

Trust Board

Report

Subject: Organisational Development Strategy

Date: 30th January 2014

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Executive Summary

The Trust's Organisational Development (OD) Strategy has been developed as a result of our Quality for all programmes that we commenced in Autumn 2013. The Strategy does not exist in isolation and should be considered with our other emergent strategies.

This Organisational Development Strategy sets out how we will develop our Trust over the next three years to ensure we are able to deliver this vision and respond to the current and future challenges facing our local health economy and the wider NHS. It describes how we will create a values-led organisation and develop ways of working that will support innovation and continuous learning and improvement. Our ambition is to ensure excellence becomes our norm in terms of the experience of our staff, patients and carers, partners and commissioners.

To us, Organisational Development is about maximising the contribution of staff by ensuring we have the infrastructure, leadership, and motivated staff to deliver our vision and meet the changing needs of the NHS. Our OD strategy therefore sets out how we will:

- Develop a compelling vision for our organisation and translate this into clear strategic direction and a leadership story that all our staff understand.
- Embed our 'Quality for All' values and align our systems and processes to these values to ensure we develop a values-led culture that connects our staff, patients and communities to our vision.
- Ensure we have the right leadership and management capacity, capability and structure at all levels to enable and empower our front line teams to deliver.
- Support high performing teams, and each individual within our teams, to do an excellent job and so feel proud to work for our Trust.
- Enable high quality two-way dialogue throughout our organisation so that our staff are engaged in achieving our objectives, able to contribute and feel their contribution is valued.
- Develop robust governance, measurement and performance management processes that will track and assure delivery.
- Embed the philosophy and practice of continuous improvement across our Trust.

A three year work plan will be developed to support the implementation of the strategy, this will be monitored by the Organisation Development and Workforce Committee.

Recommendation
The Board are requested to approve the contents of this strategy and to support its implementation

Relevant Strategic Objectives (please mark in bold)

Achieve the best patient experience	Achieve financial sustainability
Improve patient safety and provide high quality care	Build successful relationships with external organisations and regulators
Attract, develop and motivate effective teams	

Links to the BAF and Corporate Risk Register	
Details of additional risks associated with this paper (<i>may include CQC Essential Standards, NHSLA, NHS Constitution</i>)	NA
Links to NHS Constitution	The values and behaviours identified in this strategy fully support the NHS Constitution.
Financial Implications/Impact	NA
Legal Implications/Impact	NA
Partnership working & Public Engagement Implications/Impact	The various strategies, such as the Patient Experience and Quality strategy, that are referenced in the OD Strategy all support patient and public engagement priorities.
Committees/groups where this item has been presented before	Organisational Development Working Group.
Monitoring and Review	This strategy will be monitored and reviewed by the Organisational Development and Workforce Committee.
Is a QIA required/been completed? If yes provide brief details	NA

Organisational Development Strategy 2014 - 2017

Foreword

Sherwood Forest Hospitals NHS Foundation Trust has much to be proud of. First and foremost we are tremendously proud of the dedication of our staff, and of the high quality care they individually and collectively provide each and every day to our patients and their families, carers and visitors.

This Organisational Development Strategy sets out our commitment to our staff, our undertaking to continue to develop our organisation as one that we can all be proud of and staff want to be part of. It is about, and for, our staff. It has been created by and with our staff, our patients and their carers. It is an ambitious strategy, but one that as leaders of our Trust we are confident is deliverable.

This Strategy maps out how we want to develop our Trust over the next three years. It builds on the progress we have made in recent months and recognises that there is much still to do. It describes the kind of organisation we want the Trust to be in three years' time, the values and behaviours we will hold dear as we move forward and the steps we will take to support and develop every colleague to be the best they can be.

What matters now is that the commitments made within this Strategy become reality and make a measurable difference to our staff, patients, carers and visitors. The process of creating this Strategy has involved and engaged many hundreds of staff and patients and gives us an excellent basis to move forward now into delivery.

We look forward to the next three years.



Sean Lyons
Chairman



Paul O'Connor
Chief Executive

Contents

	Page
1. Introduction	4
2. Strategic context	6
3. Quality for All: Our values	9
4. Delivering our Organisational Development priorities	11
4.1 A values-led culture	11
4.2 A compelling vision and clear direction	13
4.3 Enabling leadership	13
4.4 Empowered high-performing teams	15
4.5 Two-way communications and engagement	16
4.6 Robust governance, measurement and performance management	17
4.7 Reflective practice and continuous improvement	18
5. What will success look like?	19
6. Ensuring our strategy is delivered: governance	21
7. Ensuring our strategy is delivered: resource	22
8. Strategy review	23
9. Conclusion	23
10. Contact for further information	23
11. Appendices	24

1. Introduction

At the heart of everything we do is our dedication to giving the best possible care for our patients, safely, respectfully and efficiently.

This Organisational Development (OD) Strategy sets out how we will develop our Trust over the next three years to ensure we are able to deliver this vision and respond to the current and future challenges facing our local health economy and the wider NHS. It describes how we will create a values-led organisation and develop ways of working that will support innovation and continuous learning and improvement. Our ambition is to ensure excellence becomes our norm in terms of the experience of our staff, patients and carers, partners and commissioners.

To us, Organisational Development is about maximising the contribution of staff by ensuring we have the infrastructure, leadership, and motivated staff to deliver our vision and meet the changing needs of the NHS. Our OD strategy therefore sets out how we will:

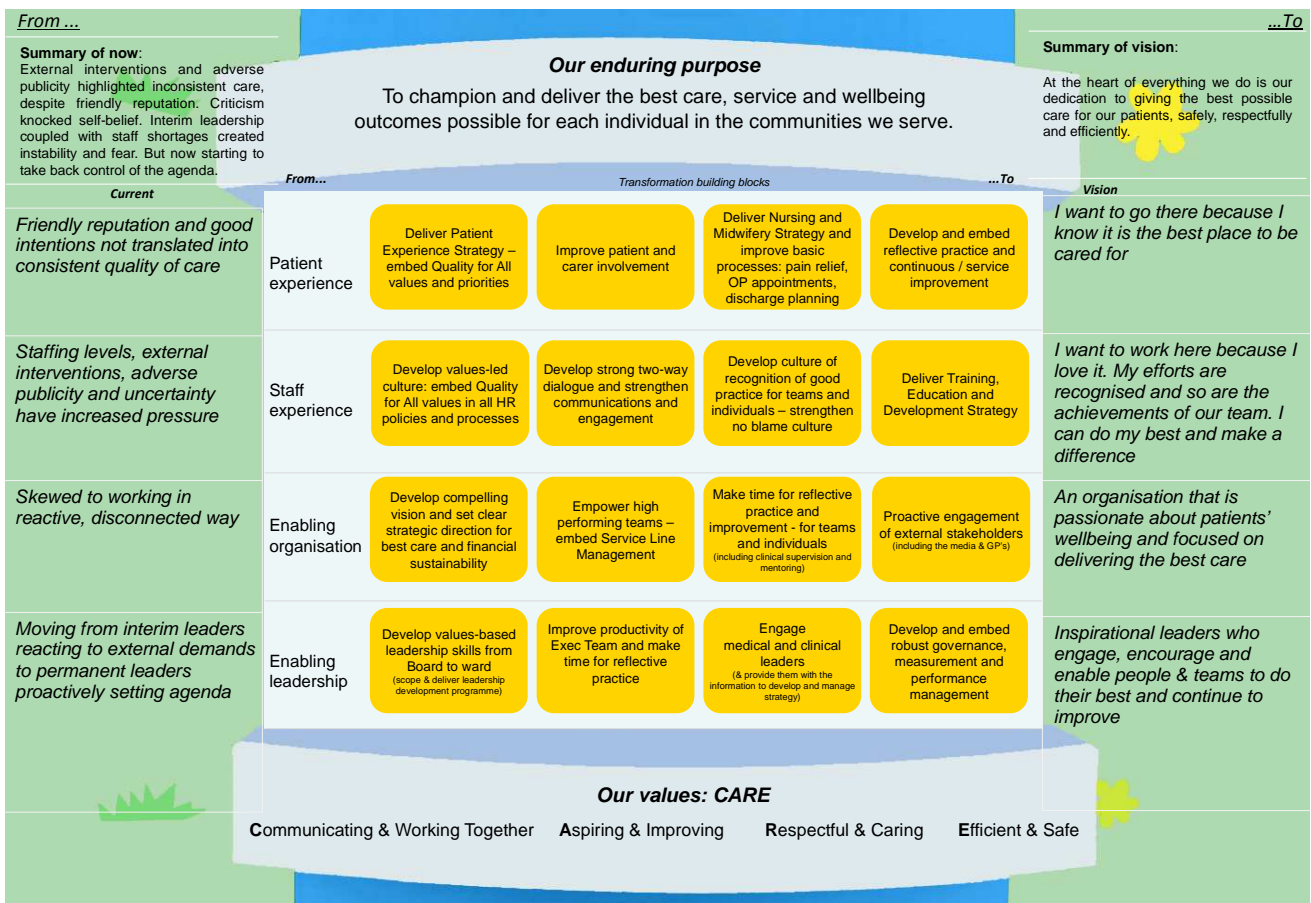
- Develop a compelling vision for our organisation and translate this into clear strategic direction and a leadership story that all our staff understand.
- Embed our 'Quality for All' values and align our systems and processes to these values to ensure we develop a values-led culture that connects our staff, patients and communities to our vision.
- Ensure we have the right leadership and management capacity, capability and structure at all levels to enable and empower our front line teams to deliver.
- Support high performing teams, and each individual within our teams, to do an excellent job and so feel proud to work for our Trust.
- Enable high quality two-way dialogue throughout our organisation so that our staff are engaged in achieving our objectives, able to contribute and feel their contribution is valued.
- Develop robust governance, measurement and performance management processes that will track and assure delivery.
- Embed the philosophy and practice of continuous improvement across our Trust.

This strategy does not exist in isolation and should be considered in conjunction with other emergent strategies, principally our: *Clinical Strategy; Patient Safety and Quality Strategy; Patient Experience and Involvement Strategy; Workforce Strategy; Training and Education Strategy; Health and Well-being Strategy and Nursing and Midwifery Strategy*. In essence, our OD Strategy underpins delivery of each of these plans. Only by ensuring our workforce and operational processes are aligned to our aims will we deliver the ambitions set out in each of these plans.

This strategy has been developed in partnership with our patients and carers, staff and leaders with the close involvement of our Board of Directors and Council of Governors. In Autumn 2013, we launched our Quality for All programme. To begin this programme we

held a series of listening events for our staff, patients and their carers. Many hundreds gave their feedback about their experiences working and being cared for in our Trust. In total we listened to over 400 people’s views about what truly excellent staff and patient experience means and what we need to do to enable this. This insight was then distilled and presented back to our Board of Directors, Council of Governors, leaders and managers, frontline staff and patients and carers in a series of feedback events in which each group then contributed to developing our priorities to respond to what we had heard. Finally our Board of Directors then used the outputs from each of these sessions to develop our “Strategic Bridge” – a high level summary of the ambition and activities that will guide our work to improve patient and staff experience over the next three years. A more detailed version of our Strategic Bridge is included as Appendix 1.

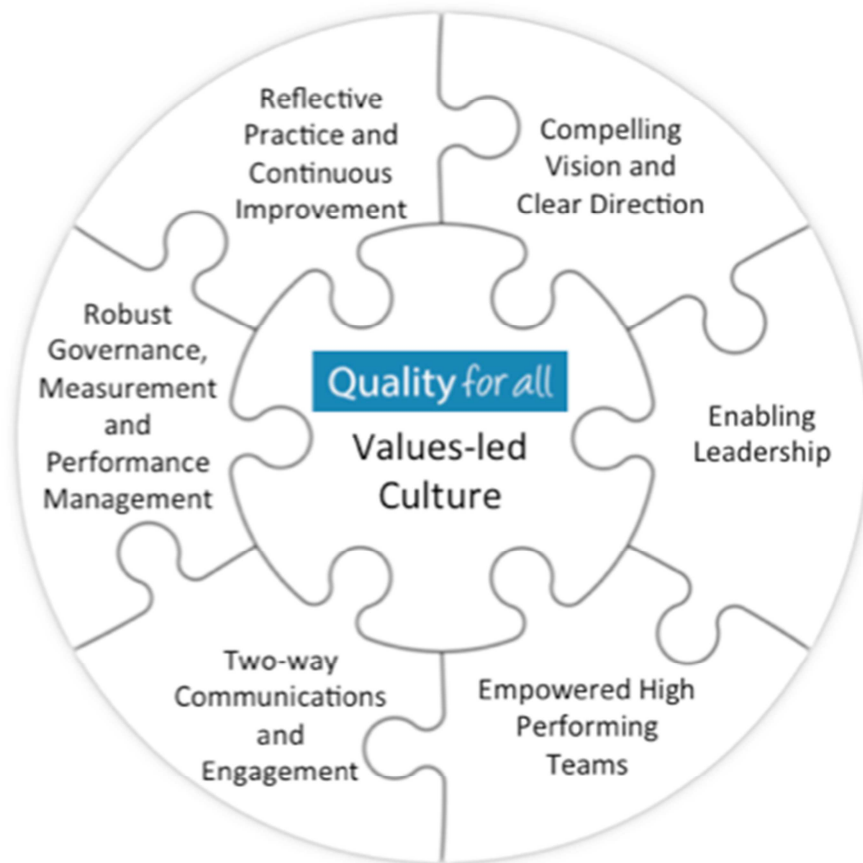
Figure 1: Our Patient and Staff Experience Strategic Bridge



Our “Strategic Bridge” spans our plans for both patient and staff experience. Our *Patient Experience and Involvement Strategy* describes our plans to improve patient experience in further detail. Our OD Strategy therefore focuses on the work we will do to ensure our staff are passionate about working for our organisation, proud of the difference we make for people and inspired to continuously improve all we do. Drawing out the main Organisational

Development components from our “Strategic Bridge”, our OD Strategy focuses on seven key themes (priorities) that guide the structure of this document as below.

Figure 2: Our OD Strategy, an overview



2. Strategic context

The following paragraphs summarise the context in which we plan to deliver our OD Strategy. Our understanding of our context has informed the way we have planned for the next three years. In particular it has shaped our belief in the pre-eminence of delivering high quality care, engaging our staff and patients, focusing on the development of our workforce and clinical services and the importance of efficiency and innovation underpinning all we do.

2.1 National context

Following the 2012/13 national reforms, the NHS landscape has changed once more. With the dissolution of Primary Care Commissioning Trusts and Strategic Health Authorities, healthcare commissioning will become simultaneously more local and potentially more fragmented. More than ever before we will need to ensure we provide safe, excellent clinical services, have a positive reputation locally and beyond and work collaboratively with those who purchase our services.

Alongside the changing commissioning landscape, health care provision is also changing as we develop new models of care that will see resources shift from acute hospitals to community care provision and from community hospital based beds into care in the home. As the provider landscape adapts to these changes clinical and financial sustainability, and the ability to support integrated models of care and 'reach out' into the community will become ever more important. This will challenge us to be innovative, to continuously improve existing, and seek out new, models of care and ways of providing services. Only through innovation and improvement can we ensure our Trust survives and thrives for the future.

Alongside changes to the landscape of healthcare commissioning and provision, 2012/13 saw an unprecedented focus on the culture of NHS organisations and the relationship between organisational culture and patient experience and outcomes. The Francis Inquiry into failures at Mid Staffordshire NHS Foundation Trust identified a culture characterised by bullying, target driven priorities, disengaged medical leaders, low staff morale, acceptance of poor behaviours and reliance on external assessments. The Francis Report acknowledged that this kind of organisational culture was not restricted to Mid Staffordshire and called for an NHS-wide renewed focus on:

- Standards of care.
- Openness, transparency and candour.
- Compassion, caring and commitment across NHS professions.
- Strong, patient-centred leadership.
- Accurate, useful and relevant information.

Cultural change within NHS organisations will not happen overnight, will require consistency of leadership and purpose and clear strategic intent and direction.

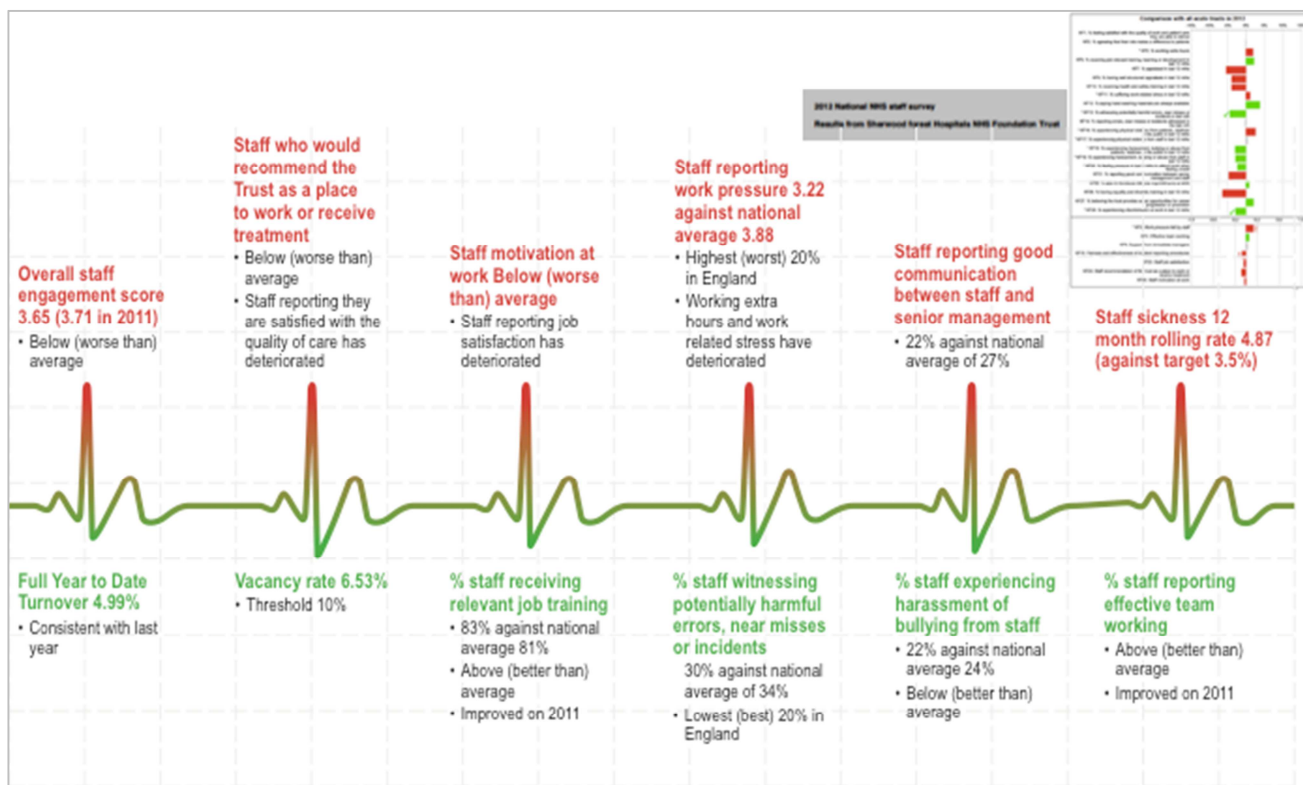
2.2 Local context: our starting position

Our OD Strategy focuses on how we will enable our organisation to deliver the best experience possible to our patients, carers, staff, commissioners and partners. There is a clear relationship between the well-being of staff and that of patients¹. A substantial body of evidence reinforces that improving staff engagement improves organisational outcomes

¹ Boorman, 2009; Department of Health, 2009; NHS Confederation 2012, King's Fund, 2010.

including patient outcomes, safety and financial performance². We have much to do to deliver our ambitions for our organisation. Our most recent Annual NHS Staff Survey (2012) indicated that overall our staff engagement had decreased (from 3.71 in 2011 to 3.65 in 2012) and was below (worse than) the NHS National average. This finding echoed in similar feedback on staff motivation, staff sickness and staff that would recommend our Trust as a place to work or receive treatment.

Figure 3: Our starting position - staff engagement (2012)



The perception of our staff in relation to staff engagement is possibly a reflection of the high-profile challenges our Trust has experienced in recent times together with the associated instability of a senior leadership team within the Trust. As the graphic above identifies, we have a number of challenges to overcome in terms of our staff engagement, but also some ‘green shoots’ of recovery to build upon. Now is the opportunity to change. Our Trust is at a seminal point in our development as we move from special measures and turnaround to financial recovery and the creation of a sustainable long-term high performing Trust. This strategy is one of a number of plans that will help us to achieve this transition.

² The Work Foundation, Aston Business School and RAND Europe 2009; NHS Confederation 2001).

3. Quality for All: Our Values

Our Quality For All values are at the heart of this OD Strategy. The values an organisation holds are central to how it plans, organises and delivers services. They act as an organisational ‘compass’ guiding policy and its enactment. This OD strategy, based on our values, sets the tone for how people will experience our Trust moving forward. Setting this out in this way means that our patients, their families and carers, our partners and our commissioners will be clear what they can expect from us in the future. It also means that staff who work with us, or are thinking of joining us, will be clear about our values and goals and what we expect from them.

Our ambition is to ensure our culture is focused on delivering ‘Quality for All’ to everyone we serve. We want a culture where staff feel valued and empowered to do an excellent job and proud to work for our Trust. This means each of us being empowered to make the right decisions for patients at a local level, and held accountable for those decisions and our individual performance and delivery. We want to ensure an open and inclusive culture at all levels, one in which we communicate well, work together to achieve our goals and care for each other as we do so. Safety, innovation and efficiency will underpin everything we do.

Our values have been developed in genuine partnership with our staff, patients and carers in our Quality for All listening events, feedback events and priority setting events. Throughout these events, patients and carers told us that they want to be treated with care and respect, to be involved in their care and to have confidence that we are being safe and efficient. The words below show how patients and carers told us great experience feels, looks and sounds.

Figure 4: Our Patient and Carer's view of what excellent care means



(Data source In Our Shoes listening events, 2013)

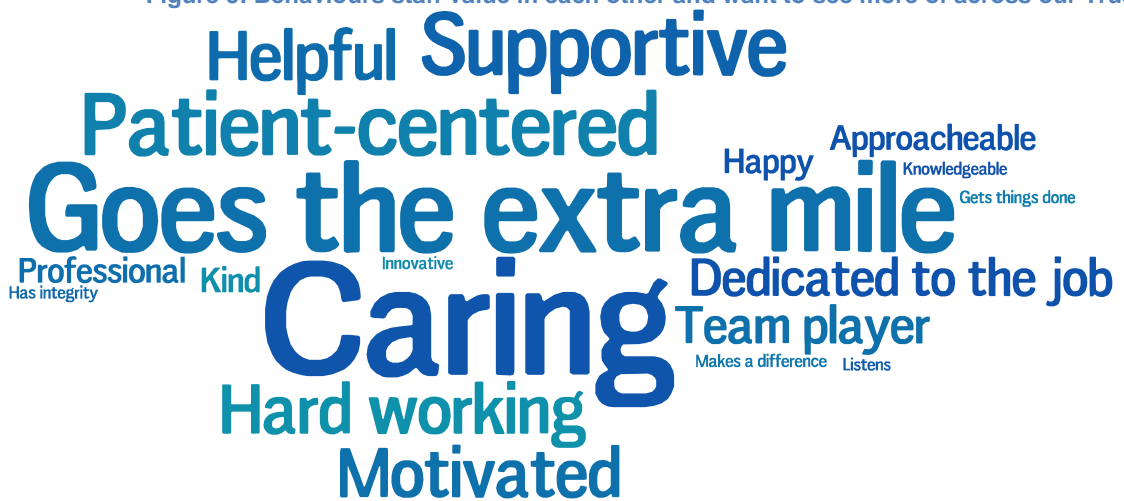
Our *Patient Experience and Involvement Strategy* describes our plans to deliver this experience.

At the same time as developing our ambition for our patients and carers, our staff told us that they feel most able and empowered to deliver this experience when they are:

- Amongst caring, respectful supportive colleagues.
- Communicated with and involved as valued team members.
- Motivated and confident they are making a difference.

The words below describe the organisational culture our staff want to experience as we move forward.

Figure 5: Behaviours staff value in each other and want to see more of across our Trust



(Data source Graffiti Board Survey and In Our Shoes listening events, 2013)

Bringing all this together, we have developed four Trust values that will shape our organisation’s culture and underpin everything we do moving forward. Our Quality for All values are:

- Communicating and working together.
- Aspiring and improving.
- Respectful and caring.
- Efficient and safe.

Our values will be delivered through each one of us role-modelling behaviours that best demonstrate them. To support our work to embed our values we have developed a Trust-wide behaviours framework based on the outputs from our Quality for All listening events (see Appendix 2). This framework brings together everything our patients, carers and staff told us about the importance of caring and respect, including people as genuine partners, being safe and efficient and continuously improving. Our approach to embedding our Quality for All values and behaviours is described in further detail in Section 4 below.

It is important to note that the NHS Constitution clearly sets out what staff, patients and the public can expect from all National Health Services. Our Quality for All approach to patient and staff experience and OD reflects the NHS values of: working together for patients; respect and dignity; commitment to quality of care; compassion; improving lives; and everyone counts and the principles that underpin these values. By living our Quality for All values we will also deliver the pledges of the NHS Constitution.

4. Delivering our Organisational Development Priorities

Figure 6: Our seven OD priorities

The following sections describe our plans to deliver the seven OD priorities we have identified. Our work on these priorities will be concurrent rather than linear, with each priority requiring a series of initiatives to be delivered over the next three years. In reality, each priority interacts with the others, and no action stands in isolation. It is in the combined effect of delivering all seven OD priorities that we will achieve all we set out to. To reinforce this point, we have chosen the graphic of a jigsaw (opposite) to illustrate the interconnectivity of each OD priority described in more detail below.



4.1 A values-led culture

Our Quality for All values and our behaviours framework clearly define the culture we aim to create and the behaviours we expect of those working for or on behalf of our Trust. To ensure these are consistently applied across our organisation our strategy will be to embed our values and behaviours within every aspect of our employment practice. This includes the way in which we will:

- Develop future job descriptions, person specifications and job advertisements.
- Interview and select new employees.
- Induct new staff.
- Appraise new and existing staff.
- Train and develop all staff.
- Recognise and reward good practice.

Figure 7: Embedding our values within our employee pathway



- Challenge and performance manage poor practice.

We will begin this work in year 1 by focusing on embedding our values into our recruitment, selection, appraisal and recognition processes and updating our HR policies on a prioritised basis to align with our Quality for All values. Key milestones along our three year journey will include:

Year 1

- Developing and embedding values-led recruitment processes to ensure that all staff recruited in the future are compatible with our desired culture and ways of working.
- Revising our on-boarding and induction processes.
- Aligning our appraisal paperwork to include our Quality for All values and behaviours within our Agenda for Change and Consultant appraisal processes and Professional Revalidation.
- Aligning our current recognition scheme to our Quality for All values.
- Baselining our performance on key HR metrics so that we can evaluate the impact of our Quality for All values and behaviours on staff motivation and engagement.
- Establishing a culture of positive recognition and appreciation.
- Reinforcing our speaking up policies so that we actively promote our no blame approach and commitment to honesty and transparency.
- Refocusing our quarterly staff (pulse) surveys to measure the impact of our OD interventions.

Year 2

- Developing and launching a revised and innovative Quality for All approach to recognition and reward that celebrates individual and team successes.
- Ensuring all staff have values-based appraisals and associated personal development plans.
- Embedding Quality for All into all mandatory training.
- Embedding Quality for All into our on-going leadership and management development programmes.

Year 3

- Monitoring and tracking behaviours, linking these to appraisal, performance and development review.

From Year 2 onwards we will also report our actions to embed our values-led culture at Board level as measured by:

- The rate of staff reporting a clear understanding of the behaviours expected of them.
- The rate of recruitment and appraisal taking place against our Quality for All values and behaviours.

We will use annual and quarterly 'pulse' surveys to evaluate both whether our staff have a clear understanding of our values and whether they believe that living our values makes a positive difference to our patients and colleagues.

4.2 Compelling vision and clear direction

At the same time as establishing our values-led culture, we recognise that we have further work to do to establish and communicate a compelling vision for our organisation and set out clear overarching strategic priorities. We want to be an organisation that is in control of our destiny, that leads rather than is led, and is clear about the kind of services we want to provide and the quality of the services we deliver. Our work on this priority will take place mostly in year 1 and will include:

- Clearly mapping our strategic context and identifying the known and possible challenges we may face over the strategic period (2014 – 2017).
- Developing our long-term organisation vision (our 2020 vision) in true partnership with our key stakeholders: our staff; our commissioners; our local health economy partners and our patients and carers.
- Developing a Clinical Services Strategy that will deliver our 2020 vision and a detailed three year strategic plan to support this with the full involvement of our stakeholders, particularly our Consultant clinical colleagues.
- Distilling our 2020 vision and Clinical Services Strategy into a coherent leadership story in plain, simple language and communicating this to all staff so that everyone in our organisation is able to understand our plan and how each individual fits into delivering our ambitions.

4.3 Enabling leadership

We know that to achieve our ambitions we will need inspirational leaders to engage, encourage and enable people and teams to do their best and continue to improve. This will require leaders who are:

- Emotionally intelligent, proactive and aware of their impact on others.
- Able to lead with humility, authenticity, firmness and fairness.
- Consistent with our Quality for All values in all they do so that all staff are led and managed consistently based on clear core values and principles.
- Providing consistent direction and focused decision making and being clear about our high standards.
- Empowering teams and inspiring innovation.

- Holding people to account and appreciating their efforts and achievements.
- Consciously delivering a positive impact to staff and patients through every interaction.

We know that our staff have experienced variable leadership, and several changes of leadership approach, in recent history. It will be important for us to establish consistent, values-led leadership as we move forward and we have listened to our staff about what this means to them. The graphic below identifies what staff have told us they want to experience more, and less, of from managers and leaders in order to perform effectively in their role.

Figure 8: Listening to our staff: how leadership can enable our staff to perform



Ensuring we practice consistent, values-led leadership across our organisation will require role-modeling at all levels. We will begin our work to embed values-led leadership at the highest level of our organisation with a review of the capability and capacity of our Board of Directors and subsequent implementation of a Board Development Programme. Over the strategic period we will review and, where necessary, revise our approach to clinical leadership, divisional leadership, ward and department leadership and our aspiring leaders. We will embed talent management and leadership development programmes for each group and ensure our leaders have the support in place to inspire and enable their teams to deliver the performance required of them. Key milestones for this priority will include:

Year 1

- Scoping, specifying and implementing our Board Development Programme.
- Scoping and defining what we require of our leaders and managers and undertaking a gap analysis so that we understand clearly where we are now, where we want to be and what we will need to do to fill any gaps.
- Redefining our approach to clinical leadership to ensure we develop the capacity and capability of our clinical leaders, manage our aspiring clinical leadership talent and agree personal development plans with each of our clinical leaders.
- Reviewing the portfolios and development needs of our senior leadership team including Divisional Clinical Directors, Divisional General Managers and Senior Nursing leaders to ensure they have the right support and development plans in place to enable them, and our organisation, to succeed.
- Delivering a Royal College of Nursing accredited nursing leadership programme to equip our ward managers with higher level skills to enhance change management activity, continuous service improvement and patient safety.
- Reviewing our bespoke medical leadership programme to better equip our medical leaders with essential skills necessary to manage services effectively and safely, lead and manage change and deliver high quality care through high performing multi-disciplinary teams.
- Providing coaching and mentoring programmes as appropriate for our leaders and managers as identified through personal development planning.

Year 2

- Launching our updated leadership development programme in line with the findings of the year 1 gap analysis.
- Embedding robust performance management processes for all leaders that will enable us to devolve empowerment within service lines and effectively transition to full performance accountability.
- Developing our talent management and succession planning processes for business critical roles.

Year 3

- Embedding our talent management and succession planning processes and ensuring development of our aspiring and future leaders.

4.4 Empowered high-performing teams

We want to develop our teams, and the individuals within them, so that everyone understands and delivers our high standards. We want our teams to collaborate with one another and external partners to reflect on their practice and develop, and to decide and deliver on improvement. This requires teams that:

- Work together, as part of a whole organisation, supporting, developing and challenging each other to be at our best and continue to improve.
- Listen to each other and appreciate each other's efforts.
- Have clear responsibilities, are free to innovate and act without being asked.
- Function as effective service lines with full performance accountability.

As noted above, our OD priorities are highly interconnected. Our approach to empowering high performing teams will require teams to have clear direction, strong leadership, and effective processes for communication, governance and continuous improvement. Thus the combined interventions described in this strategy are designed to deliver this priority. However, specifically in relation to this objective, key milestones will also include:

Year 1

- Cascading a values-led team development workshop to all teams across our organisation to ensure each team has a plan to bring our values to life in their teams and departments.
- Clearly defining the roles of service lines within our structure and clarifying the expectations of teams as service lines.
- Establishing and embedding clear decision-making processes for our service lines (see 4.6 below).
- Reviewing and redesigning two-way communication processes across our organisation (see 4.4 below).
- Developing team based service improvement skills (see 4.7 below).

Year 2

- Re-running a series of Quality for All listening events for staff (In Our Shoes) to test how things have changed for staff over the first year and determine activities needed to further improve staff communication and engagement.
- Developing and embedding reflective learning practices for teams, for example Schwartz Rounding (see 4.7 below).
- Rolling out a Trust-wide team based recognition and reward scheme (see 4.1 above).

4.5 Two-way communications and engagement

To us, staff engagement means involving our staff in defining what great experience is, helping to shape the systems and processes that deliver it, and 'living the values' of our organisation. Evidence identifies that engaged staff:

- Are proud to work for their organisation.
- Understand the 'bigger picture'.
- Have behaviours that are respectful of, and helpful to, patients and colleagues.
- Are willing to keep up with developments in their field.

- Are willing to 'go the extra mile'.

We know that we have much to do to improve our overall staff engagement. Throughout this strategic period we will aim to boost staff engagement though:

- Open, honest and frequent communication.
- Involving our staff in the development of our overarching strategy (see 4.2 above).
- Recruiting people with the right attitudes, values and behaviours (see 4.1 above).
- Rewarding good performance and encouraging our staff to see the value they add (see 4.1 above).
- Developing and delivering our *Staff Health and Well-being Strategy*.
- Providing exceptional educational opportunities (see our *Training, Education and Development Strategy*).

In addition, key milestones in our work to ensure we embed effective two-way communications and increase staff engagement over the strategic period will include:

Year 1

- Developing and implementing a detailed staff engagement and communication plan.
- Launching Quality for All as our Trust 'strap-line' and developing a clear and engaging communications campaign to engage our staff in the roll-out of our Quality for All values and behaviours.
- Reviewing, redesigning and re-launching our Trust-wide Team Cascade system.
- Further spreading our "Communication Cell" tool across our organisation.
- Increasing our use of social media tools to communicate externally with our stakeholders and more importantly internally to our staff.
- Continuing and further developing our relationships and partnership working with our Trade Unions.
- Reviewing and commencing the implementation of our *Staff Health and Well-being Strategy*.

Year 2

- Increasing formal mechanisms for listening to staff, for example introducing regular "Big Listen" events and embedding the practice of Leadership Listening Rounds.

4.6 Robust governance, measurement and performance management

We know that we have work to do to improve our governance structures and operational practices at Board, Divisional and service level. Our plans will enable us to become more systematic and improve our ability to anticipate and manage risk. This will mean greater clarity around roles and responsibilities for governance and a clearer link between our

governance processes and service improvement. In particular we will focus on systematically learning from mistakes, incidents and wider good practice. Our governance priorities over the next three years, and particularly year 1, include:

- Enhancing the skills and capabilities of our Board of Directors (see 4.3 above).
- Clearly defining the roles and responsibilities of our senior leaders (see 4.3 above).
- Actively improving our risk management processes – our *Patient Safety and Quality (PSQ) Strategy* describes our plans to deliver this objective in further detail.
- Reviewing our Board sub-committee structure to ensure we have effective processes for scrutiny and assurance.
- Developing clear, Trust-wide strategic direction (see 4.2 above).
- Improving our processes for staff communication and engagement (see 4.4 above).
- Establishing our strategic priorities for quality improvement (see our *Patient Safety and Quality Strategy, Patient Experience and Involvement Strategy* and *Nursing and Midwifery Strategy*).
- Enhancing governance processes at Divisional and Service levels.
- Developing our clinical leadership and creating significant opportunities for clinical engagement and involvement in our organisation's management and strategy development moving forward (see 4.2 and 4.3 above).
- Improving our quality performance management and reporting.
- Increasing patient engagement (see our *Patient Experience and Involvement Strategy*).

Along with developing our strategic vision, most of our activities to deliver this OD priority will be focused in year 1 and will include:

- Reviewing and enhancing Service Line Management across our service lines
- Embedding clinical leadership within decision-making processes through effective Service Line Management supported by training, development and coaching as appropriate.
- Enhancing our financial governance infrastructure.
- Establishing and embedding Brilliant Basics controls for patient safety and quality governance.
- Providing enhanced risk management training for all our leaders and managers.
- Increasing our patient safety walk-around practice and introducing leadership listening rounds.

4.7 Reflective practice and continuous improvement

We want to apply the best improvement techniques, expertise and experience from around the world to enable our staff to deliver the highest quality, most cost-effective treatment and care to each and every patient we serve.

To achieve this ambition, we will need to develop as a learning organisation and to constantly question and improve everything we do. Continuous improvement requires a positive learning culture, supported by leadership practice that nurtures improvement, and a clear understanding of our patients' and carers' needs. It is an on-going process that requires us to have robust systems in place to measure and benchmark our performance so that we are always improving. It requires us to listen to, and act on, feedback from experts – our patients, carers, staff and partners as well as seek out best practice from beyond our organisation.

It is an on-going process and requires us to have robust systems in place to measure and benchmark our performance so that we are always learning and improving. Our ambition is to create a culture across our organisation where we take every opportunity to involve patients and carers in improvement and innovation and for our teams to be driving daily improvements in quality and productivity.

Our *Patient Experience and Involvement Strategy* describes how we will embed a culture and practice of patient involvement in service design and improvement over the strategic period. We have already begun this practice through our Quality for All programme through which around 150 patients and carers gave their input into developing our Quality for All values and behaviours and determining our strategic priorities. Many other examples of best practice in patient involvement are also being explored, for example in the development of our strategy for Newark Hospital. We will continue to build upon these examples. Our activities to deliver this priority will include:

Year 1:

- Agreeing a Trust improvement capability framework that connects our teams with the patients and communities they care for, and with the fellow health professionals who share that care.
- Further developing and embedding team based Service Improvement skills within our clinical teams, through training programmes and work-based support and secondments.
- Establishing team based KPIs, and feeding performance against these into regular, continuous improvement forums that teams run and own.
- Embedding the practice of using measurement for improvement rather than judgment.
- Exploring how we can bring quality assurance and quality improvement closer together.
- Embedding reflective practice within our clinical teams and enhancing clinical supervision.
- Enhancing clinical supervision arrangements for our clinicians.

Year 2:

- Re-running Trust-wide “In Your Shoes” sessions to listen to our patients and their families and carers in depth again and agree our next set of priority improvements for patient experience with the full involvement of our patients and staff.

5 What will success look like?

We want to be clear about why we are developing this strategy and the tangible differences we want to make for our patients, carers, partners and staff. The impact we want to have within three years, together with key milestones and success statements for each of our seven OD strategic priorities, is summarised in our “Strategic Bridge” (figure 1 above). A more detailed version of this Strategic Bridge is attached as Appendix 2.

We will judge our success against delivery of the ambition expressed in our Strategic Bridge (Appendix 2) by measuring the impact of our activities tangibly on a wide range of KPIs. We will measure:

- The **processes** that underpin organisational development delivery - for example the numbers of appraisals undertaken, Personal Development Plans in place, rates of mandatory training, attendance at leadership development activities, numbers of teams undertaking our values-led team development workshop.
- The **outcomes** our OD Strategy delivers for patients, carers and staff. For staff in particular this will include, for example, reduced staff absenteeism, reduced disciplinary and grievance cases, increased staff motivation, improved overall staff engagement scores and healthy turnover and vacancy rates³.

We will only know we have succeeded in making the difference we want to for our patients, carers and staff through regular measurement and evaluation. We already use our Annual NHS Staff Survey, National Patient Surveys and ‘Friends and Family Test’ feedback to understand our relative position compared to other NHS organisations and identify improvement opportunities. We will continue to use this feedback to track our achievements.

Ultimately we will judge the success of our endeavors by the extent to which our Trust is seen as an excellent employer by our staff (based on our NHS Staff Survey results) and an excellent partner in appropriate local economy initiatives.

³ Our *Patient Experience and Involvement Strategy* describes further the KPIs we intend to impact for our patients and carers.

We will also evaluate the impact of our OD Strategy on our local reputation and the extent to which we have developed positive relationships with our local media, external stakeholders, (in particular our commissioners and partners), and national regulators.

6 Ensuring our strategy is delivered: governance

Successful delivery of this OD Strategy will need all key stakeholders to own its implementation and management, monitor progress against KPIs and evaluate outcomes. This OD Strategy is not a HR plan, owned just by our HR team. It is a strategy that all levels of leadership across our Trust will need to play their part in implementing. Our HR team has an important role to play in leading and implementing specific aspects of this strategy and facilitating its on-going development. However our success as an organisation will depend upon leadership at all levels of our Trust ensuring that delivering the strategic aims and initiatives of this OD Strategy is part of their day to day activities and behaviours.

To ensure effective governance of our OD Strategy we will translate this document into a three year action plan and detailed plan for year 1 with clear roles, responsibilities, timelines and targets for delivery identified.

The Organisational Development and Workforce Committee will oversee the development and delivery of the three year action plan. The Executive Director of Human Resources and Organisation Development will be responsible for developing the action plan, reporting progress to the Organisational Development and Workforce Committee.

To track our progress each month, our Board of Directors will review appropriate KPIs as part of our Performance Dashboard management processes. This Dashboard monitors a range of patient experience and staff engagement performance indicators. The Dashboard is reviewed monthly by our Organisational Development and Workforce Committee which reports into the Trust Management Board, thus providing the relevant assurance to our Board of Directors.

We will also publish our progress against strategic delivery in regular reports to our Board of Directors and summarise our progress in our Annual Reports and Quality Accounts.

These steps will enable existing and new OD activities to become a more visible component of core governance processes within our Trust.

7 Ensuring our strategy is delivered: resource

Our Organisational Development Strategy sets out how we want to develop our Trust over the next three years. Whilst we have made good progress in recent months, we recognise there is still much to do. Resourcing our progress will be critical. We envisage that this strategy will be supported as below:

- *Developing A Values-led Culture* - the defined values and behaviours will be used within our board development programme and will form the basis of our review of our employment practices. The restructuring of our HR function and move towards a Business Partner model will support the achievement of our priorities in this area.
- *Developing a Compelling Vision and Clear Direction* - we have commenced the journey to clearly understand our vision and strategic direction. This will now be developed into a clear story of our journey that is understood and shared across our organisation. This process will be led by our Director of Strategic Development.
- *Enabling Leadership* - our *Training, Education and Development Strategy* will define the resource implications necessary to support the implementation of our leadership and management development priorities.
- *Empowered High Performing Teams* - our move to a Business Partnering model within the HR function will support the development of teams across our organisation. Our *Communications Strategy* will enhance the two-way communication processes across the Trust and we will continue to develop further devolved decision making across our clinical services within our operational management processes.
- *Robust Governance, Measurement and Performance Management* - our *Patient Safety and Quality Strategy* describes the resources required to deliver this priority in more detail, together with our *Training, Education and Development Strategy*.
- *Two-way Communications and Engagement* - our *Workforce* and *Communications Strategies* define the resource requirements to support improved staff engagement and communication. This priority will be supported by a review of our corporate governance arrangements. Our new committee structures will be embedded to ensure appropriate assurance to board.
- *Reflective Practice and Continuous Improvement* - resource implications are described further in our *Service Improvement Strategy*.

8 Strategy review

This strategy is a live document that will flex to opportunities that may arise during its lifespan. It will be reviewed on a regular basis to ensure it remains relevant to our aims and objectives, particularly as we develop our overarching strategic vision over coming months. It will also be updated in line with any changes in National policy and local circumstances. It will be refreshed no later than March 2017.

9 Conclusion

Our Trust has already made many improvements to the way we care for patients and engage our staff. We recognise that we have more to do to, and we intend to. Our OD Strategy is deliberately ambitious. It has been developed as a catalyst to go further and faster in meeting the needs of our staff, patients and carers, commissioners and external stakeholders.

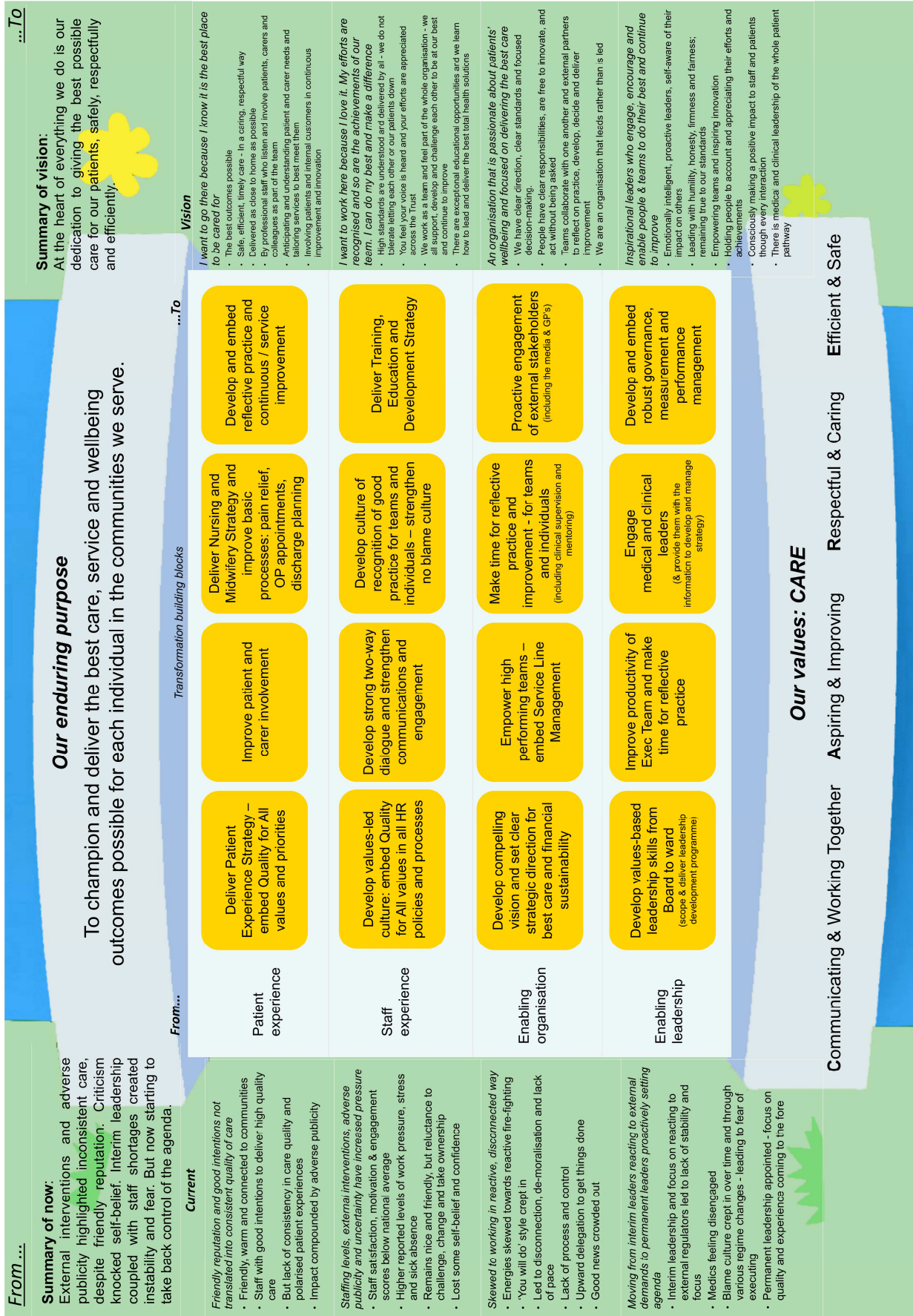
The considerable engagement in developing this strategy through our Quality for All programme provides us with an excellent springboard to now make this strategy reality. We will rise to this challenge.

10. Contact for further information

For any queries about this strategy please contact:

Karen Fisher
Executive Director of Human Resources
Sherwood Forest Hospitals NHS Foundation Trust

11. Appendix 1: Our Detailed Strategy Bridge



12. Appendix 2: Our Trust-wide Behaviours Framework

Our Values		Our Standards	Our behaviours.	
			You will see that we...	You will see that we do not...
C	Communicate and work together	Share information openly and honestly and keep people informed	<ul style="list-style-type: none"> Provide clear, open, honest, accurate and timely information Keep people in the loop – give regular updates Help people to be prepared, are proactive and give information in advance Are transparent about what's possible 	<ul style="list-style-type: none"> Fail to record information accurately Withhold useful information or forget to pass information on Make little effort to explain or prepare people Set unrealistic expectations or make false promises
		Listen and involve people as partners and equals	<ul style="list-style-type: none"> Listen to and hear others' opinions Invite people to ask questions, and answer them Share ideas and choices and involve people in decisions that affect them Talk with (not over) people, use people's everyday language, check people understand 	<ul style="list-style-type: none"> Not allow people to express an opinion, impose views and opinions Be too busy to listen or answer questions Make decisions without involving people wherever possible and listening to others' ideas Talk over people, use confusing language
		Work as one team inside our organisation and with other organisations	<ul style="list-style-type: none"> Work as one team, pull together and include everyone Join things up within and between teams and co-ordinate plans Respect every member of the team as an equal and value their contributions Understand the bigger picture and help each other to deliver 	<ul style="list-style-type: none"> Put up barriers to communication and team working Put our own priorities before patients or colleagues Dismiss other's opinions, criticise colleagues in front of others Let people down by not doing what we say we will
A	Aspiring and improving	Set high standards for ourselves and each other	<ul style="list-style-type: none"> Focus on quality, maintain our high standards and meet expectations Be a positive role model and strive for excellence Take pride in our organisation Act on concerns and challenge poor service or behaviours 	<ul style="list-style-type: none"> Accept poor performance and outcomes Turn a blind eye to bad behaviour, poor standards or unsafe practice in colleagues Be openly critical about our organisation or colleagues to our patients or visitors Dismiss complaints or ignore concerns
		Give and receive feedback so everyone can be at their best	<ul style="list-style-type: none"> Give appropriate, honest and constructive feedback, help each other to improve Celebrate successes, praise a job well done and say thank you Speak up if there is an issue or concern Teach, mentor, coach and develop each other 	<ul style="list-style-type: none"> Be defensive about feedback or reluctant to give feedback to others Focus on the negatives or choose a negative attitude Blame others or foster a blame culture Be disinterested in developing others
		Keep improving and aspiring for excellence	<ul style="list-style-type: none"> Actively seek out improvements and new ways to do things Embrace change and learning, encourage and inspire others to make positive changes Be innovative and creative, look for solutions Seek out best practice and share it, aspire to be the best 	<ul style="list-style-type: none"> Show little interest in applying new ideas or research to improve Dismiss new ideas, refuse to try Focus on what can't be done rather than what's possible Ignore research or evidence based best practice
R	Respectful and caring	Treat everyone courtesy and respect, help people to feel welcome in our organisation	<ul style="list-style-type: none"> Be polite, courteous and friendly Make eye contact and talk to people directly Treat everyone with respect, value people's privacy and dignity, use people's preferred names Are positive and create good rapport and welcoming environments and atmospheres so that people feel comfortable and at ease 	<ul style="list-style-type: none"> Be rude, abrupt, shout or insult people Ignore people or avoid eye contact Undermine people's dignity through actions or words Use closed body language, show irritation
		Show care and compassion and take time to help	<ul style="list-style-type: none"> Show empathy, put ourselves in others' shoes, make sure people feel cared for See people as individuals, see the whole person, look out for people and their individual needs Stop to help others, take the time to help Be attentive and responsive 	<ul style="list-style-type: none"> Make excuses for lack of compassion Avoid people who need help, make excuses for not helping Be judgmental or patronising, make inappropriate generalisations or assumptions Pass the buck or say "its not my job"
		Support and value each other and help people to reach their potential	<ul style="list-style-type: none"> Support and empathise with others Value people's individual needs Understand each others' skills, roles and responsibilities and respect everyone's contribution Support people to reach their potential 	<ul style="list-style-type: none"> Undermine colleagues, back bite Criticise others' choices Be disinterested in other people's aims, skills or ideas Treat people unfairly or apply standards selectively
E	Efficient and safe	Competent and reassuringly professional so we are always safe	<ul style="list-style-type: none"> Keep our skills and registrations up to date Constantly improve our knowledge and take pride in our personal development Are clear about roles and responsibilities, accept responsibility and hold each other to account for our actions Are aware we are always on view 	<ul style="list-style-type: none"> Let professional registrations lapse or fail to keep up with our CPD Show little interest in learning and professional development Absolve responsibility, pass the buck Hold inappropriate conversations in public
		Reliable and consistent so we are always confident	<ul style="list-style-type: none"> Are safe, calm and reassuring, keep calm in a crisis Keep our promises, follow through and do what we say we will Are thorough and attentive to detail Choose a positive, 'can do' attitude 	<ul style="list-style-type: none"> Say or do things that make others feel unsafe or loose confidence Say one thing and do another Cut corners or pay little attention to detail Moan or be negative
		Efficient and timely and respectful of others' time	<ul style="list-style-type: none"> Prioritise, plan and manage our time and resources well, take action and make decisions Organise processes and services so they are efficient, get it right first time Be on time and prompt Prevent unnecessary delays, help people to find solutions or answers quickly 	<ul style="list-style-type: none"> Wait to be chased Accept known inefficiencies or over complicate processes Keep people waiting unnecessarily or without an explanation, use busyness as an excuse for persistent lateness Make it difficult for people to access the right services at the right time