

Trust Board Paper Q

To:	Trust Board
From:	Kate Bradley Director of Human Resources
Date:	28 February 2013

Title: **Organisational Development Plan Priorities (2013:15)**

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

Purpose of the Report:

This report sets out priorities of the Trust’s Organisational Development Plan, as shown in Appendix 1. In setting clear expectations of people managers aligned to Trust values and the six substantial work streams set out in this plan, we have co-created ‘Leadership and Management Standards’ as a central enabler of delivery.

The Report is provided to the Board for:

Decision		Discussion	
Assurance	X	Endorsement	X

Summary / Key Points:

- The first draft of the Organisational Development Plan was shared with the Trust Board in November 2012 comprising of six core work streams with detailed action plans as shown in Appendix 2.
- In focussing our efforts on targeted projects with optimum impact on staff and patient experience, we have consulted with key internal and external stakeholders in identifying priorities.
- For each of the six substantial work programmes, key priorities have been identified during 2013/14 and 2014/15 also supported by fundamental areas that are considered core.
- For consistency in presentation of priorities we have adopted a similar format to that used for the Quality and Safety Commitment (2013/15).
- Positive feedback has been received from commissioners and external reference groups on the Organisational Development Plan and discussions are now being pursued in translating the key elements of the recent Francis Report (February 2013).
- The Organisation Development Plan has been discussed at various meetings and forums including the January Leadership Forum. A wider engagement and communications plan is being developed aligned with the update on other core Trust strategy documents.
- A set of ‘Leadership and Management Standards’ have being co-created and on approval will be implemented UHL wide, with an initial focus on ‘people managers’. The current version of the standards, as shown in Appendix 3, reflects previous input from the Workforce and Organisational Development Committee (14 December 2012) and staff consulted to date. For completeness the standards have been mapped against the recommendations of the Francis Report and will help build a common positive culture which ensures openness, transparency and candour, putting the patients at the heart of everything we do.
- Work is underway in integrating the standards within key HR processes including recruitment, induction, training, appraisal and 360 feedback. Associated guidance has developed in setting the context for use, incorporating ‘staff case studies’, developed in collaboration with 2012 ‘Caring at its best’ Award winners.

Recommendations: The Trust Board is asked to comment on and approve the Organisational Development Plan Priorities and the supporting Leadership and Management Standards set out in this paper.	
2013-2015 Strategic Risk Register Risk 3	Performance KPIs Evaluation measures detailed within the report
Resource Implications (e.g. Financial, HR): This work will be led by members of the Executive Team. Resource allocation will be determined based on approval of priorities.	
Assurance Implications: At the centre of every patient's experience at UHL is an encounter with the culture of UHL. This culture, by which we mean the attitudes, assumptions, behaviours and values of the Trust and its many professional groups, influences the patient's journey and thus the quality and safety of care we provide. We believe it essential to explore the prevailing culture of UHL ('the way things are done around here'), to understand its strengths and based on this to consider how it may need to develop and change to further improve the patient experience. Essentially the OD plan is the Personal Development Plan for UHL.	
Patient and Public Involvement (PPI): PPI Implications have been detailed within the proposed Organisational Development work streams.	
Equality Impact: Proposed priorities have been assessed against the nine protected characteristics under the Equality Act 2010.	
Information exempt from Disclosure: None	
Requirement for further review? On-going progress will be monitored on a regular basis by the Executive Team and on a quarterly basis by the Trust Board, through inclusion within the Workforce and Organisational Development Report.	

Organisational Development Plan Priorities

2013-2015



Foreword

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

...Caring at its best

We are in a great place to rise to the challenge represented in delivering our strategic vision. The purpose of our Organisational Development (OD) Plan is to enable us to successfully deliver the necessary change that is required so we are able to meet and exceed future challenges and UHL becomes a better place to receive treatment and to work.

This three year plan sets out the arrangements to support planned and emergent organisational development to underpin the delivery of our strategic vision and objectives. We have reviewed progress, analysed gaps, identified our strategic influences and developed clear aspirations along with the necessary work streams to achieve success.

A constant throughout this plan is a focus on establishing a culture aimed at delivering high-quality, safe and patient-centred care, that actively embraces creativity and innovation. Creating our desired culture, will have a significant impact on the way we take the organisation forward and presents UHL with a unique opportunity to genuinely transform itself, becoming a successful FT that demonstrates the characteristics of a learning organisation. We will achieve this by building upon the existing organisation capability, developing leadership qualities and behaviours needed to support us on our transformation journey.

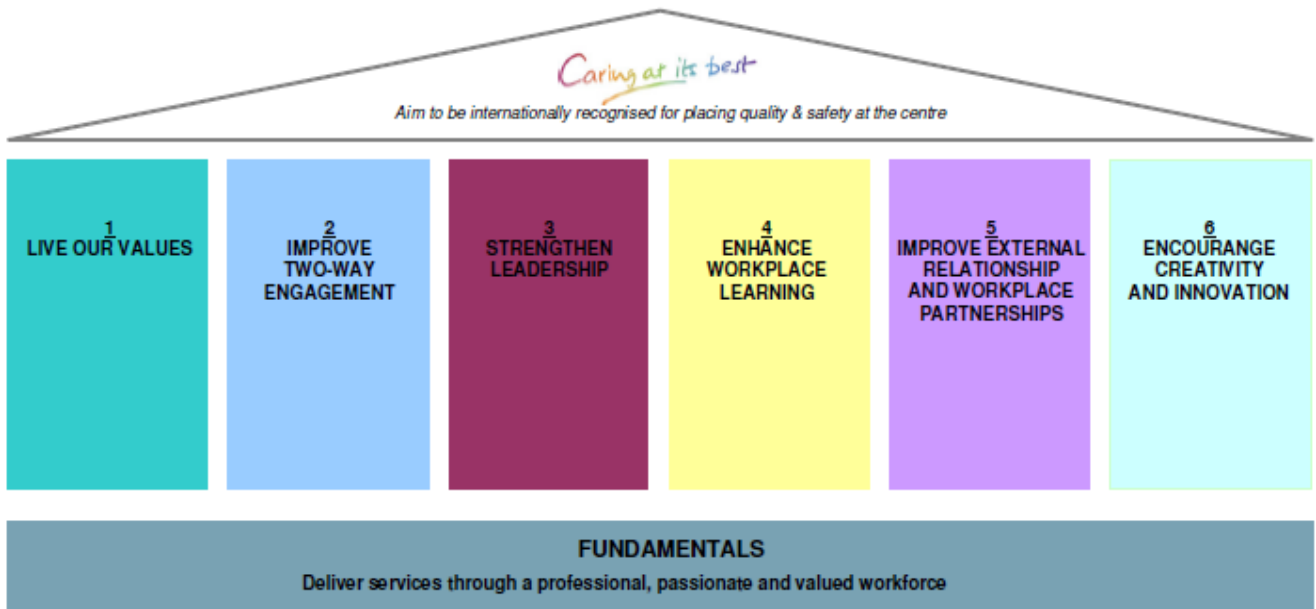
1 Our values

Supporting our vision, are values and behaviours which we believe will enable us to place quality and safety at the heart of our hospitals and fulfil our purpose to provide 'Caring at its best'.



2 Our OD Plan

To deliver our vision of 'Caring at its best' and to facilitate change we are laying out an ambitious OD Plan for UHL. Our priorities will be led through six substantial work streams. For each theme there are a series of priorities that are designed to build on current strengths and address gaps to improve the organisational performance and culture of UHL. The work streams have been aligned to UHL values and support building pride in our organisation.



We will particularly focus our efforts on a few targeted projects that are relevant to patients and staff, reflect local and national requirements and which we believe will have the largest impact on delivering against these work streams.

This will be supported by continuing focus on fundamental areas that are on-going and key for delivering our vision.

A central enabler of delivering against these work streams will be embarking upon our new venture, 'Listening into Action (LiA)'. This will introduce a new and ambitious way of working and give our staff the power to transform our hospitals to deliver "Caring at its best". This new way of working will raise the bar on the quality of care we provide to our patients, creating a revolution in staff and patient experience.

LiA brings people together in a joined up way to make improvements in specific service areas. Clinicians and staff are empowered to tackle improvements using a method which focuses on three key areas:-

1. Quality and Safety
2. The patient experience
3. Working together

The method is simple and easy to use and provides everything staff need to make changes happen. A UHL LiA Sponsor Group with key internal and external stakeholder representation is currently being established in driving forward this work.

3 Where are we now?

3.1 What are staff tell us?

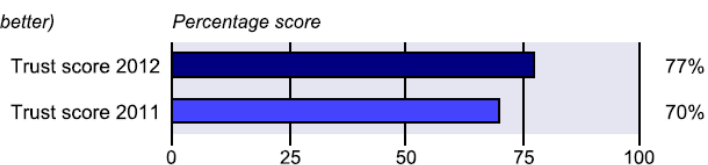
To inform the development of the OD Plan we conducted interviews and ran focus groups. They identified a number of areas we can improve on (examples below) in order to positively affect staff and patient experience:

- **Valuing Staff:** *“make staff feel valued.....happy staff, happy patients”*
- **Values in action:** *“demonstrate that we are listening our big ticket for OD is in line with our values ...do what we say we are going to do”*
- **Organisational Culture:** *“ability to make decisions, removing blame and fear...ensure the governance is in place....with earned autonomy...and set clear expectations...holding to account and feedback which is real time”*
- **Partnership Working** *“staff often want to fix the issues for the individual and often view things from a micro level, where as manager will often see the bigger picture at a more macro level.....both are equally and really important, but it’s about communicating and making the connection.....we have a multidisciplinary team meeting which is an example of where the connection and communication works really well”*

The recent National Staff Attitude and Opinion results (February 2013) show we have seen the largest local improvement against the following Key Findings (KF) and are a positive local result:

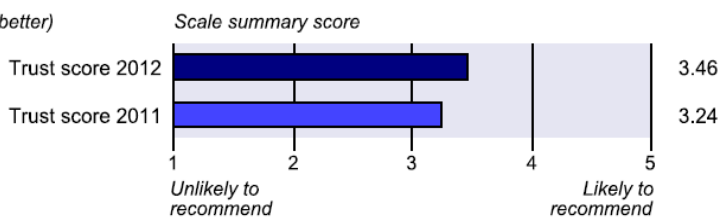
✓ **KF1. Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver**

(the higher the score the better)



✓ **KF24. Staff recommendation of the trust as a place to work or receive treatment**

(the higher the score the better)



However, there is an opportunity to do better, as when compared with other Acute Trusts in England, the score for both KF1 and KF24 is below (worse than) average. We note that our K24 score has been highlighted as a bottom ranking score.

We have an ambition to rise to the best 20% of Acute Trusts over the next three years with respect to KF1 and K24 elements.

4 How have we shaped our OD Plan?

Our OD Plan is being developed in consultation with our staff and external partners. It is based around what we believe are the most important priorities for UHL in order to build pride in the organisation and deliver services through a professional, passionate and valued workforce. Two key steps have shaped our OD Plan to this point: identification of our six work streams, and defining focus areas. The next step will be to develop clear action plans in each focus area.

4.1 Identification of work streams

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

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

4.2 Defining focus areas

To define focus areas within each work stream, we have consulted with the Executive Team, wider representatives of the senior leadership team and external reference groups (East Leicestershire and Rutland Care Commissioning Group, Boston Consulting Group and Thirsty Horses Ltd). From these engagements we are identifying 2013 priorities; key fundamentals; and potential 2014/15 priorities for each work stream.

2013 priorities: a small number of priority focus areas for 2013 have been identified for each work stream within the plan. These have been identified as the areas which offer the greatest opportunity to impact on our culture, capacity and capability over the next 12 months. These will be given additional focus and support to accelerate and ensure success.

Fundamentals: selected areas have been identified where we have an on-going commitment to continue delivering in driving forward improvement. These are of key importance and will continue to be pursued.

2014-15 priorities: we have identified other areas that will be prioritised in 2014-5, once we have delivered on 2013 priorities. These areas are also considered important, but may not be able to be fully delivered on in the next 12 months, or do not offer as big an opportunity as 2013 priorities. Over the next 12 months we will put in place any enablers required to ensure delivery on these priorities in 2014-15.

Work is underway in translating the key elements of the Francis Report (February 2013), recognising the significant implications with respect to organisational development. We highlight that implementing the recommendations of the Francis report will place key emphasis on strengthening leadership, adopting a learning culture aligned first and foremost

with the needs and care of patients and better alignment of the whole system around quality and safety.

4.3 Governance Structure

Through a comprehensive governance structure, we will ensure that the priorities set out are taken forward and embedded throughout UHL. The Staff Engagement Steering Group will be strengthened and going forward will be chaired by the Chief Executive. This group will oversee the implementation of the OD Plan ensuring:-

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

The work of this group will be reported to the Executive Team on a regular basis and to the Trust Board on a quarterly basis as part of the Workforce and Organisational Development Report.

Risks aligned to the OD Plan and associated with delivering a professional and passionate workforce have been identified in the Trust's revised 2012/13 Strategic Risk Register / Board Assurance Framework under risk number 3. The Board and Quality and Performance Management Group are provided with regular status updates against risk entries and mitigating actions taken.

5 Work Stream 1: Live Our Values

Where will we focus in 2013?

We have identified one priority focus area for 2013, to drive accelerated improvement: Establishing a “Caring at its best” Support Team and developing a “Caring at its best” training package to improve patient experience and areas of clinical practice modelled on a pilot intervention (UHL Haematology Ward). This activity will be aligned to the Quality Commitment (2013/15) Goal 3 ‘Treat all patients with dignity and respect so that 75% would recommend us’. The delivery elements will be detailed in our Patient Experience Strategy (2013/15). Embedding values and building on Trust/local reward and recognition schemes will continue to be addressed as on-going fundamentals.

WORK STREAM 1: LIVE OUR VALUES

2013 Priority

- **Establish “Caring at its best” Support Team**

2014-15 Priority

- **Continued delivery of “Caring at its best” training Trust wide**

On-going (Fundamentals)

- **Embed values within HR processes, Estate Improvement Projects and during ‘formalised meetings’**
- **Continue implementation of UHL Caring at its Best Awards (year 2) and local feedback schemes such as “Message to the Matron”**

6 Work Stream 2: Improve Two-way Engagement

Where will we focus in 2013?

We have identified two priority focus areas for 2013, to drive accelerated improvement and build on our model employer approach: Adopting a new way of working through embedding the Listening into Action Framework and implementing medical engagement priorities identified through our Medical Engagement Strategy 2013/14. Providing tailored interventions during times of extensive change (aligned to Cost Improvement and transformation programmes) will continue to be addressed as on-going fundamentals.

WORK STREAM 2: IMPROVE TWO-WAY ENGAGEMENT

2013 Priorities

- **Embed Listening into Action Framework**
- **Implement Medical Engagement Strategy priority actions**

Particular focus on junior doctor engagement

2014-15 Priority

- **Build on Health and Well Being and Resilience at Work Programmes**

On-going

(Fundamental)

- **Change Management**

7 Work Stream 3: Strengthen Leadership

Where will we focus in 2013?

We have identified two priority focus areas for 2013, to drive accelerated improvement: Implementing Leadership and Management Standards in setting clear leadership expectations aligned to Trust values and Board, Executive and Senior Leadership Team Development. Supporting leaders at all levels in key areas of knowledge, skills and personal development including finance and business skills and compiling the 'Talent Profile' reflecting Trust senior leaders will continue to be addressed as on-going fundamentals.

Work Stream 3. Strengthen Leadership

2013 Priorities

- **Implement Leadership and Management Standards linked to objective setting and 360 appraisals**
- **Board, Executive and Senior Leadership Development**
 - More structured and inclusive Board walkabouts*
 - Integrate patient stories*
 - Role model behaviours*

2014-15 Priority

- **Embedding Inclusive Talent Management**

On-going (Fundamentals)

- **Leadership Development Programmes with particular focus on medical leadership development**
- **Skills Development in Finance and Business Acumen**
- **Talent Profile for Trust Senior Leaders**

8 Work Stream 4: Enhance Workplace Learning

Where will we focus in 2013?

We have identified two priority focus areas for 2013, to drive accelerated improvement: Improving statutory and mandatory training reporting and compliance and developing our future workforce through implementing agreed Divisional /Directorate workforce plans (2013/14). Improving the quality of appraisals and providing a comprehensive range of vocational, professional and specialist training programmes / qualifications will continue to be addressed as on-going fundamentals.

Work Stream 4. Enhance Workplace Learning

2013 Priorities

- **Statutory and Mandatory Training**
Focus on Health and Safety Training

- **Implementation of Workforce Plans**

2014-15 Priority

- **Build on training capacity and resources**

On-going

(Fundamentals)

- **Improve appraisal quality**
- **Training, Education and Development**
All levels of staff (clinical and non-clinical)

9 Work Stream 5: Improve External Relationships and Workplace Partnerships

Where will we focus in 2013?

We have identified two priority focus areas for 2013, to drive accelerated improvement: Developing the Patient and Public Improvement Strategy and producing toolkit and other relevant guidance with respect of community engagement and governor awareness. Building on our links with the local population will continue to be addressed as on-going fundamentals with particular focus on an active and inclusive membership.

Work Stream 5. Improve External Relationship and Workplace Partnerships	
2013 Priorities	<ul style="list-style-type: none">• Develop Patient and Public Involvement Strategy• Production of key guidance / toolkits
2014-15 Priority	<ul style="list-style-type: none">• Implement Actions highlighted in PPI strategy
On-going (Fundamentals)	<ul style="list-style-type: none">• Develop the Community Ambassador Programme• Maintain a representative Membership• Continue to issue regular stakeholder newsletters• Opportunities to engage with the Trust to be promoted across our membership and voluntary sector• Representation at key groups including Link / Healthwatch, Governors Meetings and Community Groups

10 Work Stream 6: Encourage Creativity and Innovation

We have identified two priority focus areas for 2013, to drive accelerated improvement: Producing a Transformation Strategy that sets out a shared purpose and vision, integrating Service Improvement with Transformation. The Strategy will have a clear implementation plan and will ensure alignment with the Quality Commitment, LiA and the Organisational Development Plan. We will also focus on ensuring our clinical and managerial leaders have the skills to drive forward transformational change by building capacity and capability for implementation. Embedding the 'Releasing Time to Care' approach, enhancing research and delivering our key Transformation Projects will continue to be addressed as on-going fundamentals.

Core Objective 6. Encourage Creativity and Innovation

2013 Priorities

- **Produce a Transformation Strategy**
- **Skills development to drive forward transformational change**

2014-15 Priority

- **Roll-out relevant training, building capacity and capability to drive and enable a more bottom-up approach towards service improvement**

On-going (fundamentals)

- **Embedding Releasing Time to Care**
- **Build on research and development**
- **Implementation of Transformation Projects**
 - Outpatients*
 - Theatres*
 - ePMA*
 - H 24/7*
 - E-rostering*

11 How will we measure?

The NHS Staff Survey is conducted on behalf of the Care Quality Commission (CQC) and is recognised as an important way of ensuring that the views of staff working within the NHS inform local improvements. In addition to the NHS staff survey at UHL we also conduct a local staff survey to gauge staff opinion at a department level. Using both these methods concurrently, allows us to assess improvement and areas for development at six monthly intervals.

The table below highlights our performance based on the recent national staff survey results (February 2013) and incorporates a realistic improvement target for 2013 against the core survey questions closely aligned to the six work streams set out in this document. In 2012 we have achieved the best score, in comparison to all Acute Trusts, against appraisal performance and have seen the largest local improvement in relation to Equality and Diversity Training. The targets set are ambitious and ensure continuous improvement by aspiring to achieve better than average performance against all core questions (based on 2012 results, which are subject to change in 2013). Targets also support the Trust in potentially achieving the 'top ranking position' with respect to comparable Acute Trusts, against those questions where the Trust's performance is already significantly higher than the average.

	2011 Scores	2012 Scores	Average for Acute Trust (2012)	Target
I am able to do my job to a standard I am personally pleased with. (Agree/Strongly Agree)	61%	82%	80%	88%
Care of patients/service users is my organisation's top priority. (Agree/Strongly Agree)	46%	57%	63%	69%
I would recommend this organisation as a place to work. (Agree/Strongly Agree)	38%	50%	55%	61%
If a friend or relative needed treatment I would be happy with the standard of care provided by the organisation. (Agree/Strongly Agree)	54%	55%	60%	66%
In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review (within last 12 months)	90%	94%	84%	100%
Did it leave you feeling that your work is valued by your organisation? (Yes)	53%	63%	60%	69%
I know who the senior managers are here. (Agree/Strongly Agree)	60%	74%	60%	81%
Communications between senior management and staff is effective. (Agree/Strongly Agree)	18%	28%	34%	37%
How satisfied are you with the extent to which the organisation values your work? (Satisfied/Very Satisfied)	24%	39%	40%	44%
Have you felt pressure from your manager to come to work? (Yes) * Deterioration	38%	36%	33%	30%
During the last 12 months have you felt unwell as a result of work related stress? (Yes) * Deterioration	29%	34%	27%	24%
There are frequent opportunities for me to show initiative in my role. (Agree/Strongly Agree)	60%	73%	69%	83%
Equality and diversity training (e.g. awareness of age, disability, gender, race, sexual orientation, religion) (within last 12 months)	38%	57%	55%	63%
In the last 12 months, have you personally experienced discrimination at work from your manager / team leader or colleagues?	6%	6%	8%	5%
I have adequate materials, supplies and equipment to do my work. (Agree/Strongly Agree)	49%	56%	56%	62%

UHL achieved best for all Acute Trusts	
Largest local improvements since the 2011 Survey	

In addition to the NHS staff survey and local polling we will use information within the Net Promoter Score as our benchmark to assess our progress in

improving patient experience. However, as of 1st April 2013 this will be replaced by Friends and Family Test where patients will be asked “How likely are you to recommend our ward/A&E department to friends and family if they needed similar care or treatment?”

The scoring methodology being adopted will be based on the underlying ‘Net Promoter Score’ calculation, which was considered to be the most effective at delivering the benefits of the Friends and Family Test outlined above.

The anticipated target for 2013 for the Friends and Family Test are in line with the Quality Commitment Goal which is to ensure that 75% of patients would recommend the Trust. Our baseline score on the Net Promoter is currently 63%.

In conjunction with the aforementioned measures we will use measures, such as appraisal performance, statutory and mandatory training compliance, training utilisation, sickness absence levels and number of award nominations to further inform continuous improvements.

Going forward in our preparation for our Foundation Trust application we will need to be confident that our staff and patient membership and elected Governors are representative of our local population and that relevant guidance, support and training is in place for our staff and patient to successfully carry out their elected roles. This will be monitored and audited internally within our Communications team and externally by Monitor, as we move through the applications process.

Organisational Development Plan 2013 - 2015

Objective 1: Live our values

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

1. We will constantly focus on 'Caring at its best', our reason for being here through establishing a true understanding and ownership of our values and behaviours:

Action	Timescales	How	Executive Lead
a Review and revise all Human Resources (HR) processes and learning and development programmes to ensure values and associated behaviours are fully integrated	Jun 2013	<ul style="list-style-type: none"> Continue to integrate and evaluate values in all HR processes and internal learning and development programmes Implement Regional Strategic Health Authority Project on recruiting ward sisters, assessing values and attitudes at the point of recruitment 	Director of HR Chief Nurse/Deputy CEO
b Establish a "Caring at its best" Support Team to work with wards and other clinical areas on improving patient experience by delivering "Caring at its best" training package, supported by clear and deliverable care standards	Apr 2013 Apr 2014 Sept 2013	<ul style="list-style-type: none"> "Caring at its best" Support Team established (on securing investment) with clarity of purpose, objectives and target areas "Caring at its best" Training Programme, developed in Haematology, will be delivered to all ward staff Trust wide Display and maintain "You said – we did" boards at the entrance of all ward and clinical areas 	Chief Nurse/Deputy CEO Chief Nurse/Deputy CEO Director of Estates & Facilities
c Visually embed the values ensuring they are incorporated within estate improvement projects, for example the new Main Entrance at the Leicester Royal Infirmary Site	To be confirmed	<ul style="list-style-type: none"> Estate improvement projects include clear outcomes specific to the visual display of values Values consistently on display in reconfigured service areas 	Director of Communications & External Relations Director of Estates & Facilities



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

	Action	Timescales	How	Executive Lead
d	Widely publicise the Organisational Development (OD) Plan to staff and partner organisations, regularly update on progress and associated risks on the implementation of the plan	Mar 2013 Apr 2013 Mar 2014	<ul style="list-style-type: none"> • Communication and engagement plan agreed and implemented • Simple staff feedback system devised and introduced, for example using an IT voting system, to gauge feedback on the implementation of the OD Plan • OD Plan implementation risks identified within the Strategic Risk Register/ Board Assurance Framework and monitored regularly by the Trust Board and Quality and Performance Management Group 	Director of Communications & External Relations Director of HR Director of HR
2. Adopting a team based approach commencing with the Trust Board, executive and senior leadership teams, we will articulate values and behaviours within the organisation, exploring how they will be demonstrated on a day to day basis:				
	Action	Timescales	How	Executive Lead
a	A series of facilitated workshops will be held to engage teams in defining how values will be demonstrated and achieved on a day to day basis	April 2013 Dec 2013	<ul style="list-style-type: none"> • Team contracts in place with Trust Board, executive and senior leadership teams based on the agreed values and behaviours • This development will be implemented and evaluated through the organisation adopting a phased approach, to be agreed with the executive and senior leadership teams 	Chief Executive Director of HR Director of HR
b	During and at the end of all formalised meetings (within the existing governance and decision making infrastructure), the Chair will invite the attendees to assess their adherence to our values and behaviours	Apr 2013	<ul style="list-style-type: none"> • "Meeting values feedback" process established and introduced • All decisions and strategies referenced to values and behaviours with the "report cover sheet template" updated to reflect this 	Director of Corporate & Legal Affairs/ Director of Communications & External Relations

Organisational Development Plan 2013 - 2015

Objective 1: Live our values (continued)

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

	Action	Timescales	How	Executive Lead
a	Establish a local feedback mechanism for regularly praising and rewarding positive behaviours and achievements	Apr 2013	<ul style="list-style-type: none"> Consult with staff to establish a process for regularly recognising/praising examples of positive behaviours and achievements. For example providing leaders with 'Caring at its best Post Cards' to send out personal thank you messages to staff 	Director of HR Director of Communications & External Relations
b	Continue to raise profile of Trust wide "Caring at its best" awards in rewarding staff and volunteers that exemplify our values and demonstrate outstanding commitment to "Caring at its best"	Sept 2013	<ul style="list-style-type: none"> Implement "Caring at its best" awards communication and engagement plan Monitor and report on the number of award nominations against each of the six award categories to the Workforce and Organisational Development Committee 	Director of HR Director of Communications & External Relations

Organisational Development Plan 2013-15

Objective 2: Improve two-way engagement

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

1. We will Improve our approach to two-way communication and will demonstrate this by actively seeking feedback, listening and acting on the feedback we receive:

	Action to address gap	Timescales	How	Executive Lead
a	As defined within the Leadership and Management Standards, line managers will ensure continuous communication through a variety of channels, maximising on engagement and sharing learning	Jun 2013	<ul style="list-style-type: none"> Co-create and implement Leadership and Management standards monitored through appraisal which include guidance on expectations of managers regarding communications and meetings Review meeting schedules and frequency (local and Trust wide) and recommend appropriate changes 	Director of HR Director of Communications & External Relations Director of Corporate & Legal Affairs
b	Build on existing approaches that enhance Board, executive and senior leadership team engagement and involvement	Mar 2014	<ul style="list-style-type: none"> Learning from each other and from other organisations we will actively adopt best practice to facilitate the required cultural change. Examples of best practice adopted in other organisations include, “Listening into Action”, “Speed Dating” and “Speciality Board Forums” 	Chief Executive Director of HR



Organisational Development Plan 2013-15

Objective 2: Improve two-way engagement (continued)

	Action to address gap	Timescales	How	Executive Lead
c	Continue to work with engagement champions using the national staff survey and local polling to gauge the overall engagement climate of the organisation and service areas and act to improve it	Apr 2013	<ul style="list-style-type: none"> Implement Staff Engagement Forums, Think Tanks or Ward Based Focus Groups across all areas, to discuss local staff polling feedback Development of locally agreed action plans and devise and implement feedback mechanism for sharing progress 	Director of HR Director of Operations
d	Introduce 'Back to the Floor' days where senior managers will work with front line staff and increase visibility and accessibility	Mar 2015 Apr 2013	<ul style="list-style-type: none"> Review and implement successful 'Back to the Floor' approaches used in other NHS and private sector organisations and ensure transfer of learning Consider regular Executive Team sessions to share feedback from walkabouts and agree actions 	Director of HR Chief Nurse/Deputy CEO
2. We will care for our staff so that they can provide excellent care for our patients:				
	Action to address gap	Timescales	How	Executive Lead
a	Working in partnership with Amica, Human Resources and the Occupational Health team to design and develop a more integrated approach to building well-being and resilience at work	Nov 2012 - Mar 2015	<ul style="list-style-type: none"> Promote well-being initiatives through the quarterly "Let's Keep Talking" newsletter Report on levels of stress and sickness absence at monthly intervals and agree on local interventions Design and deliver workshops for managers in supporting them to build emotional resilience and manage stress Continue to develop attractive salary exchange offerings to staff to aid retention as part of our model employer approach 	Director of HR
b	Ensure that appropriate support is put in place before, during and after times of extensive change	Nov 2012 – Mar 2015	<ul style="list-style-type: none"> Provide information on the range of support available during times of change Tailored interventions provided as required 	Director of HR Executive Team

Organisational Development Plan 2013-15

Objective 2: Improve two-way engagement (continued)

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

	Action to address gap	Timescales	How	Executive Lead
a	Facilitate opportunities for medical leadership development at all levels to improve engagement and involvement in planning and delivering safe and high quality patient services	Nov 2012 – Mar 2015	<ul style="list-style-type: none"> • Design and delivery of tailored interventions to enhance collaborative working, for example “Medical Leadership Development Programme”. A Medical Lead will be identified for all service improvement initiatives • Promote and monitor access to leadership development programmes and interventions • Review utilisation of existing consultant forums 	Director of HR Medical Director
b	Utilise the feedback from trainee doctors to put into action a plan for support, involvement and engagement. A number of development initiatives will continue and evolve for our medical colleagues including improving consistency around expectations, communication, support and accessibility for both trainees and supervisors	Nov 2012 - March 2014	<ul style="list-style-type: none"> • Implement focus group sessions with trainee doctors and agree on engagement improvement actions • Increase accountability for education and training resources and map resources to quality of education and training delivery • Develop a funded (SPA) CBU/Departmental Educational Lead role to improve links between clinical service and training, to deliver quality measures, respond to challenges and increase accountability for education funding • Explore the shape of the future medical workforce 	Medical Director

Organisational Development Plan 2013-2015

Objective 3: Strengthen Leadership

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

1. We will develop leaders to achieve and sustain outstanding performance and increase capacity and capability:

	Action to address gap	Timescales	How	Executive Lead
a	Continue with the design and implementation of a Board development programme, which explicitly supports the delivery of Department of Health's Board Assurance Framework and enhances board performance	Mar 2014	<ul style="list-style-type: none"> Implementation of Board Development Programme aligned to the outcome of the assessment against the Board Governance Memorandum Criteria 	Director of Corporate & Legal Affairs Chief Executive
b	Develop and support leaders in key areas of knowledge, skills and personal development including commercial and business acumen, clinical leadership, strategic and operational leadership, financial and performance management, clinical commissioning, horizon scanning, political awareness and emotional intelligence	Mar 2015 Mar 2014 May 2013	<ul style="list-style-type: none"> Design, commission and deliver leadership development programmes that focus on key areas including change management, commercial and business acumen Individual progress monitored through appraisal process Report on learning benefits and improvement projects supported by leadership development programmes For example deliver a "Leadership Showcase" event 	Director of HR Executive Team Director of HR
c	Provide tailored development interventions to support leaders with building strong teams	Mar 2015	<ul style="list-style-type: none"> Tailored development interventions implemented based on identified needs 	Director of HR



Organisational Development Plan 2013-2015

Objective 3: Strengthen Leadership (continued)

	Action to address gap	Timescales	How	Executive Lead
d	Continue to build on leadership development programmes and interventions co-ordinated through our Leadership Academy and external organisations including East Midlands Leadership Academy and Foundation Trust Network	Nov 2012 – Mar 2015 Mar 2013	<ul style="list-style-type: none"> Representation on East Midlands Leadership Academy Board, Local Education Training Board and LLR Workforce Advisory Board Internal Local Education Training Committee established with lead responsibility for commissioning leadership and educational development activity 	Chief Executive Director of HR Director of HR
2. We will demonstrate outstanding leadership qualities in the way we conduct our business activities, improve our health services and our performance:				
	Action to address gap	Timescales	How	Executive Lead
a	Co-create and implement Leadership and Management Standards in setting clear leadership expectations aligned to our Trust values and behaviours	Nov 2012 – Oct 2013	<ul style="list-style-type: none"> Staff consultation (at all levels) in creating Leadership and Management Standards and associated guidance Standards integrated within recruitment / appraisal practices and internal development programmes 	Director of HR
b	In adopting Leadership and Management Standards leaders will clearly link all staff objectives to the overall Trust strategic direction and clinical strategy	Mar 2013 Jun 2013	<ul style="list-style-type: none"> Implementation of Strategic Direction communication plan using a range of communication and engagement methods Report on periodic appraisal quality review findings and agree and implement local improvement actions 	Chief Executive Director of Communications & External Relations Director of HR
c	Monitor leadership performance through 360 degree and self assessment processes, staff and patient survey feedback and the achievement of Trust quality, operational and financial performance measures	Apr 2013- Mar 2015	<ul style="list-style-type: none"> Report on improvement through monthly Quality and Performance Management Report and through line management responsibilities 	Director of HR Chief Nurse/Deputy CEO

Organisational Development Plan 2013-2015

Objective 3: Strengthen Leadership (continued)

	Action to address gap	Timescales	How	Executive Lead
d	Provide organisational structures where lines of accountabilities and areas of responsibility are clear and supported	May 2013 Dec 2013	<ul style="list-style-type: none"> Review of (interim) director portfolios and appropriate permanent changes made Regular review of organisational structures, job roles and line management responsibilities to be completed 	Chief Executive Executive Team
3. We will ensure the supply of future leaders by identifying and developing new and emerging leaders and will support current leaders with optimising their potential:				
	Action to address gap	Timescales	How	Executive Lead
a	Develop leaders in the talent management process to ensure accurate and consistent assessment of performance and potential against the Trust's Nine Box Talent Profile Matrix	Apr 2013	<ul style="list-style-type: none"> Talent management guidance promoted Trust wide and bespoke development sessions provided as required Appraisal training updated to incorporate Talent Management Guidance 	Director of HR
b	Compile Talent Profile of Trust senior leaders and across specific staff groups to inform talent pipeline	Dec 2012	<ul style="list-style-type: none"> Talent Profile for level 1 to level 3 leaders reported to Remuneration Committee for consistency checking 	Director of HR
c	From talent profiles and ensuring inclusivity, future strategic clinical leaders will be identified and development programmes prioritised and commenced	Jan 2013 – Dec 2013	<ul style="list-style-type: none"> Development plans in place and centrally co-ordinated Succession risks identified and reported Target individuals to attend key regional development activity including Aspiring Senior Directors Programme and Top Leaders Diagnostic Programme 	Director of HR Executive Team
d	Career development review opportunities have commenced with senior managers to maximise 'best fit' and retention	Jan 2013 – Dec 2013	<ul style="list-style-type: none"> Career development reviews undertaken through appraisal Provide internal / external coaching and support with personal development planning via existing networks 	Executive Team Director of HR
e	Working in partnership with educational providers, invest in building and delivering clear talent management programmes that address all levels of talent (clinical and non-clinical)	Nov 2012 – Mar 2015 Mar 2014	<ul style="list-style-type: none"> Maintain and build on external partnerships with education providers Maximise on investment to support development at all levels Devise, implement and monitor career pathways 	Director of HR Chief Nurse/Deputy CEO Medical Director

Organisational Development Plan 2013-2015

Objective 4: Enhance workplace learning

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

1. We will create a learning culture focussed on delivering safe, high quality care

	Action to address gap	Timescales	How	Executive Lead
a	Continue to provide all staff with quality information, advice and guidance (IAG) on learning and career development opportunities through our accredited "Directions Service"	Nov 2012 – Mar 2015	<ul style="list-style-type: none"> Promote the Directions Service Trust wide and offer staff high quality IAG on career progression and learning and development opportunities Maintain "Matrix Standard" (IAG quality standards) 	Director of HR
b	Promote evidence-based methodologies, including patient stories and observations of care, in improving patient experience	Nov 2012 - Mar 2015	<ul style="list-style-type: none"> Report on patient stories to Trust Board, executive and senior team in line with the Patient Experience Strategy to share best practice and transfer learning 	Chief Nurse/Deputy CEO
c	In implementing the Leadership and Management (L&M) Standards, leaders will take accountability and ownership for creating time and space for learning and will empower staff to find solutions through the learning process	Mar 2014	<ul style="list-style-type: none"> Implement initiatives that promote cross divisional working on integrated care pathways and report on on-going progress to the Board, executive and senior team 	Director of HR Director of Operations



Organisational Development Plan 2013-2015

Objective 4: Enhance workplace learning (continued)

	Action to address gap	Timescales	How	Executive Lead
d	Continue to maximise use of technology for learning through building on our internal e-learning provision (including Learn Direct) and the use of innovative techniques in developing staff in areas of clinical practice	Mar 2014	<ul style="list-style-type: none"> Implementation range of IMT training interventions (use of Microsoft Applications and bespoke systems) Offer flexible learning opportunities through e-UHL and Learn Direct Build on use of simulation techniques in clinical practice development 	Director of HR Director of HR Director of IM&T Medical Director
2. We will continue to improve appraisal quality and performance				
	Action to address gap	Timescales	How	Executive Lead
a	Implement new appraisal recording system utilising push technologies.	Feb 2013	<ul style="list-style-type: none"> Appraisal system designed and accessible through the internal SharePoint Platform and linked to Microsoft Outlook Calendar Automation of key processes i.e. grandparent sign off 	Director of HR Director of IM&T
b	Monitor and feedback of annual appraisal quality assessment findings and build on the infrastructure and support in driving forward appraisal quality improvements	Apr 2013 – Jun 2013	<ul style="list-style-type: none"> Report on periodic appraisal quality assessment findings and progress against agreed local action plans 	Director of HR
3. We will ensure that all staff have the right knowledge, skills and behaviours in delivering safe, high quality, patient centred healthcare				
	Action to address gap	Timescales	How	Executive Lead
a	Provide on-going support to staff in developing positive behaviours	Mar 2013	<ul style="list-style-type: none"> Support provided by “Caring at its best” Support Team (on securing funding), in line with Patient Experience Strategy 	Chief Nurse/Deputy CEO
b	Maximise on efficiencies in the delivery of statutory and mandatory training	To be confirmed	<ul style="list-style-type: none"> Implementation of National Core Skills Framework 	Director of HR Chief Nurse/Deputy CEO

Organisational Development Plan 2013-2015

Objective 4: Enhance workplace learning (continued)

	Action to address gap	Timescales	How	Executive Lead
c	Develop and support staff at all levels with improving basic skills including IT, literacy, numeracy and ESOL	Apr 2013	<ul style="list-style-type: none"> Deliver basic skills interventions through close working with external training providers and report against Joint Investment Framework (JIF) 	Director of HR
d	Build on our vocational training provision in developing support staff and assisting with the introduction of new roles through Apprenticeships, Leicester Works and Assistant Practitioner schemes	Apr 2013	<ul style="list-style-type: none"> Deliver agreed contractual requirements with Skills Funding Agency Deliver against JIF requirements ensuring alignment with workforce plans 	Director of HR
e	Embed a culture of leadership and accountability within all our staff groups in the education and training of all clinical professionals and non clinical staff	Jul 2013	<ul style="list-style-type: none"> Staff at all levels will participate and take ownership for education and practice development, building them into existing appraisal and workforce planning activities 	Director of HR Chief Nurse/Deputy CEO Medical Director
f	Working with academic partners, anticipate and develop the clinical competencies required to deliver high quality and safe care	Nov 2012- Mar 2015	<ul style="list-style-type: none"> University honorary appointments established Learner teaching within workplace environment Peer review activity with learners on premises 	Medical Director Chief Nurse/Deputy CEO
g	Meet and wherever possible exceed our responsibilities to provide excellent education, training and supervision for undergraduate and post graduate students	Jul 2013	<ul style="list-style-type: none"> Effective mentors allocated to students with good insight into educational programmes and dedicated time to support learners Staff and mentors operating as role models – consistently demonstrating evidence based practice 	Medical Director Chief Nurse/Deputy CEO
h	Maximise the reputation of UHL's teaching hospital status and support the future workforce development	Nov 2012 – Mar 2015	<ul style="list-style-type: none"> Strong links will be forged with training providers and commissioners in meeting workforce plans Increase practice development initiatives Develop enhanced training and development facilities at the LRI Site 	Director of HR Medical Director Chief Nurse/Deputy CEO

Organisational Development Plan 2013-2015

Objective 5: Improve external relationships and working partnerships

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

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

1. We will continue to develop our staff to enable them to involve patients and the wider public in the development of services:

	Action to address gap	Timescales	How	Executive Lead
a	Clarity regarding the lines of responsibility and reporting for Patient Public Involvement (PPI) activity	April 2013 April 2013 May 2013	<ul style="list-style-type: none"> • Patient and Public Involvement (PPI) strategy to be refreshed and presented to Trust Board • Clarity of Divisional / Clinical Business Unit (CBU) manager's responsibility for PPI • Review of PPI cover sheet for Board submissions 	Director of Communications & External Relations
b	Provide support and guidance to equip staff to engage with patients and the public	May 2013 Mar 2015 May 2013	<ul style="list-style-type: none"> • PPI toolkit to be developed and shared • Internal Website PPI page to be developed • PPI leads to be supported through the Patient Experience bi-monthly meeting • PPI and Membership Manager / Communications Team to promote PPI internally 	Director of Communications & External Relations



Organisational Development Plan 2013-2015

Objective 5: Improve external relationships and working partnerships (continued)

	Action to address gap	Timescales	How	Executive Lead
c	Facilitate better links between our staff and our public members	April 2013 Mar 2015 May 2013	<ul style="list-style-type: none"> Expansion of Service Improvement Volunteer Programme Facilitate communication between PPI leads and specific members groups Divisions to explore protected time for staff engaging in PPI activity 	Director of Communications & External Relations
d	Actively encourage a partnership approach with our diverse local communities	Dec 2012 May 2013 Mar 2015	<ul style="list-style-type: none"> Develop the Community Ambassador Programme Establish a Community Engagement Toolkit Maintain a representative Membership 	Director of Communications & External Relations
2. As an aspiring FT we will continue to work in partnership with internal and external stakeholders to ensure we meet the changing needs of the wider health community, particularly those from vulnerable and less represented groups:				
	Action to address gap	Timescales	How	Executive Lead
a	Engage and consult with local communities and voluntary sector organisations as we develop our services	Nov 2012 - Mar 2015	<ul style="list-style-type: none"> Continue to issue regular stakeholder newsletters Opportunities to engage with the Trust to be promoted across the voluntary sector / community groups Encourage people from faith / community groups to become Trust members 	Director of Communications & External Relations
b	Build on our good relationships with our Local Involvement Networks (LINKs) as they make the transition to Healthwatch	Apr 2013 Nov 2012 - Mar 2015	<ul style="list-style-type: none"> Quarterly meetings with the Chief Executive to continue with Healthwatch representatives Continued attendance by Trust representative at LINK / Healthwatch Board meetings and sub groups 	Chief Executive/ Director of Communications & External Relations
c	Develop a clear and inclusive picture of our local stakeholders	Nov 2012 Dec 2012	<ul style="list-style-type: none"> Stakeholder mapping exercise Develop comprehensive stakeholder database 	Director of Communications & External Relations

Organisational Development Plan 2013-2015

Objective 5: Improve external relationships and working partnerships (continued)

	Action to address gap	Timescales	How	Executive Lead
d	Encourage and support the development of staff wishing to stand as Governors	May 2013 May 2013 Jan 2013	<ul style="list-style-type: none"> Develop guidance regarding support available for Staff Governors Develop Governor Awareness material Reactivate potential Governors meetings with the Trust's Chairman 	Director of HR Director of Communications & External Relations

Organisational Development Plan 2013-2015

Objective 6: Encourage creativity and innovation

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

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

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

	Action to address gap	Timescales	How	Executive Lead
a	As a member of the Health Enterprise East NHS Innovation Hub, Trust staff will have access to advice, guidance and project management for their innovative ideas	Nov 2012 – Mar 2015	<ul style="list-style-type: none"> Ensure the communication and marketing of the Health Enterprise East NHS Innovation Hub throughout the Trust Alignment with leadership and service improvement initiatives 	Medical Director
b	The Trust is a founder member of the NHS Confederation Innovation Investment Strategy whereby innovative projects from NHS Trusts are showcased to potential high level investors	Nov 2012 – Mar 2015	<ul style="list-style-type: none"> Ensure engagement of staff and alignment with service improvement initiatives Ensure transfer of learning both within and external to UHL 	Medical Director
c	Produce a shared purpose and vision for service improvement	Feb 2013	<ul style="list-style-type: none"> Produce a Service Improvement Strategy for the organisation with clear implementation plan Build in capacity and capability for implementation 	Director of Finance



Organisational Development Plan 2013-2015

Objective 6: Encourage creativity and innovation (continued)

	Action to address gap	Timescales	How	Executive Lead
d	Ensure our clinical and managerial leaders have the skills to drive forward transformational change	Mar 2013	<ul style="list-style-type: none"> Assess capability and identify and introduce methods of skilling leaders for the transformation agenda Align this with Trust Engaging Leadership Excellence Strategy Create a network of enthusiasts who can coach and develop others Create a forum of practice by developing buddying, twinning and mentoring arrangements between leaders working on similar projects Create a service improvement hub, where people can access service improvement tools and support 	Director of Finance/ Director of HR
e	Create an 'UHL Innovation Forum' for sharing and disseminating ideas and we will provide a framework to transfer learning in building sustainability	Apr 2013	<ul style="list-style-type: none"> Establish incentivising mechanisms to encourage innovation and develop clear processes for making it easy for ideas to happen Establish an innovation fund for which staff can access/bid for funding to support an innovation that will deliver improved patients experience and improve efficiency 	Director of Finance
f	Seek out innovation and improvements from other Trusts (UK and International) and adopt locally	Nov 2012 – Mar 2015	<ul style="list-style-type: none"> Share learning through peer networks Develop more benchmarking Implement an appreciative enquiry approach – stimulate staff by focusing on the positives 	Director of Finance
g	Continue with "Releasing Time to Care" and NHS(III) 'Productive' interventions	Jan 2013 – Aug 2014	<ul style="list-style-type: none"> Rollout of "Releasing Time to Care" across all ward areas to maximise efficiency 	Chief Nurse/Deputy CEO

Organisational Development Plan 2013-2015

Objective 6: Encourage creativity and innovation (continued)

	Action to address gap	Timescales	How	Executive Lead
h	Provide opportunities for staff to innovate and take calculated risks to achieve more efficient and improved patient services	Mar 2014	<ul style="list-style-type: none"> Build a “culture of permission” in which people are encouraged to try out improvements Build a learning process that is open to encourage staff to feel responsible for maintaining high standards of patient care 	Director of Finance Director of HR
i	Ensure that we are developing new roles and extending staff responsibilities in line with Agenda for Change	June 2013	<ul style="list-style-type: none"> Through development of Divisional Workforce Plans and implementing best practice, we will develop and commission appropriate curriculum to support the implementation of new roles 	Director of HR Chief Nurse/Deputy CEO
2. We will ensure that research activities are embedded in all our services, concentrating especially on our areas of strength:				
	Action to address gap	Timescales	How	Executive Lead
a	Continue to work with our academic partners in delivering nationally important clinical studies for the benefit of our patients	Nov 2012 – Mar 2015	<ul style="list-style-type: none"> Equip staff with necessary knowledge, skills and expertise to successfully participate and contribute to a wide portfolio of nationally important clinical studies for the benefit of our patients 	Medical Director
b	Support the research activity and capacity of the Trust by ensuring appropriate development of the Research and Development	Nov 2012 – Mar 2015	<ul style="list-style-type: none"> Report progress to Research and Development Committee and promote studies Trust wide Monitoring by Research and Development Score Card 	Medical Director

Leadership and Management Standards

Leadership excellence in delivering safe high quality patient-centred health care

Appendix 3

<p>We treat people how we would like to be treated</p> 	<p>Our Values in our Actions Everyday</p> <p>Set Clear Expectations</p> <p>Show Empathy & Respect</p> <p>Trust & Empower</p>
<p>We do what we say we are going to do</p> 	<p>Be Responsive & Accountable</p> <p>Communicate & Feedback</p> <p>Support & Development</p>
<p>We focus on what matters most</p> 	<p>Strategic and Operational Planning</p> <p>Use Resources Effectively and Efficiently</p> <p>Patient Centred</p>
<p>We are one team and we are best when we work together</p> 	<p>Be Visible, Available and Accessible</p> <p>Build and Maintain Relationships and Working Partnerships</p>
<p>We are passionate and creative in our work</p> 	<p>Support Innovation & Creativity to Deliver Safe, High Quality Patient-centred Healthcare</p> <p>Recognise and Celebrate Success</p>

One team shared values

Draft – February 2013



Leadership and Management Standards – Self Assessment Checklist

Look at statements below, on the scale next to each statement; choose a rating that reflects how frequently it applies to you

UHL Values	Statements	A lot of the time	Some of the time	Very little / Never
<b style="color: green;">We treat people how we would like to be treated 	<b style="color: green;">Our Values in our Actions Everyday, Set Clear Expectations, Trust and Empower			
	I visibly demonstrate UHL values and behaviours in my daily work and actions			
	I provide my team with clear and measurable objectives and appropriate support and training on; Quality and Safety, Financial and Operational Performance, Staff Motivation and Engagement and Talent Management			
	I create a clear sense of roles and responsibilities and levels of accountability within my team			
	I create an environment where my staff are able to raise concerns, openly and honestly put forward ideas without fear			
<b style="color: blue;">We do what we say we are going to do 	<b style="color: blue;">Be Responsive and Accountable, Communicate and Feedback, Support and Develop			
	I communicate honestly with integrity, transparency and candour when providing feedback to my staff and patients			
	I have developed and maintained two way communication channels to actively seek feedback from staff, patients and stake holders			
	I make sure I feed back on staff and patients requests and concerns including the actions taken or reasons for not acting			
	I hold monthly one to one meetings with all my direct reports and review performance against objectives set			
<b style="color: purple;">We focus on what matters most 	<b style="color: purple;">Strategic and Operational Planning, Use Resources and Effectively and Efficiently, Patient Centred			
	I create time to engage in planning activities which incorporates feedback from patients, partners and staff to achieve service goals and overall strategy			
	I communicate and keep my team informed of progress with the implementation of strategic and operational plans at monthly team meetings			
	I make sure patients are at the heart of everything myself and my team do, and do everything in my power to protect patients from avoidable harm ensuring the delivery of compassionate care			
<b style="color: magenta;">We are one team and we are best when we work together 	<b style="color: magenta;">Be Visible, Available and Accessible Build and Maintain Relationships and Working Partnerships			
	I make time to develop an understanding of other departments, CBU's, specialities and patient groups to make sure my work plans integrate with the needs of the patients, other departments and the wider UHL strategic direction			
	I am visible in my area and 'walk the floor' to engage with staff and patients acting as a role model/mentor at least weekly			
	I identify and create opportunities to work in collaboration and bring individuals together to achieve affordable, safe, high quality, compassionate, patient-centred healthcare			
<b style="color: orange;">We are passionate and creative in our work 	<b style="color: orange;">Support Innovation & Creativity to Deliver Safe, High Quality Patient-centred Healthcare, Recognise and Celebrate Success			
	I praise, recognise and thank staff personally on a daily basis for their contributions to delivering compassionate high quality care			
	I meet with my team and direct reports monthly and encourage the sharing of ideas, experiences and new ways of working			
	I nominate staff for local and national awards programmes for example UHL's 'Caring at its best' Awards			

If you have red or amber scores against any of the statements above, this may reflect areas requiring further development. Discuss your development needs with your line manager ensuring that agreement is reached on development actions and the approach to be taken. All development activity should be recorded on your Personal Development Plan and progress should be reviewed at monthly one to one meetings with your line manager.

**Appendix 3:
Leadership and Management Standards Mapped onto the Francis Report
Recommendations**

Leadership excellence in delivering safe high quality patient-centred health care

<p>We treat people how we would like to be treated</p> 	<p>Our Values in our Actions Everyday</p> <p>Set Clear Expectations</p> <p>Show Empathy & Respect</p> <p>Trust & Empower</p>
<p>We do what we say we are going to do</p> 	<p>Be Responsive & Accountable</p> <p>Communicate & Feedback</p> <p>Support & Development</p>
<p>We focus on what matters most</p> 	<p>Strategic and Operational Planning</p> <p>Use Resources Effectively and Efficiently</p> <p>Patient Centred</p>
<p>We are one team and we are best when we work together</p> 	<p>Be Visible, Available and Accessible</p> <p>Build and Maintain Relationships and Working Partnerships</p>
<p>We are passionate and creative in our work</p> 	<p>Support Innovation & Creativity to Deliver Safe, High Quality Patient-centred Healthcare</p> <p>Recognise and Celebrate Success</p>

One team shared values






Leadership and Management Standards – Self Assessment Checklist

Look at statements below, on the scale next to each statement; choose a rating that reflects how frequently it applies to you

UHL Values	Statements	A lot of the time	Some of the time	Very little / Never
<p style="color: green; font-weight: bold;">We treat people how we would like to be treated</p>	<p style="color: green; font-weight: bold;">Our Values in our Actions Everyday, Set Clear Expectations, Trust and Empower</p>			
	<p>I visibly demonstrate UHL values and behaviours in my daily work and actions</p> <p style="color: #808080; font-size: small;"><i>Francis Report - Recommendation 2: A common set of core values and standards shared throughout the system</i> <i>Recommendation 5: They will apply the NHS Values in all their work</i></p>			
	<p>I provide my team with clear and measurable objectives and appropriate support and training on; Quality and Safety, Financial and Operational Performance, Staff Motivation and Engagement and Talent Management</p> <p style="color: #808080; font-size: small;"><i>Francis Report - Recommendation 195: Ward Nurse Managers...monitor performance and deliver training and/or feedback as appropriate</i></p>			
	<p>I create a clear sense of roles and responsibilities and levels of accountability within my team</p> <p>I create an environment where my staff are able to raise concerns, openly and honestly put forward ideas without fear</p> <p style="color: #808080; font-size: small;"><i>Francis Report -Recommendation 2: A system which recognises and applies the values of transparency</i> <i>Recommendation 160: Proactive steps need to be taken to encourage openness on the part of trainees and protect from any adverse consequences</i></p>			
<p style="color: blue; font-weight: bold;">We do what we say we are going to do</p>	<p style="color: blue; font-weight: bold;">Be Responsive and Accountable, Communicate and Feedback, Support and Develop</p>			
	<p>I communicate honestly with integrity, transparency and candour when providing feedback to my staff and patients</p> <p style="color: #808080; font-size: small;"><i>Francis Report - Recommendation 2: A system which recognises and applies the values of transparency, honesty and candour</i> <i>Recommendation 5: They will be open with patients regardless of the consequences for themselves</i></p>			
	<p>I have developed and maintained two way communication channels to actively seek feedback from staff, patients and stake holders</p> <p style="color: #808080; font-size: small;"><i>Francis Report - Recommendation 173: Every healthcare organisation and every-one working for them must be honest, open and truthful in their dealings with patients and the public, and organisational and personal interests must never be allowed to outweigh the duty to be honest, open and truthful</i></p>			
	<p>I make sure I feed back on staff and patients requests and concerns including the actions taken or reasons for not acting</p> <p style="color: #808080; font-size: small;"><i>Francis Report - Recommendation 12: Reporting of incidents of concern relevant to patient safety, compliance with fundamental standards or some higher requirement of the employer needs to be not only encouraged but insisted upon. Staff are entitled to receive feedback in relation to any report they make, including information about any action taken or reasons for not acting.</i></p>			
	<p>I hold monthly one to one meetings with all my direct reports and review performance against objectives set</p> <p style="color: #808080; font-size: small;"><i>Francis Report - Recommendation 195: Ward Nurse Managers...monitor performance and deliver training and/or feedback as appropriate</i></p>			
	<p>I hold annual appraisals with all my staff, and make sure I hold myself and my direct reports accountable for our actions</p> <p style="color: #808080; font-size: small;"><i>Francis Report - Recommend 195: Ward nurse managers....as a corollary, they would monitor performance and deliver training and/or feedback as appropriate, including a robust annual appraisal</i></p>			



Leadership and Management Standards – Self Assessment Checklist

<p>We focus on what matters most</p> 	<p>Strategic and Operational Planning, Use Resources and Effectively and Efficiently, Patient Centred</p>			
	<p>I create time to engage in planning activities which incorporates feedback from patients, partners and staff to achieve service goals and overall strategy</p>			
	<p>I communicate and keep my team informed of progress with the implementation of strategic and operational plans at monthly team meetings</p> <p>I make sure patients are at the heart of everything myself and my team do, and do everything in my power to protect patients from avoidable harm ensuring the delivery of compassionate care</p> <p><i>Francis Report - Recommendation 5: Staff put patients before themselves</i> <i>Recommendation 5: They will do everything in their power to protect patients from avoidable harm</i></p>			
<p>We are one team and we are best when we work together</p> 	<p>Be Visible, Available and Accessible Build and Maintain Relationships and Working Partnerships</p>			
	<p>I make time to develop an understanding of other departments, CBU's, specialities and patient groups to make sure my work plans integrate with the needs of the patients, other departments and the wider UHL strategic direction</p> <p><i>Francis Report - Recommendation 237: There needs to be effective teamwork between all the different disciplines and services that together provide the collective care often required by an elderly patient, the contribution of cleaners, maintenance staff and catering staff also needs to be recognised and valued</i></p>			
	<p>I am visible in my area and 'walk the floor' to engage with staff and patients acting as a role model/mentor at least weekly</p> <p><i>Francis Report - Recommendation 195: Ward nurses and managers should operate in a supervisory capacity and not be office bound or expected to double up, except in emergencies as part of the nursing provision on the ward. They should know about the care plan of each patient. They should make themselves visible to patients and staff alike, and be available to discuss concerns with all...critically they should work alongside staff as a role model and mentor developing clinical competencies and leadership skills within the team</i></p>			
<p>We are passionate and creative in our work</p> 	<p>Support Innovation & Creativity to Deliver Safe, High Quality Patient-centred Healthcare, Recognise and Celebrate Success</p>			
	<p>I praise, recognise and thank staff personally on a daily basis for their contributions to delivering compassionate high quality care</p> <p><i>Francis Report - Recommendation 185 constant support and incentivisation which values nurses and the work they do through: recognition and achievement</i></p>			
	<p>I meet with my team and direct reports monthly and encourage the sharing of ideas, experiences and new ways of working</p> <p>I nominate staff for local and national awards programmes for example UHL's 'Caring at its best' Awards</p> <p><i>Francis Report - Recommendation 185 constant support and incentivisation which values nurses and the work they do through: recognition and achievement</i></p>			

If you have red or amber scores against any of the statements above, this may reflect areas requiring further development. Discuss your development needs with your line manager ensuring that agreement is reached on development actions and the approach to be taken. All development activity should be recorded on your Personal Development Plan and progress should be reviewed at monthly one to one meetings with your line manager.