



**Shropshire, Telford  
and Wrekin**  
Clinical Commissioning Group



**Our Organisational  
Development  
Strategy and Plan  
2019- 2022**

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We note that there are two KLOEs for application to create a single CCG that we are required to meet regarding Organisational Development:

- The development of an outline OD plan, and
- Progress in development of an HR/OD Strategy.

This document is intended to cover both of these KLOEs.

In sections 1 and 2 it defines the OD strategy, vision and priorities for the CCGs. These sections do not go into huge detail as this detail is provided elsewhere in the Case for Change and Operating Model paper.

Then in sections 3, 4 and 5, the action plan for the delivery of the vision and three priorities is provided.

## 1. Introduction

### Becoming a single strategic commissioner

The NHS is in a period of significant change. The Ten Year Plan lays down a clear and compelling future vision of Integrated Care Systems within which CCGs take on the role of a strategic commissioner, working with Integrated Care Providers to deliver real change. The NHS Interim People Plan lays the foundations needed to make the ten Year Plan a reality; positive culture, compassionate and engaged leaders and to make the NHS an agile inclusive modern employer.

We know that we must respond flexibly to this new landscape and consider where best to focus clinical and managerial and staff time to transform into commissioning organisations fit for this future.

The Ten Year Plan is clear that NHS England expects there to be one CCG for each Integrated Care System footprint in the future. It indicates that in future CCG roles could consist of:

- Taking on a more strategic role, working in partnership with LA commissioners focusing more on population health need, whole system and patient outcomes
- Retaining statutory responsibilities but some of these responsibilities to be discharged through working alongside system partners e.g. allocation of financial resources, and service reconfiguration;
- Putting in place arrangements to discharge the small number of statutory responsibilities that the CCGs must continue to undertake alone e.g. handling procurement processes;
- Increasingly aligning activities with local authorities at 'place', aiming to integrate commissioning using one of the four models set out in the LTP;
- Working with local authorities and providers at 'place' level to shift some traditional commissioning activities (e.g. pathway redesign) to providers who may be better placed to undertake this work, and
- Directing CCG resources as they consolidate towards delivery of the necessary system-wide (and place) functions.
- The recently published White Paper now sets out a clearer direction for the introduction of statutory Integrated Care System (ICS) and the dissolution of existing CCGs.

This is a huge change in the landscape facing CCGs.

Therefore Shropshire CCG and Telford and Wrekin CCGs have had to consider the most appropriate organisational form for strategic commissioning going forward.

The conclusion of these discussions was that Shropshire CCG and Telford and Wrekin CCG Governing Bodies both agreed to undertake work on an application to NHS England to dissolve the existing two organisations with a view to creating one single strategic commissioner across the Shropshire and Telford and Wrekin footprint.

We feel there are very good reasons for doing this, as outlined in our Case for Change document.

### This OD plan

It is critical that this process creates a genuinely new organisation with a refreshed mission statement, strategy and objectives. We know that significant work will need to be undertaken to develop a new culture, way of working and governance arrangements for the new organisation, taking the best of both CCGs to create something that really works.

We recognise the complexities and uncertainties that this process will create, including the requirement for managers and staff to come together into a single staffing structure.

Therefore we commit to ensuring that staff, members and leaders all have the opportunity to input into the design process.

This plan therefore outlines the key actions we wish to take to create the new organisation.

It also covers some areas of more traditional OD that we think will be required alongside the design process of building a new organisation.

Our aim is to undertake a planned whole system effort to build a new organisation with the highest levels of effectiveness and efficiency in meeting the health needs of the Shropshire, Telford and Wrekin population.

We see such an approach as underpinned by the development and growth of individuals, teams, and the organisation as a whole.

Accordingly the OD plan is intended for several key audiences:

- **Staff:** This plan commits to providing support to staff to go through the design and restructuring process that will be required, while developing skills, personal support and environmental factors required for them to do their jobs effectively both now and in the new organisation.
- **GP members:** This plan will outline how GP members will be involved in the design process of building a new organisation, as well as committing to exploring some key issues that will affect GPs such as the development of ICPs and PCNs.
- **Leaders and Governing Body members:** This is a complicated and ambiguous process in some ways and leaders will require support to understand their role, provide support to their staff and GP members, and function as a corporate leadership team throughout the transition process.
- **Partner organisations:** The CCGs cannot deliver transformation by themselves. They need to work with their partners across the Integrated Care System to deliver change. This plan provides ways for the CCGs to embrace and engage with partners in a collaborative way to support delivery in the future.

## 2. Our Vision for the Future

We wish to create a genuinely new organisation with a refreshed mission statement, strategy, values and objectives.

Therefore we have not provided here any information on the mission, values and objectives of the existing two CCGs. A key part of the OD plan will be to develop this information for the new organisation.

We recognise that we are on a journey to becoming a strategic commissioner and that this will not be completed in one step.

However we have a clear vision for how the new organisation will evolve over time. This is outlined in our Case for Change document and Operating Model appendix to it.

In summary it involves becoming a Strategic Commissioner which will co-develop the system strategy and outcomes with providers, and then commission the strategy with the Integrated Care Provider (ICP). The ICP will have significant autonomy and flexibility to run services and manage delegated budgets.

General practice will play a significant role within the ICP, ensuring that GPs work with their clinical colleagues to deliver the best possible services for the people of Shropshire, Telford and Wrekin.

In essence the strategic commissioner will decide the how, and the ICP will decide the what, with the strategic commissioner holding the ICP to account for delivery.

Accordingly, as it becomes a strategic commissioner over time, the CCG will shrink and become a different kind of organisation, behaving in a very different way, focusing on setting strategy and outcomes, and leaving the ICP to determine how those outcomes are met within the budget envelope.

This is a bold and ambitious vision for the future and accordingly we need a carefully planned programme of OD to support us to get there and identify the key decisions that must be made to design the new organisation.

### Our OD priorities

To achieve our vision for the future, we think three things are particularly important. These are our three OD priorities for 2019/22:

- a) We want to make sure we have all the building blocks necessary in terms of strategy, structure, process and skills that will allow us to become a strategic commissioner and create a new organisation: **Becoming a Strategic Commissioner**
- b) We want to focus on supporting and developing our staff to deliver the transformation we need and become influential in the new ways of working that will be required in the future: **People Development**
- c) We want to make sure our new organisation is well led and can unleash the talent within our staff base to deliver our plans: **Leadership Development**

The following section explains the actions we are going to take against each of these three workstreams in order to develop the new organisation, and deliver real transformation.

### 3. Priority One: Becoming a Strategic Commissioner

Shropshire and Telford and Wrekin CCGs have decided to move towards becoming a single strategic commissioner.

We appreciate that this is a long and complicated journey and that we are at an early stage.

Much work and a number of joint decisions need to be made, with input and agreement from both CCGs as well as external partners.

Work has already been done on the Operating Model and staffing structures.

The CCGs are clear that this process will create a genuinely new organisation with a refreshed vision, strategy and priorities.

The CCGs are also clear that the new organisation will commission services sensitively to meet the needs of the population, with a strategic focus on reducing health inequalities. It will commission services in different ways and at different levels, wherever it makes most sense to do so.

We understand that there is a considerable amount of work to be done. The CCGs need to agree on future ways of working, systems and structures in more detail, in particular with regard to place and what it means for the new organisation.

We will work with our members, our partners (including local authorities, NHS providers and PCNs) and our staff to develop the thinking to ensure that we develop a robust approach for the future.

### **Key issues to be resolved**

We know that developing a new organisation will require a wide range of OD work. Some key areas that will have to be resolved are:

- Setting up the shadow Governing Body with both executive and non-executive teams and providing OD support for the new teams to come together
- Finalising the operating model
- Developing staffing structures
- Developing governance processes
- Developing a vision, strategy and priorities for the new organisation
- Developing values, behaviours and culture for the new organisation
- Developing decision making processes and ways of working for the new organisation: 'this is the way we do things round here'
- Focused OD support for staff teams to come together and build new identities.

These are the basics of forming a new organisation.

In addition there will be OD work required for the CCGs to make the transition into becoming a strategic commissioner at the heart of an Integrated Care System, which represents a significantly different role. This could involve the following activities:

- Ensuring that staff understand the implications of strategic commissioning and are heavily involved in the design process
- Developing a population health management approach for the new organisation and assessing the skills required
- Developing the way in which a strategic commissioner will operate in the future, including developing shadow staffing structures for strategic and tactical commissioning, decision making processes and governance.
- Developing the ICPs: providers may need support from the CCGs in being encouraged to focus on transforming certain pathways

- PCN development and building the links between the PCN and the ICP, establishing the role of general practice within the ICP
- Developing the relationship between the strategic commissioner and the ICP including issues such as contracting, capitated budgets
- Development of the ICS approach: issues such as governance, decision making, finances, and the role of primary care

If such an approach is going to be implemented, there are certain critical steps that must be taken. These are outlined in the action plan below.

Action	Date	Owner	Updated position post Covid
New Chair and Accountable Officer to establish the shadow Governing Body.	By September 2020  Revised 31 <sup>st</sup> March 2021	New Chair and AO	Interim AO initially appointed November 2019/ and then subsequently appointed March 2021 and Chair elected February 2021
Deliver shared Constitution between two CCGs prior to creating a single CCG to recruit and elect shared governing body members to both statutory boards.  Also deliver Committees in Common.	August 2020	Director of Corporate Affairs	Approved by NHSE/I 10 August 2020
Focused OD sessions with each of: <ul style="list-style-type: none"> <li>• Whole shadow Governing Body</li> <li>• Clinical leaders</li> <li>• Lay members</li> <li>• Executive team</li> </ul> <p>These sessions will aim to define roles and responsibilities, understand what makes an effective board and team, and start to develop a leadership / board / executive culture. Particular focus will be provided on creating a new culture of system leadership, both individually and for the whole Governing Body.</p>	June – September 2020	Director of Corporate Affairs	Workshops 1 and 2 delivered by Deloitte to cover these areas

Action	Date	Owner	Updated position post Covid
<p>Operating Model Development:</p> <ul style="list-style-type: none"> <li>Hold an initial working group session on the operating model with local authority colleagues, developing a proposal</li> <li>Take the proposal and consult with leaders, staff and partner organisations.</li> </ul>	Complete in October / November 2019	Accountable Officer	Completed October and November 2019 with further discussions taking place with local authorities on place model up to August 2020
Creation of one senior management team, undertaking a management of change process for Directors and Executive Leads.	Complete in December 2019	Accountable Officer	Completed December 2019
Recruitment and appointment process for remaining two Director posts	By May 2020	Director of Corporate Affairs / CSU	Completed by May 2020
<p>Following appointment of the new executive team develop an appropriate organisational structure with staffing structures to deliver the CCG's core business. Core to this action will be the mapping of current people to functions in order to inform the future alignment of staff across the CCG.</p> <p>Also key to identify what functions are core and what could be done at place based to help inform development of staffing structures. This is linked into the further development of the Clinical Commissioning Strategy where the finalised operating model will sit.</p>	By end of March 2020  Revised end of March 2021	All Directors	Initial new staff structures developed by March 2020 but postponed due to Covid. Structures were reviewed July and August 2020 for staff. MOC took place Sep – Dec 2020 and completed by 31 <sup>st</sup> March 2021.
Creation of one staff structure, undertaking the management of change process for both CCGs' staff.	By End March 2021	All Directors	Completed by 31 <sup>st</sup> March 2021

Action	Date	Owner	Updated position post Covid
<p>OD session with shadow Governing Body to develop governance arrangements for new organisation and consider new constitution.</p> <p>This will include development discussions on the content of the new Constitution, and a review of committee structure and purpose of committees, terms of reference, membership and frequency of meetings.</p>	By September 2020	Director of Corporate Affairs	Completed by August 2020
<p>OD session with GP members from across Shropshire, Telford and Wrekin to understand what GP members want from the new organisation, the key issues that matter to them, how they want to be involved, and the way in which member engagement should happen in the new organisation. Development discussions on the content of the new Constitution will be held.</p> <p>On the back of this a further work programme will be developed to engage GP members in the design process.</p>	By September 2019	Director of Corporate Affairs	Completed October 2019
<p>OD sessions with staff to develop thinking on vision, values, behaviour and culture of the new organisation.</p> <ul style="list-style-type: none"> <li>• Initial session taking place with senior managers on 27 September 2019.</li> <li>• Further sessions to take place through October – December 2019.</li> <li>• EMT session in March 2020 to discuss and put together an initial draft.</li> <li>• Further work with staff at OD sessions in June 2020 / July 2020.</li> <li>• Shadow Governing Body receives inputs from staff and finalises and signs off.</li> </ul>	<p>By September 2020</p> <p>Revised – June 2021</p>	Director of Governance / Corporate Affairs	<p>First three bullet points were completed up to March 2020.</p> <p>Staff OD sessions were postponed due to Covid but restarting this OD work with CSU OD partners in April 2021 for completion by June 2021</p>

Action	Date	Owner	Updated position post Covid
<p>Implement an organisation wide OD programme for all staff in the following key areas:</p> <ul style="list-style-type: none"> <li>• What strategic commissioning means and what the future could mean for them. This will focus on the core skills required in the future, including delivery within a complex environment, matrix and agile working.</li> <li>• Developing the ways in which a strategic commissioner will operate in the future, including processes and roles.</li> <li>• A team working programme for the new teams with a focus on creating a vision, purpose and operating principles, using team working tools. Emphasis will be placed on creating a strong culture of cross directorate working and matrix working.</li> <li>• Establishing the detail of how decision making and operating principles will work in the new organisation, both in the transition period and the final strategic commissioner role.</li> </ul>	<p>By May / June 2020</p> <p>Revised: June 2021</p>	<p>Director of Corporate Affairs</p>	<p>Staff OD sessions were postponed due to Covid but restarting this OD work with CSU OD partners in April 2021 for completion by June 2021</p>
<p>Review CCG business processes and governance structures and ensure they are fit for purpose for a high performing CCG, ensuring that staff are fully supported to deliver our agenda.</p>	<p>By September 2020</p>	<p>Accountable Officer</p>	<p>Completed by September 2020</p>
<p>Continue feeding into the design process for the Integrated Care System.</p>	<p>Ongoing</p>	<p>Accountable Officer</p>	<p>This continues to be ongoing. The STP/ICS has successfully had its application to create a shadow ICS approved..</p>

Action	Date	Owner	Updated position post Covid
<p>Set up task and finish groups to explore the following issues:</p> <ul style="list-style-type: none"> <li>• Population health – how the new organisation develops its approach</li> <li>• Finance – how the new organisation moves towards developing a new capitated budget and financial approach</li> <li>• Contracting – how the new organisation might contract with the ICP in the future, exploring the mechanisms within the ICP contract</li> <li>• The role of general practice – how will the increasingly blurry commissioner – provider split work for individual GPs, how will PCNs develop, and how will PCNs link into the ICP</li> <li>• Quality – how will the new organisation maintain high quality services and make quality core to all staff roles?</li> </ul>	<p>By December 2020</p> <p>Revised March 2022</p>	<p>Accountable Officer</p>	<p>The CCG and wider system are taking part in the Wave 2 PHM pilots</p> <p>The system has an external consultants to develop a strategic financial model for the system including the CCG which will be an aligned incentive model</p> <p>The ICP's are at very early developmental stage, but the learning from the MSK Alliance will form part of the process for developing new contracting models that move away from PbR and tariff. The CCG as a strategic commissioner is committed to local determination and devolving budgets where possible to ICP/place</p> <p>This is still being worked through but initial thinking is that PCN's (and primary care) have a pivotal role in the development of working on a place based model and as part of ICP's. Tactical commissioning will be carried out at ICP level and in that sense primary care will have the same challenge as any other provider. The Telford and Wrekin Integrated Place Partnership is well established with a Board that includes all providers including primary care and has been operating for approximately 2 years. Shropshire is now following this model with bringing 2 existing forums into the Shropshire Integrated Place Partnership (ShIPP). It is planned that these two boards will form the basis for the development of ICP's.</p> <p>The CCGs are committed (as the system is) to ensuring high quality services for the population we serve. As we move to a an outcome based approach to commissioning there is a key role for quality team in ensuring that the right outcomes from a quality perspective are used for commissioning purposes and that these are then monitored as part of contract delivery. There will continue to be a requirement for Quality meetings with providers but these will be more based on the total pathway rather than on an individual provider basis.</p>

Action	Date	Owner	Updated position post Covid
Arrange a facilitated OD session between the CCG and the ICP, as a board to board exercise with providers.	By May 2021	Accountable Officer	The ICP's have not yet been established by the system so the AO has not been in a position to progress this action.
Arrange an event for PCN Clinical Directors with provider leads to explore the relationships between CCG staff, the PCNs and the ICP.	By December 2020	Director of Partnerships	There is a system wide clinical transformation group which includes all providers including PCNs
Consolidate PMO functions across system to maximise capacity through removal of duplication of effort.	March 2022	Accountable Officer	Will be completed as part of the work to integrate CCG into ICS
Designing and launching a communications and engagement process with the public.	By July 2020	Director of Corporate Affairs/ CSU	<p>The communication and engagement process was three events to originally take place face to face in workshop style.</p> <p>All three engagement events (one face to face and the other virtual) were held in January 2020, December 2020 and in March 2021.</p>
Review of current HR support capacity from CSU	April 2020	Director of Corporate Affairs	This was completed and additional CSU HR Capacity committed.

#### **4. Priority Two: People Development**

We know that to deliver our vision our biggest priority has to be supporting and developing our staff, who are our greatest asset. With reference to the NHS Interim People Plan we must make the Single Strategic Commissioner an employer of excellence; valuing, supporting, developing and investing in our people. We also need a transformed workforce with a more varied and richer skill mix, new types of roles and different ways of working, ready to exploit the opportunities offered by technology and scientific innovation to transform care and release more time for care.

We aim to create a respected, skilled, supported and engaged team of strategic commissioners. This will require in some cases new skills and ways of thinking for which we will need to provide support and clear development opportunities.

Areas such as resourcing are critical to this process, recruiting and retaining the best people for the job, whilst striving to continually grow the capabilities of those in post to enable them to carry out their roles with excellence.

We know that effective, committed, multidisciplinary teamwork does not happen by chance – it needs conscious and well-designed team development. Effective teams achieve better outcomes for patients.

We need to get the best out of our people by providing effective and clear structures and processes within which they can operate. We will ensure that there are robust and well tested business process in place and that everybody understands how these work, how decision making works, and how to get things done.

Examples of work that can be undertaken in this area include reviewing appraisal policies to ensure staff get timely feedback and their talent needs are being recognised, developing an annual skills gap analysis to identify skills shortages and investing to fill such gaps, promoting opportunities to mentor others and for appropriate secondments for individuals.

We know that the staff from both CCGs will play a critical role in all of this work, and will help us to design new programmes of work and provide feedback on how any new processes are operating. We will involve staff in shaping the values and behaviours that we want to guide the development of our culture as two staff teams move into one.

The following actions have been identified for this workstream:

Action	Date	Owner	Updated position post Covid
<p>Engage staff through staff briefings to understand what support staff would like through the transition process to a new organisation, particularly in dealing with a potential management of change process.</p> <p>Subsequently, develop a work programme for delivering support to staff.</p>	Complete by January 2020	Director of Corporate Affairs	This was completed and a support package commissioned which included Change Ambassadors, Resilience workshops, CV and interview skill training, communication hub
<p>Deliver a resilience programme to support staff during the management of change process, by holding resilience sessions for all staff to provide additional support, tools and techniques to help them positively manage change during the transitional period focusing on instilling positive behaviours, greater wellbeing and increased aspiration.</p>	By March 2020	Director of Corporate Affairs	Initially these had to be delayed due to Covid. These were subsequently held in August, September and October 2020
<p>Provide additional support to staff on CV skills, interview techniques, etc. in preparation for future recruitment and selection activities that will be undertaken by the CCG to create the new organisation.</p>	By March 2020	Director of Corporate Affairs	Initially these had to be delayed due to Covid. These were subsequently held in September 2020
<p>Develop and roll out staff survey, capturing and evaluating staff responses.</p>	<p>By December 2020</p> <p>Revised: August 2021</p>	Director of Corporate Affairs	This was delayed due to Covid and then the staff management of change process. CCG plans to run its own staff survey in July/August 2021
<p>Consider the development of a "Staff Council" or Staff Engagement Group to support ongoing proactive and meaningful engagement with staff</p>	<p>By December 2020</p> <p>Revised: May 2021</p>	Director of Corporate Affairs	This will be one area that will be picked up in staff OD discussions in April and May 2021
<p>Hold regular staff briefings and engagement sessions on the formation of the new organisation, and create a plan of topics for staff discussion from the two CCGs throughout the transition.</p>	Ongoing	Director of Corporate Affairs	This is still ongoing with Deloitte briefing sessions initially, now through the Accountable Officer weekly joint staff huddle meetings on a Tuesday

Action	Date	Owner	Updated position post Covid
Review priority organisational HR policies (e.g. Organisational Change) and ensure they are fit for purpose in 2019/2020 and communicated to all staff. Those of lower priority can be reviewed by January 2020.	By December 2019	Director of Corporate Affairs	Priority HR policies have been reviewed.
Diagnostic exercise regarding a coaching and mentoring programme	October 2020	Director of Corporate Affairs/CSU	Has been delayed due to Covid. Diagnostic exercise undertaken in February and March. Outcomes fed back to AO and Exec team in March 2021
Delivery of coaching and mentoring programme	December 2020 Revised: June 2021	Director of Corporate Affairs/CSU	Has been delayed due to Covid. Plan to start delivery April – June 2021
Scoping and planning exercise regarding a talent management process	October 2020 Revised: June 2021	Director of Corporate Affairs/CSU	Has been delayed due to Covid. Plan to start delivery April – June 2021
Implementation of talent management process	December 2020 Revised: June 20	Director of Corporate Affairs/CSU	Has been delayed due to Covid. Plan to start delivery April – June 2021

Action	Date	Owner	Updated position post Covid
<p>Review the appraisal process with alignment of individual objectives to new organisational strategic goals, definition of personal development plans and development opportunities for all staff, development of high performer pathways and succession planning, and creation of a coaching culture.</p> <p>This will include consideration of the process by which training budgets should be allocated and decisions should be made. This should be transparent for all staff.</p> <p>Ensure all Directors and line managers are carrying out monthly 1:1s and annual appraisals that define clear objectives linked to organisational priorities.</p> <p>Monitor and analyse number of appraisals and 1:1s.</p>	<p>By September 2020</p> <p>Revised: June 2021</p>	<p>Director of Corporate Affairs</p>	<p>This has been delayed due to Covid. CSU HR will start this work \April – June 2021</p>
<p>Identify training and secondment opportunities for staff and communicate these directly to staff through the corresponding staff intranets.</p>	<p>June 2021</p>	<p>Directors of Corporate Affairs</p>	<p>This has been delayed due to Covid. CSU HR will start this work April – June 2021</p>

## Priority Three: Leadership Development

Leadership development is crucial for the CCGs given the seismic shift in culture and leadership practice that will be needed to create a new organisation operating as a strategic commissioner, combined with the need to lead genuinely local commissioning.

Our aim will be to create leaders with the capability and confidence to find solutions to new challenges, and develop our individuals to thrive. In line with the NHS Interim People Plan we will develop positive, compassionate and improvement focused leadership to create the culture that delivers better care.

The kinds of behaviours that may be required are summarised in the diagram below:



This represents a significant change in thinking and mind-set for the CCG leaders across the board – executives, clinicians and lay members.

Potential initiatives identified include: individual coaching programmes based on 360 degree feedback surveys for all of the senior staff, including clinicians and executive team members, and putting team development programmes in place for the Governing Bodies and management teams coming together as one. Initially this needs to focus on behaviours, methods of operation and building trust.

Both CCGs could further their efforts for leadership initiatives, by equipping leaders and potential leaders with the necessary skills and training, providing key development opportunities to allow leaders to achieve their goals in an environment in which they can thrive and feel supported. More proactive efforts to spot talented future leaders would also benefit both the organisation and individual and further emphasis on this should be instilled.

The following actions have been identified for this workstream:

Action	Date	Owner	Updated position post Covid
Review the clinical leadership arrangements for the new organisation. Ensure clinical leads for each governance / assurance role and priority programme are identified and their roles clarified.	By May 2020	New Clinical Chair	Completed by Clinical Chair and Medical Director – information included in operating model
Development of a diagnostic exercise to determine level of mentoring/coaching support required for Directors.	By May 2020	Accountable Officer	Delayed due to Covid. Completed March 2021
Review of current plan for senior leadership development programme.	By May 2020	Accountable Officer	Delayed due to Covid. Diagnostic completed in March 2021.
Scoping and planning for enhancements to senior leadership development programme.	By May 2020 Revised: April 2021	Accountable Officer	Delayed due to Covid. Plan to start April 2021
Review current senior leadership development programme to ensure that it meets the needs of the new emerging organisation.	By May 2020	Director of Corporate Affairs	Delayed due to Covid. Diagnostic completed in March 2021.
Response to the outcome of the review of the senior leadership development programme.	By July 2020 Revised: April 2021	Director of Corporate Affairs	Delayed due to Covid. Plan to start April 2021
Scoping and planning exercise for Governing Body development programme	By end June 2020	Director of Corporate Affairs	The planning of this was done pre Covid.
Delivery of Governing Body development programme	By end April 2021	Director of Corporate Affairs	Delivery started when new Joint Governing body members were appointed in August 2020 - completed 31 <sup>st</sup> March 2021

Action	Date	Owner	Updated position post Covid
Facilitated team development sessions to be held for new Governing Body, Executive Team, and lay members. These will focus initially on behaviours, methods of operation and building trust.	By September 2020	Director of Corporate Affairs	Delivery started when new Joint Governing body members were appointed in August 2020 – ongoing until March 2021
Facilitated development sessions to be held for the new Governing Body, Executive Team and lay members on the 'technical' aspects of holding a position of office/working on a public board such as governance, conflicts of interest, legal mandate of the Governing Body, etc. to ensure shared understanding of the roles and responsibilities of Governing Body Members.	By December 2020	Director of Corporate Affairs	Delivery started when new Joint Governing body members were appointed in August 2020 – ongoing until March 2021
<p>Development of support for existing managers including:</p> <ul style="list-style-type: none"> <li>• Undertake Manager training needs analysis.</li> <li>• Delivery of leadership development programme for Managers.</li> <li>• Indicative topic areas could include coaching skills, HR for non-HR managers, difficult conversations, Emotional Intelligence, managing conflict, facilitating and leading team meetings, developing others.</li> </ul>	<p>By December 2020</p> <p>Revised: June 2021</p>	Director of Corporate Affairs	Has been delayed due to Covid. Plan to start delivery April – June 2021
Consider available management and leadership offers from NHS Leadership Academy to support the development of current and future managers and leaders.	<p>By September 2020</p> <p>Revised: June 2021</p>	Directors of Corporate Affairs	Has been delayed due to Covid. Plan to start delivery April – June 2021

Action	Date	Owner	Updated position post Covid
<p>Delivery of leadership development programme for aspiring managers and leaders.</p> <p>First identify key individuals for potential. Then roll out a focused programme of training and support.</p> <p>Indicative topic areas would include managing change, strategic and operational awareness, team working and collaboration.</p>	By June 2021	Directors of Corporate Affairs	Has been delayed due to Covid. Plan to start delivery April – June 2021

## 5. Conclusion and Next Steps

This OD Plan contains practical, pragmatic and deliverable actions that will help the CCGs to build a new organisation.

The CCGs will plan with its OD partners; Deloitte and Midlands and Lancashire CSU the more detailed scoping and delivery of the component parts of this plan.