach their potential. Our leaders, clinicians, managers, commissioning support staff and partners are critical in delivering this strategy.

We will encourage enquiring minds to challenge our own and each other's performance and service delivery at individual, team and organisational level. In return we will reward achievement, celebrate success and provide a great place to work.

This OD strategy sets out the overarching strategic development direction and approach for the organisation and the underpinning interventions required to ensure we develop to be continually fit for purpose, delivers its vision and lives its values.

This OD strategy supports our 5 Year plan by focusing on features internal to the organisation. The supporting OD Development Plan will improve business performance and therefore sustainability in the longer term.

Our approach to OD will be reviewed annually, in partnership with our stakeholders in order to improve and adapt along our development journey.

Ian Atkinson
Chief Officer

Dr Tim Moorhead
CCG Chair

2. Our OD Objectives

The following Organisational Development (OD) objectives have been agreed and defined as:

1. The organisation shares a common vision and clear objectives

*Which means that...*our staff are able to articulate the organisations vision and objectives, but also understand their and their teams contribution to delivering them.

2. Staff feel more engaged and valued for their efforts

*Which means that...*staff feel engaged and involved in the development of Strategy, Business Planning, Commissioning Intentions and Communications and Engagement, and that they feel their contribution is valued.

3. The organisation has a robust planning approach

*Which means that...*operational and strategic plans developed, are aligned to delivering the organisation objectives and actively encourage quality, improvement and innovation.

4. We adopt 'Whole Organisation' performance

*Which means that...*clear objectives at individual, team and organisational level are aligned, understood and owned. Expectations of behaviours and attitudes are defined. People are held to account. Good and poor performance is managed.

5. We enable innovation to prosper

Which means... Identify the conditions required for innovation to survive and thrive in our portfolios and the wider organisation, recognise the opportunities to innovate, champion new ideas and gain organisational buy-in, develop practical skills for leading innovation, embed a culture across the organisation.

6. We have aligned Learning & Development

*Which means that...*capability and learning is aligned to improving performance. Learning is monitored and measured to ensure good Return on Investment (ROI), value for money and improvement in behaviours and attitudes.

3. What we are looking to achieve?

Vision

Primary and community care will become the setting of choice for more services and as result patients in Sheffield will receive as much of their care as possible within a community setting.	The care and services people receive will be of high quality delivered by fully supported clinicians, with seamless transfer to expert hospital-based secondary care when and if that is needed.	Primary and secondary care clinicians will be enabled to work together with the patient, using a single patient record to support communication and ensure input is provided at the appropriate time, in the most appropriate setting and by the most appropriate professional for the patient.	Patients will be supported in the self-management of their conditions where appropriate and we will seek to ensure technology is fully utilised in order to support patient care and monitoring without the need to travel to a hospital setting.	Where appropriate services will be integrated to meet the needs of the patients and partners and co-commissioners will work collectively and collaboratively to achieve this.	We use strong commissioning principles to deliver the best clinical outcomes for all our patients and we ensure services provide the highest quality of care while representing best value for money.
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Ambitions for 2019

All those who are identified to have emerging risk of admission through risk stratification, are offered a care plan, agreed between them and their clinicians (potentially 15,000 people.)	To have integrated primary and community based health and social care services underpinned by care planning and a holistic approach to long-term conditions management to support people living independently at home, reducing emergency hospital admissions by up to 20% and emergency department attendances by up to 40%.	Care requiring a specialist clinician will be brought closer to home, changing the place or method of delivery for a significant proportion of current hospital attendances (numbers to be agreed in year)	We will reduce the number of excess early deaths in adults with serious mental illness to be in line with the average of the best three core cities in England, and achieve similar improvements in life expectancy for people with learning disabilities.	We will have put in place support and services that will help all children have the best possible start in life
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How we will improve health and outcomes for the people of Sheffield

Adopt a whole person approach to the identification and response to the needs of an individual and their carer	Work with Sheffield City Council to plan, commission and where appropriate competitively procure services together to improve services and outcomes within the funding available	Involve patients and the public in our decision making, to ensure the changes we plan meet their needs, and support people and communities to look after themselves and remain independent	Work with providers to develop the capacity and skills to deliver many more services in local settings and develop contractual models to commission from primary care providers	Aim to ensure equality of access for all to all services
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Key priorities next 2 years:

Extending care planning and commissioning Integrated Community Teams	Changing and simplifying access to urgent care services or them and establishing an urgent primary care centre	Specifying and procuring integrated intermediate care services	Working with consultants to transform outpatient services	Ensuring equality of access for all to all services
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4. What is Organisation Development at Sheffield CCG

At Sheffield CCG, Organisation Development (OD) is described as...

A systematic and planned intervention in order to bring about significant improvements in organisational effectiveness

A systematic and planned intervention:

OD methodology has six essential ingredients:

- data gathering
- feedback to the organisation
- diagnosis of the situation
- design of an intervention
- implementation
- assessment of the impact.

Significant improvements:

OD favours:

- dealing with causes over dealing with symptoms;
- working with 'whole system' rather than parts;
- changes in culture more than changes in behaviour;
- change of a system over changes in a system;

Organisation Effectiveness:

OD is therefore a never-ending process to maintain the health, relevance and effectiveness of organisations.

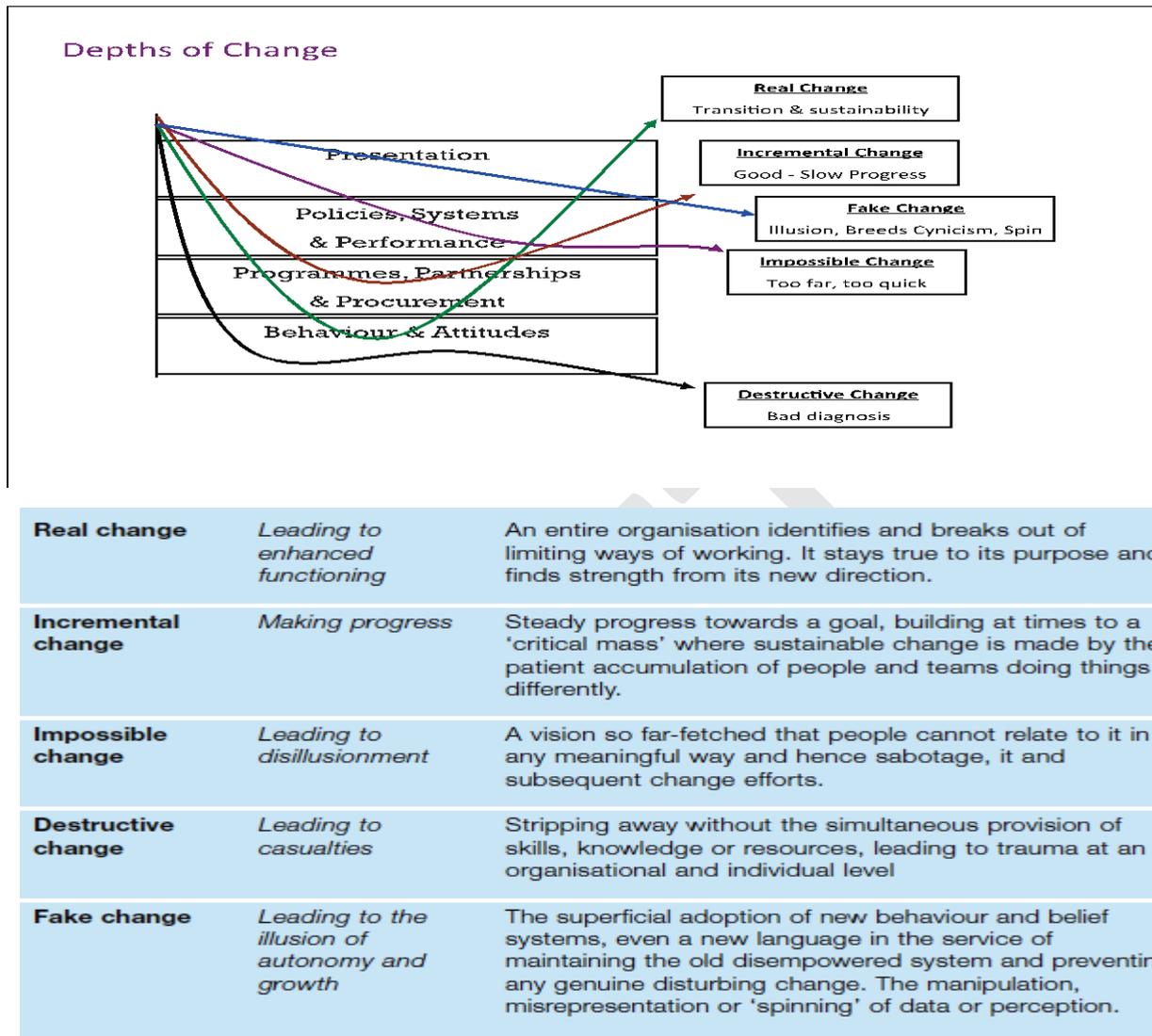
It is a 'whole system' approach enabling an organisation to continually improve and mature in response to changes in its external environment. There is a recognition that the organisation needs to be continually reflecting, learning and improving in order to adapt to changes in the external environment and culture, processes, systems, strategy and people need to change internally to enable this to happen.

5. What Makes Organisation Development Work at Sheffield CCG

Whole systems change is hard. OD is concerned with the business of bringing about sustainable improvements in an organisation, using diagnostic and developmental tools and techniques to positive effect.

It is also true that these tools and techniques can be used destructively or deployed to no effect. (i.e. tools used to transform one organisation and can result in piece-meal change in another).

Figure 1- The different depth levels of change.



5.1 Outcomes and Depth of Change

The above takes the ideas about the outcomes of change issues and relates them to the depth and resultant trajectory of change.

Real change results in transition to a new way of working and a state that is sustainable. It gives the organisation confidence that it can do it again and hence increases the energy and appetite for change.

Incremental change can be very effective and there are many examples where significant improvement has occurred. However, there can also be difficulties with this approach as progress can be slow and, if it is the organisation's only response to major changes in the environment then the trajectory may in fact be downwards because the change process is inappropriate to respond to the significant changes taking place in the environment.

Impossible and Destructive change result in similar, more dramatic downturns in the future likelihood of change being successful. They are however different in nature.

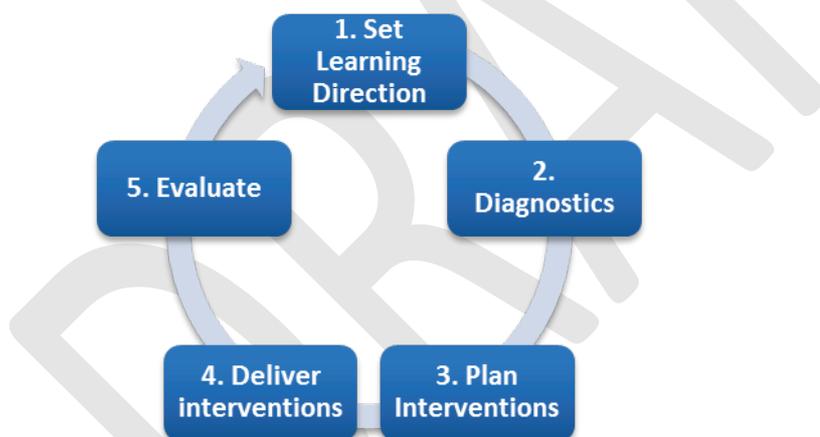
Impossible change involves wanting to go too far too quickly so that organisational capacity cannot accommodate what is planned. Hence this type of change gets as far as the development of policy and systems but as the process develops people begin to see that it is impossible.

Destructive change involves bad or malicious diagnosis, which individualizes organisational issues and, erroneously, removes people or teams only to see the same issues re-occur. Beliefs and attitudes in the organisation are affected, but for the worse, and a culture of blame and fear develops.

This results in 'scar tissue' in the organisation and future attempts at change will be greeted with extreme caution.

Fake Change never gets beyond presentation, or the illusion of progress and, because it breeds cynicism about organisational 'spin', the improvement trajectory is downward.

The OD aims and objectives of this strategy look to bring about 'Real Change'. It does so through a cycle of: **setting the learning direction, diagnosis, planning intervention, delivering interventions and evaluation**. In this way, we recognise that OD is not a static state. We also recognise that in times of rapid change, OD interventions may need to happen more often, but the goal is to enable the organisation to be able to run itself.



6. Our OD Approach

We believe it is important to utilise a framework of OD, which focuses us on both the internal, but equally external environment. To this end we identified the Burke-Litwin Model (Figure 2) gives us this 'whole systems' approach to reviewing and monitoring the organisation. This approach also gives us a greater level of granularity than some other models.

This framework has twelve elements (blue boxes representing transformational elements and pink boxes representing transactional elements). As important are their interrelationships:

7. Our OD Priorities

From the above diagnostics and supporting summary narrative we are able to identify the following RAG rated scoring for each of the 12 elements (i.e. Red = Not developed, through to Green = Well developed). The supporting narrative has also been summarised in each of the 12 elements.

Element	Score	Element	Score
1. External Environment	We have strong relations with partners. We are proactive; have a national profile and mature view. We need to improve communications and engagement. We also need to understand what / how other Clinical Commissioning Groups are performing and developing (particularly at Practice level)	7. Management practices	Staff Survey results good in that staff feel supported. Struggled in some areas (e.g. capacity - existing line managers asked to do too much?). Some over-checking. Sometimes areas worked on in isolation and some need earlier engagement of others. Need a more coaching style, less directive style by managers. Greater clarity of expectations required. Need to tie things together more (i.e. operationalise the plan). Develop more confidence to have difficult conversations / manage performance.
2. Mission and strategy	We have a new plan and we are ambitious, but more staff communication and understanding is needed this time around (including member practices). ALL need to understand their contribution to delivering it. Planning cycle is stronger. Challenge to operationalise it as it is still seen as an annual event. Q. Are we really transforming? Q. Do all projects align to deliver the plan?	8. Work unit climate	Broadly, working within teams is OK. Teams working with other teams is developing but is still variable. Teams appear to have gone into new portfolio silos. Communication between teams is to be improved. Better alignment of team objectives needed. Develop a greater understanding of team interdependencies. Better understand benefit and value of collaborative working. We need to be more open to challenge (i.e. critical friend). We lack clarity and 'buy-in' from our Member Practices.
3. Leadership	Managerially & clinically strong. Empowerment is encouraged. Stable Governing Body. Staff Survey results suggest generally good regarding leadership, however, mixed messages from leaders / senior team. Majority of leaders trusted, but some more than others. Senior managers are too operational. Staff tend to 'look-up' to senior leaders for decisions too much. Consistency of style and approach is needed (i.e. more coaching than directive).	9. Task and individual skills	Some brilliant people in post. Few examples of staff not fitting into right roles. Healthy stock of talent. Recognise we need to develop talent internally rather than relying on external support. Too much reliance on some individuals. Clinical leads need testing at recruitment stage and periodically thereafter. Need to identify skills in the system and how best to use them.
4. Organizational culture	Knowledgeable/experienced people, professional and committed. Strong desire for greater staff engagement and to do well. Mixed messages from leaders creating uncertainty. Improvement required around risk management. Need more focus on health outcomes than money (legacy from PCT). Staff need to develop a 'go and find it' / 'Get on with it' mind set and feel confident with empowerment to take more risks and be innovative (Q. Are we playing it too safe?)	10. Individual needs and values	Staff Survey results show workforce in not unhappy. Good for 1-year in. Generally, staff appear committed and proud of the work that they do. Generally, staff feeling valued, although this is not always so for what they achieve. Recognise that there is more to do, but actively working on it. Need to better understand individual needs and what makes staff satisfied. Need to give more overt feedback.
5. Structure	We recognised the need to change (e.g. new senior commissioning roles). Structure is broadly right for now, more to do. Q. Do we use our GP's time effectively? (e.g. GP's on Exec Team). Q. Do we have a structure to enable innovation?	11. Motivation	Variable across the CCG. Quite high motivation in pockets, despite a very difficult year. There exists a general enthusiasm about work, but pockets of disillusionment do exist. There is good connection between clinicians and management. There needs to be a more corporate approach and less role focussed.
6. Systems	We recognise the agenda is about transformation. We operate good and established governance framework. Processes appear to hinder decision making. Systems fit for today, but needs development for consistency of approach and needs to enable change going forward (innovation). Management systems restrict clinical freedom.	12. Individual and organisational performance	Delivered a lot. Governing Bodies ambition is higher than previously. Good level of challenge from the Governing Body. Clear on what we need to perform on. General performance scores are OK, but considered as safe. Any issues are being managed. Desire for the CCG to go further, faster. Recognise next 12-months are key (Impact year). Relationships will be tested in next 12-months. More challenge required on direction. Q. Are we really making a difference?

The second table (over page) is the natural extension of the above and details the “OD Actions”, “Priority Areas” (i.e. which of the 12 elements should be focused on first, indicated as:

H = Highest priority
M = Medium priority
L = Lowest priority

The “Target Groups” indicates the cohort that the aforementioned OD Actions relate to. Each group has a dedicated OD Delivery Plan (NB – to be developed following formal agreement of the OD Priorities herein)

12 Elements	Feedback from Diagnostics	OD Actions	Priorities			Target Groups				
			H	M	L	GB	Exec	Mgrs	Staff	Mbrs
1. External Environment	We have strong relations with partners. We are proactive; have a national profile and mature view. We need to improve communications and engagement. We also need to understand what / how other Clinical Commissioning Groups are performing and developing (particularly at Practice level)	<i>To achieve and maintain GREEN =</i> 1. Further develop / maintain partner and stakeholder relations (Includes Local Authority, Social Care and Local Area Team). 2. Further develop more meaningful involvement of patients, carers and the public. 3. Co-ordinate 'horizon scanning' to identify issues that will affect us and our team(s). 4. Develop a disciplined approach to identifying innovation, transformation opportunities and reporting / share these findings in a timely way.	H			*	*	*		
2. Mission and Strategy	We have a new plan and we are ambitious, but more staff communication and understanding is needed this time around (including member practices). ALL need to understand their contribution to delivering it. Planning cycle is stronger. Challenge to operationalise it as it is still seen as an annual event. Q. Are we really transforming? Q. Do all projects align to deliver the plan?	<i>To achieve and maintain GREEN =</i> 1. Review and further develop communications to ensure our plan is communicated across the CCG and Member Practices; 2. Ensure ALL have a clear understanding of what is to be achieved and their contribution to it. (How does it affect / impact people?) 3. Ensure all project/workplans align to the plan (Q. If it/ they don't, then why are we doing it?) 4. Ensure mechanisms exist to monitor delivery, but also that changes are taking place (link individual and team performance results in Element 12 below).		M		*	*	*		*
3. Leadership	Managerially & clinically strong. Empowerment is encouraged. Stable Governing Body. Staff Survey results suggest generally good regarding leadership, however, mixed messages from leaders / senior team. Majority of leaders trusted, but some more than others. Senior managers are too operational. Staff tend to 'look-up' to senior leaders for decisions too much. Consistency of style and approach is needed (i.e. more coaching than directive).	<i>To achieve and maintain GREEN =</i> 1. Develop more 'High Challenge / High Support' of each other and the Executive team (i.e. hold to account). 2. Benchmark the effectiveness of Governing Body against best practice for CCG's. 3. Develop more effective executive leadership through more 'High Support / High Challenge' of each other and Governing Body (i.e. hold to account). 4. Consider the attitudes and behaviours of senior level and how these are perceived by staff. 5. Further develop 'leadership at all levels' through values-based behaviours across the CCG.		M		*	*	*	*	*
4. Organisational Culture	Knowledgeable/experienced people, professional and committed. Strong desire for greater staff engagement and to do well. Mixed messages from leaders creating uncertainty. Improvement required around risk management. Need more focus on health outcomes than money (legacy from PCT). Staff need to develop a 'go and find it' / 'Get on with it' mind set and feel confident with empowerment to take more risks and be innovative (Q. Are we playing it too safe?)	<i>To achieve and maintain GREEN =</i> 1. Develop a less risk averse approach to decision-making. 2. Encourage and develop service line innovation (link horizon scanning in Element 1 above). 3. Develop project and programme management approach to enable leaders to be less operational in the management of "Benefit Realisation", "Risk" and "ROI" (Return on Investment). "Walk the walk".	H			*	*	*	*	
5. Structure	We recognised the need to change (e.g. new senior commissioning roles). Structure is broadly right for now, more to do. Q.Do we use our GP's time effectively? (e.g. GP's on Exec Team). Q.Do we have a structure to enable innovation?	<i>To achieve and maintain GREEN =</i> 1. Monitor impact of recent changes to structure to ensure 'fitness for purpose'. 2. Establish a mechanism, in line with the business planning cycle, to review and amend the structure for 'fitness for future'. 3. Create capacity to develop innovation and / or staff to be involved in transformation projects (not necessarily related to their day job).			L		*	*		
6. Systems	We recognise the agenda is about transformation. We operate good and established governance framework. Processes appear to hinder decision making. Systems fit for today, but needs development for consistency of approach and needs to enable change going forward (innovation). Management systems restrict clinical freedom.	<i>To achieve and maintain GREEN =</i> 1. Continue to educate on, maintain and monitor governance arrangements. 2. Facilitate and encourage innovation and a culture of continuous improvement (e.g. Investors in Excellence. (Link Element 7. Skills below)	H				*	*		
7. Management Practices	Staff Survey results good in that staff feel supported. Struggled in some areas (e.g. capacity - existing line managers asked to do too much?). Some over-checking. Sometimes areas worked on in isolation and some need earlier engagement of others. Need a more coaching style, less directive style by managers. Greater clarity of expectations required. Need to tie things together more (i.e. operationalise the plan). Develop more confidence to have difficult conversations / manage performance.	<i>To achieve and maintain GREEN =</i> 1. Executive team and line management to further develop consistency of approach and communications (i.e. directive or coaching where required). 2. Ensure all management are competent in basic skills (e.g. against ILM 5 / 7) 3. Develop further management skills (e.g. explicitness) and approach to managing good and poor performance (e.g. monthly 1:1 meetings). 3. Role model values-based behaviours.	H				*	*		
8. Work Unit Climate	Broadly, working within teams is OK. Teams working with other teams is developing but is still variable. Teams appear to have gone into new portfolio silos. Communication between teams is to be improved. Better alignment of team objectives needed. Develop a greater understanding of team interdependencies. Better understand benefit and value of collaborative working. We need to be more open to challenge (i.e. critical friend). We lack clarity and 'buy-in' from our Member Practices.	<i>To achieve and maintain GREEN =</i> 1. Governing Body and Executive to develop and drive effective, system-wide collaborative / partnership working (Includes CCG positioning). 2. Educate, enable and facilitate collaborative working within CCG teams and wider stakeholders. Recognise and utilise interdependencies. 3. Adopt and develop collaborative working across CCG teams, Member Practices & Partner / Stakeholder groups. Recognise and utilise interdependencies.		M			*	*	*	*
9. Task and individual skills	Some brilliant people in post. Few examples of staff not fitting into right roles. Healthy stock of talent. Recognise we need to develop talent internally rather than relying on external support. Too much reliance on some individuals. Clinical leads need testing at recruitment stage and periodically thereafter. Need to identify skills in the system and how best to use them.	<i>To achieve and maintain GREEN =</i> 1. Continue to monitor and review current capability and capacity as part of the Business Planning process. 2. Develop Talent and Succession programme. (Link innovation - Create opportunity for people to get involved in other projects outside of their day job).			M			*	*	
10. Individual needs and values	Staff Survey results show workforce in not unhappy. Good for 1-year in. Generally, staff appear committed and proud of the work that they do. Generally, staff feeling valued, although this is not always so for what they achieve. Recognise that there is more to do, but actively working on it. Need to better understand individual needs and what makes staff satisfied. Need to give more overt feedback.	<i>To achieve and maintain GREEN =</i> 1. Governing Body to clarify expectations of Members and Stakeholders and develop an environment where members feel valued. 2. All management to role-model living the values, develop an environment where jobs are enriched, staff feel valued and mechanisms for feeding back exist. 3. Further develop approaches to identify / recognise needs and expectations of individuals and teams. 3. All to better understand 'self' in terms of own needs and values and how they can be satisfied.			L	*	*	*	*	
11. Motivation	Variable across the CCG. Quite high motivation in pockets, despite a very difficult year. There exists a general enthusiasm about work, but pockets of disillusionment do exist. There is good connection between clinicians and management. There needs to be a more corporate approach and less role focussed.	<i>To achieve and maintain GREEN =</i> 1. Better understand what motivates 'self' and others. 2. Understand the impact of motivation on performance. 3. Develop mechanisms to recognise and reward. 4. Further develop corporate engagement activities (i.e. Member Practices and CCG Workforce).			L		*	*	*	
12. Individual and organisational performance	Delivered alot. Governing Bodies ambition is higher than previously. Good level of challenge from the Governing Body. Clear on what we need to perform on. General performance scores are OK, but considered as safe. Any issues are being managed. Desire for the CCG to go further, faster. Recognise next 12-months are key (Impact year). Relationships will be tested in next 12-months. More challenge required on direction. Q. Are we really making a difference?	<i>To achieve and maintain GREEN =</i> 1. Better engage Members in commissioning ambitions. 2. Greater clarity about expectations of individuals & teams. 3. Develop skills and space to innovate. 4. Develop performance monitoring around areas such as programme management, also consider values-based performance review. 5. Hold people to account. 6. Develop practices of holding each other to account (not sure about this one?)		M		*	*	*	*	*

The above is reflected on Appendix 2 – 'OD Strategy-on-a-Page'

8. Our Values and Principles

Our values define who we are. They are the fundamental beliefs of our organisation – the organisations cultural cornerstones which; can never be compromised. They guide our actions and behavior. They influence the way we work with each other – and the way we serve our customer and engage with our communities. They are what make your organisation distinct and so must always be maintained.

We have stated that a set of values and principles will be evident in our work. These are listed in the prospectus; which has been disseminated across Sheffield

Values	We will...	Living these Values & Principles...
Governance	...have effective corporate governance systems in place and, as a minimum, adhere to the requirements of the Nolan Principles and the NHS Constitution, the Equality Act and our Public Sector Equality Duties.	<ul style="list-style-type: none"> <i>In progress - Development of underlying behaviours underway via 'Values into Action' workstream – due by end of June 2014</i>
Custodians of the budget	...be sound custodians of Sheffield's health care budget, ensuring we achieve a balanced outcome at the end of each year.	•
Patients at the heart	...place patients at the heart of all our discussions with providers of healthcare and all our commissioning decisions.	•
Empower clinical leaders	...empower our clinical leaders in motivating and influencing the wider clinical population to ensure health improvement and healthcare for our population.	•
Highest Quality Health services	...strive to achieve the best possible health and the highest quality health services for all the people of Sheffield, taking account of the different needs of local communities and the groups covered by the Equality Act.	•
Best Practice	...seek evidenced based best practice and share knowledge to ensure that we deliver the best possible individual care across care pathways.	•
Work Together	...work together, engaging staff, patients and the public in our local and collective decisions.	•
Jointly Owned Approaches	...work with our local communities to ensure jointly owned approaches to local needs and concerns.	•
Strong Collaborative Relationships	...develop strong collaborative relationships with partner organisations, including the local NHS Foundation Trusts, Sheffield City Council, the National Commissioning Board, HealthWatch, the voluntary community and faith sector, local politicians, and local professional committees.	•
Practice Support	...support practices, through our localities, to engage in clinical commissioning and to implement improvements in care.	•

Staff Support	...support our staff to fully contribute to our work, drawing upon their expertise and knowledge to support our clinical leaders.	•
Clinician Support	...support clinicians to innovate and to adopt best practice.	•
Community Support	...work with communities, with public health and with primary care to help people to maintain their health and prevent illness or health crises.	•
Benefit Sheffield	...above all, work to benefit the population of Sheffield.	•

9. Interdependencies

In order to realise the full benefits of this strategy the organisation requires reliance of people, resources, and knowledge from other parts of the organisation. We categorise interdependence in the following groups:

- **Goal Interdependence** - Goal Interdependence is achieved when learners share the same goals and perceive that group cooperation is essential in achieving these goals.
- **Resource Interdependence** - Resource Interdependence divvies up the resources or materials for completing the task by giving each group member an essential piece of the puzzle and makes it essential for the group to share resources or put their puzzle pieces together in order to be successful.
- **Role Interdependence** - Role Interdependence imparts a sense of ownership for each group member by assigning an interconnected role for each individual that is vital in completing the learning project.
- **Identity Interdependence** - Identity Interdependence infuses unity and cohesion, inspiring camaraderie and loyalty by way of a shared identity expressed through a mutual logo, motto, name, etc.

We are encouraging teams and team members to understand and work through interdependency in supporting the sharing of common goals, hence each other's efforts.

9.1 Human Resources and Workforce Development Processes, Policies and Procedures

Objective:

Ensuring a robust framework and processes in the recruitment, employment, development, performance, remuneration and well-being of CCG staff that enables us to work effectively in delivering our commissioning plans

9.2 Learning and Development Strategy

Objectives:

Ensuring a robust framework and processes in the education, training, learning and development of a highly capable CCG workforce that enables us to work effectively in delivering our commissioning plans

9.3 Communications and Engagement Strategy

Objectives:

Ensuring a robust framework and processes in all our engagement and communication activities that enables us to work effectively in delivering our commissioning plans

10. Delivery Groups

The following table details the programmes we have identified in order to support and theme our OD Interventions Delivery Plan:

Programme No:	Target Group
Programme 1	Governing Body
Programme 2	Executive Team
Programme 3	Management Team
Programme 4	Staff (Clinical & Non-Clinical)
Programme 5	Member Practices

Engagement of CCG members and staff is a common, vital aspect in the successful implementation of our delivery plans. In addition to the aforementioned target groups and the individual members and staff within each, there are a number of formal and informal representative groups whom comprise our internal stakeholders. Such groups, including but not restricted to Locality Groups, Engage for Success Group, Joint Staff Consultation and Negotiation Forum and OD Steering Group, are key to testing the robustness of our OD Strategy and Plans. Also, in ensuring the engagement and involvement of members and staff in the OD activities we undertake to deliver on these plans

11. Monitoring and Reporting

We will review this strategy annually in recognition that it is dynamic and to ensure that it remains 'fit-for-purpose'. All associated delivery / work plans will be monitored and reported via the OD Steering Group. Individual OD interventions will be evaluated and reported within the aforementioned manner. Governing Body will be updated annually on progress.

12. Responsibilities

The executive sponsor is the Chief Operating Officer.

The project/programme/work-stream leads are:
CCG Workforce - Chief Operating Officer
Membership Organisation - Board Secretary
Working with Partners - Chief Officer

All programmes and activities will be monitored and reported via the OD Steering Group

13. Appendices

- 1) Diagnostic Framework
- 2) Diagnostic Results & Recommendations (OD Strategy-on-a-page)
- 3) OD Delivery Plan(s) – *to be developed following formal agreement of OD priorities*

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Appendices

Appendix 1 - Burke-Litwin Framework with diagnostic questions

Dimensions	Key Questions
1. External Environment	What are the key external drivers? How are these likely to impact on the organisation? Does the organisation recognise these?
2. Mission and Strategy	What do top management see as the organisation's mission and strategy? Is there a clear vision and mission statement? What are the employees' perceptions of these?
3. Leadership	Who provides overall direction for the organisation? Who are the role models? What is the style of leadership? What are the perspectives of employees?
4. Organisation Culture	What are the overt and covert rules, values, customs and principles that guide organisation behaviour?
5. Structure	How are functions and people arranged in specific areas and levels of responsibility? What are the key decision-making, communication and control relationships?
6. Systems	What are the organisation's policies and procedures, including systems for reward and performance appraisal, management information, HR and resource planning, etc.?
7. Management Practices	How do managers use human and material resources to carry out the organisation's strategy? What is the style of management and how do they relate to subordinates?
8. Work Unit Climate	What are the collective expressions, expectations and feelings of staff? What is the nature of relationship with work unit colleagues and those in other work units?
9. Task and Individual Skills	What are the task requirements and individual skills/abilities/knowledge needed for task effectiveness? How appropriate is the organisation's "job-person" match?
10. Individual Needs and Values	What do staff value in their work? What are the psychological factors that would enrich their jobs and increase job satisfaction?
11. Motivation	Do staff feel motivated to take action necessary to achieve the organisation's strategy? Of factors 1-10, which seem to be impacting most on motivation?
12. Individual and Organisational Performance	What is the level of performance in terms of productivity, client satisfaction, quality etc.? Which factors are critical for motivation and therefore performance?

Sheffield Clinical Commissioning Group Organisational Development 'Strategy on a Page' 2014 to 2016											Authors: Andrew Reynolds & Andrew Cribbis, WSYBCSU Version 9				
<p>Clinical Commissioning Groups (CCG's) are continuing to face some of the most significant challenges the NHS has encountered since its creation. The coming years represent a time of significant change to the way services will be delivered within increasing limitations on resources. We recognise it is in everyone's interest, within our own health economy, to ensure that resources are spent and used effectively, allocated fairly, that services are of the highest possible quality and ultimately produce the outcomes the local population both need and deserve.</p> <p>Key features will be clinical leadership, adding value to commissioning, a collaborative approach and accountability for delivery as an aspirational high performing organisation. Our success will also depend on working with partner organisations, constituent practices and local communities.</p> <p>We consider ourselves ambitious; which means bringing clinical insight from our practices to the forefront of service design, and better understand the views and priorities of our patients, residents, carers, communities and partners.</p>															
12 Elements	Feedback from Diagnostics	OD Actions	Priorities			Target Groups									
			Highest	Medium	Lowest	Governing Body	Executive Team	Managers	Staff	Members					
1. External Environment	We have strong relations with partners. We are proactive; have a national profile and mature view. We need to improve communications and engagement. We also need to understand what / how other Clinical Commissioning Groups are performing and developing (particularly at Practice level)	<i>To achieve and maintain GREEN =</i> 1. Further develop / maintain partner and stakeholder relations (Includes Local Authority, Social Care and Local Area Team). 2. Further develop more meaningful involvement of patients, carers and the public. 3. Co-ordinate 'horizon scanning' to identify issues that will affect us and our team(s). 4. Develop a disciplined approach to identifying innovation, transformation opportunities and reporting / share these findings in a timely way.	H			*	*	*							
2. Mission and Strategy	We have a new plan and we are ambitious, but more staff communication and understanding is needed this time around (including member practices). <u>ALL</u> need to understand their contribution to delivering it. Planning cycle is stronger. Challenge to operationalise it as it is still seen as an annual event. Q. Are we really transforming? Q. Do all projects align to deliver the plan?	<i>To achieve and maintain GREEN =</i> 1. Retain the current clarity of our strategic intentions in future plans. 2. Review and further develop communications to ensure our plan is better communicated across the CCG and Member Practices; 3. Ensure <u>ALL</u> have a clear understanding of what is to be achieved and their contribution to it. (How does it affect / implicate people?) 4. Ensure all project/workplans align to the plan (Q. If it/ they don't, then why are we doing it?) 5. Ensure mechanisms exist to monitor delivery, but also that changes are taking place (link individual and team performance results in Element 12 below).		M		*	*	*		*					
3. Leadership	Managerially & clinically strong. Empowerment is encouraged. Stable Governing Body. Staff Survey results suggest generally good regarding leadership, however, mixed messages from leaders / senior team. Majority of leaders trusted, but some more than others. Senior managers are too operational. Staff tend to 'look-up' to senior leaders for decisions too much. Consistency of style and approach is needed (i.e. more coaching than directive).	<i>To achieve and maintain GREEN =</i> 1. Develop our leadership behaviours to ensure 'High Challenge / High Support' of each other and the Executive team (i.e. hold to account). 2. Benchmark the effectiveness of Governing Body against best practice for CCG's. 3. Consider the attitudes and behaviours of senior level and how these are perceived by staff. 4. Further develop 'leadership at all levels' through values-based behaviours across the CCG.		M		*	*	*	*	*					
4. Organisational Culture	Knowledgeable/experienced people, professional and committed. Strong desire for greater staff engagement and to do well. Mixed messages from leaders creating uncertainty. Improvement required around risk management. Need more focus on health outcomes than money (legacy from PCT). Staff need to develop a 'go and find it' / 'Get on with it' mind set and feel confident with empowerment to take more risks and be innovative (Q. Are we playing it too safe?)	<i>To achieve and maintain GREEN =</i> 1. Develop a less risk averse approach to decision-making. 2. Encourage and develop service line innovation (Link horizon scanning in Element 1 above). 3. Develop project and programme management approach to enable leaders to be less operational in the management of "Benefit Realisation", "Risk" and "Outcomes-based" commissioning.	H			*	*	*	*						
5. Structure	We recognised the need to change (e.g. new senior commissioning roles). Structure is broadly right for now, more to do. Q. Do we use our GP's time effectively? (e.g. GP's on Exec Team). Q. Do we have a structure to enable innovation?	<i>To achieve and maintain GREEN =</i> 1. Monitor impact of recent changes to structure to ensure 'fitness for purpose'. 2. Establish a mechanism, in line with the business planning cycle, to review and amend the structure for 'fitness for future'. 3. Create capacity to develop innovation and for staff to be involved in transformation projects (not necessarily related to their day job).			L		*	*							
6. Systems	We recognise the agenda is about transformation. We operate good and established governance framework. Processes appear to hinder decision making. Systems fit for today, but needs development for consistency of approach and needs to enable change going forward (innovation). Management systems restrict clinical freedom.	<i>To achieve and maintain GREEN =</i> 1. Continue to educate on, maintain and monitor governance arrangements. 2. Facilitate and encourage innovation and a culture of continuous improvement (e.g. Investors in Excellence. (Link Element 7. Skills below) 3. Further develop and embed consistent programme management processes	H				*	*							

7. Management Practices	Staff Survey results good in that staff feel supported. Struggled in some areas (e.g. capacity - existing line managers asked to do too much?). Some over-checking. Sometimes areas worked on in isolation and some need earlier engagement of others. Need a more coaching style, less directive style by managers. Greater clarity of expectations required. Need to tie things together more (i.e. operationalise the plan). Develop more confidence to have difficult conversations / manage performance.	<i>To achieve and maintain GREEN</i> = 1. Executive team and line management to further develop consistency of approach and communications (i.e. directive or coaching where required). 2. Ensure all management are competent in basic skills (e.g. against ILM 5 / 7) 3. Develop further management skills (e.g. explicitness) and approach to managing good and poor performance (e.g. monthly 1:1 meetings). 4. Role modelling of values-based behaviours.	H				*	*		
8. Work Unit Climate	Broadly, working within teams is OK. Teams working with other teams is developing but is still variable. Teams appear to have gone into new portfolio silos. Communication between teams is to be improved. Better alignment of team objectives needed. Develop a greater understanding of team interdependencies. Better understand benefit and value of collaborative working. We need to be more open to challenge (i.e. critical friend). We lack clarity and 'buy-in' from our Member Practices.	<i>To achieve and maintain GREEN</i> = 1. Governing Body and Executive to develop and drive effective, system-wide collaborative /partnership working (Includes CCG positioning). 2. Educate, enable and facilitate collaborative working within CCG teams and wider stakeholders. Recognise and utilise interdependencies across all services. 3. Adopt and develop collaborative working across CCG teams, Member Practices & Partner / Stakeholder groups.		M			*	*	*	*
9. Task and individual skills	Some brilliant people in post. Few examples of staff not fitting into right roles. Healthy stock of talent. Recognise we need to develop talent internally rather than relying on external support. Too much reliance on some individuals. Clinical leads need testing at recruitment stage and periodically thereafter. Need to identify skills in the system and how best to use them.	<i>To achieve and maintain GREEN</i> = 1. Continue to monitor and review current capability and capacity as part of the Business Planning process. 2. Develop Talent and Succession programme. (Link innovation - Create opportunity for people to get involved in other projects outside of their day job).		M				*	*	
10. Individual needs and values	Staff Survey results show workforce in not unhappy. Good for 1-year in. Generally, staff appear committed and proud of the work that they do. Generally, staff feeling valued, although this is not always so for what they achieve. Recognise that there is more to do, but actively working on it. Need to better understand individual needs and what makes staff satisfied. Need to give more overt feedback.	<i>To achieve and maintain GREEN</i> = 1. Governing Body to clarify expectations of Members and Stakeholders and develop an environment where members feel valued. 2. All management to role-model living the values, develop an environment where jobs are enriched, staff feel valued and mechanisms for feeding back exist. 3. Further develop approaches to identify / recognise needs and expectations of individuals and teams. 3. ALL to better understand 'self' in terms of own needs and values and how they can be satisfied.			L	*	*	*	*	
11. Motivation	Variable across the CCG. Quite high motivation in pockets, despite a very difficult year. There exists a general enthusiasm about work, but pockets of disillusionment do exist. There is good connection between clinicians and management. There needs to be a more corporate approach and less role focussed.	<i>To achieve and maintain GREEN</i> = 1. Better understand what motivates 'self' and others. 2. Understand the impact of motivation on performance. 3. Develop mechanisms to recognise and reward. 4. Further develop corporate engagement activities (i.e. Member Practices and CCG Workforce).			L		*	*	*	
12. Individual and organisational performance	Delivered alot. Governing Bodies ambition is higher than previously. Good level of challenge from the Governing Body. Clear on what we need to perform on. General performance scores are OK, but considered as safe. Any issues are being managed. Desire for the CCG to go further, faster. Recognise next 12-months are key (Impact year). Relationships will be tested in next 12-months. More challenge required on direction. Q. Are we really making a difference?	<i>To achieve and maintain GREEN</i> = 1. Better engage Members in commissioning ambitions. 2. Greater clarity about expectations of individuals & teams. 3. Develop skills and space to innovate. 4. Develop performance monitoring around areas such as programme management, also consider values-based performance review. 5. Hold people to account & develop practices of holding each other to account		M		*	*	*	*	*

Performance Rating				
High performing. Proactive approach. Meeting or even exceeding delivery of targets and objectives. No major outstanding issues threatening delivery.	Generally performing well. Attention required in some areas to ensure high scoring risks are not realised.	Generally performing well. Significant issues exist requiring management attention. Areas are resolvable at this stage.	Not performing. Area is in doubt. Major risks exist, or issues apparent in a number of key areas. Urgent action required by management to ensure these are addressed.	Not performing. Delivery appears to be unachievable. Major risks; which at this stage do not appear to be resolvable without Directors attention.

**Appendix 3 -
OD Delivery Plan(s)**

– to be developed following agreement of OD priorities at Commissioning Executive Team & Governing Body

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