Item 8

VALE OF YORK CLINICAL COMMISSIONING GROUP

Organisational Development Plan:

Sept 2012

V3.0

Introduction: our organisational development journey as a CCG

Organisational Development can be defined as "*.the practice of planned intervention to bring about significant improvements in organisational effectiveness*"[1]. OD involves aligning strategy, people and processes to support organisational effectiveness. The purpose of OD interventions is to create an organisational culture, climate and framework that allows individuals and teams to perform effectively to deliver the organisations goals.

The scale of the OD challenges facing CCG's has been likened to building a plane while trying to fly it. CCG Leaders face the challenge of building a new organisation and driving forward the local agenda on health and service improvement, whilst simultaneously constructing a key piece of the new architecture of the NHS and preparing to undergo the authorisation process and meet the future statutory responsibilities. Primary care clinicians face the additional challenge of leading decisions about commissioning whilst still conducting their role as GPs for their local population. This task is made even more challenging by the pace of change, uncertainty around elements of the policy framework and authorisation process and the disruption caused to existing NHS structures by the reform agenda. There are additional challenges around how other parts of the system will support the development of CCG's as a result of the structural changes, e.g. the establishment of the NHS Commissioning Board and the Commissioning Support Units which are themselves immature organisations facing uncertainty.

Purpose of this document

The OD Plan is an iterative document: its purpose is to set out development needs of Vale of York CCG with the aim of accelerating the organisation's progress and development journey. The plan itself will adjust and change to reflect the changing development needs of the CCG as we continue on our development journey to authorisation and beyond.

This third iteration of the OD Plan (V3.0) includes a review against the action plan in V2.0 (Nov 2011). This plan is underpinned and informed by a programme of diagnostic activity, including the use of the CCG Board diagnostic tool, and an ongoing process of reflection by the Board and senior management team. The plan and progress against it will be monitored and reviewed by the CCG Board as part of its planned monthly Board Development sessions.

This latest document builds on previous versions. It describes the CCG's journey and progress, and sets out an outline plan for the next stage of our development journey towards authorisation and beyond. This document intentionally avoids repeating significant content and actions identified in other key CCG documents submitted as part of the authorisation process but is intended to be read in conjunction with these.

The document describes

- key principles underpinning this OD Plan
- where we were in Nov 2011 (as set out in V2 of the OD Plan)

[1] *An Organisational Development Resource Document for Local Government*, LGA 2005 NHS Kings Fund/Institute for Fiscal Studies (2009) How cold will it be?

- our key development activity over the past year
- OD needs emerging from our recent diagnostic activity
- Planned OD activity to address these development needs

Principles underpinning this OD plan

- **Scope.** While there are significant OD challenges around how other parts of the system will support the development of the CCG (e.g. by developing effective arrangements for commissioning support), the focus of this OD plan is on building the organisational effectiveness of the CCG itself. As the CCG matures, the focus and scope for OD will widen

- **Appreciative.** This plan is based on an appreciative approach – building on what we are already doing well, while recognising honestly where we need to accelerate our development, underpinned by an ongoing process of reflection, seeking feedback and undergoing diagnostic activity.

- **Simple.** To add real value, the OD plan needs to be simple, usable and relevant. It should inform our debates and priorities around organisational development, and help us to pay proper attention to the things which will accelerate our organisational effectiveness. This plan deliberately takes a strategic 'high level' view of the OD challenges facing the CCG, while proposing practical actions to accelerate its development.

- **Supporting the assurance process.** The plan should help us to satisfy requirements of the CCG assurance process as a by-product - not as a principle aim.

- **Ownership**. The plan has been shaped and is owned by leaders of the organisation.

Investment in OD Support

The CCG has invested a significant amount of Board time and resource into OD activity, including a bespoke programme of Board development delivered through regular informal Board sessions. Support and investment from the North Yorkshire Cluster, has enabled the CCG to recruit an OD Specialist to support them in their development journey from July 2012 to March 2013. Where necessary, additional OD input and support has been accessed from a range of external providers. The CCG has been an active member of the regional OD network, and Board members and other senior leaders have accessed a range of other development opportunities offered on a regional and national basis.

Competency domains

The plan is based around the six domains of the Assurance Framework:

1. Clinical Focus and added value
2. Engagement with patients and communities
3. Clear and credible plan
4. Capacity and capability
5. Collaborative arrangements
6. Leadership capacity and capability

McKinsey's Seven S model
The plan is further underpinned by McKinsey's 7S model **(Appendix ?, page ??)**. This is a simple way of understanding the key levers that can help to create effective organisational culture, behaviour and performance. Aligning these levers helps to maximise organisational effectiveness and results. This includes focussing on both the *'Hard S'* elements (Systems, Structure and Strategy) and the 'softer' elements: Shared Values, Style, Staff, and Skills. The most successful organisations pay attention to all these dimensions, and align them so that they mutually reinforce each other and act as levers to help the organisation achieve its goals.

Where we were in November 2011 (as described in the OD Plan V2.0)
The Vale of York CCG had been meeting as a Transitional Group since January 2011 and as a formal Board from October 2011. During this period the Board had sought to: develop vision, mission and values underpinned by a shared understanding, build sustainable relationships with stakeholders; develop a consistent approach to engagement, deliver a credible QUIP programme and engage in contract management processes.

An initial self-assessment underpinned by the CCG Diagnostic tool was carried out in October 2011.

Broad priority areas identified included:

- Vision, mission, values and strategy
- Financial management
- Governance and decision making processes
- Engagement strategy

An action plan mapped into the Baldridge Health Care Criteria for Performance Excellence (Leadership; Strategic Focus; Customer Focus; Measurement, Analysis and Knowledge Management; Workforce Focus: Operations Focus and Results). The plan was also linked to the CCG competency domains.

Taking stock: where we are now
At this stage in its development journey, the CCG has made good progress in establishing its Board structures; in developing a shared story and vision amongst its leadership team; in building external relationships (e.g. with local authority); and in laying down the foundations for effectively engaging and involving clinicians and practices in commissioning.

Vision Mission and Values
The CCG Board has set out a clear vision of putting patients at the forefront of commissioning – "*no decision about me, without me*". Working collaboratively with partners and stakeholders, the Board has developed a clear statement of Vision, Mission and Values. The statement has been commented on and amended in response to feedback by stakeholder organisations (including local hospitals, local authorities and voluntary sector groups) and by attendees at the first patient and public engagement congress. It was then further amended by the readers' panel of the York LINk to improve readability.

Figure 1 Vision, Mission and Values

Our Vision

The Vale of York CCG vision is "*to achieve the best health and wellbeing for everyone in our community*" through promotion of good governance and proper stewardship of public resources

Our Mission

The group's aims are:

- To commission excellent healthcare on behalf of and in partnership with everyone in our community
- To involve the wider Clinical Community in the development and implementation of services
- To enable individuals to make the best decisions concerning their own health and wellbeing
- To build and maintain excellent partnerships between all agencies in Health and Social Care
- To lead the local Health and Social Care system in adopting best practice from around the world
- To ensure that all this is achieved within the available resources

Our Values

The values that lie at the heart of the group's work are:

Communication – Open and clear communication at all times, inside and outside the organisation, is essential for us to succeed. We recognise that the messages we send out need to be clear to everyone who receives them.

Courage – We have the courage to believe that our community has the capacity to understand complex health issues and that it can be trusted to participate in making decisions on the allocation of health resources.

Empathy – We understand that not all ills can be cured. We understand the suffering this causes and we work to reduce it.

Equality – We believe that health outcomes should be the same for everyone. We will reduce unnecessary inequality

Innovation – We believe in continuous improvement and we will use the creativity of our stakeholders and staff.

Integrity – We will be truthful, open and honest; we will maintain consistency in our actions, values and principles.

Measurement - Successful measurement is a cornerstone of successful improvement.

Prioritisation – We will use an open and transparent process to arrive at value driven choices

Quality - We strive to be the best that we can be and to deliver excellence in everything we do.

Respect – We have respect for individuals, whether they are patients or staff colleagues; we respect the culture and customs of our partner organisations.

Vale of York Clinical Commissioning Group: Strategic Plan 2012 - 2015

Vale of York CCG Vision: To achieve the best health & wellbeing for all the individuals in our community

Quality | Innovation | Equality | Courage | Empathy | Integrity | Communication | Respect

What do we want to achieve?

- Improved healthcare outcomes
- Reduced health inequalities
- Improved quality and safety of commissioned services
- Improved efficiency
- Financial balance

Challenges & opportunities

- Aging population profile
- Financial pressures
- Services closer to home
- Clinical leadership
- New partnerships
- Patient/public engagement

Therefore...what are we going to do?

Priorities	What action will we take?	How will we know we've succeeded?
Long Term Conditions	Set up Neighbourhood Care Teams. Develop Diabetes/COPD/End of life care pathways. Enable supported self care .	People feel supported to manage their condition Time spent in hospital reduced Functional ability of people with long term conditions improved.
Elective Care	Develop community based care pathways Establish and maintain a GP Peer Review process (investigate feasibility of a referral review process in partnership with secondary care consultants) Consider expansion of existing MSK service to encompass Rheumatology/Pain Management	Reduction in elective admissions. Easier for patients to access services. Elective services providing value for money. Increase of routine healthcare provision in the community
Urgent Care	Ambulatory care pathways. Nursing Homes: systematic implementation of Advance Care Plans/Emergency Care Plans/Medication Reviews. 'Implement national '111' scheme	Fewer inappropriate emergency department attendances. Fewer emergency admissions from Nursing Homes. Patients making informed choices when accessing urgent care
Mental Health	Develop and implement plans for dementia, psychiatric liaison and primary care counselling.	Enhanced quality of life for people with a mental illness or dementia. Improving experience of healthcare for people with a mental illness or dementia
Prescribing	Strategy developed to ensure cost effectiveness	Adjusted prescribed medication (and supply systems) providing better value for money
Carers	Implement carer awareness training for primary care	Increased awareness of carers' needs Improving the experience of healthcare for carers
Tackling inequality	Work with HWBs on tackling wider determinants	Reduced differences in life expectancy and healthy life expectancy between communities

All plans established within existing financial resources

What will enable us to do this?

- Working together with partners for an integrated approach
- Engaging with patients, communities, voluntary sector and GPs, clinicians
- Informed decision making
- Maximising use of technology
- Establishing the CCG, developing its leaders and staff

Clinical Commissioning Priorities
With a core aim to keep things simple the CCG has produced a "Plan on a Page" which is simplified version of the strategic plan 2012 – 2015. (see page 6) which outlines what we want to achieve, priority areas, overview of actions, enablers and the difference these will make as well as highlighting key challenges and opportunities.

Planned Organisational Structure
The Board has considered its approach to 'buy, build, share' and is developing partnership arrangements with CSU and collaborative arrangements with neighbouring CCGs. The CCG's approach will be to directly employ a small team responsible for turning the aspirations of the CCG into reality. Some posts will be shared with Scarborough CCG. This will be supported by embedded CSU staff **(see structure chart appendix ?).** and other support secured from the North Yorkshire & Humber Commissioning Support Unit.

The CCG will need to be an intelligent contractor of support services, and we are conscious of our organisational development needs in this area. We are working to ensure we have skills at both clinical level and within the management team to clearly understand what we want, and to translate this into a clear, concise service specification which the CCG will hold the CSU to account for to ensure effective delivery. This may require further development in specific areas e.g. around business intelligence and procurement. The CCG is still in the process of reviewing and recruiting to this structure.

Building clinical leadership
A key aim of our OD activity is to build an organisation through which we place our patients at the centre of our commissioning decisions. To make this happen, we need clinical leaders who

- ensure that the patient 'voice' is heard
- are capable of leading and driving forward service transformation
- have the credibility, emotional intelligence and resilience to take others with them on journeys of change.

This explains why we have invested so much time and resource over the last year in developing our clinical leaders and in particular our clinical Board members. A major focus of our OD activity has been around building a shared understanding within our leadership team of the key challenges facing the CCG, and developing leadership behaviours that will help us to address those challenges effectively **[see Figure x below].**

Board development activity has included:

- An SDI workshop to gain a deeper understanding of how individuals operate, identify individual and collective strengths and how they are deployed, identify conflict styles and behaviours and further building on a short session with the NHS Institute **(February 2012)**

- Establishing some performance criteria and success measures around Board meetings, all of which are being held in public from July 2012. Reflecting on

performance and behaviours at meetings based on the agreed criteria identifying what went well and areas for improvement **(July 2012)**

- Exploring the themes from the extensive guidance and research around effective Boards (both NHS and private sector) and the links between the behaviours of Board members and board and organisational effectiveness. Undertaking a self-assessment and stocktake about the role and purpose of the board, the behaviours of board members and how we operate as a Board based on the evidence using electronic voting technology. The assessment showed positive scores on all areas relevant to behaviours of board members with members reporting confidence in questioning and expressing doubts or uncertainties; a good balance of challenge and support, contributions not being limited to members own areas of expertise interest. Some areas for development were around evaluating the performance of the Board, ensuring Board members get formal as well as informal feedback, gaining further clarity about decision making processes and information requirements **(July 2012)**

- Self-assessment based on the diagnostic tool (following some pre-work by Board members and review of communications and engagement strategy **(August 2012)**

- Review of progress of the V2.0 OD action plan using RAG rating system followed by identification of positive evidence against the competency domains along with identification of what we need to do to accelerate our development journey in relation to the domains and the barriers that are getting in the way or are out of alignment (based on the Seven S model). **(Sept 2012)**

A table summarising content of other Board development sessions can be found in Appendix ??. Please note this refers to whole Board development sessions and does not include individual development, attendance at local, regional, national and international sessions

Developing the clinical leaders of the future
While this investment in Board development has helped us to develop a talented cadre of committed clinical Board members, we are conscious of the need to identify and support the development of the next generation of clinical leaders. Accordingly, we have begun to develop a succession plan for current and future potential Board members.

Key Strategies/ Frameworks / Action Plans
To enable a consistency of approach and deliver incremental change and continuous improvement over the short, medium and long term (whilst recognising the external factors which are outside the control of the CCG), there are a number of key strategies, frameworks and action plans that have been/are being developed and implemented These include:

External factors
Section to go here about the financial situation and NY review

Board ownership of the OD Agenda

The Board has used the CCG Board Diagnostic tool and other diagnostic activity during its informal development sessions to build a shared understanding amongst the leadership team of the key challenges facing the CCG and inform our OD Planning.

Self-assessment based on the CCG diagnostic tool

The July 2012 Board development session was underpinned by the CCG self-assessment tool. Having been sent pre-reading about the assessment prior to the session, the Board used electronic voting technology to take stock of the current position in relation to the descriptors and development levels of the tools (*not a priority yet; getting started, in development; being rolled out; and fully in place).* The purpose of the tool is to open up discussions amongst CCG leaders around their development journey and identify priorities for action to achieve the next development level. The tool is based around six domains (*clinical focus and added value; engagement with patients and communities; clear and credible plans; capacity and capability; collaborative arrangements for commissioning and leadership capacity and capability*) and sub-elements which form the basis of the authorisation process. The assessment process was supported by discussion around both the domains and the results with exploration around variations in scores from individual Board members.

THEMES ARISING FROM CCG BOARD DIAGNOSTIC TOOL AUGUST 2012

Areas identified as most developed[2] (in rank order: perceived strongest areas listed first)

- Values and behaviours (Domain 1)
- Clinical elements of governance (Domain 4)
- Continuous improvement (Domain 1)
- Vision (Domain 3)
- Financial management and capacity (Domain 4)
- External financial control requirements (Domain 4)

Areas identified as least developed[3] (in rank order: perceived weakest areas listed first)

- Role of leadership in governance including appropriate delegation (Domain 6)
- Engaging with communities (Domain 2)
- Structure and Culture of Change (Domain 4)
- Administrative functions (Domain 4)
- Emerging CCG structure and capability; learning and development (Domain 4)

Other areas perceived as less well developed[4]

- Existing relationships and processes (Domain 5)
- Getting best value out of system (Domain 3)

Broad themes: key areas for development

- Concerns around the CCG's capacity and ability to translate its vision and values into meaningful change
- Recognition of the need to invest in external and internal relationships
- Uncertainty and concerns around some governance issues

[2] more than three quarters of respondents polling at Levels 4 or 5 in CCG Diagnostic Tool, out of 5 Levels

[3] around half of respondents polling at Levels 1 or 2 in CCG Diagnostic Tool, out of 5 Levels

[4] other factors in which no-one scored at Levels 4 or 5 in CCG Diagnostic Tool, out of 5 Levels

Reviewing Progress against our previous OD plan

In a Board Development Session of September 2012, Board members used a red/amber/green voting system to review progress against the actions in V2/0 of the Nov 2011 OD Plan The table below shows the actions and their related domains and the outputs of the voting taking into account the majority votes including where these were split (with majority score showing first).

Intervention	**Results of voting** **Green/Amber/Red**
➢ Establish constitution (Domain 3)	**Green**
➢ Articulate and document the vision (Domains 3 & 4)	**Green**
➢ Articulate CCG outcomes for population (Domain 3)	**Amber/green**
➢ Develop 3-5 year strategy to achieve the vision (Domains 3 & 4)	**Amber**
➢ Develop a comprehensive Engagement Strategy with particular focus on patients, public and practices (Domains 2 & 5)	**Amber/Green**
➢ Establish a fully functional Board (Domain 1)	**Green/amber**
➢ Develop organisational structure (Domain 4)	**Amber/ green**
➢ Develop a clear decision making process and supporting governance arrangements for the CCG to address short and medium terms of shadow organisation as well as longer term needs of CCG (Domains 1, 4 & 6)	**Amber**
➢ Ensure CCG has the financial skills, processes and balances in place to manage the delegated budgets with a level of transparency and probity (Domains 4 & 6)	**Amber/green**
➢ Develop a set of values to underpin the strategy and define expected behaviours (Domains 1 & 3)	**Green**
➢ Identify skills required to deliver on responsibilities and objectives of the CCG and determine which should be directly available, shared with another CCG or secured through CSU arrangements including specialised procurement e.g. IT, HR (Domain 4)	**Amber/red**
➢ Secure appropriate staff to carry out functions of the CCG and populate the final structure (Domain 4)	**Amber/green**

In discussion, the Board sought to clarify why some participants regarded some areas as amber while others thought that the same items were green. In part, this was due to different interpretations of when something was far enough on to be complete – e.g. the constitution which is complete but going to board for formal approval later in September. In other cases, (e.g. the comprehensive engagement strategy) there were different views about what comprehensive or fully functional meant. The learning from this exercise is that in future iterations of the plan, we need to develop a greater shared understanding of the terms we are using and articulate more fully the actions so that there is clear agreement round progress.

Where we are now (September 2012)
In summary, at this stage the CCG has made good progress in establishing its Board structures; in developing a shared story and vision amongst its leadership team; in building external relationships (e.g. with local authority); and in laying down the foundations for effectively engaging and involving clinicians and practices in commissioning.

However, there is also recognition of the need to

- invest further in external and internal relationships
- further develop our integrated governance model, including our membership model
- begin to translate strategic ambitions into meaningful change
- realise and operationalise our arrangements for commissioning support
- develop a compelling narrative (a shared story) with the CCG's staff

What we need to do next
The following pages describe where we will focus our OD activity and interventions over the next twelve to eighteen months as we move beyond authorisation. Some of this work has already started (e.g. developing our membership model), some will start as other parts of the transition develop (e.g. team development for CCG teams). These planned OD workstreams and interventions build on our OD activity over the past twelve months, and will be reviewed and adjusted in the light of progress and the changing development needs and priorities of the organisation.

Area for action	Self-assessment score -based from voting Aug 2012	Current position	Identified gaps	Actions required
Domain 1: Clinical Focus and Added Value				
Clinical leadership that brings abut change	4 – being rolled out	➢ Clinical accountable officer, 3 management GPs and 4 development GPs on CCG governing body ➢ Commissioning lead identified within all member practices ➢ Clinical members on governing body assigned as leads for specific areas ➢ Monthly GP forum sessions attended practice commissioning leads ➢ Public facing/engaging Board – all Board meetings held in Public from July 2012 ➢ Established criteria for success for Board meetings in July 2012 ➢ Internal Board reflection and feedback undertaken after each Board meeting including	➢ No nurse member of governing body in post yet (recruitment process underway) ➢ No talent identification or succession plans in place for future leaders ➢ Limited knowledge in some areas e.g. corporate governance/business intelligence ➢ Access to some support e.g. PHO not widely available to all ➢ Need to increase awareness of roles and responsibilities and activity of others ➢ Internal reflection captured during Board development sessions but not formally capturing feedback from public attendees – feedback form being developed to pilot from	➢ Complete recruitment process for nurse member ➢ Develop talent management and successions plans ➢ Continue with collective and individual development programmes for clinical leaders ➢ Incorporate identified development areas into individual and collective development plans ➢ Provide specific development in response to identified needs e.g. around large group facilitation ➢ Capture feedback from attendees at
Starting with the population's health and clinical needs	3 – in development			
Understanding providers	3-4 in development/being rolled out			
Values and behaviours	4-5 being rolled out/fully in place			
Continuous improvement	4 being rolled out			

		verbal feedback from others where available ➢ Early anecdotal evidence that CCG is perceived to be different to PCT (positive) with patient focus and transparency evident ➢ Plans underway for establishment of Neighbourhood Care teams ➢ Work underway at practice/team level to achieve whole system cost reduction. Report being prepared re key milestones and pans via Collaborative Implementation Board established with York Hospitals Trust ➢ NY JSNA 2012 in place and health & Wellbeing Strategy being developed. Project group being established to consider prevention and wider determinants of health (with CCG representation) ➢ The first annual International Conference	October 2012	Board meetings using new template and feedback form ➢ Establish mechanism for providing practices with detailed info to enable them to understand the extent of the financial challenge and the need for radical action to address long standing problems ➢ Attendance at international improvement conference

		on Improvement, inspired by the visit to Jonkoping, Sweden, earlier in the year, is planned for 26 October 2012 at York Racecourse aimed at UK CCG leads with focus e on the statutory duty of CCGs to support innovation. Main speakers include Goran Henricks, from Jonkoping, Helen Bevan, Chief of Service Transformation at the NHS Institute for Innovation and Improvement, and Jim Easton, National Director of Transformation, NHS Commissioning Board. The format would comprise presentations and a “world café”.		

Area for action	Self-assessment score -based from voting Aug 2012	Current position	Identified gaps	Actions required
Domain 2: engagement with patients, communities				
Engagement with patients, public and the population	3-4 in development/being rolled out	➢ Communications & engagement strategy approved by Board (with qualifications) ➢ 2 successful patient and public forum events held (Feb and June 2012) ➢ JSNA in place ➢ CSU support available but need further clarity around what and how ➢ World cafe event ➢ Competition underway via local schools for design of CCG logo and branding – entries to be posted on website and winner to be selected via public votes	➢ Need to engage more with hard to reach groups and specific communities ➢ Gain a clearer picture about how we will measure impact of engagement activity ➢ Use JSNA and other public health data to identify and target inequalities ➢ Ensure Kenneth/Esther Programme clearly documented in strategy and engagement strategy ➢ Some areas on population and communities to be further enhanced in strategy ➢ Some engagement activity e.g. carers/mental health/voluntary groups	➢ Expand and build on the good engagement with patients and public with a focus on reaching a wider population ➢ Continue to rotate engagement events and Board meetings around the patch ➢ Engage with public health observatory to drill down & explore comparative data around identified priority areas ➢ Develop documentation to capture engagement activity and impact ➢ Enable member practices to access
Engagement with communities	2-3 Getting started/in development			

			not fully captured	PHO and data research from York UNI

Area for action	Self-assessment score -based from voting Aug 2012	Current position	Identified gaps	Actions required
Domain 3: Clear and credible plan				
Strategy development and implementation	3 – in development	➢ Draft strategy (to be signed off by Board in Sept 2012) ➢ Constitution developed and awaiting final sign off ➢ Range of strategies, plans and policies in place or in development ➢ All governing body members have shared understanding of and can describe strategy ➢ Clear vision, mission, and values ➢ CCG structure identified ➢ Shared values evident in governing body but need to ensure embedded within wider CCG team as people are recruited to posts ➢ Further clarity required on CSU requirements and support available	➢ Ensure vision, mission and values remain at the heart of what we do and how we do it ➢ Ensure vision, mission and value are embraced by wider CCG team as structure recruited to ➢ Need business case template ➢ Clarify and articulate skills required of staff: employed and CSU ➢ Further development of analytical and business intelligence skills required ➢ Some key areas lacking actions plans that are fully costed as these documents are still in development phases	➢ Develop actions plans that are fully costed plans for key areas for development
Getting the best value out of the system	3 – in development			
Vision	4-5 being rolled out/fully in place			
The case for change	3-5 in development/being rolled out/fully in place			

Area for action	Self-assessment score -based from voting Aug 2012	Current position	Identified gaps	Actions required
Domain 4: Capacity and capability				
Structure and culture of change	2-3 getting started/in development	➢ Building a structure and culture of change: NCT/4C/Forum/QIPP/LTC group/ collaborative improvements bd ➢ Contracting: in-house team and CCG collaboration ➢ Governance: have team in place with exception of nurse ➢ Finance: getting monthly dashboard, agreeing financial strategy, SBS ledger in place ➢ Initial event held for CCG Board, employed staff and CSU embedded staff in July 2012 to take stock, get to know each other and begin to gain shared understanding and joint ownership of strategy, vision, key	➢ Written plans for some things not in place or lacking sufficient details especially around me measurement ➢ Not all of wider CCG team in post yet ➢ Not always able to access CSU and its skills in timely manner ➢ Support strategy assumptions with evidence to demonstrate clearer links ➢ Need to build on development work across whole CCG as structures filled and work on key issues and actions identified in July event	➢ Continue to appoint to structure ➢ Establish regular whole CCG development programme and use these to review actions identified in previous events and re visit polling results ➢ Develop training and development plans to ensure statutory requirements are met and that identified development needs and capability gaps are address (in conjunction with other NY CCG's
Contracting procurement	2-4 getting started/in development/being rolled out			
Administrative functions	2-3 getting started/in development			
Clinical elements of governance	4 being rolled out			
Emerging CCG structure and capability; learning & development	2-3 getting started/in development			
Integration of governance	3 in development			
Financial management capacity/capability	4 Being rolled out			
Financial planning controls	4 being rolled out			
External financial control requirements	4 being rolled out			

		issues, risks and priorities		where this is more cost effective/efficient e.g. around safeguarding training for all staff

Area for action	Self-assessment score -based from voting Aug 2012	Current position	Identified gaps	Actions
Domain 5: Collaborative arrangements				
Managing relationships	3 -4 in development /being rolled out	➢ Good relationships with many key providers/teams but often reliant on single individuals ➢ Good relationships with other CCGs ➢ Challenges around tariffs/PBR ➢ Some cognitive dissonance and challenges around managing relationship with provider in period of change ➢ Joint risk sharing plans and safeguarding plans with other CCG's ➢ Good relationships with City of York & N Yorkshire Council – Co-opted members on CCG Board ➢ Co-location with LA being explored	➢ Need more than single individuals aware of situations - ? through expanded sub-groups ➢ JSNA implementation – needs joint ownership ➢ Health and well being strategy – get teams up and running ➢ Ensure joint ownership of shared issues e.g. safeguarding ➢ Voluntary sector (awareness but no strategy in place)	➢ 4c's (joint CCG – provider project) to be progressed ➢ Develop strategy for voluntary sector engagement ➢ Establish neighbourhood care teams and monitor impact ➢ Propose Board to Board with York Hospitals Trust ➢ Seek to establish CCG representation on York Hospitals Trust Board
Engagement with other commissioners	3 -4 in development /being rolled out			
Engagement with providers	3 -4 in development /being rolled out			
Existing relationships and processes	3 in development			
Engagement with local authorities and others	4 being rolled out			

		➢ Providers: joint activity meetings with York Hospitals/Leeds Partnership/older peoples strategy/ Children's Trust Board/ Clinical Directors meetings/CMB meetings ➢ Plans for shared projects 4C's (with provider) and Neighbourhood care teams (NCT) in place ➢ Yorkshire Ambulance Service – establishing early relationships- some joint meetings ➢ Planned joint appointments with LA/Selby ➢ Work underway at practice/team level to achieve whole system cost reduction. Report being prepared re key milestones and pans via Collaborative Implementation Board established with York Hospitals trust		

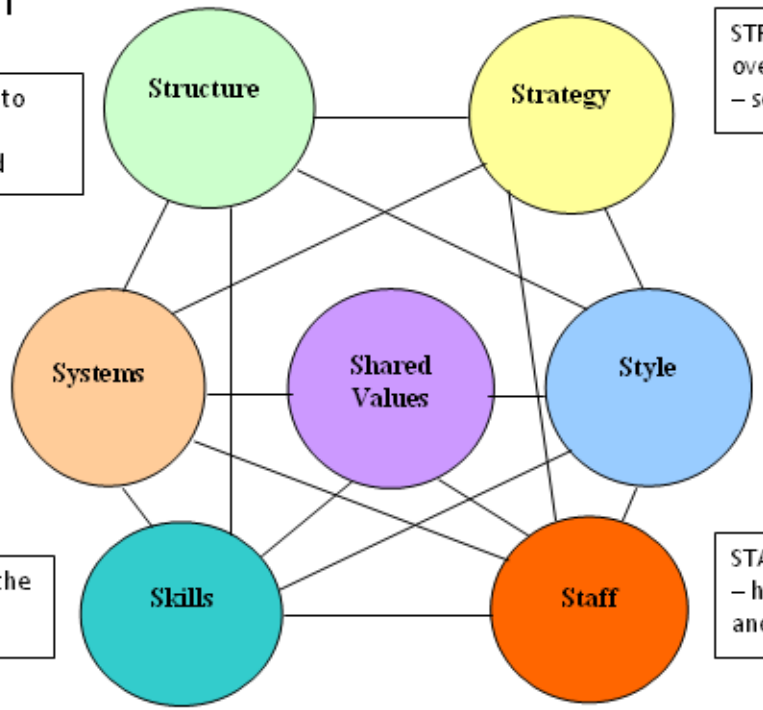
Competency domains

Area for action	Self-assessment score -based from voting Aug 2012	Current position	Identified gaps	Actions required
Domain 6: Leadership capacity and capability				
Leading change	3-4	➢ Scheme of delegation in place ➢ Audit committee established chaired by lay Board members with extensive experience as a commercial executive ➢ Senior management team in place with range of experiences/skills ➢ Leadership capability assessed within recruitment process with key members having been through national process ➢ All governing body clinical and manager members have undertaken Hay 360 and are accessing regular coaching to support development of leadership capability and performance ➢ Board members	➢ No specific formal development plans in place for leaders ➢ ? capturing and sharing outputs from all development activity ➢ Need to improve understanding and skills in business intelligence ➢ Board members not getting sufficient specific feedback about their performance	➢ Set up development around business intelligence skills as a key priority ➢ Start to look more outwards at what successes and innovations other CCG's are having and learn from/adopt where relevant ➢ Establish induction programme for new members ➢ Continue with development programmes for whole Board, and Management Team as well as supporting individual leadership development
Business intelligence and reporting	2-4 getting started/in development/being rolled out			
The role of leadership in governance including appropriate delegation	2-4 getting started/in development/being rolled out			
Leading a commissioning organisation	3-4			
Leadership roles	Financial elements of governance			
Financial elements of governance	3 in development			
Internal engagement	2-3 getting started/being rolled out			

		accessing range of local, regional and national development activity including masters level programmes ➢ Joint commissioning meetings with other NYY CCG's ➢ Plans to co-locate with Local Authority ➢ CFO and financial plan in place ➢ Good links with York University (Lay Chair is Professor of Health Economics at Hull-York Medical School) ➢ Members have undertaken a range of Board development workshops with specific focus on Board effectiveness, leadership and related skills (e.g. SDI conflict management) ➢ Members currently completing MBTI Step II)		activity ➢ Establish programme for development which covers key areas identified around hard and soft leadership skills e.g. developing a culture of accountability, change management, influencing skills, business intelligence, programme and project management, emotional intelligence ➢ Develop proforma for capturing development activity and process for sharing of key messages, learning and impact ➢ Complete MBTI Step II individual feedback sessions and whole Board

				follow up session to further develop understanding of and valuing difference and how to use individuals most effectively ➢ Development session around “feedback” and feedback skills and develop processes for performance feedback including appraisal and 360 degree feedback

7s MODEL (McKinsey) |



STRUCTURE: who reports to whom and how tasks are divided up and integrated

STRATEGY: plan to allocate resources over time to achieve identified goals – sets direction

SYSTEMS: The processes and procedures through which things get done from day to day

STYLE:
the way key leaders behave, what they pay attention to;
the dominant culture of the organisation – norms, beliefs unwritten rules.

SKILLS: Capabilities possessed by the organisation as a whole

STAFF: The people in the organisation – how they fit into the organisation and its culture

SHARED VALUES: The overarching purpose and beliefs of the organisation – common goals and beliefs – can be the glue holding the organisation together

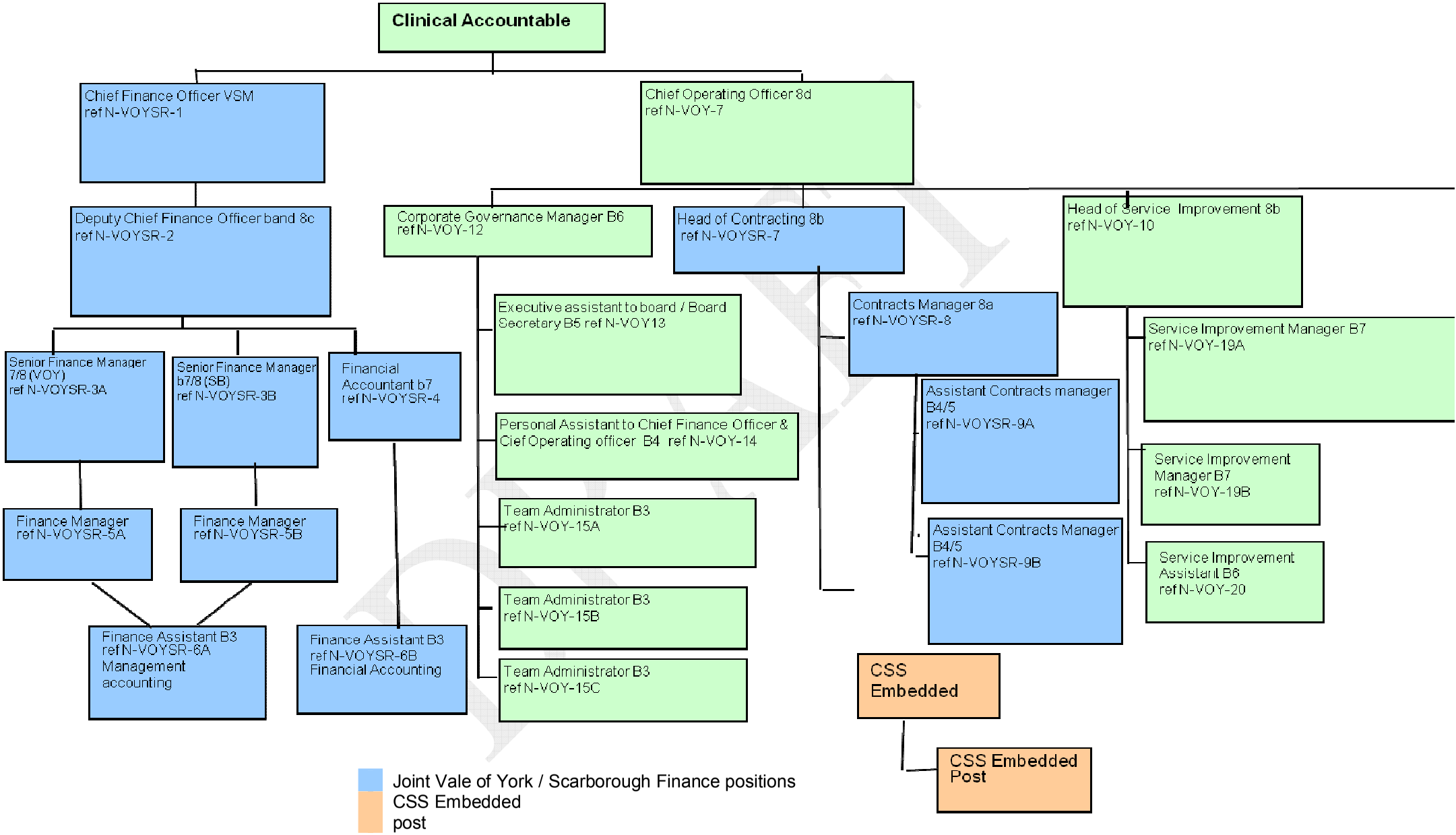
Hard Elements	Soft Elements
Strategy	Shared Values
Structure	Skills
Systems	Style
	Staff

CCG Governing Body Members and Lead areas of responsibility

Name		Lead responsibilities
Professor Alan Maynard	Lay Chair	
Mr Keith Ramsay	Lay member	Audit Committee Chair
Mrs Rachel Potts	Chief Operating Officer	
Mr Adrian Snarr	Chief Finance Officer	
Dr Mark Hayes	Clinical Chief Officer	End of Life
Dr Tim Hughes	Management GP and Deputy Chair	Long term conditions Elderly Community
Dr Shaun O'Connell	Management GP	Prescribing Planned care Secondary care contract
Dr Cath Snape	Management GP	Vulnerable people Patient and public engagement Safeguarding
Dr David Hayward	Development GP	Practice engagement Urgent care
Dr Tim Maycock	Development GP	Practice engagement IT Risk stratification
Dr Emma Broughton	Development GP	Practice Engagement gynaecology
Dr Andrew Phillips	Development GP	Practice engagement Urgent care Nursing homes
Mr Pete Dwyer	Director of Adults, Children & Education, City of York Council	
Ms Helen Taylor	Corp[orate Director, Health and Adult, North Yorkshire County Council	

Other lead roles:
Andrew Ingles: Diabetes Lead
Richard Shockley: COPD Lead

Vale of York Clinical CCG



Appendix x
Board Development Sessions

Date	Session
January 2012	➢ Constitution and Governance Workshop ➢ Development of Constitution and Governance action plan ➢ Included: building blocks of good governance; Nolan Principles; assurance framework and managing conflicts of interest
Feb 2012	
March 2012	
April 2012	
May 2012	
June 2012	➢ Risk analysis and risk planning workshop including risk assessment voting, development of risk register and risk management strategy template
July 2012	➢ Seminar Discussion with Department of Health Colleagues ➢ Financial Plan ➢ Strategic Plan ➢ QIPP and Priorities ➢ Communications and Engagement *(Rachel Potts)* ➢ Stocktake / Gap Analysis *(Gail Jones)*
August 2012	➢ CCG Self Assessment Tool –completion of self-assessment using electronic voting underpinned by discussion ➢ Communications and Engagement Brief ➢ Communications and Engagement Strategy ➢ Draft Medium Term Financial Plan 2012/13 – 2014/15
September 2012	➢ Overview of NHS111 ➢ Review of progress against actions from the Nov 2011 OD plan ➢ Groups work to identify evidence of current position, gaps and actions around the six competency domains following self-assessment and discussions in August session ➢ Wider group discussions and reflections on authorisation process and preparation for panel assessment