

NHS Dorset Clinical Commissioning Group

# Organisational Development Framework

2017/18 to 2018/19



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## **1. Introduction**

- 1.1 The organisational development framework has been reviewed and refreshed to align and enable the delivery of our two year Operational Plan 2017/2018 to 2018/19. The framework sets out the way in which we will continue to evolve and develop, ensuring that we have the capacity and capability to deliver our strategic and system wide objectives in Dorset.
- 1.2 Organisational development is at the heart of what we do and what we achieve. As an established and dynamic organisation, we recognise the importance of reflection and development, both in terms of our structures, systems and processes and also our approach and focus on relationships, values and behaviours. During our early years, we embarked on a journey of discovery and exploration, which we started during our shadow form prior to becoming a fully authorised Clinical Commissioning Group (CCG) in April 2013. This provided us with the foundations to mature and more recently our focus has gained momentum and pace. We are an organisation that is confident to face challenges, but more importantly take bold and courageous steps to meet those challenges. Alongside this our profile locally and nationally is strong and increasing. Our clinicians remain at the forefront of the planning and decision-making. The work that we are doing and the decisions that we are making as an organisation, and as part of a system, will have potentially far reaching implications for the way health and care services are organised and delivered across Dorset.
- 1.3 If the NHS in Dorset is to have sustainable health and social care services that are fit for the future, then we will need to continue to work collaboratively across the health and care system, hand in hand with our stakeholders, partners and providers, to make courageous decisions regarding how local services are best provided and delivered. Courageous decisions require confident leadership and meaningful stakeholder engagement, therefore the relationship between the organisational development framework and the engagement and communication framework is paramount to our success.

## **2. National and Local Context**

### **NHS England: Sustainability and Transformation Plans**

- 2.1 In 2014 NHS England published the Five Year Forward View to provide a clear picture of the scale of change that local health and care systems need to deliver by 2020/21. We have a successful track record and strong commitment to collaborative working across our health and care system. This has been fundamental to our ability to build a plan of this scale and ambition and has enabled us to work together as the Dorset Sustainability and Transformation Plan (STP) footprint. Our collective vision and commitment to change our system to meet the needs of local people and deliver better outcomes puts us in an excellent position to deliver. "Our Dorset" has been shaped by the views of clinicians, staff and local people and developed by leaders from across our health and social care system.
- 2.2 At a local level, we have three interconnected programmes of work to drive forward "Our Dorset" (STP):

**Prevention at Scale:** this forms the foundation of our plans and underpins all of the work we will do. Our approach to prevention includes a focus on promoting health and wellbeing and wider determinants of health, as well as building on best practice in primary, secondary and tertiary levels of prevention.

**Integrated Community Services:** this programme will transform general practice, primary and community health and care services in Dorset so that they are truly integrated and based on the needs of our local populations.

**One Acute Network of Services:** this programme will transform acute services in Dorset so that they meet the complex and specialist needs of our local population.

### Transforming Dorset

2.3 As system leaders we are driving forward transformation through a number of key work streams, all of which have a direct impact on our organisational development activities. Some of the work streams are led and managed by CCG, and some are led and managed by our partners, however all are clinically led and align to “Our Dorset” vision. The table below highlights the key work streams and our role in their delivery.

Work stream	CCG Remit
Clinical Services Review (integrated community services and acute reconfiguration)	Led and managed by the CCG with extensive leadership input from a representative group of senior clinicians, nurses, allied health professionals and our health and care system’s chief executives, chairs and lead councillors. Alongside this input and active engagement from our members and hundreds of clinicians, stakeholders, our Patient, Carer and Public Engagement Group and wider public engagement. We have undertaken extensive pre-consultation engagement over the last two years, the preferred options were approved by the Governing Body in May and July 2016 before public consultation in December 2016.
Mental Health Acute Care Pathway Review	Led and managed by the CCG the review was launched to understand how services such as inpatient assessment and treatment, psychiatric liaison, crisis response and home treatment, street triage and community mental health teams need to change. The MHACP has been fully co-produced with a range of service users and stakeholders, and has been held up as a national exemplar. The options were approved by the Governing Body in October 2016 before public consultation in early 2017.

Work stream	CCG Remit
Primary Care Commissioning Strategy	Led and managed by the CCG, the strategy defines our vision for general practice to continue to be the foundation of the health system. Building on the locality engagement to date, the models for the future provision of GP services will be developed locally with communities and GPs, reflecting the fact that the needs of the population vary across the County. Implementation of the strategy will be clinically led at a locality level.
Right Care	Led and managed by the CCG, Right Care is a national programme, which focuses on unwarranted variation and highlights opportunities for local areas to address this variation. Implementation of the programme will be delivered in partnership with provider organisations.
One NHS in Dorset Acute Vanguard programme	Led by the three acute hospitals in Dorset as part of NHS England's National Acute Care Collaboration Vanguard Programme. This is a vital mechanism which we are actively involved in to accelerate the implementation of our models of care and it can proceed at pace before, during and beyond the external scrutiny of the Clinical Services Review site specific reconfiguration.

### 3. Outcome Measures

3.1 We know that the environment that we operate within is becoming increasingly challenging and as a leadership organisation operating in a complex system we must remain flexible and agile. We use a range of outcome measures to assess and evaluate our success, responsiveness and areas that need improvement.

#### NHSE Improvement and Assessment

3.2 We know from the NHSE Improvement and Assessment Framework, which recently replaced the Assurance Framework that we are currently rated 'green' and classified as a 'well led' organisation for quality and leadership, we are rated 'amber' in terms of our financial sustainability and we know that the clinical priority areas within the domain need improvement. We are not surprised by this; in fact we foresaw it, which is why we embarked on the clinical services review back in 2014 and our rating reflects Dorset's need for change.

## **Surveys**

- 3.3 We know from our 360 Stakeholder results that we need to improve on our visibility and demonstrate that we have taken on board suggestions and have listened to feedback. However compared to previous annual surveys our main gains this year have been around overall leadership and transparency of decision making. Our relationships with our stakeholders have got better over the past 12 months and it has been reported that we are more effectively communicating our commissioning decisions and therefore there is a greater knowledge of our plans and priorities across the system.
- 3.4 Internally, the test of our organisation health is through the annual staff survey. 78% of staff completed the survey in 2015; the collective response rate from NHS staff in England was 41%. The survey results were equally positive notably in terms of staff support, clarity of work and objectives and the general working environment. Recognising the size of the organisation, staff felt career development opportunities were limited; there was also scope for development in the communication from senior leaders.

## **Local Insight**

- 3.5 We recently asked our Governing Body members and clinical leaders to reflect on their role and their effectiveness in the context of the transformation. The results were extremely encouraging however further exploration is required in some areas, in particular clarity of remit and leadership development; this is not surprising given the size, scale and pace of the transformation.
- 3.6 The CCG is an integral member of the System Leadership Team comprising of Chief Executive/Officer, NHS Chairs and Local Authority Cabinet Health Leaders. Our STP is ambitious but the big ideas will not be enough to realise our goals.
- 3.7 Section two above describes the programmes and work streams however these alone will not deliver the change and transformation required; the change requires people to work together, to build relationships built on trust and mutual respect. This outcome is not easy to measure however it is fundamental to our collective success and therefore should not be underestimated.

## **4. Our Organisational Development Approach**

- 4.1 Accepting the complexity of the environment and the changing dynamics, our organisation development approach is responsive to this. This framework has been simplified to capture the three themes which we believe best define our organisational development priorities and resonate with our mantra for meaningful, transparent and flexible organisational development solutions. This section provides an overview of the themes and highlights some of the significant drivers which will influence our approach. Whilst described separately the three themes are mutually dependant on each other.

## **Theme 1: Governance, Systems and Processes**

- 4.2 We have a strong track record of delivery in this area. Adequate **systems and processes** are of vital importance in order for us to sustain a high level of Corporate Governance. However is it easy to under estimate the value they bring. Looking forward, as we evolve and strengthen our role as system leaders, the complexity required will demand more control mechanisms, **better communication** and improved systems to drive efficiency and collaboration. This may mean looking at alternative ways of doing things and employing new thinking to ensure that our organisation is as efficient and streamlined as it needs to be to survive and deliver in a challenging and evolving environment.
- 4.3 Setting this in context, over the last two years our governance has been reviewed and updated to reflect our increased responsibilities and **decision making** requirements. The most significant change resulting from full delegation of primary care (general practice) transferring from NHS England on 1 April 2016. In preparation for this we established a Joint Primary Care Committee in shadow form which evolved into the Primary Care Commissioning Committee; the impact of this extended to our organisational and Governing Body structures, ensuring that we were fit for purpose with the **capacity and capability** to deliver the function.

## **Theme 2: Values, Behaviours and Relationships**

- 4.4 The CCG had previously agreed its **vision, mission and values** with the active support of its Governing Body, member practices and staff. As a large **membership organisation**, leading a dynamic and ambitious review of health services, working in collaboration with partners and the public our vision and mission has been at the forefront of our work.
- 4.5 Our values, which are detailed in the table below have been well tested.

<b>Honest:</b> working openly with the public, our patients and all other stakeholders to build a mutual level of trust and understanding.	<b>Courageous:</b> having the courage to challenge decisions and activities when they are not aligned to our aims and priorities as commissioners of health care.
<b>Responsible:</b> being accountable for the decisions we make, responsible for implementing them and reflecting the resources available to us as commissioners.	<b>Collaborative:</b> working together with our public, patients and stakeholders, involving them in the decision-making process particularly when the decision impacts on them.
<b>Responsive:</b> proactively adapting, responding to challenges - large and small, national and local - to find a resolution. Responding positively and with a 'can do' attitude, to new and different ideas when they are presented.	<b>Caring:</b> putting ourselves in our patients, public and stakeholders shoes, to understand their point of view. Listening to the people and communities we serve, taking account of their views in the decisions we make.

Table 1: CCG Values 2013 - Present

- 4.6 As a **clinically led, management supported** organisation with ambitions plans and a track record of being highly rated as 'well led' we have a unique opportunity to continuously shape and evolve our organisational **culture and climate**. We empower our clinical leaders and staff to contribute at all levels of the organisation. We want to harness their passion and support and encourage them to be the best they can be, ensuring people understand their contribution. In return we ask everyone to behave in a way that connects with our values and builds confidence with our patients and partners. The dynamic of developing and delivering an ethos of working collaboratively to best benefit the patient has been the focus of our work on the clinical services review and the STP.
- 4.7 Our approach has not been without challenge. As a high performing **learning organisation** we build on our successes and learn from our ways. Our profile in the system has created opportunities for us to test our resolve and resilience. **Self-reflection and insight** has been and will remain at the forefront of our approach to developing relationships and credibility as **system leaders**. We invest time, energy and effort in developing our Governing Body, clinical and executive leaders; we encourage them to focus on real time issues and dynamics and wrap support around them based on their personal style, approach and leadership needs. We encourage **honest and open conversations**, individually and collectively and we remain receptive and responsive to feedback. This approach has proved successful, our **succession planning** has been positive and we continue to plan for future changes.
- 4.8 From a commissioning support perspective the **workforce scorecard** performance indicators remain progressive. We are seeing roles evolving and relationships building across teams, directorates and partner organisations. However we know we need to focus more emphasis on prioritising the work that needs to be done and less emphasis on the job that people have. This will enable us to be more agile and responsive, but also allow staff to broaden their horizons and add value based on their abilities.
- 4.9 **Staff engagement** is a simple concept yet it can be incredibly complex to achieve and maintain. It extends beyond people knowing what their role is and relies on everyone buying into the approach. We know that our staff are our greatest asset and we have put mechanisms in place and we advocate **behaviours**, linked to our values which we hope will encourage and support our staff to engage fully in our organisation. This ranges from **training and development** support to **individual and team support**. We place a high emphasis on line management relationships and we support our line managers to fulfil their roles.
- 4.10 From a system wide perspective and in response to the STP a **Leading and Working Differently Strategy** for Dorset has been developed and endorsed by the System Leadership Team. We know that we need to be organised differently and we know that we need to work more closely across **organisational boundaries** for the benefit of patients and to help to address the workforce challenges facing the Dorset system as a whole. To support the delivery of this strategy and the wider STP an organisational development approach for Dorset has been developed. It doesn't replace individual

organisation's existing arrangements but does provide an opportunity to collaborate and work together in areas where it makes sense. The emerging priority is leadership development at a system level (executive, board and clinical).

### **Theme 3: Organisational Structures**

- 4.11 We know that clinicians bring a unique perspective and valuable expertise to commissioning and transformation from their time spent with patients. Our **internal commissioning support structure** aims to provide responsive support provided by a dedicated workforce. The creation of an effective organisational structure has driven the way we deliver this support in order to achieve our **strategic objectives**. The structure has provided the appropriate framework for decision making to be clinically led with effective leadership at every level of the organisation.
- 4.12 Ensuring that we have the **capacity and capability** to deliver in an evolving and sometimes uncertain environment has required us to be more creative and less rigid in our approach. This has implications for our structures (clinical and management) and our **working practices**. We are proud of our Governing Body and our staff for all they have achieved; we need to build on this and make the necessary advances in order to organise ourselves for future **sustainability** and **success**.
- 4.13 From a Governing Body and clinical leadership perspective we have to ensure **credible leadership** and ownership of statutory duties, including safeguarding, equality and diversity, Caldicott guardian, conflict of interest and freedom to speak up guardian. We know that the transformational change programmes require us to review the way we structure our clinical leadership and management support. The added dimension of the Primary Care Commissioning Strategy and full delegation of primary care services dramatically changes the role, remit and structure of our GP Locality Leads and has implications for the management support. The introduction of Right Care has provided us with a timely opportunity to review and refocus our clinical delivery programmes, which has consequences for the clinical leadership and management support arrangements.
- 4.14 These changes create opportunities and risks. The governance implications are real and we must continue to **manage conflicts** in a pragmatic and transparent way. We must continue to challenge ourselves to deliver best value and our structures must therefore be reflective of current and future needs not past arrangements. We know that we have the **skills** internally but we also know that we don't always use them in the right place or at this right time.
- 4.15 The NHS has a history of operating within structures; however we need to be more dynamic and pragmatic even if this means stopping doing something in order to deliver a bigger priority. A more **role based** approach combined with an **outcome based** philosophy internally and across the system is dynamic and may cause some people some anxiety, therefore building on what we have achieved to date and playing to our strengths to meet new challenges is our intended approach to get us to where we know we need to be.

## **5. Implementation Plan**

- 5.1 An implementation plan has been developed which describes ‘how’ we will continue to develop the organisation and ‘what’ we intend to deliver through our organisational development activities for the remainder of this year and in preparation for 2017/2018. The implementation plan is designed around the organisational development themes detailed above and clearly articulates what we aim to achieve. The attached implementation plan is supported by a number of directorate wide work plans reflecting shared ownership of this framework.
- 5.2 Consistent with previous years an update will be presented to the Governing Body in March 2017 which will highlight the progress made over the previous 12 months. In order to ensure that the organisational development activities remain responsive to the evolving needs of the organisation, our system role and strategic objectives, the implementation plan for 2017/2018 will also be presented for approval by the Governing Body in March 2017.

**Author’s name and Title :** Emma Shipton, Deputy Director of Engagement and Development  
**Date :** 31 October 2016  
**Telephone Number :** 01202 541542

**APPENDIX**

**Appendix A**

**Organisational Development Framework  
Implementation Plan 2016/2017**

**NHS DORSET CLINICAL COMMISSONING GROUP  
ORGANISATIONAL DEVELOPMENT FRAMEWORK IMPLEMENTATION PLAN 2016/2017**

THEME	OBJECTIVES	DELIVERABLES	LEAD	TIMESCALE
<b>1. GOVERNANCE, SYSTEMS AND PROCESSES</b>	1.1 Review the constitution to ensure that the CCG has the appropriate governance structure in place, which supports effective decision making.	<ul style="list-style-type: none"> <li>Develop and implement proposals in response to the need for robust governance in respect of the STP, the implementation of transformational programmes and the outcome of the formal consultation (CSR).</li> </ul>	Corporate Team	March 2017
	1.2 In the context of the STP assess the CCG's performance and ability to deliver based on information (data) and insight, leading to the development of fit for purpose strategic objectives.	<ul style="list-style-type: none"> <li>Design a mechanism which tests our capacity and capability to deliver and support the implementation of our strategic objectives</li> </ul>	Corporate office supported by the Engagement and Development Directorate	November 2016-March 2017
	1.3 Work in collaboration with our NHS and LA partners to develop a consistent understanding and approach to transformation understanding the impact on individual and collective organisational structure, process and decision making arrangements	<ul style="list-style-type: none"> <li>Ensure that the transformational programmes and outcomes are explicitly linked to the STP</li> </ul>	Design and Transformation Directorate	November 2016-March 2017
		<ul style="list-style-type: none"> <li>Work closely with partners and other CCGs/ organisations to learn from best practice</li> </ul>	Design and Transformation Directorate	November 2016-March 2017

THEME	OBJECTIVES	DELIVERABLES	LEAD	TIMESCALE
	1.4 Make good use of relevant data, research and evidence to inform decision making	<ul style="list-style-type: none"> <li>Design and embed a system leadership approach to transformational change, providing opportunities to drive change and implement transformational programmes</li> </ul>	Design and Transformation Directorate in association with the Dorset Workforce Action Board	November 2016-March 2017
	1.5 As a responsible partner full obligations to support the success of the Primary Care Workforce Centre	<ul style="list-style-type: none"> <li>Actively engage in all aspects of the System Leadership Team arrangements, including the enabling work streams</li> </ul>	All directorates	November 2016-March 2017
	1.6 Establish a common understanding of new contractual models and organisational forms across Dorset	<ul style="list-style-type: none"> <li>Actively support the development and implementation of the Primary Care Workforce Centre delivery plan aligned to ICS and the Primary Care Commissioning Strategy</li> <li>Co-design an Organisational Development Framework for general practice which supports the delivery of the Primary Care Commissioning Strategy</li> <li>Design and deliver themed action learning set events for senior clinicians and managers across the system based on national best practice models of delivery e.g. ACO, MCPs as a pre-requisite for a wider system leadership programme</li> </ul>	<p>Engagement and Development supported by the Quality Directorate</p> <p>Service Delivery Directorate supported by the Engagement and Development Directorate</p> <p>Design and Transformation Directorate supported by the Engagement and Development Directorate</p>	<p>November 2016-March 2017</p> <p>March 2017</p> <p>November 2016-March 2017</p>

THEME	OBJECTIVES	DELIVERABLES	LEAD	TIMESCALE
<b>2. VALUES, BEHAVIOURS AND RELATIONSHIPS</b>	2.1 Understand and support the wellbeing of our workforce through confident and competent line management support	<ul style="list-style-type: none"> <li>Continue to assess and support the resilience of our workforce, taking account of HSE guidelines and organisational workplace responsibilities</li> </ul>	Engagement and Development Directorate	Ongoing
	2.2 Support the development of a culture which encourages and drives individual and team performance, holds people to account to deliver and act as ambassadors of the organisation and its values	<ul style="list-style-type: none"> <li>Undertake a review of working practices, empowering teams and individuals to shape and evolve the organisational culture</li> </ul>	Engagement and Development Directorate	March 2017
	2.3 Develop and embed an ethos of customer and staff satisfaction, aligned to internal and external assurance activity and scrutiny	<ul style="list-style-type: none"> <li>Implementation of the staff engagement approach recognising staff commitment and achievements</li> </ul>	Engagement and Development Directorate	November 2016-March 2017
	2.4 Review and align the implementation of the Engagement and Communications Framework 2016/2017-2017-2018	<ul style="list-style-type: none"> <li>Utilise the workforce scorecard and target team support and continue to support lone managers and staff to participate in and understand the value of meaningful appraisals</li> </ul>	Engagement and Development Directorate	November 2016-March 2017

THEME	OBJECTIVES	DELIVERABLES	LEAD	TIMESCALE
	<p>2.5 Foster the confidence and trust of our members, stakeholders, partners and workforce demonstrating our commitment to listen and respond to their feedback and counsel, which will shape and inform the transformational programmes and our day to day business</p>	<ul style="list-style-type: none"> <li>Actively and positively respond to the CCG's 360 stakeholder survey and staff survey</li> <li>Ensure full implementation of the CSR Consultation Plan leading to decision making</li> </ul>	<p>Engagement and Development Directorate</p> <p>Engagement and Development Directorate</p>	<p>March 2017</p> <p>November 2016-March 2017</p>
	<p>2.6 Continue to develop and embed our role as confident and consistent leaders, enabling us to build stronger and more meaningful relationships with partners</p>	<ul style="list-style-type: none"> <li>Continue to review and shape the culture of the CCG, empowering the CCG workforce to respond to the changing needs of the organisation through meaningful and transparent engagement and communications</li> </ul>	<p>Engagement and Development Directorate</p>	<p>November 2016-March 2017</p>
	<p>2.7 Ensure that leadership and management development enhances and supports succession planning across the commissioning support structures</p>	<ul style="list-style-type: none"> <li>Develop a system wide Trade Union forum which demonstrates our commitment to workforce development</li> </ul>	<p>Engagement and Development Directorate in association with the Dorset Workforce Action Board</p>	<p>November 2016</p>
	<p>2.8 Ensure a clear focus on governing body development and clinical succession planning</p>	<ul style="list-style-type: none"> <li>Ensure alignment and relevance of Membership events to the Primary Care Commissioning Strategy maximising engagement with the audience</li> </ul>	<p>Engagement and Development Directorate</p>	<p>November 2016-March 2017</p>

THEME	OBJECTIVES	DELIVERABLES	LEAD	TIMESCALE
	2.9 Ensure the development and implementation of a learning and development plan aligned to the organisational needs analysis to deliver transformational leadership and enhance staff personal effectiveness	<ul style="list-style-type: none"> <li>• Develop and commission resources and interventions which encourage and enable the Governing Body, executive team and wider CCG workforce to review their individual and collective [personal effectiveness and cohesive team</li> <li>• Finalise the Governing Body and Clinical Leadership portfolio review recognising their commitment to delivery</li> <li>• Analyse the outcome of the 2016/2017 appraisals and design, commission and/or deliver training and development support for staff.</li> <li>• Ensure that robust and meaningful annual review meetings take place with all Governing Body members and clinical leaders.</li> <li>• Implement the communications support and training plan in preparation for public consultation</li> <li>• Progress the implementation of the accommodation review plans, actively engaging staff in the developments.</li> </ul>	<p>Engagement and Development Directorate</p>	<p>November 2016</p> <p>November 2016</p> <p>November 2016</p> <p>March 2017</p> <p>November 2016</p> <p>March 2017</p>

THEME	OBJECTIVES	DELIVERABLES	LEAD	TIMESCALE
		<ul style="list-style-type: none"> <li>Align the innovation work stream with staff engagement and development.</li> </ul>	Design and Transformation Directorate supported by the Engagement and Development Directorate	March 2017
<b>3. ORGANISATIONAL STRUCTURES</b>	<p>3.1 Review, as appropriate the organisational structure of the CCG to ensure that they remain fit for purpose and responsive to the needs of the organisation</p> <p>3.2 Engagement with the Business Support Services Review, remaining clear about the core function and business of the organisation</p> <p>3.3 Establish an organisational approach to role based working, ensuring that we focus the right skills in the right place at the right time</p>	<ul style="list-style-type: none"> <li>Each directorate to undertake its own review, as required, ensuring that teams are flexible and best placed to effectively contribute and add value to the organisation</li> <li>Continue to work with partners to maximise opportunities to work across organisations and remain flexible to the potential for individuals and teams to work within different structures</li> <li>Support the delivery of a One Dorset approach to recruitment, building on the Doorway to Dorset concept</li> <li>Scope out the impact and wider benefits of a role based approach across the CCG, building on what is already working well and the areas of greatest priority</li> </ul>	<p>All Directorates with Chief Officer oversight</p> <p>Finance and Performance Directorate</p> <p>Engagement and Development Directorate</p> <p>Design and Transformation Directorate supported by the Engagement and Development Directorate</p>	<p>November 2016-March 2017</p> <p>November 2016-March 2017</p> <p>March 2017</p> <p>March 2017</p>