

## BOARD OF DIRECTORS MEETING

<b>Agenda Item</b>	<b>P1/106/18</b>	<b>Date: 31<sup>st</sup> October 2018</b>
<b>Subject /title</b>	<b>OD Strategy</b>	
<b>Author</b>	<b>Heather Bebbington, Director of Workforce &amp; OD</b>	
<b>Responsible Director</b>	<b>Heather Bebbington, Director of Workforce &amp; OD</b>	
<b>Executive summary and key issues for discussion</b>		
<p>The Organisational Development Strategy provides a framework to deliver the core elements of organisational development and is underpinned by a strong focus on great people being at the centre of a successful organisation. Its foundation is taken from evidence based research, that supports the understanding that patient care is enhanced when staff are healthy and well, feel engaged, happy and involved with the work that they do (Michael West / Kings Fund).</p> <p>The Workforce &amp; OD Strategy is a Trust wide strategy, which touches every part of the organisation. Its successful implementation is dependent on the effectiveness and delivery of other supporting strategies, such as the Workforce Strategy, Communication and Engagement Strategy, Research Strategy and Digital Implementation Strategy. Similarly, these strategies rely on the effectiveness of an OD Strategy, aligned to the organisations values, priorities and goals.</p> <p>The OD Strategy is monitored through the Workforce &amp; OD Committee, which provides robust governance arrangements for reporting to the Quality Committee and Board of Directors. The Workforce &amp; OD Director has lead responsibility for monitoring delivery of the Strategy, however all Executive Directors have equal responsibility for ensuring the implementation of key elements of the strategy, with ultimate oversight belonging to the wider Board of Directors.</p>		
<b>Strategic context and background papers (if relevant)</b>		
Trust's Strategic Plan Research & Development Strategy IM&T Strategy Workforce Strategy (draft) Workforce plan 2018-20		
<b>Recommended Resolution</b>		
The Board is asked to approve of the OD Strategy for implementation and monitoring through the Quality Committee and Workforce & OD Subcommittee.		
<b>Risk and assurance</b>		
BAF - Developing our outstanding staff		
<b>Link to CQC Regulations</b>		
Regulation 18: Staffing Regulation 12: safe care and treatment		
<b>Resource Implications</b>		
Annual investment to be discussed at the Board and agreed as part of the annual investment plan, following discussion at Quality Committee and Finance & Business Development Committee.		

**Key communication points (internal and external)**

Trust Board  
Trust Committees  
Workforce & OD Committe  
Senior Leaders Forum  
Strategy Partnership Forum  
MAC / JLNC  
Transforming Cancer Care Programme  
Communications and Engagement  
Intranet / Extranet  
Internet

**Freedom of Information Status**

FOI exemptions must be applied to specific information within documents, rather than documents as a whole. Only if the redaction renders the rest of the document non-sensical should the document itself be redacted.

- Application Exemptions:**
- **Prejudice to effective conduct of public affairs**
  - **Personal Information**
  - **Info provided in confidence**
  - **Commercial interests**
  - **Info intended for future publication**

Please tick the appropriate box below:

X

- A. This document is for full publication**
- B. This document includes FOI exempt information**
- C. This whole document is exempt under FOI**

IMPORTANT:

If you have chosen B above, highlight the information that is to be redacted within the document, for subsequent removal.

Confirm to the Trust Secretary, which applicable exemption(s) apply to the whole document or highlighted sections.

**Equality & Diversity impact assessment**

Are there concerns that the policy/service could have an adverse impact because of:	Yes	No
Age		X
Disability		X
Sex (gender)		X
Race		X
Sexual Orientation		X
Gender reassignment		X
Religion / Belief		X
Pregnancy and maternity		x

If YES to one or more of the above please add further detail and identify if full impact assessment is required.

**Next steps**

Communication Trust wide  
Implementation plans developed and approved at the WOD Sub-Committee for monitoring and escalation to the Quality Committee.

<b>Appendices</b>
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N/A
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**Strategic Objectives supported by this report**

Improving Quality	x	Maintaining financial sustainability	x
Transforming how cancer care is provided across the Network	x	Continuous improvement and innovation	x
Research	x	Generating Intelligence	x

**Link to the NHS Constitution**

<b>Patients</b>		<b>Staff</b>	
Access to health care		<i>Working environment</i> Flexible opportunities, healthy and safe working conditions, staff support	x
Quality of care and environment	x	<i>Being heard:</i> <ul style="list-style-type: none"> <li>• Involved and represented</li> <li>• Able to raise grievances</li> <li>• Able to make suggestions</li> <li>• Able to raise concerns and complaints</li> </ul>	x
Nationally approved treatments, drugs and programmes			
Respect, consent and confidentiality			
Informed choice		Fair pay and contracts, clear roles and responsibilities	x
Involvement in your healthcare and in the NHS		Personal and professional development	x
Complaint and redress	x	Treated fairly and equally	x



The Clatterbridge  
Cancer Centre  
NHS Foundation Trust

Developing our Outstanding Staff

# CCC Organisational Development Strategy 2018-2021

*“Leadership is about setting a direction. It’s about creating a vision, empowering and inspiring people to want to achieve the vision, and enabling them to do so with energy and speed through an effective strategy. In its most basic sense, leadership is about mobilising a group of people to jump in to a better future.”*

*John Kotter*



## Executive Summary

To develop our outstanding staff, we will support our people to focus on improvement and excellence in everything they do. CCC's successes, and its current strengths, are down to its outstanding people. However, we know that remaining an outstanding organisation will require a constant focus on improving our services and on developing our people. This will be all the more important as we support staff through the major changes to ways working associated with our new clinical model. The Clatterbridge Cancer Centre has embarked on a journey of unprecedented change. Our leaders our vital to deliver the Trust's vision, values and strategy

Our organisational development strategy will therefore support our people to focus on improvement and excellence in everything they do and is grounded in, and fully aligned to our Trust values. Our Board and senior leaders are fully committed to ensuring that our values remain front and centre as it is implemented. Our Council of Governors, new staff leaders forum, and staff and patient feedback will hold us to account for this as implementation proceeds.

### **In embedding our values in everything we do, we will:**

- Promote our values through our new clinical model, including embedding multi-disciplinary team working and supporting clinical teams to develop a culture of shared responsibility and learning.
- Invest in our staff to ensure they have the right skills and knowledge to deliver outstanding care
- Embed values-based recruitment, appraisal, reward and recognition for all staff.
- Ensure that Directorate priorities and staff objectives are explicitly linked to Trust values.
- Promote 'Freedom to Speak Up' to support staff who raise concerns.
- Recognise and reward staff for innovation and achieving excellence

### **We will continue to embed a culture of quality and transparency:**

Building on the CCC approach to change management, we will adopt a consistent and standardized methodology for Quality Improvement (QI), and provide training and other support for leaders and managers across the organisation to design and implement improvements in their areas. A consistent QI approach will be particularly important in implementing the 'team working' elements of our new clinical model, giving multi-disciplinary teams a common framework and language for making improvements and applying our values in to practice.

- We will strengthen Directorate performance management through consistent dashboards and templates, underpinned by improved data quality and timeliness through our investment in data infrastructure.
- Consistent reporting will then form the basis of a trust-wide focus on transparency which will include embedding the principles of good governance throughout the organisation, training staff in risk reporting and escalation, specific consideration of risk appetite at Board level, and embedding a consistent approach to learning from mistakes.
- We will implement robust mechanisms to ensure learning is spread across the organisation, including between sites as our new clinical model is implemented. However, embedding a culture of quality, transparency and excellence is not just about managing risk and performance. It is also about:
  - Challenging ourselves to continuously improve the service we provide to our patients
  - Strong engagement must continue, indeed increase, as we move to implement change. We will therefore utilise our bi-monthly Senior Leaders Forum, to provide an opportunity for frontline leaders to share practice and to discuss any emerging concerns from their teams, as well as horizon-scanning for longer-term issues.

### **We will also focus on developing leadership at every level, through developing future leaders, for CCC and across the system and assure Talent Management:**

- Make development programmes available to leaders at all levels – including specific investment in the capacity and capability of our medical and clinical leaders.
- Ensure time for leadership development is protected and prioritised
- Introduce a consistent leadership competency framework (NHSI Developing People: Improving Care).
- Introduce regular 360 degree feedback reporting.
- Invest in electronic systems to support appraisal & talent mapping and succession planning.
- Expand links with Colleges/Universities and our apprenticeships to help “grow our own.”
- Equip our senior leaders with the skills and capabilities as system leaders

**In summary, this OD Strategy is designed to support our people to focus on improvement and excellence in everything they do. It demonstrates the significant investment the Trust wishes to make in developing our outstanding staff.**

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## **Introduction:**

CCC is committed to providing the best cancer care to our patients that we serve. In order to achieve this, it is essential to invest in the support and development of individuals, teams and departments; structures, processes and systems; and pay attention to the culture and ethos within the organisation as a whole.

The Organisational Development Strategy provides a framework to deliver the core elements of organisational development and is underpinned by a strong focus on great people being at the centre of a successful organisation. Its foundation is taken from evidence based research, that supports the understanding that patient care is enhanced when staff are healthy and well, feel engaged, happy and involved with the work that they do (Michael West / Kings Fund).

The Workforce & OD Strategy is a Trust wide strategy, which touches every part of the organisation. Its successful implementation is dependent on the effectiveness and delivery of other supporting strategies, such as the Workforce Strategy, Communication and Engagement Strategy, Research Strategy and Digital Implementation Strategy. Similarly, these strategies rely on the effectiveness of an OD Strategy, aligned to the organisations values, priorities and goals.

When talking about Leaders, the Trust recognizes the collective leadership model, that staff at all levels have the potential to be leaders whether they are in management roles or not. Collective leadership is a culture, a way of being that is supported by appropriate behaviour and competencies. This is achieved by leaders knowing what is expected of them.

The OD Strategy is monitored through the Workforce & OD Committee, which provides robust governance arrangements for reporting to the Quality Committee and Board of Directors. The Workforce & OD Director has lead responsibility for monitoring delivery of the Strategy, however all Executive Directors have equal responsibility for ensuring the implementation of key elements of the strategy, with ultimate oversight belonging to the wider Board of Directors.

## **2. Drivers of the OD Strategy**

### **2.1 Delivery of the Trust's Strategy**

The Trust's Strategy for 2018-22 focusses on six major priorities which include the below four priorities delivered via being enterprising and also maintaining excellent quality, financial, and operational performance. Taken together, they represent a major investment, transforming both the care we provide to our patients, and our leadership role in treatment and research.

**Figure 1: Strategic Priorities**



A key element of our strategy is investing in research and innovation, with the aim of transforming CCC into a ‘research active hospital.’ This will include doubling participation in clinical trials and the number of studies we sponsor, and ensuring we retain our Experimental Cancer Medicine Centre (“ECMC”) status.

This will require us to maximise our opportunities to be at the forefront of innovation, including the adoption of new clinical and digital technologies and applying innovative approaches to service delivery, all of which require the underpinning support of organisational development interventions, specifically the advancement of QI skills, to enable greater, more proactive opportunities for innovation at all levels.

## **2.2 Implementation of the clinical model of care**

The Trust’s new clinical model will allow us to provide high-quality, sustainable care, meet growing demand and expectations, integrate care and research, and maximise accessibility. Our ‘hubs’ will provide the majority of care for common cancers, significantly increasing the range of treatment which is provided closer to patients’ homes. Complementing the hubs, our new flagship hospital in Liverpool will physically integrate complex cancer care, acute oncology services, and research centres of excellence.

These changes to the way we deliver care to our patients will require system, process and structure change. It will require strong clinical and medical leadership to help shape and focus the way people work, focusing on strong multi-professional team working to deliver the most efficient models of working across multiple sites.

## **2.3 Response to organisational growth**

More than 1,200 staff are employed at the Trust, with volunteers providing additional support and services. The Trust has seen its staffing numbers grow considerably over the last 5 years, gaining a significant new cohort of staff in April 2017, as 120 Haemato-Oncology staff tupe’d across as part of a service transfer from the Royal Liverpool.

In 2020, we will be co-located with acute hospital services which will allow CCC patients swift access to medical and surgical sub-specialities where required, as part of an integrated care programme.

This will mean closer working between staff groups within the Trust and also between organisations, enabling greater sharing of knowledge, expertise and learning for all partners.

The Trust also hosts the Cheshire and Merseyside Cancer Alliance and are members of the Health and Care Partnership for Cheshire and Merseyside. Our place as a leader within the Alliance ensures that we are able to provide a strong stable base for the Alliance to prosper and build influence across Cheshire and Merseyside and wider field.

We have committed significant investment of £162m to transform our services for the building of our new hospital in central Liverpool and the refurbishment of our current hospital site. We have also committed significant investment (including £2.2m of additional staffing in 18/19) to support the delivery of common cancer care (Breast, Lung, Colorectal and Urological) closer to home wherever safe and practical, and identified additional investment of £1.8m over 3 years in our cancer research to build on our reputation and retain Experimental Cancer Medicine Centre (ECMC) status in 2022. Each of these investments has seen the organisation grow in size, complexity and influence, which will require a change to the way we organise ourselves, the way we manage and govern ourselves and the way in which we position ourselves within the system.

#### **2.4 Significant change programme**

The Clatterbridge Cancer Centre has embarked on a journey of unprecedented change. Our leaders are vital to this to deliver the Trust's vision, values and strategy. Transforming Cancer Care ("TCC") sets out a comprehensive programme of change to allow us to meet the challenges we face in providing high-quality, sustainable care into the future, in a way which meets growing demand and expectations.

This programme of change is supported by a Programme Management Office (PMO) which is responsible for supporting 4 work stream pillars of Care for the Future; Workforce for the Future; Connecting for the Future; and Building for the Future.

When talking about Leaders, the Trust recognizes the collective leadership model, that staff at all levels have the potential to be leaders whether they are in management roles or not. Collective leadership is a culture, a way of being that is supported by appropriate behaviours and competencies. This is achieved by leaders knowing what is expected of them.

The work streams are leading the delivery of a series of comprehensive change programmes to support the new clinical model of care. Quality improvement and service redesign is a key element of the change programme, which will require additional and advance support to enable real change to take place and be sustained within a new way of working.

The leaders implementing the change will require the tools, skills and support to enact the changes, ensuring all staff are involved to be able to take staff with them on the change journey. The change agenda, priorities and pace of change will also be carefully managed to avoid change fatigue. Our staff are integral to the successful implementation of the new model of care and will require significant support, training and development to enable a safe transition of services in 2020 and beyond.

## **2.5 Co-location with the Royal Liverpool and Broadgreen Hospital Trust**

The Trust's Central hub in Liverpool will be co-located with the Royal Hospital Trust, which will require greater joint working and integration of key services. This will require an understanding of the different cultures that exist between organisations and teams. It will also necessitate greater collaborative working and shared priorities and goals moving forward.

## **2.6 Culture development**

The Trust has a reputation as a good employer, however to be a top 10 employer we will need to ensure that CCC is an excellent place to work, where staff feel happy, supported and developed with clear career pathways obvious and available to them. We will only realise our ambitions if we can attract, retain and develop the best people as well as meeting the future workforce challenges which all NHS providers will face.

In striving for transforming cancer care, we know it takes many hands to deliver our services. Each of us impacts on the working lives of others in what we do for the Trust. This strategy is about developing our leaders who know this and who are committed to Transforming Cancer care because it's the right thing to do. We achieve great leadership of this kind by being good leaders first, admitting our mistakes, celebrating what we do well, supporting our leaders now and for the future, as well as purposely planning the progression routes for targeted rising stars who are excited to maximize their potential.

We will need to focus on the health and wellbeing of our staff and ensure that positive mental health and wellbeing is a priority established at Board level.

A supportive, flexible and modern workforce needs a positive culture that embraces all parts of the organisation, learning from when we do things well and doing things differently when we don't do so well. Our culture should be open and transparent where people feel comfortable to speak out and supported when they do.

We need to build on our existing culture to ensure that staff continue to feel positive and engaged. We will do this by ensuring that staff are recognised and rewarded for the work they do, underpinned through their demonstration of the Trust's values and behaviours, and their delivery of innovative and excellent patient care.

A changing organisation will have a developing culture responsive to the needs of our workforce if we are to retain the outstanding elements of what makes us CCC.

We are likely to have four sets of leaders:

1. New and developing leaders who know they are ready to develop their skills and behaviours so they can do their best they can in line with Trust values and behaviours

2. Emerging leaders who are aware of the transformation agenda they face who will need support in developing behaviours, attitudes skills and knowledge to enable them to deliver their services and responsibilities in line with trust Vision and Values.

3. Established Leaders who have a defined set of values and behaviours, are excelling in their role and are delivering a great service in line with trust vision and values and are ready to give back in support of coaching, mentoring and talent conversations.

4. Disengaged Leaders who have been there and done that. They talk their own talk and they don't get the need to change what's working for them and what they know. They are not engaged with the Trust vision.

The Trust is ready to support the first 3 leaders and need to engage with those that fall into the 4<sup>th</sup> category so we can learn why they feel this way and understand what we need to do to engage them in where the Trust is going. We want all of our leaders on board with our transformation, developing them, valuing them and the leadership plan is designed to do this and maximize potential in our workforce.

### **2.5 System Leadership challenge**

Through broadening our influence and leadership both locally and more widely, the Trust must play a key role in system collaboration and implementation in order to continue to deliver the best care for our patients. To do this, we will need to work with our partners across the whole cancer pathway to deliver improved integration and efficiency for the benefit of all of our patients, current and future.

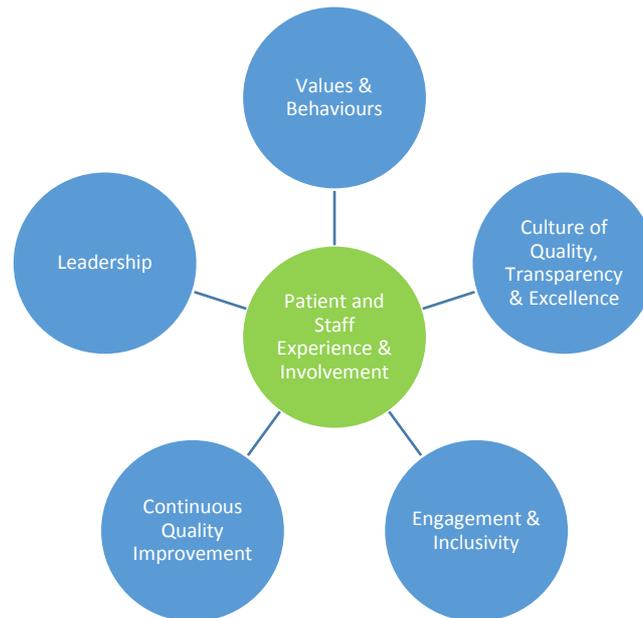
Becoming a system leader will require the development of system leadership thinking if we are to realise our ambitious plans to transform cancer care and to position the trust as a system leader across Cheshire and Merseyside. This in turn will contribute to the long term success of the Cheshire & Merseyside population outcomes and economic regeneration.

Each of these drivers are intrinsically linked, yet bring their own set of challenges to the Trust. Bringing them together creates a real sense of change and development for the Trust.

## **3. OD Framework**

The OD Framework is made up of five key elements as show in figure 2 below

**Figure 2: OD Framework**



The Framework is intended to look holistically at the organisation and how it functions, its teams and ways of working, and its people, their behaviours and development needs. However, at the heart the OD strategy lies patient and staff experience and involvement, placing great emphasis on the reason the organisation exists, which is to provide safe, effective high quality care to our patients and in doing so, to provide a healthy, positive working environment for our staff.

### 3.1 Values and Behaviours

Our values describe who we are, how we operate and the type of NHS organisation we want to be.

Our Values are:

**Putting people first**

**Achieving excellence**

**Passionate about what we do**

**Always improving our care**

**Looking to the future**

These values are widely recognised by our staff, which is reflected in our national and local Staff Survey results. However, we need to test this with regular evidence that our values are demonstrated in the successful delivery of our vision, strategy and everyday behaviours. We will do this by regular review over the next 12-18 months to ensure best fit with our new integrated services.

**We will therefore focus our development on:**

- i) Ensuring a strong Board focus on leadership, championing collective leadership and partnership working. The Board will be role models and custodians of our Trust values and behaviours.

- ii) Ensuring our values based Trust Strategy is linked to organisational and individual goals and priorities. We will create an enhanced safety and quality culture, ensuring value based decision making sets our priorities and operational delivery through our business planning framework. Staff objectives will be clearly linked to the Trust values.
- iii) Encouraging openness, integrity and transparency through promoting 'Freedom to Speak Up' (Kings Fund). We will learn from other initiatives, such as adopting specific principles from having a 'Just' culture (Mersey Care NHS Foundation Trust) and build on our existing culture to ensure speaking up is encouraged and supported, mainly through our new senior leaders forum.
- iv) Developing greater multi-disciplinary team working, where staff come together to share responsibility and learning and we ensure that people are enabled to do what only they can do, utilising people's skills and experience to best effect and impact.
- v) Embedding our values through competency based recruitment, and through the complete employment cycle. This will include focus at appraisal, within leadership development programmes, through coaching and as part of our succession planning and talent management programmes.
- vi) Enhancing our values based reward and recognition scheme, ensuring that staff who evidence innovation and excellence are recognised and thanked, using technology to help support real time reporting of innovation and best practice. We will reward staff who demonstrate positive behaviours against the Trust values and ensure compassion and caring is celebrated widely and openly across the Trust.

### **3.2 Continuous Quality Improvement and Culture**

The Trust has a highly innovative clinical workforce recognised for its best practice. It also has an ambitious strategy to improve patient and carer experience, involvement and outcomes. In addition to the day to day quality improvement initiatives, it is also undertaking a significant transformation of care delivery, including the building of a new cancer centre, managing the integration of haemato-oncology and rolling out care closer to home. These ambitions plans will mean that every member of staff will be affected by the transformation of cancer services within the next 3 years.

In order to achieve the volume and scale of change that is required to deliver the new ways of working on schedule, we will need to develop our approach to quality improvement to ensure consistent high standards across the change programme. We will need to equip our teams with the tools and skills to lead change and empower them to implement change.

#### **We will therefore focus our development on:**

- i) Horizon Scanning; to be at the forefront of new thinking and innovation.
- ii) Adopting a consistent methodology for Quality Improvement. We will do this through the universal adoption of an agreed methodology for quality improvement and project

management. This will be led by the Programme Management Office and rolled out consistently through mandatory training for all staff. We will further roll out the principles of change management, utilising Kotter's 8 stage process of change management to ensure a consistent approach to people change. We will also engage with local and national partners to ensure maximum learning and to share best practice and progress.

- iii) Aligning Quality Improvement to the Trust's Strategic Objectives. This will mean that all quality improvement initiatives should be supporting and helping to deliver the Transforming Cancer Care work stream programmes, supporting delivery of the Trust's Quality Strategy and working in conjunction with the Trust's Workforce Strategy.
- iv) Equipping leaders with the skills to drive Quality Improvement. This will require the introduction of a dedicated programme of QI up-skilling and embedding QI within current mandatory training schedules and leadership programmes.
- v) Improving data to drive evidence based improvement. This will require greater utilisation of patient feedback and improved use of quality performance measures.
- vi) Embedding a 'lessons learnt' culture and enhancing shared learning within teams and across the wider Trust, as defined in section 3.2 above.
- vii) Developing a clinical education strategy which will support continuous improvement.

### **3.3 Culture of Quality, Transparency and Excellence**

As an outstanding organisation, the Trust identifies with quality, transparency and excellence as being at the core of who we are and what we do. It is therefore important that we continually encourage an open and transparent culture, where staff feel confident to raise issues, and that people learn from their mistakes and are able to share their experiences openly with each other.

To achieve this, we need to be able to talk about issues comfortably and escalate risk where appropriate. We need to create an environment where everyone feels that they are on a continuous journey of quality improvement and learning is a natural process for everyone.

We need senior leaders who are prepared to expose and manage 'dilemmas' (Kings Fund); we need a truly embedded improvement and recognition culture, with accurate and timely real-time data intelligence to measure outcomes. We also need to build our robust risk management and escalations processes and ensure they are embedded within a strong governance framework.

#### **We will therefore focus our development on:**

- i) Investing in Board development time to explore the appetite for risk, working with the Kings Fund to examine the task of leadership when rated an outstanding Trust. We will explore how uncomfortable we are prepared to be in surfacing dilemmas and how we deal with exposure to being uncertain about the outcome.

- ii) Embedding the principles of openness and transparency in our Floor to Board reporting. This will mean ensuring effective management of the Board Assurance Framework (BAF) and embedding the principles of good governance and risk escalation throughout the organisation.
- iii) Strengthening Directorate performance management and performance reviews by implementing consistent dashboard reporting templates and improving data quality and timeliness of data receipt.
- iv) Training people in risk reporting and escalation of risk.
- v) Developing a performance improvement culture, where Quality Improvement methodologies are used to reduce variation and waste (*Carter*)
- vi) Learning when things go wrong and from our mistakes. This will mean building on our existing strong reputation for incident reporting, further investment in Human Factors thinking and driving patient safety improvement through the robust management and control of Never Events (NHS England, Revised Never Events Policy and Framework, 2015).

### **3.4 Engagement and Inclusivity**

We know that positive staff engagement equals enhanced patient care, research carried out by Professor Michael West that is widely accepted within the NHS.

West states that:

***“Employee engagement emerges as the best predictor of NHS trust outcomes. No combination of key scores or single scale is as effective in predicting trust performance on a range of outcomes measures as is the scale measure of employee engagement.”***

Also:

***“Patient satisfaction is significantly higher in NHS trusts with higher levels of employee engagement.” (West)***

The Trust’s Staff Survey scores indicate positive staff engagement (3.96 Staff Survey engagement score 2017). We have processes in place to share and receive information and have carried out a series of honest conversations with key staff groups to better understand what information and support staff need. We also have a recently established representative group of clinical and non-clinical leaders that will regularly come together to share information and learn from each other.

However, we know that our communication channels could be improved and our Staff Survey results tell us that staff do not feel as involved in decision making as they would like to be. We also know that leaders feel they lack time to share best practice and to be able to learn from each other.

It is also recognised that leaders at every level could be more visible across the organisation and also the wider regional and national NHS system; a challenge that has become more apparent as the

Trust has grown in size and complexity. We also recognise that in locating our central hospital hub in the centre of Liverpool, we will need to enhance our inclusion and diversity policies further to ensure we are reaching out and touching all groups of people within our communities.

This will require system-wide collaboration, with the CCC at the heart of system leadership. We will need to develop ourselves further as a global brand, sharing our success and spreading great practice more across local, regional and national boundaries.

**We will therefore focus our development on:**

- i) Developing a compelling shared strategic direction, where the Trust's vision is widely understood and staff are able to recognise the shared vision and how they can contribute to the delivery of operational priorities and goals. We will also focus on building stakeholder engagement in our vision at a system level.
- ii) Building collective and distributed leadership, enabling all staff to reach their leadership potential through inclusive Leadership Development plans
- iii) Adopting supportive and inclusive leadership styles, through the use of coaching and mentorship programmes, increasing our investment in Senior Leaders at all levels (clinical and non-clinical)
- iv) Equipping our staff with the tools to lead service transformation and creating time and opportunity for innovation and improvement. We will develop a consistent approach to Quality Improvement and provide support and advice to managers and staff involved in change management.
- v) Recognised as world-class in staff and patient engagement, ensuring that patient feedback continues to be listened to and that the key themes from the staff survey are prioritised and acted upon and proactively promoted.
- vi) Demonstrate compassion, understanding and support for staff who struggle with the pace of change, utilizing resistance as data that can inform and possibly reshape our vision and priorities.

**3.5 Leadership Capacity and Capability**

The Trust has invested significantly in leadership development over the last 5 years, providing access to national leadership programmes and supporting internal and external development programmes up to masters and PHD level. We also run an internal leadership development programme, aligned to an accredited ILM qualification, aimed at developing junior to middle managers.

In 2015, a coaching programme was rolled out across the Trust, which invested in the development of an internal coach bank, offering coaching opportunities to all levels of staff. In addition, in 2016, the medical workforce and senior leaders benefited from the concept of Professor Steve Peter's

'chimp paradox', which is a psychological mind management approach to help achieve success, happiness and confidence.

The Trust has adopted the Healthcare leadership competency model and has trained staff as 360 degree feedback facilitators. 360 degree feedback is used for individual and team development purposes and the Performance Appraisal and Development Review (PADR) process is designed to identify leadership development needs.

Although significant effort and progress has been made to develop our leadership capacity and capability, there remains room for development, including our approach to talent management and succession planning and creating a more structured approach to leadership development across the disciplines.

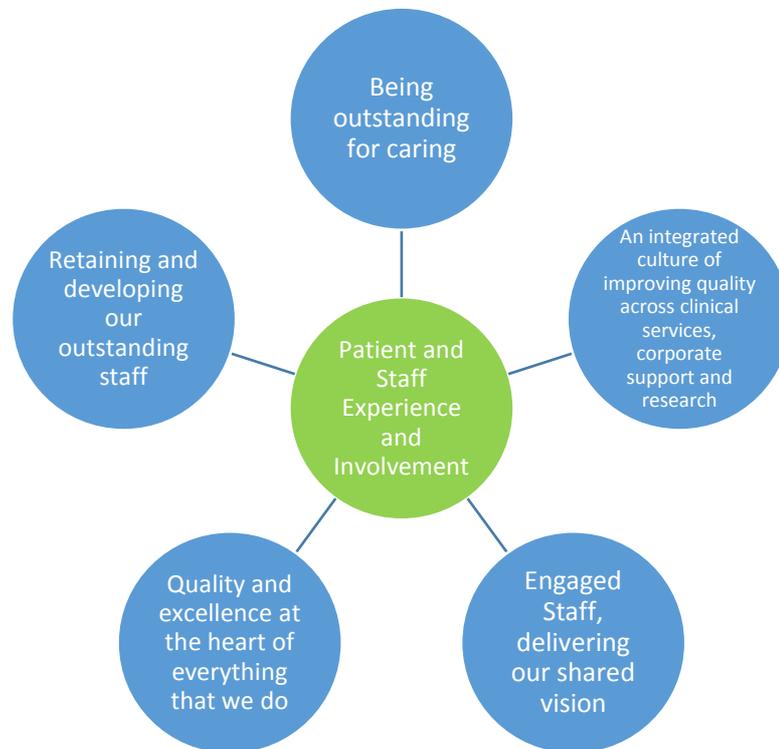
**We will therefore focus our development on:**

- i) Developing compassionate and authentic leadership. To achieve this, we will introduce a consistent leadership competency framework (*NHSI Developing People: Improving Care*), and will use the framework to drive our leadership recruitment, review and development programmes. We will also introduce regular 360 degree feedback reporting as part of our annual PADR process for all senior leaders.
- ii) Developing leaders to adopt a coaching style of leadership, which is recognised by staff as supportive yet challenging. We will embed the benefits of inclusive leadership and delegated decision making in our leadership programmes and enable teams to develop their collective leadership approach through team coaching.
- iii) Developing our ability for system thinking, linking with AQuA and the NHS Leadership Academy to tap in to local programmes to support the emerging shift in system thinking. We will also work with our partners in the Cancer Alliance to develop and utilise skills within the alliance system.
- iv) Developing leadership at every level, making internal programmes available for all leaders and ensuring that external programmes are highlighted to our staff at their annual PADR. We will also invest in the capacity and capability of our medical & clinical leaders, securing time in their job plans to play an active leadership role.
- v) Managing talent and providing clear succession plans. We will enable the Directorates to create robust workforce plans that identify key areas for succession planning, providing the data and intelligence to support retention, recruitment and attraction plans. This will require the development and clarity of career pathways, which will be developed for each of the clinical and corporate staff groups. We will invest in electronic systems to support appraisal & talent mapping, which will enable us to grow our own talent and identify opportunities for introducing apprenticeship schemes and new and advanced roles.

## 4. Outcomes

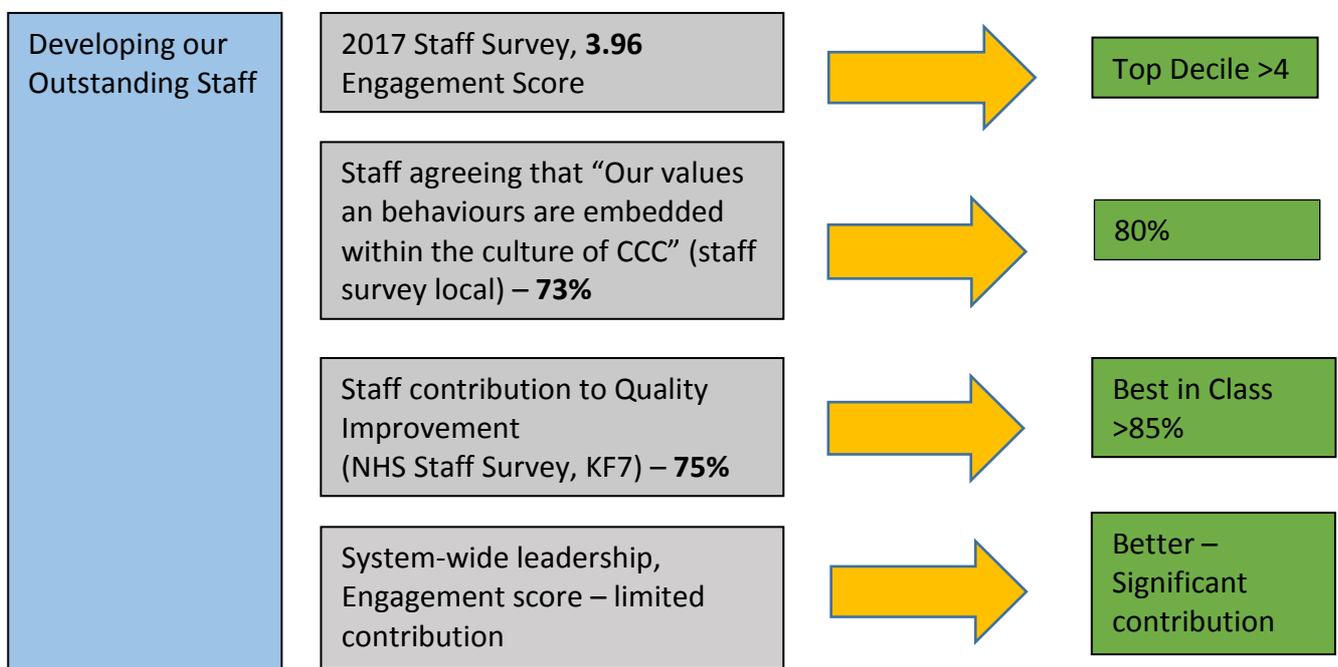
The successful delivery of the OD Strategy will be defined by key outcome measures, which will be monitored through high level KPIs reported at Board level. The OD Strategy outcomes are described within the OD Framework below, figure 3:

**Figure 3: OD Framework Outcomes**



We will track implementation of this strategy through a small number of ‘headline’ metrics, reported to the Board, underpinned by more detailed reporting within each of the 5 key areas above and reported to the Workforce and OD Committee.

**Figure 4: Board Key Metrics**



## 5. Priorities

As indicated throughout this Strategy, the Trust has an ambitious strategic plan to deliver considerable change over the next 3 years. Therefore, the organisational development that is required, and which is set out within this strategy will need to be prioritised to enable manageable delivery over the 3 year span of this strategy.

To support this, the Board of Directors, Senior clinical leaders, Senior managers, Trade Unions, the Programme Management Office and the Workforce & OD team have been involved in both shaping, and prioritising the top key areas of focus for delivery to ensure the maximum impact over the first 12 months of this strategy.

This means that in year 1 of this strategy, specific focus will be made on:

- i) Equipping leaders with the tools, capacity and skills to effect change and to integrate services.
- ii) Developing consistent methodologies and a standardised approach to continuous quality improvement and change management.
- iii) Ensuring that structures, systems and processes are fit for 2020 and the opening of the central hub in Liverpool, including the further development of SRGs and establishment of greater team working.
- iv) Investing in a programme of development to support a culture of openness, transparency and learning (Kings Fund).
- v) Ensuring all leaders are supported in their leadership roles, whether through coaching, mentorship or having capacity and time to lead the change agenda.
- vi) Developing leadership skills for middle and senior managers as part of succession planning and talent management processes.
- vii) Utilising the Trust's Values and Behaviours as the central driver for designing and delivering innovative retention, recruitment and attraction, strategies, linked to the Trust's strategic priorities and operational goals.
- viii) Celebrating success through advanced branding, improved communication and rewarding innovation and excellence.
- ix) Enhancing leader visibility from 'Floor to Board'
- x) Preparing staff for change and equipping them with resilience to deal with emotional loss.
- xi) Focusing attention on staff health and well-being, particularly around mental health and wellbeing

It is critical that we align our access to programmes against Trust priorities

## 6. Resources

In order to deliver this strategy; time, energy and commitment to the OD agenda will need to be assured at all levels, if outcomes are to be realised and a successful transition to the new clinical model of care achieved. This strategy will be driven by the Executive Team and senior leaders. However, there is recognition that specific investment and resource will be required to deliver the

priorities successfully within the lifespan of the Transforming Cancer Care Programme and within the 3 year strategic planning cycle. The Directorate support to deliver this agenda is not set out with this strategy document, but will be addressed via the annual business planning cycle.

The current professional OD resource to support the OD agenda lies within the Workforce & OD Directorate, the IM&T Directorate and the Trust's PMO. In addition, specific programmes of work have already been commissioned, relating to the Kings Fund work to support a culture of openness, transparency and excellence, and investment through the Apprenticeship fund to enable the internal leadership programme to run. The Trust also pays an annual fee to AQuA, who provide generic and bespoke learning and development courses, including human factors, leadership and QI training. Support is also provided through the NHS Leadership Academy, which the Trust pays an annual fee to be a member of.

Finally, the Trust has a learning and development budget which is devolved to the Directorates and Corporate Departments and the Workforce & OD department hold a small budget for corporate learning and development initiatives, such as coach training. However while these individual budgets allow for some on-going organisational development, it is recognised by the Executive that they will not be sufficient to deliver the cohesive strategy.

The Board has recently invested in greater OD resource, with the introduction of an additional post within Workforce & OD (Workforce Transformation Manager in 2018/19) and additional investment to enable support from the Kings Fund, recognising the need for enhanced OD support to deliver the TCC programme. However, the overall resource to deliver the OD strategy is considered in need of review, if the aims and priorities within this strategy are to be realised. It is there proposed that additional resource of £100k p.a. for the next 3 years will be earmarked to deliver the OD strategy.

## 7. Conclusion

The aim of this strategy is to provide support and development to our people to enable them to focus on improvement and excellence in everything they do. We believe that in doing so, the Trust will continue to prosper and high quality, safe patient care will remain at the core of who we are and what we do.

Much progress has been made already on individual initiatives across the Trust, including the development of an internal leadership programme, the review of existing governance structures and the implementation of board to floor reporting. However, there is a recognition that this work needs to fit within one strategy and become progressively embedded in day to day activity . This strategy will drive forward the organisational development agenda and focus the Trust on the key areas of improvement in a supported and controlled way.

We as leaders will enable this to happen by equipping our people with the tools and skills to own and drive forward the change ourselves.

**“Change will not come if we wait for some other person or some other time. We are the ones we’ve been waiting for. We are the change that we seek”.**

Barack Obama