1. Introduction
This Organisational Development (OD) strategy will support the achievement of Hertfordshire Partnership Foundation Trust (HPFT) purpose, mission and vision. The strategy sets out the direction for the development of the organisation in order to deliver on its strategic plan for the next five years as well as supporting the Trusts ambition for going from Good to Great.

It represents an on-going journey for the Trust after the successful four-year period of the previous OD Strategy in which we delivered an ambitious transformation programme with significant investment in services and facilities improving the customer experience. During this time, the Trust received a rating of ‘Good’ from the CQC and reported the highest rating of staff motivation across Mental Health Trusts in the 2015 and 2016 National Staff Survey.

1.1. Our Purpose and Mission
Our mission is “We help people of all ages live their lives to their full potential by supporting them to be mentally and physical well”. Everything we do is aimed at providing consistently high quality, joined up care, support and treatment that:

- Empowers individuals to manage their mental and physical wellbeing
- Keeps people safe from avoidable harm
- Is effective and ensures the very best clinical and individual recovery outcomes
- Provides the best possible experience

We do this in partnership with individuals using our services, their families and/or carers, local communities and other providers and agencies.

1.2. Our Vision
Our vision has been co-created with our service users, carers, staff, commissioners and the wider communities we serve have informed a simple but ambitious vision, “Delivering Great Care, Achieving Great Outcomes – Together”

Achieving our vision means:

- Putting the people who need our care, support and treatment at the heart of everything we do - always
- Consistently achieving the outcomes that matter to the individuals who use our services, and their families and carers, by working in partnership with them and others who support them
- Providing the very best experience of joined-up care in line with what service users and carers have told us makes ‘Great Care’.

1.3. Our Values
Our values define us and are at the heart of how we go about delivering our mission. The values and behaviours have been co-produced by service users, carers and staff, and will underpin the OD strategy.

Our Values

1 ‘Customer is a term that was jointly agreed in our values programme to include staff, people who use our services, their families, partners and commissioners.'
1.4. Our Good to Great Strategy

To become ‘Great’ we have to go further, focusing on those things that will help us to make a difference in the next 5 years. These areas are summarised below:

- People who have the right skills and values
- Leaders who involve and empower
- A workplace where people grow, thrive and succeed
- Always getting the basics right
- Always learning, innovating and improving
- Leading in our use of information and technology
- Leading networks to deliver great joined-up care
- Building great relationships and partnerships to meet the whole person’s needs
- Making sure service user & carer experience is the best it can be
- How we improve the staff experience
- Looking for opportunities for improvement and innovation
- Challenging ourselves to make sure everything we do is adding value; that we are focused on the outcomes that matter to those we serve, and using the money we have and people’s time productively to make the biggest difference possible
- How we can develop relationships and partnerships that help us better meet the needs of the local populations we serve
This OD strategy is written in the context of delivering the Trust “Good to Great Strategy”, which has been co-developed with the key stakeholders. Set in the backdrop of NHS Five Year Forward View – the implementation of which is outlined at a footprint level by the sustainability and transformation plan (STP). Our services fall within Hertfordshire & West Essex, footprint. The local STP plan’s will help the organisation prepare and adapt to the changes this initiates and build the capabilities to continuously improve population health, care for our service users and ensure value for money.

1.5. The OD strategy will be delivered through annual OD plans which will be reviewed by the Executive team and the Board to ensure that they are fit for purpose and support the Trust aspirations as outlined in the Good to Great Strategy.

2. HPFT Approach to OD

Since 2012, HPFT has adopted DeWaal (2007) model which focuses on factors that contribute to a high performing organisation, this model is still fit for purpose and it is recommended that it be retained.

3. Context

3.1. The OD Strategy and interventions are set in the context of the following changes:

- The Five Year Forward View delivered through Sustainability and Transformation Plans (STP) – with the focus on population health and placed based commissioning of health care provision.

- The Mental Health Five Year Forward View, Crisp Review and New Models of Care – with the focus on delivering more joined up care around individuals and beginning to break down the artificial divide between mental and physical wellbeing.

- Continued financial challenges

- Technological advancements in way care can be delivered and better information solutions to drive improvement and reduce variation in practice.

- Increased regulator control and oversight and more external imposed target, monitoring and reporting requirements.

3.2. In the development of this strategy, a gap analysis was undertaken based on this approach; considering the implications of external factors within the NHS. The internal factors, which are the requirements of the Trust Good to Great Strategy, the output of the collective leadership, the feedback received from employee
engagement processes and service user feedback.

3.3. As stated earlier there are a number of key national strategies for the NHS and more specifically for mental health and learning disability services that informs the Trust Strategy and consequently the OD Priorities. These are summarised below:

3.4. Five Year Forward View and Sustainability Transformation Plan (STP)

The delivery of the NHS Five Year Forward View is primarily through sustainability transformation plans have been developed for different footprints across England. These plans include new models of care and increased integration. There will be different models of commissioning and closer working with other organisations and providers across the region. It is planned that by the end of the lifespan of this strategy that there will be joint budgets for health and social care.

3.5. Local STP – ‘A Healthier Future’

In Hertfordshire and West Essex, councils, health and ambulance services, GPs, patient representative groups and the voluntary and community sector have produced a delivery plan for the next five years. The drive is to promote wellbeing, give patients equal access to high-quality care, prevent ill-health and to ‘work hand-in-hand with patients, carers and citizens’ to reduce the predicted funding gap for the region. What this will mean for HPFT is that there will be increased partnership working in the community, within integrated local teams; more flexible working: treating patients in a variety of settings; more emphasis on promoting good health and helping patients to manage their own conditions and increasing use of technology to support service delivery.

3.6. The ‘Mental Health Five-year Forward View

The Mental Health Five Year Forward View (MHFYFV) looks to deliver a 7 day NHS getting the right care in the right place at the right time, improving access for people in need. In addition taking an integrated approach to mental and physical and social care needs. The MHFYFV clearly defines a more proactive approach to the prevention of mental health and a focus on early intervention and emphasis on stable employment and housing to support individuals live fulfilling lives.

3.7. Transforming Care – Learning Disability Services

Transforming Care is a national programme of work transforming how care is delivered to people with learning disabilities and or autism. Care will be focussed on supporting people with a learning disability to live at home in their community. Delivering this agenda will include new models of delivery, closure of beds, closer working between different providers and agencies and the integration /alignment of adult and children’s learning disability services.

3.8. Collective Leadership

The Trust commissioned the Kings Fund and Professor Michael West, to support them under take a comprehensive assessment of the Trust current culture by using the collective leadership model with the aim of establishing the ideal culture to enable an organisation to provide high quality continually improving and compassionate care.

3.9. Good to Great Strategy

The Good to Great Strategy has been co-developed with key stakeholders and is summarised at section 1.4.

This strategy is designed to support our Good to Great Strategy, and should be read in conjunction with the Service Delivery & Quality Strategy, and the Physical Health Strategy.
4. Organisational Development Strategy

4.1. The OD Strategy outlines how the organisation needs to develop itself to deliver Good to Great. Based on a review of what needs to be delivered and the current position, it sets out a series of planned activity that develop the organisational (as well as individual) competencies of the Trust. This includes embedding the desired culture, ensuring an effective workforce and developing enabling systems and processes. OD is a ‘live’ process and identifies changing priorities and needs proactively. As such the deliver plans will be reviewed and re-prioritised annually based on new information available.

Our previous OD strategy had four key themes: -

- **Culture** – establishing the workforce culture fit to deliver all our expectations
- **Customer Experience** – customers (those who use the services of HPFT) being the heart of everything we do and the reason for these actions.
- **Leadership** – building the leadership capacity and capability to ensure we can deliver these actions
- **Organisational Effectiveness and Design** – making sure we have the right structures, systems, processes and functions to enable the workforce to deliver these actions.

These four focus areas have been reviewed and on the whole, they remain relevant for enabling the delivery of “Good to Great”. These strategic themes are cross cutting and are required to be prevalent in areas of work throughout the Trust to deliver the cultural change, and ensure that great care and great outcomes are delivered on a consistent basis. Through this review an additional theme has been added to the revised OD Plan 2017 – 2020. An additional fifth theme detailed below has been introduced.

- **Staff Experience & Capability** – recognising that there are core skills required of all staff to be successful and to get the most from our people we must continue to invest in their experience at work and their health and wellbeing.
4.2. Engagement approach within the Trust

Supporting the five themes, will be our engagement strategy. Within the Trust there is an agreed approach to employee engagement, which moves beyond two way communications and moves into the sphere of realising the potential and discretionary effort of the workforce. It is recognised that ensuring that our workforce is engaged is the key to successfully unlocking employee potential to increase organisational performance.

4.3. The agreed model of engagement within the Trust is the integrated model of employee engagement from Holbeche, & Mathews this model connects four areas between individuals and the organisation.

- **Connection** – (which is about identification with the organisation, its value and its core purpose ‘the why’). To what extent is there a strong feeling of a sense of belonging with the organisation, both in terms of sharing the same beliefs or values and in an individual’s readiness to follow the direction of the organisation.
- **Support** – (which is about the vital role of line managers). The practical help, guidance and others resources provided to help people do a great job. Ensuring that managers support both in good times and in bad times.
- **Voice** – (which is about the opportunity to be involved and contribute). The extent to which people are informed, involved and able to contribute to shaping their work environments.
- **Scope** – (which is about creating the environment to thrive and flourish). Giving the opportunity employees have to meet their own needs grow and develop, to have control over their work. This is reliant on mutual trust which is under pinned by meaning and purpose.

The OD interventions will support the agreed engagement approach and ensure that these encourage the workforce within the Trust to release potential to ensure we maximise performance.
5. OD Gap analysis

5.1. The gap analysis was undertaken which reviewed the external, internal factors as well as reviewing the outcomes of the PESTLE. Summarised below are the key themes, given the fast pace of change within health and social care it is recommended that a gap analysis is carried out on a regular basis to ensure that OD delivery plan is prioritising the right actions.

<table>
<thead>
<tr>
<th>Gap</th>
<th>OD theme</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understanding Population based health impact on current services, skills and organisational design to deliver</td>
<td>Leadership, culture and organisational effectiveness and design.</td>
<td>Alignment to Service Delivery and Quality Strategy – STP, and national policy.</td>
</tr>
<tr>
<td>Impact of place based commissioning</td>
<td>Organisational Design</td>
<td></td>
</tr>
<tr>
<td>New models of care both – structure, form and function</td>
<td>Leadership, culture and organisational effectiveness and design.</td>
<td>Impacted by STP deliver plans and national policy.</td>
</tr>
<tr>
<td>Leadership – system thinking, alliance building, developing and nurturing proactive relationships</td>
<td>Leadership, culture, staff experience &amp; capability</td>
<td></td>
</tr>
<tr>
<td>Integrated pathways approach to care</td>
<td>Leadership, culture, staff experience &amp; capability, organisational effectiveness and design</td>
<td>Alignment to Service Delivery and Quality Strategy – Physical Health Strategy and STP locally.</td>
</tr>
<tr>
<td>Prevention, and early intervention, health coaching and engendering a new relationship with patients, service users re co-owning health and social care needs.</td>
<td>Leadership, culture, staff experience &amp; capability, organisational effectiveness and design</td>
<td></td>
</tr>
<tr>
<td>Continuous improvement and Quality improvement – mind-set and skills embedded throughout the Trust.</td>
<td>Leadership, culture, staff experience &amp; capability, organisational effectiveness and design</td>
<td></td>
</tr>
<tr>
<td>Clarifying the culture within the Trust following Collective Leadership work</td>
<td>Culture, leadership, staff experience &amp; capability</td>
<td></td>
</tr>
<tr>
<td>Ensuring leadership skill set empowers, engages and involves staff</td>
<td>Leadership, culture and staff experience and capability</td>
<td></td>
</tr>
<tr>
<td>Reviewing of systems and process, to encourage freedom to act and develop services</td>
<td>Leadership, culture and organisational effectiveness and design.</td>
<td></td>
</tr>
<tr>
<td>Embracing technological advancements to deliver care differently, both in locations and delivery</td>
<td>Leadership, culture and organisational effectiveness and design.</td>
<td></td>
</tr>
<tr>
<td>Increased regulatory oversight, external imposed targets, monitoring and reporting requirements.</td>
<td>Leadership, culture and organisational effectiveness and design.</td>
<td></td>
</tr>
</tbody>
</table>

6. OD Programs of Activity

In delivering these requirements, it is appropriate to continue to focus OD activities under the existing headings of “culture, customer experience, leadership and organisational effectiveness and design” (which includes system and processes). An additional focus areas
of “staff experience and capability” has been added in this phase of OD as it is recognised that to deliver the strategy a new set of skills and behaviours are required for our workforce.

These focus areas are described in summary overleaf and detailed in section 8 of the OD strategy building on the following:

### 7.1 Culture

The Trust has a strong foundation of values and a framework of behaviours. The new OD Strategy represents the ongoing journey of further embedding these. To deliver to the next level, there will be a focus on the specific behavioural expectations to drive service improvements and innovation, use of technology in health and collaboration.

The evidence base of collective leadership has also outlined the optimal cultural indicators that lead to safe and effective services.

### 7.2. Customer Experience

When referencing customers in the context of the OD Strategy, we are including all stakeholders (as agreed by our Customer Focus Group in 2014),

The people who use our services are at the heart of our strategy. Their experience and our service outcomes remain our core purpose. The staff experience is equally important in ensuring sustainability of service delivery.

An important development for the organisation is forming of strong partnerships in the system, working in integrated pathways, partnerships and alliances.

### 7.3. Staff experience & capability

Our workforce needs to be equipped to deliver the strategy. There are a set of skills and attributes that are required of all staff to strengthen the required culture.

To maximise the contribution of our employees the organisation needs to continue to proactively support activities that improve health and wellbeing and employee satisfaction.

### 7.4. Leadership

There is a clear expectation from NHS Improvement of the leadership characteristics required to deliver the NHS 5 Year Forward View and close the predicted spending gap. (As outlined in ‘Developing people – improving care.’) The national framework shares the same evidence base as the collective leadership model, which the Trust used to inform the OD Strategy.

There will be increasing opportunities to develop leadership across organisational boundaries that will require systems thinking to be successful.

### 7.5. Organisational Effectiveness and Design

Systems and processes support the desired culture in the way that they influence behaviour
and facilitate the desired infrastructure (governance, communication and decision making.) In addition, efficiency and productivity is influenced by the appropriateness of value adding systems, processes and technology.

In the recognition of the requirements to work more closely with partners across the system and to ensure efficient, productive and effective services, there are likely to be changes in organisational design. The readiness to such change has been considered in developing competencies and leaders to be responsive as required.

The structure of the organisations deliver

8. OD Delivery Plan

The Organisational Development Strategy will be delivered through prioritised and targeted annual objectives. Appendix 2 outlines the planned activity for 2017 - 18. This will be updated each year as part of the annual planning cycle and monitored through Workforce and Organisational Development Group. The Board will also receive assurance of progress against plans through the quarterly Workforce and OD Reports.

The workforce strategy will be updated to deliver the OD priorities, including: plans for leadership development, engagement, talent management and recruitment and retention.

9. Success of the OD Strategy

The ultimate success of the OD Plan will be in the delivery of the Trust strategic intentions delivering sustainable Great Care Great Outcomes. Progress will be monitored through evaluating measures set for each of the activities identified. In addition, at an organisational level, the Trust dashboard and workforce data reported to Board will be used for evaluating culture change, service user and staff satisfaction levels. For example:

- Employee satisfaction through pulse survey responses to ‘levels of engagement’
- Cultural index
- Annual staff survey results (engagement, satisfaction and leadership)
- Community survey
- WRES
- CQUIN (Health and wellbeing)
- Friends and family tests

10. OD Strategy 2017 – 2020 Summary

The diagram overleaf is the high level OD strategy (on 2 pages). It outlines the intended activities under each of the key focus areas at the time of developing the strategy. It has been produced with involvement from the Executive Team and Senior Workforce and OD Leads. The content has been informed through the review of trust wide engagement feedback data in the gap analysis phase.

OD is a live process and as such is regularly reviewed and re-prioritised based on new emerging organisational priorities and new data.

11. OD Year one action plan 2017-2018.

This strategy is supported by year one action plan that outlines the specific interventions that will be commissioned and delivered to support the Trust as we move forward on the Good to Great journey.
### Our Culture
- Our Service Users are at the heart of everything we do – we will ensure we get the basics right first time, every time. We will work with our service users, carers and other partners to ensure the way we work supports the individuals recovery journey.
- We work embracing the principles of collective leadership.
- There is a culture of safety at every level – embedding human factors.
- A values led organisation.
- We are continuously looking to improve the way we deliver healthcare and the way we do our jobs – Improving efficiency.
- We use every opportunity to look at innovation and creativity in the way deliver healthcare. We use research to support us with this.
- Our staff will be empowered to make decisions and changes to

### Customer Experience
- At the heart of the way we will work with our Service Users, carers and partners will be the ethos of co-creation embedding the principles of recovery.
- The way we deliver services will value and respect the time constraints of those using services.
- We will ensure service user/carer involvement. (Gold triangle)
- Key outcomes of clinical strategy delivered
- We will focus on supporting the staff experience to provide them with the resources required to deliver their work.
- Health & Wellbeing strategy delivered
- Further develop our partnerships (University, Herts Community, others)
- Respect for equality and diversity
- Work with commissioners to develop and deliver the service

### Staff Experience & Satisfaction
- Development of management skills and capability to deliver e.g.
  - Team working
  - System leadership
  - Giving feedback
  - Coaching
  - Creating clarity & purpose
  - Manageable workloads
  - Improvement skills
  - Driving change
  - Unconscious bias
  - Resilience
  - Negotiating and Influencing
  - Project Management
- Developing workforce on principles of continuous improvement & innovation.
- Recruitment, retention & reward aligned to delivering good to great and cultural change.
- Valued learning and development offering and CPD
- New ways of working and new skills to deliver integrated

### Leadership
- Leadership strategy which address, capacity, capability and leadership style as per output of collective leadership work outlined for all levels of leaders.
- Coaching skills for all leaders
- Learning from events
- Engaging the workforce to deliver great care great outcome.
- Equality & Diversity
- Encouraging Team working and cross boundary working
- Inspirational leadership
- Creating fellowship
- Talent & Succession management
- Customer experience
- Collaborative working
- Workload management
- Matrix working
- Maximise involvement and opportunity from the national leadership programmes, alliance and STP
- Delivering the outputs of collective leadership work

### Organisational Effectiveness and Design
- Engagement of staff and stakeholders
- There is clarity around people’s scope of decision-making, control and accountability.
  - Scheme of delegation
- Further develop service line management within Trust.
- Earned autonomy clarity on what this means in new changing external regulation.
- Effective two way communications channels are in place across services, linking board to floor. Streamline communications and initiatives.
- Organisational effectiveness – process are reviewed to ensure they are streamlined. Including the implementation of the “Carter Review”.
- Modernised and innovative corporate/support functions to support the frontline services.
- Structured and developed
<table>
<thead>
<tr>
<th>Our Culture</th>
<th>Customer Experience</th>
<th>Staff Experience &amp; Satisfaction</th>
<th>Leadership</th>
<th>Organisational Effectiveness and Design</th>
</tr>
</thead>
<tbody>
<tr>
<td>improve our services</td>
<td>requirements</td>
<td>approach to healthcare as per clinical strategy.</td>
<td>approach to innovation and continues improvement</td>
<td>approach to innovation and continues improvement</td>
</tr>
<tr>
<td>➢ There is accountability at every level within the Trust. Everyone is accountable for the decisions/actions and indecision or lack of action. We have a can do attitudes</td>
<td>➢ The Trust lead ambassadors will monitor customer experience and cultural change</td>
<td>➢ Use of technology and data</td>
<td>➢ Accessible processes for innovation and infrastructure of support</td>
<td>➢ Staffing reviews for safety sustainability and productivity</td>
</tr>
<tr>
<td>➢ We work as one team to deliver our goals and objectives. Both within the Trust and externally with our partners and the system</td>
<td>➢ Developing the strategic alliance with HCT</td>
<td>➢ Customer Experience</td>
<td></td>
<td></td>
</tr>
<tr>
<td>➢ We learn from mistakes and events and we use these to improve the way we work.</td>
<td></td>
<td>➢ Effective apprenticeship programme</td>
<td></td>
<td></td>
</tr>
<tr>
<td>➢ Everyone is involved and engaged in ensuring we deliver great care and great outcomes.</td>
<td></td>
<td>➢ Managing Service Excellence Programme revised</td>
<td></td>
<td></td>
</tr>
<tr>
<td>➢ We respect and celebrate differences.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Appendix 1: PESTLE

| Political and policy | Brexit implications  
|                     | STP – A Healthier Future  
|                     | Health and Social Care Agenda  
|                     | 5 Year forward view mental health  
|                     | Reduction in health inequalities  
|                     | Transforming care agenda  
|                     | Change of monitoring focus from NHSI and CQC and HEE  
| Economic            | Combined health and social care budget  
|                     | Carter programme  
|                     | Reducing NHS funding (real term)  
|                     | Funding gap – Efficiency savings  
|                     | Reduction in funding for education  
|                     | Apprenticeship Levy  
|                     | Cost of medical contracts of employment  
|                     | Agency cap  
|                     | NHS Tariff uncertainty (forecast increased spend on MH)  
|                     | Support services redesign to drive efficiency  
| Social              | Care closer to home  
|                     | Personalisation agenda  
|                     | Increasing demand for just in time / reduced waiting times  
|                     | Retirement age of GPs, Nurses (MHO status) and other professional groups  
|                     | Fewer people entering the profession  
|                     | Litigious society  
|                     | Profound generation gap in the workplace  
|                     | Aging population with increasingly complex illnesses increasing demand on NHS  
|                     | Increased prevalence of mental health and suicide  
|                     | Poor lifestyle choices increase impact / demand to NHS  
|                     | Focus on health improvement and prevention to succeed in achieving healthier outcomes  
| Technological       | Functionality of existing IT systems  
|                     | Sharing health records and data across the system  
|                     | Tele-health tele-care and tele-medicine  
|                     | Increasing use of technology as a form of communication with patients and the public  
|                     | Data protection and security  
|                     | Health data increases level of informed patients  
| Legal               | Increasing legislation  
|                     | Revalidation of nurses  
|                     | Registration of support workers and associate practitioners  
|                     | Increased cost of litigation  
| Ethical / Environmental | CSR – carbon footprints  
|                         | Efficiency of estates and transport  
|                         | Healthy workplace and hospitals (public health agenda)  
|                         | Increase cost of energy  

---

*Our Values*

14