

Safe & compassionate care,
every time

PUBLIC BOARD MEETING 31st January 2018

Details of the Paper

Title	Clinical Strategy
Responsible Director	David Williams, Director of Strategy and Business Development
Purpose of the paper	To inform the Board of progress to date and the timetable for completing the Trust's Clinical Strategy
Action / decision required (e.g., approve, support, endorse)	The Board is asked to note the progress to date and to support the plan to finalise the Trust's Clinical Strategy by 30 March 2018.

IMPLICATIONS AND ISSUES TO WHICH THE PAPER RELATES (PLEASE MARK IN BOLD)					
<i>Patient Quality</i>	<i>Financial Performance</i>	<i>Operational Performance</i>	Strategy	<i>Workforce performance</i>	<i>New or elevated risk</i>
<i>Legal</i>	<i>Regulatory/ Compliance</i>	<i>Public Engagement /Reputation</i>	<i>Equality & Diversity</i>	<i>Partnership Working</i>	<i>Information Technology / Property Services</i>
ANNUAL OBJECTIVE					
Organisational Development - Deliver a clinical strategy framework to ensure vision and plan for all SDUs.					
<i>Please summarise the potential benefit or value arising from this paper:</i> To inform the Board of the progress to date and the remaining work required for completing the Trust's Clinical Strategy					
RISK					
Are there any the specific risks associated with this paper? If so, please summarise here.	<i>Non-Financial Risk:</i>				
	<i>Financial Risk:</i>				
LINK TO CARE QUALITY COMMISSION ESSENTIAL STANDARDS OF SAFETY AND QUALITY					
Which CQC standard/s does this paper relate to?	Well-Led Domain				

Author of paper: Tim Seymour, Head of Planning & Business Development
Presenter of Paper: David Williams, Director of Strategy & Business Development
Other committees / groups where this paper / item has been considered:
Date of Paper: 23rd January 2018

CLINICAL STRATEGY UPDATE

1. Introduction

A programme of Service and Corporate strategies is taking shape that will enable the Trust to develop a detailed Clinical Strategy by March 2018 to support the Trust's vision to be one of the safest healthcare systems in the country.

The process is capturing the aspirations, energy and innovation of each our clinical teams to offer the highest quality service for our patients into the future.

The process has involved meetings between the Chief Executive and each of the Trust's 27 Service Delivery Unit's (SDU's), the production of individual SDU strategies and five Divisional workshops which will support the development of an overarching strategy.

2. Current Progress

Meetings have taken place between Chief Executive and each SDU to understand the challenges and opportunities for our services. SDUs have led processes for their teams to develop an understanding of their current strengths, weaknesses, opportunities and threats and set out a vision for the future of their service linked to the overarching strategic priorities of the Trust, to offer high quality services, to recruit and retain the best people and to be financially sustainable. From this process, priorities for the development of the service have been developed.

The following tools and inputs have been used to inform that strategic development:

- Clinical and Patient Outcome Data
- Patient Experience
- National and International Clinical Practice
- Innovations that will drive improvements in care
- Model Hospital Benchmark Data
- *Getting it Right First Time* external analysis and reports
- Service Level Reporting Data
- Activity, Finance and Workforce information

To ensure alignment across the organisation as a whole, each SDU has identified interdependencies and enablers required to deliver the strategy.

Divisional workshops have been held in Surgery & Critical Care, Specialist Services and Women, Children and Sexual Health. The remaining two Divisions, Integrated Medicine and Integrated Elderly and Community Care will hold workshops in February 2018.

3. Divisional Workshops

The Divisional Workshops are a vital component in ensuring the Trust has an integrated, realistic and achievable clinical strategy. The workshops consist of a 'market place' where individual SDU leads have the opportunity to share first hand their strategy with the Trust Executives and Corporate leads to gain advice and support to develop their strategy further. This includes:

- Service development priorities
- Model hospital / Service level Reporting and opportunities for cost and productivity improvement
- Interdependencies with other services
- Enablers such as: IT, communications, finance, estates and workforce
- Strategic priorities for the SDU split between the Trust priorities of Quality, People and Money

The workshop also includes a Divisional presentation which pulls together the key Divisional strategic priorities from the individual service perspectives.

The workshop closes with a plenary session in which the Divisional strategy is discussed and debated in an open forum and key inputs captured.

4. Enabling strategies

Strategies will align with developing enabling strategies in the following areas:-

- Workforce planning
- Quality Improvement
- Communications and Engagement
- Information Technology and Digital
- Estates
- Long Term Financial Model
- Commercial & Business Development

The SDU strategies, Divisional Workshops and the sharing of strategies at the Strategic Transformation Committee are mechanisms of ensuring alignment across the Trust.

5. Sharing Strategies at Strategic Transformation Committee (STC)

Divisional strategies will be shared at STC in January and February to confirm priorities and to ensure alignment with Trust Strategies:

- Sharing of strategies with other Divisions to ensure all Interdependencies with other SDUs are understood and communicated to ensure alignment
- IT, Communications, Estates, Finance, Commercial and Workforce Plans are aligned
- Patient Experience and Quality Improvement Plans are informed

6. Further Opportunities

It is recognised that in addition to developing a Clinical Strategy associated benefits linked to the enhancement of the Trust's culture and values:-

- Develop teamwork and ownership of future plans from individual services
- Recognising and celebrating good practice
- Fostering innovation and best national and international practice
- Highlighting and recognising the plans of each individual Trust service
- A mechanism for learning and development across services, Divisions and Corporate departments
- Linking corporate plans to specific clinical service developments

7. Governance and Approval Timetable

The Strategic Transformation Committee will steer the overall development of SDU & Divisional strategies and the Clinical Strategy development process through to discussion at Executive Management Committee and Board at the end of March 2018.

Tim Seymour
Head of Planning and Business Development

On behalf of

David Williams
Director of Strategy and Business Development

January 2018

Safe & compassionate care,
every time

**PUBLIC BOARD MEETING
31/01/2018**

Title	OD Strategy update
Responsible Director	Bridget O'Kelly, Director OD and Workforce
Purpose of the paper	This paper summaries the need for an OD strategy and the action plan to develop it
Action / decision required	The Committee is asked to agree OD objectives and the associated time plan.

IMPLICATIONS AND ISSUES TO WHICH THE PAPER RELATES (PLEASE MARK IN BOLD)

Patient Quality	Financial Performance	Operational Performance	Strategy	Workforce performance	New or elevated risk
<i>Legal</i>	<i>Regulatory/ Compliance</i>	<i>Public Engagement</i>	<i>Equality & Diversity</i>	<i>Partnership Working</i>	

ANNUAL OBJECTIVE

Which Strategic Objective/s does this paper link to?
People - implement our people strategy to develop a culture of safe and compassionate care every time

Please summarise the potential benefit or value arising from this paper:
 Trust Corporate Objectives

- Well led and actively engaged staff

 Creating capability to support transformational leadership across the trust and ACS

RISK

Are there any specific risks associated with this paper? If so, please summarise here.	<i>Non-Financial Risk:</i> 11a - There is a risk to delivering organisational objectives if we do have not the right Organisational design or leaders. 11b - If staff are not actively engaged with organisational goals there is a risk that these objectives will not be delivered. 12a - If we do not develop and nurture skilled leadership there is a risk that staff engagement will be impacted in a negative way and that other corporate objectives will not be achieved
	<i>Financial Risk:</i>

LINK TO CARE QUALITY COMMISSION ESSENTIAL STANDARDS OF SAFETY AND QUALITY

Which CQC standard/s does this paper relate to?	<i>Well Led</i>
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Author of paper: Amir Khaki, Deputy Director of OD & Education

Presenter of Paper: Bridget O Kelly, Director of OD and Workforce

Other committees / groups where this paper / item has been considered: EMC + SWC

Date of Paper:22/01/2018

Developing the Organisation

1. Introduction

This paper outlines our plan to develop a comprehensive Organisational Development (OD) strategy to enable delivery of BHT's key objectives. As the term OD has been used in a number of different contexts, to ensure standardisation of understanding, Organisational Development is defined as a systematic approach to improving organisational effectiveness. It incorporates elements such as organisational culture, leadership, processes and organisational design. The OD strategy will be the overarching framework for our people agenda and will be informed by & influence our Education Strategy and Workforce Planning Strategy. The OD Strategy is intended to sit alongside and support the implementation of other associated strategies in the Trust such as the Quality and Safety Strategy, Digital Strategy and Financial strategy.

2. Context

Buckinghamshire Healthcare Trust is currently in a unique position to influence not only its own future, but that of its local, regional and possibly even national ways of delivering healthcare. This opportunity has been the result of Buckinghamshire being chosen as one of the initial 8 health system to pilot an Accountable Care System model. As one of the first wave of Accountable Care Systems (ACS), the Trust will work with partners in Buckinghamshire across health and social care to integrate services and funding, with the aim of progressively building the capabilities to manage the health of the ACS' defined population, keeping people healthier for longer and reducing avoidable demand for healthcare services, as described in the overall ACS goal - "Everyone working together so that the people of Buckinghamshire have happy and healthier lives". Our opportunity as the largest health services provider in the ACS will be to act as a leader in demonstrating what can be achieved with strong local leadership, aligned strategies & innovative ways of delivering care. This requires that we build on how we develop our people, processes & systems to think & act across team and organisational boundaries by demonstrating strong clinical leadership, creating a learning culture and designing our structures and processes in a more effective and efficient way. This way, together with our partners we will be influencing the lives of people in ours and other systems that subsequently follow.

3. Background

Patient demand is going up and as community needs are changing, we need to work differently and with partners to navigate new contractual models, new models of care and shifting our resources from acute services into the community so that we change the way healthcare is delivered in the future. The Current organisation design reflects a more traditional way of doing things in the NHS and has been fit for purpose for the existing agenda. If we are to create an organisation that is capable of meeting the changing needs of our population going forward, we will need further review of our organisational structures, processes and systems for meeting the needs of, changed pathway of care, and the need for improved efficiencies over the next 5 years and transform ourselves into an outstanding organisation.

4. Purpose

The aim of our OD strategy will be to strengthen BHT's ability to fulfil its vision of becoming one of the safest healthcare systems in the country, as well as supporting our journey to outstanding. Additionally the strategy must be in alignment with our ambitions as an ACS and support the leadership role the BHT should assume with the partnership. The Strategy will be based on the following seven objectives to provide the framework for achieving the Trust's vision to be 'One of the safest healthcare systems in the country'. It will additionally provide a clear mechanism for engaging and developing leaders and staff to enable the cultural changes necessary to deliver the vision not just at BHT but collaboratively across the ACS partnership.

PUBLIC BOARD MEETING 31/01/2018

Details of the Paper

Title	High impact change: leadership
Responsible Director	Director of Workforce Transformation & OD
Purpose of the paper	This paper sets out an outline for how we will increase the leadership capability and capacity across the organisation – one of our identified five high impact changes The Committee is asked to endorse the suggested approach
Action / decision	Support Direction of travel outlined

IMPLICATIONS AND ISSUES TO WHICH THE PAPER RELATES (PLEASE MARK IN BOLD)

<i>Patient Quality</i>	<i>Financial Performance</i>	<i>Operational Performance</i>	<i>Strategy</i>	<i>Workforce performance</i>	<i>New or elevated risk</i>
<i>Legal</i>	<i>Regulatory/ Compliance</i>	<i>Public Engagement</i>	<i>Equality & Diversity</i>	<i>Partnership Working</i>	

ANNUAL OBJECTIVE

Which Strategic Objective/s does this paper link to?

Trust Corporate Objectives

- Well led and actively engaged staff
- Recruit an appropriately skilled, permanent workforce
- Focus on training & development

Please summarise the potential benefit or value arising from this paper:

- *Improve leadership skills of staff* - *Facilitate cultural change across BHT*
- *Improve staff experience* - *Enhance engagement of staff*

RISK

Are there any specific risks associated with this paper? If so, please summarise here.

Non-Financial Risk:

- 11a - There is a risk to delivering org objectives if we do not have the right calibre of staff.
- 11b - If staff are not actively engaged with organisational goals there is a risk that these objectives will not be delivered.
- 12a - If we do not develop and nurture skilled leadership there is a risk that efficacy & engagement will be impacted in a negative way and that other corporate objectives will not be achieved
- 13a - There is a risk that we will not deliver the highest quality care if we do not embed Trust values and behaviours and do not sufficiently engage with staff to deliver this.

Financial Risk:

LINK TO CARE QUALITY COMMISSION ESSENTIAL STANDARDS OF SAFETY AND QUALITY

Which CQC standard/s does this paper relate to?

Well Led

(if you need advice on completing this box please contact the Director for Governance)

Author of paper: Deputy Director of Education & OD

Presenter of Paper: Director of Workforce Transformation & OD

Other committees / groups where this paper / item has been considered: EMC + SWC

Date of Paper: 23/01/2018

Increasing the Trust's leadership capacity and capability

1. Introduction and background

The link between leadership, particularly clinical leadership, and organisational performance, culture, and employee engagement is widely recognised across healthcare; effective leadership has been shown to have a significant impact on workforce engagement and behaviours, patient care and experience in the NHS¹.

Leadership development within BHT has been increasing over the recent years, in support of our aim of develop inspirational leaders who can support the organisation on its transformational journey. We have made good progress towards this aim through initiatives including the implementation of a bespoke leadership development programme, and bite-sized management and leadership training for both clinical & non-clinical professionals. We have designed a leadership framework detailing the leadership behaviours that we expect staff to demonstrate. A copy of this can be found in Appendix 2. We have also worked to establish a coaching environment across the Trust through developing our internal coaching capability and embedding coaching skills within all of our leadership and management programmes, enabling better conversations throughout the organisation. We will continue to deliver these programmes to support the development of key leadership qualities across the organisation.

2. Purpose

This paper outlines our plan to further develop our approach to leadership & clinical leadership. Our focus on Leadership and the changes it brings is in line with our aspirations and identification of leadership as a high impact area that will be critical in enabling the Trust in moving to "outstanding".

3. Delivery plan

The next five years will see us build on the solid foundations of leadership capacity we have developed thus far, in particular looking to develop more Clinical Leadership and System Leadership as we work towards taking a lead role with partners in the Bucks ACS, while sharing best practice across BOB collaborative.

Using the definition of clinical leadership as 'the ability to influence peers to act and enable clinical performance; provide peers with support and motivation; play a role in enacting organisational strategic direction; challenge processes; and to possess the ability to drive and implement the vision of delivering safety in healthcare', as our guide, we will:

- Introduce new training to up-skill all line managers within the Trust including clinical leaders. We will also implement a team engagement programme which will support leaders and teams to create high performance multidisciplinary teams across the ACS. Furthermore, development of a management and team tool kit which equips leaders with the key skills and knowledge required to create positive and engaging working environments.
- Use our CARE values and leadership framework to support appraisal and the development of staff including 360 feedbacks. We will also continue to develop a strong talent management strategy which will help us to identify and support people who demonstrate the capabilities, values and behaviours needed to achieve our organisational mission.
- Support our Clinical leaders in implementing patient centered redesign of services to a more community based, safe and high quality care.

¹https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/leadership-leadership-development-health-care-feb-2015.pdf

To ensure that our leadership development programme supports actual delivery transformational projects, each cohort is invited back after graduation to present actions or projects they have implemented. A list of such projects is attached as appendix A.

In parallel, we will continue to learn from best practice in the region and wider, specifically through:

- Support from HEE TV and Thames Valley Leadership academy as part of the ACS
- Existing BHT initiatives with leadership development
- BHT leadership links with BOB strategic partnership

A draft delivery plan for expanding our leadership capability and capacity is set out in Appendix B.

4. Enablers:

- Board recognition and support for leadership development
- Incorporation of clinical leadership as main part of the programme
- Linking newly developed leaders with current projects
- Opportunities to become involved with transformational project across the ACS
- Talent management and identification of leadership potential

5. Risks:

- Perception of the leadership development programme as a diagnostic intervention
- Engagement in leadership and management development not recognised as important in all operational areas
- Reduced focus on value based recruitment

6. Recommendation

The Committee is asked to support the direction of travel outlined in this paper.

Director of Workforce & Organisational Development
January 2018

APPENDIX A.

Delegates from the Leadership Pathway involved in quality improvements as published in the Quality Account Report 2016/2017.

Quality Account 2016-2017 & Leadership pathway '17	Summary of improvements made	Delegates from Leadership Pathway
Surgery and critical care achievements: Outstanding contribution award	Providing outstanding leadership to 80+ staff that support personal and professional aspects of role; through ensuring communication is well maintained, appropriate standards are met and raising awareness where improvements need to be made.	Matron Intensive Care Unit
Opened new one stop age-related macular degeneration (AMD) clinic Amersham Hospital	Improving patient experience by coordinating assessments for treatment for age-related macular degeneration. Changes have resulted in halving the number of visits to hospital for many patients whilst also redirecting them from very busy ophthalmology clinics.	Consultant team in Ophthalmology and Ophthalmic Surgery
Trauma and Orthopaedic Away Day	Service improvement initiatives as developed by the team within the T&O SDU as directed by the SDU Lead, a graduate from the programme. Follow on away days and contact has been maintained to enable changes to come to fruition.	General Manager - Patient Access & Consultant T&O
Leading a Positive Safety Culture and introduction of Excellence Reporting	Introducing and driving excellence reporting across the Trust to encourage and enable strength focus, celebrating successes.	Consultant Anaesthetics
Integrated Elderly & Community Care Achievements: Adult Speech & Language Therapy	A wide range of activities to support improvement including enabling patient voice, service innovation and skills development in support of improved patient care.	Speech & Language therapy
Physiotherapy: Innovation / service improvements	Better communication with patients to reduce DNA, saving money for the department whilst also improving quality and efficiency through user involvement and training staff.	Physiotherapy Service Manager - In Patients Clinical Specialist Physiotherapist
NSIC	Focus on recruitment and retention within the SDU, leading to a 17% increase in registered nurses and 21% decrease in turnover. Quality improvements were also made to patient outcomes, no hospital acquired pressure ulcers for 673 days (grade 3 or 4), no grade 1 or 2 for 89 days.	Clinical Psychology team NSIC
Cardiology research and innovation	Cardiology Team working on an innovative mobile platform to support patients in their home to manage their own conditions. They also won the award for "all round high performing team" in recognition awards for NIHR Clinical Research Network Thames Valley and South Midlands Team.	Matron & research sister Cardiology
Developing advanced nurse practitioners - The	Innovation through transfer of her academic learning to the organisation. Tools and techniques from all her learning have led her to innovate in her area by introducing new competencies and	Nurse Consultant, Cath Lab

nurse angiographer role	ways of distributing the workload amongst the team.	
Outreach Team Lead, NSIC	Reinstated MDT work group and patient pathway for Cauda Equina Syndrome (CES) patients. Assessment tool completed with agreed standardised and validated outcome measures to be used. First draft of the patient information leaflet being completed which will then be issued to newly referred patients.	Clinical Specialist Physiotherapist, NSIC
Consultant Clinical Psychologist	Using LEAN coaching model in supervision to current service staff members to manage changing job plan and reduced cover for the service. Changed perceptions of service by explaining difficulties to medical/nursing teams in particularly at management level).	Consultant Clinical Psychologist
Theatre Manager/ Principal ODP	Provided bi-weekly drop in session which enabled protected time for staff to speak to the theatre manager. This has resulted in a number of staff coming to talk about a wide variety of issues.	Principal ODP, Theatres
Theatres	Staff engagement Speak up sessions for staff has been provided to give them a voice in their local area. Boards were also created in each theatre suite, enabling and actively encouraging staff to raise issues.	Lead Operating Department Practitioner
Trauma and Orthopaedics	Rethink and re-energise the role of the link nurse to improve staff engagement, job satisfaction, staff professional development and encourage interaction with specialist nurses. It provides a great opportunity for experienced nurses to buddy with junior staff including Healthcare Assistances, Admin staff and the house keeping services, allowing learning to be shared and improve quality and patient care.	Matron, Trauma & Orthopaedics
Endoscopy, Dermatology and Rheumatology	Improving staff engagement To support the staff we have produced a monthly newsletter to keep people informed. Appointed a dignity champion, hold monthly unit meetings and complete safety huddles.	Endoscopy/Dermatology /Rheumatology

APPENDIX B.

Key 'themes'	Year 1 2017-18	Year 2 2018-19	Year 3 2019-20	Year 4 2020-21	Year 5 2021-22
Building leadership and team development	Conduct gap analysis on development needs of managers across BHT	Create development opportunities to meet gapped needs			Delivery of full range of management development opportunities
	Rollout new 'introduction to management' workshop for line managers				
	Develop manager and team toolkit to support engag. and retention	Teams/managers using toolkit			Range of tools available for teams to develop culture and functioning
	Bid for funding for Go Engage Team Development Diagnostic and Training Programme	Run Team Development programme with 10 areas (wards/teams/departments) every 9 months			Increased team engagement and team leadership capabilities within BHT and across the ACS.
	Continue to run coaching to promote positive behaviours for B6 and B7 staff				80% of leaders offered qualifications in leadership and management
	Introduce Clinical leadership competencies into our existing frame work				
	Provide in-house consultancy support to hot spot areas in relation to leadership and cultural development				Reduced org. spend on management consultancy
	Join Bucks Coaching pool to support coaching capacity across the ACS	Evaluate effectiveness of pool and future direction			All BHT staff up-skilled in improvement methodology
	Implement CCG approved improvement methodology training to support ACS				Utilising organisational development resources across ACS to support place-based care
	Develop cohorts of clinical leaders with a plan to pilot cross organisational tasters				Have all clinical staff fully trained on the clinical leadership framework & create a pool of staff with cross ACS capability

<p>Increase the capability and competence of the workforce through performance management</p>	<p>Roll out of new e-appraisal system and training across the Trust PDPs to be in place</p> <p>Allocation of funding according to Training Needs Analysis</p>				<p>All BHT staff receiving quality appraisals and regular one-to-ones</p>
<p>Create a strong talent management and succession planning process</p>	<p>Write talent management plan</p> <p>Scope and apply best process for BHT</p> <p>Refine performance management strategy as foundation of talent management</p>	<p>Scope and apply best process for BHT</p>			<p>Retain talented staff through clear career pathways and development approaches</p>

APPENDIX C – Leadership Framework



Leaders of others

Want to see ✓

Championing working as a team

- Inspires staff to engage fully with a shared purpose and direction
- Motivates the team to be flexible in support of each other and the organisation
- Promotes a strong focus on adapting approach to meet the professional and personal needs of team colleagues
- Promotes an open and trusting environment in which individual suggestions and perspectives are heard

Don't want to see ✗

Doesn't promote working as a team

- Gives no attention to developing shared purpose or direction, allowing silo working or ill-focused work
- Encourages team members to work against each other, or to own agenda, failing to promote effective team working
- Focuses solely on the task at hand with no consideration of individual needs and encourages team members to do the same
- Creates an environment of competition with limited trust

System-wide leaders

Want to see ✓

Driving system-wide networking

- Forges pathways for integrated working across divisions
- Actively drives engagement with both internal and external BHT partners
- Champions integrated working and creates opportunities for working with other public and private sectors

Don't want to see ✗

Failing to network

- Gives no consideration to internal or external partnerships for the benefit of patient pathways
- Focuses solely on own area of work, paying no attention to the wider organisation or health economy



Leaders of others

Want to see ✓

Creating a learning culture

- Champions learning from successes and service improvements
- Encourages feedback from all levels, driving innovation and service improvement
- Develops shared understanding of operational/clinical guidelines
- Advocates a full understanding and mitigation of risk, enabling others to do the same

Driving a shared understanding of organisation vision, values and priorities

- Inspires shared purpose and understanding of vision, values and priorities, bringing these to life within team and tailoring for all team members
- Driving direction of team activities to achieve organisational priorities
- Promotes a strong focus on future horizon of workforce, operations and finance

Don't want to see ✗

Prohibiting a learning culture

- Does not recognise good practice, nor celebrate or learn from it. Actively encourages team to hide poor practice/overlook it
- Does not maintain currency with operational/clinical guidelines nor do they enable the team to
- No clear or coherent understanding of risk; poor risk management and mitigation from self or within team

Doesn't communicate organisational vision, values and priorities

- Does not communicate vision, values or priorities with team members, and/or consider within decision making
- Does not work with team to understand role in meeting priorities or how to work effectively using the values and behaviours
- Develops future service with no input from team and does not effectively engage team with understanding

Leaders of others



Want to see

Talent management to develop both current and future capability

- Drives workforce planning to meet the future operational needs of the service
- Recruits for both current and future effectiveness
- Inspires shared understanding of team strengths and fully embeds into future planning
- Demonstrates understanding of current and future learning needs of the team
- Demonstrates a 'can do' attitude towards individual learning and development, considering a range of learning options
- Actively succession plans for the future



Don't want to see

Lack of forward thinking

- Gives no thought to the future needs of the service or team
- Does not consider current skills within the team or future requirements of the team when recruiting, resulting in poor team structures/management
- Encourages staff to work on own objectives and focus without consideration for colleagues
- Does not think about skills development within team or consider full range of learning opportunities available
- Displays poor attitude towards staff development, blocks requests or opportunities to develop; displays 'cannot do' attitude rather than can do



Respect

everyone, valuing each person as an individual

Leaders of others



Want to see

Promoting an inclusive environment

- Strips away hierarchy to create a safe, inclusive work environment for staff and patients/service users
- Leads by example, valuing diversity and adopting a person-centred approach
- Actively demonstrates and displays self-awareness of own approach when handling difficult situations and inspires others to do the same



Don't want to see

Creating a negative environment

- Actively works in a command and control style, discouraging challenging conversations from team
- Does not behave in a way that aligns to core organisational values, nor do they encourage team members to do the same
- Does not consider impact of approach when engaging with colleagues, resulting in poor working relationships; actively encourages team to focus on task rather than person

System-wide leaders



Want to see

Developing inclusive leadership at all levels

- Role models inclusivity and actively seeks out opportunities to develop self-awareness for leaders in their teams
- Actively challenges inappropriate behaviours and encourages others to do the same



Don't want to see

Poor leadership

- Is not inclusive in approach and does not adapt style to suit the needs of team members
- Overlooks poor behaviours and encourages others to do the same; takes passive approach to unacceptable behaviour rather than upholding standards



Enable

people to take responsibility

Leaders of others



Want to see

Actively coaching and mentoring

- Adopts a strong coaching approach with team members, driving innovation and service development
- Actively promotes autonomy, accountability and responsibility within team, resulting in dispersed decision making authority
- Actively alters approach to suit differing learning needs within the team



Don't want to see

Limiting autonomy and development

- Discourages team members to consider new ways of working
- Is directive in leadership approach and task allocation, thus limiting innovative thinking, authority and autonomy
- Does not consider differing learning needs of team members and applies a one size fits all approach

System-wide leaders



Want to see

Mentoring and coaching leaders for the future

- Actively develops high potential talent in support of retention and succession planning



Don't want to see

Lack of succession planning

- Gives no thought and/or consideration to succession planning activities. Does not spot or support talent in developing skills within BHT

Objectives	Activities & Initiatives
Develop an effective leadership capability across the trust	<ul style="list-style-type: none"> • Enhance the leadership programme with incorporation of 'clinical leadership' model competencies and engaging more medics • Link the clinical leadership competencies to appraisals • Encourage and coordinate involvement of new breed of leaders in improvement projects
Improve staff experience & engagement	<ul style="list-style-type: none"> • A more local approach to understand and improve engagement, developing team engagement programmes through bespoke assessment and interventions • Pro-actively use the information from the national NHS Staff survey & local temp checks to enable all staff to make improvements
Align our structures to support the new models of care	<ul style="list-style-type: none"> • Move away from traditional multi-layer hierarchy structure to a more agile and lean model • Create more place based project work streams which cross service and organisational boundaries
Become the key education provider for the ACS partnership	<ul style="list-style-type: none"> • Link up with primary care providers e.g. GP practices, care homes, domiciliary care providers to lead delivery of key education interventions to meet the challenges of a more community based healthcare • Use Library services as knowledge management hubs to support educational and development initiatives
Develop a robust talent management programme	<ul style="list-style-type: none"> • Start creating a skills inventory for staff • Develop succession planning • Promote cross team working & experience
Update & streamline our core business processes & policies in line with best practice and to better align with ACS partners	<ul style="list-style-type: none"> • Develop a systematic and localised approach to service improvement across new pathways • Improving staff experience; making best use of their time; review and update processes and supporting policies to support easier ways of working • Develop more effective & efficient ways of delivering core processes (people, finance, systems & IT) both within BHT and across the ACS
Embed a culture of compassionate care across the trust	<ul style="list-style-type: none"> • Enforce the CARE value more strongly across all parts of the organisation • Focus on the wellbeing of staff • Reward compassion publicly

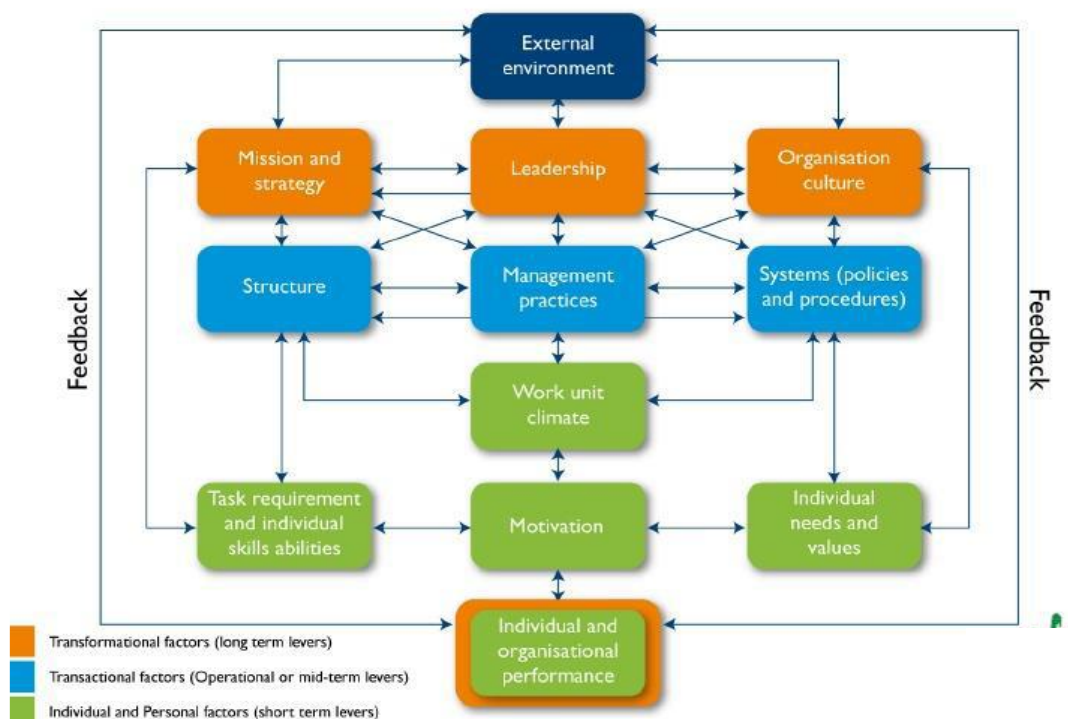
Other key enablers in an overarching organisational development plan are the Digital Strategy & Estates Strategy. The digital strategy sets out as one of its aims, process and data improvements for staff – as such, there will be a clear link to all seven of the OD priorities, but particular synergies with the elements to update and streamline core business systems, processes and policies and, in doing so, improve staff experience and engagement. In the same way, the Estate's strategy is a key enabler, by focusing on a more effective and efficient use of our assets and creating collaborative spaces to support productivity and wellbeing.

5. The OD Framework

This framework is informed by well-tested and evidenced research and practice including:

- The Burke-Litwin (2002) Organisational Development Model for performance and change.
- Literature search, specifically the work of Kings Fund, NHSI (Don Berwick & Michael West)
- The shared practices of other ACO's around the world (US, NZ)
- The collective input of the HR and OD Team
- The authors experience & observations of the current situation v best practice

The 'Transformation Model' is the framework we shall use to help our leaders understand their divisions / service unit and also guide a successful redesign. The model reduces the complexity of an organisation to seven key variables that must be understood and aligned for us to be successful. These seven variables are the transformational, transactional and external factors shown in the diagram below. Alignment in these factors implies a holistic or systems point of view that finds the best "fit" between all factors. That is ensuring your management practices are in line with your culture or that our structure can support the vision and mission. Paying attention to and understanding these variables will result in desired improvements in patient experience, quality, efficiency, staff motivation and satisfaction of employees.



Below are a number of initial steps that will support the development of our strategy in this area of high impact change:

- Develop an understanding of and capability in clinical & system leadership at all levels, particularly at SDU levels to ensure we are focused on quality, people & money internally while leading in all interactions with our partners at Buckinghamshire Accountable Care System to support our ambition to be one of the safest healthcare systems in the country
- Continue with the work on staff engagement and look at finding innovative ways of improving and maintaining staff engagement to improve morale and retention
- Ensure these strategic changes are broadly in-line with those of our partners within the ACS and across the wider Strategic Transformation Partnership to improve synergy
- Identify opportunities to leverage collaborative resources in education and knowledge management

- Developing further partnerships with industry and academia to gain access to latest thinking, innovations and best practice.
- Align & incorporate existing activities and initiatives currently being undertaken across the trust as part of the overall strategy to reduce duplications and waste.

A more detailed plan is attached as appendix A

6. Enablers

- Current links with other NHS beacon sites (e.g. Salford, Frimley, St Guys and St Thomas')
- Links with industry (e.g. GE Healthcare)
- Support from HEE and Leadership academy
- Existing BHT initiatives with leadership development
- BHT leadership links with BOB strategic partnership

7. Risks

The following points have been identified as possible risks to a successful creation and implementation of a new OD strategy.

- Change in our key internal or external drivers
- Lack of Stakeholder buy-in
- Shift of focus due to operational pressure
- Disconnected approach in managing local initiatives
- Mixed messages & poor communication

8. Recommendation

The Board is asked to:-

- Review & agree key Organisational Development objectives
- Support the purpose & direction of travel

Amir Khaki
Deputy Director of Education & Organisational Development
January 2018

APPENDIX A – High level Task/Time line

Area	Priorities	By Whom	By When
Define OD objectives	<ul style="list-style-type: none"> • Staff Engagement • Talent management • Leadership development • Service transformation • System thinking 	OD team	15/02/18
Look for best practice in NHS & private sector	<ul style="list-style-type: none"> • Contact other outstanding trusts e.g. Salford, Frimley, Northumbria • Liaise with private organisations who have implemented successful OD plans recently e.g. GE, ... 	Senior HR Team	01/03/18
Create metrics	<ul style="list-style-type: none"> • Culture • Org Design • Engagement 	OD team HEE & ACS partners	25/03/18
Gap analysis	<ul style="list-style-type: none"> • Identify where we are compared with best in class 	OD team	15/04/18
Option generation	<ul style="list-style-type: none"> • Look at how we want to go forward. Emulate, innovate or a combination 	OD team	21/04/18
System alignment	<ul style="list-style-type: none"> • Explore and align strategy within ACS partnership • Inform and engage STP partners • Identify system resources (funding, expertise, etc) 	Senior HR team	30/04/18
Stakeholder engagement	<ul style="list-style-type: none"> • Internal & external (ACS & BOB) stakeholder engagement 	OD team	30/04/18
Implementation	<ul style="list-style-type: none"> • Draw an implementation plan incorporating collaborative initiatives & risk analysis. 	OD team	01/05/18