

**NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST**

**BOARD OF DIRECTORS' MEETING**

**Meeting Date:** 25 June 2015

**Title and Author of Paper:** Workforce and Organisational Development Strategies, Lisa Crichton-Jones, Executive Director of Workforce and OD and Mark Spybey, Head of OD

**Paper for Debate, Decision or Information:** Decision

**Key Points to Note:**

The Board of Directors has previously considered drafts of both strategies (April meeting) and a number of helpful comments were received.

Since then work has continued to refine both strategies and they were re considered by CDT at its June meeting and subsequently agreed by all members of CDT for onwards submission to the Board for final approval.

Comments incorporated include those from;

Chief Pharmacist - pharmacy strategy, non medical prescribing and links to HENE  
 Director of AHP – numerous, notably about living well and a wider than recovery focus and a focus on the whole workforce and disability services  
 Director of Psychological Services – management supervision  
 Director of R+D – clinical effectiveness

General comments from many others relating to;  
 Whistleblowing and raising concerns  
 Our recruitment position / pressures on supply and demand  
 Issues concerning the medical workforce, engagement, recruitment etc  
 Equality and diversity  
 New ways of working  
 Violence against staff  
 Revalidation for nurses

In addition, a summary of the workforce strategy has been developed and is also enclosed for information. This may yet benefit from further refinement and different layouts and advice from colleague in Communications will be sought.

CDT have suggested a 6 monthly review of both strategies, notably in the early term of the 5 year period.

If agreed today, work will now start to communicate some of the key messages of the strategy with their implementation over seen by the proposed Workforce Committee, reporting to CDT.

**Outcome required:** Formal approval of the strategy

# **NTW Workforce Strategy**

**2015 – 2020**

## **Introduction**

One of the biggest challenges facing us is the uncertainty of what health needs and provision will look like in the next 15 – 20 years, whilst also dealing with workforce challenges we face today.

We are ambitious, striving to be at the cutting edge of service delivery model, research and development and employment practices. This Workforce Strategy is a key enabler in delivery of our ambitions.

Within that context, this strategy aims to set out the future vision for the workforce within Northumberland Tyne and Wear NHS Foundation Trust (The Trust) for a five year period along with the key themes and strands of work to achieve that vision.

It is a vision where our staff are recruited, developed, supported and valued to deliver excellent and clinically effective patient care. It is a vision where the future workforce has pride in the Trust and all that we do. In this way, we can deliver world class services.

This Strategy should be read and considered with the Trust's Organisational Development (OD) Strategy with its greater and very specific focus on the health and well-being of the organisation, its culture, leadership, values and importantly the principles by which we lead and manage the Trust.

It should also be considered alongside supporting professional strategies for medical, nursing, psychology, pharmacy and AHP staff and the Trust's Clinical Effectiveness Strategy. Along with patient safety and patient experience, clinical effectiveness is one of three vital components of 'quality' and is therefore inseparable from assuring and improving the quality of care for patients. The Clinical Effectiveness Strategy mission to provide safer, better quality care that enables patients to live better for longer is compatible with, and supports, the aims of this Workforce Strategy.

This strategy does not comprise any detailed workforce plan for the next five years and this will sit as a separate document.

Whilst this Strategy sets out our vision and key workforce issues, its successful delivery will primarily rest with the hundreds of line managers and supervisors who lead, manage and support our workforce on a daily basis.

This Strategy will be supported by an annual plan setting out priorities for action.

It will be essential to keep this strategy under review and to realign where necessary.

## Executive Summary

The successful delivery of this strategy will rest primarily with managers across the Trust, supported by expert HR advisors working with frontline clinical teams. Continuing to build their HR capacity and capability as well as supporting the continuing professional development of staff in the Workforce Directorate will be an essential area of work to support successful implementation of this vision.

In this way, we can continue to make big steps towards our vision to deliver world class services to the people across the North East and beyond we are here to serve, by recruiting, retaining, developing, engaging and empowering our staff; our most valuable asset.

As one of the largest mental health and disability trusts in the country our workforce of 6000 staff is our greatest asset. They deliver excellence in patient care 24 hours a day, 7 days a week. They are however working in uncertain and changing times where, as an NHS and as a greater health and social care economy, we face some of the greatest challenges ever known to services.

We are committed to delivering excellence in patient care and doing everything in our power to achieve parity of esteem for those with mental ill health. Our workforce are at the core of our ability to provide clinically effective care which is defined as care delivered by the right people (flexible, engaged and well trained) doing the right things (evidence-based practice), in the right ways (skilled and knowledgeable workforce), at the right time (accessible, timely services), in the right place, and with the right outcome (choice, personalisation and recovery). This care will be delivered in line with the Trust values of care and compassion, honesty and transparency and respect.

We need to ensure that our workforce is ready for the future and is able to meet the needs of our future patients. It is clear our patients of the future (and their families or carers) will expect more; more in terms of designing services, leading and controlling services through personal health and social care budgets.

We need to support our workforce to work safely today, sometimes in difficult and challenging clinical environments, but importantly also help them prepare for future workforce changes which will inevitably arise. As the expectations of patients and carers change, the workforce of the future will not only provide care and treatment but likely provide more guidance and coaching to patients as they assume greater control of their personal health and wellbeing.

We need to start and understand workforce challenges on a larger scale, working as part of the wider health and social care economy on system wide solutions to deliver excellence in care for our local and the wider population. Given likely future changes to the way we work, where we work and how we work, flexibility and adaptability of our workforce is key.

There is now a clear evidence base that shows highly engaged people and teams are more effective and successful at work and engagement of our workforce, supporting our staff to have a stronger voice and to make improvements to their

areas of work are all key components of this strategy and the accompanying OD strategy.

To support our staff to deliver high quality and changing services in the years ahead we need to do all we can to support their good health and wellbeing. We need to better understand their health needs and have a programme in place to proactively meet these.

Our workforce needs to have the skills and knowledge to deliver the services of today and those future changing services of tomorrow. Education and development programmes will need to respond to future service needs and in house training programmes need to meet statutory requirements as simply as possible whilst we continue to develop the skills of our managers and build their HR capacity and capability. Education and training will need to be able to respond to clinical developments and support staff to maintain their CPD and utilise and develop best clinical practice.

Finally, we have a lot to celebrate. We have a talented and dedicated workforce. A workforce which is passionate about what they do and the many thousands of patients they care for. We will strengthen our voice in the context of regional and national work and raise the profile of our excellent work in the North East, ultimately helping with the recruitment and retention of the workforce.

Northumberland, Tyne and Wear NHS Foundation Trust was authorised as an NHS Foundation Trust on the 1st December, 2009 and provides a wide range of mental health, learning disability and neuro-rehabilitation services to 1.4 million people in the North East of England across the six geographical areas of Northumberland, Newcastle, North Tyneside, South Tyneside, Gateshead and Sunderland. In addition, we provide a range of highly specialised services to a much broader population base. We are one of the largest mental health and disability organisations in the country with an income of approximately £300 million and an employer to over 6,000 staff. We operate from over 60 sites and provide a range of mental health and disability services.

The Trust's vision for the future, developed following consultation with our partners, staff and users and carers, is as follows:

*'We will improve the wellbeing of everyone we serve through delivering services that match the best in the world'*

Our vision is underpinned by our mission statement:

*"We will strive to provide the best care, delivered by the best people, to achieve the best outcomes".*

Our values ensure that we will strive to provide the best care, delivered by the best people, to achieve the best outcomes. Our concerns are quality and safety and we will ensure that our values are reflected in all we do:

We are about Quality and Safety

*We strive to provide the BEST CARE, delivered by the BEST PEOPLE, to achieve the BEST OUTCOMES*

### **Caring & Compassionate**

- Put ourselves in other people's shoes
- Listen and offer hope
- Focus on recovery
- Be approachable
- Be sensitive and considerate
- Be helpful

### **Respectful**

- Value the skill and contribution of others
- Give respect to all people
- Respect and embrace difference
- Work together and value our partners

### **Honest & Transparent**

- Have no secrets
- Be open and truthful
- Accept what is wrong and strive to put it right
- Share information
- Be accountable for our actions

## **The Strategic Context**

In view of the extensive range of services provided by the Trust a significant number of national strategies and policies relate to our services. Most recently none more so than the NHS Five Year Forward View (2014).

The NHS-Five Year Forward View sets out a vision for the future of the NHS. It was developed by the partner organisations that deliver and oversee health and care services, patient groups, clinicians and independent experts have also provided their advice to create a collective view of how the health service needs to change over the next five years if it is to close the widening gaps in the health of the population, quality of care and the funding of services.

In terms of mental health The Forward View highlights that mental illness is the single largest cause of disability in the UK and that the cost to the economy is estimated to be around £100 billion annually-roughly the cost of the entire NHS. It recognises that physical and mental health are closely linked-people with severe and prolonged mental illness die on average 15 to 20 years earlier than other people-one of the greatest health inequalities in England .However only around a quarter of those with mental health conditions are in treatment, and only 13% of the NHS budget goes on such treatments when mental illness accounts for almost a quarter of the total burden of disease.

The strategy states that over the next five years the NHS must drive towards an equal response to mental and physical health and towards the two being treated

together. Whilst acknowledging that investment has already been made through the Improving Access to Psychological Therapies (IAPT) Programme and that in 2015/16 for the first time there will be waiting standards for mental health, it is confirmed that this is only the start and that the much wider ambition is to achieve genuine parity of esteem between physical and mental health by 2020.

As a Trust we are fully committed to developing integrated models of care which are designed around the whole needs and aspirations of our local populations. We see significant benefits in aligning the approach to physical and mental health long term conditions, and in aligning delivery of support and care across health and social services. We recognise that different models will emerge across the different health and social care economies that we cover, and are aligning our models of care delivery and organisational structure to ensure that the Trust can be an active and flexible partner. We are pleased to be engaging with the three Vanguard sites across our geographical patch and will be a key partner in the future design of the workforce in this regard. Within this integration agenda, we see that it is critical that equal focus is given to ensuring that the mental health needs of the population are met, and we will advocate strongly ensuring that this is a clear part of each of the developing local models.

The Government and leading organisations across health and social care are also committed to transforming care for people with learning disabilities and/or autism who have a mental illness or whose behaviour challenges services. Some progress has been made but much more needs to be done. Recognising this, the report produced by Sir Stephen Bubb outlines how to accelerate the transformation of these services including some early actions to be taken in 2015. These include ensuring that those people with a learning disability and/or autism in hospital who could be supported in the community are discharged into a community setting as soon as clinically appropriate, in parallel putting in place robust admission gateway processes and developing a clearer model for health and care services, describing outcomes and associated performance indicators.

As the provider of a comprehensive range of services for people with learning disabilities and/or autism the Trust will work with stakeholders to review and, where appropriate, reshape services.

The Trust's Strategic Plan 2014-2019 also highlighted that innovation is at the heart of the NHS and that the Trust has a significant "knowledge base" and has developed "unique products", including new clinical service models which could be transferable and be of benefit to other organisations both within and outside the NHS. The potential to adopt a structured and commercial approach to the marketing and provision of the Trust's knowledge and products supporting innovation and generating income was therefore seen to be an area of work that should be progressed.

## Our Workforce Vision

Our staff are our greatest asset. Without our staff we could not deliver our diverse range of local, regional and national services. Without our staff, we cannot design and deliver future services which will provide excellence in patient care and meet user, carer and public expectations.

We value our current workforce and their recruitment, retention, education, development and levels of engagement, job satisfaction and motivation in working for the Trust are critical to our success.

Given the changing local and national contexts however, we know we need to strategically look at workforce priorities to support not only the delivery of services but also the transformation of services, perhaps not just within health, but across health and social care and indeed private and independent sector providers. We need to think about technological developments and how advancing technology will support our future workforce and the people who access our services. We are committed to our future workforce being designed around the needs of people needing our services.

Through our Transformation of Services Programme and our Workforce Programme Board we have visioned the future workforce.

The future workforce will be a workforce which is flexible and fully equipped with the appropriate skills, knowledge and resources to deliver clinically effective evidence based treatments across both community and inpatient services.

Workforce planning will play a fundamental part of what we do and systematically flows from the Trust's Strategy and strategic objectives into the operational processes. Forecasting will be an integral part of the business and the Trust fully understands the current workforce position and what may be needed in the future. Teams will be recruited, developed and staffed appropriately to meet current and future needs and innovative roles and new ways of working are implemented and are a core part of multi-disciplinary teams.

*In this future state*, the Trust there will be a strategic approach to Talent Management where talent is identified and individuals are developed, engaged and retained within the organisation.

There will be high levels of staff engagement and our staff will be committed to the Trust and its values and feel a sense of job satisfaction. Our staff will be involved in decision making and have the freedom to voice ideas and opportunities to develop their services.

*In this future state*, our staff will be empowered to maintain their own wellbeing while continuously improving the way in which care is delivered ensuring best quality outcomes for those using our services.

The leadership, culture, values and attitudes of our staff will be truly service user and carer centred, collaborative and supportive. Staff morale will be high and people will



be nurtured, developed and supported within a culture of knowledge sharing and learning.

Coaching and mentoring techniques will be used widely to enhance individual's skills, knowledge or work performance and clinical and managerial supervision will be well embedded.

The aims of this Workforce Strategy to support our vision are;

1. We will develop a representative workforce which delivers excellence in patient care, is recovery focused and champions the patient at the centre of everything we do
2. We will embed our values, improve levels of staff engagement, create positive staff experiences and improve involvement in local decision making
3. We will lead and support staff to deliver high quality, safe care for all
4. We will help staff to keep healthy, maximising wellbeing and prioritising absence management
5. We will educate and equip staff with the necessary knowledge and skills to do their job
6. We will be a progressive employer of choice with appropriate pay and reward strategies

***Strategic Aim 1 - We will develop a representative workforce which delivers excellence in patient care, is recovery focused and champions the patient at the centre of everything we do***

#### Where are we now?

Strategic workforce development, workforce planning and the needs of the future workforce are at the heart of this first theme. Within the Trust workforce planning has had increasing prominence in recent years and a number of staff have undertaken postgraduate level qualifications in strategic workforce planning. This has coincided with the creation and authorisation of Health Education England (HEE) and Health Education North East (HENE). Through HENE we are working closely with partners across the region to understand a wide range of workforce issues, both nationally and locally, and to ensure the quality of supply, education and future readiness of the health workforce in the North East.

Within the Trust, our Transformation of Services work has enabled us to start to change our approach to workforce planning. For example, through our Community Transformation Programme work, we have carefully considered future clinical pathways and the skills needed to deliver the community pathways. Through application of professional judgement, our senior clinicians have designed the desired future workforce which sees an alignment of skills into new and different roles.

The workforce changes within our Community, In Patient and Specialist Care Services Transformation Programmes have already been significant, be they changes in roles, ways of working, new pathways, growth or greater alignment with

other organisations – health, social care, independent or private sector partners. We learn more about how we manage change and the impact on our workforce with every service change implemented, never more so than with the first phase of Community Transformation Programme changes in Sunderland and South Tyneside or the South of Tyne Children and Young People service (CYPS) changes.

The Trust's Transforming Services Skills Programme (TSSP) has facilitated over the last 2 years a significant funded plan of clinical skills development linked to patient pathways, giving staff the opportunity to develop skills at a range of levels.

Arising from our transformation programmes, we have recruited the first peer support workers into the Trust. IMROC define peer support as 'offering and receiving help, based on shared understanding, respect and mutual empowerment between people in similar situations.' (Mead et al 2001). These post holders drive recovery focused organisational change, co-producing services alongside traditional, albeit they changing, mental health and disability professionals. This has been an exciting development but one which has not been without challenge.

At the heart of leading and supporting staff during periods of significant change associated with service transformation is TED, the Trust's Transitional Employment and Development scheme.

TED was introduced in 2012 and operates in partnership with staff side colleagues to successfully support, retrain and redeploy staff into new roles across the Trust. To date, more than 175 staff have been supported into new roles, retaining talent, experience and skills within the trust whilst also supporting our current no compulsory redundancy approach.

We are committed to developing a representative workforce and have had a dedicated Advisor for Equality and Diversity since the inception of the Trust in 2006. Since 2009 the Equality and Diversity agenda has been seen as part of the portfolio of work within Workforce and Organisational Development, with the Executive Director for Workforce and Organisational Development having responsibility at Board Level. We are delighted to be an NHS Employers Equality and Diversity partner for 15/16.

Our current approach to Equality and Diversity meets statutory requirements and we have always tried to embrace good practice – for example by engaging with NHS England's Equality Delivery System, prior to it becoming a contractual requirement and by collaborative work with our good regional links with Equality and Diversity leads. All staff are required to undertake Equality and Diversity training and our Equality and Diversity Steering Group is starting to take steps to establish better working on Equality and Diversity initiatives within Operational Groups, with the new requirements of EDS2 and the Workforce Race Equality Standard providing fresh impetus.

### Where do we need to be?

To successfully meet future challenges, our workforce will need to be flexible; they will need to work across health and social care, with independent or private sector providers, be flexible in the provision of care at differing points of the patient pathway, provide care and treatment for both physical and mental health care, support those with a learning disability to receive care and treatment in mainstream pathways, provide care in different locations (always closer to home, if not the home) and use new technological developments.

The future workforce will provide informal support to help people prevent ill health and manage their own care when appropriate. They will have the skills, values and behaviours required to provide co-productive and traditional models of care. They will need to be adaptable, innovative and able to provide 'whole person' care, with a focus also on a family orientated approach to care.

Our workforce needs to be ready to respond to further advancements in health and social care science and technology. For example, as both the cost and time of sequencing the human genome is likely to reduce in the next decade, this will increase the potential uptake and preventative measures. In addition, growth in health monitoring tools could prevent or reduce health crises. From a mental health and disability perspective, this may see the development of personalised, genomic treatments and cures for what have been major 19<sup>th</sup> and 20<sup>th</sup> century illnesses of schizophrenia, bipolar, personality disorders etc. all supported by the ever increasing ability to share knowledge, treatments and expertise across the world.

Technology is growing at an exponential rate and people are adopting new technologies at a rapid rate. These changes will support not only the workforce but also patients and carers. Currently face-to-face contact accounts for nearly 90% of all healthcare interactions. However, in the future the individual and their home could be the centre of care, using technology to access and supplement formal care throughout the pathway.

The future workforce supply will be a challenge and hence the development of new ways of working and innovative roles will be key to a number of our professional groups but significantly so across medical staffing and nursing. Our medical staffing strategy is in development but work is already underway to minimise the pressures of anticipated Psychiatry shortfalls (across both mental health and disabilities) in 2020.

By 2020 new, different ways of working will be developed, including for example, the development of the non-medical prescribing workforce, including pharmacist independent prescribers and nurse prescribers, to widen access to the safe and effective use of medicines and to support the transformation programme, physicians assistants and perhaps a universal AHP role.

As we vision the future workforce and support the emerging workforce of the future it will be necessary to take full advantage of investments which have already been made in, for example, approved / responsible clinicians.

We will recruit a greater number of peer support workers and as our employment practices become more recovery focused we want the employment experience of peer support workers to be seamless. We will be co-producing more of our services, our workforce systems and processes and be greater led and influenced by those with lived experience, be they peer support workers or members of our wider workforce with their own lived experiences.

The trust's recently agreed and launched Nursing Strategy 2014 – 2019, Delivering Compassion in Practice, clearly sets out the new career development structure for our nursing workforce and development of new nursing roles.

The Nursing Strategy is however only one of a number of professional strategies; others notably being the Allied Health Professional (AHP) Strategy, the Pharmacy strategy and that of Psychological Therapies.

The Trust's 3 year Pharmacy Strategy is, at the time of writing, in the early stages of refresh and will be redrafted taking account of the HENE Board approved 5 year Education Training and Development strategy and all of the opportunities which arise for the development of the profession due to supply and demand issues with other professions.

The Trust AHP Strategic Action Plan 2011-14, Shining a Light on AHPs, set out the plan to enhance the AHP workforce to provide high quality, service user centred care, with active professional development. Due for refresh and building on the success of enhanced CPD and research skills, it will further develop the rehabilitative skills of AHPs to support the service user foci of: Self-Management, Recovery and Living Well. Focussing on sustainable flexible services, refreshed career structures, standardised job titles & descriptions - the AHP Workforce will have an improved skill mix and enable clinical leadership at every level.

We have traditionally managed change processes through agreed HR Frameworks but listening to feedback from staff, work will be completed to develop more flexible approaches to managing change, minimising as much as possible the need to interview staff and particularly minimising the need for numerous interviews as service transformation plans continue to be implemented across the Trust.

With regards to Equality and Diversity, we need to establish the Trust as an inclusive organisation – recruiting outstanding people is just the start. Inclusiveness means making sure all our people's voices are heard and valued. This will not only help us to attract and retain the best people, but it will also help us to provide better services. We need to move beyond ensuring equality to promoting diversity, which, ultimately, is about how we build an organisation with talented individuals from very different backgrounds Diversity can help us to deliver more effectively in two ways:-

- There is generally a positive link between workforce representation, service delivery and knowledge of customer population. We want to make the most of this positive link to bring the insights and experiences of a diverse workforce to the service delivery needs of different – sometimes hard-to-reach – groups.

- The best performing organisations, in both the public and private sectors, are also those that invest most in promoting equality and diversity in the workforce. We also know that valuing and supporting the diversity of people's backgrounds and lifestyles is important in making the most of the contribution that staff can bring to an organisation's performance. We want to increase our efficiency, effectiveness and ability to innovate through the greater creativity of an engaged and diverse workforce where everyone's potential is fully realised. The Trust needs to harness the existing and future diversity of the population in this way we will maximise the business benefits we know a diverse workforce brings.

Looking ahead, TED's (previously explained) fitness for purpose will be subject to some challenge particularly given the ongoing scale of change and the Corporate Services Transformation Programme, where it will be more difficult to source suitable alternative roles for those in traditional corporate roles.

### What are we going to do?

To achieve Strategic Aim 1 we will;

- **Implement nursing career pathways** and the reintroduction of supported secondments to nurse training – a grow your own scheme for both mental health and learning disability nurses of the future.
- **Implement career pathways across other professions**, notably AHPs, Psychology and Pharmacy.
- Work with senior medical staffing colleagues to **develop a medical staffing strategy** to address, amongst other issues, predicted psychiatry shortfalls including expanding our academic roles to attract leading edge consultants into our services and research and development activities.
- **Roll out of workforce planning** as our Community Transformation Programme is implemented across other locality areas and as the In Patient Care and Specialist Care Services Transformation Programmes continue to implement service changes.
- **Expand recruitment of peer support workers**
- **Address workforce changes arising from our Corporate Services Transformation programme.**
- **Develop better relationships with our future workforce supply** through improving engagement with young people and school leavers to market the NHS as an employer of choice in the region and encourage members of staff to do so.
- Work with HENE and other trusts across our broad geographical base (i.e. Northumbria healthcare) to **work with schools and local communities in promoting the NHS as an employer of choice.**
- Work with HENE to build on current careers activity and success from local pre degree experience pilots to **promote working in health careers** across the whole workforce. We will achieve this through continued working with a wide range of education partners and schools and local employers, supporting where able activities such as Traineeships, Apprenticeships, veterans support and work experience.

- **Better engage with our retired workforce** and build on the opportunity to engage with our retired staff, utilising their expertise and years of experience to assist with the provision of high quality, safe care.
- Continue our work to **better understand the application of a recovery focus** to workforce practices and be co-producing workforce systems, processes etc.
- **Build and learn from the lived experience of our workforce.**
- **Review TED** to ascertain its fitness to support the Transformation of Corporate Services.
- Work with colleagues across health and social care to **create innovative redeployment opportunities**, retain staff in employment and minimise redundancy costs to the public purse.
- **Review traditional HR Frameworks** for managing change.

To ensure a representative workforce delivering inclusive services we need to:-

- **Get the basics right:** set clear equality and diversity objectives, collect the key data and have a robust reporting system in place to track progress.
- **Prioritise our activity:** baseline assessments from yearly EDS2 updates will identify where we need to focus our efforts, but will always be linked to the Trust's priorities.
- **Make it core business:** our equality and diversity objectives should support our Trust's objectives to tap into the key agendas for our management and board.
- **Get senior buy-in:** Maintenance of and growth of board-level support is crucial to mainstreaming equality and diversity in our organisation and signals its importance to staff and service users.
- **Engage staff:** give staff clear and consistent messages about recognising and valuing diversity in our organisation. It's an important recruitment and retention tool.
- **Recruit champions:** a network of champions – linked to the Positive Fair Diverse Campaign, will help to maintain the focus and get others on board.
- **Involve everyone:** all our key internal groups should be involved to help reinforce the philosophy that Equality and Diversity is everybody's business. Establish staff networks, utilise the trade unions and different professional groups. We will need them to secure a broad base of support across the Trust.
- **Celebrate successes:** marking our milestones and successes, and communicate them to keep all staff on board.
- **Link to service delivery:** make the links from our equality and diversity activity to service delivery. This will ensure a more coherent approach to achieving our Trust's equality and diversity (and business) objectives and will give our work in this field more impact.
- **Increase diversity in senior management and Board level,** to reflect that of the wider workforce and that of our service users.
- **Maximise opportunities** which are presented to us through being an NHS Employers equality and diversity partner.

***Strategic Aim 2 - We will embed our values, improve levels of staff engagement, create positive staff experiences and improve involvement in local decision making***

*Where are we now?*

In 2015, we are still at the beginning of our organisational development journey but know enough to be sure that this journey and our success with it will be core to our future business success and delivery of this overall strategy. This will be an essential link in ensuring our workforce are at the heart of continuing to develop and continuously improve services for our many service users, in both in patient and community services.

The Trust has only recently established on a permanent basis an Organisational Development Team and our first OD Strategy aims to address some of the core themes which arise from our annual staff survey.

The focus of this is;

- Embedding values
- Engaging people
- Working with change and loss (the people side of transformation)
- Developing Leaders
- Building and maintaining effective teams
- Measuring culture; the health and wellbeing of the Trust

Leading up to 2014, the Trust used a model of large scale 250 and 150 staff events to engage with staff on key issues. In early 2015 we launched a new approach to engagement, comprising smaller, local events.



We made a commitment to do more to hear from staff, to listen, to have local, honest conversations and to learn more about what we can do to make things better. The Board of Directors are passionate about this and our commitment to improving staff engagement is supported by an evidence base that says that when we are valued: listened to and respected, we are more effective, healthier, productive and less likely to make errors. In fact engaged health care teams have a positive impact on likelihood of making errors. In fact engaged healthcare teams have a positive impact on the health of those they serve.

We therefore launched 'Speak Easy, Be Heard.'

We know from our staff survey results that we can do more to improve local decision making and overall levels of staff engagement.

Our transformation programmes have been in place in recent years and focus on service and pathway improvement to meet the needs of our patients. It is only in more recent times that there have been links and a greater working between

transformation teams, service improvement and organisational development and this is subject to further consideration in the Trust's OD strategy.

In recent times, we have better understood the concerns amongst our medical colleagues with regard to their levels of engagement. Some of this has related to transformation, some of the concerns have been more generic in nature about working in NTW and the extent to which their specialist skills are valued. We need to continue to acknowledge this and prioritise the work which is ongoing to better engage with medical colleagues – notably listening, hearing and acting on views or better explaining why some issues are as they are.

### Where do we want to be?

**By 2020 we need a flexible workforce which is delivering excellence in patient care** and is recovery focused where through recruitment initiatives and development activities the three core values of honesty and transparency, care and compassion and respect are embedded into everything we do.

**Leaders will be confident to work across a complex, changing environment**, showing the way for the rest of the workforce whilst also recognising that often the answers to ongoing issues lie within staff teams. Leaders will be clear about their individual development needs and have plans in place for these needs to be met.

**We will listen and respond to the needs of our workforce.** Individuals and teams across the trust will be highly engaged, be members of highly effective teams and problem solve at a local level when issues arise. There will be clear levels of autonomy across the trust, devolved decision making allowing for solutions that meet local need. This in turn will lead to higher levels of job satisfaction and a greater degree of motivation in the workforce. Our medical workforce in particular will be more highly engaged and clinical leadership, at all levels, embedded.

**By 2020 there will be integration between service improvement and organisational development** and both will be delivered and supported by clinicians and managers, with expert 'central' advice being called on as the exception rather than the rule.

### What are we going to do?

To achieve Strategic Aim 2 we will;

- **Continue to recognise leaders** at all levels.
- **Define the leadership qualities needed** to deliver our trust vision.
- **Continue to make available a Leadership Development Course** for all leaders that is strategically aligned to the business needs of the trust.
- **Continue to make available a Management Development programme**, which will cover the 'basics' including staff well being and sickness management
- **Design bespoke leadership activities** where needed.



- **Continue to support our staff to access leadership programmes** via the national Leadership Academy and the more local North East Leadership Academy.
- **Expand our use of Organisational Development** interventions.
- **Hear how things are for staff and the teams** they work in
- **Make sure that the needs of service users are at the heart of how we make decisions**
- **Hear about what staff do well, sharing our success stories** and promoting what we are good at doing
- **Have honest, two-way and sometimes uncomfortable conversations**
- **Build mutual trust and respect and *really* listen** to and show that we have heard genuine concerns
- **Be mindful of the historical and current context for medical staff** and do everything we can to increase their levels of engagement.
- **Utilise and integrate information we receive** via staff survey, Friends and Family test and patient feedback.
- **Use the feedback to inform the way we make decisions** and explain why some decisions are made.
- **Inform the way we make decisions** and explain why some decisions are made.
- **Help staff solve problems and make decisions** at a local level
- **Support staff with team development** and greater support to any teams in difficulty
- **Support managers and leaders to be both visible and accommodating**
- **Care for and support each other** through good or difficult times
- **Communicate in way that is in keeping with our values:** to be caring and compassionate, respectful and honest and transparent
- **Continue with our work to move to a devolved model of operation** with a reduced corporate services centre.

***Strategic Aim 3 - We will lead and support staff to deliver high quality, safe care for all***

*Where are we now?*

We need to comply with a number of legislative, NHS and other regulatory standards and areas of good practice, all of which assist us in our commitment to do all we can to support staff to deliver high quality, safe care. These relate, for example, to NHS Employment Standards, CQC fundamental standards, the Fit and Proper Persons or Friends and Family tests and areas of work which arise from national reviews such as Francis, Freedom to Speak Up.

Recruitment, temporary staffing, employee relations work and the confidence we give our staff to raise concerns are key to ensuring that we lead and support staff to work safely and deliver high quality care for all. These areas of work sit within this area of the strategy with accompanying areas of work, for example, meeting the ongoing training needs of our staff, sitting elsewhere.

We cannot lead and support staff to work safely and deliver high quality care if we do not have the right numbers of staff being recruited, through efficient recruitment processes, into our services.

Notwithstanding the levels of change within the trust and the need for our staff to be flexible and transition into new roles, we are seeing, notably post Francis, an unprecedented demand for nursing posts. This, along with turnover and some growth through service developments, means there is a need for ongoing recruitment however, the NHS is experiencing a shortage of supply. Health Education England have commissioned education numbers based on the pre Francis era and it is estimated to be 2018 / 19 before supply matches demand. This inevitably places huge pressures on the nursing workforce and use of temporary staffing.

Our recruitment pressures do not exist solely within the nursing workforce. There are, for example, recruitment pressures amongst our medical workforce and our medical vacancies are carefully monitored via the three Group Medical Directors.

However, the Trust recruits to a significant number of posts each year, attracting approximately 15,000 applications over a rolling 12 month period. This has been a demanding area of work for appointing officers and staff working within recruitment teams.

Whilst there are approximately 20 applicants for each job, this varies hugely across professional groups and the types of roles available, our large geographical base makes us the significant employer across mental health and disability care in a large area of the North East, however some staff, and some key staff, will be prepared to travel to NHS competitors or move to the private sector as private sector services further develop.

The Trust has historically operated a traditional method of recruitment, with each appointing officer managing recruitment to their own areas. However in 2013, we introduced a central, values based recruitment model. Early indicators, whilst resource intensive, are that there are merits to using the values based approach to recruit our future workforce. However, this more central recruitment process for nursing posts has not met with universal acceptance and we will look to refine the approach as we go forwards. We are at the very early stage of implementing values based recruitment for medical staff.

This new approach, aside from the important qualitative aspects, also brings with it economies of scale and work needs to continue to ensure that all recruitment activities are completed in as efficient and as effective means as possible, retaining standards in accordance with the NHS Employer Safer Recruitment Standards. We are on the cusp on revalidation for nurses being introduced.

Medical revalidation processes are embedded within the trust and we are improving job planning processes and compliance rates on a continual basis.

Arising from both historic vacancies and ongoing clinical demands, in recent years the trust has utilised higher than desired levels of bank, agency and overtime use.

This has been subject to much scrutiny and work to reduce temporary staffing is led by the Director of Nursing and Operations in partnership with other colleagues.

We have some well embedded clinical supervision practices but acknowledge there is work to be done in relation to formal guidance relating to management supervision.

Since the publication of the second report arising from the Francis enquiry, ways for staff to raise concerns and do so safely have never been so focused. We are currently considering the implications of the Freedom to Speak Up review, including the appointment of a Freedom to Speak Up Guardian.

In 2014, the Trust launched the 'Speak out Safely' campaign and we are slowly seeing an increase in staff coming forwards, often on an anonymous basis, to raise concerns. We have provided training for our managers in this regard, have recently included this important area of work in our three day management skills programme and are launching an intranet based awareness briefing pack for managers to use in local meetings or for staff to access at any time. We have also adopted the NHS Employers Draw the Line Toolkit and will work with the results of the self-assessment.

With a workforce of approximately 6000, it is inevitable that some employment or performance matters will need to be dealt with via a disciplinary process and this is in fact a key part of the overall approach to improve standards and performance across the Trust. It is also inevitable that with a workforce of this size, some matters, despite all efforts to resolve locally and informally, will progress to a formal grievance process.

In the immediate years preceding this strategy, case management had grown to unprecedented levels across the trust, in relation to both disciplinaries and grievances. This presented a number of issues for our staff, managers and trade unions and in 2015 we extended an interim arrangement for a further 18 months, working with an external HR Advisory service to outsource this work and begin to drive through cultural change needed in this area of work.

### Where do we want to be?

**We want to use the data and intelligence we gather** from legislative and regulatory requirements **to inform and continuously improve our work**, constantly challenging ourselves to do more and do better for our patients.

**We want to be an employer of choice**, whereby our culture reflects our core values and we are recognised as being a good place to work. We want to have more applicants than jobs available, values based recruitment processes (for all) dependent on modern technological solutions, engagement is high and turnover is low. We want to reduce the churn amongst the wider NHS workforce and retain staff in public sector employment.

**Our recruitment practices will continue to be compliant with the required standards** and nurse revalidation will be embedded alongside medical revalidation.

**Our recruitment pressures will be at a low level**, if in existence at all. Supply will be meeting demand and flexibility and a new skill mix will be evident across the workforce and levels of bank and agency usage are low.

**Staff will feel safe to raise concerns**, encourage each other to do so and suffer no ill consequence as a result. Our managers will be confident to deal with concerns as they are raised and staff will be fully supported during and after concerns have been raised.

**When issues do arise, we will deal with them in an efficient, effective and modern way.** Issues will be dealt with at an appropriate level and as efficiently and as effectively as possible, to reduce (as far as is possible), the impact on our people and ultimately patient care.

**We will see improved staff survey results** in this area and be confident that we have a 'fair blame' culture.

**Our clinical supervision practice will continue to be well embedded** and be supported by robust management supervision practices and guidance.

#### What are we going to do?

To achieve Strategic Aim 3 we will;

- **Use data as intelligence to inform changes and improvements** in practice.
- **Continue to recruit with a values based approach**, including full roll out for medical staff.
- **Scope and implement improved technological solutions**
- **Reduce the overall timescale associated with recruitment** processes.
- **Expand our use of international recruitment** to maximise future supply.
- **Be an active participant in the regional Streamlining programme** with the HR Director lead sitting with the Trust's Workforce Director on behalf of the regional HRD network.
- **Comply with requirements of revalidation for nurses** and successfully manage issues which arise from this.
- **Challenge traditional organisational boundaries** to keep staff employed across the wider NHS
- **Eradicate agency usage and minimise bank and overtime usage** as far as possible.
- **Continue to invest in the Locality based pool of staff** and this flexible resource will be deployed under the direction of senior nursing staff.
- **Train our temporary workforce to the same standards** expected of substantive colleagues
- **Support staff to speak out safely.**



- **Develop guidance for management supervision** to compliment clinical supervision practices.
- **Fully develop and implement our action plan in response to the Freedom to Speak out Safely report** led by Sir Robert Francis, QC and from use of the materials in the Draw the Line Toolkit.
- **Determine whether employee relations work remains outsourced for a longer period of time.**
- **Continue to work closely with our staff side colleagues** in the spirit of our Partnership Agreement.

***Strategic Aim 4 - We will help staff to keep healthy, maximising wellbeing and prioritising absence management***

*Where are we now?*

We understand staff wellbeing is important in its own right and it can improve the quality of both patient experience and health outcomes. We understand that NHS organisations which have more favourable indicators of staff wellbeing have better attendance, lower staff turnover, less agency spend, higher patient satisfaction and better outcome measures.

We recognise both the importance of a strategic approach to employee health and wellbeing and the importance of our organisational culture in driving key behaviours. We know that well designed job environments, giving staff a voice, ensuring staff feel supported and that their job is meaningful are all important drivers towards wellbeing.

In 2015, we refocused our Occupational Health service as the Employee Health and Well Being Service. We have reviewed our policies to ensure that employee health and wellbeing is considered at every level within the organisation.

We have held a number of collaborative discussion and training sessions with Managers to examine the strong links between engagement, wellbeing and positive attendance and define the important role of the Manager in improving engagement and supporting staff wellbeing.

We have also held educational sessions with staff to help inform an improved understanding of the role of the Employee Health and Well Being team, the beneficial impact of work on health and to dispel some common myths.

The nature of some of our services, at a regional and national level, are such that some of our staff encounter high levels of violence and aggression in the course of their work, notably in some of our inpatient areas. The high number of incidents typically relate to a small number of acutely unwell patients and incidents most often occur when staff are working to prevent patients from harming themselves or others. However, this does not mean that levels of violence and aggression are acceptable or tolerated.

In 2015 we will be targeting the key public health issues and ensuring that some of the award winning patient information leaflets we produce for service users are disseminated to our own employees.

### Where do we want to be?

By 2020 our **Health and Wellbeing Strategy will be embedded**, its foundations being firmly on prevention, early intervention, good quality assessments of fitness for work, effective support services, training and education.

**Employee health and wellbeing will be embedded** into everything we do as a Trust. We will understand our organisational health needs and there will be processes in place to stop individuals in low risk health groups moving into higher risk categories.

It is difficult to say we will be working in an environment with reduced levels of violence as this depends on the nature of those who are acutely unwell in In Patient Services. This however is our aspiration.

We will ensure that we **look our members of staff as a ‘whole person’**. This will include having exemplary support systems in place to promote employee mental health in the workplace and reduce stigma and discrimination and signpost to community based services when appropriate and recognition that life outside work can affect an employee’s performance in work.

This will include having exemplary support systems in place to **promote employee physical health in the workplace and reduce discrimination** and signpost to community based rehabilitation when appropriate. To promote health and wellbeing and maximising participation at work, through supported Self-Management, for long term conditions supported by occupational health as required

We will lead by example providing all staff with the environment, knowledge and tools to **develop and maintain emotional resilience and mental wellbeing**. There will be early diagnosis at work and staff will have fast track access to good quality psychosocial intervention and support linked to causal factors.

Our workforce will take full responsibility for their health and wellbeing and improvement of personal resilience.

### How are we going to get there?

To achieve Strategic Aim 4 we will;

- **Develop a Health and Wellbeing Strategy**
- **Promote health, wellbeing and resilience** for the whole of our workforce, both clinical and non-clinical staff.
- **Ensure that there is a joined up approach to promoting public health** messages across the Trust
- **Educate and encourage all staff to take responsibility** for their own health and help them improve their personal resilience.
- **Undertake an organisational health needs assessment** to determine the specific health needs of our Trust and will develop a prioritised action plan

based on the outcome of this assessment to ensure the best use of the Trusts resources.

- **Monitor the health of all employees where they are exposed to a specific hazard**
- Ensure that we **encourage collaborative working amongst all stakeholders** to ensure a robust approach to undertaking risk assessment and identifying health surveillance needs.
- **Monitor the health surveillance programme** closely so that any adverse trends can be investigated and acted on.
- **Develop Wellness and Recovery Action Plans** which will be based on the individual staff needs.
- **Continue the work of the Violence Reduction Strategy Group** and support for staff who may be harmed in the course of their work.
- **Work closely with Estates colleagues to advocate for well-designed environments**
- **Adopt a holistic approach to encouraging behavioural change** and promoting healthier lifestyle choices based on National Public Health initiatives and guidance, including obesity and smoking.
- **Explore ways in which we can encourage the whole workforce to be more active**
- **Work collaboratively with the Corporate Decision Team to review the occupational health data**, identify trends and patterns, benchmark and agree action plans to achieve improvement.
- **Foster closer working between the Employee Health and Well Being team and Managers.**
- **Ensure that managers have the skills and confidence and are empowered to act on the advice** that has been given to support employees who are unwell and wherever possible help rehabilitate them successfully back into the workplace or into alternative employment.
- **Implement, where staff have frequent periods of absence, robust but supportive management processes**, as will be the case for longer term periods of absence.
- **Optimise Trust communications resources** to disseminate information to our workforce.
- **Educate and inform, ensure consistent approaches, signpost to support services in the community** and promote free digital tools to help staff achievement their health improvement goals.

## ***Strategic Aim 5 - We will educate and equip staff with the necessary knowledge and skills to do their job***

This theme comprises a wide range of education and training issues; the education pathways for professionals, training and education needs which arise from complying with statutory and essential programmes and those which arise from Continuing Professional Development (CPD) needs or specifically the future skills needed to deliver developing patient pathways.

### *Where are we now?*

We know from our work with Health Education North East (HENE) that within the North East, both students/trainees and regulator feedback indicates that education provision for professional programmes is currently of high quality, and in many cases above national averages. There is however an ambition to build on this achievement and further enhance education in the region to support staff within their current role as well as providing more structured and equitable opportunities for career development. There are specific issues being addressed, for example, the high levels of attrition on nursing, physiotherapy and SALT degree courses and as mentioned elsewhere education commissioning levels need to be based on demand.

Annually a review of CPD needs is undertaken across staff groups and services and a Trust training plan submitted to Health Education North East for funding. This has enabled the Trust to invest in development activities that support service developments. Examples have included Approved Clinician training, sensory integration training and simulation equipment.

A range of academic modules funded by Health Education North East currently delivered at Northumbria and Teesside Universities are available free to staff and can be used as stand alone or combined to achieve qualifications.

Within the Trust, we have become more NICE concordant in recent years and the previously mentioned Transforming Services Skills Programme (TSSP) saw a significant funded plan of professional development linked to NICE guidance and patient pathways, giving staff the opportunity to develop skills at a range of levels. Due to the development of an infrastructure through this 2 year programme staff can now be supported to develop and practice this range of new skills. This has been focused on increasing knowledge of specific psychological therapies and is essential to the delivery of the future workforce vision, equipping staff with essential skills to work in and across future patient pathways. The staff survey results indicate that staff consider they now receive more job relevant training and it is considered that this is, in part, due to the TSSP programme.

In recent years the Trust has achieved and maintained high levels of compliance for all staff across a wide ranging statutory and essential programme. Whilst our entire statutory and essential programme is important by its very nature, one area of particular priority is that of Prevention and Management of Violence and Aggression – PMVA. Given the regional and specialist nature of our services the Trust reports high levels of violence and aggression against staff and it is therefore important to do all we can to ensure they are well trained in this area. Our PMVA programme moves



in 2015 to be managed through operational services and moving forwards will be even further aligned with clinical areas, again responding to local needs.

Research (Kings Fund 2014) tells us that on average, people with long term, chronic mental health illness, die on average, 20 years earlier than those without mental ill health. We have therefore developed an increased understanding of the need for us to be able to provide for peoples physical wellbeing as well as their mental wellbeing and to this end a train the trainer programme has been developed by the clinical trainers in partnership with Laerdal and NTW nurses will be trained to deliver advanced physical health skills training. Physical interventions are also augmented and scaffolded by a range of specialist Allied Health Professions , such as Dietitians, Physiotherapists, Speech and language Therapists, Podiatrists and Occupational therapists.

In 2015 a new Management Skills Training Programme was introduced. This complements the established Leadership course but instead focuses on the essential skills managers, and those aspiring to management / supervisory positions, need on a day to day basis including staff contracts and sickness absence management.

We run a comprehensive induction programme including a newly launched comprehensive induction programme for newly appointed consultants.

As important from a qualitative perspective, is the experience staff have as they are inducted to the organisation. The current programme is again values based and regularly updated.

Appraisal is, of course, a core part of the overall processes associated with equipping staff with the necessary skills to do their job. In 2014, we developed a whole new appraisal system, linked to trust values and more aligned with Agenda for Change flexibilities. 2015 will therefore be a transitional year, with the new processes embedding in whilst moving towards meeting the overall aim of improving the quality of appraisals.

With regards to vocational training, during 2014 the Trust, via its management processes, agreed two key pieces of linked work, the development of an NTW Academy for Vocational learning and the expansion of the existing apprenticeship programme.

These two initiatives reflect the demographic need to recruit and develop younger workers, whilst also being in concordance with Health Education England's National Strategic Framework "The Talent for Care" which seeks to develop staff specifically in bands 1-4 through to professional qualifications.

### Where do we want to be?

The future workforce, not only in the Trust but across the whole region, across health and social care, needs to have the **appropriate skills and education** to deliver high quality, safe and sustainable care. HENE aim to build on their success 'of being leading providers of medical and non-medical education'<sup>1</sup>, attracting and retaining the

right people, with the right knowledge and skills, underpinned with values and behaviours that reflect the NHS Constitution’.

For success we will need to **build upon our existing high quality education provision** to further enhance education in the region to support staff within their current role as well as providing more structured and equitable opportunities for career development. Within the Trust we will explore and **seek to improve our education facilities and accommodation**, with wide recognition as to the importance of the quality of education and training environments.

We need to **explore education programmes for new emerging roles**, for roles working across health and social care and for roles which work flexibly across traditional professional boundaries. We equally need to move to consider more **hybrid models of education** for those working across mental health and learning disability and cease to educate via two very different pathways.

Notwithstanding our ongoing work with HENE we will have **explored opportunities to develop an in house training school**; the exploration of the NTW ‘University’.

We will move to a world of even greater NICE guidance with an ever evolving evidence base. There are increased expectations that we **provide NICE concordant care** as part of the provision of high quality services. As a result **continuous CPD will be required** for the workforce, supported by library systems to enable knowledge Management skills and the implementation of evidence into practice.

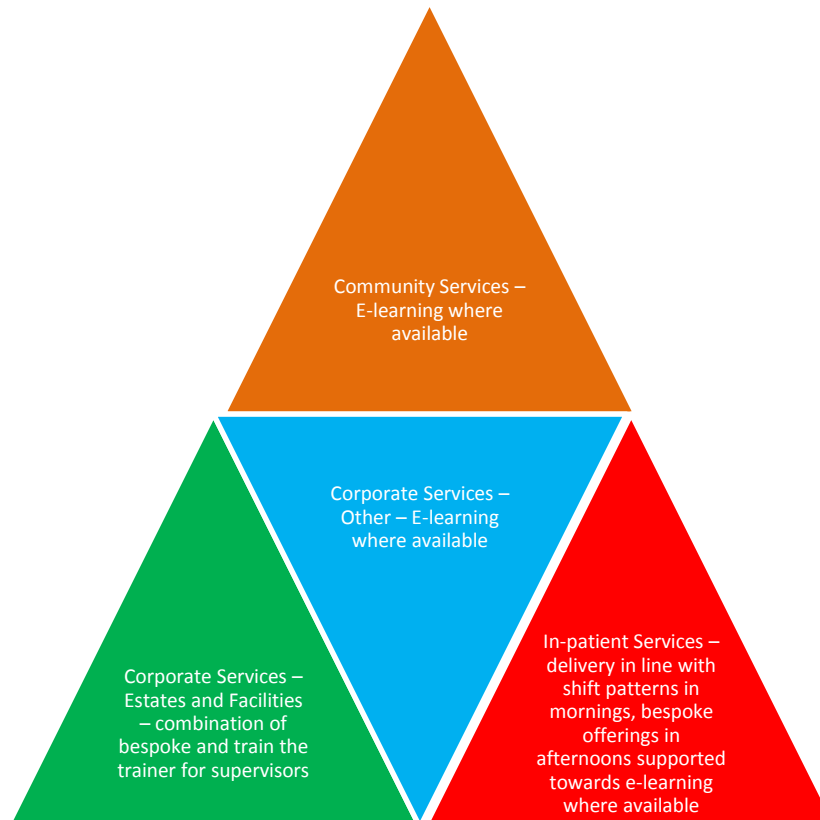
Our workforce will be able to access their Continuing Professional Development requirements to ensure that the future needs of service users and carers can be met.

In later years of this Strategy we aspire to work in partnership with service users and carers to undertake **joint professional learning and development activities**, both in terms of the development of programmes and in their delivery and in our shared learning.

Our workforce will keep up to date and prepare themselves for future challenges, or changes in working practices, through **accessing flexible continuous professional development learning opportunities**.

We want our **statutory and essential training programme to run as effectively as possible** whilst ensuring staff have the greatest flexibility in meeting their training requirements.

Where available, statutory and essential training will be **delivered via e learning modules**, via technology we have access to outwith the workplace enabling staff to be retained in their local work bases as far as is possible.



**Technology will underpin a much wider range of education and training activities.** E learning, apps and simulators will become even more of a key feature of improving quality and cost of educating not just the formal workforce but patients and their cares too.

Over the period of this strategy, the Trust's Academy for Vocational Learning will fully explore the opportunity to **become an Excellence Centre with The National Skills Academy for Health**; these being employer led regional centres who act as hubs for the facilitation of learning and development for healthcare support workers.

*How are we going to get there?*

To achieve Strategic Aim 5 we will;

- **Continue to work closely with Health Education North East** not only on the future supply of our workforce but on their post-graduate education and opportunities for development.
- **Work in partnership with other employers and trainees/students** to continue to promote the North East as the place of choice for both training and on-going employment.
- **Support HENE to build on the regional excellence in teaching and learning**, through further enhancing our student experience using on-going development of technology enhanced learning including simulation, increased use of evidence based teaching and learning interventions and improved in house education and training facilities.
- **Explore potential for the 'NTW University'** and an in house training school.

- Promote and **further develop the role of the educator in practice**, further developing coaching and supervision skills and capacity in the region to maximise the learning experience for the wider workforce.
- Do everything we can to **ensure the workforce will have improved access to appropriate education and development opportunities** enabling delivery of personalised, high quality care and progress into professional programmes.
- **Develop our support workforce to enhance their knowledge and skills** within their role to deliver high quality patient care through the implementation of the regional Talent for Care strategy.
- **Embrace all opportunities to promote and strengthen widening participation.**
- **Enhance return to practice initiatives**
- **Encourage our workforce to continually update their skills and competencies.**
- **Develop and build capacity with trainers and wider lead professionals** to meet internal training needs, including the provision of CPD requirements arising from NICE guidance and regulatory body standards.
- **Continue to work with HENE to complete a regional wide review of the CPD infrastructure** and ensure it is aligned to future needs and accessible by all professions, including over time, the support workforce.
- **Roll out the physical health training programme.**
- **Undertake further skills analysis to determine skills gaps** within our workforce, understand training needs which arise through appraisal processes and use this information to influence future training programmes.
- **Keep the content of the Management Skills Programme relevant** to our needs and equip our managers with additional skills needed to effectively manage change.
- **Monitor the embedding and qualitative feedback on new appraisal process.**
- **Further develop appraisal processes** to identify gaps within teams and with individuals relating to the implementation of NICE Guidance/Evidence based practice and provide training opportunities to overcome them.
- **Regularly review induction processes** ensuring new staff are 'job ready.'
- **Develop the Trust Vocational Learning Academy**
- **Identify development pathways via vocational training** and develop our own in-house courses and further partnership working.
- **Understand the pastoral needs of our younger workforce** and build this into our programmes moving forwards.

***Strategic Aim 6 - We will be a progressive employer of choice with appropriate pay and reward strategies***

*Where are we now?*

We are one of the largest mental health and disability trusts in the country and one of the largest employers in the North East, adhering to national terms and conditions of service for both medical and non-medical staff. We have worked hard to develop good partnership working arrangements with our trade union partners.

Whilst committed to having our service users and carers at the centre of everything we do, our employment practices have operated on a traditional model and through our work with colleagues in the Recovery College and IMROC, we are just starting to explore the many advantages of working closely with colleagues with lived experience of mental health illness, to explore co-production and what that might mean.

Successful employee relations and our relationships with trade unions are essential to successful delivery of the Trust's vision, 5 Year Strategic Plan 2014-2019 and supporting strategies and critically, to all areas of work in this strategy. In 2015 we expect to sign a new Partnership Agreement with local trade unions and will continue to work together to successfully implement our commitments within this, following on previous successes. At the heart of this agreement, we all commit to the importance of partnership working, to discussions and negotiations which support the delivery of high quality care for all.

We are starting to become more involved in the regional and national workforce scene, with our Equality and Diversity partner status with NHS Employers and further a seat on the Northern Social Partnership Forum.

We are working in a climate of pay restraint which has resulted in industrial action in recent years, we have already seen several changes to the NHS pension scheme from both an employer and employee perspective and looking ahead there will be further changes, driven by affordability, greater levels of contribution and the career average scheme.

Our workforce is hugely talented and we employ a number of leading professionals with national and even international reputations, notably for expertise in their clinical field and for their research.

### Where do we want to be?

Given we are one of the largest mental health and disability trusts, it therefore follows that we should **seek to be a progressive employer**, one who **influences nationally and locally**, embodies **modern employment practices**, has **engagement with staff** at its heart and one for whom, there are foundations of **successful partnerships** none more so than that with staff side partners.

**We want to be an employer of choice**, whereby our culture reflects our core values and we are **recognised as being a good place to work**. **Partnership working is integral to everything we do**, be this partnerships with, our service users, our staff and trade union reps, the local health economy and population that we serve. We want to be **recognised for exemplary workforce practices**.

By 2020 we will have **embraced opportunities which have arisen from coproduction** and our **employment practices will be aligned around recovery and self-management** (of physical health conditions) and we will be listening and continuing to learn and value the importance of coproduction with those in, for example, the Recovery College.

Our workforce costs represent 80% of total expenditure, some £241 million. Looking ahead at financial and system wide challenges we will need to **reduce the cost per head count of our workforce**. There will be a number of ways in which we can do this and some of these have been set out already in this strategy, notably new ways of working and role redesign, reviewed skill mix, efficiency of systems and processes.

There will however need to be an **increasing focus on the terms and conditions and reward strategies** for NHS staff in the years to come, driven by both affordability and the need for flexibility within reward systems to meet service needs and sustain organisations.

By 2020 we will **work within a set of fully integrated working practices**, be supported by modern technological solutions. We will have **built our reputation as an employer of choice** and attract local and national recognition for this. The **expertise of our clinicians** and their national and even international reputations will be at the core help in attracting our future workforce and in retaining those already employed.

Some of our clinicians are starting to explore opportunities which might arise through the development of NTW+ and this work will continue over the term of this strategy, sharing practice elsewhere and generating additional income for the Trust.

### How are we going to get there?

To achieve Strategic Aim 6 we will;

- **Be coproducing and continuing to learn from colleagues with lived experience** and all employment practices will be recovery/self-management focused – maximising independence.
- **Commit to a further period of joint partnership working, undertaking annual reviews** as to our achievements and areas for development for the years ahead.
- **Continue to support increased facility time for local union representatives** and to continue with representation on a number of our programme boards and working groups.
- **Develop more flexible and affordable terms and conditions of service** and take all opportunity to influence, at a national level, these changes to meet service need.
- We will be **working with partners across health and local government** with a more integrated set of employment practices.
- **Continue to recognise staff at annual recognition events**. We will also recognise staff on a more local level, making the time to talk, being responsive and saying thank you for every day and discretionary effort.
- **Seek external regional and national recognition** for our work and share our learning with other organisations.
- **Utilise our clinical and research expertise** as components of our marketing strategies and progressive employer status.

- **Strengthen our position as a key influencer, notably speaking up for those with mental health illness and disabilities** and as a provider of these services and an employer of a highly skilled workforce.
- **Further develop NTW+ services.**
- **Maximise opportunities to learn more and raise the profile of our equality and diversity work**, including for example, a greater presence at regional events (Newcastle Mela and Pride events) and through gaining accreditation in the Stonewall Equality indices.

### **Summary / Conclusion**

We are ambitious, striving to be at the cutting edge of service delivery models, research and development and employment practices. This Workforce Strategy is a key enabler in delivery of our ambitions.

It sets out our vision for the future workforce and six core strategic themes and underpinning work which are essential to successful delivery of that future vision. It is ambitious in its vision, particularly considering the changing and unknown environment in which we currently work.

Whilst ambitious, with excellent leadership, the commitment and engagement of our staff and a range of strong partnerships in place, we believe it is achievable and it will guide us to essential workforce priorities for the next five years. It will require joined up working, joined up thinking and the flexibility which we need at the core of our workforce also needs to be applied to the implementation of this strategy.

We need to be responsive and adaptable as the direction of future travel becomes clearer and be able to review and update the strategy as needed. We need to challenge ourselves to constantly to achieve our vision and enable our staff to deliver excellence in patient care across a different footprint, in different ways, with different partners.

A high level set of actions are attached and as the new Workforce Committee and it's sub group structure is established, the two sub groups will be tasked with the production of annual work plans with oversight sitting with the Workforce Committee.

The two sub groups are;

- Organisational Development (including Leadership and Engagement)
- Workforce Development (including Education and Training)

Work relating to the health and wellbeing of the Workforce will be led by the trust wide Health and Well Being Committee, chaired by the Director of Infection and Prevention and Control.

The successful delivery of this strategy will rest primarily with managers across the Trust, supported by expert HR advisors working with front line clinical teams. Continuing to build their HR capacity and capability as well as supporting the continuing professional development of staff in the Workforce Directorate will be an essential area of work to support successful implementation of this vision.

In this way, we can continue to make big steps towards our vision to deliver world class services to the people across the North East and beyond who we are here to serve, by recruiting, retaining, developing, engaging and empowering our staff, our most valuable asset.



# Appendices

**High level actions**

**Appendix 1**

We will develop a representative workforce which delivers excellence in patient care, is recovery focused and champions the patient at the centre of everything we do

Strategic Aim	Goals	Typical Initiatives	Milestones and monitoring
<p>We will develop a representative workforce which delivers excellence in patient care, is recovery focused and champions the patient at the centre of everything we do</p>	<p>An increasingly flexible workforce working across health and social care.</p> <p>A workforce able to deliver greater provision of recovery focused self and whole person care</p> <p>To be recognised as a diverse and representative employer</p>	<p>Implement nursing career pathways</p> <p>Develop a medical staffing and psychological therapies strategies</p> <p>Further develop workforce planning across health and social care</p> <p>Further develop our approach to EDS2 and Equality schemes</p>	<p>Workforce profile including staff in post, roles</p> <p>E+D monitoring</p> <p>Workforce metrics</p> <p>Strategies in place</p> <p>Comprehensive / integrated workforce plans in place</p> <p>Staff and patient survey feedback</p> <p>Feedback from partners</p> <p>Achievement of awards</p>

We will embed our values, improve levels of staff engagement, create positive staff experiences and improve involvement in local decision making

Strategic Aim	Goals	Typical Initiatives	Milestones and monitoring
<p>We will embed our values, improve levels of staff engagement, create positive staff experiences and improve involvement in local decision making</p>	<p>Higher levels of staff engagements, involvement and motivation.</p> <p>Trust values embedded across NTW.</p> <p>Implementation of devolved operating model</p>	<p>Leadership programmes and bespoke activities</p> <p>Management skills programme</p> <p>Speak Easy and Conversations</p> <p>Continued work rolling out 'embedding the values'</p> <p>OD links with service improvement further enhanced.</p>	<p>Programmes in place and review of evaluations.</p> <p>Improved organisational performance, measured through staff surveys workforce metrics</p> <p>New operating model in place.</p>

We will lead and support staff to deliver high quality, safe care for all

Strategic Aim	Goals	Typical Initiatives	Milestones and monitoring
<p>We will lead and support staff to deliver high quality, safe care for all</p>	<p>To fully use data and intelligence to continuously develop our workforce</p> <p>To be an employer of choice – a good place to work.</p> <p>To have a workforce who feel confident and safe to raise concerns and be treated fairly</p>	<p>Values based recruitment.</p> <p>Work relating to revalidation for nurses</p> <p>Work to reduce agency and bank spend.</p> <p>Draw the Line and Speak out Safely campaigns</p> <p>Partnership working with staff side and others</p>	<p>SUIs, complaints, claims</p> <p>Recruitment metrics</p> <p>Bank and agency metrics</p> <p>Whistleblowing / raising concerns metrics</p> <p>Improved ratings on EDS2</p> <p>Staff survey + FFT responses</p> <p>Successful working with trade unions (employee relations cases, industrial action etc.)</p>

We will help staff to keep healthy, maximising wellbeing and prioritising absence management

Strategic Aim	Goals	Typical Initiatives	Milestones and monitoring
<p>We will help staff to keep healthy, maximising wellbeing and prioritising absence management</p>	<p>An embedded health and wellbeing strategy</p> <p>Greater support for staff with their physical health, emotional resilience and mental wellbeing</p> <p>Effective management led absence management</p>	<p>Partnership working with Team Prevent</p> <p>Health needs assessment and arising actions</p> <p>Robust communications plan</p> <p>Ongoing absence management, keeping up to date with best practice</p> <p>Building HR capacity with managers</p>	<p>Strategy in place</p> <p>Health needs assessment and associated action plans in place</p> <p>Employee health and wellbeing service data</p> <p>Counselling service data</p> <p>Sickness absence metrics - %, costs etc.</p>

We will educate and equip staff with the necessary knowledge and skills to do their job

Strategic Aim	Goals	Initiatives	Milestones and monitoring
<p>We will educate and equip staff with the necessary knowledge and skills to do their job</p>	<p>Staff will have the appropriate skills and education to deliver high quality, safe and sustainable care.</p> <p>A comprehensive CPD programme is in place and accessible by all staff.</p> <p>A customer focused, co-produced statutory and essential training programme.</p> <p>An embedded and customer focused management skills programme in place.</p> <p>Academy for vocational learning established.</p>	<p>Close working with HENE and partners across the North East.</p> <p>Explore the concepts of the 'NTW University' and Academy</p> <p>Implementation of the devolved operating model</p> <p>Ongoing development of appraisal systems.</p>	<p>SUI, incidents, complaints etc.</p> <p>All education and quality metrics</p> <p>Commissioned education places meet the trust future workforce supply needs.</p> <p>Revalidation metrics</p> <p>Training metrics</p> <p>New regional CPD framework in place</p> <p>Workforce metrics</p> <p>Academy up and running Vocational training offered to other partners</p>

We will be a progressive employer of choice with appropriate pay and reward strategies

Strategic Aim	Goals	Initiatives	Milestones and monitoring
<p>We will be a progressive employer of choice with appropriate pay and reward strategies</p>	<p>Be an authoritative voice on mental health and disability employment issues.</p> <p>To be recognised as an employer of choice with a good reputation.</p> <p>Recovery focused workforce practices in place.</p> <p>Recognition + Reward strategies in place</p> <p>Strong partnerships in place including those trade unions</p>	<p>Senior staff increasing external focus, speaking up, influencing and sharing our work</p> <p>Increasing our presence with e.g., NHS Providers, NHS Employers and many others</p> <p>Greater recovery focus in employment practices and exploration of coproduction</p> <p>Partnership working with staff side</p> <p>Actions arising from EDS2 and Equality Schemes</p>	<p>External recognition and a greater sharing of our work.</p> <p>Reduction in recruitment pressures and other improvement across workforce metrics and service user / carer metrics</p> <p>Feedback from staff; staff survey results, FFT, new policies etc in place.</p> <p>Reward and recognition st</p> <p>Strategies in place</p>

	Goals	Initiatives	Milestones and monitoring
We will develop a representative workforce which delivers excellence in patient care, is recovery focused and champions the patient at the centre of everything we do	<p>An increasingly flexible workforce working across health and social care.</p> <p>A workforce able to deliver greater provision of recovery focused self and whole person care</p> <p>To be recognised as a diverse and representative employer</p>	See marks	<p>Workforce profile including staff in post, roles</p> <p>E+D monitoring</p> <p>Workforce metrics</p> <p>Comprehensive / integrated workforce plans in place</p> <p>Staff and patient survey feedback</p> <p>Feedback from partners</p> <p>Achievement of awards</p>



Current workforce profile to be included here

# Workforce Strategy

## 2015 -2020



Shining a light on the future

Summary



## Introduction

Our staff are our greatest asset. Without them we could not deliver our diverse range of services at local, regional and national levels. Without them, we cannot design and deliver future services which will provide excellence in patient care and meet user, carer and public expectations.

We value our current workforce and their recruitment, retention, education, development and levels of engagement, job satisfaction and motivation in working for the Trust are critical to our success. One of the biggest challenges facing us is the uncertainty of what health needs will look like in the next 15 – 20 years, whilst also dealing with workforce challenges we face today.

Within that context, this strategy aims to set out the future vision for the workforce within Northumberland, Tyne and Wear NHS Foundation Trust for a five year period along with the key themes of work to achieve that vision.

It is a vision where our staff are recruited, developed, supported and valued to deliver excellence in patient care. It is a vision where the future workforce has pride in NTW and all that we do

Whilst this strategy sets out our vision and key workforce issues, it's successful delivery will primarily rest with the hundreds of line managers and supervisors who lead, manage and support our workforce on a daily basis.

We have a lot to celebrate. We have a talented and dedicated workforce. A workforce which is passionate about what they do and the many thousands of patients they care for. We will strengthen our voice in the context of regional and national work and raise the profile of our excellent work in the North East, ultimately helping with recruitment and retention of the workforce.

## The context for this work

The NHS-Five Year Forward View sets out a vision for the future of the NHS. It was developed by the partner organisations that deliver and oversee health and care services, patient groups, clinicians and independent experts have also provided their advice to create a collective view of how the health service needs to change over the next five years if it is to close the widening gaps in the health of the population, quality of care and the funding of services. The Forward View states that over the next five years the NHS must drive towards an equal response to mental and physical health and towards the two being treated together. The ambition is to achieve genuine parity of esteem between physical and mental health by 2020.

In transforming care for people with learning disabilities an essential part of our strategy will relate to how we provide the right care in the right place for those with a learning disability in current inpatient provision. In accordance with a new national strategy this is likely to include a substantial reduction in the number of people placed in inpatient settings and reducing the length of stay for all people in inpatient settings

## **The future workforce**

Is described as a being a workforce which is flexible and fully equipped with the appropriate skills, knowledge and resources to deliver highly effective evidence based treatments across both community and inpatient services.

In this future state, the Trust will take a strategic approach to Talent Management and talent is identified and individuals are developed, engaged and retained with the organisation.

All staff show high levels of engagement and are committed to the Trust and its values and feel a sense of job satisfaction. They are involved in decision making and have the freedom to voice ideas and opportunities to develop their services. Our staff will be empowered to maintain their own wellbeing while continuously improving the way in which care is delivered ensuring best quality outcomes for those using our services.

### **The aims of this Workforce Strategy to enable our vision are;**

1. We will develop a representative workforce which delivers excellence in patient care, is recovery focused and champions the patient at the centre of everything we do
2. We will embed our values, improve levels of staff engagement, create positive staff experiences and improve involvement in local decision making
3. We will lead and support staff to work safely and deliver high quality care for all
4. We will help staff to keep healthy, maximising wellbeing and prioritising absence management
5. We will educate and equip staff with the necessary knowledge and skills to do their job
6. We will be a progressive employer of choice with appropriate pay and reward strategies

**We will develop a representative workforce which delivers excellence in patient care, is recovery focused and champions the patient at the centre of everything we do**

To successfully meet future challenges, our workforce will need to be flexible; they will need to work across health and social care, with independent or private sector providers, be flexible in the provision of care at differing points of the patient pathway, provide care and treatment for both physical and mental health care, support those with a learning disability to receive care and treatment in mainstream pathways, provide care in different locations (including the home) and use new technological developments. To achieve this we will:-

- Implement career pathways and for nursing the reintroduction of supported secondments to nurse training – a grow your own scheme for both mental health and learning disability nurses of the future.
- Work with senior medical staffing colleagues to develop a medical staffing strategy to address, amongst other issues, predicted psychiatry shortfalls
- Roll out of workforce planning as our PCP transformation is planned across other locality areas
- Address workforce changes arising from our Corporate Services Transformation programme.
- Development better relationships with our future workforce supply through improving engagement with young people and school leavers to market the NHS as an employer of choice in the region.
- Better engage with our retired workforce and build on the opportunity to engage with our retired staff, utilising their expertise and years of experience to assist with the provision of high quality, safe care.
- Continue our work to better understand the application of a recovery focus to workforce practices
- Work with colleagues across health and social care to create innovative redeployment opportunities, retain staff in employment and minimise redundancy costs to the public purse.
- Review traditional HR Frameworks for managing change.
- Make the links from our equality and diversity activity to service delivery. This will ensure a more coherent approach to achieving our Trust's equality and diversity (and business) objectives and will give our work in this field more impact.

## **We will embed our values, improve levels of staff engagement, create positive staff experiences and improve involvement in local decision making**

By 2020 we need a flexible workforce which is delivering excellence in patient care and is recovery focused where through recruitment initiatives and development activities the three core values of honesty and transparency, care and compassion and respect are embedded into everything we do. Leaders will be confident to work across a complex, changing environment, clear about their individual development needs and have plans in place for these needs to be met. We will listen and respond to the needs of our workforce. Individuals and teams across the trust will be highly engaged, be members of highly effective teams and problem solve at a local level when issues arise. There will be clear levels of autonomy across the trust, devolved decision making allowing for solutions that meet local need. This in turn will lead to higher levels of job satisfaction and a greater degree of motivation in the workforce. To achieve this we will:-

- Continue to recognise leaders at all levels.
- Define the leadership qualities needed to deliver our trust vision.
- Continue to make available a Leadership Development Course for all leaders that is strategically aligned to the business needs of the trust.
- Design bespoke leadership activities where needed.
- Continue to support our staff to access leadership programmes via the national Leadership Academy and the more local North East Leadership Academy.
- Expand our use of Organisational Development interventions.
- Hear how things are for staff and the teams they work in
- Make sure that the needs of service users are at the heart of how we make decisions
- Hear about what staff do well, sharing our success stories and promoting what we are good at doing
- Have honest, two-way and sometimes uncomfortable conversations
- To build mutual trust and respect and really listen to and show that we have heard genuine concerns
- Inform the way we make decisions and explain why some decisions are made.
- Help staff solve problems and make decisions at a local level
- Support staff with team development and greater support to any teams in difficulty
- Support managers and leaders to be both visible and accommodating
- Care for and support each other through good or difficult times
- Communicate in way that is in keeping with our values: to be caring and compassionate, respectful and honest and transparent

## **We will lead and support staff to work safely and deliver high quality care for all**

We want to be an employer of choice, whereby our culture reflects our core values and we are recognised as being a good place to work. We want to have more applicants than jobs available, recruitment processes dependent on modern technological solutions, engagement is high and turnover is low. We want to reduce the churn amongst the wider NHS workforce and protect public sector employment as much as we can. Staff will feel safe to raise concerns, encourage each other to do so and suffer no ill consequence as a result. When issues do arise, we will deal with them in an efficient, effective and modern way. Issues will be dealt with at an appropriate level and as efficiently and as effectively as possible, to reduce (as far as is possible), the impact on our people and ultimately patient care. Flexibility is evident across the workforce and levels of bank and agency usage are low. To achieve this we will:-

- Continue to recruit with a values based approach
- Scope and implement improved technological solutions
- Reduce the overall timescale associated with recruitment processes.
- Expand our use of international recruitment to maximise future supply.
- Be an active participant in the regional Streamlining programme with the HR Director lead sitting with the Trust's Workforce Director on behalf of the regional HRD network.
- Challenge traditional organisational boundaries to keep staff employed across the wider NHS
- Eradicate agency usage and minimise bank and overtime usage.
- Continue to invest in the Locality based pools of staff and this flexible resource will be deployed under the direction of senior nursing staff.
- Train our temporary workforce to the same standards expected of substantive colleagues
- Support staff to speak out safely.
- Fully develop and implement our action plan in response to the Freedom to Speak out safely report led by Sir Robert Francis, QC.
- Determine whether employee relations work remains outsourced for a longer period of time.
- Continue to work closely with our staff side colleagues in the spirit of our Partnership Agreement.

## **We will help staff to keep healthy, maximising wellbeing and prioritising absence management**

By 2020 employee health and wellbeing will be embedded into everything we do as a Trust. We will understand our organisational health needs and there will be processes in place to stop individuals in low risk health groups moving into higher risk categories. We will ensure that we look at our members of staff as a 'whole person'. This will include having exemplary support systems in place to promote employee mental health in the workplace and reduce stigma and discrimination and signpost to community based services when appropriate and recognition that life outside work can affect an employee's performance in work. We will lead by example providing all staff with the environment, knowledge and tools to develop and maintain emotional resilience and mental wellbeing. There will be early diagnosis at work and staff will have fast track access to good quality psychological intervention and support linked to causal factors. Our workforce will take full responsibility for their health and wellbeing and improvement of personal resilience. To achieve this we will:-

- Promote health, wellbeing and resilience for the whole of our workforce, both clinical and non-clinical staff.
- Ensure that there is a joined up approach to promoting public health messages across the Trust
- Educate and encourage all staff to take responsibility for their own health and help them improve their personal resilience.
- Undertake an organisational health needs assessment to determine the specific health needs of our Trust and will develop a prioritised action plan based on the outcome of this assessment to ensure the best use of the Trusts resources.
- Ensure that we encourage collaborative working amongst all stakeholders to ensure a robust approach to undertaking risk assessment and identifying health surveillance needs.
- Develop Wellness and Recovery Action Plans which will be based on the individual staff needs.
- Work closely with Estates colleagues to advocate for well-designed environments
- Adopt a holistic approach to encouraging behavioural change and promoting healthier lifestyle choices based on National Public Health initiatives and guidance, including obesity and smoking.
- Foster closer working between the Employee Health and Well Being team and Managers.
- Ensure that managers have the skills and confidence and are empowered to act on the advice that has been given to support employees who are unwell and wherever possible help rehabilitate them successfully back into the workplace or into alternative employment.
- Optimise Trust communications resources to disseminate information to our workforce.
- Educate and inform, ensure consistent approaches, signpost to support services in the community and promote free digital tools to help staff achievement their health improvement goals.



## **We will educate and equip staff with the necessary knowledge and skills to do their job**

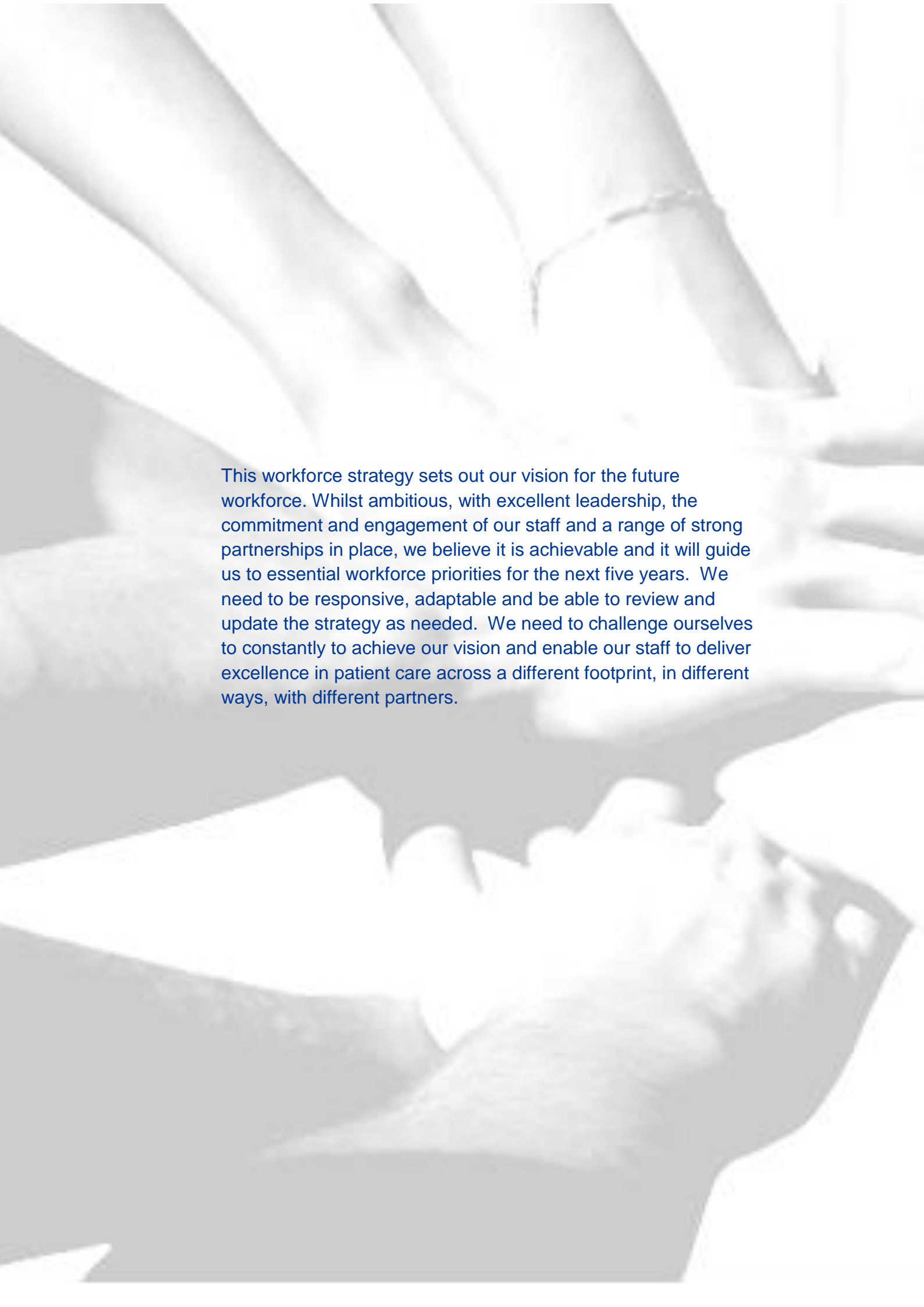
The future workforce needs to be appropriately educated to deliver high quality, safe and sustainable care. For success we will need to build upon our existing high quality education provision to further enhance education in the region to support staff within their current role as well as providing more structured and equitable opportunities for career development. We want to be exploring education programmes for new emerging roles, for roles working across health and social care and for roles which work flexibly across traditional professional boundaries. We aspire to work in partnership with service users and carers to undertake joint professional learning and development activities, both in terms of the development of programmes and in their delivery and in our shared learning. Our workforce will keep up to date and prepare themselves for future challenges, or changes in working practices, through accessing flexible continuous professional development learning opportunities. Technology will underpin a much wider range of education and training activities. E learning, apps and simulators will become even more of a key feature of improving quality and cost of educating not just the formal workforce but patients and their cares too. To achieve this we will:-

- Work in partnership with other employers and trainees/students to continue to promote the North East as the place of choice for both training and on-going employment.
- Support HENE to build on the regional excellence in teaching and learning, through further enhancing our student experience using on-going development of technology enhanced learning including simulation, and increased use of evidence based teaching and learning interventions.
- Promote and develop the role of the educator in practice, further developing coaching and supervision skills and capacity in the region to maximise the learning experience for the wider workforce.
- Do everything we can to ensure the workforce will have improved access to appropriate education and development opportunities enabling delivery of personalised, high quality care and progress into professional programmes.
- Develop our support workforce to enhance their knowledge and skills within their role to deliver high quality patient care through the implementation of the regional Talent for Care strategy.
- Develop and build capacity with trainers and wider lead professionals to meet internal training needs, including the provision of CPD requirements arising from NICE guidance.
- Undertake further skills analysis to determine skills gaps within our workforce, understand training needs which arise through appraisal processes and use this information to influence future training programmes.
- Keep the content of the Management Skills Programme relevant to our needs and equip our managers with additional skills needed to effectively manage change.
- Develop the NTW Academy
- Identify development pathways via vocational training and develop our own in-house courses and further partnership working.
- Understand the pastoral needs of our younger workforce and build this into our programmes moving forwards.

## **We will be a progressive employer of choice with appropriate pay and reward strategies**

We want to be an employer of choice, whereby our culture reflects our core values and we are recognised as being a good place to work. By 2020 we will have embraced opportunities which have arisen from coproduction and our employment practices will be aligned around recovery and we will be listening and continuing to learn and value the importance of coproduction with those in, for example, the Recovery College. There will however need to be an increasing focus on the terms and conditions and reward strategies for NHS staff in the years to come, driven by both affordability and the need for flexibility within reward systems to meet service needs and sustain organisations. By 2020 we will work within a set of fully integrated working practices, supported by modern technological solutions. We will have built our reputation as an employer of choice and attract local and national recognition for this. The expertise of our clinicians and their national and even international reputations will be at the core help in attracting our future workforce and in retaining those already employed. To achieve this we will:-

- Be coproducing and continuing to learn from colleagues with lived experience and all employment practices will be recovery focused.
- Commit to a further period of joint partnership working, undertaking annual reviews as to our achievements and areas for development for the years ahead.
- Continue to support increased facility time for local union representatives and to continue with representation on a number of our programme boards and working groups.
- Develop more flexible and affordable terms and conditions of service and take all opportunity to influence, at a national level, these changing to meet service need.
- We will be working with partners across health and local government with a more integrated set of employment practices.
- Continue to recognise staff at annual recognition events. We will also recognise staff on a more local level, making the time to talk, being responsive and saying thank you for every day and discretionary effort.
- Seek external regional and national recognition for our work and share our learning with other organisations.
- Utilise our clinical and research expertise as components of our marketing strategies and progressive employer status.
- Strengthen our position as a key influencer, notably speaking up for those with mental health illness and disabilities and as a provider of these services and an employer of a highly skilled workforce



This workforce strategy sets out our vision for the future workforce. Whilst ambitious, with excellent leadership, the commitment and engagement of our staff and a range of strong partnerships in place, we believe it is achievable and it will guide us to essential workforce priorities for the next five years. We need to be responsive, adaptable and be able to review and update the strategy as needed. We need to challenge ourselves to constantly to achieve our vision and enable our staff to deliver excellence in patient care across a different footprint, in different ways, with different partners.

## Organisational Development (OD) Strategy 2015-2020 and Plan: “Helping us move to a better place.”

### 1. Introduction

Our organisation has an established culture, “the way we do things around here.”

Our culture is shaped by our history, values and norms. We develop established and accepted ways of being and doing, that impact on the way we behave and which is influenced by dynamic factors such as the context that we work in, the way we lead and serve others, the demands placed on us, our expectations and the behaviours and actions of others.

We are ambitious, striving to be at the cutting edge of service delivery models, research and development and employment practices. This OD Strategy is a key enabler in delivery of our ambitions.

The Trust has a clear vision, mission and value base for the organisation, ‘improving the wellbeing of everyone we serve through delivering services that match the best in the world.’ To this end, ‘we strive to provide the **best care**, delivered by the **best people**, to achieve the **best outcomes**.’ This is underpinned by our values: to be caring and compassionate, respectful and honest and transparent.

This strategy identifies the core components of and priorities of our OD actions over the coming years, and asserts that a critical part of the way forward is to continue to focus on the Organisational Development of our culture and behaviours. It is based on the need to engage the breadth of skills, expertise and experience of our people, to generate ways of meeting our strategic challenges in order to enhance the wellbeing and functionality of the organisation. It is designed to support the continuing transformational change and service improvement process, in order to “help us to move to a better place.”

This strategy adds focus and detail to the OD agenda highlighted in the Trust’s Workforce Strategy 2015-2020 (2015).

### 2. Organisational Development

Organisational Development is “a planned and systematic approach to enabling sustained organisation performance through the involvement of its people.” CIPD, (2012). It seeks to engage all in a drive to enhance the way we work: to ensure that we are effectively meeting the needs of those we serve, to problem solve, to be responsive and to improve the quality of our working lives. OD practitioners act as ‘third party change agents,’ working with clinical and corporate staff in order to:

- Learn more about the nature of our organisations culture and the impact this has on the way we deliver care
- Develop interventions to enhance the way we work and to positively influence the organisations culture and staff and team behaviours
- To ensure that we have alignment between our strategic goals and the way we prioritise and undertake actions to achieve them

### 3. The Strategic Drivers: Challenges, Our Future, The ‘Why’

We know that:

- Our service users and carers have identified that they want timely support, at the right time and to be true partners in their own treatment and support: rapid access to early assessment, treatment and a reduced reliance on in-patient admission
- The health needs of our population are changing, people are better informed and will expect more from us
- The NHS is experiencing the longest period of austerity in its history, with little indication that this will change significantly in the next five years
- 80% of our expenditure goes on staff
- NTW will have to deliver at least 3-4% of savings each year
- We are dependent on partners such as Local Authorities and other statutory, independent and third sector providers, to support the delivery of care to our service users. They have less money to spend. This impacts on our business
- We are grappling with the most radical and transformative changes the NHS has seen, at a time when our performance is being rigorously monitored. High profile national inquiries resulting in, for example, the Francis Reports have led to increased scrutiny into how we deliver our services and a clear recognition that health care services need to create strong cultures based on values

The NHS Five Year Forward View (2014) sets out a vision for the future of the NHS. It was developed by the partner organisations that deliver and oversee health and care services, patient groups, clinicians and independent experts who have also provided their advice to create a collective view of how the health service needs to change over the next five years if it is to close the widening gaps in the health of the population, quality of care and the funding of services.

In November 2014 the Trust Board reviewed:

- The progress made in delivering the Trust’s Strategy 2014-2019, including individual Service Developments and performance in terms of the Finance Strategy/Financial Delivery Plan
- The Trust’s performance, including quality performance
- The factors influencing the future direction of the Trust, including the policy direction, national strategies and financial environment together with the likely impact on the Trust’s Strategy and plans going forward.

As a consequence of this review the Board reaffirmed the Trust’s existing Strategy 2014-2019 going forward, as agreed in May 2014, and the continued focus on three core areas:

- **Completion of the Trust’s existing programme of service transformation**, including the implementation of new models of community care and the consolidation of in-patient and specialist services, focusing on quality of outcomes and value for money.

- **Development of the integration agenda and the development of “place based services”**. Including promoting the benefits and opportunities from the integration of pathways across physical and mental health and social care.
- **Identifying and exploiting opportunities for growth**, including geographical expansion.

As agreed in May 2014 the Board also acknowledged the need to continue to reduce its cost base and that this should include exploring opportunities to reduce our cost per head count and other ways of improving value for money.

The Corporate Decisions Team (CDT) has discussed the adoption of a new ‘operating model’, underpinned by a new and more empowering accountability framework. The transition to this new model will involve complex leadership and cultural change. It will need to build on the achievements of the trust’s current, robust governance and assurance-based operating model. But it will also need to unleash the creativity and energy of our 6,000 staff through demonstrating active staff engagement, greater devolution and empowered local decision-making.

Consistent with this new operating model, the Chief Executive wishes to see the organisation “run” on a day-to-day basis using a new set of guiding principles. The aim of these is to give clarity about the behaviours, roles, opportunities, responsibilities and accountabilities of us all across the organisation. The current, hopefully near-final draft of these guiding principles are described below

1. We will constantly remind ourselves ***why we exist***<sup>1</sup>.
2. ***Decision-making*** across the trust will be ***as near to the service user*** as is practical.
3. ***Everything will be driven by and through our operational Group, Directorate and Service Management team structures***<sup>2</sup>.
4. We will ***move over time*** to ***operate within a federated framework***, where we aspire to become (more) “***independent in affairs*** but ***united in purpose***” with a ***presumption of earned autonomy***.
5. ***Compliance with*** the agreed ‘***must be done***’ standards and targets will be ***a given***, with other ‘***stretch targets***’ agreed ***locally***. (These are the things we do along the way to achieve independence, influence and sustainability).
6. We need ***staff*** to be ***supported to*** create ***leaders at every level***: we all need to ***take responsibility to influence and improve what’s going on*** inside the organisation and around us.
7. ***Open, honest*** and clear ***two-way communication and engagement*** with service users, carers, staff and partners ***as our prime tool of leadership***.
8. We will be a trust that is both ***clinically-led*** and ***professionally managed*** with a ***collective***, widely-shared, ***leadership approach*** involving all staff groups.

9. We will ***think and behave as part of a “system”*** with the ***service users and outcomes the focus of everything we do*** (i.e. we will not just think “organization” when acting.

10. We will all be ***prepared to explain and justify our actions.*** (accountability).

- To provide world class treatment, care and support to the people who need our services to empower them to live well and, wherever possible, in their local community.
- Corporate departments’ ***primary*** responsibility will be to work to support the delivery of world class front line services, through providing expert advice, support and challenge to leaders and managers across our operational structures and frontline services (as well, of course, as helping to ***secure the achievement of key corporate governance responsibilities***).

Our future and sustainability will be shaped by our ability to meet our strategic challenges. If we to be able to do this, we need to understand more about the nature of the organisations culture and initiate actions that will bridge the gap between where we are now and where we need to be. There is a critical need to align this work with our programme of service transformation.

#### **4. The How**

OD is owned and driven by the people within the organisation. It is not ‘done to’ others, it is done by and with all of our staff. It is a mechanism for aligning strategy, processes and people. It is not a separate ‘thing’ that sits on top of everything we do. It regards the organisation as an interconnected system or a network of teams. It seeks to generate engagement and to develop collaborative networks of people committed to improving the way we work and the quality of the impact that we have on those we serve.

OD can help us to develop readiness for our future by identifying and taking small but bold steps to align the way we all work and the demands placed on us to the context that we work in. It is both an approach or a mind-set and a set of tools and expertise to help us. It is underpinned by:

- A recognition and awareness of our culture: it’s characteristics
- A belief in its ability to develop
- A respect for what everyone has to offer

It is important to restate that the development of our organisations culture is everyone’s business and everyone’s concern. We shall seek to support and to work with our key stakeholders, the Operational Groups in identifying and supporting work that might address key actions that will help us to move to a better place.

## 4.1 High Level OD Goals

1. Embedding values
2. Engaging people
3. Working with change (the people side of transformation)
4. Developing leaders, managers and developing talent
5. Building and maintaining effective teams
6. Measuring the 'culture': the health and wellbeing of the organisation

### 1. **Development and Embedding of Values: We own and live by our stated values**

- **We 'own' and 'live' the values of this organisation.** We are involved in developing the values and understand the meaning of these values in daily practice
- **There is a sense of pride in working in a way that reflects the values** of the organisation

### 2. **Engaging People: We feel that we are listened to, respected, cared for, actively Involved and consequently, valued**

- **The views of service users, carers and staff are central** to the way we make decisions
- **We are up front and honest.** We don't 'sugar coat' or 'spin' messages to avoid the difficult realities we face. We engage people like intelligent human beings. Sometimes the 'least worst' solution is the best we can achieve and we are honest about this
- **We are engaged in and with the changes that we undertake collectively,** in the pursuit of our strategic goals
- **We utilise the breadth of skills, expertise and experience** that we have within our trust and engage people in the development of solutions to complex problems. We are inclusive, not exclusive in developing **solutions, beyond the boundaries of NTW**
- **We learn from our mistakes**
- **We are attentive to our own well-being, that of our colleagues and those we serve**
- **We communicate to all, both internally and externally in an engaging way, which is congruent with our values**
- **Our managers and leaders are visible and accommodating to all they serve**



### 3. Working with Change:

**We recognise how change (and the feelings this generates) impacts on ourselves and others and consequently develop ways of adapting how we behave and function**

- **We understand the ‘whys’ of transformation** (i.e. the scale of the challenge that we face) and feel positive about our collective ability to find creative, innovative and effective solutions that will help us to move forwards
- **We acknowledge that transformational change cannot be achieved through the revision of structures and processes alone** and that we need to concentrate on how we can meaningfully engage people in change
- **We are able to work with change and uncertainty in a positive way.** We understand that things have to change, and accept that anxiety and feeling out of our ‘comfort zone’ is an accepted response that needs to be supportively managed
- **We support each other, on a personal level, through the process of change.** We recognise the human impact of change on people, and focus on developing our people to adapt to change
- **Our leaders empathise with the feelings that radical change instils in people** and we provide those we serve with the space and support to ‘mourn’ the loss of past ways, and adapt the way they function, without criticism

### 4. Developing Leaders, Managers and Developing Talent:

**We understand what is required from our leaders/managers and develop effective ways of enhancing their skills and of developing their talent.**

- **Leaders and managers are able to ‘show the way’ on what is needed to be done.** Leadership is not dependent on role or seniority. Service users and carers are leaders too and we need to encourage their development as leaders
- **We recognise that our leaders and managers need to be capable and competent in the art of leading as well as managing people.** Everyone understands this difference
- **We acknowledge that our leaders and managers need to seek to understand themselves first,** and to develop an awareness of how they impact on others
- **Our leaders and managers are visible and accommodating** to those they serve. They adapt their leadership style and approach to managing according to the situation and to our strategic context and are open to feedback from others about how they behave and function
- **We strive to develop the talent of all our staff,** regardless of role or seniority

## **5. Building and Maintaining Effective Teams:**

### **We work in effective, healthy and resilient teams**

- **We work in effective, supportive, resilient and healthy teams** that are allowed to develop a sense of local identity and purpose
- **We all understand what is expected of us**
- **We understand the needs of others**
- **We challenge and are held to account**
- **We are supported in our development**

## **6. Measuring the ‘culture’: the health and wellbeing of the organisation:**

### **We tend to the health of the organisations culture**

- **We make the most of available intelligence to learn more about the health and wellbeing of the organisation:** Formal - Staff Survey, Friends and Family Test, performance measures, Informal – anecdotal, feedback from meetings and courses, chatterbox etc.
- **We develop and make the best use of additional cultural specific measures** when needed

## **4.2 The Way Forward: Our plan - small but bold steps**

The Trust will adopt a two-step approach to achieving our high level goals: top down (systemic) and bottom up (cultural). The Trust has a small team of OD practitioners who will increasingly work within the frontline services teams but OD practitioners are third party change agents. This resource is there to support the process of meeting our goals, not to do all of the work or to do unto others. OD is the responsibility of all but there is a critical need to have Board level ownership and sponsorship of this plan.

### ***A. Top Down, Systemic: Why?***

‘Boards need to engage staff with a compelling vision that inspires them to work to their common goals. ‘(Kings Fund/CQC, 2015)

Board members and leaders and our managers who occupy senior, positional roles need to embrace the challenges and opportunities contained in this plan. If we do not work to the same agreed agenda and do not seek to address and resolve our differences, then inevitably this will have impact on the functionality of the organisation. The Kings Fund’s work on collective leadership argues that, ‘the most important determinant of organisational cultures is current and future leadership.’ (Kings Fund/CQC, 2015) The way that our senior leaders function and behave will set the tone for others to follow. It is imperative that we get this right.

**Action:**

**Seek the support of experienced systemic OD consultant (s)** to work with the Board and our senior leaders and managers, to develop our ability to lead cultural change: to help us to move to a better place.

***B. Bottom up, Cultural: Why?***

We need to ensure that the experiences and views of our service users and carers are not only understood and acted on but are central to how we design and deliver our services. Board to the ward, staff are our conduit to the work that we do and teams are empowered to deliver care. All of our staff have an important role to play in enabling cultural change: helping us move to a better place. 'Evidence shows that organisations with consistently high levels of staff engagement also have better patient experience and outcomes.' (Kings Fund/CQC, 2015) We therefore need to focus our attention on engaging all staff, 'in high performance organisations leaders work collaboratively with staff, involving them in decisions and empowering them to make changes in response to patient's needs.' (Kings Fund/CQC, 2015)

**Action:**

Develop a detailed, agreed action plan to ensure that we are working to the achievement of our high level goals and to meet identified organisational priorities. Further that this plan be sub-divided into actions that

:

- **Respond to identified need:** developing agreed annual priorities and delivering this using an internal OD consultancy approach
- **Routine development projects**

**4.3 Measurement and Evaluation**

The success of this Strategy and supporting plan and the effectiveness of the interventions included in the actions we undertake can only be determined through dialogue with our staff and systematic measures of performance. We propose to do this through a number of engagement methods and activities, detailed in the attached action plan.

The engagement activities will include:

- **Analysis of the Friends and Family Test and Staff Survey**
- **Communication with staff and leaders throughout the organisation** to determine if our interventions have worked and to learn more about how they can be improved
- **Use of the Speak Easy and 'monthly conversation' engagement sessions** to learn more about the health and functionality of the organisational culture
- **Formal evaluation of all OD interventions**

#### **4.4 Governance**

Ownership of the OD plan sits with the Trust Board and that the Executive Director of Workforce and OD sponsors it. It is proposed that the setting and subsequent review of the annual action plan is undertaken with the Corporate Decision Team.

It is proposed that we form a Trust wide Organisational Development Forum to routinely monitor the impact and progress of the OD plan, and to continue to enhance our knowledge of what works and what we may need to do differently. In order to confirm assurance and to maintain governance of this work, the forum will report to the proposed Trust wide Workforce Committee.

#### **4.5 How will we know we are succeeding?**

The successful delivery of this strategy will rest primarily with managers across the Trust, supported by expert OD practitioners working with front line clinical teams. Continuing to build their OD capacity and capability, as well as supporting the continuing professional development of the OD staff themselves, will be an essential area of work to support successful implementation of this vision.

In this way, we can continue to make big steps towards our vision to deliver world class services to the people across the North East and beyond who we are here to serve, by recruiting, retaining, developing, engaging and empowering our staff, our most valuable asset.

## **APPENDICES**

### **ACTION PLANS**

#### **A. Systemic**

With the support of experienced OD consultants, we will seek to develop the capacity of our senior positional leaders to lead cultural change

#### **B. Cultural**

##### **Internal OD Consultancy**

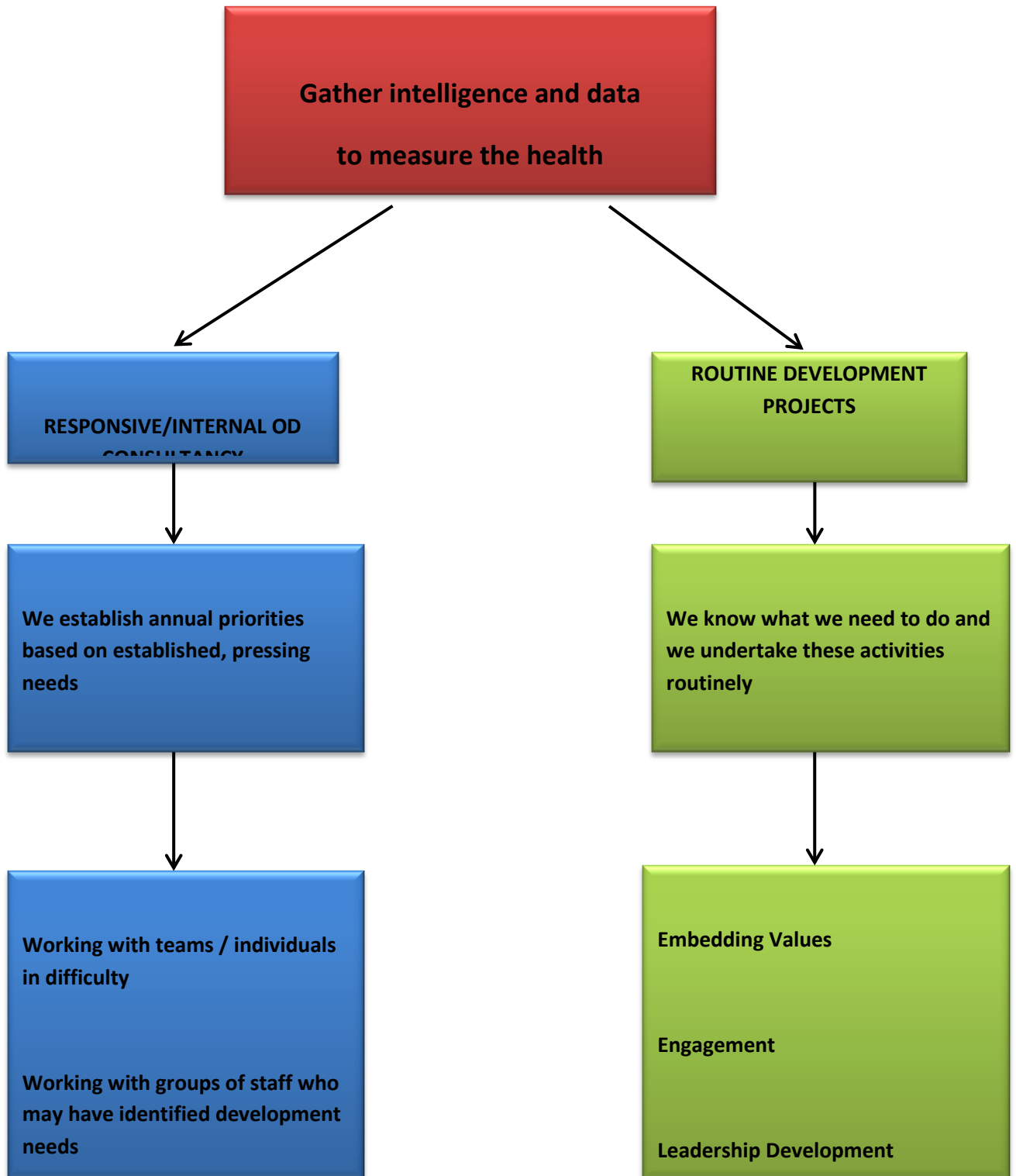
It is proposed that we annually negotiate and agree to undertake a number of projects as internal OD consultants. That this is done with the Executive Team and the CDT. These projects could be based on pressing and urgent need e.g. teams or groups of staff experiencing difficulty, or could be linked to specific projects e.g. team development/service improvements.

##### **Routine Development**

It is proposed that we identify a number of development initiatives to support the development of the organisations culture and that these are flexibly delivered, using approaches that are known to have maximum local impact.

Key to the delivery of these action plans is an acknowledgement that many staff have acquired OD expertise and that there is a need to develop OD skills within the general staff group (and indeed with service users and carers) and not just within the existing staff in the OD Team. It is envisaged that a key part of the OD Forum's work will be to develop OD expertise and networks of staff that are able and willing to initiate OD interventions (with the support of the OD Team) throughout the Trust.

**ORGANISATIONAL DEVELOPMENT STRATEGIC PLAN  
ACTIONS: INTERNAL CONSULTANCY AND ROUTINE DEVELOPMENT  
PROJECTS**



**OD STRATEGIC ACTION PLAN: A. SYSTEMIC**

**Goal:** To work with the Board, Executive Team and senior, positional leaders to develop their capacity to lead cultural change

ACTIVITY	HOW	MEASURE	TIMESCALE/LEAD
1. Undertake scoping exercise to understand more about how we may work with our senior positional leaders to support cultural change	<ul style="list-style-type: none"> <li>• Engage support of experienced OD consultant(s)</li> <li>• Meet with senior leaders</li> <li>• Develop and implement action plan</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluation of project action plan</li> </ul>	<ul style="list-style-type: none"> <li>• June 2015 to April 2016 (Chief Executive Executive Director Workforce and OD, Head of OD)</li> </ul>

**OD STRATEGIC ACTION PLAN: B. CULTURAL, INTERNAL OD CONSULTANCY**

**Goal: To annually identify and to undertake a number of prioritised OD projects**

ACTIVITY	HOW	MEASURE	TIMESCALE/LEAD
<p>1. Annual negotiation and prioritisation of a number of resourced projects, with input of Executive Team, CDT and Group Business Meeting</p>	<ul style="list-style-type: none"> <li>• With reference to all available data e.g. Staff Survey, Friends and Families Test, performance and workforce metrics and informal intelligence, a number of projects are proposed and developed contractually to meet pressing and urgent organisational need e.g. working with teams in difficulty, identified groups of staff</li> <li>• Design and promotion of facility for staff or managers to 'refer' individuals for coaching and development work</li> </ul>	<ul style="list-style-type: none"> <li>• Agreed measurement of performance metrics for each project</li> <li>• Evaluation of all work with individuals</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluation of work and setting of annual objectives to be undertaken every February-March, but for 2015-16 to commence as soon as possible (OD Team, Executive Team, CDT)</li> <li>• Advertise facility for undertaking of individual work, July 2015 (OD Team)</li> </ul>
<p>2. Development of a coaching development plan</p>	<ul style="list-style-type: none"> <li>• Scoping study to determine the benefits of coaching</li> <li>• Formulation of a coaching development plan, including options for delivery/resources needed</li> </ul>	<ul style="list-style-type: none"> <li>• Completed scoping study</li> <li>• Completion of coaching development plan, with recommendations for implementation</li> </ul>	<ul style="list-style-type: none"> <li>• April 2016 (Tracey Watson, Tony Railton, OD Team)</li> </ul>



## OD STRATEGIC ACTION PLAN: B. CULTURAL, ROUTINE DEVELOPMENT

### 1. EMBEDDING VALUES: Goal: We own and live by our stated values

ACTIVITY	HOW	MEASURE	TIMESCALE/LEAD
1. Our values are prominently displayed and promoted	<ul style="list-style-type: none"> <li>• We develop and provide a range of promotional materials</li> <li>• We develop and provide a selection of resources, information tools and activities available for all staff</li> </ul>	<ul style="list-style-type: none"> <li>• Staff survey, questions on whether are values are known to staff and are understood</li> <li>• Feedback from CQC visits, re. Well Led Domain document</li> </ul>	<ul style="list-style-type: none"> <li>• November 2015 (Head of OD with support of Comms. Team)</li> </ul>
2. Our values are embedded into structures and processes e.g. recruitment, induction, supervision and appraisal	<ul style="list-style-type: none"> <li>• We ensure that values are incorporated in key policies and procedures</li> <li>• We develop practical ways of determining congruence between behaviours and values</li> </ul>	<ul style="list-style-type: none"> <li>• Reference in key policies, audit of the same</li> <li>• Development of supportive dataset (see goal 6)</li> </ul>	<ul style="list-style-type: none"> <li>• April 2016 (Head of OD, Policy Authors)</li> <li>• April 2016 (OD Team)</li> </ul>
3. Develop and evaluate the impact of local 'values champions' initially through the use of local OD pilot projects	<ul style="list-style-type: none"> <li>• Design and initiate a series of pilot projects to a) develop values champions and b) to evaluate the impact of an enhanced focus on values within teams</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluation of pilot projects</li> </ul>	<ul style="list-style-type: none"> <li>• Commenced April 2015 and ongoing (OD Team, Involved Team Leaders and Managers)</li> </ul>

## OD STRATEGIC ACTION PLAN: B. CULTURAL, ROUTINE DEVELOPMENT

### 2. ENGAGEMENT: Goal: We feel that we are listened to, cared for, actively involved and consequently, valued

ACTIVITY	HOW	MEASURE	TIMESCALE/LEAD
<p>1. Develop and initiate corporate and local approaches to the way we engage staff. Engagement becomes our established way of working.</p>	<ul style="list-style-type: none"> <li>• We clearly articulate what engagement is, how to do it and it's benefits</li> <li>• We undertake at least 3 organisation wide Speak Easy series of events per year. We seek to listen, hear, attend to the needs of and engage the support of staff in addressing identified concerns. We define what our change priorities are and support local initiatives to meet them</li> <li>• We initiate a monthly two-way staff briefing system, 'The Conversation' to pass important news to staff and to stimulate engagement within teams</li> </ul>	<ul style="list-style-type: none"> <li>• Staff survey: measures of engagement</li> <li>• Staff survey: measures of engagement</li> <li>• Evaluation of each Speak Easy event</li>   <li>• Staff survey: measures of engagement</li> <li>• Performance management of each event</li> </ul>	<ul style="list-style-type: none"> <li>• September 2015 (Head of OD)</li> <li>• February 2015, ongoing (Head of OD and Comms. Team)</li>   <li>• To commence June 2015 (Head of OD and Comms. Team)</li> </ul>
<p>2. We develop local engagement champions and evaluate their impact within teams</p>	<ul style="list-style-type: none"> <li>• See 1.3 Initial pilot projects will focus on development of values/engagement/change 'champions' who will seek to influence the ways that teams work, with the support and assistance of their leaders and managers</li> </ul>	<ul style="list-style-type: none"> <li>• Staff survey: measures of engagement</li> <li>• Evaluation of pilot projects</li> </ul>	<ul style="list-style-type: none"> <li>• Commenced April 2015 (Head of OD)</li> </ul>

**OD STRATEGIC ACTION PLAN: B. CULTURAL, ROUTINE DEVELOPMENT**

**3. WORKING WITH CHANGE: Goal: We recognise how change (and the feelings this generates) impacts on ourselves and others and consequently develop ways of adapting how we behave and function**

<b>ACTIVITY</b>	<b>HOW</b>	<b>MEASURE</b>	<b>TIMESCALE/LEAD</b>
1. See separate plan for OD and Principal Community Pathways	<ul style="list-style-type: none"> <li>• See separate plan</li> </ul>	<ul style="list-style-type: none"> <li>• See separate plan</li> </ul>	<ul style="list-style-type: none"> <li>• PCP OD Practitioners</li> </ul>
2. We development local change 'champions' and evaluate their impact within teams	<ul style="list-style-type: none"> <li>• See 1.3 and 2.2 Initial pilot projects will focus on development of values/engagement/change 'champions' who will seek to influence the ways that teams work, with the support and assistance of their leaders and managers</li> </ul>	<ul style="list-style-type: none"> <li>• Staff survey: measures of engagement</li> <li>• Evaluation of pilot projects</li> </ul>	<ul style="list-style-type: none"> <li>• Commenced April 2015 (Head of OD)</li> </ul>
3. We undertake team development initiatives, that seek to identify and to work with change 'dynamics'	<ul style="list-style-type: none"> <li>• See 5.1</li> </ul>	<ul style="list-style-type: none"> <li>• See 5.1</li> </ul>	<ul style="list-style-type: none"> <li>• See 5.1</li> </ul>

**OD STRATEGIC ACTION PLAN: B. CULTURAL, ROUTINE DEVELOPMENT**

**4. LEADERSHIP, MANAGEMENT AND TALENT DEVELOPMENT: Goal: We understand what is required from our leaders/managers and develop effective ways of enhancing their skills and of developing their talent**

5.

<b>ACTIVITY</b>	<b>HOW</b>	<b>MEASURE</b>	<b>TIMESCALE/LEAD</b>
1. Define the leadership qualities that are needed to deliver the Trust's vision	<ul style="list-style-type: none"> <li>We undertake a series of engagement events with a wide range of stakeholders determining consensus on: what do we need and want from our leaders and managers to deliver our strategic vision?</li> </ul>	<ul style="list-style-type: none"> <li>Themed analysis from sessions that forms a more detailed leadership and management development plan</li> </ul>	<ul style="list-style-type: none"> <li>April 2016 (Head of OD, Head of Training)</li> </ul>
2. Continue to make available for all (including service users and carers) a core Trust Leadership Development Programme and a Management Skills Programme.	<ul style="list-style-type: none"> <li>We revise content of the LDC programme and develop an evaluation plan in line with 1 (above)</li> <li>We will complete first evaluation of the Management Skills Programme, revise content as needed and move it's status to mandatory.</li> </ul>	<ul style="list-style-type: none"> <li>Revised programmes up and running</li> <li>Routine evaluation of participant satisfaction and impact on their work (tie in to 360 feedback, see 4.2)</li> </ul>	<ul style="list-style-type: none"> <li>April 2016 (OD Team)</li> <li>From April 2016 (OD Team)</li> <li>MSP (Training team)</li> </ul>
3. Design bespoke leadership activities, as needed	<ul style="list-style-type: none"> <li>We respond to need and requests for assistance</li> <li>We undertake assessments of leadership style when required, including 360 feedback, to inform design of bespoke leadership development interventions, including coaching</li> </ul>	<ul style="list-style-type: none"> <li>Evaluation of each intervention, impact on participant</li> </ul>	<ul style="list-style-type: none"> <li>Commenced April 2015 (OD Team)</li> </ul>

<p>4. Continue to support staff to access leadership development programmes with the NHS and North East Leadership Academy</p>	<ul style="list-style-type: none"> <li>• We will promote available programmes and recruit and support candidates</li> <li>• We will work with the Leadership Academy to ensure that their programmes continue to meet the needs of our staff</li> </ul>	<ul style="list-style-type: none"> <li>• Numbers of staff recruited successfully</li> <li>• Numbers of staff successfully completing programmes</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing (OD Team)</li> </ul>
<p>5. Develop and implement a Trust wide talent management programme</p>	<ul style="list-style-type: none"> <li>• We will explore and seek to make use of the NHS Talent Management hub, (initially by undertaking a pilot programme with a defined group of staff) and learn more about how we can incorporate this into the way we supervise and appraise staff</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence from supervision and appraisal that talent management conversations are taking place</li> <li>• Development of 'organisational response' to embedding of talent management programme e.g. that we are making the best use of our talent</li> </ul>	<ul style="list-style-type: none"> <li>• October 2016 OD Team and Workforce Committee</li> </ul>

**OD STRATEGIC ACTION PLAN: B. CULTURAL, ROUTINE DEVELOPMENT**

**6. BUILDING EFFECTIVE TEAMS: Goal: We work in effective, healthy and resilient teams**

<b>ACTIVITY</b>	<b>HOW</b>	<b>MEASURE</b>	<b>TIMESCALE/LEAD</b>
<p>1. We undertake team development initiatives, initially as OD pilot projects</p>	<ul style="list-style-type: none"> <li>• See 1.3, 2.2, 3.2</li> <li>• We will help to co-ordinate the delivery of 360 feedback and will co-design bespoke leadership development plans for all senior team leaders engaged in any of the values /engagement/ change pilot projects</li> <li>• We will make the best use of team effectiveness assessments (e.g. Aston Team Performance) and appropriate development interventions</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluation of Pilot Projects</li> </ul>	<ul style="list-style-type: none"> <li>• Commenced April 2015 and ongoing (OD Team, involved Team Leaders and Managers)</li> </ul>

**OD STRATEGIC ACTION PLAN: B. CULTURAL, ROUTINE DEVELOPMENT**

**7. MONITORING THE HEALTH AND WELL-BEING OF THE ORGANISATION: Goal: We tend to the health of the organisations culture**

<b>ACTIVITY</b>	<b>HOW</b>	<b>MEASURE</b>	<b>TIMESCALE/LEAD</b>
<p>1. Make the most of available (and/or develop bespoke) measures) to learn more about the health and well-being of the organisation</p>	<ul style="list-style-type: none"> <li>• We develop a set of metrics as a database that captures the results of: Staff Survey, Friends and Family Test and Workforce measures</li> <li>• We seek to liaise and work with other health care providers in making the best use of available cultural measurement tools</li> <li>• We gather evidence (formal and informal) from staff engagement events</li> <li>• We develop additional ways of measuring our organisational culture, making the best use of evidence</li> </ul>	<ul style="list-style-type: none"> <li>• We are able to effectively use cultural measurement tools in our work</li> <li>• These tools are routinely used to measure the impact and to determine the efficacy of OD interventions</li> </ul>	<ul style="list-style-type: none"> <li>• December 2016 OD Team</li> </ul>