

OUR PARTNERSHIP

1. INTRODUCTION

- 1.1** The NHS is facing radical and far reaching change. Rising demand and treatment costs, increasing public and patient expectations, the need for continuous improvement and new models and settings of care together with the sustained period of financial constraint means that standing still and continuing to function as previously, will not be an option for any NHS provider. The need to change will apply as much to those NHS organisations that have previously been considered best in class as to those who have scored less favourably against previous measures of quality, safety and efficiency.
- 1.2** Trusts that are determined to survive and to thrive will need to demonstrate a detailed understanding of local population needs, and be prepared to place increasing emphasis on partnership working between commissioners and health and social care providers. We will have to move beyond rhetoric and break down the traditional barriers between health and social care providers to ensure that finite resources are deployed in the best interest of patients and local citizens.
- 1.3** For Somerset Partnership, the changes mean that we will need to be absolutely clear about our organisation's future role within the wider health and social care system. In turn, colleagues within the Partnership will need to understand how their individual roles relate to the Trust's objectives and how they can best support service delivery and future sustainability. Specifically, colleagues will need to be clear what the Trust needs, and expects, from them, and what they can expect in return in terms of recognition, reward, support and developmental opportunities.
- 1.4** Whilst it could be argued that Somerset Partnership can already demonstrate some good (in NHS terms) practice in relation to people policies, staff engagement and innovation, our Trust is not yet able to provide sustained evidence that investment in people processes has directly contributed to enhanced Trust performance. A clue to this might lay in the fact that outside the NHS, organisations considered to be high performing place considerably more emphasis on the connection between people practice and quality performance:

“In high performing organisations, appropriate people management processes are consistently and effectively applied, high performance organisational practices are clearly linked to organisational objectives and business goals and senior management lead the process to develop a supporting culture of engagement”

High Performance Work Practices – Linking Strategy and Skills to Performance Outcomes (DTI with CIPD)

- 1.5** Culture is perhaps best described as the shared basic assumptions, norms, behaviours and values that become the principles governing “the way things are done around here”. Organisational culture works in the same way.

Just as the ability of any non-work related culture to function effectively depends on the extent to which there is a consistent and aligned set of values and behaviours so the key at an organisational level is to make sure everyone knows which of those values are most important and makes decisions accordingly. When that's not the case, you get “values misalignment” the cause of problems like miscommunication, mistakes and missed opportunities.

- 1.6** In his review of the failings at Mid Staffordshire, Francis identified the causes of organisational degradation as systemic; he saw the underlying faults as institutional and cultural in character. Francis blamed an ‘insidious negative culture involving a tolerance of poor standards and a disengagement from managerial and leadership responsibilities’.

- 1.7** A recently conducted BMJ study of Culture and Behaviours in the NHS presented evidence from the national patient satisfaction and national staff surveys (NSS) that demonstrated patient satisfaction was highest in trusts that had a clearly articulated vision, clear objectives establishing priorities for improvement and the appropriate direction of resources and where staff felt most engaged with and committed to the prevailing culture.

- 1.8** Engagement is defined as a two-way involvement between employees and their organisation at a level that influences decision making. Engaged employees are aware of business context, hold a positive attitude towards the organisation and its values and pro-actively work with colleagues to improve performance. In turn, organisations must work to develop and nurture staff engagement. Studies have shown that the strongest driver of staff engagement in the NHS is the sense of individuals feeling valued and involved. Effective line management, good two-way communication and a focus on developing staff have also been shown to be critical if staff engagement is to be achieved. The engagement of clinical staff in particular has been shown to have the potential to improve clinical and organisational performance and act as an enabler of change.

- 1.9** There is compelling evidence that establishing clear and explicit links between people processes and organisational objectives and developing a culture of engagement that reinforces this can contribute significantly to the successful performance and sustainability of organisations. At a time of significant change and challenge we have a real opportunity to apply a set of core principles drawn from this research to redesign and refine our people processes in a way that supports the successful delivery of shared objectives and in particular the provision of consistent and high standards of clinically successful, safe and patient focused care.

2. CULTURAL CHANGE / ORGANISATIONAL DEVELOPMENT STRATEGY

- 2.1** As a Trust we are already able to provide some evidence of good people practice when compared with other NHS Trusts. We have already recognised the value of investing in our leaders through the Coach to Lead initiative,

albeit that this is not currently part of any coordinated programme, we have well regarded and established mandatory training provision, a Well@Work service, we undertaken a wide range of communication activity and 'See Something Say Something', 'Voicebox' and our recent engagement sessions are examples of initiative's that have potential to better connect individuals and teams to the wider organisation.

- 2.2 We know similarly that our Trust, like many other NHS organisations, has in place the people-policies and processes necessary for ensuring statutory and regulatory compliance. We also know that a notable difference between the NHS and organisations that are considered to have cultures supporting high performance working practices is the absence of effective links between people-policies and organisational performance. If we are to aspire to the successes of the best NHS Trusts and those high performing organisations outside of the NHS we must translate focus and investment in our people practices into sustainable changes in our operational or 'business' performance.
- 2.3 We also know that we are yet to achieve a clear understanding amongst colleagues about their role in achieving Trust objectives, universal engagement with our existing Trust values, or a sense of shared accountability for protecting our future in a rapidly changing, and financially challenged, NHS.
- 2.4 A cultural change / organisational development strategy will provide a framework for wider organisational development activity, a renewed focus for existing HR activity and a mechanism to ensure that key people processes appropriately connect our people with the quality and effectiveness of our performance. Specifically the strategy will identify the core principles that will underpin our approach to engaging and inspiring all colleagues in '**Our Partnership**'.
- 2.5 Importantly this strategy will need to translate aspirational words into meaningful action. To reflect this, it is intended that an annual 'Our Partnership' work schedule be developed to provide a framework and focus for developmental activity across all policies and processes associated with supporting and developing colleagues and enhancing individual and organisational performance.
- 2.6 Early success of the 'Our Partnership' Strategy will be measured in terms of tangible improvements in our staff survey results; trends visible via a new suite of People-KPIs, and via our established set of operational performance indicators. Our broader success will be measured in terms of our ability to seize opportunities arising from system and organisational change, and to embrace these as a means of ensuring the future viability of our organisation.
- 2.7 Drawing on examples of industry best-practice, we have identified 6 people-principles that will support our intention to better connect our people with our performance:
 1. All our colleagues will be committed to our values - recognising that universal application of resulting behaviours will be key to our success.

2. All our colleagues will understand the connection between our objectives and their personal contribution and be clear what is expected from them.
3. All colleagues will be supported to maintain and improve their health and wellbeing.
4. All of our leaders and managers will be effective, credible and supportive and help colleagues retain a focus on the things that really matter.
5. All of our leaders and colleagues will be given the freedom to innovate and the support to drive continuous improvement and effectiveness.
6. All of our colleagues will be recognised and rewarded for excellence in achieving defined objectives; role modelling our values, and contributing to our success.

3. PRINCIPLES

3.1 PRINCIPLE 1

All colleagues will be committed to our values - recognising that universal application of these behaviours will be key to our success

What does this mean?

Successful organisations not only ensure that all objectives and priorities are aligned to corporate vision, but they also have a clear and single set of values that defines 'how things are done'. It defines how we do things and how we behave. IPA Involve states that organisational values 'must emphasise the **centrality of patient care**. Although this may sound self-evident, the Francis Report highlights how the failure to do this lay behind the crisis at Mid Staffordshire. It describes how the trust was focused largely on financial issues and the pursuit of Foundation Trust status, paying insufficient attention to quality of service delivery. One of its key recommendations therefore was to 'foster a common culture shared by all in the service of putting the patient first' (IPA Involve, 2014).

Research conducted in 2014 by IPA Involve (a leading consultancy delivering partnership consultation and engagement in the work place) demonstrates that, 'Trusts should ensure they have a strong set of organisational values developed in conjunction with staff, which emphasise the importance of patient care. These values should be clearly communicated, mainstreamed throughout the organisation, and embedded in HR practices. Values must be reflected in the behaviour and actions of both senior leaders and managers.' (IPA Involve, 2014).

The Healthcare Leadership Model (NHS Leadership Academy , 2013) emphasizes values, vision and behaviors as crucial elements of effective leadership and staff engagement:

Unfortunately, value statements in the NHS can sometimes be perceived as no more than words on a page, with colleagues struggling to understand their relevance and importance or how they and others can roll model the behaviours which bring the values to life. As a result, the opportunity to use the values to create an appropriate and positive working environment for everyone and to ensure organisational success can be missed.

Our 2015 Staff Survey indicates that colleague's knowledge of and an affinity with our values is currently variable with significant scope for improvement. Evidence from the National Staff Survey and that collected via analysis of grievances, complaints etc. indicates that colleagues are not yet convinced that failure to apply appropriate behaviours is being challenged, and not yet convinced that exemplary behaviour is truly valued and recognised. In high performing organisations, staff are absolutely clear about underlying ethos and values. They expect the appropriate behaviours to be applied as much by leaders and managers as by colleagues. They also recognise that each value is not mutually exclusive and that due emphasis must be given to all values that define their organisation's uniqueness.

In our NHS context this would mean that it would not be appropriate for someone to claim that the way they are behaving is in the patient's interest if it meant that at the same time they were failing to treat colleagues with respect, to be flexible, or to be open to new ideas for making best use of resources.

George Eliot Hospital NHS Trust has proven that embedding values and two-way pledges on behavioural norms into workforce culture has a direct impact not only on staff engagement, but significantly on quality and continuous improvement. NHS Employers states, 'The George Eliot Hospital NHS Trust was one of 14 trusts to undergo the Keogh review, following which it was placed into special measures. The journey to improvement began when the organisation implemented a new staff engagement programme called Excel. This focused on empowering staff to create their own vision and values - a vision that could unite staff irrespective of grade. This innovative way of working bottom up, has helped give staff the empowerment and belief that they could make change happen. The trust has made significant progress in engaging its workforce. Staff engagement scores are rising each year and in May 2014 the trust moved out of special measures.'

In a similar vein by developing its values and engaging staff in the process, Dartford and Gravesham NHS Trust has had great success embedding its values and improving its culture. Its recent Staff Friends and Family Test revealed that 98% of staff were aware of the values and 84% of staff thought colleagues were successfully demonstrating the values.

In short, when everyone believes in the relevance of our values, and commits to applying them as a matter of routine, we will start to see a tangible shift in our culture and a positive impact on achieving our objectives.

So what can we do to achieve this? We will:-

1. Commence an immediate review of our existing values engaging all colleagues in an exercise to develop a refreshed and jointly owned set of values.
2. Use every opportunity to articulate, and reinforce, the importance and relevance of our newly refreshed values in communications with existing, and prospective colleagues – embed them in all advertising and recruitment materials, ensure they shape induction activity and all training and development programmes.
3. Develop a behaviours framework to support the values providing clarity to colleagues regarding mutual expectation in respect of behaviours, and the importance of routinely applying these to create a positive, open and honest working environment.
4. Re-design and re-define the portfolio of learning opportunities to ensure investment is focused on supporting behaviours aligned with our values.

3.2 PRINCIPLE 2

All colleagues will understand the connection between our objectives and their personal contribution and be clear what is expected from them

What does this mean?

The first Staff Pledge of the [NHS Constitution](#) is 'To provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities.' This pledge sets the tone for a workforce guided by roles and responsibilities that value the personhood of all stakeholders within a Trust's community.

Colleagues may be aware that we have a vision, strategic aims and business priorities / objectives for our hospital. Some colleagues may even have been involved in the development of these statements, and may recognise some of the aspirational words. However most would struggle to see the relevance between their role and personal contribution and achievement of these broader goals. They may also be unaware that failure to achieve our Trust's objectives could have far reaching consequences for our patients, and for the future of the Trust. Without the connections being clear, it is understandable that staff survey results indicate low satisfaction with 'feedback on performance', 'understanding what is needed to improve performance' or 'what to do to be more valued by the organisation'. Helping colleagues understand these connections and the importance and relevance of their individual efforts will give us the best chance to ensure everyone points in the same direction and is committed to the same, positive, outcome.

High performing and responsive organisations achieve a balance between absolute clarity about the purpose and activities of each job, with the flexibility necessary to meet changing demands and priorities. They also tend to adopt a consistent approach to the design of jobs to ensure that the purpose of roles are clear and distinct, accountabilities are aligned to the strategic needs of the service, and performance objectives and key performance indicators can be readily identified.

More generally, the organisation and structure of Trust services and directorates must support the successful delivery of corporate objectives. This will require clear reporting lines, clear accountabilities for teams and individuals. Decision making as near to front line service delivery as possible and the avoidance of duplication.

Appraisals are a key tool for providing clarity and purpose and currently KF12. Quality of appraisals (2.92 vs national average of 3.05) sits at one of the 'bottom five ranking scores' on the Trust's 2015 Staff Survey. While 93% of staff had an appraisal in 2014/5, only 14% of staff agreed that that the process 'definitely' helped them improve how they do their job, with a full third (33%) stating that 'no', it did not help them do their job.

In short, when clear expectations have been set and the connection between individual contribution and Trust success is widely understood, we will be able to focus effort where it's needed, and properly measure progress and achievement.

So what can we do to achieve this? We will:-

- 1.** Use every opportunity to articulate, and reinforce, the importance and relevance of our vision, mission and business objectives in communications with existing, and prospective staff – to include advertising and recruitment materials, induction, training and development programmes and staff communication and engagement activity.
- 2.** Provide clarity to all colleagues regarding expectations and objectives, and the relevance of individual roles in supporting our wider agenda and success by reviewing the structure of job descriptions / role profiles to provide a statement of purpose, key accountabilities and performance indicators and an organisation chart showing the position of the job. Clarity and focus can be re-affirmed via individualised local induction, performance appraisal and day to day management and leadership.
- 3.** Develop a set of guiding organisational design principles that will establish a common framework for the structure, reporting lines / spans of control and alignment of services with our objectives.
- 4.** Continue to strengthen the integration of workforce, finance and activity as part of the business planning process with clear requirements for Directorates to detail the workforce change required to deliver their proposed plans. A new workforce planning template will be developed to deliver workforce plans setting out requirements against a quality impact assessed, financial template and demand forecast.
- 5.** Redesign and simplify our existing appraisal system to establish explicit links between expectations, objectives, performance, learning and development opportunities and staff reward.
- 6.** Re-design and re-define the portfolio of learning opportunities to ensure that investment is focused on the development of skills appropriate for effective delivery of our business agenda.
- 7.** Introduce a revised approach to mandatory training placing greater emphasis on the assessment of competence in situ.

3.3 PRINCIPLE 3

All colleagues will be supported to maintain and improve their health and well-being

What does this mean?

High performing organisations recognise the link that exists between the health, well-being and motivation of their staff and business outcomes. In the NHS context we know that lower levels of sickness absence and more positive experiences from a well-being perspective translate into a better, safe, higher quality care more consistently leading to better patient outcomes.

As a Trust we have benefited from a traditional model of Occupational Health delivery. There has been a pro-active and useful engagement between our Occupational Health provider and our own Well@Work service who have provided general well-being support and advice to colleagues. The current service provides a range of activity in regard to employee assistance, physiotherapy referral, 1:1 advice and other interventions.

The capacity of the service is in question as it is currently struggling with demand created by the promotion of the service but also the health issues confronting colleagues which are in line with the wider NHS. The current systems need to be realigned to provide a revised focus, enhance support and also to provide an opportunity for us to differentiate ourselves in the employment market.

The Trust's 2015 Staff Survey indicates positive notes on the current levels safety at work for staff: KF23. Percentage of staff experiencing physical violence from staff in last 12 months (2% at national average of 2%) sits at national average, and KF27. Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse (52% vs national average of 48%) is at a healthy margin above national average, indicating confidence in managers to handle reports of incidents. However, the actual incidence of KF25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months (33% vs national average of 28%) is currently 5% above the national average with precisely a third reporting to the Survey such experiences.

In terms of health and well-being, while the percentage of staff suffering work related stress in last 12 months has improved markedly from 46% to 38% in the last year, although this is still significantly higher than in the best performing organisations and there has been a significant negative change in the percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell (65% vs 2014 score of 57%). It is understood that a new sickness absence policy has been found challenging by some staff members, yet has been well-received as adding clarity, by others, and that the policy is due for modification.

The perception of the willingness of management to act for the health and well-being of staff is above national average (3.73 vs national average of 3.69), indicating a direction of travel towards supporting staff health, which could fruitfully be developed. Dr McCulloch, Chief Executive at Picker Institute

Europe argues: “For the [NHS] service to deliver world class care to its users, it first needs to ensure its staff are well looked after.

Overall, colleagues are more positive than last year about working or receiving treatment at the Trust so there is a good foundation to build upon for ensuring staff feel equipped and supported to protect themselves from abuse and to take care of their own health and wellbeing, as they take care of the health and wellbeing of their patients.

However, we will need to build on this foundation if we are to support a material change in the health and well-being of colleagues and impact significantly on the levels of sickness absence and in particular that element of this which is stress related. We need to affect a move from a predominately remedial process, supporting colleagues where they are already ill to a more pro-active approach particularly in the areas of MSK problems, mental health and health promotion – a more preventative culture where we invest in and work in partnership with colleagues.

So what can we do to achieve this? We will:-

- 1.** Introduce a Health and Wellbeing Policy with a proactive focus on promoting individual health and wellbeing and strengthening organisational health, performance and effectiveness. This to include health promotion activity, fast track physiotherapy, an enhanced Employee Assistance Programme (counselling) and a switch in focus from 1:1 reactive support to working proactively with managers to deliver team based resilience and the ‘health and well-being of my team’ training.
- 2.** Develop and implement a Stress Prevention and Management Policy and ensure that HSE Stress Audits are completed by all teams with action plans implemented to address any identified stressors. These will be reviewed annually and accountability for the implementation of the actions will be incorporated into all management job roles / objectives.
- 3.** Create an on-line resource bringing together all information relating to health and well-being in one easily accessible location and encourage colleagues to seek out solutions for their own health and well-being issues.
- 4.** Amend the appraisal process to include specific questions and promote discussion on health and well-being, or how staff ‘feel’ at work, creating some emotional dialogues and engagement and allowing issues to be acknowledged and addressed early.
- 5.** Work in partnership with Staff Side colleagues to review the Sickness Absence Policy to ensure that it is fair, consistent and treats colleagues with dignity and respect.

3.4 PRINCIPLE 4

All of our leaders and managers will be effective, credible and supportive and will help colleagues retain a focus on the things that really matter

What does this mean?

Inherent in the developing of service delivery and the capability of colleagues across the organisation is the development of leadership capability. In high performing organisations, management and leadership responsibilities are clearly defined. Those entrusted with these positions are required to exhibit appropriate behaviours as a norm. They are required to add value by applying the necessary skills to coach and support their teams to achieve excellent performance and contribute to organisational outcomes. These organisations recognise the importance of empowering managers and leaders to develop and deliver services in accordance with overarching objectives and values and invest in their development accordingly. Within the NHS implicit in this process of empowerment in high performing organisations is the creation of seamless leadership relationships between general management and clinical leaders, the promotion of joint working and the delegation of decision making closer to the front line.

Contrast this with the results of historical National Staff Surveys where Somerset Partnership colleagues reported a less than positive perception of management and leadership quality, with particular reference to poor communication, the percentage of staff reporting good communication is one of the five bottom ranking scores for the Trust with a differential 6% below national average. A variable picture exists in respect of the interaction of colleagues with service leaders with strong indications that visibility, the promotion of engagement and involvement in decision making, recognition and acting on staff feedback could be enhanced.

When asked questions about their perception of management and leadership, colleagues will respond from a personal perspective based on personal experience. Their response will be based on their direct experience working with supervisors and line managers, and also on a broader perception of communication, openness and transparency from the senior management team. Responses to these questions are often based on an overall perception of organisational culture, and whether individuals sense unhelpful separation between managers and colleagues, or an environment where everyone is clearly working together, with a clear focus, to achieve the same ends.

A significant proportion of NHS clinical managers have progressed to leadership roles with limited support and training. For these individuals, the boundaries between supporting peers and management responsibility can be blurred and this can lead to a perception of inconsistency. Conversely, managers with little or no clinical experience may possess a wider range of 'technical' management skills, but may struggle to apply these with due regard to patient experience or patient outcomes.

The results of the BMJ Survey referred to previously highlight the importance of Leadership in terms of setting mission, direction and tone but also the key role played by leaders in ensuring positive, innovative and caring cultures at the front line of care. Staff Survey data suggests that lack of support, appreciation and respect, and not being consulted and listened to are seen as endemic problems by colleagues in many NHS organisations.

An important consequence of this failure is often a disconnect in thinking / approach with no agreement on issues relating to the causes of variation in practice or quality and therefore, on how they should be addressed.

As a Board and an Executive team we need to be mindful of our own role in maintaining a strong focus on the identification and resolution of systems problems which will send a positive message to colleagues about our commitment to supporting the cultural change that will deliver benefits for patients.

Somerset Partnership colleagues will encounter managers and leaders from a wide range of backgrounds and with different abilities. This makes it even more important to ensure managers are absolutely clear of the Trust's expectations, and duly supported and equipped to perform to the required standard.

IPA Involve argues that, 'Line managers must be empowered, supported and trained to better engage their teams. They need themselves to be engaged in order to do. Managers should adopt coaching and supportive approaches, and focus on team working, performance management, and training and development.' Investing in leadership training is part of any NHS Trusts' duty **'To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfill their potential.'**

In short, if colleagues were to experience consistently high standards of management and leadership, they would be more inclined to report a positive perception, overall. To achieve this we must commit to ensuring that everyone entrusted with management and leadership responsibility is clear what is expected of them, and supported to succeed.

So what can we do to achieve this? We will:-

1. Create and deliver a Board development programme.
2. Embed a new leadership structure with Clinical Directors working alongside Heads of Division as part of an aligned Divisional management team.
3. Undertake the delivery of a bespoke multi-disciplinary leadership development programme which will see our clinical and non-clinical leaders working and learning together to maximise the potential opportunities and tackle the challenges faced by the changing health and social care landscape. The programme will be adopted throughout the Partnership, will be underpinned by our values and behaviours framework and will originate from an expectation that it will deliver leaders with the skills to:-

- Continually reinforce an inspiring vision of the work of their organisations
 - Promote staff health and wellbeing
 - Listen to colleagues and encourage them to be involved in decision making, problem solving and innovation at all levels
 - Provide colleagues with helpful feedback on how they are doing and celebrate good performance
 - Take effective, supportive action to address system problems and other challenges when improvement is needed
 - Develop and model excellent teamwork
 - Make sure that colleagues feel safe, supported, respected and valued at work
4. Promote, enhance and develop the internal and external coaching and mentoring resources available to leaders and managers within the Partnership.
 5. Introduce a Manager's Passport as a mandatory aspect of a manager's development as a means of supporting the leadership development intervention and to provide a framework for all managers and aspiring leaders in the Partnership. This will focus on the first line principles of good management and set out the clear expectations of what is expected of our managers in terms of transactional process as well as the behaviour and values we expect managers to exhibit.
 6. Embrace appropriate assessment of leadership and management style and capability into performance appraisal through mechanisms such as 360 degree appraisal, peer review etc.
 7. Monitor trends in staff perception of management approach and capability via national staff survey and local surveys, as appropriate. In particular to measure changing perception in managers and leaders providing focus on organisational priorities, and valuing colleague's efforts, ensuring that expectations about delivering continuous improvement are incorporated into the objectives of all managers and leaders.
 8. Develop opportunities for managers and leaders to develop practical skills through involvement in service improvement projects in order that problem solving, planning, creative thinking, influencing, communication and consultation skills can be tried and tested.

3.5 PRINCIPLE 5

All colleagues will be given the freedom to innovate and the support to drive continuous improvement and effectiveness

What does this mean?

In comparison with other NHS organisations, our Trust is able to illustrate some good examples of innovation and improvement achieved by individuals and teams.

Whilst these achievements are a testament to the commitment of Somerset Partnership colleagues, it would be fair to say that not everyone in the Trust would yet report freedom to innovate, or consider that suggestions for improvement would be well received by their managers.

Contrast this with colleagues working in high performing organisations who report a prevailing culture of continuous improvement, with all colleagues engaged in the process of identifying opportunities for improvement and supported to follow them through.

In these organisations innovations are sought and introduced and systems and procedures as well as policies and processes are continuously assessed, reviewed and improved. Employees are trained in process review methodology and change management processes which enhances skills, promotes staff engagement and credibility that involves those closest to the point of impact and creates momentum for continuous improvement.

Such an approach will also support the development of leadership and team working skills. Multi-disciplinary team working will also broaden the horizons of individuals and help to break down barriers across staff groups, directorates and geographical locations.

In the NHS, there can be a perception (real or imagined) that ideas for improvement may not be positively received or supported. In particular, when services and colleagues are stretched, there is emphasis on the here-and-now – getting through the day's work by accepting historically inefficient processes and finding ways to work around them. Good ideas may come and go, but individuals are too busy working around issues to stand back and resolve the underlying process deficits.

Another difficulty in NHS Trusts can be perceived conflict between ideas for new services and developments and financial constraints. In the absence of a clear rationale for decision making, this can lead to a perception that managers exist solely to 'block' innovation, rather than being prepared to draw on the combined expertise of clinicians and managers to align ideas with the business objectives, and to plan and agree wise and innovative solutions.

Ideally, clinicians will be fully engaged in the process of designing the business plan, thereby ensuring everyone is inspired and motivated to deliver what is mutually agreed in the most quality effective manner.

Whilst our commitment to staff engagement and the support of innovation has some momentum, it is acknowledged that there is a way to go to achieve universal commitment to Trust-wide continuous improvement as a means of ensuring our Trust's future.

In short, if we can overcome a perception that ideas are 'blocked' - moving beyond pockets of innovation towards a culture of supported, continuous improvement, we will be better equipped to face the challenges ahead, and to ensure a positive future for our Trust.

We must also recognise that becoming increasingly innovative will not occur without a specific focus on cultural change related to innovation. We must create an environment where trying new things is the norm, where there is line management and peer support for taking risks and we learn from failure. Innovation must have access to (at least some) funding and / or time and we must be clear as an organisation about what we want setting visionary / aspirational targets and encouraging a wide scope of research beyond trust and industry boundaries. We must also recognise innovative effort whether it is successful or not.

So what can we do to achieve this? We will:-

1. Enhance our business planning process to ensure meaningful engagement of front-line clinical teams in understanding genuine constraints and setting future business and service objectives.
2. Support the consistent and methodical review of processes by adopting a single approach or tool kit and the preferred approach is the Institute for Healthcare Improvement methodology.
3. Create a cadre of 'champions' who can help to facilitate review projects and establish a programme of review activity and a process for identifying colleagues to participate on project groups.
4. Provide clarity to managers regarding their obligations in supporting and encouraging individuals and teams to innovate and improve services to the benefit of patients.
5. Develop mechanisms for ensuring senior management advocacy of devolved autonomy and accountability including evidence of follow through from intent to local decision making.
6. Review performance management and appraisal processes, together with appraisal training to include the principles of continuous improvement.

3.6 PRINCIPLE 6

All colleagues will be recognised and rewarded for excellence in achieving defined objectives; role modelling our values and contributing to our success

What does this mean?

Staff morale and productivity can be positively influenced by the use of reward and recognition. It can support the development of a performance culture.

In the current economic climate, any mention of staff reward may be assumed to relate solely to terms and Conditions of employment rather than the need to connect the contribution of individuals and teams to a broader definition of recognition and reward.

In Principle 1 we have stressed the importance of advocating and applying our unique values. In Principle 2 we have identified the need to ensure colleagues properly understand the connection between their personal contribution and the success of our Trust. So, if we are going to get better at letting colleagues know what is expected of them, we must also develop the mechanisms for properly recognising and rewarding personal contribution to our Trust's objectives.

In high performing organisations, the word 'performance' has a positive connotation. Colleagues aspire to high performance as they know it will lead to recognition as well as ensuring future success of their organisation. Unfortunately, the concept of performance in the NHS can often have a more negative connotation. Policies and procedures are developed for managing 'poor performance', and colleagues have traditionally received equal recognition and reward for poor, adequate or excellent performance. In this context, it is interesting to note that NHS staff often report an overall feeling of satisfaction with reward and benefits, but far less satisfaction with feeling valued for a job well done or understanding the link between their efforts and what their Trust is trying to achieve.

The ongoing management and monitoring of Trust performance and the application of robust appraisal processes, is a prerequisite, and make the introduction of performance related reward both feasible and transparent.

Development in pay related reward may include for example linking incremental progression under Agenda for Change to performance, or productivity based payment for clinicians etc. Non pay rewards are also important and can be developed as a means of building commitment and loyalty, for example the development and publication of concession / discount schemes offered to our staff by retailers, or the award of additional training opportunities in recognition of achievement and success. At a more fundamental level, recognition in the form of 'thank you' should be seen as good management practice across the organisation.

In short, if we intend to be clear about our expectations, we will need clear mechanisms for measuring attainment of objectives. It is only when we genuinely know who is achieving, and surpassing, expectations, (thereby positively contributing to our future sustainability) that we will be in a position to recognise and reward appropriately.

So what can we do to achieve this? We will:-

1. Redesign and simplify our performance appraisal process and content to establish explicit links between demonstration of our values (Principal 1), expectations and objectives (Principle 2), demonstration of our values (Principle 2) and rewarding attainment and excellence. The process will need to be designed in such a way as to ensure objective assessment of progress and achievements.
2. Use the principles of the appraisal process above, including its explicit links to organisational performance, as the basis for future pay progression.
3. Further develop recognition and reward mechanisms to ensure those demonstrating exemplar performance and behaviour have the opportunity to benefit from additional benefits and opportunities. To include:
 - Talent and Succession management processes equipping individuals for future developmental and progression opportunities
 - Opportunities for access to additional training and development
4. Refine and expand our approach to Staff Awards to ensure due recognition of performance and behaviours that can be evidenced to directly contribute to attainment of organisational goals.

4. CONCLUSION

- 4.1** There is little doubt that external performance and regulatory regimes have resulted in us being more concerned with providing evidence that we have particular people policies and processes in place rather than evaluating their genuine value, impact and return on investment. We know that the NHS has allowed us to celebrate relative success with our policy implementation in the context of NHS benchmarks. We have therefore not been required to stretch our aspiration towards broader industry best practice. Meanwhile, the NHS is facing unprecedented financial challenges with no Trust immune from significant financial constraint and the practical implications of the reform agenda. In this context, it is important that we work harder than ever before to properly understand how to unite and engage our colleagues.
- 4.3** It will be equally important that the behaviours applied throughout the organisation are clearly aligned to our agreed values and principles. It is therefore important to understand that whilst introduction of refined people processes will create the conditions for a new approach, our broader success will rely on the ability, willingness and courage of our colleagues, managers and leaders to consistently role model our values and challenge those that don't. Crucially, if we genuinely believe that a universal commitment to our values provides the foundation for our Trust's future survival and success, we will need to encourage and support our colleagues to innovate and give them the space to learn from their mistakes. We will need to be relentless in our commitment to putting patients first and to challenging inappropriate behaviour; and we must provide all possible opportunities for enabling clinical input to influence our decisions.
- 4.4** Different NHS organisations are responding to the challenges confronting the NHS in different ways. At Somerset Partnership, we have a real opportunity to take a positive approach by building on what we have already learned from our colleagues about what is important to them, to invest in engagement and leadership development and the redesign of our people processes in a manner that will unite and motivate our colleagues to drive improved Trust performance and leave them feeling valued, respected, engaged and supported.
- 4.2** The emerging NHS context and challenges ahead will demand new and innovative approaches to linking our people with our performance. We know that our survival depends on ensuring every staff role in our Trust has a clear purpose and adds value towards our objectives. To achieve this, we owe it to our colleagues to clearly define what is expected of them and to recognize and reward efforts that are appropriate, and focused on our success.
- 4.5** This OD / Cultural Change Strategy will provide a framework for the progression of this activity and the foundation by which our partnership can successfully create the conditions for effectively facing the future together.