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BOARD PAPER - NHS COMMISSIONING BOARD AUTHORITY

Title: NHS Commissioning Board: Organisation development strategy phase one (2012/13)

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Purpose of Paper:

- this paper is intended to set out the first phase of the NHS Commissioning Board (NHS CB)'s organisation development (OD) strategy, covering the period up to the end of March 2013; and
- the purpose of the OD strategy is to support the achievement of the NHS CB's vision and objectives, through a set of aligned interventions in policy, systems and processes across the whole of the organisation.

Key Issues and Recommendations:

- the establishment of the NHS CB, brings new and unprecedented opportunities to improve health and healthcare for the people of England and puts public and patients at the heart of decision making regarding the spend of the NHS budget;
- it also brings significant challenges. The NHS is currently undergoing the most substantial set of reforms since it was first created. The new health system will be considerably different in form and nature to the one in which we currently operate. People employed in the new system will need to think and work differently, and we want to support and develop our employees to meet these challenges;
- the establishment and development of the NHS CB is a considerable undertaking, which can be viewed as a number of sequential phases. This paper covers, in some detail, the work required to support the first phase of the NHS CB's development. It outlines the strategic OD

objectives for that period and recommends that five key workstreams are needed to achieve the objectives. Each workstream is a set of inter-related activities and interventions;

- this paper proposes how we will evaluate and monitor our progress, and identifies resources that will be needed to support this work; and
- the OD strategy relies upon cross-directorate input and collaboration.

Actions Required by Board Members:

- to endorse the vision set out in section three of this paper;
- to approve the five OD objectives for phase one of the NHS CB's OD strategy and the content of the OD workstreams which support those objectives (see appendix 1);
- to note the interdependencies of the OD strategy with other key NHS strategies, notably those pertaining to recruitment, estates and information technology (IT);
- to note the arrangements for monitoring and evaluating the implementation of phase one of the OD strategy (appendix 2);
- to note the resource implications of this work; and
- to agree to review this issue at the Board meeting in February 2013. In particular, to review the achievement of phase one interventions and consider the actions needed to support the second phase of the NHS CB's development (the period between April 2013 and March 2014).

NHS Commissioning Board: Organisation development strategy phase one (2012/13)

Section 1- Executive summary

1. This paper outlines the first phase of the NHS Commissioning Board (NHS CB)'s organisation development (OD) strategy, covering the period up to the end of March 2013.
2. The purpose of the strategy is to support the NHS CB's vision and objectives, through a set of aligned interventions in policy, systems and processes across the whole of the organisation.
3. The establishment and development of the NHS CB is a considerable undertaking, which can be seen as a number of broad sequential phases:
 - i. **'Set up'**: up to March 2013
 - ii. **'Establishment'**: from April 2013 to March 2014
 - iii. **'Maturity'**: from April 2014 onwards
4. The paper suggests there are five objectives during "set up", or phase one of the strategy. These are strategically aligned to the vision of the NHS CB. We propose that each objective is supported by an OD workstream (a set of inter-related activities and interventions). The workstreams are called:
 - i. Supporting platforms for success;
 - ii. Underpinning ways of working;
 - iii. Providing purpose and leadership;
 - iv. Building engagement and ownership; and
 - v. Securing the right people and functionality.
5. The paper also identifies evaluation criteria to measure success, and recognises interdependencies, risks and resource implications.

Section 2 - Introduction

6. The NHS CB's emerging OD strategy has been developed in consultation with colleagues across the NHS CB and with partners in the wider health and social care system. This has included close working with nominated design leads within each directorate of the NHS CB, the Future Design Group chaired by Sir David Nicholson and with members of the whole Board. In particular, the OD strategy was strengthened by discussion and input at a NHS CB Board development session in July 2012.
7. This paper sets out the NHS CB's emerging OD strategy in several sections.
 - **the vision:** outlining the vision of the NHS CB. The purpose of the OD strategy is to support the achievement of the vision and the objectives of the NHS CB;
 - **the context:** outlining the wider context of the design and development of the NHS CB in the new health and social care system. This section of the paper details the opportunities and challenges facing the NHS CB as it develops;
 - **phases of development:** considering the NHS CB's development as a series of phases, and identifying phase one as the focus of this paper;
 - **strategic objectives:** identifying the strategic objectives for phase one development;
 - **delivering the OD strategy:** detailing how five workstreams will support the delivery of the objectives and how these will be evaluated;
 - **interdependencies:** summarising other key pieces of work, which are key to the successful development of the NHS CB;
 - **resource requirements:** summarising the resources required to successfully implement the first phase of the OD strategy; and
 - **conclusion and recommendations:** summarising the paper and making recommendations for the NHS CB Board's consideration.

Section 3 - The vision

8. *Developing the NHS Commissioning Board* (July 2011) began to outline what the NHS CB wanted to achieve, how it would work, and how its culture and values would be underpinned by the NHS Constitution. As the NHS CB has begun to appoint members to its Board and to its wider workforce, this vision has been further developed and refined through discussion within the organisation and with our partners. Our current thinking is summarised below.
9. This vision sets out **why we exist**:
 - we exist to uphold the NHS Constitution. This says the NHS belongs to all of us. It is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives. It works at the limits of science – bringing the highest levels of human knowledge and skill to save lives and improve health. It touches our lives at times of basic human need, when care and compassion are what matter most;
 - we exist to save and improve lives: to make people better when they are ill;
 - we exist to design and deliver care around the needs and choices of each individual patient;
 - we want to make the NHS the best customer service in the world;
 - we exist to ensure that every person who comes into contact with the NHS is treated fairly and equally, whether a patient or an employee; and
 - we exist to allocate valuable public resources to secure the best possible outcomes for patients now and in future generations.
10. The vision articulates **how we work**:
 - we prioritise patients in every decision we make – we always ask ‘what is the implication of this for patients?’ This means we will be accountable for listening to the people and communities we serve;
 - we are what we want the NHS to be - open, evidence-based and inclusive. This means we are transparent about the decisions we

make, the way we operate and the impact we have;

- we share ideas and knowledge, successes and failures. We take risks because we believe in innovation and we learn from our mistakes. We believe everybody has the right to a good idea and to be listened to carefully and thoughtfully; and
- the NHS belongs to everybody – we build coalitions with partners everywhere, we can because we solve our problems better when we work together and with common purpose. We put the needs of patients and communities before any organisational boundaries.

11. The vision describes **what we do**:

- we are responsible for ensuring the improvement of outcomes for all patients by:
 - preventing people from dying prematurely.
 - enhancing the quality of life for people with long term conditions.
 - helping people recover from episodes of ill health or injury.
 - ensuring people have a positive experience of care and treating.
 - caring for people in a safe environment and protecting them from avoidable harm.
- we allocate £60bn to clinical commissioning groups (CCGs) and support them in the effective use of that money, to improve those outcomes for all patients;
- we also directly commission health services worth £25bn including primary care, some public health services such as immunisation and screening, and specialised health services in England; and
- we plan for civil emergencies and make sure the NHS is resilient.

12. The vision sets out **how we will be successful**:

- by transforming patient and public participation in the NHS so that we can develop the insight to help us improve outcomes – and guarantee no community is left behind or disadvantaged;

- by treating patients respectfully as customers and putting their interests first – transforming the service offer of the NHS so that they can take control and make more informed choices, if they want to;
 - by empowering clinical leaders at every level of the NHS - through CCGs, networks and senates, in the NHS CB itself and in providers;
 - by developing incentives, tools and guidance to help clinical commissioners achieve their goals;
 - by leading the development of strategy and vision for the NHS, and promoting the research, innovation and change which will make the NHS world class in all it does;
 - by setting policies and standards for the NHS, in particular for data and technology, leadership, and competition – so that we encourage partners in every sector to collaborate on service innovation to improve outcomes.
 - by developing relationships and agreements with delivery partners at national level, and at local level on health and wellbeing boards so that decisions are taken as close as possible to the communities they effect; and
 - by making the NHS CB an excellent organisation: an exemplar in customer focus, professionalism, rigour and creativity. We will be lean and light, the enemy of red tape and of organisational boundaries. We will maximise the resources that can be spent on care by ensuring that we work collaboratively.
13. The NHS CB's vision is both the start and centre point of the NHS CB's OD strategy. It is ambitious and, we hope, compelling. It also signals a step change in ambition in some areas.
14. Evidence shows us that successful organisations build a shared sense of purpose with their employees. The vision outlined is being shared and developed with the NHS CB's people to build an organisation in which they have a genuine stake.

Section 4 - The Context: opportunities and challenges in building the NHS CB

15. From April 2013, together with CCG's, we will be responsible for achieving the maximum health benefit from around £80 billion of resources invested by the Government in the NHS. We will have approximately 4,000 employees across England, who will all be working together towards achieving this shared purpose.
16. The NHS CB will be a national, single statutory body, but will have strong and extensive local reach. There has never previously been a single body responsible for the commissioning health spend across the whole of England. Working in partnership with CCGs offers the NHS CB considerable leverage to achieve the best outcomes for and with the public and patients.
17. Our national support centre (NSC) will be in Leeds, with a small presence in London. However, the majority of our employees will be geographically dispersed across England in four regional teams and twenty-seven local area teams, working closely with CCGs and other partners at local level.
18. The design of the NHS CB, and in particular our partnership with CCGs, will bring clinical leadership to the fore in our decision making on a scale that the NHS has not seen previously.
19. Our employees will largely be recruited from organisations directly affected by the health and social care reforms. For example, from organisations such as the Department of Health (DH) and its arm's length bodies (ALBs), strategic health authorities (SHAs) and primary care trusts (PCTs).
20. Individual employees in the existing health system have been given a commitment that they will know their personal future direction by the end of December 2012. Therefore, by December 2012, we aim to have completed all ring-fenced recruitment and job matching, and by the end of March 2013 to have fully populated our organisational structure.
21. The shape and structure of the NHS CB is now broadly defined and will be published shortly. We have successfully appointed a chair, non-executive directors, a chief executive and an executive team.
22. The immediate focus for the NHS CB's recruitment strategy has been to attract and appoint to very senior manager (VSM) and priority posts, followed by staggered recruitment determined by level of seniority of posts

throughout the structure. The NHS CB Board have discussed the risks and challenges of delivering the recruitment strategy in previous Board meetings and it is on the agenda again at this Board meeting.

23. As we progress with the design and build of the organisation and with the recruitment and appointment processes, some major OD opportunities and challenges face us. These are set out below.

Developing a single organisational culture, and shared sense of purpose, focused on improving outcomes with and for patients

We will recruit people from the existing health and social care system who are passionate and committed to putting patients first. We will want to support and develop their core values, and align them to our organisational culture to create a compelling sense of shared purpose. However, shared purpose rarely emerges by accident, particularly where employees are being drawn from as many sources as will be the case for the NHS CB. We will need to invest heavily in people engagement, and in really listening to our employees. We will need strong leadership development approaches, so that our leaders can support the development of this culture.

Creating a single organisation with presence, and leverage, across England

We need to forge a single organisation, whose constituent parts gain support and leverage by speaking with a strong, single voice. But we also need to develop an organisation that is locally driven and sensitive. Our challenge is to blend the invaluable skills, capabilities, knowledge, experience, diversity, and different ways of working new employees joining our organisation bring. We need to retain all the best of the current system and the way it works, alongside developing a new culture and vision with clinical leadership, localism, and public and patient participation at the heart of our core business objective - to improve outcomes.

Creating an organisation that is an exciting, innovative and compelling place to work, so that we can recruit and retain talented people

In order to achieve our ambitions for patients, we have to employ the best people we can, those whose values complement our vision. For this reason, we want the NHS CB to be an exciting, innovative and compelling place to work. We want to be one of the country's best employers, when compared across all sectors, leading on best practice in terms of the health and well-being and the development of our employees, and with every member of the team playing a key role in defining and achieving our vision.

We have the opportunity to attract talented and passionate people to join our emerging organisation. We also know that the majority of the employees we appoint will continue to work hard in difficult circumstances during the next six months. Many of them will continue to their work in the current system, and they will help to wind up their existing employing organisations, whilst they begin to contribute to the design and build of the NHS CB.

Building leadership and capability to enable the NHS CB to succeed

As the landscape in the health system changes, positioning our new organisation, defining our leadership role and relationships with other key partners and organisations will be crucial. We will need to pay significant attention to how we enact leadership, build relationships and operate with partners and others. As we continue to shift our leadership behaviour, we also need to be clear about what our core organisational capabilities are and secure and develop these.

Section 5 - The phases of our organisational development

24. The NHS CB's development as a statutory body is outlined below:
- **October 2011 to March 2012:** established as a special health authority (SpHA) and responsible for designing the new commissioning architecture and for supporting the development of CCGs.
 - **April 2012 to September 2012:** in addition, the SpHA took over some National Patient Safety Agency functions.
 - **October 2012 to March 2013:** the SpHA will become an executive non departmental public body (ENDPB), responsible for planning for 2013/14.
 - **April 2013 onwards:** the NHS CB will take on its full statutory responsibilities.
25. Even once the NHS CB is fully established in April 2013, we will continue to face considerable OD challenges. Projecting forward for the next two to three years, there are probably three core phases to the organisation's development. Each one of these will require a set of unique and distinct interventions:
- **Phase one - 'Set Up' up to March 2013:** this is the phase in which we build the NHS CB's organisational structure, recruit our people and build a shared sense of vision and purpose with them. In this phase we will also put in place some basic systems and processes, in particular, in the areas of human resource management and development, information management and technology, and estates.
 - **Phase two – 'Establishment' from April 2013–March 2014:** during this phase, whilst we will have filled all our posts in our core structure, we will also be reengineering certain functions, and building and developing our core capabilities. We will also be bedding in, testing and developing our systems and process, and establishing ourselves in the reformed health system.
 - **Phase three – 'Maturity' from April 2014 onwards:** during the maturity phase we will have our end state structures in place, and we will have completed a full business year cycle with our systems and processes in place.

26. Whilst this paper focuses on phase one – ‘set up’, planning for subsequent phases has begun. However, phase one is critical in providing the platform and building blocks upon which to develop a longer term OD strategy to create a high performing and healthy organisation.
27. It is proposed that the Board review the achievement of phase one, and consider the actions needed to support phase two of the NHS CB's development at the February 2013 Board meeting.

Section 6 - Strategic objectives: for phase one of the OD strategy

28. Drawing on the earlier analysis of the NHS CB's opportunities and challenges, we anticipate there will be five measurable objectives in phase one, each with an OD workstream underpinning it:
 - **Objective one** - to attract and retain the best people, from diverse backgrounds, with values which are congruent with our vision;
 - *OD workstream 1: securing the right people and functionality*
 - **Objective two** - to develop the core policies, systems and processes which support the NHS CB vision and objectives;
 - *OD workstream 2: supporting platforms for success*
 - **Objective three** - to develop working patterns and behaviours which support the NHS CB's vision and objectives;
 - *OD workstream 3: underpinning ways of working*
 - **Objective four** - to develop the NHS CB's leaders to enable them to support all our employees;
 - *OD workstream 4: providing purpose and leadership*
 - **Objective five** - to develop collectively and communicate a strong, shared sense of purpose, organisational culture, brand and reputation;
 - *OD workstream 5: building engagement and ownership*

Section 7 - Delivering the OD strategy: OD workstreams for phase one

29. This section of the paper provides a short summary outlining each of the five OD workstreams underpinning the five measurable objectives in phase one of the OD strategy. The OD workstreams are interrelated and as such, a number of interventions will contribute to achieving more than one of the five objectives. Further detail for each workstream is provided at appendix 1.
30. ***OD workstream 1: securing the right people and functionality***
- the immediate focus under this workstream is to continue to deliver the NHS CB's recruitment strategy, which centres on attracting and appointing talented people to posts throughout the NHS CB's structure. The recruitment process has been designed with the NHS CB's vision and values at its heart; and
 - further guidance, support and training for appointing managers will be starting in September 2012.
31. ***OD workstream 2: supporting platforms for success***
- the immediate focus under this work stream is to continue working towards aligning key strategies with the OD strategy, notably those pertaining to recruitment, estates and information technology;
 - the specification to support the NHS CB's information technology requirements is in place and is underpinned by the vision of the NHS CB and the estates strategy will be presented to the Board at the September 2012 meeting;
 - further work is required to progress and align these strategies, which are principal to realising the NHS CB's vision of a single national body irrespective of geography and in promoting flexible, matrix working; and
 - work will also continue to develop a performance review and development scheme.
32. ***OD workstream three: underpinning ways of working***
- the immediate focus under this workstream is to continue to progress work to deliver key interventions such as, developing our matrix working capability and building high performing teams; and

- further work will also begin during phase one to prepare to deliver additional interventions during phase two, including: developing corporate curriculum, and corporate development programme.

33. ***OD workstream four: providing purpose and leadership***

- the immediate focus under this workstream is to continue to strengthen a clear vision, brand and set of values for the NHS CB. In addition, the focus is to continue to invest in developing our leadership through interventions such as, executive team development, Board development, developing the NHS CB leadership forum, and collaborating with the NHS leadership academy to invest in system wider leadership development.

34. ***OD workstream five: building engagement and ownership***

- the immediate focus under this workstream is to continue engaging people in the vision of the NHS CB through communication and collaboration. This includes continuing with the work to design an induction for all employees, which centres on the NHS CB's vision and values, and engaging these employees in developing the Business Plan for 2013/14.

35. Each of the five OD workstreams will be monitored, evaluated and reviewed against the five objectives outlined in the OD strategy during phase one. This will inform the review of phase one and actions needed to support phase two of the NHS CB's development, and it is proposed that the Board consider this review in February 2013. The proposed evaluation method is outlined at appendix two.

Section 8 - Interdependencies

36. There are four other NHS CB strategies, which are significantly related to this work.
37. First and foremost the recruitment strategy. Ensuring we employ the right people, in the right roles is vital to the NHS CB's successful development. There has been significant collaboration between the recruitment work and the phase one OD work, with the NHS CB vision being central to the recruitment process. It is important that, if at all possible, we complete our recruitment to schedule and avoid the need to operate contingency plans. All aspects of these are likely to slow the NHS CB's development in phase one.
38. Secondly, the estates strategy will detail critical decisions outstanding on employee locations and office bases, which will directly impact where employees are located and the physical space and facilities they will work within. How we use physical space will impact on the culture of the organisation and specifically its feel as a single, aligned corporate body.
39. Thirdly, corporate IT service will also determine the platform for how employees will work and communicate with each other and with customers and partners. Being such a large, geographically dispersed organisation, it would be impossible to bring all our employees together without the use of technology. Innovative approaches in this area will contribute to the ways of working, style and feel of the organisation.
40. Finally, the partnership strategy. Our success in building an organisation that people want to do business with, where employees enact the values and behaviours we espouse will be most publically and visibly reflected in how our partners experience and perceive us. The process of developing key system relationships and feedback from our partners will directly shape internal OD interventions.

Section 9 - Resource requirements

41. The NHS CB has now made a permanent appointment to the director of OD post, and this director is leading the phase one work, both in conceptual design and delivery. Although he reports to the National Director: Human Resources, he has also been working closely with the National Director for Patients and Information, and the National Director: Policy to ensure alignment with other strategies.
42. The director of OD is supported by an interim OD manager and administrative support.

43. External procurement processes are underway to secure additional OD support on specific areas of development; team development and coaching, employee engagement, performance review and development. Budgetary provision has been made for this.
44. We are working closely with the NHS Leadership Academy to access leadership and talent management development support, and with the emerging National Improvement Body to secure transformational change skills development.
45. The end-state structure of the human resources directorate will provide further OD expertise, both at the NSC and within regional teams, which is designed to service both regions and local area teams. At the time of writing a number of these posts are currently live in the recruitment process.
46. Some interventions, such as aspects of learning and development, will be outsourced through shared service arrangements. We have prepared specifications for this work and budgetary provision has been allocated. In the first instance, we plan to hold discussions with commissioning support units about whether they could provide these services to us.

Section 10 - Conclusion

47. The design and development of the OD strategy for phase one is in train. The work achieved to date and further work planned will aim to address the challenges we face to build the NHS CB's culture and capability.
48. The phase one work initiates a range of OD interventions. However, due to the particularly complex nature of this change process, we propose that we need to retain sufficient flexibility and agility to respond quickly and effectively to emerging OD needs. We therefore plan to evaluate in real time the impact of interventions and regularly review the overall strategy to ensure time, energy and resources are being used as effectively as possible.
49. This work represents a significant challenge due to the scale of both the design and delivery work needed, against tight timescales. The successful delivery of this strategy will require all directorates to continue to participate actively in the process of design and delivery.

Section 11 - Recommendations

50. The Board members are asked:

- to endorse the vision set out in section three;
- to approve the five OD objectives for phase one of the NHS CB's OD strategy and the content of the OD workstreams which support those objectives (see appendix 1);
- to note the interdependencies of the OD strategy with other key NHS strategies, notably those pertaining to recruitment, estates and corporate IT services;
- to note the arrangements for monitoring and evaluating the implementation of phase one of the OD strategy;
- to note the resource implications of this work; and
- to agree to review this issue at the Board meeting in February 2013. In particular, to review the achievement of phase one interventions, and to consider the actions needed to support phase two of the NHS CB's development (the period between April 2013 and March 2014).

Appendix one: provides further detail on the five OD workstreams.

<p>OD workstream 1: securing the right people and functionality</p>	<p><i>The immediate focus in this workstream is to continue to deliver the NHS CB's recruitment strategy, which centres on attracting and appointing to posts throughout the NHS CB's structure. The recruitment process has been designed with the NHS CB's vision and values at its heart.</i></p> <p>The fundamental design of all NHS CB job descriptions and person specifications are premised on the NHS CB's vision and values.</p> <p>We are involving external representatives in key appointment decisions (for example: representatives from CCGs or patient representative groups) to model the way we will work.</p> <p>We have supported appointing officers through the design of a semi structured interview process focussing on identifying people who exhibit the values and behaviours, diversity, and the skills and capabilities we need.</p> <p>This approach of recruiting for values and behaviours will be integral to all recruitment and appointment processes. Further guidance, support and training for appointing managers will be starting in September 2012.</p> <p>Further design work is ongoing to ensure the structure, processes and systems in the NHS CB are designed to underpin and support our values.</p>
<p>OD workstream two: supporting platforms for success</p>	<p><i>The immediate focus under this work stream is to continue working towards aligning key strategies with the OD strategy, notably those pertaining to recruitment, estates and information technology. Further work is underway to put in place key policies and processes, most notably performance review and development.</i></p> <p>The NHS CB estate is the visible physical representation of the organisation, we are therefore working to ensure that it has a clear and recognisable single identity and its design is underpinned by our vision and brand. The estates strategy is focused on ensuring that all our locations will look and feel part of a single aligned body regardless of geography. The strategy will support our employees to work flexibly and maximise the use of our resources. For example, maximising hot-desking and promoting a paperless office. A</p>

	<p>toolkit of design standards is in preparation and will be implemented over the next few months. This will define the look and feel, generic layout, furniture, equipment, and standards across all locations.</p> <p>The specification to support the NHS CB's information technology requirements is in place and is underpinned by the vision of the NHS CB and the estates strategy will be presented to the Board at the September 2012 meeting. This will enable flexible and smart working, and provide the potential for technological and virtual solutions to promote team and matrix working. It will also provide user-friendly access, which will support distributed working, and reinforce the single organisation feel and identity of the NHS CB. Work to implement this will be progressed over the next three months.</p> <p>We will also be developing our performance review and development system. This will reinforce and promote the values, behaviours and performance required to ensure we are successful. It will incorporate 360-degree feedback from internal and external partners, and it will be integrated with our performance management and talent management plans.</p>
<p>OD workstream three: underpinning ways of working</p>	<p><i>The immediate focus under this workstream is to continue to progress work to deliver two key interventions; developing our matrix working capability and building high performing teams. Further work will also begin to prepare for implementation at phase two to deliver a corporate curriculum and corporate development programme.</i></p> <p>As our organisation grows and we appoint our people, there will be shift towards developing high performing teams. Therefore, we will be investing in team development and coaching to support teams to build new, effective working relationships within and across teams, directorates and geographies. This support will also ensure teams are agile, inclusive, and able to work across boundaries to deliver shared objectives. It will help build our matrix working capability, embed our vision and values and help reinforce single organisation identity.</p> <p>We are also designing a corporate curriculum, which will aim to equip all employees with the right skills and behaviours to succeed. It will focus on core capabilities of commissioning, patient engagement, matrix working and leading</p>

	<p>transformational change. We are already working with the National Improvement Body to put in place a development programme for employees on the NHS change model.</p> <p>Further work during phase one will support and promote the development of the skills and behaviours to support matrix working, supported by the information systems and processes to enable effective matrix working.</p>
<p>OD workstream four: providing purpose and leadership</p>	<p><i>The immediate focus under this workstream is to continue to strengthen a clear vision, brand and set of values for the NHS CB. In addition, the focus is to continue to invest in developing our leadership through interventions such as executive team development, Board development, developing the NHS leadership forum and partnering with the NHS leadership academy to invest in system wider leadership development.</i></p> <p>Work has already been undertaken with the executive team and Board to develop the vision for the NHS CB. This will form the basis of a wider employee engagement process as people are appointed to and take up new roles during the next three to six months.</p> <p>We are already investing in executive team and Board development programmes, which will be on going during phase one. This work will include designing and delivering support and a development programme for the NHS CB's board and executive team, encouraging them to model the tone and culture of the organisation and leadership.</p> <p>The NHS CB Leadership Forum will see our senior leaders come together each month, with the first meeting in September. The purpose of this forum is to model single organisation leadership, focus on core purpose and reinforce collective successes, shared accountability and delivery. This will play an important, symbolic and practical role in modelling ways of working and enacting behaviours that support our vision and values.</p> <p>In addition, the NHS CB continues to work with the NHS leadership academy to develop a leadership development programme to support senior leaders to work differently, step up to the challenge, widen our leadership styles and learn alongside our partners. This is critical in phase one to</p>

	support our leaders to develop now.
OD workstream five: building engagement and ownership	<p><i>The immediate focus under this workstream is to continue engaging employees in building the vision of the NHS CB through communication and collaboration. This includes designing and delivering induction for all employees, which centres on the NHS CB's vision and values, and engaging employees in developing the Business Plan for 2013/14.</i></p> <p>Using the work developed on the NHS CB vision, the programme of employee engagement planned will enable us to communicate our developing purpose and values, and involve employees in understanding and exploring what the vision means for them, connecting them to and uniting us behind a shared purpose.</p> <p>Central to this will be our induction processes for new employees, which will include a consistent line manager led one to one conversation focusing upon purpose, values and expectations. This will be supported by a range of corporate materials and supported by an induction guide and training for line managers beginning in September. The induction will be designed for all employees including interim appointments, appointments from outside of the health system, and employees who transfer in to the NHS CB. The induction for phase one will focus on a one-to-one conversation between the manager and employee. This will be consistent across the organisation with a “one team” conversation with the flexibility to adapt to ensure the induction also feels local. The purpose of the induction is to set the tone, build commitment and ownership, set expectations, set objectives, and ensure the individual has the necessary support to be effective as soon as possible.</p> <p>We also plan to run a number of events for employees across the organisation to involve them in understanding and developing the business plan for 2013/14. This will model the inclusive, participatory and transparent way of working we wish to promote and provide further opportunities to communicate and develop the NHS CB culture.</p> <p>In addition, the corporate communications plan will be further developed to ensure internal communications support single organisation working and communicate effectively to the NHS CB's employees across England and a number of feedback processes will be built into this plan.</p>

Appendix two: measuring the impact of the five OD workstreams

We propose to measure and review the impact of the five OD workstreams against the five OD objectives in the following three ways.

1. Input measure: *programme management*

The NHS CB programme management office will continue to monitor the progress of the OD strategy through the reporting and business assurance process, which identifies and escalates any risks with delivery. This route will monitor if the following are delivered on time and in budget:

- delivery of recruitment and induction training for line managers;
- delivery of team development support;
- establishment and effective operation of NHS CB leadership forum;
- development of a corporate curriculum for employee development;
- development of a performance review and development scheme;
- executive team and Board development programmes in place;
- system leadership programme delivered through the NHS leadership academy in place; and
- induction process in place.

The OD workstreams and objectives will be incorporated into the programme management reports.

2. Quantitative measures: *other internal reporting and reviews*

The key OD workstreams will be reported, discussed and reviewed on an ongoing basis at the executive team meetings. We already review progress against the recruitment strategy on a monthly basis, but as part of this, we will also:

- report data to track recruitment and induction training for line managers;
- report data to track new appointments and to ensure they have an induction;
- report attendance and feedback from the NHS CB leadership forum; and
- report data and feedback from the system leadership development programme.

3. Outcome measure: *a climate survey*

A climate survey tool is in development to enable us to achieve feedback from our employees on an ongoing basis. The survey will ask questions to enable us to measure:

- inspiration and connectedness to the vision;
- commitment;
- experience of team working;
- involvement in cross directorate/matrix working;
- involvement and influence in decision making;
- whether their experience of the NHS CB is consistent with the values and behaviours in our vision;
- whether they feel our leaders enact the values and behaviours;
- experience and feel of entering and working in the organisation; and
- access to support and development opportunities.

4. External measures: external feedback and reviews:

The impact of the OD strategy will also be measured through feedback from the wider health system and our partners. For example, the NHS CB has a Health of Partnerships dashboard, which in part seeks 360-degree feedback from our partners to measure how we exhibit our values and behaviours and feedback on the way we do business with them.

Finally, the Department of Health will complete a 'state of readiness' review to assess whether the NHS CB can take on its full functions on 1 April 2013. As part of this review, we will be required to provide valuable information about the impact and progress of the OD strategy.

Jo-Anne Wass
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