

Enabling Excellence

**Development Programme
2013 - 2016**

		CONTENTS	Page No.
1.		Introduction	4
2.		Programme Drivers	5
	2.1	Internal challenges	5
	2.2	Wider NHS Challenges	6
3.		Organisational Development April 2012- August 2013	6
4.		Development Programme	7
	4.1	Future Prioritisation	8
	4.2	Programme Governance Arrangements	8
	4.3	Theoretical Frameworks, tools and techniques	10
	4.3.1	The NHS Change Model	10
	4.3.2	Large Scale Change Approach	11
5.		Programme Delivery	12
	5.1	Build Shared Purpose	12
	5.1.1	Listening into Action: Staff Engagement Programme	12
	5.1.2	Bright Ideas!	13
	5.1.3	Rewards and Recognition	13
	5.1.4	Enhanced Staff Support for Health and Wellbeing	13
	5.1.5	'Closing the Gap'	14
	5.2	Develop Transformational Leaders	14
	5.2.1	Senior Leadership Development	15
	5.2.2	Board Development Programme	15
	5.2.3	Stratified Management and Leadership Development	16
	5.2.4	Bi-annual Leadership Conference	17
	5.3	Embed AWP Strategy	17
	5.3.1	Strategic Planning Framework	17
	5.3.2	Corporate Team Development	20
	5.3.3	Developing Business Acumen	20
	5.3.4	Optimise Foundation Trust Membership	20
	5.3.5	Enhance our Approach to Equality and Diversity	21
6.		Programme Impact	21
7.		Conclusions	22
8.		References	23

Enabling Excellence: AWP Development Programme at a Glance

<p>Enabling Excellence</p> <p>The Development Programme will build widespread commitment to Trust strategy and encourage a culture of continuous quality improvement and innovation to achieve strategic priorities</p>	<p>Aim 1:</p> <p>Build Shared Purpose: Engage staff and build positive commitment around our shared purpose of providing high quality care that promotes recovery and hope</p>	<ul style="list-style-type: none"> • Listening into Action • Bright Ideas! • Rewards and Recognition • Enhanced staff support – health and wellbeing • Closing the Gap
	<p>Aim 2:</p> <p>Develop transformational leaders: Leaders capable of communicating, engaging and inspiring staff commitment</p>	<ul style="list-style-type: none"> • Senior Leadership Programme • Board development Programme • Stratified Management and Leadership Development • Biannual Leadership Conference
	<p>Aim 3:</p> <p>Embed our revised strategy: Ensure alignment of systems, structures and processes with strategic priorities</p>	<ul style="list-style-type: none"> • Strategic Planning Framework • Corporate Team Development • Developing Business Acumen • Optimise Foundation Trust Membership • Enhancing our approach to Equalities and Diversity

Development Programme

1. Introduction

Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) is a significant provider of high quality mental health services across a core catchment area covering Bath and North East Somerset (B&NES), Bristol, North Somerset, South Gloucestershire, Swindon and Wiltshire. The Trust also provides specialist services for a wider catchment extending throughout the south of England and South Wales.

Our purpose is to provide the highest quality care that promotes recovery and hope.

We have a clear vision that describes our destination in 5 years' time. It is focussed on providing services that will be commissioned because they offer high quality at low risk in a competitive and fractured environment. It is realistic and ambitious and predicts that the Trust will grow through plans to consolidate, integrate and expand.

In order to deliver our vision we will make plans to implement our strategic priorities:

- We will deliver the best care
- We will support and develop our staff
- We will continually improve what we do
- We will use our resources wisely
- We will be future focused

Our shared values that guide everything we do;

P	Passion	Doing our best, all of the time
R	Respect	Listening, understanding and valuing what you tell us
I	Integrity	Being open, honest, straightforward and reliable
D	Diversity	Relating to everyone as an individual
E	Excellence	Striving to provide the highest quality support

Our motto encapsulates our approach to providing services: 'You Matter, We Care'.

Our Integrated Business Plan₁ (IBP) describes our ambitious vision for the future and strategic priorities and objectives to realise our ambitions. The IBP describes seven enabling strategies, service development initiatives, financial forecasts, workforce planning and rigorous governance arrangements that will result in a viable, high performing Foundation Trust.

The Development Programme describes how we will build widespread commitment to Trust strategy and encourage a culture of continuous quality improvement and innovation to achieve strategic priorities. The Development Programme has three aims:

1. Build Shared Purpose: Engage staff and build positive commitment around our shared purpose of providing high quality care that promotes hope and recovery;
2. Develop transformational leaders: Leaders capable of communicating, engaging and inspiring staff commitment;
3. Embed our revised strategy: Ensure alignment of systems, structures and processes with strategic priorities.

By aligning staff commitment to service excellence with our organisational purpose, the outcome of the Programme will be an engaged workforce and organisational culture that supports continuous quality improvement and innovation to achieve strategic priorities.

The combined impact of the IBP and Development Programme will be a high performing, sustainable NHS Foundation Trust.

2. Programme Drivers

The Development Programme is a three-year programme commissioned to respond to immediate internal challenges and address challenges facing all NHS organisations in the medium to long term.

2.1 Internal Challenges

AWP is on a challenging journey to assert our position as a quality-focused organisation which reliably delivers high quality, safe services which meet the needs of individuals, the needs of our commissioners and is trusted by service users, staff and partners.

Staff engagement represents a significant challenge. Staff dissatisfaction and poor morale is evidenced through consistently poor staff survey results which place us in the bottom quartile of NHS Trusts.

A protracted period of service redesign has left many staff feeling disadvantaged and undervalued by the Trust. Key learning points from the redesign process have been captured in a report² and will be used to change policies, procedures and processes. Furthermore, the initiatives within the Development Programme provide an immediate and direct response to issues raised by staff.

Inconsistent performance across our services and a lack of customer focus created dissatisfaction amongst service users, GPs and commissioners culminating in the decision by NHS Bristol to re-tender mental health services in the city.

The Sutherland report³ commissioned in 2012 to review governance and management arrangements described the organisation as punitive, top down and centrally driven. In response, the Board took immediate action, the most significant of which are described in section 3.

Our revised Trust Strategy provides an important opportunity to clarify our purpose and the things that matter to us, our strategic priorities. Deliberate action is necessary to reconnect organisational priorities to the values of frontline staff.

2.2 Wider NHS Challenges

Challenges facing the NHS are well rehearsed: an aging population placing greater demands on the service, increased customer expectations, technological advances, a new operating environment and increased emphasis on competition. All of the above are faced in an era of financial austerity.

The recent paper 'The NHS belongs to the people: a call to action'⁴ describes a potential gap in NHS funding of £30 billion by 2020-21 if changes are not made to the way services are delivered. Preceding this report, the King's Fund made the case for transformation that goes beyond structural change and incremental improvements to existing service models and instead points to the need for innovative models of care that meet the changing needs of individuals, communities and the population⁵. The need for innovation is clear and a government priority⁶, yet the necessary transformational change across health systems has yet to be achieved.

More recently, care failings in provider organisations have called for a deep-seated cultural change across the NHS. The findings of the Francis Report⁷, Keogh Report⁸ and Berwick Report⁹ share common themes of the centrality of the individual patient or service user, the need for candour and transparency and the importance of engaging and supporting NHS staff.

The AWP Development Programme is initiated to address internal and external challenges that will significantly impact our ability to deliver high quality care that promotes recovery and hope, and realise our ambitious vision for the organisation.

The Development Programme will focus on building a commitment based organisation¹⁰ in which coordination and control mechanisms are based on shared goals, values and sense of purpose rather than relying on rigid hierarchies, systems and standardised procedures. Whilst recognising the need for compliance, engaging staff on the basis of shared purpose will build commitment, improve morale and unleash energy for change.

3. Organisational Development April 2012 – August 2013

In response to the above challenges, we have undergone a period of rapid development resulting in significant changes to strategy, structures, processes and people. The most significant changes are highlighted below.

- Significant change in Board composition (executive and non-executive directors)
- Restated service users are at the heart of everything we do and commitment to clinician engagement.
- Refreshed Trust values: PRIDE (**P**assion, **R**espect, **I**ntegrity, **D**ignity and **E**xcellence)
- Our commitment to care captured through the motto, 'You matter, we care'

- Transitioned to locality structures/ specialist service delivery units to provide responsive services that meet the needs of local communities and support commissioner plans.
- Established triumvirate management arrangements, led by a Clinical Director and supported by a Managing Director and Head of Profession and Practice, to strengthen clinical leadership and clarify accountability
- Corporate reshaping to streamline activity and underpin operational service delivery
- Seven quality dimensions established, monitored transparently through the Information for Quality (IQ) System
- Revised Integrated Quality framework
- Established a Quality Academy with responsibility for setting clinical standards, monitoring performance and support innovation and improvement activity in the localities/ specialist services
- Established the Programme Management Office to provide rigour around change programmes and delivery of Cost Improvement Plans.

One year on from the original Sutherland Report, the same review team was commissioned to assess progress¹¹. The team described the Trust as “completely different and unrecognisable from our previous visits in a very positive way”. The report documents a change in performance culture, from punitive and negative to one of positive challenge and improvement.

Whilst the Trust is pleased with this independent endorsement it is clear that staff morale remains low and sickness absence rates high. We wish to see such pervasive change across our Trust that every member of staff feels engaged and committed to our clear organisational purpose. Deliberate and sustained interventions are needed to underpin the changes described above, create a positive organisational culture and develop capabilities necessary to deliver Trust strategy.

4. Development Programme

The Development Programme will build on the significant developments described above. The purpose of the programme is to design, implement and coordinate organisation wide interventions to embed our new strategy and effect culture change. We aim to foster a culture of continuous quality improvement and innovation based on a shared commitment to service excellence. In so doing, the Development Programme will support delivery of strategic objectives and enable excellence.

The Development Programme has three aims, to:

- Build Shared Purpose: Engage staff and build positive commitment around our shared purpose of providing high quality care that promotes hope and recovery;

- Develop transformational leaders: Leaders capable of communicating, engaging and inspiring staff commitment;
- Embed our revised strategy: Ensure alignment of systems, structures and processes with strategic priorities.

The Development Programme has been commissioned for a three-year period. Section 5 sets out initiatives to achieve programme aims for the first 12- 18 months.

4.1 Future Prioritisation

Future organisational development initiatives will be identified through the following mechanisms;

- Annual planning cycle and priority setting
- Trust-wide Risk Register
- Organisational Health Index¹² a framework developed by McKinsey and Company to monitor the health of an organisation. Organisational health is defined as the ability of an organisation to align, execute, and renew itself faster than the competition so that it can sustain exceptional performance over time. This framework will be used by the Senior Management Team to monitor organisational health, identify organisational development needs and set stretching targets that will enable the achievement of Trust vision.
- Change in external environment e.g. policy, competition

4.2 Programme Governance Arrangements

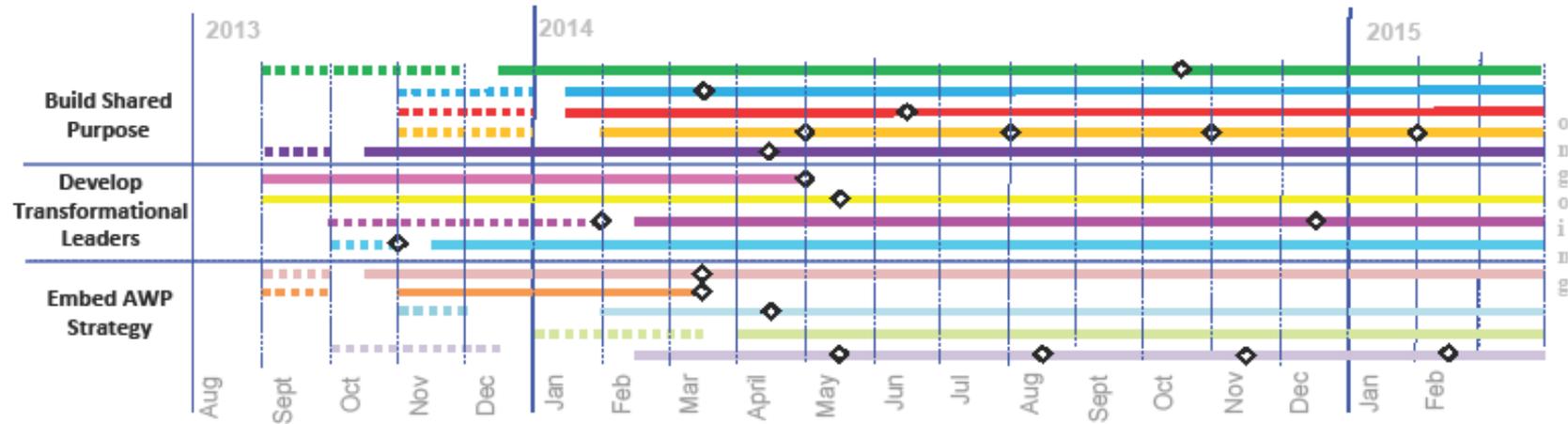
Sponsored by the Chief Executive, the Programme Director – Development is responsible for design and delivery of the programme. The Development Programme takes action through specifically designed interventions to promote organisational health and effectiveness as well as through the coordinated actions of the Executive Team. Governance arrangements for Programme delivery will be via the Programme Management Office.

The AWP Senior Management Team will sign off the Development Programme and the Employee Strategy and Engagement Committee will scrutinise the Programme to;

1. Ensure the Programme achieves the gains required by Trust Board in support of our strategy
2. Approve Programme priorities
3. Monitor Programme outputs
4. Provide a clear reporting line to Board

The timeline in (page 9) provides an overview of Development Programme initiatives and key milestones. Progress will be scrutinised by the Chief Executive as Programme Sponsor and the Employee Strategy and Engagement Committee.

AWP Development Programme Timeline



Build Shared Purpose	Design & prep	Progress
Listening into action	■ ■ ■ ■ ■	■ ■ ■ ■ ■
Bright ideas!	■ ■ ■ ■ ■	■ ■ ■ ■ ■
Rewards and recognition	■ ■ ■ ■ ■	■ ■ ■ ■ ■
Enhanced staff support for health and well being	■ ■ ■ ■ ■	■ ■ ■ ■ ■
Closing the gap	■ ■ ■ ■ ■	■ ■ ■ ■ ■

Develop Transformational Leaders	Design & prep	Progress
Senior leadership development	■ ■ ■ ■ ■	■ ■ ■ ■ ■
Board development programme	■ ■ ■ ■ ■	■ ■ ■ ■ ■
Stratified management and leadership development	■ ■ ■ ■ ■	■ ■ ■ ■ ■
Biannual leadership conference	■ ■ ■ ■ ■	■ ■ ■ ■ ■

Embed AWP Strategy	Design & prep	Progress
Strategic planning framework	■ ■ ■ ■ ■	■ ■ ■ ■ ■
Corporate team development	■ ■ ■ ■ ■	■ ■ ■ ■ ■
Develop business acumen	■ ■ ■ ■ ■	■ ■ ■ ■ ■
Optimise FT membership	■ ■ ■ ■ ■	■ ■ ■ ■ ■
Enhance our approach to equality and diversities	■ ■ ■ ■ ■	■ ■ ■ ■ ■

◆ Scheduled reviews and progress analysis

4.3 Theoretical Frameworks, tools and techniques

We are ambitious for widespread, pervasive organisational change. To maximise effectiveness in realising large scale change the Development Programme will utilise evidence based transformation change models, tools and techniques. Two models of particular importance are described below.

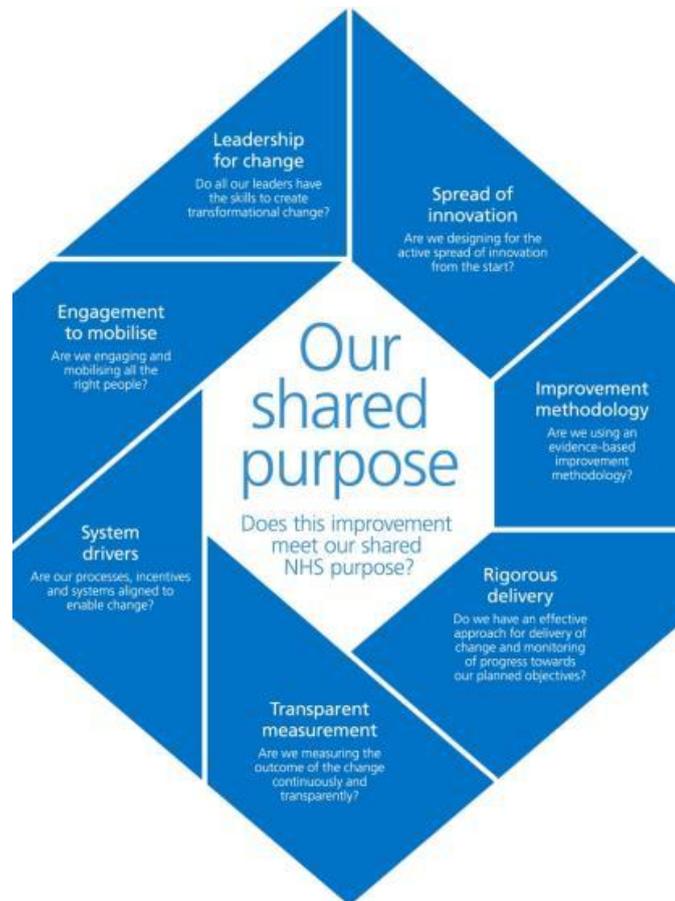
4.3.1 The NHS Change Model

The NHS Change Model¹³ draws together knowledge and experience of change from different sectors and describes eight components of successful change. It represents a 'framework of models'. Each component of the model is evidence-based and offers appropriate tools to maximise the likelihood of change success.

The NHS Change Model was developed in recognition that the scale of change required to address NHS challenges (outlined in section 2.2) required a new approach to change. Previous NHS change has relied too heavily on extrinsic motivation i.e. change achieved through performance management frameworks, regulation and payment by results. Whilst these have been effective in creating focus and momentum for delivery they have failed to connect with the values and motivations of NHS staff. As a result, NHS staff feel 'done unto', disconnected from the change process and change weary.

At the heart of the NHS Change Model is shared purpose – an explicit agreement over the desired change, a sense of common purpose about what needs to be achieved. The remaining seven components attend to both intrinsic and extrinsic motivators to achieve change. Shared purpose must come first; the order in which the remaining components are employed is not mandated. All are important in enabling successful change and alignment is key.

The Development Programme will focus on intrinsic motivators to complement extrinsic motivators described in the Integrated Business Plan. Organisational Development interventions outlined below will build commitment to Trust strategy by focusing on Shared Purpose, Engagement to Mobilise and Leadership for Change. The Development Programme also focuses on alignment.



4.3.2 Large Scale Change Approach

The Large Scale Change approach¹⁴ combines knowledge of healthcare improvement approaches, organisational change models and learning from social movements and community organising. The emphasis is on unleashing of commitment of individuals and communities to bring about change around a matter of deep significance. This approach is closely aligned with the change model, underpinning the shared purpose, engagement to mobilise and leadership for change components of the model.

Large Scale Change is defined as the emergent process of mobilising a large collection of individuals, groups and organisations toward a vision of a fundamentally new future state, by means of:

- High-leverage key themes
- A shift in power and a more distributed leadership
- Massive and active engagement of stakeholders
- Mutually reinforcing changes in multiple systems and processes

Large-scale change is characterised by lots of concurrent activities happening across a complex system, activities that are apparently unconnected but build towards a common, compelling vision of a new and better future.

This approach fits well with the AWP devolved governance model, respecting locality autonomy whilst remaining connected through a common purpose, vision, strategic priorities and strategic

planning framework. It is consistent with our ambitions to engage and unleash the talent and commitment of our staff and promote leadership at every level of the organisation.

The Large-scale change approach makes use of a range of tools including:

Driver diagrams	30/60/90 day cycles of change
Structures, processes and patterns thinking	Systems and stakeholder analysis
Framing and Reframing	Transformational Storytelling
Influence Model	Creative engagement methods
Polarity mapping	Building energy for change

5. Programme delivery

Organisational development happens through deliberate and planned changes to systems, structures, processes and people; through the coordinated actions of the Executive Team and specifically designed interventions to enhance organisational health and effectiveness.

This section describes the initiatives that will be designed and implemented to achieve Programme aims. For each initiative a project specification document will be developed which details purpose, objectives and outcomes, identifies key stakeholders, describes methods of working and evaluation measures. Co-production is a core principal of organisational development.

5.1 Build Shared Purpose

We will engage staff and build positive commitment around our shared purpose of providing high quality care that promotes hope and recovery.

Staff are the primary asset of our organisation. We recognise and value their knowledge, expertise and commitment to providing care and the importance of every member of staff in providing the highest quality service that promotes recovery and hope.

The King's Fund report, *Leadership and Engagement for Improvement in the NHS*¹⁵ provides compelling evidence that organisations whose staff feel engaged deliver a better patient experience, fewer errors and higher staff morale. More recently the triangulation of themes from the Francis Report, Keogh Report and Berwick Report emphasise the importance of engaging staff.

The following initiatives aim to demonstrate we value staff, provide greater staff support and develop shared purpose at every level of the organisation.

5.1.1 Listening into Action: Staff Engagement Programme

The Keogh Report⁸ encouraged NHS provider organisations to identify innovative methods of engaging staff. Previous staff engagement approaches have been somewhat piecemeal; we will therefore adopt a proven, rigorous and evidence-based staff engagement approach that spans the

entire organisation. Sponsored by the Chief Executive, with full support from the Senior Leadership Team, the staff engagement programme is an organisational priority.

Based on appreciative enquiry¹⁶, we will adopt the Listening into Action¹⁷ approach. This approach involves hosting 'big conversations' between the Chief Executive and Clinical Directors to engage large numbers of staff from different backgrounds and grades to discuss what gets in the way of staff doing their job. Priorities for improvement are rooted in what matters to the organisation and therefore reinforces shared purpose. Ideas are actioned, changes are visible and actively communicated.

Having established the approach with 'big conversations', teams are invited to volunteer to adopt the same approach to identify changes they would like to make locally. Progress is monitored, impact is measured and success stories are widely shared to increase momentum.

The overarching purpose of the approach is to demonstrate active listening to the ideas of staff, commitment to improve the working lives of staff and build a culture of continuous quality improvement where every member of staff is empowered to make changes that will improve the service we provide.

5.1.2 Bright Ideas!

Sponsored by the Charitable Funds Committee, the Trust will launch a 'Bright Ideas!' competition to provide funding to make great ideas a reality. Staff will be invited to submit ideas for improving service quality and encouraging a recovery-focused approach. Co-production will be encouraged. Projects that include service users and carers' as full partners will be prioritised and collaboration across service delivery units will be actively encouraged.

This approach will be piloted and evaluated and the outcomes used to encourage proactive fundraising to ensure on going charitable funds to enhance the experiences of AWP service users and staff. Fundraising activity will provide another opportunity for staff engagement.

5.1.3 Rewards and Recognition

In the light of our refreshed purpose, values and priorities we will review our approach to staff rewards and recognition to ensure that we regularly value our staff in a way that reinforces our purpose, values and priorities.

Building on our popular annual Staff Awards and Long Service Awards, our aim is to develop an enhanced recognition scheme that celebrates excellence at individual, team and organisational level, making use of formal and informal recognition methods. We will take a proactive approach to showcase excellent practice externally through regional and national awards.

5.1.4 Enhanced staff support for health and well being

The Boorman Report¹⁸ made clear links between staff health and well-being and the three dimensions of service quality: patient experience, patient safety and clinical effectiveness. The publication of *Healthier Staff, Higher Quality*¹⁹, a consensus statement by bodies with diverse responsibilities for the quality and effectiveness of the NHS and the experience of patients is a

widely supported affirmation of the importance of health and wellbeing of staff to the delivery of high quality safe care.

Restructuring of the Human Resources Department will see the appointment of a Health and Wellbeing Manager. This represents a significant opportunity to find new ways for improving the physical and mental wellbeing of our staff. The output will be a revised health and wellbeing strategy, actively owned and progressed.

5.1.5 'Closing the Gap'

We wish to build an 'us and us' organisational culture rather than a 'them and us'. The following initiatives have been designed to allow colleagues with non-clinical roles to spend time with clinical teams and vice versa. The aim is to promote mutual understanding of respective challenges and close the perceived gap that exists between clinical and non-clinical roles, emphasising shared purpose.

- **Back to the Floor:** opportunities for clinical staff in corporate roles and for non-clinical staff to better understand day-to-day pressures of frontline clinicians. This initiative has proved popular, visible and actively led by the Chief Executive and embraced by corporate colleagues. 'Back to the Floor' will be further developed to ensure coverage of all sites and services.
- **Shadowing Opportunities:** will enable colleagues in front line clinical roles to spend time with a senior manager or executive director to gain insight into corporate roles and promote mutual understanding.
- **Board accessibility and transparency:** Trust Board meetings take place in a different location each month, an approach that has also been embraced by the Quality and Standards and Employee Strategy and Engagement Committees. The aim being to achieve greater accessibility for staff, service users and partners wishing to attend. The vast majority of business is conducted in the open session of Board. Quality and Standards Committee also conducts a proportion of the meeting in public and the Employee Strategy and Engagement Committee conducts a 'Listening to You' session. This provides an opportunity for staff to attend and share concerns. Actions are taken in response and changes publicized on the Trust intranet site.
- **Clinical Buddying Programme:** will pair non-executive directors with Consultant Psychiatrists over a three month period for identified shadowing opportunities e.g. Multidisciplinary Team Meetings. Each non-executive director will be paired with a Consultant for a period of three months before rotating to another Consultant from a different area, allowing for a series of new relationships to be built up over the course of a year.

This approach will build mutual understanding of roles and responsibilities, increase visibility of Board directors within the organisation, increase clinical engagement and improve working relationships. It will complement established Quality Improvement Visits.

5.2 Develop Transformational Leaders

We will develop Transformational Leaders capable of communicating, engaging and inspiring staff commitment to our shared purpose.

Organisational transformation requires exceptional leadership in order to demonstrate the will and personal commitment to make change happen, the ambition to set high-level goals, to inspire and energise others and an unerring focus on implementation. The actions and behaviours of leaders are magnified and have a disproportionate impact on the people around them. Transformation in a business is contingent upon a transformation in leaders^{20, 21}.

5.2.1 Senior Leadership Development

During the past year the senior leadership cohort within AWP has undergone significant change. Given the impact of leadership style and behaviours on organisational culture and effectiveness, investment has been made in a programme of psychometric evaluation, coaching and team development to optimize individual and collective effectiveness.

Supported by Oxford Executive, a highly respected and experienced provider of leadership development, triumvirate leaders plus the executive team, will receive dedicated input to maximize the potential of each individual in their new role and support personal development to foster a cohort of capable, confident and collaborative leaders.

This programme will run from September 2013 – April 2014. Oxford Executive will work with AWP to design an ‘in house’ training programme that is informed by the design of this programme to ensure consistency of approach.

5.2.2 Board Development Programme

The report ‘The Health NHS Board 2013: principles of Good Governance’²² describes approaches to improving board effectiveness. Development activities are clustered into five areas.

1. Building board capacity and capability
2. Enabling corporate accountability and good social practice
3. Embedded board disciplines and appropriate delegations
4. Prioritising a People Strategy
5. Exercising judgement

Working with the Company Secretary the Development Programme will specifically focus on building board capacity and capability and will complement, and be responsive to, work taking place to improve board effectiveness in the remaining areas.

The five strategic priorities the comprise the strategic planning framework create the framework for assessing Board effectiveness and designing development activities for individuals and the Board as a whole. The planning framework will:

- Enable skill mapping of Board members to ensure knowledge, skills and expertise of the Board are well understood and used optimally in Board committees and by the organisation more widely. Skill mapping within this framework will serve to identify gaps and facilitate succession planning with respect to non-executive director appointments.
- Inform structured induction plans for all Board Directors
- Create an appraisal framework and inform personal development programmes

- Build a systematic approach to board learning and development to ensure a relevant and stimulating Board Development Programme that promotes continual learning. Topics that will be prioritised in 2013/14 include themes emerging from the Francis, Keogh and Berwick Reports. Staff engagement and continuous quality improvement will be covered as well as the role of strategic partnerships (e.g. Academic Health Science Network, CLAHRCwest and Bristol Health Partners) and our commitment to be a learning organisation.

Themes selected will enable the Board to lead the culture of the organisation and communicate their commitment to AWP purpose, vision and values. Consideration will be given to Board development activities that might be undertaken with the wider Senior Management Team to increase visibility of Board, gain first hand feedback from staff and influence culture.

5.2.3 Stratified Management and Leadership Development

Managers and leaders at every level of our organisation must be aligned with Trust purpose and act in a way that is consistent with Trust values. Managers have a responsibility for creating a supportive working environment for staff, valuing each member of staff for their contribution to the team and creating opportunities for personal development.

Following a period of significant reorganisation we have recruited new managers and moved established managers into new roles. Furthermore, managing services in an increasingly complex and commercial environment requires new competencies. The need to continuously improve services requires managers and leaders to be equipped with an understanding of service improvement and innovation.

Taking account of the factors outlined above we will redesign our 'in house' management and leadership development programme. The new programme will have fidelity to the principles underpinning our Senior Leaders Development Programme (Oxford Executive), the Core Leadership Framework (NHS Leadership Academy) and be consistent with the refreshed Trust purpose, priorities and values.

A blended development programme will include formal teaching methods, 360 degree appraisals, coaching, mentoring and action learning sets to encourage ongoing learning and development. The 'in house' development programme will be complemented by external training opportunities offered by partner organizations such as the NHS Leadership Academy and Local Education and Training Board (LETB).

Working in partnership with our HR Team who are currently designing a talent management system, the revised management and leadership programme will be launched with the aim of reaching leaders at every level of the organization as well as aspirant leaders. Comprehensive talent management will allow AWP to make best use of our workforce and plan effectively to meet the changing needs of the organization.

Development of clinical leadership is a core Trust commitment made in the light of the Francis Report²³. Design and implementation of a stratified Management and Leadership Development

Programme will be undertaken in partnership with the Director of Nursing and Quality, Director of Medical Education and the Learning and Development Team.

5.2.4 Biannual Leadership Conference

A refreshed approach to the traditional planning conference will bring together the Senior Management Team plus the Leadership Teams from our delivery units twice a year.

The purpose of the Leadership Conference is to maintain a clear focus on Trust purpose and strategy and build cohesive and collaborative working relationships (corporate - locality and locality-locality). This group will maintain shared responsibility for the success of the whole organisation as well their individual part. Leadership conferences will offer a regular opportunity to undertake further leadership development, share best practice and think creatively about challenges common to each area of the business.

5.3 Embed AWP Strategy

We will embed our new strategy and ensure alignment of systems, structures, processes and people with strategic priorities.

Following a period of rapid organisational change and revised Trust strategy an organisational development framework that describes the priorities of the organisation and aligns current and planned developments with AWP purpose, vision and values – captured by our motto.

5.3.1 Strategic Planning Framework

A strategic planning framework has been developed to create alignment between our motto and the day-to-day work of the organisation. Stemming from our motto, the planning framework describes what the Trust cares about and will focus its energy and resources on. We have identified five strategic priorities:

- We will deliver the best care
- We will support and develop our staff
- We will continually improve what we do
- We will use our resources wisely
- We will be future focused

We have captured this in a diagram (page 19).

Strategic priorities have been constructed to enable individuals, teams, professional groups and service delivery units to see the part they play in achieving Trust purpose in a way that resonates with personal values and priorities. It provides a framework for connecting work that happens in a devolved manner across the organisation to Trust purpose and priorities.

This planning framework will form the basis for annual objective setting from corporate objectives, Locality/ Specialist Service Delivery Unit objectives through to team objectives. These five strategic priorities will inform enabling strategies, staff recruitment, appraisal structure and personal

development objective setting. This approach will reinforce our shared purpose and create alignment throughout the organisation.

The strategic planning framework will be introduced to the Business Planning Process for 2014/15 and be used to communicate 'strategy on a page', enabling greater clarity and ownership of Trust strategy across the organisation. Our IQ system maps onto the 5 strategic priorities and as such each domain has clear ownership by an executive director and oversight by a Board Committee.

You matter...

Whether service users, carers, staff, GPs, commissioners or third sector groups, you matter to us and we care how we both listen and respond to your needs, views and ambitions.

We care...

...about delivering the best care

- Clinically led services
- Locally delivered services
- Expert specialist services
- 7 quality indicators (IQ)
- Involvement Workers and Peer Mentors

...about our staff

- Staff support and recognition
- Regular and meaningful supervision and appraisal
- Active talent management process
- Education, learning and development
- Workforce planning

...about continually improving what we do

- Service user and Carer networks
- Quality Academy
- Research and Development
- BEST in Mental Health Service
- Academic partnerships

... about using our resources wisely

- Rebalancing resources to frontline services
- Cost Improvement Plans
- Enabling technology
- Flexible estate / responsive facilities
- Improving productivity

...about the future

- Support local communities
- Develop services
- Strategic partnerships
- Tackle stigma and inequalities
- Whole system development

5.3.2 Corporate Team development

Our Corporate Teams have undergone significant restructuring to create a clear alignment with service quality and delivery. Three executive functions have been identified;

- Clinical Executive – led by the Medical Director and Director of Nursing and Quality
- Delivery Executive – led by the Director of Operations
- Business Executive – this includes enabling teams such as HR, Finance, IT, Information Governance. Executive Leadership is provided by the Director of Finance, Director of Business Development and Director of Corporate Services.

The purpose of the restructure is to streamline our support functions, reduce unnecessary expenditure and divert resources to frontline services and create a greater customer focus.

Corporate Teams have undergone considerable change in structure, purpose and individual role definition. There is a need to invest development time with these teams to redefine their purpose in line with our organisational purpose of providing the highest quality care that promotes recovery and hope.

Teams will develop a customer service approach and review policies, procedures and processes to simplify requirements from our clinical services. Development opportunities will include team away days, 'back to the floor' initiatives and, where appropriate, part time co-location with locality teams to improve communication and responsiveness.

5.3.3 Developing business acumen

In an increasingly competitive environment we will actively compete to retain existing business and win new business in accordance with our ambition for growth. Our staff will appreciate the need to operate in a business-like manner with a strong focus on customer service. AWP will be the provider of choice only if we offer value for money, excellent clinical outcomes and patient satisfaction.

To achieve competitive advantage we need to foster a culture of continuous quality improvement (see 4.1.1), develop a skilled and flexible workforce (Workforce Strategy) and engage in systematic and targeted innovation (led by our Quality Academy). In addition, our leaders need to be skilled at interpreting market analysis, Joint Strategic Needs Assessment and commissioner needs. Leaders need to be confident in having strategic conversations and developing partnerships with statutory, third sector and commercial partners.

Enhanced business acumen throughout the organisation is a core aim of the Business Development Strategy. Working with the Director of Business Development and senior leaders, commercial competencies will be defined. This will provide the platform for developing appropriate tools, training and development activities.

5.3.4 Optimise Foundation Trust Membership

As part of the corporate governance of the Foundation Trust, a Constituency of members is defined for staff. Staff may become members of the Trust if they have been employed, or worked with the Trust. Our staff constituency is separated into four groups:

- Clinical healthcare professional groups, including healthcare assistants
- Social care
- Support staff
- Managers

Membership gives staff a voice into the governance of the Trust, and through Staff Governors, the staff constituency can exercise a role in challenging, supporting and leading the direction of the Trust.

Staff involvement in decision making is associated with a wide range of performance benefits including lower levels of sickness absence, patient mortality and complaints, and higher levels of innovation, job satisfaction and cooperation with co-workers (ref). AWP wishes to expand the role and function of its staff membership Constituency and support its Staff Governors to take an active role in decision making and become Ambassadors for our new staff 'Compact' – a statement of shared commitment and ambition in relation to the future of the Trust.

We wish to harness the power of such a large group of Staff Members and work through our Staff Governors to consult with staff on a range of issues. Being a Staff Member means being a part of the decision making infrastructure of the Trust, to make best use of this significant staff body we will explore different membership models that might be adopted on achievement of Foundation Trust Status.

5.3.5 Enhance our approach to equality and diversity

Equality, diversity and inclusion are at the heart of the NHS strategy. AWP is committed to the fair treatment of all people, regardless of their gender, gender re-assignment, race, colour, ethnicity, ethnic or national origin, citizenship, religion, beliefs, disability, mental health needs, age, domestic circumstances, social class, sexual orientation, ex-offender status, political allegiance or trades union membership. The Trust requires all of its employees to treat all its stakeholders, including colleagues, service users, carers and their visitors with dignity and respect.

Investing in a diverse NHS workforce enables us to deliver a more inclusive service and improve patient care. It is our ambition to be an exemplary employer and provider with respect to equality and diversity.

Building on the work of our Equality and Diversity Steering Group, we will carry out a stock take of our current approach to equality and diversity and review structures, processes and procedures to take account of recent organisational changes. We will undertake preparation work to become an Equality and Diversity Partner of NHS Employers and seek to apply for this status in 2014/15.

We will work with partners to develop an Equalities Strategy for the Trust applying to all aspects of equality, diversity and human rights, for staff, patients and other stakeholders.

6. Programme Impact

Individual initiatives will be evaluated to understand impact and value. Quantitative assessment methods will be complemented by qualitative methods e.g. stories bring to life the impact of organisational development for staff, service users and partners.

The anticipated impact of this programme is on the overarching organisational health monitored through a balanced scorecard approach, our Information for Quality System (IQ system). IQ is comprised of seven quality domains which map directly on to strategic priorities.

Seven quality domains:

- Friends and Family Test
- CQC Compliance
- Records Management
- Contract and Monitor Compliance (including CQUIN delivery)
- Supervision and appraisal rates
- Staff sickness absence
- Financial Health

IQ provides transparent, real time feedback of organisational performance. Information from IQ is complemented by survey feedback from the annual staff survey, internal staff survey (quarterly) and annual community survey which seeks feedback from service users about the quality of our service.

Consistent with our ambition to be a learning organisation evaluation will be a fundamental part of the programme and we will seek to share this learning within and beyond AWP.

7. Conclusions

Our purpose is to provide the highest quality care that promotes recovery and hope. We have an ambitious vision for the future and are clear how we will get there. In order to achieve our purpose today and realise our ambitions for the future we have taken a deliberate and planned approach to organisational development.

Organisational development requires clear priorities and direction from senior leaders and drives alignment across culture, behaviours and strategic objectives. Underpinned by evidence-based theoretical change models and tools, the Development Programme will utilise transformational methods to develop our leaders and engage staff.

The organisation has identified short-term initiatives to build widespread commitment to Trust strategy and encourage culture change to achieve strategic priorities. Moving forward, the challenges facing the wider NHS of rising demand for services, increasing levels of acuity, diminishing resource and market place competition will require different interventions. We will develop a rigorous and systematic approach to identifying future priorities to support achievement of strategic objectives that will realise our vision.

The Development Programme forms an integral part of our response to the Francis Report and reflects key themes from the Keogh and Berwick Reports. The combined impact of the Integrated Business Plan and Development Programme will be a viable high, high performing NHS Foundation Trust.

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