

GOVERNING BODY MEETING
18 SEPTEMBER 2018

Title of report	Organisation Development Action Plan Update
Paper Presented by:	Claire Lewis, Acting Executive for Governance, Patient Safety and Risk
Paper prepared by:	Amanda Bate, Community Engagement Manager

CCG strategic objective supported by this paper: (please tick ✓)	Develop and maintain an effective organisation	√
	Commission high quality, safe and cost effective services which reduce health inequalities and improve access to healthcare	√
	Effectively engage patients and the public in decision making	√
	Develop excellent partnerships which lead to improved health outcomes	√
	Make the best use of resources	√

Purpose of report
This paper provides a summary of the outcome and recommendations of the recent OD Action Plan audit conducted by MIAA. It also provides an overview of the updated action plan and was received at the Clinical Commissioning Committee on 4 September 2018.
Recommendation
The Governing Body is asked to note the contents of the report.

Please indicate which Group this has been discussed with (please tick ✓)			
Executive Management Team	√	Quality Improvement and Governance Cttee	
Clinical Commissioning Committee	√	Finance and Performance Committee	
Audit Committee		Remuneration Committee	
Council of Members		Primary Care Commissioning Committee	
Other/Not Applicable			
Patient and Public Engagement:	N/A		
Equality Impact Assessment:	N/A		
Resource Implication(s):	None		
Are there any associated risks? If so, are the risks on the risk register? If yes, please include risk descriptor and current risk score	None		
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GOVERNING BODY MEETING – TUESDAY 18 SEPTEMBER 2018

ORGANISATION DEVELOPMENT PLAN UPDATE

1. Introduction

The OD action plan 2016 – 2018 supports the ongoing organisational development activity of NHS Fylde and Wyre Clinical Commissioning Group. The OD plan is monitored on a monthly basis by the OD forum. Each service is represented at the OD forum and members are responsible for reporting against OD actions where indicated.

This paper will provide a summary of the outcome and recommendations of the recent OD action plan audit conducted by MIAA.

The OD action plan timeframe has now concluded and at the last OD forum a proposal was made that this report will constitute the final report for Fylde and Wyre Clinical Commissioning Committee.

The majority of actions have made significant progress over the monitoring of this action plan and the attached table shows where these have now evolved to become actions which will be relevant to the Fylde Coast Integrated Care Partnership and should be transferred across to a future ICP OD action plan. These actions relate broadly to ongoing organisational development during the period of transformation, workforce development, staff resilience and leadership development.

A small number of actions are now complete or are no longer relevant for inclusion as they are embedded within normal process or are reported elsewhere. This report was received by the Clinical Commissioning Committee on 4 September 2018.

2. MIAA Review

The MIAA review, published June 2018, gave 'significant' assurance that the OD plan was 'fit for purpose' and that key actions within the plan were being addressed in line with agreed timescales. However, there were eight recommendations which mainly related to housekeeping issues.

Two were of 'medium' priority:

- 1) there should be one specific lead for each action within the plan
- 2) ensuring the actions directly related to the aims within the plan

Six were of 'low' priority. These included ensuring a date was added when an action was completed, and consistently using the RAG rating colours assigned.

All of the recommendations will be fed into the development of the future Fylde Coast OD plan.

OD action Plan update September 2018

OD Priority 1 To deliver our 2030 Vision
(i.e. establish and sustain our new models of care and new ways of working)

OD Priority 2: To ensure effective engagement, which makes a difference and meets our legal obligations

OD Priority 3: To ensure effective governance and collective system leadership

OD Priority 4: To support and develop individuals and teams to grasp the opportunities available to them and resiliently meet the challenges ahead

OD Priority 5: To identify, nurture and develop our talent and have appropriate succession planning in place

OD Priority 6: To ensure business continuity during transformational change

Transfer to Fylde Coast		
OD priority	Aim	Update
1	Develop CCG clinical leaders for evolving roles - ensure continuity of confident, capable and visionary leaders	Clinical lead roles being refined and developed as part of the ICP and ICS work. Commitment to further strengthening clinical leadership. Clinical Senate up and running to provide leadership across the ICP.
1	Undertake an assessment of the cost-effective OD / training opportunities available which support the CCG's strategy	The CCG is developing a costed training plan as part of the 18/19 appraisal process. This will inform the future Fylde Coast OD plan.
1	Ensure staff have opportunities to work across organisational boundaries to further develop collaborative ways of working	The IPC has facilitated a number of workshops to support collaborative approaches to working within the IPCC delivery unit linking work streams and enablers. This model to support integrated working will now be rolled out to across all delivery units.
1	Further develop the GP Quality Contract to support the NHS Assurance	This action is now complete. Future actions will be defined by a merged ICS contract for 2019/20.

	Framework and delivery of new models / MCP	
2	Increase networking opportunities with key stakeholders	This work is ongoing.
3	Undertake a bi-annual assessment of the effectiveness of the Governing Body and its committees	An agreement to undertake effectiveness reviews every 2 years was agreed at Governing Body in July 2017. Future dates will be published.
4	Ensure the CCG remains a values-orientated organisation	This work is ongoing and will be captured as part of the ICP OD plan.
4	Promote the health and wellbeing of staff	The CCG undertakes the NHS Staff Survey and develops an action plan based on feedback. In 2018 the staff survey will be conducted across both CCGs with arrangements to triangulate data with BTH staff survey feedback.
4	Share team priorities and good practice across the CCG	This is an ongoing action.
5	Improve our induction process, for staff, Governing Body members and the Council of Members	The induction process and associated supporting material is continuously reviewed. This will be an action for the ICP OD plan.
5	Understand which roles in the CCG are business critical	This is an ongoing action
5	Provide opportunities for CCG staff to develop so they are able to easily take on new roles	Reviewed at annual appraisals and at regular 1:1s. This is an ongoing action.
5	Provide opportunities for clinicians to take on CCG leadership roles	This is an ongoing action
5	Provide leadership training to new clinical Governing Body members	This is an ongoing action
5	GP succession planning	This is an ongoing action
5	Nurse succession planning	This is an ongoing action
6	Develop a programme OF team-based development	This is an ongoing action
6	Improve systems and processes to enhance effectiveness in order to release capacity	This is an ongoing action
6	Organise some training for relevant staff to become mentors, and ensure	Mentor training can be available via the Patient Activation Measures (PAM) training suite. A number of staff have accessed this.

	opportunities for staff to have mentoring as appropriate	This is an ongoing action
6	Strengthen the personal resilience of the system	Staff are signposted to the online iResilience tool and the Big White Wall provision. This is an ongoing action
Archive – completed		
1	Optimise opportunities available to make use of technology and innovation to deliver our vision	Remove as this is now embedded in mainstream work via the PAM tool rollout and the patient online access work.
2	Provide regular opportunities for the Fylde coast clinical community (primary and secondary care) to meet formally and informally to discuss priorities	A clinical senate has now been established.
3	Ensure staff are familiar with and contribute to the risk assessment and Governing Body assurance process	Training for individual risk owners not needed. Staff continue to receive support for risk assessments via the Senior Integrated Governance Manager Risk and Assurance.
Remove – no longer relevant or captured elsewhere		
1	Nurture effective relationships with key stakeholders, patients and public to improve integration of health and care services, ensuring understanding and engagement in the CCG's plans (e.g. new models and MCP)	This action is captured as part of the comms, engagement and community development strategy
1	Develop HR systems and processes to ensure an agile workforce	This will now be captured as part of the ICS HR protocol
2	Strengthen the way the CCG engages with its partners and communities	This action is now captured as part of the ongoing empowering communities work and the ICP comms and engagement strategy.
2	Continue to develop the Episodic model, with a particular emphasis on self-care	This action is now captured and monitored through the empowering communities steering group.