

SOMERSET PARTNERSHIP NHS FOUNDATION TRUST
ORGANISATIONAL DEVELOPMENT/CULTURAL CHANGE STRATEGY
2016 - 2019

'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, financial constraint, the need for continuous improvement and new models and settings of care mean 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 performed 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 an increasing emphasis on partnership working with commissioners and other health and social care providers. We will have to move beyond rhetoric and break down the traditional barriers that exist 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 our objectives and how they can best support service delivery and future sustainability. Specifically, colleagues will need to be clear what we need 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 we can already demonstrate some good (in NHS terms) practice in relation to people policies, staff engagement and innovation, we are not yet able to provide sustained evidence that investment in people processes has directly contributed to enhanced 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 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 Amongst a wealth of evidence highlighting the links between culture and performance a recently conducted BMJ study of Culture and Behaviours in the NHS presented evidence from the national patient satisfaction and national staff surveys (NSS). This demonstrated that 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.
- 1.7 There is also a strong relationship between employee engagement and clinical outcomes. Higher levels of employee engagement are linked to both lower levels of mortality and hospital acquired infection. Trusts with high levels of engagement also tended to have higher CQC ratings for both quality of service and financial performance (West M 2012 cited in Meeting the Challenge: Successful Employee Engagement in the NHS. IPA Involve 2014)
- 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 development have also been shown to be critical if engagement is to be achieved. The engagement of clinical colleagues 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 we have a real opportunity to draw on this research and establish a core set of principles that will support 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 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, have undertaken a wide range of communication activity and 'See Something Say Something', 'Voicebox' and our recent engagement sessions are examples of initiatives that have the 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 colleagues do not always have a clear understanding about their role in achieving our objectives, that there is no universal engagement with our existing 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 for developmental activity across all 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 supporting the future viability of our service provision.

- 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 and that of their colleagues.
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: - Values and Behaviours

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 and how we behave'. It defines how we do things and how we behave.

Research conducted in 2014 by IPA Involve (a leading consultancy delivering partnership consultation and engagement in the work place) suggested 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).

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).

The Healthcare Leadership Model (NHS Leadership Academy, 2013) similarly emphasises the importance of 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. Review our existing values, engaging all colleagues in an exercise to develop a new and jointly owned set of values.
2. Use every opportunity to articulate and demonstrate the importance and relevance of our new values in communications with existing and prospective colleagues.

The values will be embedded within promotional / recruitment material and underpin induction, supervision, appraisal, performance management and all training and development programmes.

3. Recognising that in future how we do something will be as important as what we are doing develop a 'behaviours framework' in consultation with colleagues across the Trust clarifying what is expected of us all, from 'Board to Ward' and the importance of appropriate behaviours in creating a positive, open and honest working environment.
4. Empower and encourage all colleagues to use the framework to remark positively on good behaviour and challenge poor behaviours informally and immediately as they occur.
5. Ensure that all learning and development activity supports the behaviours that underpin our values.

3.2 Principle 2:- Corporate and Personal Objectives

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, carers and communities.' This pledge sets the tone for a workforce guided by roles and responsibilities that value the contribution of all.

Colleagues may be aware that we have a vision, strategic aims and a range of business priorities / objectives. Some colleagues may even have been involved in the development of these, 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 objectives could have far reaching consequences for our patients, and for the future of the Trust.

Without these 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 that all contributions are aligned and everybody 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 our services and directorates must support the successful delivery of our overall 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 as one of the 'bottom five ranking scores' on our 2015 Staff Survey. While 93% of colleagues had an appraisal in 2014/15, only 14% of them 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 demonstrate, in a meaningful and understandable way the importance and relevance of our vision, mission and business objectives in communications with existing, and prospective staff.
2. Develop a set of guiding organisational design principles that will establish a common framework for divisional / team structures, reporting lines / spans of control within these structures and provide clarity about how services align with our objectives.
3. Review the structure of job descriptions / role profiles to provide greater clarity about individual expectations and objectives and the relevance of individual roles in supporting our wider success

Clarity and focus can be re-affirmed via individualised local induction, performance appraisal and day to day supervision management and leadership.

4. Strengthen the business planning process developing a workforce planning template to ensure that demand / activity, finance and workforce data are appropriately aligned.
5. Engage front-line operational teams in business planning processes so they can fully appreciate genuine constraints and help set future business and service objectives.
6. Redesign our appraisal system to better link expectations, objectives, performance, behaviours, learning and development opportunities and staff reward.
7. Re-design our learning and development activity to ensure that we maintain and consistently develop the right skills to deliver our objectives.
8. Introduce a revised approach to mandatory training placing greater emphasis on the assessment of competence in situ.

3.3 Principle 3:- Health and Wellbeing

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

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 the delivery of better, safer, higher quality care and to better patient outcomes.

Occupational Health support has been provided to the Trust by an outsourced Occupational Health supplier. Although there has been some useful and pro-active engagement between the provider and our own Well@Work service the relationships and interactions between these two services have never been fully clarified nor the available resources most effectively utilised. The current model of Occupational Health Assessment, Physiotherapy referral, 1:1 advice and counselling etc remain essentially reactive and largely traditional in nature. As a consequence of increased demand arising from the promotion of the service and the health issues confronting colleagues across the NHS capacity is also challenged. The current systems need to be realigned not only to provide a revised focus on pro-active interventions and enhanced levels of support but also to offer an opportunity for us to

differentiate ourselves in the employment market in terms of the clear focus we place on the health and wellbeing of colleagues.

The Trust's 2015 Staff Survey indicates positive notes in respect of colleagues safety at work: KF23. Percentage of staff experiencing physical violence from staff in last 12 months (2% at national average of 2%), 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 28%) is currently 5% above the national average.

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, 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 our new sickness absence policy has been found challenging by some colleagues, yet has been well-received as adding clarity by others.

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. There is therefore 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 range of Health and Wellbeing initiatives to promote individual health and wellbeing and strengthen organisational health, performance and effectiveness. This will include health promotion activity, fast track physiotherapy, an enhanced Employee Assistance Programme (exploring the introduction of evidence based treatment / interventions such as CBT delivered via our Talking Therapy Services) 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. Introduce 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 audits will be reviewed at least annually and accountability for the implementation of the actions will be incorporated into all management job roles/objectives.
3. Create an on-line resource with all information relating to health and well-being in one easily accessible location to help colleagues to seek out solutions for their own health and well-being issues.
4. Amend the appraisal process to promote discussion on health and well-being, or how staff 'feel' at work supporting 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.
6. Review the scope and focus of the service provided by Well@Work and the nature of their interaction with our outsourced Occupational Health Provider and then re-tender the current Occupational Health contract.

3.4 Principle 4:- Leadership

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 development 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 our historical National Staff Surveys where colleagues have 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 of 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. 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.

As a Board and an Executive team we must 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.

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. Deliver a Board development programme to ensure that the Board continues to fulfil its strategic planning, governance and engagement functions as effectively as possible and that in doing so it roles models at all times our values and behaviours.
2. Embed a new leadership structure with designated medical and nursing / therapy leads working with Heads of Division as part of an aligned Divisional management team.
3. Implement a bespoke multi-disciplinary leadership development programme in which clinical and non-clinical leaders will work and learn together to maximise the opportunities and tackle the challenges faced by the changing health and social care landscape. The programme will be underpinned by our values and behaviours framework and will originate from an expectation that it will deliver leaders with the skills to:
 - reinforce an inspiring vision of the work of their teams;

- promote staff health and wellbeing and a culture of trust and respect;
 - listen to colleagues and involve them in decision making, problem solving and innovation at all levels;
 - provide colleagues with helpful feedback on how they are doing and celebrate good performance;
 - encourage colleagues to raise issues or concerns about unsafe or inefficient practices and provide feedback about the outcome;
 - take effective 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.
 5. Introduce a new policy handbook containing revised versions of all existing HR policies, streamlined and with greater emphasis, immediate and formal resolution to better support managers with the appropriate, fair and timely management of issues.
 6. Introduce a mandatory development programme for managers (using the new policy handbook as the core foundation) which will support them to fulfil their existing role and provide opportunities for progression to the leadership development programme.
 7. Enhance the performance process for leaders and managers with the introduction of feedback mechanisms such as 360 degree appraisal, peer review etc.
 8. Use data drawn from the National Staff Survey and our own local surveys to identify how successfully leaders and managers are communicating, clarifying priorities, valuing colleague's efforts, conducting valued appraisals and role modelling appropriate behaviours. Ensure that the objectives of all leaders and managers reflect the need for continuous improvement in these areas.

9. Provide opportunities for managers and leaders to develop practical skills in problem solving, planning, creative thinking, influencing, communication and consultation through involvement in service improvement projects.

3.5 Principle 5:- Improvement and Innovation

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, we are 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 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 enhance skills, promote staff engagement, involve those closest to the point of impact and creates momentum for continuous improvement.

Such an approach also supports 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.

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 organisational continuous improvement as a means of ensuring our 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. 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.
2. Establish a programme of review activity, create a cadre of 'champions' who can help to facilitate these projects and a process for identifying colleagues to participate on project groups.
3. Support managers to promote and make possible innovation and service improvement activity at individual and team level.
4. Promote greater autonomy and local decision making with responsibility and accountability delegated appropriately throughout the organisation.
5. Review performance management appraisal processes to reinforce the principles of continuous improvement.

3.6 Principle 6:- Recognition and Reward

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 also 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 better 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. In Principle 3 we have outlined the importance of promoting health and wellbeing, in Principle 4 the key requirement to demonstrate appropriate leadership qualities and behaviours and in Principle 5 our commitment to promoting innovation. 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 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 the 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 levels of contribution. 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 our performance appraisal process to establish explicit links between demonstration of the principle of the OD Strategy and rewarding attainment and excellence. The process will be designed to ensure objective assessment of progress and achievements.
2. Use the principles of the appraisal process above as the basis for future pay progression.
3. Enhance recognition and reward mechanisms to ensure those demonstrating exemplar performance and behaviour access 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;
 - Divisional / Team award / recognition schemes.
4. Develop our Staff Awards to ensure due recognition of performance and behaviours that demonstrate a direct contribution to the achievement of our objectives.

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 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.
- 4.2 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.
- 4.3 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.
- 4.4 The emerging NHS context and challenges ahead will demand new and innovative approaches to linking our people with our performance. We know that our success depends on ensuring every role has a clear purpose and adds value in support of 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.

DIRECTOR OF WORKFORCE AND ORGANISATIONAL DEVELOPMENT

**OD STRATEGY – OUR PLEDGES 2016 / 2017
‘OUR PARTNERSHIP’**

<p>Principle 1: - Values and Behaviours</p>	<ol style="list-style-type: none"> 1. Review our existing values, engaging all colleagues in an exercise to develop a new and jointly owned set of values. 2. Use every opportunity to articulate and demonstrate the importance and relevance of our new values in communications with existing and prospective colleagues. <p>The values will be embedded within promotional / recruitment material and underpin induction, supervision, appraisal, performance management and all training and development programmes.</p> <ol style="list-style-type: none"> 3. Recognising that in future how we do something will be as important as what we are doing develop a ‘behaviours framework’ in consultation with colleagues across the Trust clarifying what is expected of us all, from ‘Board to Ward’ and the importance of appropriate behaviours in creating a positive, open and honest working environment. 4. Empower and encourage all colleagues to use the framework to remark positively on good behaviour and challenge poor behaviours informally and immediately as they occur. 5. Ensure that all learning and development activity supports the behaviours that underpin our values.
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**Principle 2:-
Corporate
and
Personal
Objectives**

1. Use every opportunity to articulate, and demonstrate, in a meaningful and understandable way the importance and relevance of our vision, mission and business objectives in communications with existing, and prospective staff.
2. Develop a set of guiding organisational design principles that will establish a common framework for divisional / team structures, reporting lines / spans of control within these structures and provide clarity about how services align with our objectives.
3. Review the structure of job descriptions / role profiles to provide greater clarity about individual expectations and objectives and the relevance of individual roles in supporting our wider success. Clarity and focus can be re-affirmed via individualised local induction, performance appraisal and day to day supervision management and leadership.
4. Strengthen the business planning process developing a workforce planning template to ensure that demand / activity, finance and workforce data are appropriately aligned.
5. Engage front-line operational teams in business planning processes so they can fully appreciate genuine constraints and help set future business and service objectives.
6. Redesign our appraisal system to better link expectations, objectives, performance, behaviours, learning and development opportunities and staff reward.
7. Re-design our learning and development activity to ensure that we maintain and consistently develop the right skills to deliver our objectives.
8. Introduce a revised approach to mandatory training placing greater emphasis on the assessment of competence in situ.

**Principle 3:-
Health and
Wellbeing**

1. Introduce a range of Health and Wellbeing initiatives promote individual health and wellbeing and strengthen organisational health, performance and effectiveness.
2. Introduce 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 audits will be reviewed at least annually and accountability for the implementation of the actions will be incorporated into all management job roles/objectives.
3. Create an on-line resource with all information relating to health and well-being in one easily accessible location to help colleagues to seek out solutions for their own health and well-being issues.
4. Amend the appraisal process to promote discussion on health and well-being, or how staff 'feel' at work supporting 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.
6. Review the scope and focus of the service provided by Well@Work and the nature of their interaction with our outsourced Occupational Health Provider and then re-tender the current Occupational Health contract.

**Principle 4:-
Leadership**

1. Deliver a Board development programme to ensure that the Board continues to fulfil its strategic planning, governance and engagement functions as effectively as possible and that in doing so it roles models at all times our values and behaviours.
2. Embed a new leadership structure with designated medical and nursing / therapy leads working with Heads of Division as part of an aligned Divisional management team.
3. Implement a bespoke multi-disciplinary leadership development programme in which clinical and non-clinical leaders will work and learn together to maximise the opportunities and tackle the challenges faced by the changing health and social care landscape. The programme will be underpinned by our values and behaviours framework and will originate from an expectation that it will deliver leaders with the skills to:
 - reinforce an inspiring vision of the work of their teams;
 - promote staff health and wellbeing and a culture of trust and respect;
 - listen to colleagues and involve them in decision making, problem solving and innovation at all levels;
 - provide colleagues with helpful feedback on how they are doing and celebrate good performance;
 - encourage colleagues to raise issues or concerns about unsafe or inefficient practices and provide feedback about the outcome;
 - take effective action to address system problems and other challenges when improvement is needed;

	<ul style="list-style-type: none"> • develop and model excellent teamwork; • make sure that colleagues feel safe, supported, respected and valued at work. <ol style="list-style-type: none"> 4. Promote, enhance and develop the internal and external coaching and mentoring resources available to leaders and managers. 5. Introduce a new policy handbook containing revised versions of all existing HR policies, streamlined and with greater emphasis, immediate and formal resolution to better support managers with the appropriate, fair and timely management of issues. 6. Introduce a mandatory development programme for managers (using the new policy handbook as the core foundation) which will support them to fulfil their existing role and provide opportunities for progression to the leadership development programme. 7. Enhance the performance process for leaders and managers with the introduction of feedback mechanisms such as 360 degree appraisal, peer review etc. 8. Use data drawn from the National Staff Survey and our own local surveys to identify how successfully leaders and managers are communicating, clarifying priorities, valuing colleague's efforts, conducting valued appraisals and role modelling appropriate behaviours. Ensure that the objectives of all leaders and managers reflect the need for continuous improvement in these areas. 9. Provide opportunities for managers and leaders to develop practical skills in problem solving, planning, creative thinking, influencing, communication and consultation through involvement in service improvement projects.
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**Principle 5:-
Improvement
and
Innovation**

1. 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.
2. Establish a programme of review activity, create a cadre of 'champions' who can help to facilitate these projects and a process for identifying colleagues to participate on project groups.
3. Support managers to promote and make possible innovation and service improvement activity at individual and team level.
4. Promote greater autonomy and local decision making with responsibility and accountability delegated appropriately throughout the organisation.
5. Review performance management appraisal processes to reinforce the principles of continuous improvement.

**Principle 6:-
Recognition
and Reward**

1. Redesign our performance appraisal process to establish explicit links between demonstration of the principle of the OD Strategy and rewarding attainment and excellence. The process will be designed to ensure objective assessment of progress and achievements.
2. Use the principles of the appraisal process above as the basis for future pay progression.
3. Enhance recognition and reward mechanisms to ensure those demonstrating exemplar performance and behaviour access 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.
 - Divisional / Team award and recognition schemes.
4. Develop our Staff Awards to ensure due recognition of performance and behaviours that demonstrate a direct contribution to the achievement of our objectives.

APPENDIX 2

ORGANISATIONAL DEVELOPMENT / CULTURAL CHANGE STRATEGY 2016 - 2019

'OUR PARTNERSHIP'

IMPLEMENTATION PLAN 2016 / 2017

Pledge	Principle(s) Supported	Lead Executive	Timescale
Review our existing values, engaging all colleagues in an exercise to develop a new and jointly owned set of values.	1, 2, 3, 4, 5, 6	Director of Workforce and OD	31.07.16
Develop a 'behaviours framework' clarifying what is expected of us all, and the importance of appropriate behaviours in creating a positive, open and honest working environment.	1, 2, 3, 4, 5, 6	Director of Workforce and OD	30.09.16
Review the communication strategy to ensure that we use every opportunity to articulate, and demonstrate, in a meaningful and understandable way the importance and relevance of our vision, mission and business objectives.	2, 4, 5	Director of Governance	30.09.16

Develop a set of guiding organisational design principles that will establish a common framework for divisional / team structures, reporting lines / spans of control within these structures and provide clarity about how services align with Trust / Team objectives.	2, 3, 4	Director of Workforce and OD	30.09.16
Review the structure of job descriptions / role profiles to provide greater clarity about individual expectations and objectives and the contribution of individual roles in supporting our wider success.	2, 4	Director of Workforce and OD	31.12.16
Strengthen the business planning process developing a workforce planning template to ensure that demand / activity, finance and workforce data are appropriately aligned.	2, 4, 5	Chief Operating Officer / Director of Finance / Director of Workforce and OD	31.03.17
Engage front-line operational teams in business planning processes so they can understand genuine constraints and help set future business and service objectives.	2, 4, 5	Chief Operating Officer / Director of Finance / Director of Workforce and OD	31.03.17
Redesign our appraisal system to link expectations, objectives, performance, behaviours, learning and development opportunities and staff reward.	1, 2, 3, 4, 5,6	Director of Workforce and OD	31.12.16

Introduce a revised approach to mandatory training placing greater emphasis on the assessment of competence in situ.	2, 4, 6	Director of Workforce and OD	30.09.16
Develop a health and wellbeing strategy to promote individual health and wellbeing and strengthen organisational health, performance and effectiveness.	3	Director of Workforce and OD	31.12.16
Introduce a Stress Prevention and Management Policy and ensure that HSE Stress Audits are completed by all teams.	3	Director of Workforce and OD	30.09.16
Work in partnership with Staff Side colleagues to review the Sickness Absence Policy.	1, 2, 3, 4	Director of Workforce and OD	30.09.16
Review the scope and focus of the service provided by Well@Work and the nature of their interaction with our outsourced Occupational Health Provider and then re-tender the current Occupational Health contract.	3, 4	Director of Workforce and OD	31.07.16
Deliver a Board development programme to ensure that the Board continues to fulfil its strategic planning, governance and engagement functions as effectively as possible and that in doing so it role models at all times our values and behaviours.	1, 2, 3, 4, 5	Director of Workforce and OD	30.06.16

Embed a new leadership structure with designated medical and nursing / therapy leads working with Heads of Division as part of an aligned Divisional management team.	2, 4, 5	Chief Operating Officer / Director of Nursing and Patient Safety / Medical Director	30.09.16
Complete the medical engagement survey	1, 2, 4	Medical Director	31.07.16
Implement a bespoke multi-disciplinary leadership development programme in which clinical and non-clinical leaders will work and learn together to maximise the opportunities and tackle the challenges faced by the changing health and social care landscape.	1, 2, 3, 4, 5, 6	Director of Workforce and OD	30.09.16
Introduce a new policy handbook containing revised versions of all existing HR policies, streamlined and with greater emphasis on immediate and formal resolution to better support managers with the appropriate, fair and timely management of issues.	1, 2, 3, 4, 5, 6	Director of Workforce and OD	30.09.16
Introduce a mandatory development programme for managers (using the new policy handbook as the core foundation) which will support them to fulfil their existing role and provide opportunities for progression to the leadership development programme.	1, 2, 3, 4, 5, 6	Director of Workforce and OD	31.12.16
Develop our Staff Awards to ensure due recognition of performance and behaviours that demonstrate a direct contribution to the achievement of our objectives.	1, 6	Director of Workforce and OD	31.03.17

APPENDIX 3

ORGANISATIONAL DEVELOPMENT / CULTURAL CHANGE STRATEGY 2016 - 2019

'OUR PARTNERSHIP'

PERFORMANCE DASHBOARD 2016 / 2017

Performance Measure	2015 Level	Current Level	Aspirational Target
% of colleagues who will recommend the Trust as a place to work			
% of colleagues who recommend Sompar to their friends and family for treatment			
% of colleagues completing the staff survey			
Extent to which colleagues feel the organisation values their work			
Vacancy rate (%)			
Utilisation of non-substantive staff (%)			
Turnover rate (%)			
Sickness absence rate (%)			
% of sickness absence attributable to stress			
% of colleagues reporting that the organisation takes positive action on health and wellbeing			
% of staff experiencing harassment, bullying or abuse from patients, relatives or the public			
% of colleagues reporting that they are able to meet all of the conflicting demands on their time at work			

% of colleagues reporting that good communication between senior managers and staff as effective			
% of managers completing core management skills training			
% of staff reporting that they have had an appraisal in the last 12 months			
% of staff reporting that the appraisal help them to do their job better			
% of staff who feel that training / learning and development help them to do their job better			
% of colleagues reporting that senior managers try to involve staff in decision making			
% of colleagues reporting that senior managers involve staff in important decisions			
% of colleagues reporting that senior managers act on staff feedback			
% of staff who report effective use of patient / service user feedback			
% of colleagues reporting that they understand the link between their role and organisational objectives			
% of colleagues reporting that they understand Trust values			
% of colleagues reporting that all colleagues demonstrate Trust values			

Links to the Assurance Framework:	Identify to which risks of the Assurance Framework this report relates <ul style="list-style-type: none"> relates to all risks on the Assurance Framework. 												
Links to the NHS Constitution and Trust Values:	Identify the Values to which the issues raised in this report relate by including a cross behind the relevant value(s) <table border="1" data-bbox="574 479 1426 685"> <tr> <td>Working together for patients</td> <td style="text-align: center;">x</td> <td>Compassion</td> <td></td> </tr> <tr> <td>Respect and dignity</td> <td></td> <td>Improving lives</td> <td style="text-align: center;">x</td> </tr> <tr> <td>Commitment to quality of care</td> <td style="text-align: center;">x</td> <td>Everyone counts</td> <td style="text-align: center;">x</td> </tr> </table>	Working together for patients	x	Compassion		Respect and dignity		Improving lives	x	Commitment to quality of care	x	Everyone counts	x
Working together for patients	x	Compassion											
Respect and dignity		Improving lives	x										
Commitment to quality of care	x	Everyone counts	x										
Links to CQC Domains:	[Identify which of the CQC domains are covered by this report by including a cross behind the relevant domain(s)] <table border="1" data-bbox="574 842 1426 1048"> <tr> <td>Is it safe?</td> <td style="text-align: center;">x</td> <td>Is it caring?</td> <td style="text-align: center;">x</td> </tr> <tr> <td>Is it well-led?</td> <td style="text-align: center;">x</td> <td>Is it effective?</td> <td style="text-align: center;">x</td> </tr> <tr> <td colspan="2">Is it responsive to people's needs?</td> <td></td> <td></td> </tr> </table>	Is it safe?	x	Is it caring?	x	Is it well-led?	x	Is it effective?	x	Is it responsive to people's needs?			
Is it safe?	x	Is it caring?	x										
Is it well-led?	x	Is it effective?	x										
Is it responsive to people's needs?													
Equality:	Identify whether the report has an impact on the protected characteristics set out below, including risks, and if so, say how these risks are to be managed. Only tick the relevant box for which there is an impact. <table border="1" data-bbox="574 1249 1426 1644"> <tr> <td>Age</td> <td>Disability</td> </tr> <tr> <td>Gender re-assignment</td> <td>Marriage and Civil Partnership</td> </tr> <tr> <td>Pregnancy and maternity</td> <td>Race</td> </tr> <tr> <td>Religion or Belief</td> <td>Sex</td> </tr> <tr> <td>Sexual Orientation</td> <td>Learning Disabilities</td> </tr> </table>	Age	Disability	Gender re-assignment	Marriage and Civil Partnership	Pregnancy and maternity	Race	Religion or Belief	Sex	Sexual Orientation	Learning Disabilities		
Age	Disability												
Gender re-assignment	Marriage and Civil Partnership												
Pregnancy and maternity	Race												
Religion or Belief	Sex												
Sexual Orientation	Learning Disabilities												
Legal or statutory implications/ requirements:	<ul style="list-style-type: none"> N/A 												
Public/Staff Involvement History:	<ul style="list-style-type: none"> See report content 												
Previous Consideration:	<ul style="list-style-type: none"> See report content 												