Trust Board paper O

To:	Trust Board
From:	Kate Bradley, Director of
	Human Resources
Date:	29 November 2012
CQC regulation:	Outcome 14 Regulation 23

Title: Organisational Development Plan 2013-15

Author/Responsible Director: Kate Bradley, Director of Human Resources

Purpose of the Report:

The Organisation Development Plan has been updated taking into account the following activities:-

- Executive Team sessions in March 2012:
- Development of the UHL Strategic Direction in October 2012;
- Appreciative Enquiry discussions with 40 UHL colleagues during October 2012;
- Discussions with Clinical Commissioning Group Organisational Development Leads (East Leicestershire and Rutland) in November 2012;
- Feedback from the local staff polling (June 2012) and the National Staff Attitude and Opinion Survey feedback 2011; and
- Achievement of progress against the previous Organisational Development Plan 2010 2012 and learning from what went well and how we could build on this.

The Report is provided to the Board for:

Decision	V	Discussion	√
Assurance		Endorsement	

Summary / Key Points:

The outcome of this work is the development of six key themes that will comprise the Organisational Development Plan 2013 – 2015 and will facilitate the change required across UHL. These themes are:-

- 1. Live our values
- 2. Improve two-way engagement
- 3. Strengthen leadership
- 4. Enhance workplace learning
- 5. Improve external relationships and working partnerships
- 6. Encourage creativity and innovation

A series of actions to address each of these themes has been developed and work is on-going to describe how these actions will be achieved and the relevant timescales for completion.

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Learning from previous experience, the governance and monitoring of the delivery of the Organisation Development Plan needs to reflect the importance and significance of the actions described. It is proposed that the new Chief Executive be invited to chair an Executive Group who will oversee the delivery and achievement of the plan.

The Organisational Development Plan will also continue to be a crucial part of the agenda of the Workforce and Organisational Development Committee.

Previously considered at another corporate UHL Committee?

Executive Team on 6 November 2012

Strategic Risk Register	Performance KPIs year to date
Risks 13,14,15,16 and 18	Evaluation measures detailed within the report

Resource Implications (e.g. Financial, HR)

This work will be led by members of the Executive Team and resource requirements identified as appropriate.

Assurance Implications

Organisational Development (OD) is the process through which an organisation develops its culture, capacity and capabilities to most efficiently and effectively meet its strategic aims over the long term.

The content of the Organisational Development Plan will form a key component of the Integrated Business Plan.

Patient and Public Involvement (PPI) Implications

PPI Implications have been detailed within the proposed Organisational Development Action Plans.

Equality Impact

Proposed actions have been assessed against the nine protected characteristics under the Equality Act 2010.

Information exempt from Disclosure

None.



Vision

In the next five years, we will become a successful Foundation Trust that is internationally recognised to placing quality, safety and innovation at the centre service provision. We will build on our strengths in specialised services, research and teaching; offer faster access to high quality care, develop our staff and improve patient experience.

We call this...



The organisational development objective is to facilitate change through the following work streams:

- Live our values
- Improve two-way engagement
- Strengthen leadership
- Enhance workplace learning
- Improve external relationships and working partnerships
- Encourage creativity and innovation







1.0 Introduction

recognised for placing quality, safety and innovation at the centre of service provision. We will build on our strengths in specialised services, research and teaching; offer faster access to high quality care, develop our staff and improve our patient experience. We call this ...

... Caring at its best

UHL is a strong and committed organisation and is in a great place to rise to the challenge represented in delivering our strategic vision. The purpose of the Organisational Development (OD) Plan is to enable UHL to successfully deliver the necessary change that is required so we are able to meet and exceed future challenges and UHL becomes a better place to receive treatment and to work. We have made significant progress in developing a more engaging and whole systems approach to OD and have undertaken a plan refresh to ensure that the actions set out in the plan will support UHL in delivering its new strategic direction and strategic objectives.

This five year plan sets out the arrangements to support planned and emergent organisational development to underpin the delivery of our strategic vision and objectives. We have reviewed progress, analysed gaps, identified our strategic influences and developed clear aspirations along with the necessary work streams to achieve success. We recognise however that the pace of change of the external environment will mean that our plans will need to respond and be shaped in real time by meaningful engagement with our staff, patients, public and external partners to ensure they are fit for purpose.

A constant throughout this plan is a focus on establishing a culture aimed at delivering high-quality, safe and efficient care, that actively embraces creativity and innovation. Engagement with stakeholders and external partners is a key component for driving this forward. It is also essential for the delivery of integrated care and patient pathways highlighted in our Clinical Strategy. This work will move towards a change in organisational style, ultimately developing a culture of engagement and well-being that is positive, supportive, willing to learn, just and fair. It will require clinical leaders to be creative, supportive, resilient, have service improvement, commercial and business acumen and skills, and a mind-set to deliver high quality, safe, compassionate and affordable care.

Creating our desired culture, will have a significant impact on the way we take the organisation forward and presents UHL with a unique opportunity to genuinely transform itself, becoming a successful Foundation Trust that demonstrates the characteristics of a learning organisation. We will achieve this by building upon the existing organisation capability, developing leadership qualities and behaviours needed to support us on our transformation journey.

2.0 Background

2.1 University Hospitals of Leicester NHS Trust

UHL is one of the biggest and busiest NHS Trusts in the country, incorporating the Leicester General, Glenfield and Royal Infirmary hospitals and runs one of the country's leading heart centres.

We employ more than 10,000 staff providing a range of services primarily for the one million residents of Leicester, Leicestershire and Rutland. Our nationally and internationally-renowned specialist treatment and services in cardio-respiratory diseases, cancer and renal disorders reach a further two to three million patients from the rest of the country.

We work with partners at the University of Leicester and De Montfort University providing worldclass teaching to nurture and develop the next generation of doctors, nurses and other healthcare professionals, many of whom go on to spend their working lives with us.

We pride ourselves on being at the forefront of many research programmes and new surgical procedures, in areas such as diabetes, genetics, cancer and cardio-respiratory diseases. We are now home to three National Institute of Health and Biomedical Research Units and we carry over 800 clinical research projects every year.

Our heart centre at the Glenfield hospital continues to lead the way in developing new and innovative research and techniques, such as surgery with a Robotic Arm, TAVI (Trans-Catheter Aortic Valve Insertion) and the use of the suture less valve in heart surgery. We also have one of the best vascular services nationally, with more patients surviving longer after following an aneurysm repair (to fix a life threatening bulge in a blood vessel).

We are proud to have some of the lowest rates of hospital-acquired infections, such as Clostridium Difficile and MRSA, in the country; we have very good hospital standardised mortality rates, which is a good indicator of overall clinical quality.

Our outstanding results demonstrate that staff at UHL have energy and commitment, placing UHL in a strong position to move forward with delivering our OD plan.

2.2 Strategic Direction

In October 2012 the Trust approved its new five year Strategic Direction. This was a culmination of many months work, involving a wide range of stakeholders and balances international ambitions with local population needs. The strategy ensures a strong focus on the provision of safe, high quality and patient-centred health care. The OD Plan will underpin the delivery of this strategic vision, purpose and objectives. The narrative within the Strategic Direction paints the picture, identifies priority outcomes, each with measures to monitor progress with an emphasis on quality and patient safety. We are clear that in response to the Strategy we must refocus on our core purpose to provide "Caring at its best". This purpose will drive forward our organisation and will be underpinned by the Trust's values and behaviours developed by our staff. As an ambitious organisation, the strategic plan will remain real and live across the organisation and will be translated to business and individual objectives underpinned by robust individual and organisational development outlined in this plan.

2.3 Strategic Objectives

To underpin the strategic vision a series of strategic objectives have been developed and agreed and will be translated into the business and individual objectives.



As a result of significant work with partners across Leicester, Leicestershire and Rutland (LLR) to develop a shared vision, the future will see us working with stakeholders to design and deliver a local health system which cares for people when and where they need it most. This means readdressing the balance between care that is provided in hospital and care that is provided in the community. It means looking after people and especially older people in ways which prevent them having to go into hospital. The organisational development actions have a crucial role to play in developing the skills and tools to enable this.

2.4 UHL Values and Behaviours

It is recognised that organisational culture and behaviour is based on the values held by staff. Establishing and living a shared set of values is crucial to successful organisational change. In Autumn 2009, as part of the continuing Staff Engagement Strategy, UHL engaged and consulted with staff and patients to define a set of core values. These have been clearly stated within the strategic direction:

"We are here to provide Caring at its best to our patients and their carers. Caring at its best means at all times we behave in line with our values"



Following patient and staff feedback, engagement and embedding the Trust values have been highlighted as a key priority for developing the way we do things at UHL to deliver "Caring at its best". It is therefore our intention to work with patients and staff to make this a reality.

3.0 What is Organisational Development?

Organisational Development (OD) is the process through which an organisation develops its culture, capacity and capabilities to most efficiently and effectively meet its strategic aims over the long term. A key component of the Organisational Development plan is therefore setting a series of actions that are designed to improve organisational performance and effectiveness. Organisational Development actions and interventions facilitate the necessary changes in the culture, strategy, structures and processes of an organisation.

Effective Organisational Development is underpinned by the following principles:-

- Focus on positive achievements and learn from mistakes
- Examine root causes rather than symptoms
- Seek maximum engagement of stakeholders
- Focus on changing organisational culture 'the way we do things here'
- Pays attention to interconnected systems both internal and external

(Organisational Development Publication, Peter Senge, 2006)

At the centre of every patient's experience at UHL is an encounter with the culture of UHL. This culture, by which we mean the attitudes, assumptions, behaviours and values of the Trust and its many professional groups, influences the patient's journey and thus the quality of care we provide. We believe it essential to explore the prevailing culture of UHL (`the way things are done around here'), to understand its strengths and based on this to consider how it may need to develop and change to further improve the patient experience. Essentially the OD plan is the Personal Development Plan for UHL.

3.1 Developing the Refreshed UHL OD Plan

The previous OD Plan and Strategic Action Plan 2010 – 2012 created a solid foundation which delivered a number of key changes in strategy and business processes, capacity and capability, leadership and talent management and staff engagement. Following the agreement by the Trust Board of our revised strategic vision and objectives we have reviewed the content of this plan.

Earlier this year, we delivered two workshops to enable engagement with sponsoring staff including the Executive Team and clinical leaders. During the workshops the underpinning themes and behaviours that deliver the OD plan and the governance structure that surrounds them, started to take shape.

Following agreement of the strategic direction in October 2012 a validation exercise was carried out to further explore and expand on the underpinning themes that were developed in these sessions. A series of one to one interviews with 40 key internal stakeholders using an appreciative enquiry approach have taken place during October 2012 and the outcomes from the interviews provided a rich source of data in developing the resultant action plans.

A review of evidence based best practice and documentation (covering the previous two years) was also undertaken including National Staff Opinion Survey results for UHL, local staff polling results, patient satisfaction survey results and relevant updates on progress against the delivery of key workforce strategies.

3.2 Emergent Themes

Six themes consistently emerged from the discussions and interviews and have been grouped under the following six headings with patient safety and quality running through all of these. The themes have been aligned to UHL values and support building pride in our organisation through 'our values in our actions every day'.

Live our values

Improve two-way engagement

Strengthen leadership

Enhance workplace learning

Improve external relationships and working partnerships

Encourage creativity and innovation

For each theme there are a series of actions that are designed to build on current strengths and address gaps to improve the organisational performance and culture of UHL. Against each action we have made some progress with highlighting priorities that will best drive improvement, also specifying timeframes for delivery and the responsible Executive Leads. Work will be undertaken to identify resource and financial implications to deliver the OD Plan.

3.3 Governance and Risk

It is essential that we create a comprehensive governance structure to ensure that the actions set out are taken forward and embedded throughout UHL. It is proposed that the current Staff Engagement Steering Group is strengthened and going forward will be chaired by the Chief Executive. This group will oversee the implementation of this OD Plan ensuring:

- Full integration into Corporate and Divisional Business Plans
- Co-ordinate work of small teams working on specific initiatives
- Establish effective monitoring of implementation
- Maintain the high profile of OD across all areas

The work of this group will be reported to the Executive Team on a regular basis and to the Workforce and Organisational Development Committee, which is chaired by a Non-Executive Director.

Risks in delivering the OD Plan will be identified reflecting capacity, capability, system and financial constraints, in addition to any actions deemed to be on a critical path. Work is currently being undertaken in refreshing the Trust's 2012-13 Strategic Risk Register / Board Assurance Framework (SRR / BAF) and relevant risks (as below):

- Risk 13 Skill shortages
- Risk 14 Ineffective clinical leadership
- Risk 15 Management capability / stretch
- Risk 16 Lack of innovation culture
- Risk 18 Inadequate organisational development

On updating the 2012-13 SRR / BAF, the Board and Quality and Performance Management Group will be provided with regular status updates against risk entries and mitigating actions taken.

3.4 Performance Management

We have articulated the performance shift UHL aims to achieve over the next year from successfully implementing actions identified within the Organisational Development Plan within the section titled "Evaluation of Success". Whilst many of the actions are longer term, we expect to see significant improvement at the end of 2013-14 based on the measures identified.

The performance metrics tabled below will provide evidence against which the implementation and impact of the actions set out and will be monitored and assessed. Where appropriate these metrics will be assessed at corporate directorate, divisional and clinical business unit level.

	Organisational Development Performance Metrics								
Outcome Metrics	Delivery of the Strategic Objectives Patient perception of higher quality care measured through Net Promoter Scores Improved partnership working and key stakeholder relationships Achievement of Quality Goals Annual National Staff Attitude Opinion Survey Results (Model employer e.g. Access to training, job satisfaction, leadership style) Local polling results								
Key Performance Indicators	Headcount in Talent Pipeline (including diversity metrics) Headcount of those on development programmes Headcount of those completed 360-degree feedback (multi-rater feedback) HR Indicators e.g. stress related sickness, induction and appraisal performance Caring at its best Awards Nominations Training utilisation and evaluation data								

4.0 Conclusion

The OD programme is ambitious and challenging. To be operating as a successful Foundation Trust that is internationally recognised for placing quality, safety and innovation at the centre of service provision and gain the benefit from this OD programmes, the organisation needs to focus on the pace of the necessary change required, it's effect on staff, structure and systems and the support it will need to provide. Many of the programmes of work will require considerable changes to working practices, which will positively impact on staff, both in their role and how they work across the organisation.

We are committed to continuing to build on our existing OD approach and will enhance and refresh our OD plan on an annual basis to ensure that the direction and emphasis of OD is meeting the needs of the organisation and is fully embedded in the strategic planning process. We will establish an annual OD planning cycle which builds on the approach taken for 2012. Work continues on developing the specific actions that will be in place to develop the capability and capacity required to facilitate the necessary change across UHL. Examples of actions and steps to be taken are given in the following appendices and these will be enhanced and added to over the next few weeks.

5.0 Appendices

Objective 1: Live our values

Objective 2: Improve two-way engagement

Objective 3: Strengthen leadership

Objective 4: Enhance workplace learning

Objective 5: Improve external relationships and working partnerships

Objective 6: Encourage creativity and innovation

Organisational Development Plan 2013-15: Evaluation of Success

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Organisational Development Plan 2013 - 2015 Objective 1: Live our values

We recognise that living our values is crucial to providing 'Caring at its best'. We will strive to make the behaviours associated with our values 'what we do' - to inspire, develop and support every one of us to live our values every day. Our Board of directors, executive and senior leadership team will serve as role models, visibly demonstrating our values in their daily work and actions.

	1. We will constantly focus on 'Caring at its best', our reason for being here through establishing a true understanding and ownership of our values and behaviours:							
	Action	Timescales	How	Executive Lead				
а	Review and revise all Human Resources (HR) processes and learning and development programmes to ensure	Jun 2013	 Continue to integrate and evaluate values in all HR processes and internal learning and development programmes 	Kate Bradley				
	values and associated behaviours are fully integrated		 Implement Regional Strategic Health Authority Project on recruiting ward sisters, assessing values and attitude at the point of recruitment. 	Suzanne Hinchliffe				
b	Establish a "Caring at its best" Support Team to work with wards and other clinical areas on improving patient	Apr 2013	 "Caring at its best" Support Team established (on securing investment) with clarity of purpose, objectives and target areas 	Suzanne Hinchliffe				
	experience by delivering "Caring at its best" training package, supported by clear and deliverable care standards	Apr 2014	 "Caring at its best" Training Programme, developed in Haematology, will be delivered to all ward staff Trust wide 					
		Sept 2013	 Display and maintain "You said – we did" boards at the entrance of all ward and clinical areas 	Suzanne Hinchliffe Andrew Chatten				









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Organisational Development Plan 2013 - 2015 Objective 1: Live our values (continued)

С	Visually embed the values ensuring they are incorporated within estate improvement projects, for example the new Main Entrance at the Leicester Royal Infirmary Site	To be confirmed	•	Estate improvement projects include clear outcomes specific to the visual display of values Values consistently on display in reconfigured service areas	Mark Wightman Andrew Chatten
d	Widely publicise the Organisational Development (OD) Plan to staff and partner organisations, regularly update on progress and associated risks on the implementation of the plan	Mar 2013 Apr 2013 Mar 2014	•	Communication and engagement plan agreed and implemented Simple staff feedback system devised and introduced, for example using an IT voting system, to gauge feedback on the implementation of the OD Plan OD Plan implementation risks identified within the Strategic Risk Register/ Board Assurance Framework and monitored regularly by the Trust Board and Quality and Performance Management Group	Mark Wightman Kate Bradley Kate Bradley

2. Adopting a team based approach commencing with the Trust Board, executive and senior leadership teams, we will articulate values and behaviours within the organisation, exploring how they will be demonstrated on a day to day basis:

	Action	Timescales	How	Executive Lead
а	A series of facilitated workshops will be held to engage teams in defining how values will be demonstrated and achieved	April 2013	Team contracts in place with Trust Board, executive and senior leadership teams based on the agreed values and behaviours	Chief Executive Kate Bradley
	on a day to day basis	Dec 2013	This development will be implemented and evaluated through the organisation adopting a phased approach, to be agreed with the executive and senior leadership teams	Kate Bradley



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Organisational Development Plan 2013 - 2015 Objective 1: Live our values (continued)

b	During and at the end of all formalised	Apr 2013	•	"Meeting values feedback" process established and	Stephen Ward/
	meetings (within the existing governance			introduced	Mark
	and decision making infrastructure), the		•	All decisions and strategies referenced to values and	Wightman
	Chair will invite the attendees to assess			behaviours with the "report cover sheet template"	
	their adherence to our values and			updated to reflect this	
	behaviours				

3. We will build on our formal / informal reward and recognition process based on values and behaviours and mutual respect between the organisation and the individual:

	Action	Timescales	How	Executive Lead
а	Establish a local feedback mechanism for regularly praising and rewarding positive behaviours and achievements	Apr 2013	 Consult with staff to establish a process for regularly recognising/praising examples of positive behaviours and achievements. For example providing leaders with 'Caring at its best Post Cards' to send out personal thank you messages to staff 	Kate Bradley Mark Wightman
b	Continue to raise profile of Trust wide "Caring at its best" awards in rewarding staff and volunteers that exemplify our values and demonstrate outstanding commitment to "Caring at its best"	·	 Implement "Caring at its best" awards communication and engagement plan Monitor and report on the number of award nominations against each of the six award categories to the Workforce and Organisational Development Committee 	Kate Bradley Mark Wightman



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Organisational Development Plan 2013-15 Objective 2: Improve two-way engagement

We recognise that high levels of engagement with our staff, is essential to delivering our vision and strategic objectives. We know that research evidence from across both public and private sectors supports the notion that staff who are engaged deliver higher productivity and organisational performance, improved patient focus, lower levels of absenteeism and higher retention. Our approach to staff engagement will ensure staff are involved in decisions, placed at the centre of change and communicated clearly with. We will focus on understanding "what matters" and "what gets in the way" for staff and taking actions to enable the organisation to "unblock the way".

	 We will Improve our approach to two-way communication and will demonstrate this by actively seeking feedback, listening and acting on the feedback we receive: 						
	Action to address gap	Timescales	How	Executive Lead			
•	As defined within the Leadership and Management Standards, line managers will ensure continuous communication through a variety of channels, maximising on engagement and sharing learning	Jun 2013	 Co-create and implement Leadership and Management standards monitored through appraisal which include guidance on expectations of managers regarding communications and meetings Review meeting schedules and frequency (local and Trust wide) and recommend appropriate changes 	Mark Wightman Stephen Ward			
	Build on existing approaches that enhance Board, executive and senior leadership team engagement and involvement	Mar 2014	Learning from each other and from other organisations we will actively adopt best practice to facilitate the required cultural change. Examples of best practice adopted in other organisations include, "Listening into Action", "Speed Dating" and "Speciality Board Forums"	Chief Executive Kate Bradley			









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Organisational Development Plan 2013-15 Objective 2: Improve two-way engagement (continued)

,	Continue to work with engagement champions using the national staff survey and local polling to gauge the overall engagement climate of the organisation and service areas and act to improve it	Apr 2013	•	Implement Staff Engagement Forums, Think Tanks or Ward Based Focus Groups across all areas, to discuss local staff polling feedback Development of locally agreed action plans and devise and implement feedback mechanism for sharing progress	Kate Bradley Jeremy Tozer
	Introduce 'Back to the Floor' days where senior managers will work with front line staff and increase visibility and accessibility	Mar 2015 Apr 2013	•	Review and implement successful 'Back to the Floor' approaches used in other NHS and private sector organisations and ensure transfer of learning Consider regular Executive Team sessions to share	Kate Bradley Suzanne Hinchliffe
				feedback from walkabouts and agree actions	

2. We will care for our staff so that they can provide excellent care for our patients:

	Action to address gap	Timescales	How	Executive Lead
а	Working in partnership with Amica, Human Resources and the Occupational Health team to design and develop a more integrated approach to building well-being and resilience at work	Nov 2012 - Mar 2015	 Promote well-being initiatives through the quarterly "Let's Keep Talking" newsletter Report on levels of stress and sickness absence at monthly intervals and agree on local interventions Design and deliver workshops for managers in supporting them to build emotional resilience and manage stress Continue to develop attractive salary exchange offerings to staff to aid retention as part of our model employer approach 	Kate Bradley
b	Ensure that appropriate support is put in place before, during and after times of extensive change	Nov 2012 – Mar 2015	 Provide information on the range of support available during times of change Tailored interventions provided as required 	Kate Bradley Executive Team

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Organisational Development Plan 2013-15 Objective 2: Improve two-way engagement (continued)

3. We will focus on improving medical engagement and will build a strong level of involvement:

	Action to address gap	Timescales	How	Executive Lead
а	Facilitate opportunities for medical leadership development at all levels to improve engagement and involvement in planning and delivering safe and high quality patient services	Nov 2012 – Mar 2015	 Design and delivery of tailored interventions to enhance collaborative working, for example "Medical Leadership Development Programme". A Medical Lead will be identified for all service improvement initiatives Promote and monitor access to leadership development programmes and interventions Review utilisation of existing consultant forums 	Kate Bradley Kevin Harris
b	Utilise the feedback from trainee doctors to put into action a plan for support, involvement and engagement. A number of development initiatives will continue and evolve for our medical colleagues including improving consistency around expectations, communication, support and accessibility for both trainees and supervisors	Nov 2012 - March 2014	 Implement focus group sessions with trainee doctors and agree on engagement improvement actions Increase accountability for education and training resources and map resources to quality of education and training delivery Develop a funded (SPA) CBU/Departmental Educational Lead role to improve links between clinical service and training, to deliver quality measures, respond to challenges and increase accountability for education funding Explore the shape of the future medical workforce 	Kevin Harris

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Organisational Development Plan 2013-2015 Objective 3: Strengthen Leadership

We will develop inclusive leaders to achieve and sustain outstanding performance, increase capacity and capability to achieve our vision and strategic objectives. We will develop a culture which encourages identifying talent and maximising potential in developing strong stable leadership and continuity of business critical roles.

	1. We will develop leaders to achieve and sustain outstanding performance and increase capacity and capability:						
	Action to address gap	Timescales	How	Executive Lead			
а	Continue with the design and implementation	Mar 2014	Implementation of Board Development Programme	Stephen Ward			

	Action to address gap	rimescales	п	JW	Executive Lead
	Continue with the design and implementation of a Board development programme, which explicitly supports the delivery of Department of Health's Board Assurance Framework and enhances board performance	Mar 2014	•	Implementation of Board Development Programme aligned to the outcome of the assessment against the Board Governance Memorandum Criteria	Stephen Ward Chief Executive
	Develop and support leaders in key areas of knowledge, skills and personal development including commercial and business acumen, clinical leadership, strategic and operational	Mar 2015	•	Design, commission and deliver leadership development programmes that focus on key areas including change management, commercial and business acumen	Kate Bradley
	leadership, financial and performance management, clinical commissioning, horizon	Mar 2014	•	Individual progress monitored through appraisal process	Executive Team
	scanning, political awareness and emotional intelligence	May 2013	•	Report on learning benefits and improvement projects supported by leadership development programmes For example deliver a "Leadership Showcase" event	Kate Bradley
(Provide tailored development interventions to support leaders with building strong teams	Mar 2015	•	Tailored development interventions implemented based on identified needs	Kate Bradley









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Organisational Development Plan 2013-2015 Objective 3: Strengthen Leadership (continued)

	objective 3. Strengthen Leadership (continued)						
	d Continue to build on leadership development	Nov 2012 –	•	Representation on East Midlands Leadership Academy	Chief Executive		
	programmes and interventions co-ordinated	Mar 2015		Board, Local Education Training Board and LLR	Kate Bradley		
	through our Leadership Academy and external			Workforce Advisory Board			
	organisations including East Midlands	Mar 2013	•	Internal Local Education Training Committee	Kate Bradley		
	Leadership Academy and Foundation Trust			established with lead responsibility for commissioning			
	Network			leadership and educational development activity			
	2. We will demonstrate outstanding leadership qualities in the way we conduct our business activities,						
	improve our health services and our performance:						
	Action to address gap	Timescales	Н	ow	Executive Lead		
ı		N - 2012	_		Kala Daadla		

	Action to address gap	Timescales	Н	ow	Executive Lead
а	Co-create and implement Leadership and Management Standards in setting clear leadership expectations aligned to our Trust values and behaviours	Nov 2012 – Oct 2013	•	Staff consultation (at all levels) in creating Leadership and Management Standards and associated guidance Standards integrated within recruitment / appraisal practices and internal development programmes	Kate Bradley
b	In adopting Leadership and Management Standards leaders will clearly link all staff objectives to the overall Trust strategic direction and clinical strategy	Mar 2013 Jun 2013	•	Implementation of Strategic Direction communication plan using a range of communication and engagement methods Report on periodic appraisal quality review findings and agree and implement local improvement actions	Chief Executive Mark Wightman Kate Bradley
C	Monitor leadership performance through 360 degree and self assessment processes, staff and patient survey feedback and the achievement of Trust quality, operational and financial performance measures	Apr 2013- Mar 2015	•	Report on improvement through monthly Quality and Performance Management Report and through line management responsibilities	Kate Bradley Suzanne Hinchcliffe
C	Provide organisational structures where lines of accountabilities and areas of responsibility are clear and supported	May 2013 Dec 2013	•	Review of (interim) director portfolios and appropriate permanent changes made Regular review of organisational structures, job roles and line management responsibilities to be completed	Chief Executive Executive Team



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Organisational Development Plan 2013-2015 Objective 3: Strengthen Leadership (continued)

3. We will ensure the supply of future leaders by identifying and developing new and emerging leaders and

	will support current leaders with optimising their potential:					
	Action to address gap	Timescales	Н	DW .	Executive Lead	
а	Develop leaders in the talent management process to ensure accurate and consistent assessment of performance and potential against the Trust's Nine Box Talent Profile Matrix	Apr 2013	•	Talent management guidance promoted Trust wide and bespoke development sessions provided as required Appraisal training updated to incorporate Talent Management Guidance	Kate Bradley	
b	Compile Talent Profile of Trust senior leaders and across specific staff groups to inform talent pipeline	Dec 2012	•	Talent Profile for level 1 to level 3 leaders reported to Remuneration Committee for consistency checking	Kate Bradley	
С	From talent profiles and ensuring inclusivity, future strategic clinical leaders will be identified and development programmes prioritised and commenced	Jan 2013 – Dec 2013	•	Development plans in place and centrally co-ordinated Succession risks identified and reported Target individuals to attend key regional development activity including Aspiring Senior Directors Programme and Top Leaders Diagnostic Programme	Kate Bradley Executive Team	
d	Career development review opportunities have commenced with senior managers to maximise 'best fit' and retention	Jan 2013 – Dec 2013	•	Career development reviews undertaken through appraisal Provide internal / external coaching and support with personal development planning via existing networks	Executive Team Kate Bradley	
е	Working in partnership with educational providers, invest in building and delivering clear talent management programmes that address all levels of talent (clinical and non-clinical)	Nov 2012 – Mar 2015 Mar 2014	•	Maintain and build on external partnerships with education providers Maximise on investment to support development at all levels Devise, implement and monitor career pathways	Kate Bradley Suzanne Hinchliffe Kevin Harris	



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Organisational Development Plan 2013-2015 Objective 4: Enhance workplace learning

We support the principle that lifelong learning and staff development is a fundamental requirement to improve service delivery and organisational performance. We are clear how education, training and development can make a valuable contribution to our aspiration to deliver services through a professional, passionate and valued workforce. We will ensure that all staff have, in conjunction with their managers, time to assess and agree their training and development needs to better fulfil their current job, to reach their full potential and to enhance their career progression.

	1. We will create a learning culture focussed on delivering safe, high quality care					
	Action to address gap	Timescales	How	Executive Lead		
а	Continue to provide all staff with quality information, advice and guidance (IAG) on learning and career development opportunities through our accredited "Directions Service"	Nov 2012 – Mar 2015	 Promote the Directions Service Trust wide and offer staff high quality IAG on career progression and learning and development opportunities Maintain "Matrix Standard" (IAG quality standards) 	Kate Bradley		
b	Promote evidence-based methodologies, including patient stories and observations of care, in improving patient experience	Nov 2012 - Mar 2015	 Report on patient stories to Trust Board, executive and senior team in line with the Patient Experience Strategy to share best practice and transfer learning 	Suzanne Hinchliffe		
С	In implementing the Leadership and Management (L&M) Standards, leaders will take accountability and ownership for creating time and space for learning and will empower staff to find solutions through the learning process	Mar 2014	Implement initiatives that promote cross divisional working on integrated care pathways and report on on-going progress to the Board, executive and senior team	Kate Bradley Jeremy Tozer		









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Organisational Development Plan 2013-2015
Objective 4: Enhance workplace learning (continued)

е	Continue to maximise use of technology for learning through building on our internal elearning provision (including Learn Direct) and the use of innovative techniques in developing staff in areas of clinical practice		 Implementation range of IMT training interventions (use of Microsoft Applications and bespoke systems) Offer flexible learning opportunities through e-UHL and Learn Direct Build on use of simulation techniques in clinical practice development 	Kate Bradley Kate Bradley John Clarke Kevin Harris		
	2. We will continue to improve appraisal quality and performance					
	Action to address gap	Timescales	How	Executive Lead		
а	Implement new appraisal recording system	Feb 2013	Appraisal system designed and accessible through	Kate Bradley		

	Action to address gap	Timescales	How	Executive Lead
а	Implement new appraisal recording system utilising push technologies.	Feb 2013	 Appraisal system designed and accessible through the internal SharePoint Platform and linked to Microsoft Outlook Calendar Automation of key processes i.e. grandparent sign off 	Kate Bradley John Clarke
b	Monitor and feedback of annual appraisal quality assessment findings and build on the infrastructure and support in driving forward appraisal quality improvements	Apr 2013 – Jun 2013	Report on periodic appraisal quality assessment findings and progress against agreed local action plans	Kate Bradley

3. We will ensure that all staff have the right knowledge, skills and behaviours in delivering safe, high quality, patient centred healthcare

	Action to address gap	Timescales	How	Executive Lead
а	Provide on-going support to staff in developing positive behaviours	Mar 2013	 Support provided by "Caring at its best" Support Team (on securing funding), in line with Patient Experience Strategy 	Suzanne Hinchliffe
b	Maximise on efficiencies in the delivery of statutory and mandatory training	To be confirmed	Implementation of National Core Skills Framework	Kate Bradley Suzanne Hinchliffe



NHS Trust

Organisational Development Plan 2013-2015 Objective 4: Enhance workplace learning (continued)

	Objective 4. Elillance workplace learning (continued)					
d	Develop and support staff at all levels with improving basic skills including IT, literacy, numeracy and ESOL	Apr 2013	Deliver basic skills interventions through close working with external training providers and report against Joint Investment Framework (JIF)	Kate Bradley		
е	Build on our vocational training provision in developing support staff and assisting with the introduction of new roles through Apprenticeships, Leicester Works and Assistant Practitioner schemes	Apr 2013	 Deliver agreed contractual requirements with Skills Funding Agency Deliver against JIF requirements ensuring alignment with workforce plans 	Kate Bradley		
f	Embed a culture of leadership and accountability within all our staff groups in the education and training of all clinical professionals and non clinical staff	Jul 2013	Staff at all levels will participate and take ownership for education and practice development, building them into existing appraisal and workforce planning activities	Kate Bradley Suzanne Hinchliffe Kevin Harris		
g	Working with academic partners, anticipate and develop the clinical competencies required to deliver high quality and safe care	Nov 2012- Mar 2015	 University honorary appointments established Learner teaching within workplace environment Peer review activity with learners on premises 	Kevin Harris Suzanne Hinchliffe		
h	Meet and wherever possible exceed our responsibilities to provide excellent education, training and supervision for undergraduate and post graduate students	Jul 2013	 Effective mentors allocated to students with good insight into educational programmes and dedicated time to support learners Staff and mentors operating as role models – consistently demonstrating evidence based practice 	Kevin Harris Suzanne Hinchliffe		
ı	Maximise the reputation of UHL's teaching hospital status and support the future workforce development	Nov 2012 – Mar 2015	 Strong links will be forged with training providers and commissioners in meeting workforce plans Increase practice development initiatives Develop enhanced training and development facilities at the LRI Site 	Kate Bradley Kevin Harris Suzanne Hinchliffe		

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Organisational Development Plan 2013-2015 Objective 5: Improve external relationships and working partnerships

We recognise that positive partnerships with external bodies and internal directorates / divisions are vital to achieving our vision and strategic objectives.

As an aspiring FT we will continue to strengthen our links with the local population. This closer relationship is one of the hallmarks of Foundation Trusts (FT's), with local communities having an enhanced sense of ownership for how their health services are delivered. We aspire to be an organisation that puts our local community's ideas, needs and experiences at the very heart of what we do. An active and inclusive membership is vital to this aspiration.

	Action to address gap	Timescales	How	Executive Lead
a	Clarity regarding the lines of responsibility and reporting for Patient Public Involvement (PPI)	April 2013	 Patient and Public Involvement (PPI) strategy to be refreshed and presented to Trust Board 	Mark Wightman
	activity	April 2013	 Clarity of Divisional / Clinical Business Unit (CBU) manager's responsibility for PPI 	
		May 2013	Review of PPI cover sheet for Board submissions	
)	Provide support and guidance to equip staff to engage with patients and the public	May 2013	 PPI toolkit to be developed and shared Internal Website PPI page to be developed 	Mark Wightman
	engage with patients and the pasie	Mar 2015	 PPI leads to be supported through the Patient Experience bi-monthly meeting 	· · · · · · · · · · · · · · · · · · ·
		May 2013	 PPI and Membership Manager / Communications Team to promote PPI internally 	







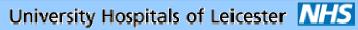


Organisational Development Plan 2013-2015 Objective 5: Improve external relationships and working partnerships (continued)

	Facilitate better links between our staff and	April 2013	•	Expansion of Service Improvement Volunteer	Mark
	our public members			Programme	Wightman
		Mar 2015	•	Facilitate communication between PPI leads and	
				specific members groups	
		May 2013	•	Divisions to explore protected time for staff	
				engaging in PPI activity	
•	Actively encourage a partnership approach	Dec 2012	•	Develop the Community Ambassador Programme	Mark
	with our diverse local communities	May 2013	•	Establish a Community Engagement Toolkit	Wightman
		Mar 2015	•	Maintain a representative Membership	

2. As an aspiring FT we will continue to work in partnership with internal and external stakeholders to ensure we meet the changing needs of the wider health community, particularly those from vulnerable and less represented groups:

Action to address gap	Timescales	How	Executive Lead
Engage and consult with local communities	Nov 2012 -	Continue to issue regular stakeholder newsletters	Mark
and voluntary sector organisations as we develop our services	Mar 2015	 Opportunities to engage with the Trust to be promoted across the voluntary sector / community groups Encourage people from faith / community groups to become Trust members 	Wightman
Build on our good relationships with our Local Involvement Networks (LINks) as they make the transition to Healthwatch	Apr 2013 Nov 2012 - Mar 2015	 Quarterly meetings with the Chief Executive to continue with Healthwatch representatives Continued attendance by Trust representative at LINk / Healthwatch Board meetings and sub groups 	Chief Executive/ Mark Wightman
Develop a clear and inclusive picture of our local stakeholders	Nov 2012 Dec 2012	 Stakeholder mapping exercise Develop comprehensive stakeholder database 	Mark Wightman



NHS Trust

Organisational Development Plan 2013-2015 Objective 5: Improve external relationships and working partnerships (continued)

Action to address gap	Timescales	How Executive Lead
Encourage and support the development of	May 2013	Develop guidance regarding support available for Kate Bradley
staff wishing to stand as Governors		Staff Governors
	May 2013	Develop Governor Awareness material Mark
	Jan 2013	Reactivate potential Governors meetings with the Wightman
		Trust's Chairman

NHS Trust

Organisational Development Plan 2013-2015 Objective 6: Encourage creativity and innovation

We will successfully embrace creativity and innovation within UHL and understand this agenda is inclusive and is for everybody's attention and vital to our continued organisational development. We will therefore work with staff to explore ways of freeing up more of their time to focus on the "important" issues.

We offer nationally and internationally recognised clinical services underpinned by quality research and supported by high calibre education and training.

We will encourage creativity and harness innovation that is patient focused, safe and efficient and a driver for quality. Where possible this will be delivered through integrated models of care and patient pathways.

	will be delivered	through integr	ated models of care and patient pathways.	
	Action to address gap	Timescales	How	Executive Lead
6	As a member of the Health Enterprise East NHS Innovation Hub, Trust staff will have access to advice, guidance and project management for their innovative ideas	Nov 2012 – Mar 2015	 Ensure the communication and marketing of the Health Enterprise East NHS Innovation Hub throughout the Trust Alignment with leadership and service improvement initiatives 	Kevin Harris
k	The Trust is a founder member of the NHS Confederation Innovation Investment Strategy whereby innovative projects from NHS Trusts are showcased to potential high level investors	Nov 2012 – Mar 2015	 Ensure engagement of staff and alignment with service improvement initiatives Ensure transfer of learning both within and external to UHL 	Kevin Harris









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Organisational Development Plan 2013-2015 Objective 6: Encourage creativity and innovation (continued)

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	Action to address gap	Timescales	H	ow .	Executive Lead
С	Produce a shared purpose and vision for service improvement	Feb 2013	•	Produce a Service Improvement Strategy for the organisation with clear implementation plan Build in capacity and capability for implementation	Andrew Seddon
d	Ensure our clinical and managerial leaders have the skills to drive forward transformational change	Mar 2013	•	Assess capability and identify and introduce methods of skilling leaders for the transformation agenda Align this with Trust Engaging Leadership Excellence Strategy Create a network of enthusiasts who can coach and develop others Create a forum of practice by developing buddying, twinning and mentoring arrangements between leaders working on similar projects Create a service improvement hub, where people can access service improvement tools and support	Andrew Seddon/ Kate Bradley
е	Create an 'UHL Innovation Forum' for sharing and disseminating ideas and we will provide a framework to transfer learning in building sustainability	Apr 2013	•	Establish incentivising mechanisms to encourage innovation and develop clear processes for making it easy for ideas to happen Establish an innovation fund for which staff can access/bid for funding to support an innovation that will deliver improved patients experience and improve efficiency	Andrew Seddon
f	Seek out innovation and improvements from other Trusts (UK and International) and adopt locally	Nov 2012 – Mar 2015	•	Share learning through peer networks Develop more benchmarking Implement an appreciative enquiry approach – stimulate staff by focusing on the positives	Andrew Seddon



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Organisational Development Plan 2013-2015 Objective 6: Encourage creativity and innovation (continued)

8	Continue with "Releasing Time to Care" and NHS(III) 'Productive' interventions	Jan 2013 – Aug 2014	•	Rollout of "Releasing Time to Care" across all ward areas to maximise efficiency	Suzanne Hinchcliffe
	Provide opportunities for staff to innovate and take calculated risks to achieve more efficient and improved patient services	Mar 2014	•	Build a "culture of permission" in which people are encouraged to try out improvements Build a learning process that is open to encourage staff to feel responsible for maintaining high standards of patient care	Andrew Seddon Kate Bradley
i	Ensure that we are developing new roles and extending staff responsibilities in line with Agenda for Change	June 2013	•	Through development of Divisional Workforce Plans and implementing best practice, we will develop and commission appropriate curriculum to support the implementation of new roles	Kate Bradley Suzanne Hinchliffe

2. We will ensure that research activities are embedded in all our services, concentrating especially on our areas of strength:

	Action to address gap	Timescales	How	Executive Lead
а	Continue to work with our academic partners in delivering nationally important clinical studies for the benefit of our patients	Nov 2012 – Mar 2015	 Equip staff with necessary knowledge, skills and expertise to successfully participate and contribute to a wide portfolio of nationally important clinical studies for the benefit of our patients 	Kevin Harris
t	Support the research activity and capacity of the Trust by ensuring appropriate development of the Research and Development	Nov 2012 – Mar 2015	 Report progress to Research and Development Committee and promote studies Trust wide Monitoring by Research and Development Score Card 	Kevin Harris

Organisational Development Plan 2013 – 2015

Evaluation of Success

This section begins to articulate the performance shift UHL aims to achieve over the next financial year from successfully implementing actions identified within the Organisational Development Plan. Whilst many of the actions are longer term, we expect to see significant improvement at the end of the 2013/14 financial year based on the following measures:

National Staff Attitude and Opinion Survey Results	By the end of 2013 - 14
Staff recommendation of the Trust as a place to work or receive treatment	Improved scores –
UHL 2011 Score 3.22 – Worst 20% of Acute Trusts	Achieve above average against
Percentage of staff reporting good communication between senior management and staff	comparable Acute Trusts in all three areas
UHL 2011 Score 19% - Worst 20% of Acute Trusts	
Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver	
UHL 2011 Score 69% - Worst 20% of Acute Trusts	
In November 2011, 90% of staff had an appraisal in the previous 12 months, only 53% of staff felt that their work was valued by the Trust	Percentage of staff that feel their work was valued by the
valued by the trust	Trust increased to 75%







Evaluation of Success (continued)

Local Polling Results

Following feedback of results, local action plans have been co-created involving and empowering staff in bringing about changes. Action plans will be evaluated at agreed intervals, adopting a "you said, we did" approach. All areas have been set a target to increase positive responses by a minimum of 10% against each survey item, by the end of 2013-14.

2012

2011

Local Polling Results

Locai F	olling Results	2012	2011		
UHL Question Category	Question	%Positive Responses	% Positive Responses		
About Me	At work my development is encouraged	54.27%	58.01%	-4%	V
About Me	In the last year, I have had the opportunities at work to learn and develop	56.19%	59.36%	-3%	V
About Me	In the last month I have received feedback, or recognition based on my good performance	42.33%	43.43%	-1%	V
About Me	It is clear, what the expectations are of me at work	70.09%	75.75%	-6%	V
About Me	To enable me to do my job well, I have the materials/equipment I need	46.70%	48.81%	-2%	•
About Me	In my role, I get opportunities to use my skills and talents to do my best, every day	56.72%	59.45%	-3%	▼
About My Manager	In the last six months, my manager has talked to me about my progress at work	54.13%	62.33%	-8%	V
About My Manager	(I believe) my manager is committed	65.39%	67.52%	-2%	
About My Manager	My supervisor/manager listens, and appears to care about me as an individual My manager takes effective action to ensure that I am treated fairly	58.29%	60.45%	-2%	•
About My Manager	and with dignity and respect	58.94%	60.01%	-1%	
About My Work	My co-workers work to common goals and are committed to quality	69.37%	75.53%	-6%	V
About My Work	This organisation/UHL is concerned for my Heath and Well Being / Work Life Balance	27.80%	29.97%	-2%	V
About My Work	I am well informed about what is happening in UHL	40.55%	42.08%	-2%	T
About My Work	I am asked for my input, and my opinions count	29.15%	33.48%	-4%	T
About My Work	I know how my work influences the purpose of this organisation, which makes me feel my job is important	49.04%	59.76%	-11%	T
	Totals	51.93%	55.73%	-4%	