NHS Halton Clinical Commissioning Group

Organisational Development Strategy and Action Plan

2012 to 2015
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FOREWORD

NHS Halton Clinical Commissioning Group is a new type of organisation. We are clinically led by GPs and other healthcare professionals. We are formed and built upon a membership model, with the constituency drawn from 17 general practices that are located within Halton. We are locally focused and from 1st April 2013 will have responsibility for commissioning the majority of healthcare services accessed by the 128,000 people registered with member practices in Halton.

This Organisational Development Strategy and Action Plan sets out how we in NHS Halton Clinical Commissioning Group intend to develop our member practices, clinical leaders, Governing Body and staff to become a high performing commissioning organisation and a recognised and respected local leader of the NHS. It is intended to be an animate document that will change as the organisation develops and matures. Using this document as a guide we will bring together culture and values, structure and process, skills review and training, appraisal and feedback, leadership and good management to enable us to improve the health and wellbeing of our local population.

Dr Cliff Richards
Chair

Simon Banks
Chief Officer (Designate)
SECTION 1: BACKGROUND INFORMATION

1.1 About NHS Halton Clinical Commissioning Group

From 1st April 2013 NHS Halton Clinical Commissioning Group (CCG) will be responsible for commissioning the majority of healthcare services for a registered population of just under 128,000 people, approximately 126,000 of whom live within Halton. NHS Halton CCG is a membership organisation made up of 17 practices across Halton. Through new governance arrangements, and a pivotal role for clinical leadership, NHS Halton CCG aims to provide a clear focus in ensuring high quality, cost-effective services within a sustainable system for our patients.

Our Organisational Development Strategy and Action Plan describes how we wish to develop our people, our processes and our culture to become a high performing CCG, and in doing so, meet the needs and expectations of our local population. We will continue to build upon the “world class” score for clinical leadership in commissioning achieved by NHS Halton and St Helens Primary Care Trust as part of the World Class Commissioning process in 2010.

We recognise that this document will develop and change as we develop and mature as an organisation with our membership, so this 3 year strategy focuses on business development support, business consolidation and system improvement, ultimately leading to continuous improvement for enhanced system delivery.

Our plan aims to:

- Outline our journey towards authorisation as a CCG.
- Describe our current strengths and weaknesses.
- Outline our organisational development priority areas.
- Identify the actions we will take to address our development needs.

Our Organisational Development Strategy and Action Plan has been constructed by identifying our vision, purpose and priorities, by understanding our values, and through participation in assessment against the CCG diagnostic tool developed by the Department of Health.

1.2 Our Vision

NHS Halton CCG has established a purposeful vision that describes our intentions. The vision has been developed through feedback consultation, stakeholder and Governing Body discussion.

“To involve everybody in improving the health and well-being of the people of Halton.”

Our vision has been further developed to describe our statement of purpose:
“Our purpose is to improve the health and well-being of the population of Halton by preventing ill-health, promoting self-care and independence, arranging local, community based support whenever possible, and ensuring high quality hospital services for those who need it. In doing so, we aim to empower and support local people from the start to the end of their life.

We intend to support people to keep well and supported in their homes, particularly avoiding crises of care that result in hospital admission. Practices will be the building blocks around which we will support and empower individuals and communities, promoting prevention, self-care, independence and resilience.

We will work with local people and organisations, including Halton Borough Council, healthcare providers and the voluntary sector to ensure that the people of Halton experience smooth, co-ordinated, integrated and high quality services to improve their health and well-being.”

Our forward looking vision and purpose have a deliberate focus on increasing well-being, maximising community assets and resilience and delivering integrated approaches to health and social care whilst also maintaining the quality of ‘traditional’ NHS led interventions. The vision and purpose are built from the shared belief of our clinical leaders that the NHS cannot continue to operate as a curative service in isolation and needs to work with community partners to improve health outcomes.

1.3 Strategic Objectives

NHS Halton CCG will be operating in a very challenging environment with high levels of deprivation, low life expectancy and high levels of hospitalisation. We need to unlock and harness the full potential of clinical commissioning from within our constituent practices to address these challenges. Through engagement, consultation and feedback with member practices, local people and communities and with other stakeholders we have translated our shared vision and purpose for radical change into seven clear Strategic Objectives:

**Strategic Objective 1**: To continuously improve the health and well-being of the people of Halton.

**Strategic Objective 2**: To meaningfully engage with local people and communities.

**Strategic Objective 3**: To have clear and credible plans which continue to deliver improvements in local health services and the QIPP (quality, innovation, productivity and prevention) challenge within financial resources, in line with national outcome standards and local joint health and wellbeing strategies.

**Strategic Objective 4**: To ensure that the CCG has robust constitutional and governance arrangements, with the capacity and capability to deliver all our duties and responsibilities including financial control as well as effectively commissioning all the services for which we are responsible.
Strategic Objective 5: To establish and sustain collaborative arrangements for commissioning with other CCGs, Halton Borough Council and the NHS Commissioning Board.

Strategic Objective 6: To have in place appropriate, affordable and effective external commissioning support.

Strategic Objective 7: To achieve and maintain authorisation without conditions from the NHS Commissioning Board.

1.4 Our Values

NHS Halton CCG recognises that for our vision and purpose to be realised through the strategic objectives we will need to be explicit about the values and behaviours that will drive us. The values and behaviours are the characteristics that the CCG will embody as an organisation, encourage our clinicians and staff to embrace, and share with our partners. The values will also underpin the branding of our organisation, and will shape how we develop people. The Governing Body particularly understands that it has a critical role in identifying, explaining and demonstrating NHS Halton CCG’s commitment to these values and demonstrates the behaviours. This will be central to the development of a cohesive organisation that can project its vision and purpose through its workforce and relationships with stakeholders.

NHS Halton CCG fully supports the core NHS values as set out in the NHS Constitution as a cornerstone to its identity and has built on these to establish its own specific set. Some initial scoping of values and behaviours took place on 9th February 2012, facilitated by the NHS Institute for Innovation and Improvement. A further session was held on 24th April 2012 to explore the outcomes of this workshop and confirm the values and behaviours of the CCG. The values and the associated model behaviours have been captured in detail in the output document from the session that took place on 24th April 2012 and also feature within the NHS Halton CCG Constitution.

The key values identified are:

a) Partnership- by which we mean we will work in a collaborative manner across our member practices, with local people and communities and with organisations with whom we share a common purpose

b) Openness- by which we mean we will undertake to deliver all business within the public domain unless there is a legitimate reason for us not to do so

c) Caring- by which we mean we will place the local people, patient’s carers and their families at the heart of everything we do.
d) Honest- by which we mean we will be clear in what we are able to do and what we are not able to do as a commissioning organisation

e) Leadership- by which we mean we will be role models and champions for health in the local community

f) Quality- by which we mean we will commission the services we ourselves would want to access

g) Transformational- by which we mean we will work to deliver improvement and real change in care

We recognise that we need to demonstrably describe and translate these values into action as we mature and develop as a commissioning organisation.

We also recognise that we need to regularly revisit these values with member practices, our Governing Body, staff and others, including external partners, to ensure they remain relevant and understood. The Action Plan that is included in this document sets out the interventions that will ensure that these values and behaviours are embedded in key communications, strategies and processes.

1.5 Organisational Structure

Membership

Table 1 identifies the 17 constituent practices of NHS Halton CCG.

<table>
<thead>
<tr>
<th>Practice Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appleton Village Surgery</td>
<td>2 – 6 Appleton Village, Widnes, WA8 6DZ</td>
</tr>
<tr>
<td>Beaconsfield Surgery</td>
<td>Bevan Way, Widnes, WA8 6TR</td>
</tr>
<tr>
<td>Beeches Medical Centre</td>
<td>20 Ditchfield Road, Widnes, WA8 8QS</td>
</tr>
<tr>
<td>Brookvale Practice</td>
<td>Hallwood Health Centre, Hospital Way, Runcorn, WA7 2UT</td>
</tr>
<tr>
<td>Castlefields Health Centre</td>
<td>The Village Square, Castlefields, Runcorn, WA7 2HY</td>
</tr>
<tr>
<td>Grove House Practice</td>
<td>St Paul’s Health Centre, High Street, Runcorn, WA7 1AB</td>
</tr>
<tr>
<td>Heath Road</td>
<td>Heath Road, Runcorn, WA7 5TJ</td>
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<tr>
<td>Murdishaw Health Centre</td>
<td>Gorsewood Road, Murdishaw, Runcorn, WA7 6ES</td>
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<tr>
<td>Newtown Health Care Centre</td>
<td>Widnes HCRC, Oaks Place, Caldwell Road, Widnes, WA8 7GD</td>
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NHS Halton CCG
Organisational Development Strategy and Action Plan
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<table>
<thead>
<tr>
<th>Practice Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oaks Place Surgery</td>
<td>Widnes HCRC, Oaks Place, Caldwell Road, Widnes, WA8 7GD</td>
</tr>
<tr>
<td>Peelhouse Medical Plaza</td>
<td>Peelhouse Lane, Widnes, WA8 6TN</td>
</tr>
<tr>
<td>Tower House Practice</td>
<td>St Paul’s Health Centre, High Street, Runcorn, WA7 1AB</td>
</tr>
<tr>
<td>Hough Green Health Park</td>
<td>Hough Green Road, Widnes, WA8 4NJ</td>
</tr>
<tr>
<td>Upton Rocks Primary Care</td>
<td>Widnes RUFC Car Park, Heath Road, Widnes, WA8 7NU</td>
</tr>
<tr>
<td>Weaverville Practice</td>
<td>Hallwood Health Centre, Hospital Way, Runcorn, WA7 2UT</td>
</tr>
<tr>
<td>West Bank Medical Centre</td>
<td>2 Lower Church Street, West Bank, Widnes, WA8 0NG</td>
</tr>
<tr>
<td>Windmill Hill Medical Centre</td>
<td>Norton Hill, Windmill Hill, Runcorn, WA7 6QE</td>
</tr>
</tbody>
</table>

Table 1: NHS Halton CCG Constituent Practices

Each practice has identified a GP as a CCG Practice Representative. Practice representatives represent their practice’s views and act on behalf of the practice in matters relating to the group. Practices will also be required to engage in clinical commissioning activity as clinical leads. They will also be asked to elect the GP or other healthcare professional members of the Governing Body.

**Governing Body**

As set out in the NHS Halton CCG Constitution the membership of our Governing Body will include:

- Chair of the Governing Body, who will be a GP.
- 5 GPs (or other healthcare professionals) acting on behalf of member practices including the Chair.
- Practice manager member of the Governing Body providing a practice managerial view to the Governing Body.
- Deputy Chair/Lay Member with a lead role in overseeing key elements of governance.
- 3 Lay Members.
- Clinical member on the governing body – a doctor who is a secondary care specialist.
- Clinical member on the governing body – a registered nurse.
- Chief Officer, who will be a manager.
- Chief Finance Officer, who will be shared with Knowsley and St Helens CCGs.
- Chief Nurse
The Chair of the Governing Body will act as an ‘Executive Chair’, providing direct and accessible clinical leadership to and with the Senior Management Team. The Chair is elected from the 5 GPs or other healthcare professionals who are on the Governing Body.

Until 31st March 2013, there will be 8 GPs including the Chair on the Governing Body. Elections will be held by January 2013 to appoint 5 GPs or other healthcare professionals from member practices to the statutory Governing Body from 1st April 2013 for a term of office of three years.

The Practice Manager has been nominated by their peers following an expression of interest process with all 17 member practices. The current term of office is to the end of March 2013. There will be nomination and election for the three year term from April 2013 to March 2016.

The Deputy Chair, who is also the Lay Member with a lead role for overseeing key elements of governance, has been appointed following open recruitment. The additional three Lay Members have also been appointed as part of the same process. The term of office is for 3 years from 1st October 2012.

An open recruitment process was undertaken to appoint a secondary care doctor in June/July 2012. A preferred candidate was chosen in July 2012 but NHS Halton CCG was unable to appoint to this position due to restrictions set out in the NHS (Clinical Commissioning Group) Regulations 2012. A further recruitment process will commence in September 2012.

An open recruitment process was undertaken to appoint a registered nurse in June/July 2012. No applications were received. A further recruitment process will commence in September 2012.

The Chief Officer was appointed in August 2012 following an open recruitment process. The successful candidate had been through the NHS Commissioning Board’s assessment centre that was delivered by the Hay Group and was deemed ‘fit to appoint now’.

The Chief Finance Officer will be shared between NHS Halton CCG, NHS Knowsley CCG and NHS St Helens CCG. The recruitment and selection process for this post will take place in August and September 2012. An Interim Chief Finance Officer has been performing this role since April 2012.

The Chief Nurse role will be made substantive following recruitment in August and September 2012. An Interim Chief Nurse has been performing this role since July 2012.

Clinical Leadership

The Chair, Chief Nurse and GPs or other healthcare professionals acting on behalf of member practices will form the core clinical leadership team of NHS Halton CCG. The doctor who is a secondary care specialist and registered nurse will contribute to NHS Halton CCG Organisational Development Strategy and Action Plan 2012-2015.
this by bringing a broader view, from their respective professional perspectives, on health and care issues to underpin the work of the CCG.

NHS Halton CCG has a duty to assist and support the NHS Commissioning Board (NHS CB) in securing continuous improvement in the quality of primary medical services. To facilitate this Halton CCG will have a GP lead for practice development and performance who will hold at least two meetings per year with each practice and act as a link to the NHS CB and the Governing Body.

As stated above, each practice will be required to engage in clinical commissioning. We will also have allocated resources to support GPs and other healthcare professionals from practices to contribute to key work areas on a sessional basis. Whilst not included in Governing Body or management costs, Halton CCG will benefit from additional clinical leadership from designated nurses for safeguarding of vulnerable adults and children and from GP Clinical Leads in key clinical areas. This will include, for example, medicines management, mental health/learning disabilities, diabetes, cancer and end of life (potentially 3 sessions per week), respiratory, early detection and CVD. Clinical leads will continue to develop their leadership and lead the work programmes identified within our Commissioning Plans. Recruitment into these roles is structured to ensure the appropriate governance is in place with the knowledge that they have the skills, enthusiasm and the ability to communicate and engage their peersto enable effective delivery.
Senior Management Team

The Chief Officer, Chief Finance Officer, Chief Nurse and Operational Director Integrated Commissioning will form the Senior Management Team (SMT) of NHS Halton CCG. The Chair will also engage with the SMT to ensure that an additional clinical perspective is brought to the work of the team. The SMT will be responsible for ensuring the delivery of the CCG’s statutory responsibilities, performance targets, service redesign and reform intentions and also that commissioning support resource is in place to support this work.

Commissioning Support

NHS Halton CCG aspires to be a high performing commissioning organisation with significant investment in clinical leadership and practice engagement. To achieve this Halton CCG will require high calibre managerial support through a ‘shamrock’ approach\(^1\), which can be described as:

- a core staff including the senior management team to provide in house commissioning support
- staff who are shared with neighbouring CCGs and/or bought in from a commissioning support services provider to discharge key functions
- staff who are bought in from a commissioning support services provider to supply consultancy or short term interventions

NHS Halton CCG intends to directly employ a small, core team of staff to support our clinical leaders and management team. We will be sharing a finance team with NHS Knowsley CCG and NHS St Helens CCG, which will be hosted by the former organisation. The majority of transactional commissioning support will be secured through a service level agreement commissioning support service, which will be Merseyside Commissioning Support Unit (MCSU).

NHS Halton CCG is still committed to sharing resources with other CCGs and continues to explore opportunities to do this. There is also a firm strategic commitment to integration of commissioning activities with Halton Borough Council, which will involve the workforce of the two organisations working collaboratively. This intention has influenced the decision to appoint an Operational Director Integrated Commissioning who will work across these organisations.

Appendix 2 provides an overview of our organisational structure.

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SECTION 2: ORGANISATIONAL DEVELOPMENT PRIORITIES

2.1 Our Model of Change

NHS Halton CCG will be driving service improvement and change across the whole healthcare system to deliver our commissioning plans which incorporate Quality Innovation Productivity and Prevention (QIPP). To support delivery of these plans and to enhance organisational development we propose to embrace one transferable model of change, a model that has an evidence base drawn from knowledge and experience of running large scale change programmes within the NHS.

Our chosen model is the NHS Change Model (Figure One) which has been developed by the Department of Health and NHS Institute for Innovation and Improvement. We believe the model will support our needs in the organisational development activities described within this plan as well as the system changes and outcomes in our commissioning plans for 2012/13 and beyond.

The model can be aligned to each of the clinical commissioning domains as part of the authorisation process for CCGs and offers a comprehensive approach through the use of prescribed methodology within a shared purpose, and is ascribed to our values.
NHS Halton CCG will train our workforce in the application of this approach and develop a suite of tools and techniques to support system leaders in each of the change model components, to ensure that we have a rigour in our applied methodology to help achieve our outcomes and ambitions.

2.2 Organisational Development Diagnostic

NHS Halton CCG has undertaken a range of diagnostic interventions to provide us with information of where we are currently in our organisational journey and how we need to move forward. This diagnostic work has included:

- Baseline self-assessment in October 2011 using the “Diagnostic Tool for Emerging Clinical Commissioning Groups”. The tool was established to allow CCGs to assess themselves against the six clinical commissioning domains, and in particular, reflect upon the values, culture, behaviour and wider organisational health. This work involved members of the shadow board, management team, partners and other stakeholders.

A comprehensive action plan was developed following the baseline assessment which has been incorporated into the strategy documents and direction of the CCG in its journey towards authorisation. A copy of the action plan is hyperlinked to this document for further information.

2.3 Organisational Development Priorities

NHS Halton CCG has made significant progress in our development journey to date. Our clinical and managerial leads are purposefully developing their skills and knowledge to ensure the Governing Body has effective governance capability to support the delivery of the CCG’s statutory duties and other responsibilities. We have developed a number of strategies and policies that communicate our development requirements. This Organisational Development Strategy and Action Plan provide a framework to align our knowledge, and outline those areas against which we need continued development.

We believe that in order to achieve our vision and create an organisation where our values are recognised by local people and our partners we will require enduring leadership and governance, an engaged workforce, a progressive culture, and informed, empowered patients.

Through review of our organisational development diagnostics, discussion at our Governing Body meetings and a series of workshops, we have identified five
organisational development priority areas that will provide the foundations for all our development activities over the next three years. These are:

• Values and Behaviours
• Governing Body Development
• Developing Leadership Capability
• Workforce Development
• Engagement, involvement and communication

Values and Behaviours

NHS Halton CCG has undertaken significant work to develop our vision, priorities and values and these have been shared with workforce and key partners. These values now need to be developed further to ensure that all who work for us and with us can embrace these and implement them in every one of our interactions to enable a culture that ensures our ambitions are realised.

The implementation of our vision and values is a compelling aspect of our organisational development. We aspire to commission services on behalf local people that are safe, of high quality, and offer value for money to ensure we can deliver our outcomes. This means supporting a workforce that is committed to our values.

As part of our Organisational Development Action Plan, we will commence a programme of engagement activities to embed the values and begin to create the culture of improvement we wish to uphold. Through taking this approach, we will create a workforce that is committed to our vision, and is engaged and motivated.

Governing Body Development

Our Governing Body is acutely aware of its collective leadership responsibilities in shaping a new organisation to serve the people of Halton. It is cognisant of the growing evidence of the causal link between board level effectiveness and organisational performance in the NHS. We aim to create a highly performing Governing Body providing strong clinical leadership, firmly committed to its own standards and development as collectively and as individual members.

To support the Governing Body in developing rapidly to become highly effective, the Organisational Development Action Plan has been front-loaded with specific relevant activities. In advance of becoming a statutory organisation on 1st April 2013 the Governing Body will be undertaking a diagnostic and development programme to ensure it is fully aware of its strengths and development needs. The development programme will encompass both individual and group elements including coaching, mentoring and appraisal. We will also look to benchmark ourselves against high performing boards to continually evaluate our effectiveness.

Developing Leadership Capability
NHS Halton CCG aspires to be a high performing commissioning organisation. To make this a reality we need to develop leaders throughout the organisation who can be agile within a dynamic, complex environment. From the baseline self-assessment undertaken we wish to build on our learning to develop leaders who are able to lead change, lead engagement, influence, and lead and develop our commissioning functions.

We are committed to ensuring that our leadership approach involves all within the organisation and is not a top-down model of leadership. This is demonstrated in the adoption of the NHS Change Model as our change methodology as we would endeavour to train all staff in the application of this model. This approach enables all staff to think and engage in an effective leadership culture as it provides an environment in which everyone can contribute. Through our commissioning intentions, we will develop clinical leaders who can drive change, encourage innovation and advocate partnership working.

We will be utilising a range of leadership resources to support our staff including formal processes, coaching and mentoring, use of 360° feedback diagnostics, and the development of commissioning capability. We aim to strengthen our leadership capability to ensure that key individuals are aware of their statutory responsibilities in relation to all aspects of governance of a statutory organisation. Specifically, the Governing Body will work towards achieving Level 2 compliance against the NHS Information Governance Toolkit. We will also evidence how we meet the Public Sector Equality Duty in all aspects of our work and ensure that mandatory equality and diversity training is provided for all CCG staff. We will also seek assurance that commissioning support services with whom we hold contracts have built equality considerations into their delivery processes.

**Workforce Development**

The composition of the workforce in NHS Halton CCG will be very different to that in the predecessor Primary Care Trust. There will be a mixture of directly employed staff, contracted commissioning support staff, Governing Body members and clinicians and practice staff from member practices who will contribute to our development. When we refer to our workforce we do so in regard to all of these people as we recognise the importance of the contribution that they will make.

NHS Halton CCG will develop our workforce – clinical and non-clinical - at every level through knowledge, skill, insight and ideas to achieve and maintain high performance. We recognise that through development opportunities, the people who work with us can be better equipped to undertake their roles and support the CCG in its transformation to being a successful organisation that achieves its ambitions.

We will ensure that our workforce is compliant with the mandatory and statutory skills required of NHS staff through a core skills programme that is already in place across the North West. The core skills programme encompasses 9 programmes of learning essential for all staff including Fire Safety, Manual Handling, Safeguarding of Adults, Safeguarding of Children, Equality and Diversity, and an introduction to Information Governance.

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One of our early actions will be to undertake a Training Needs Analysis of our workforce to better understand the current skills held across NHS Halton CCG, and to determine our development needs as we move forward. Once the Training Needs Analysis is produced we will develop a Learning and Development Plan for staff outlining the training requirements available to them. The purpose in undertaking both of these actions is twofold; to highlight personal development learning specific to individual roles, and to determine the level of range of programmes required to increase commissioning capability amongst the workforce to support the CCG in delivering its commissioning and statutory objectives.

We aim to produce a performance framework aligned to our values that allows individuals and teams to evolve and develop so that all people working for us are aware of their responsibilities, and the organisation has full accountability for their development. The performance framework provides an essential line of sight from an individual’s objectives through to our corporate and strategic objectives. This is especially important given the number of membership practices within the CCG to provide consistency in process and system development.

We will work to ensure that member practice development in clinical commissioning is inextricably linked with our vision and values. The implementation and review of this document will involve and engage constituent practice to ensure we include their views and perspectives. Commissioning will become integral part of practice education and be multi-professional in its approach.

We will continue to support and develop our member practices. We will use the Members’ Forum to provide protected learning opportunities in regard to clinical commissioning for clinical and non-clinical staff working in member practices. We have already delivered three sessions in November 2011, February 2012 and July 2012, which have focused primarily on forming the CCG and working towards establishment and authorisation as a statutory organisation. We intend to use future sessions to develop clinical commissioning knowledge and skills, set and agree priorities for action and support the development and implementation of new clinical pathways. As referenced above, the NHS Halton CCG Constitution establishes the need for each practice to identify a clinical lead for commissioning; this role will be the key link between the CCG and each member practice with the lead being expected to participate in bi-monthly CCG ‘whole team’ meetings. This will offer the opportunity to ensure that member practices are kept up to date with progress in the CCG. We will also establish a Halton Clinical Forum that will include primary, community and secondary care clinicians and a Practice Nurse Forum.

Engagement, involvement and communication

As articulated in our values, we are committed to engaging with our membership, people who work with us as well as local people, communities and other stakeholders to improve services and make changes that are beneficial to all. The statements of vision, purpose, values and behaviours that have been identified as a commitment to the people of Halton are fundamental drivers and points of alignment for all within the CCG.

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The benefits of good engagement are very relevant for the growth of NHS Halton CCG. Empirical evidence demonstrates the importance of a culture of engagement and involvement in the development of new organisations. If people who work for us are fully engaged in the vision and purpose of NHS Halton CCG they are more likely to maintain performance through change and challenge. They are also more likely to contribute to innovation, business improvement, and provide higher rates of discretionary effort. Furthermore, effective engagement is also an opportunity to improve the organisation brand within the local community and attract external talent.

NHS Halton CCG has already undertaken a wide range of external engagement events and developed relationships with key partners. This has provided insights into potential ways of working and has provided useful background for the development of the NHS Halton CCG Communications and Engagement Strategy. Whilst the Strategy at this stage has focused on external communications and engagement, the Organisational Development Action Plan sets out the interventions focused on engagement within NHS Halton CCG.

NHS Halton CCG has developed a Communications and Engagement Strategy that seeks to ensure that the vision, values and priorities of the organisation are clear to and shared with our workforce, member practices, local people, communities and other stakeholders. The Communications and Engagement Strategy and associated action plan seek to promote a culture of engagement within the CCG. Consideration is given to the importance of all communications and mechanisms by which these are best delivered. Those in leadership roles have a specific requirement in their job descriptions to undertake communications with internal and external stakeholders to ensure that true and meaningful engagement takes place.

The NHS Halton CCG website is currently under development. This key tool will be an essential means of communication with internal and external audiences. We will also use this to enable our clinicians to readily access good practice and clinical pathways that are specific to the CCG and for practices to keep informed about latest news and developments within the CCG.
SECTION 3: IMPLEMENTATION

3.1 Organisational Development Action Plan

Appendix 1 contains the NHS Halton CCG Organisational Development Action Plan. More detailed action planning will take place for each intervention as we continue to evolve as an organisation.

3.2 Governance

The Organisational Development Action Plan will be championed at Governing Body level by the Chief Officer who will also take responsibility for its implementation. It will be the responsibility of the Governing Body to ensure that the plan remains fit for purpose and that progress and achievement is monitored. As set out in the NHS Halton CCG Constitution this responsibility will be delegated to the Human Resources, Organisational Development and Remuneration Committee.

3.3 Resources

Implementation will be supported within existing resources, including from our contracted commissioning support services. We will draw wherever possible on development opportunities provided at no cost to NHS Halton CCG and from within the NHS. We will fully utilise opportunities to jointly commission any development support with other CCGs and other partners such as Halton Borough Council. We will also encourage people who work with us to achieve identified development needs by undertaking self-directed and peer-learning using the wide range of NHS and other credible resources available via the Internet.

3.4 Risks

The following main risks to the achievement of the plan and mitigating actions have been identified using a 1-5 impact and likelihood scale (1=low, 5=high).

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<thead>
<tr>
<th>Risk</th>
<th>Likelihood</th>
<th>Impact</th>
<th>Score</th>
<th>Mitigation</th>
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<tbody>
<tr>
<td>Capacity and capability to manage implementation of the OD action plan.</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>Clarify and confirm scope of CSS offer.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Partner with other CCGs to share resources/known how.</td>
</tr>
<tr>
<td>Lack of Board commitment to development time.</td>
<td>2</td>
<td>5</td>
<td>10</td>
<td>Communicate benefit and purpose, timely planning, and hold to account as a team.</td>
</tr>
</tbody>
</table>

NHS Halton CCG
Organisational Development Strategy and Action Plan
2012-2015
SECTION 4: SUMMARY

The Organisational Development Strategy and Action Plan describe the vision for NHS Halton CCG in the development of our organisation from 2012 through to 2015. We recognise that it is imperative that all people who work with us are equipped with the necessary knowledge, skills and competencies to enable us to become an authorised Clinical Commissioning Group. We have established an ambitious vision that will deliver high quality services for our patients and population, and we are committed to developing our organisation to ensure the delivery of our realistic plan.
APPENDIX 1: ORGANISATIONAL DEVELOPMENT ACTION PLAN
<table>
<thead>
<tr>
<th>Organisational Development Priority</th>
<th>Current Position</th>
<th>Agreed Development Need</th>
<th>Timescales for delivery</th>
<th>Proposed Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Values and Behaviours</td>
<td>The CCG has established a vision, values and a constitution which sets out the responsibilities and modes of operandum. Through participation in the self-assessment, we have identified the development of our values and culture as a priority.</td>
<td>Formal Governing Body endorsement of the values and behaviours, with addition on statements of intent to support the values. Develop an implementation plan to cascade the values across the CCG to all staff. Link the values into staff induction and PDR processes. Develop a review and evaluation process to check staff involvement and understanding of the values and behaviour statements using temperature checks and surveys.</td>
<td>August 2012</td>
<td>Governing Body sign off</td>
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<td>December 2012</td>
<td>MCSS Support</td>
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<td>December 2012 and ongoing</td>
<td>MCSS Support</td>
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<td>March 2013</td>
<td>MCSS Support</td>
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<tr>
<td>Developing Leadership Capacity and Capability</td>
<td>Leadership practice continues to develop across the CCG through our clinical leadership structure and the developing board.</td>
<td>Undertake a scoping exercise of leadership requirements at governing body and practice level to understand additional requirements for clinical leadership capability, management team and other leads within the CCG.</td>
<td>Nov/December 2012</td>
<td>• NHS Leadership Academy Governing Body Framework Programme</td>
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<td></td>
<td>The commissioning plan intentions demonstrate the strong clinical leadership required to deliver our priorities.</td>
<td>Provide access to a range of different learning opportunities including change leadership skills and knowledge, formal leadership programmes, coaching, and shadowing of staff.</td>
<td>January 2013 onwards</td>
<td>• AQuA Board to Board programme</td>
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<td></td>
<td>Through participation in the self-assessment leadership has been identified as a priority.</td>
<td>Develop a personal development framework to ensure all staff have an annual review and performance development plans in place.</td>
<td>December 2012</td>
<td>• MCSS Support in Training of NHS Change Model</td>
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<td>Development of a strategy to support continuous improvement to ensure increased and continued support for clinical audit, service redesign at practice, and borough level</td>
<td>January 2013 onwards</td>
<td>• AQuA CCG programme</td>
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<td></td>
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<td>Commence training in the NHS Change Model for all clinical and managerial leaders to develop our approach to managing change</td>
<td>January 2013 onwards</td>
<td>• MCSS OD Team</td>
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<td>Review the Service Level Agreement (capacity requirements and levels of service) with MCSS to determine future commissioning support service delivery beyond 2013. Ensuring a clinically led organisation through a distributed leadership model for our primary care colleagues</td>
<td>On-going</td>
<td>CCG to define methodology</td>
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<p>| OPM | January – March 2013 | OPM |</p>
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<td>Developing the Workforce</td>
<td>The CCG has recognised the need to further develop the workforce at all levels. We need to equip our staff so they have the right skills and knowledge to fulfil their roles. Through participation in the self-assessment, developing our workforce has been identified as a priority.</td>
<td>To undertake an analysis of skills, knowledge and expertise Develop a learning and development plan for staff outlining available training eg, formal training, core skills, e-learning at work etc. Team development sessions scheduled Work to embed shared values Strengthen organisational capability to lead service/system improvement, and change management through use of the NHS Change Model.</td>
<td>December 2012 January 2013 onwards October 2012 onwards January 2013 onwards</td>
<td>MCSS OD Team MCSS HR/OD Team MCSS HR/OD Team MCSS HR/OD Team</td>
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<tr>
<td>Engagement and Involvement</td>
<td>We recognise the importance of a valued workforce through involvement and engagement in the development of our new organisation. Through participation in the self-assessment developing the values and culture has been identified as a priority</td>
<td>Regular review of the Communication and Engagement Strategy to ensure effective internal communications</td>
<td>On-going</td>
<td>MCSS Comms and Engagement Team</td>
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<td>On-going practice and wider group meetings to review effectiveness of communication tools</td>
<td>October 2012</td>
<td>MCSS Comms and Engagement Team</td>
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<td>Continue to develop effective relationships with Halton Local Authority to agree clear and robust arrangements for joint commissioning</td>
<td>On-going</td>
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<td>Continue to develop relationships with Councillors, MPs and Key Committees such as Social Care, and H&amp;WBB</td>
<td>On-going</td>
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<td>Continue to develop effective relationships with providers</td>
<td>On-going</td>
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<tr>
<td>Governing Body Development</td>
<td>Through participation in the self-assessment, we have identified Board Development as a priority.</td>
<td>Undertake an analysis of whole governing body now that election process is complete.</td>
<td>November 2012</td>
<td>NHS Leadership Academy Governing Body Development Framework</td>
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<td>Develop a plan outlining the requirements of the Board pre and post authorisation to ensure that all statutory functions are met, including Information Governance, E&amp;D leadership requirements.</td>
<td>November 2012</td>
<td>NHS Leadership Academy Talent Management Framework</td>
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<td>Dedicated sessions as part of board development to continue to develop role clarity, purpose and governance.</td>
<td>October 2012 onwards</td>
<td>MCSS OD Team to signpost appropriate support</td>
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<td>Undertake board observations/provide feedback on performance using high performing board indicators</td>
<td>January 2013</td>
<td>AQuA Board to Board programme</td>
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<td>Undertake 360 feedback with stakeholders, partners &amp; patients</td>
<td>January 2013</td>
<td>NHS Leadership Academy</td>
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</tbody>
</table>
NHS Halton CCG In-House Support

Chair

Chief Officer

Chief Finance Officer

Finance Team (shared with Knowsley and St Helens CCGs)

Operational Director – Integrated Commissioning

Commissioning Support Manager

Senior Commissioning Manager

Commissioning Support Manager

Senior Commissioning Manager

Commissioning Support Manager

Senior Commissioning Manager

Commissioning Support Manager

Engagement and Involvement Manager

Senior Administration

Administration

NHS Halton CCG
Organisational Development Strategy and Action Plan
2012-2015