

Organisational Development Plan

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1. Introduction

The purpose of our Organisational Development plan is to provide clarity and a shared understanding of the organisation we are currently creating. The plan outlines our ongoing approach to reviewing, analysing and developing East Leicestershire and Rutland Clinical Commissioning Group (ELR CCG) including the activities already undertaken and those planned for the future.

We believe to develop our organisation effectively we must focus on:

- The 'why' and 'how' as much as the 'what'
- Being clear where we are heading, while understanding how we get there will change on route

The publication of the *NHS White Paper, Equity and Excellence: Liberating the NHS* and the subsequent formation of Clinical Commissioning Groups (CCGs) nationally marks a fundamental change in the NHS and how healthcare will be commissioned.

Within this context and the current challenging economic environment, we recognise that to deliver improved health outcomes driven by clinical leadership, excellence and quality will require the formation of a different type of organisation.

Our overarching aims therefore, are to develop an organisation:

- with shared leadership across constituent practices and localities to ensure GPs are driving change themselves and provide strong clinical leadership
- with realistic and credible expectations, clear priorities, with a robust and pragmatic approach to commissioning decisions and management
- that puts public involvement at its heart; listening to patients and partners and taking action in response
- capable of meeting the challenges presented by system change and financial constraints
- with a strong sense of individual and collective confidence amongst staff to enable us to deliver organisational aims

Achieving these aims requires a cultural shift from how commissioning organisations have previously worked with partners, involved patients, and developed commissioning plans to a true clinically led organisation with a patient centred approach. There is much to be learned and built on from the legacy of previous commissioners. The challenge remains substantial but we believe it is achievable.

2. Our vision, values and strategic priorities

ELR CCG has developed a clear vision and set of values for the organisation taking into the account the views of CCG staff, GP practices, patients, carers and key Leicestershire and Rutland stakeholders. Our vision, central to our values, is illustrated below:



In order to achieve our vision, we are clear that our purpose is to improve health outcomes for our population and this will frame our strategy (what we plan to achieve) and our goals (key measurable target outcomes). Our strategic priorities are:

- **Transform services and enhance quality of life for people with long-term conditions**
With a particular focus on COPD, diabetes, dementia and mental health
- **Improve the quality of care**
Focusing on clinical effectiveness, safety and patient experience, with specific goals to deliver excellent community health services and improve the quality of primary care
- **Reduce inequalities in access to healthcare**
Targeting areas and population groups in greatest needs
- **Improve integration of local services**
Between Health and Social Care and between Acute and Primary/ Community Care
- **Listening to our patients and public**
Commitment to listen, and to act on, what our patients and public tell us
- **Living within our means**
Effective use of public money

3. The organisation we are developing

For our vision and priorities to be achieved and our values to become embedded, it is essential the organisation we are developing has:

Clear purpose and direction understood by all

The vision, values and goals for ELR CCG have been developed based on the feedback from our staff and constituent GPs as well as patients and wider stakeholders. Through our communications and engagement strategy we are working to ensure our vision, values and goals are clear and understood by staff, communities, localities and partners.

Organisational plans

We are creating plans that are deliverable, pragmatic and realistic, yet ambitious in their impact on patients' care and health outcomes. We are incorporating clear planned activities and outcomes, which our staff, partners and providers understand and have a shared commitment to deliver.

Strong clinical leadership

We are putting clinical leadership at the heart of what we do. This is reflected throughout the organisation and can be demonstrated by our belief that to be truly clinically-led, our Accountable Officer role is best carried out by a GP.

This leadership approach is complemented by a Board structure with a majority GP representation comprising leads from all our constituent areas. The clinical leadership on the board is strengthened with the Chief Nurse/ Quality Officer and Secondary Care consultant roles. An ongoing programme of practice visits ensures we are undertaking clinical engagement and further work will be undertaken to develop this further.

We are developing our leaders to:

- Demonstrate a pragmatic, clear and engaging style
- Take an active and personal role in leading clinical change
- Create a culture of effective communication
- Raise individual and collective confidence in achievement and performance
- Adopt a constant focus on improving health outcomes

Organisational culture

Our values lay out to staff, partners and patients what is important to our organisation. These values translate into the organisational behaviours we believe are essential to have an effective commissioning organisation.

A strong orientation for collaboration and involvement with GP clinicians is fundamental to the changes within the NHS. Our approach is to listen and understand how and what changes need to happen to the services we commission. Being cognisant in how we plan and commission change whilst considering the outcome, structure, process and behaviours required to make a real impact.

We are building an organisational culture and belief of a strong sense of purpose and commitment that all our staff have a role in achieving our vision. It is important that our staff feel valued, heard and confident to achieve in themselves and their colleagues. Staff seek to support colleagues,

localities, partners and providers to enable collectively working to deliver better care for our patients and residents.

Core to this is a culture of fairness, fostered with open communications, inclusion and diversity.

Collaborative arrangements

We are developing an organisation that truly believes in a patient-centred and partnership approach to develop effective commissioning that meets people's needs as well as making the best use of resources through:

- Ensuring clinically-led commissioning through Practices and Localities
- Developing effective collaborative commissioning with West and City Clinical Commissioning Groups, Local Authorities with Health and Well-Being Boards and joint commissioning
- Fostering effective and meaningful engagement with Patients and Public
- Strong commissioning approach with all our Providers
- Developing an effective relationship and interface with the Local Office of the National Commissioning Board

We recognise that effective collaborative commissioning and sharing of capacity and capability across the Leicestershire, Leicester and Rutland Clinical Commissioning Groups (LLR CCGs) is essential to be effective across the Health System.

Systems, processes and work design

We have a continued focus on developing an integrated and cohesive team.

Work design, systems and processes will be continually reviewed and aligned to the organisational purpose and priorities, enabling the organisation to work effectively across functions and specialities.

Governance

The organisational practices and governance will achieve our commitment to keep safe our patients, staff and organisation. The organisation will have a balance between robustness and safety, with a non-bureaucratic culture facilitating change with strong clinical input and leadership being paramount.

Capacity and capability

Ensuring the organisation has the right capacity and capability to perform effectively is crucial. To achieve this, the organisation has two key strands of focus, to design effective structures both within the CCG and collaboratively across LLR whilst developing resources effectively to be able to deliver.

Capacity

The organisational structure¹, represents the next stage needed to meet the organisational capacity requirements. This reflects the widening organisational remit which initially focused on creating capacity in Primary Care, and moved on to incorporate Contracting and Service Development capacity; The next stage is the organisation becoming a statutory body with full commissioning and budgetary responsibilities from April 2013.

¹ 1. Organisational Structure ELR CCG

Key areas where capacity will be strengthened in this next phase are:

- CCG level, with a focus on increasing capacity in Communications and Engagement, Governance, Finance and Quality
- Collaboratively with LLR CCGs, with shared contracting and quality capacity
- Commissioning Support Service (CSS), ensuring the provision of support services are designed and have capacity to deliver the necessary requirements

This takes into account a number of factors:

- The functional and technical skills required to commissioning effectively and safely
- Maximising appropriate and relevant collaboration and sharing of resources through the wider system including Greater East Midlands Commissioning Support Services, LLR CCGs
- The scale, nature and design that enables high performance and integration

Capability

In our organisation we need to develop capability at a number of levels:

- Core mandatory training and development to ensure the safe guarding processes and practices are utilised effectively and the organisation works in line with the duties under the Equalities Act.
- Developing competencies that enable transformation including leadership, transformation, system wide change management
- Systems and processes enabling the organisation to manage, develop current and future performance of people with processes and competency being in place around talent management, appraisals, performance management and succession planning

Underpinning the development of the capacity and capability is developing 'how the organisation works' which develops an integrated, cohesive and high performing team and organisation.

Management Practices

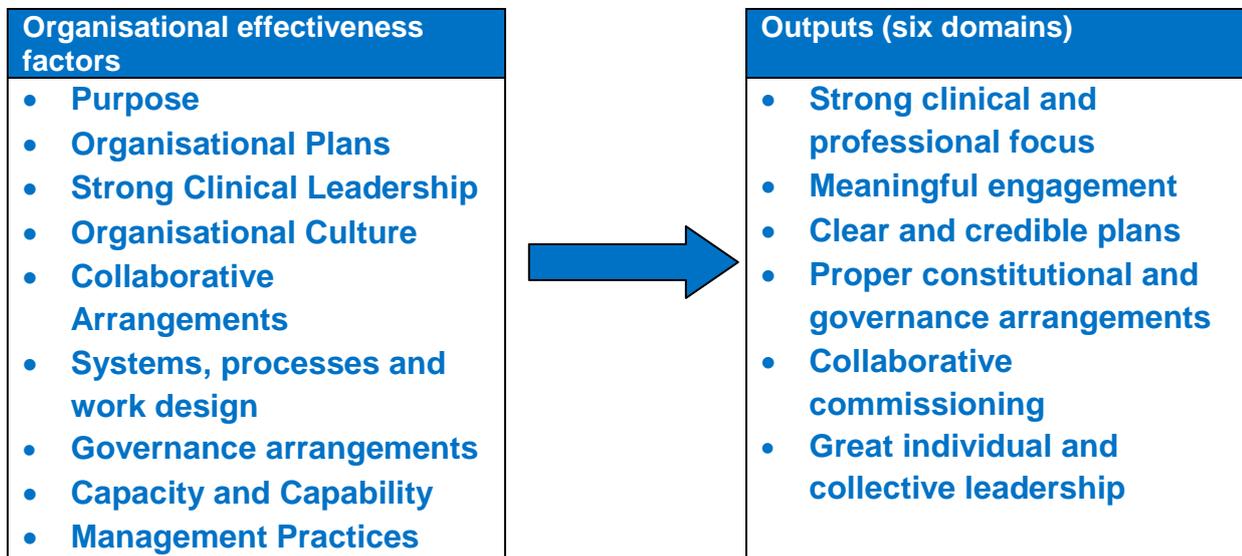
We are committed and passionate about developing a cohesive and confident organisation, where staff feel and do make a real difference to patients. A crucial part of this is the nature and approach we take to involving, engaging, managing and communicating with our staff.

We believe that the role of leaders is to create the right environment to motivate and enable our staff to perform highly both individually and collectively.

4. Our development approach

Our absolute focus is to develop an effective and fit for purpose organisation.

This continual drive and energy in developing a highly effective organisation and board, will be an enabler for achieving the six domains within the authorisation process.



Focusing on these factors– we understand that these are inter-related and we need to continually reflect, analyse and focus on our organisational development. We understand that each factor interacts, reciprocally influences and can enable change and develop our organisation.



External environment:

Localities and Practices
 Providers
 Public perceptions and expectations
 Economic impact
 Demographic and health changes
 Medical/ technological changes
 Local Authorities - Health and Wellbeing/Integrated commissioning and partnership working
 National Commissioning Board & Department of Health

5. Diagnosis and understanding

An accurate insight into our organisation is crucial in enabling effective ongoing development. We recognise our analysis and planning must go beyond solely developing skills and capabilities in order to drive performance to enable transformational change. This needs a fundamental and constant challenging of the beliefs and attitudes across our organisation.

This principle runs through the OD diagnostics we have undertaken enabling us to develop an accurate self-perception of our organisation.

Two main complimentary diagnostics approaches were undertaken, these gave both a strong guidance and national focus combined with a organisational development diagnostic:

- The Authorisation Diagnostic Toolkit, conducted September 11, January 12 and April 12
- Organisational review against the organisational effectiveness inputs² outlined in section 4, conducted during the board development session 20th September 2011³ and utilised as ongoing framework for OD analysis and development planning

The additional approaches were utilised to develop an ongoing and stronger understanding of the organisation and its development needs. Below are details of the diagnostics activities and the understandings gained.

Authorisation Diagnostic Toolkit		
Date(s)	Content/ Approach	Understanding gained
Sept 11, Jan 12 & Apr 12	Realistic and pragmatic – using as true benchmarking tool	<p>Provided clear framework for self-assessment and priorities. Demonstration of progression over three diagnostics.</p> <p>Strengths</p> <ul style="list-style-type: none"> • Clinical Focus and added Value • Engagement • Cohesive and knowledgeable board <p>Ongoing priorities</p> <ul style="list-style-type: none"> • Development of clear and credible plan • Implementation of new structures addressing capacity requirements within the organisation, collaboratively and the CSS • Collaborative governance arrangements • Board roles

² Based upon Burke-Litwin model of individual and organisational performance (1992) and McKinsey 7S Framework

³ OD4. Board development session outputs 20th Sept 2011

Diagnostic Report Summaries

Fig 1: Diagnostic assessment September 11

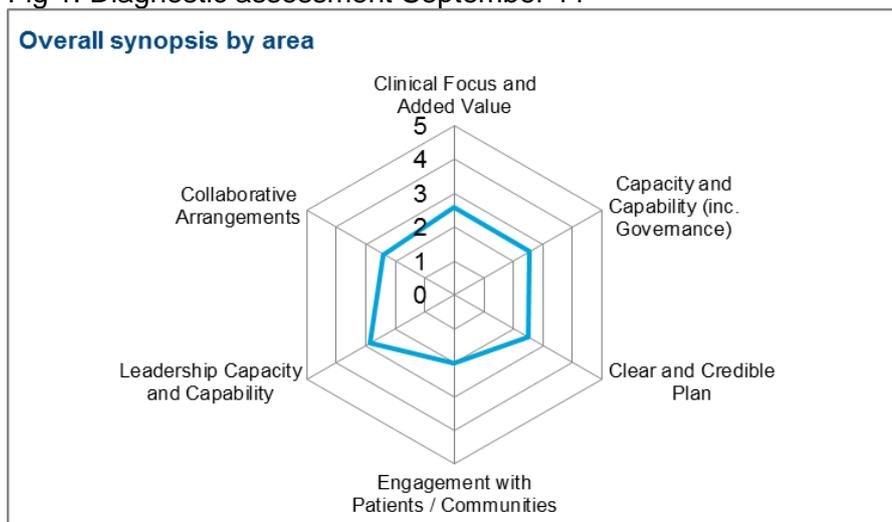


Fig 1: Diagnostic assessment January 12

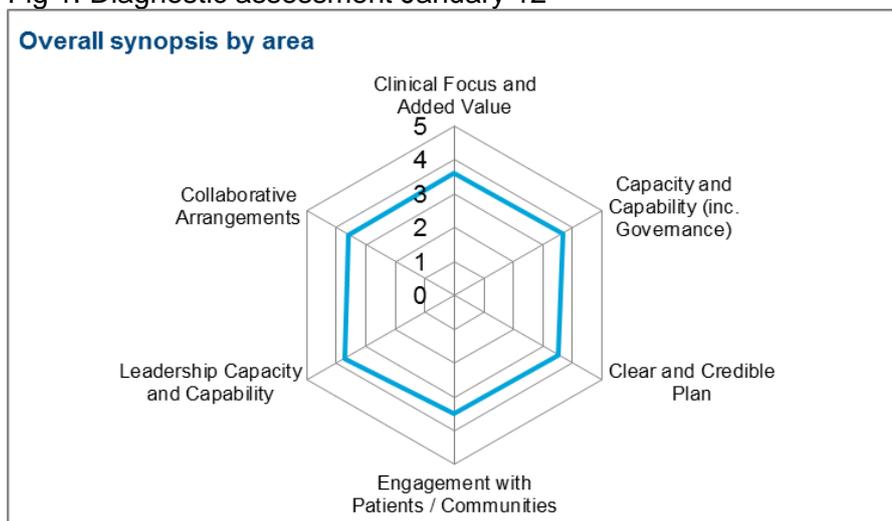
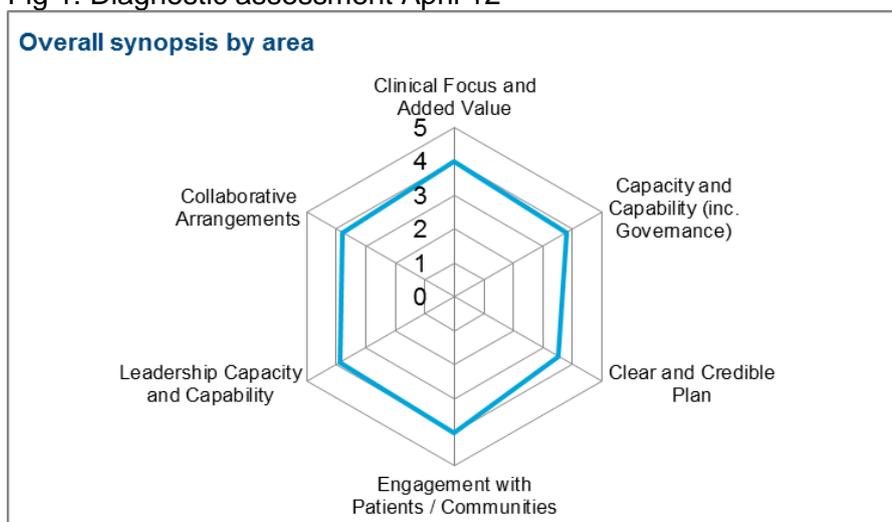


Fig 1: Diagnostic assessment April 12



Board Development Sessions

Date	Content/ Approach	Understanding gained
May 17 th 2011	Top level initial strategy, direction and priorities	<ul style="list-style-type: none"> • Clear understanding of JSNA, focus on initial priorities and direction • Enabled identification of what needed to be different from a strategy and organisational perspective
Sept 20 th 2011	More detailed stock take and planning for the organisation against organisational effectiveness inputs (section 4)	<ul style="list-style-type: none"> • Clarity of our organisational purpose and values • Stock take and analysis against the organisational effectiveness 'inputs' • Medium-term action plan
25 th Oct 2011	Negotiation skills for clinicians workshop	Knowledge of framework and approaches to support future negotiations
Nov 8 th 2011	Board observation and feedback with Dick Stockford	<p>Recognised huge progress, cohesiveness and maturity as a relatively new board</p> <p>Clarified board development priorities on:</p> <ul style="list-style-type: none"> • Focus on role of delivering outcomes (strategy/ quality/ patient safety) • Develop a clear strategy and corresponding business plan to support achieving objectives • Communication effort with the public but also, importantly with GPs
Dec 13 th 2011	Engagement session	<ul style="list-style-type: none"> • Established principles/ rules of engagement and sharing of local toolkit
Jan 10 th 2012	CCG integrated plan/ operating framework 2012/13	<ul style="list-style-type: none"> • Overview of planning framework and local assumptions
Feb 14 th 2012	Risk and assurance session Greater East Midlands CSS	<ul style="list-style-type: none"> • Knowledge of risk and assurance processes including Board Assurance Framework • Initial strategic direction of CSS
Mar 13 th 2012	Equality and Diversity session	<ul style="list-style-type: none"> • Increased knowledge base of statutory duties and development of the local approach to meet requirements
Apr 10 th 2012	Integrated plan	<ul style="list-style-type: none"> • Agreed objectives and priorities of CCG (national and local)

Board GP Appraisals

Date(s)	Content/ Approach	Understanding gained
Oct – Dec 2011	Chair completing individual appraisals with each Board GP member	<ul style="list-style-type: none"> Commitment and confidence of GPs <p>Thematic development</p> <ul style="list-style-type: none"> Support to improve clinical leadership skills at locality level

Board to Board Sessions (CCG and Cluster)

Date	Content/ Approach	Understanding gained
Jun 28 th 2011	Assurance regarding delivery and authorisation progress	<ul style="list-style-type: none"> Confirmation that the ELR Board is highly committed and has taken a holistic approach to planning Agreement that organisation had undertaken both realistic and practical self-analysis using Authorisation Toolkit
Oct 4 th 2011	Assurance regarding delivery and authorisation progress	<ul style="list-style-type: none"> Positive feedback on cohesiveness, maturity and development of the level of understanding of the board and creation of distinct organisational culture Realistic and ambitious organisation but feedback from the Board to Board indicated tendency to be challenging of own progress with development Strong evidence of delivery through Market Harborough 'handling'
Apr 3 rd 2012	Assurance regarding delivery and authorisation progress	<ul style="list-style-type: none"> Cohesive board, with good knowledge levels and impressive lay representatives Very powerful discussion about how we go about doing things Clear on use of commissioning support Good risk register Further refinement of written documentation to emphasis strength of achievement evident in verbal discussion Recruitment of chair by end June Governance surrounding CCG collaboration Action plan for OD plan

Practice Feedback

Date	Content/ Approach	Understanding gained
Jun to Sept 11	Chair and COO visited all practices – primary purpose to listen, build relationship and gain a shared understanding of priorities for change	<ul style="list-style-type: none"> • Opportunity to discuss emerging CCG direction and reinforce performance challenges • Greater understanding of local priorities and what Practices want to see change • Crucial importance of the need to engage directly with practices on an ongoing basis
May 2011 ongoing	Introduction of Practice Manager's forum	<ul style="list-style-type: none"> • Importance of 'Practice-owned' and led with CCG facilitation • Positive role in developing and implementing primary care policy • Contribution in supporting the development of more clinically-based localities
May 2011 ongoing	Development of more clinically-focused localities (GP attendance and clinical peer review)	<ul style="list-style-type: none"> • Importance of aligning practice and locality priorities • Extent of leadership challenge for GPs as localities develop
Apr-Jun ⁴ 2012	Management and clinical telephone contact with every practice and Locality Leads visited each of their practices	<ul style="list-style-type: none"> • Gained feedback (both ways) and confirmed commitment to the: <ul style="list-style-type: none"> ○ senior leadership model ○ ELR CCG constitution ○ action taken again previous feedback from practices - 'you said, we did'

⁴ Post board amendment section 5. Practice Feedback

Assigned Team Development

Date	Content/ Approach	Understanding gained
Monthly team briefings May 2011 ongoing	COO-led team sessions with high level of involvement and encouragement about 'their' organisation and the difference they can make	<ul style="list-style-type: none"> • Early meetings identified the change in culture needed to develop a confident and effective workforce. Reinforced importance of team development • Improved communication and working arrangement in building own identity as a new team • Increasing clarity and commitment to the organisation, its vision, values and goals
Oct 31 st 2011	Analysis and discussion of current culture and values. Stock-take against priority areas: <ul style="list-style-type: none"> • Strategy • Transformation • Performance • Stakeholders 	<ul style="list-style-type: none"> • Shared belief in organisational direction • Demonstrative change in thinking and culture of staff • Concrete stock take and plans against priority areas
Nov 23 rd 2011	Using output from Team Development day to assess understanding levels, impact of job design, knowledge gaps and proposal to improve working arrangements	<ul style="list-style-type: none"> • Levels of understanding • Interrelatedness of job roles • Impact of current organisational structure and job design on staff
March 19 th 2012	Contracting and service development team development session	<ul style="list-style-type: none"> • Further clarity required relating to LLR arrangements • Progress in integrating team within CCG
May 30 th 2012	Staff Meeting discussing organisational plans and priorities	<ul style="list-style-type: none"> • Strong level of understanding and commitment from staff • Highlighted development and support needed for staff over coming months following recruitment to new structures

Staff Opinion Survey Analysis

Date	Content/ Approach	Understanding gained
Mar 2012	Initial Analysis of results	<p>Strong areas:</p> <ul style="list-style-type: none"> • Having role that makes a difference to patients • Being valued by work colleagues • Work design and appraisals • Staff satisfaction • Low intentions to leave • Job satisfaction • Staff motivation <p>Development areas:</p> <ul style="list-style-type: none"> • Work pressure • Work related stress • Bullying and harassment • Equal opportunities • Receiving job relevant training & mandatory training

Stakeholder Engagement

Date	Content/ Approach	Understanding gained
Dec 2011/ Jan 2012	Consultation on vision, values and goals with CCG Staff, GP practices, patients and carers and key Leicestershire and Rutland stakeholders including representatives from LINK, partner organisations and local community groups.	<p>Feedback was largely positive with a high degree of support for our Vision, Values and Goals</p> <p>Areas of strength:</p> <ul style="list-style-type: none"> • Well chosen, good quality indicators • Strong sense of transformation and integration • Effort to engage and involve patients and public in our work <p>Areas suggested for improvement:</p> <ul style="list-style-type: none"> • Overall aim to be reflected in the vision, i.e. to improve health • Measurable and specific goals • Alignment with organisational development and our focus on staff development and involvement • Next steps for Market Harborough, elective care, minor injuries unit
2 nd Feb 2012	Initial Meeting of newly formed ELR CCG Patient Participation Group Chairs Network	<ul style="list-style-type: none"> • Close involvement in LINK groups, and • Feedback and involvement of strategic priorities and CCG commissioning role in areas such as patient experience • Increase of joint working across services • How to involve and engage with public and patients

Summary

Our organisational development journey to date has utilised feedback from a variety of different sources, board discussions and observations, stakeholder engagement, assigned team development and importantly from constituent Practices and Localities.

This has led to us developing a committed and cohesive Board with a clear focus on organisational purpose, supported by highly motivated and valued staff. We recognise the scale of challenge and our focus on the 'right' organisational development needs to authorisation and beyond.

6. Development achieved

Based on diagnostics and analysis, this section lays out the key areas achieved by our organisation.

Strong sense of purpose and direction

- We have already established a strong shared sense of purpose and direction, which is understood and believed in by the Board, Staff, Practices/Localities and partners

Organisational plans

- The approach to developing and refining our strategic priorities has centred on high levels of involvement from internal and external stakeholders. This has enabled a stronger focus and understanding, with high levels of commitment from Practices/ Localities, Board, Partners and staff.

Strong clinical leadership

We recognise the significant nature of the NHS reforms and our commitment to enable clinical leadership to be real, impactful and embedded in our organisation and with our stakeholders. Our approach for the appointment and development of our clinical roles has enabled this and ensuring the focus on clinical decision making and quality is paramount. This strong clinical leadership orientation is strengthened with our GPs, through the set-up, open communications and commitment to locality and practice involvement.

- Appointments processes - our aim was to create an organisation with strong and effective individual and collective clinical leadership
 - Our Chair appointment process in March 2011 against locally developed competency framework resulted in a strong and effective leadership appointment. This framework was developed drawing on:⁵
 - Kings Fund GP Consortia Competencies
 - NHS Institutes GP Consortia Competences
 - Locally commissioned development framework by Dr Ruth Chambers
 - Board GP/ Localities Chairs and the Chair appointment were mandated by the GPs through a voting process, setting a platform for a clinically led ELR CCG
 - Lay member appointments completed, in the absence of national guidance at the time of recruitment, clear terms and conditions, roles and responsibilities were developed. When national guidance was published, the local process was reviewed and found to comply with national guidance.
 - Following change of operating model, recruitment for new chair commenced utilising national guidance
- Development – we recognised that developing a strongly effective, connected and cohesive multi-disciplinary board was crucial, this impact is already present has been a prevailing area of positive feedback in Board to Board meetings
 - appraisals completed with all GP board members
 - Board development sessions providing on-going development
 - focused skills development on negotiating skills

⁵ OD5. GP Consortia Competency Framework

- Organisational leadership model
 - Accountable Officer model strengthening clinical leadership orientation with Accountable Officer role having clinical GP experience. Approach developed and decided through consultation with GP practices and board paper
 - Chief Nurse/ Quality Officer board member in place and recruitment underway for secondary care consultant
 - Broader portfolios linked to commissioning priority areas for lead clinicians
- Clinical portfolio lead in areas key areas including Primary Care, Prescribing, Mental Health, Community Services and Acute
- Board performance management
 - GP board members appraisal process in place and initial appraisals completed October-December 2011

Organisational culture

- The organisation is emerging as cohesive, reflective and confident through our Board, Staff and Practices/ Localities. Our clinically-led approach is starting to make a difference to patients and quality of services.
- Internally, this is demonstrated with staff being more confident and focused. This is shown in the staff opinion survey results with extremely high levels of staff motivation, with 82% of staff feeling able to make contributions towards improvements at work and 85% of staff agreeing their role makes a difference to patients.

Collaborative arrangements

1. Locality and Practice engagement

- Improving clinical leadership and engagement at locality level
- Successful programme of practice visits supporting development of local commissioning priorities whilst developing higher levels of trust and involvement
- Effective Practice Manager's forum and locality structure, impacting on improved clinically-led discussions at locality meetings
- Regular monthly e-bulletin for sharing news from the Board

2. Public involvement and engagement

- Shared commitment to vision, goals and values
- Health priorities driven by views of local patients, partners and wider stakeholders
- Clear evidence of public involvement and plans to improve further
- Development of Patient Participation Group Chairs Network
- Evidence of local collaboration across LLR system, e.g. reconfiguration and elective care

3. Collaborative arrangements

- Collaborative commissioning board in place and draft Memorandum of Understanding completed
- Clinical leads in place to support collaborative for key contracts including UHL and LPT
- Future structures designed and to share capacity and capabilities across three CCGs

Systems, processes and work design

Throughout the development of the organisation having good job design and processes that aligned the organisation to our purpose and priorities has been a key focus, the impact of this orientation with quality of job design positioning our organisation in the top 20% of PCTs nationally.

- Established good structure and job design across primary care. This is improving work performance and delivery within the team, with roles and work being more integrated and interdependent.

Governance

- Board sub-committee structure introduced for Quality and Governance/ Finance and Performance with lay member leadership
- Constitution
 - Locality and Practice feedback sought throughout development process
- Sub-committees
 - Board sub-committee structure introduced for Quality and Governance/ Finance and Performance with lay member leadership
 - Quality and Governance sub-committee has improved the management of quality, both as a commissioner and Primary Care provider. This has been achieved with robust process, the impact can be seen in the GP attendance on quality review visits and increased number of GPs attending safeguarding training
 - Competition and procurement committee established with clear terms of reference in place⁶

Capacity and capability

Capacity

The future capacity requirements have been reviewed, and the structures designed to meet these requirements. The review process included involvement from the Senior Management Team, ELR CCG Board and Board to Board, followed by a full consultation process with staff.

These incorporate the capacity requirements at CCG, collaborative and CSS levels, including the requirements for communications at CCG level in addition to the regional provision being developed.

The process has determined the need to source services outside the CCG and collaborative, a Memorandum of Understanding is in place with the LLR CSS until the end of March 2013 and a process in place with Service Level Agreements being determined.

⁶ Post Board amendment Section 6. Competition and procurement committee added

Capability

In addition to the board and clinical leadership development, we are developing capability development at the three levels through:

- Core Training
 - Core Mandatory Training (includes safeguarding)
 - 78.26% of staff are trained and in date
 - 24 of current 46 workforce have been trained over last 12 months
 - 100% of staff not compliant are booked to attend
 - Equality and Diversity (E&D)
 - Equality and Diversity Strategy (EDS) approved, setting our approach, commitment and development plan towards continuing to develop a culture of fairness has been approved
 - Increase board understanding and knowledge through E&D board development session
- Transformational skills development
 - The collective board development has created a strong cohesive leadership team and set a culture of confidence, purpose and approach to truly valuing and building upon all stakeholder views. This has led at a team level a high level of collective efficacy and ability to initiate and lead change.
- Identification and development of potential future GP board member clinicians
 - Four GPs are undertaking locality work, developing and broadening their knowledge and skills base

Management Practices

Management approach, regular staff meetings and development sessions have developed high motivated and committed CCG assigned staff, ref SOS.

- Highly motivated and committed CCG assigned staff
- Integration of hosted Quality and Contracting/Service Development teams within CCG

7. Development priorities for 12/13 and beyond

Our development priorities stem from the two core diagnostic approaches and were supported and refined during a period of review and analysis. This was completed in conjunction with the wider range of activities that provided understanding and analysis.

This gave a critically deeper analysis, understanding and triangulation of the organisational development needs, priorities and interventions required for the organisation.

This critically importantly enabled the identification of what development interventions would be most effective whilst understanding the inter-relatedness of the organisational effectiveness factors.

*The development priorities grid shows the:

- output from this analysis
- mapping of the organisational effectiveness factors against the development priorities
- objective of the development interventions
- source(s) for the development needs

This approach is evident the core organisational effectiveness factor of Strong Clinical Leadership. Through the analysis, this identify a number of development areas spanning across Locality development, Board development and assurance, and Clinical management succession planning and talent management.

*OD2. Development priorities grid

8. Development Plan

The development plan lays out the development interventions against each of the development priorities for the year 12/13.

Our organisational culture has a strong ethos of reflection, learning and development, this is a strong integral part of our work and development.

In addition to the on-going review and development, a six-month structured organisational development plan review is planned for December 2012.