NHSiS Organisation Development Needs Analysis

Terms of Reference

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Policy Background

Designed to Care

Designed to Care clearly states the need for the NHS in Scotland to modernise. While Government wants a big step forward, it sees this happening through evolutionary and incremental change. The foundations are clearly set out: patient centred care designed from the patient's viewpoint; accountability for clinically effective treatment equitably and seamlessly accessed through primary care based services; a commitment to improve health and reduce health inequalities through collaboration with agencies working in the wider social agenda. The keystone of these foundations is **partnership** - between the people and Parliament, patients and professionals, between all parts of the NHS and with other organisations.

Designed to Care is a statement of vision and governing principles and as such does not include plans for implementation or many explicit targets and measurable outcomes. However there are clear indications for the service to focus on. Some of the many examples are to:

- create seamless health services focused on primary care (1)
- root out inefficient and ineffective clinical procedures (4)
- adopt evidence based care (13)
- involve and inform patients and the public (13) (38)
- design services from the perspective of patients (14)
- improve co-ordination and use of information (15-19)
- build a nationally organised process of quality assurance (24)
- promote the use of clinical guidelines (35)
- increase openness, improve public access to information and remove 'gagging' clauses from employment contracts (41)
- continue to reduce bureaucracy and duplication by integration across services (47)
- establish a strategic agenda and increased accountability (54-55)
- continue the transition from institutional care to home/homely settings (77)
- engage primary and secondary care clinicians in agreements by allocating Joint Investment Funds (79) (91) and develop integrated delivery systems (90)
- increase accountability by publishing a broader range of performance indicators (97)
- reflect health gain and improved outcomes in funding mechanisms (100)
- set up joint planning and budget arrangements across the interface of primary, secondary and tertiary care (107)
- extend the themes of partnership and co-operation to recruitment, management and development of the workforce (119)
- develop a comprehensive training and development strategy (123)
- reduce barriers between staff and promote equal opportunities (124)
- enhance health, safety and security of staff (124)
- develop and support the managerial workforce (124)
- achieve its timetable for implementation (127)
- establish agreement and responsibility for Health Improvement Programmes to improve health gain and health outcomes for local populations (**Annex A**)
- establish resource and management arrangements for PCTs and LHCCs (**Annex B**)

Subsequent guidance and the contents of individual HIPs and TIPs will set out strategic objectives, together with how they will be implemented and their achievement measured and monitored. However services should now be able to demonstrate improvement and progress in many of the key areas set out in Designed to Care three years ago.

The Organisation Development Needs Analysis Project will support and assist the NHS in Scotland to put arrangements in place to meet the requirements of Designed to Care and Towards a Healthier Scotland.

Modernisation Agenda

The principles underlying Designed to Care in the NHS are closely linked to the Government's wider political agenda to modernise local government and revolutionise the way all public services are delivered. Under Best Value authorities must secure continuous improvement in the way their functions are exercised, including a rigorous analysis of their performance as a provider and commissioner of services. They must achieve this within an overall vision for their area, which sets out priorities that flow from consultation with the local community. An authority's ability to deliver continuous service improvement depends upon having management arrangements in place to develop and put policies into practice that are designed to achieve the outcomes that the community wants.

The NHS in Scotland is currently involved in these efforts to modernise, and the key themes that have followed through from Designed to Care are:

- modernising policy development - greater involvement of the service in policy development so that implementation is closer to policy and that they are able to influence one another
- modernising service delivery - by re-designing services around the patient, networks, standards, clinical governance
- modernising governance - by incorporating public involvement, patient involvement, public accountability, openness etc.

Alongside this there is a general move to further develop the health (as opposed to the health service) agenda and to transform Health Boards into public health organisations (Towards a Healthier Scotland and the Public Health Review). In addition the partnership approach is more central than ever, involving the entire 'health' family together with the statutory, voluntary and private sectors, and most critically with the public and their elected representatives. The political 'steer' is for an increase in central direction in terms of overall strategy and policy combined with innovation and initiative at local level. This agenda is both challenging and non-negotiable and places organisations under considerable pressure to deliver substantial and sustainable change programmes within short timescales.

The Organisation Development Needs Analysis Project will help the NHS in Scotland to develop the internal and external partnerships needed to meet this challenging change agenda.

Method and process

Aim & Benefits

To contribute to this effort to promote modernisation the Strategic Change Unit has developed its own approach, and proposes to support and resource an Organisation Development Needs Analysis. Working in partnership with Local Development Teams (LDTs) the work will result in two main outputs:

- firstly a **Local Project Plan** designed to collect and analyse the information that will provide evidence of progress towards modernisation and identify areas where further management development and training resources should be targeted; and

- secondly the production of a **Local Organisation Development Needs Action Plan** to meet the identified development and training needs and provide health organisations, through monitoring and review, with ongoing evidence of achievement in meeting their own objectives and targets.

Full details of the approach are set out in the Draft Project Plan at Appendix 1.

Objectives

The main objectives of the Organisation Development Needs Project are to:

- **provide a baseline measurement for the process of modernisation;**
- **assess progress in working towards the changes set out in Designed to Care;**
- **work with the service to identify the factors that hinder and help change;**
- **work with the service to remove the barriers to change and promote identified success factors;**
- **consider with the service what are the capacity and development needs for modernisation;**
- **assist the service to develop local 'learning histories';**
- **produce a Local Organisation Development Needs Action Plan; and**
- **make arrangements to monitor and review achievement of Action Plan objectives and targets.**

Approach

Public sector organisations are grappling with how to change to meet the rising expectations of stakeholders - politicians, partners, service users, the public and employees. In the last two decades strategic management models focussed on corporate objective setting and measurement of quantitative targets at service, team and individual levels. There have been promoted within public services as the answer to organisational change, but more specifically to performance management. More recently these 'hard' approaches have been augmented by 'softer' qualitative methods focussing on organisational development, organisational learning and qualities such as leadership or excellence. We have tried to combine the essential elements from both 'camps'.

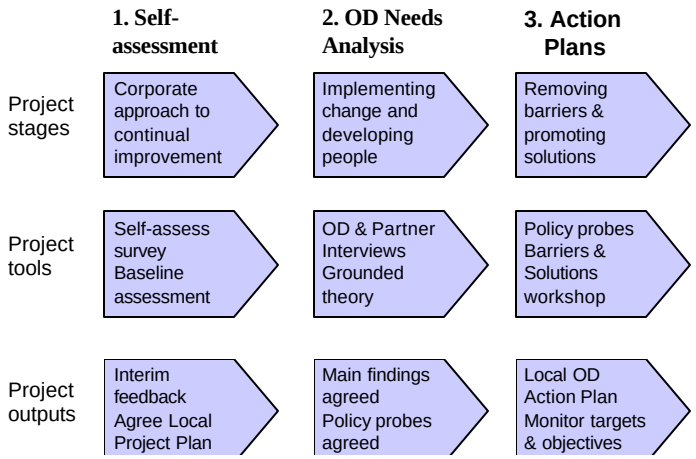
We have adopted a participative approach where decisions about priorities, including use of shared resources, are devolved to the Local Development Teams.

Appendix 3 sets out some of the theoretical underpinnings of the approach.

Methodology

The process of modernising the NHS will not happen overnight and our approach to organisation development work has several stages. The overall approach to the project, involving work at the corporate, service and individual levels, is shown at Exhibit 1 below:

Exhibit 1- Project stages, tools and outputs



Preparatory Stage

The preparatory stage is to promote **ownership** for the outcomes of the process by ensuring wide **involvement** in the project development, planning and management **process**. This involves establishing a SCU Reference Group and service based Local Development Teams in each Health Board area.

Stage 1

The first stage of the project is to carry out a corporate and management arrangements self-assessment to act as a **baseline** against which to assess future progress. **Self-assessment** is an important element in creating a jointly owned **local project plan**.

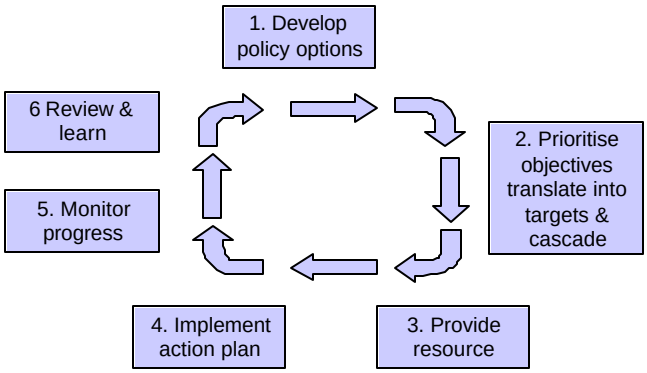
Stage 2

The second, and main stage, is a series of **extended interviews** with leaders, both within the service and key stakeholder and partner organisations. This involves a full **organisation development needs analysis** *(see **Appendix 2**)*.

Stage 3

In the third stage those areas identified as manifesting change and other key policy and service areas are probed *(see Appendix 3)*. This involves **tracing policies** or elements of services through the policy into practice cycle (*see Exhibit 2*).

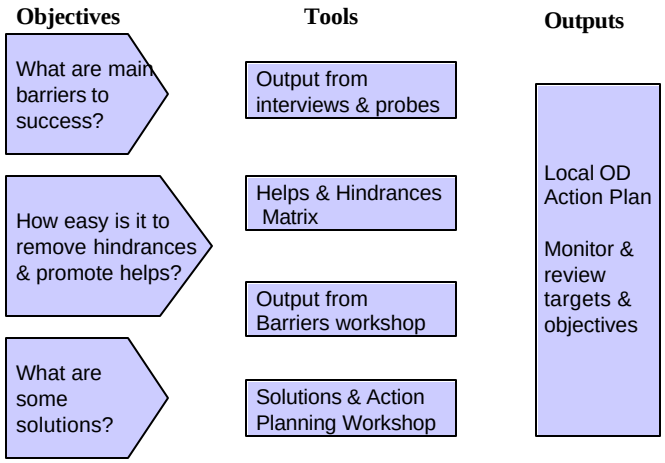
Exhibit 2 - Policy into practice cycle



We have sought advice from the SCU Reference Group about the policy probes. Some will be drawn from the examples in 'Designed to Care' (listed on P1). One policy probe area will trace how Trusts have involved patients and the public in decisions about treatment and health care (Paras 13,14, 38). Local needs and configuration of services should inform the other two probe areas.

The results are **fed-back** to leaders and managers, who are invited to identify the management and organisation factors that have helped or hindered the implementation of desired changes, and to propose and **plan actions** that could **remove barriers or promote solutions** *(see Exhibit 3)*. To ensure implementation of the Action Plan and closure of the loop, arrangements for **monitoring and reviewing** objectives and performance targets are built in from the start.

Exhibit 3 - Promoting Solutions and Removing Barriers



In addition we wish to promote the use of externally validated models such as the EFQM Excellence Model, the Balanced Scorecard or similar methods. The Organisation Development Needs Analysis Project and the work carried out by Local Development Teams will assist in gathering evidence for these external accreditations.

Instruments

The method includes a variety of approaches and instruments[1] that are available for use by Local Development Teams:

- Interview schedules - main OD analysis and partnership working
- Questionnaire and survey instruments - self-assessment and pre-interview
- Policy probes - at corporate and service levels
- Performance management assessment - via policy implementation cycle
- Workshops and focus groups - to identify barriers and generate solutions
- Identification of helps and hindrances
- Helps and hindrances / Barriers matrix
- Solutions and Action Planning Workshops
- Feedback at all stages - no surprises.

[1] full details provided in the Appendices

Appendix 1 - Draft Project Plan

Project stage / Key tasks	Start	Responsibility / Actions	End
Terms of reference and project planning			
1. SCU sends Reference Group briefing document and draft instruments:	Apr	Reference Group to consider briefing document and draft instruments. Assess feasibility of project plan.	Apr
2. SCU meeting with National Reference Group	18 Apr	All to review and agree instruments, analysis and overall process	18 Apr
3. SCU writes to Service / LDTs setting out project aims, objectives and benefits and inviting establishment of Local Development Teams (LDTs) • Published methodology and instruments • MEL to Service / Guidance on role of LDTs in developing Local Project Plan	June	Service to set up Local development teams (LDTs) Service / LDTs to consider implementation in local context and schedule briefing visits	End July
4. SCU designs and resources method of data input and analysis	June		End July
5. SCU briefs LDTs on method, use of instruments, format of Local Project Plan	June/ July	SCU visits LDTs (half day workshops) to plan adaptation to local context	End July
6. SCU sets up project management system and develops template for main analysis	July	SCU sets up project management system with LDTs	End Aug
Stage 1 - Baseline Assessment			
1. Local Project Plan	July	LDTs send self-assessment survey questionnaire sent to Trusts.	Mid Sept
2. Self-assessment survey of corporate management arrangements to implement policies and deliver continuous service improvement	Aug	LDTs carry out/commission analysis of survey results	End Sept
3. Self-assessment analysis	Sept	LDT produces Local Project Plan for main OD Needs Analysis	End Sept
Stage 2 - Organisation Development Needs Analysis			
1. Pre-interview questionnaire	Oct	LDT send out pre-interview questionnaire	End Oct
2. Detailed interviews and agreement of policy probe areas	Oct	LDTs commission OD Needs Analysis interviews (from SCU and Framework Consultants) Policy probe areas agreed	End Dec
3. External interviews with partners	Oct	LDTs commission interviews with Health Boards and Councils	End Dec
4. Main analysis of interview material	Nov	SCU works with LDTs to facilitate analysis of interviews	End Dec
Stage 3 - Policy Probes and Local Action Plan			
1. Policy probes in 2 service / policy areas	Jan	LDTs schedule and commission policy probe work	End Feb
2. Barriers and solutions workshops	Jan	SCU facilitates workshops to identify and remove barriers and promote success factors	End Feb
3. Local Development Action Plans	Jan	LDTs develop Local OD Needs Action Plan	End Feb
4. Monitor and Review	March	SCU / LDTs jointly monitor achievement of Action Plan objectives and targets	March Onwards

Appendix 2 - Instruments

1. Corporate and Management Arrangements Self-assessment Questionnaire
2. Organisational Needs Analysis interview schedule
3. Policy probe tools - policy into practice cycle, components of probe, policy probe tool questions and barriers rating matrix.

Scoring key
1 Highly satisfactory
2 Satisfactory
3 Below acceptable level
4 Non-existent or very poor
5 Don't know

Self-Assessment Survey

This survey is part of the NHS in Scotland Organisation Development Needs Analysis process. It asks you to assess how well you believe your organisation is able to bring about improvements and what organisational features either help or hinder this.

How to complete this survey

On the next three pages you will be asked to rate your organisation's performance in a number of areas. Circle the number that you believe most accurately represents your organisation's position. A mark of 1 is "highly satisfactory", 2 is "satisfactory", 3 is "less than satisfactory" and 4 is "poor or non-existent". If you do not know or have no opinion, circle the 5.

Scoring key
1 Highly satisfactory
2 Satisfactory
3 Below acceptable level
4 Non-existent or very poor
5 Don't know

QUESTIONS FOR OVERVIEW OF CONTINUAL SERVICE IMPROVEMENT	1	2	3	4	5
1. Corporate Framework					
How would you rate the organisation's corporate approach to ensuring continual service improvement?	?	?	?	?	?
2. Management Information					
How would you rate the organisation's understanding of its current corporate performance in relation to:					
• health needs of the community	?	?	?	?	?
• its stated corporate objectives	?	?	?	?	?
• relative to other similar organisations?	?	?	?	?	?
3. Objective Setting					
How would you rate the organisation's achievement in defining its corporate objectives, and translating these into effective action across the organisation?	?	?	?	?	?
4. Resource Management					
How would you rate the organisation's means for matching its resources to ensure delivery of corporate objectives?	?	?	?	?	?
5. Performance Review					
How would you rate the organisation's corporate arrangements for monitoring progress and critically reviewing its own performance?	?	?	?	?	?

Scoring key
1 Highly satisfactory
2 Satisfactory
3 Below acceptable level
4 Non-existent or very poor
5 Don't know

QUESTIONS FOR OVERVIEW OF MANAGEMENT FEATURES THAT CAN ACT AS BARRIERS OR SUCCESS LEVERS	1	2	3	4	5
Culture How would you rate the organisation's existing organisational culture as an environment to foster continual service improvement in patient care?	?	?	?	?	?
Management Style How would you rate the organisation's management style – is there an adequate 'top down' leadership and bottom up involvement?	?	?	?	?	?
Management Structures How would you rate management structures. Are they too complicated or hierarchical? Do they ensure co-ordination of the organisation's activities and best use of its resources?	?	?	?	?	?
'Politics' How would you rate the levels of 'political' awareness of Executive Directors and Non-Executive Directors? Are differences successfully resolved and decisions reached?	?	?	?	?	?
Involving the Community and Other Stakeholders How would you rate the organisation's arrangements for gathering the views of others and responding to them?	?	?	?	?	?
Organisational Structures How would you rate the organisation in terms of: the general effectiveness/efficiency of the overall structure, management reporting arrangements and encouraging joint working?	?	?	?	?	?
Partnerships How would you rate the organisation's arrangements for building effective partnerships with others (excluding other public agencies)?	?	?	?	?	?
Inter-Agency Working How would you rate the effectiveness of the organisation's arrangements for joint working with other public agencies?	?	?	?	?	?

Scoring key
1 Highly satisfactory
2 Satisfactory
3 Below acceptable level
4 Non-existent or very poor
5 Don't know

QUESTIONS FOR OVERVIEW OF MANAGEMENT FEATURES THAT CAN ACT AS BARRIERS OR SUCCESS LEVERS	1	2	3	4	5
Resources					
How would you rate the adequacy of the organisation's existing resource provision in terms of its					
• IT?	?	?	?	?	?
• Staff?	?	?	?	?	?
• Finances?	?	?	?	?	?
External Change	?	?	?	?	?
How do you rate the organisation's ability and willingness to respond to external pressures for change?					
Systems					
How would you rate the organisation's main financial systems and controls and how they are being operated?	?	?	?	?	?
How would you rate the organisation's business systems for example: the alignment of budgets to objectives; the setting of performance criteria and for monitoring performance?	?	?	?	?	?
How would you rate the way in which IT is being developed and used as a resource to assist in the management of the organisation?	?	?	?	?	?
Management Skills					
How well do you think the Chief Executive and Directors are managing the relationship with the Chairman and Non-Executive Directors so as to ensure that key tasks are being adequately discharged?	?	?	?	?	?
How would you rate the Chairman and Non-Executive Directors overall involvement in the management of the organisation, in terms of indicating values, direction and purpose, setting targets, holding managers accountable and providing community feedback on service needs and performance?	?	?	?	?	?

Scoring key

1 Highly satisfactory
2 Satisfactory
3 Below acceptable level
4 Non-existent or very poor
5 Don't know

Communication					
Internally					
How would you rate the organisation's record in communicating internally with its staff on values, direction, performance standards?	?	?	?	?	?
Externally					
How would you rate the organisation's record in communicating externally with the public and other organisations in terms of keeping them informed, and presenting the Organisations public image?	?	?	?	?	?

Organisation Development Needs Analysis

Pre-Interview Questionnaire

External Environment and Planning

1. What factors in the external environment make the most impact on your plans for your Health Board/Trust?

   e.g. shifts in government policy, financial assumptions, changes in medical technology, shifts in public perceptions/demands on the service etc.

2. What factors in your Health Board area have the most impact on your organisational and service plans?

   e.g health needs assessment, financial or service targets.

3. Please describe the process you are using to develop your HIP/TIPs?

4. When did you sign off your HIP/TIP?

5. When will you review your HIP/TIP and what success measures have you set?

6. What are the key objectives from your HIP/TIP highlighted in your Modernisation Project Plan?

Governance and Leadership

7. What have you done to interpret the essential principles of 'Designed to Care' and the Modernisation Agenda in your local context and to distil them into a picture or vision of health care and health improvement for your organisation? Please describe what you have done and what your picture or vision is.

8. Have you conducted a stock-take exercise to determine how well aligned your organisational structures, systems, processes and objectives are with your vision and strategic intent? If so what, were the results?

9. What has changed in structural terms since the demise of the internal market?

10. What jobs have you taken out and what new jobs have you created?

11. What other changes, if any, do you envisage over the coming 12 months?

12. What changes have you made to your organisational systems and policies to reflect your vision and the requirements of modernisation?

13. What are the most important system or policy changes you have made and why?

14. Please describe the model of leadership you want to see in your organisation?

15. What are you doing to develop the people in your organisation so that they can demonstrate your model of leadership?

16. Please describe the key behaviours you expect from your managers? How will these be demonstrated?

17. What practical steps are you taking to develop managers and others to deliver these management practices?

Service Delivery and Change

18. How many and which services are you re-designing? Why have you chosen these particular services?

19. How are you measuring the impact of your re-design work?

20. Who from within your organisation is involved in this work?

21. What involvement are other organisations having in any of your re-design plans? Which organisations are being involved and why?

22. How are you involving patients and staff in this process?

23. What steps have you taken to implement the recommendations of the Acute Services Review?

24. How many Managed Clinical Networks have you put in place (or are planning), and in which services?

25. What steps are you taking to develop your LHCCs?

26. What management structures have you put in place to support your LHCCs?

27. In your meetings with LHCCs what have been the principle agenda items?

28. What is helping or hindering the development of LHCCs as key players in your modernisation programme?

29. What measures are you using to judge individual and organisational performance?

30. How are you putting these performance measures in place? What has been the involvement of Trade Unions and Professional Organisations in developing, implementing or monitoring these performance measures?

Policy Development and Public Involvement

31. Please describe the role of your organisation in 'improving health'.

32. How has this changed in the last 12 months?

33. What changes do you expect in the next 12 months and how will these be demonstrated?

34. What organisations are you trying to develop partnership relationships with outwith the NHS, and why?

35. What actions are you taking to develop these relationships? What is getting in the way?

36. What is your role or your organisation's role in community planning?

37. How has this changed/developed in the last 12 months and what changes do you expect in the next months?

38. What are the key strategic issues raised by demands for social inclusion and social justice which impact on your organisation?

39. Who have you involved in (a) assessing the issues (b) planning your response?

40. What practical examples can you give of actions you have taken or are planning to take in the next 12 months?

41. What are the 3 biggest issues which you need to find ways of involving the public for consultation, information or participative decision making?

42. What are your principle methods for involving (a) patients (b) the public?

43. How have these changed in the last 12 months?

44. What changes do you plan to take effect in the next 12 months?

Organisation Development Needs Analysis

Structured Interview Pro-Forma

External Environment

1. What is the single most significant change to impact your organisation in the last 12 months?

2. How do you allocate priorities to conflicting demands in your plans, programmes and policies?

3. How do you know about/follow and assess new trends, developments, demands and their potential impact on your strategies and policies?

4. How would you describe your relationships with the other health organisations in your Health Board Area? What would you like these relationships to be like? What steps are you taking to develop these relationships?

Governance and Leadership

5. How did you involve staff in creating or disseminating your picture or vision of the future?

6. How did you involve the other health/social and community care organisations in your area?

7. How are you planning to involve patients and the public?

8. What have you done to translate this vision into practical realities?

9. How do you intend to measure/monitor progress?

10. Please describe what you will expect the leaders in your organisation to be doing if this organisational vision model of leadership is adopted in practice. How will this differ from anything they may have been doing in the past?

11. How will the concepts of ‘partnership’ and ‘learning’ be evidenced when your model of leadership is being practised?

12. What do you want the prevailing beliefs, values and aspirations of your organisation to be?

13. How are you trying to make this happen and what involvement do staff have in this development?

14. What is helping or hindering this process?

15. What are you doing to ensure that your managers know how you expect them to behave and have the competencies to deliver what you want?

16. What are you doing to encourage more ‘joined-up’ working?

17. How is this contributing to you achieving your modernisation programme - including addressing issues around delayed discharge?

18. What has been the involvement of staff and managers in these changes?

19. How are you ensuring that your systems and policies match/support the model, the modernised health improvement, health care and leadership changes you want to achieve?

20. How do your systems and policies support learning and participation, both individually and organisationally?

21. How do you intend to involve patients and the public in decisions?

22. How does your approach to individual and organisation performance relate to your model of leadership and the management practices you wish to see in your organisation?

Modernising Service Delivery and Change

23. How have you decided on your priorities for service changes?

24. What steps are you taking to re-design services?

25. What benefits do you hope to achieve by re-designing services? How will you know?

26. How are you sharing your learning about service modernisation with other parts of the health and social care system?

27. What benefits for patients are you aiming to achieve?

28. How will you know if you have achieved them?

Policy Development and Public Involvement

29. What do you think your partner organisations would say about your progress to date?

30. What are the benefits and dis-benefits of collaborative working? How are you trying to maximise the benefits?

31. What are the key issues you are trying to address through partnership working within the NHS and with external partners?

32. What steps have you taken to implement/drive the health improvement agenda?

33. How does this impact on your strategic decision making and priorities assessment?

34. What involvement do you have in Community Planning?

35. What in your view are the respective key objectives for (a) public health (b) health promotion. How are these organised in your area to deliver these objectives?

36. What processes have you used to identify the issues of social inclusion and social justice and assess their impact?

37. What impact do these issues have on:

    a) your priority setting processes?
    b) your approach to modernisation of service delivery?
    c) your approach to public/patient involvement?

QUESTIONS FOR EXTERNAL ORGANISATIONS

Other Organisations in Health System
Social Services
Health Councils
Voluntary Organisations

1. How would you characterise your relationship with the Health Board/Trust in your region?

2. How has this changed in the last 12 months?

3. How does this relationship support 'joined-up' or partnership approaches to the modernisation of services?

4. How would you like it to develop?

5. What steps do you think the Health Board/Trust should take to improve the relationship?

6. How will you judge whether it is improving or not?

QUESTIONS FOR TRADE UNIONS/PROFESSIONAL BODIES

1. How would you characterise your relationship with the Health Board/Trust in your region?

2. How has this changed in the last 12 months?

3. What evidence of progress do you see in relation to implementation of the modernisation agenda?

4. What could you do differently to support implementation of the modernisation agenda?

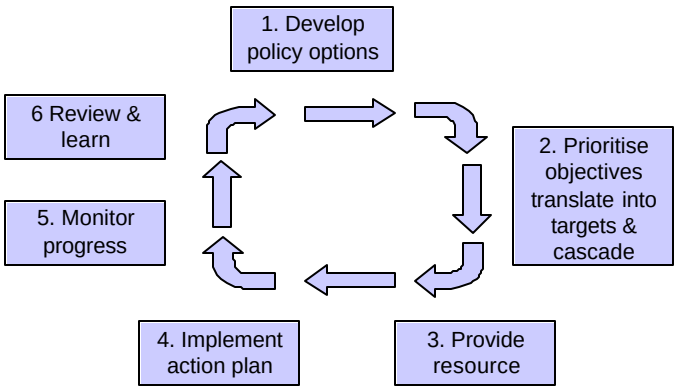
5. What do you think the Health Board/Trust should do differently?

6. How will you know if things are changing for the better?

Policy Probe Tools:

1 - Policy Into Practice Cycle

The aim of the policy probe is to trace a particular policy through the stages of the policy into practice cycle. For effective implementation and 'closure of the loop' all stages must be present in some form. The policy probe tool questions are listed overleaf.



2 - Components of Policy Probe Tool

- Document request for each tracer policy
- Assess policy against stages of policy into practice cycle
- Structured interviews with managers involved with policy
- Staff attitude survey / focus groups
- Managers view of factors that have helped or hindered the policy implementation
- Satisfaction with service or policy outcomes (in tracer areas)

Policy Probe Tools:

3 - Framework and Questions for Policy Probe

Stages	
1	**Develop and analyse policy options (for setting this policy)** Where did this policy come from? (why are you doing it?) At what level did it start? What thinking was there around what the policy should be? If not a corporate policy, how does it feed up? Was it based on an assessment of need of users? Was there analysis of external and internal influences on this area (e.g. government agenda, economic environment, socio-dem, market environment, what current and potential partners want? - views of users on quality and level of service provided, accessibility, charges, ideas on service improvement and development)? Did you challenge options for service delivery? – PFI, market testing, voluntary sector? Was there consultation on the policy with stakeholders and users? How? Did their views feed into planning process? Were Board Members fully involved in discussion of alternatives?
2	**Formulate and specify corporate priorities, policies and objectives** Does the policy link up to a corporate level policy? Does this conflict with other policies? Is this one of several objectives flowing from the corporate policy? Is there a management and committee structure to facilitate the achievement of the corporate Policy? Is the corporate policy actively promoted to employees and stakeholders? Is the corporate policy adopted by Executive and Non-Executive Directors?
3	**Translate corporate objectives into departmental/service objectives** What is the anticipated timescale for the policy? Is there a participative process to convert the policy into a set of SMART (specific, measurable, agreed, realistic and timed) objectives? Does the policy involve any conflicts with other policies in the dept – how are these resolved? Is the policy (or more detailed objectives) linked to performance management and target setting for individuals? When the policy is translated into a service, are users consulted?
4	**Translate into action plans** Is it clear exactly what service will be provided to meet this policy? What are the specific actions, timescales and responsibilities to meet this policy? Is the policy part of a service plan that is consistent with others across the trust, and with statutory plans? Does the service plan meet minimum standards? – is it broken down into specific actions, responsibilities, and timescales? Has there been an assessment of what needs to change internally to deliver the policy? (ie based on ability to deliver)? Are there Performance Indicators for the policy allowing performance to be measured? Is the policy part of a plan that is re-evaluated and updated annually? Is the policy part of a service plan that is approved by the Board?

5	**Provide resources to achieve action plans** How is the policy resourced? Does the resource requirement vary – how is this managed? Do budget and planning timetables work to support planning? How is the link between the need to resource and allocation made? Have alternative options for resourcing been considered?
6	**Implement actions** Are the actions to achieve this policy happening? How do you know? What systems are in place to provide performance information? What performance standards are there? Do individual/team performance and appraisal link to objectives around this policy? Have processes been subject to any formal QA assessment?
7	**Monitor progress and outcomes** Are you monitoring progress on this policy? How? What PIs are there to monitor this policy? – are there a good range – (i.e. inputs, outputs, outcomes, standards, key tasks, ratios, targets, current performance, trend, comparison to benchmarks)? Are PIs compatible with objectives, a hierarchy, meaningful, relevant, realistic, measurable, accepted by employees, understandable and relevant to users, performance not info orientated, worth the cost of collecting, use IT, presented well? Does this include user surveys, forums, feedback panels, complaints analysis?
8	**Reviewing performance against objectives** What has been achieved so far? – what are you going to do about this? Is performance info reported to the/dept/senior management team/Board? Is there a rolling programme of reviews (6 monthly) against actions/targets? Do you benchmark against others – including process benchmarking? Do you take account of reviews (including external)? Is there a corporate review structure to allow Board scrutiny of performance on this policy? Are there checks of the external environment to ensure strategies are still relevant? Is info on performance against standards/targets fed back to users and stakeholders? Do outcomes of this inform analysis of policy options and interim changes to service/ action plans?

Policy Probe Tools:

4 - Helps and Hindrances

The following factors affect how successfully policy is put into practice. Please think about them in relation to trying to put the following policy into practice.

"Policy XXXXXXXX"

We want to know your view of whether each factor helped or hindered putting this policy into practice. If the factor **hindered** – put a **1** in the box. If it **helped** – put a **3** in the box.

Culture		Resources – Staff	
Management style		Organisational/committee structures	
Skills of staff involved		Politics	
Systems		Partnerships	
Internal Communication		Inter-agency working	
External communication		External changes	
Resources – IT		Involving stakeholders	
Resources – Finance			

What do you think are the **3 key things** that have helped and hindered putting the policy into practice? Please feel free to add any additional factors not listed above.

Top 3 things that have **helped**:	Top 3 things that have **hindered**:
1	1
2	2
3	3

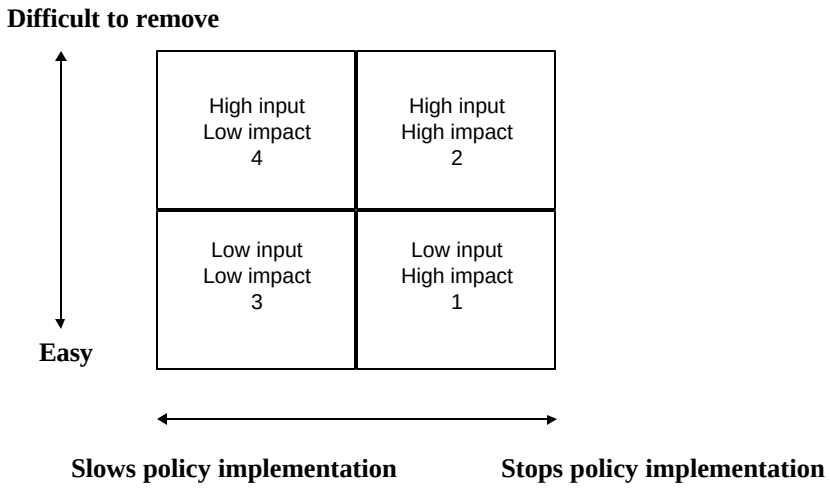
Please add any additional comments that you feel may be helpful to our understanding of why this policy has been or has not been put into practice on the reverse of this sheet.

(Optional) Your Title: (Optional) Your Department:

Thank you for assisting with this project.

5 - Barriers Rating Matrix

The matrix can be used to assess how easy/difficult barriers are to remove and what impact this would have on the organisation's ability to achieve continuous service improvement.



Appendix 3 - Theoretical Basis of Our Approach

What follows is not an academic paper, but a collection of influences and examples that have informed our approach to this practical change management and service development project. Many of the materials have come from our accumulated work experience in the public and privates sectors and we have also drawn our involvement in lifelong learning. Some of this is orthodox management education and some is more experiential. Much of the 'learning organisation' material comes from participation in courses and workshops. Many references are found on the internet, posted by organisations such as the Centres for Organisational Learning at the MIT and Sloan Schools of Management, and the Columbia Business School.

It may be argued that the NHS, and the public sector in general, is still heavily influenced by the 'classical' Weberian model of bureaucracy, despite the influence of more recent systems and organisation theories[2]. We have drawn upon three main bodies of knowledge:

1. 'Orthodox' strategic and performance management models[3]
2. Adaptations of orthodox models to the 'new public management' [4]
3. Organisation Theory, specifically Organisation Learning[5]

In summary the framework is solidly based on strategic management principles, whereby an organisation determines its corporate mission, values and objectives, which are then cascaded to departments, teams and individuals responsible for delivering the service to the customer. These principles are active in our approach through the policy probes and by tracking the performance management system. Our framework incorporates elements of self-assessment and the search for continuous service improvement, and is tempered by characteristics of the 'new public management':

- greater responsiveness to users or customers
- emphasis on performance and outcome management
- introduction of standards of performance
- greater communication of results
- devolution of financial and personnel management accountabilities
- appreciation of market forces
- consideration of partial or full privatisation of public enterprises
- application of generic management methodologies

The main 'attack' on the old paradigm in management is found in the 'learning organisation' (LO) and the organisational learning (OL) literatures. These approaches describe moves from bureaucratic, mechanistic and controlled organisations to more flexible, organismic and creative forms. The role of the individual in the workplace also moves dramatically from virtually absent to centre stage. Some fundamental problems with bureaucratic organisations, arguably present in today's public services, are that:

- means become ends as operative priorities;
- sub-units optimise their own rather than corporate goals; and
- a fragmented 'chimney stack' organisation develops.

Organisations depend on people to implement policies and programmes, individuals with their own personal goals and subjective worlds. Fortunately as well as sub-optimisation, some adaptations are highly positive, created by expert 'communities of practice' producing innovations and new solutions that the assumed expertise of higher levels is unable to generate. New paradigms demand new concepts, and analysis of 'networks' or partnerships - the collaborative relationships within organisations and between members of one organisation and another, are more appropriate for today's modernising public sector organisations.

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[2] For a review of the progression from 'mechanistic' to 'organismic' theories of organisations see sugarmman@lesley.edu

[3] of the Harvard Business School variety and widely taught in all UK Business Schools

[4] such as the EFQM Excellence Model

[5] authors such as Peter Senge, George Roth

It is these positive forces that our approach seeks to uncover and understand in order that Organisations can develop and nurture their own learning histories.

We have identified some themes from the learning history literature that we plan to build into our approach and which we invite Local Development Teams to consider when developing their own learning histories:

Imperatives	**Process/Feedback cycle**
Research imperative requires that participants narratives be grounded in facts and observations Loyalty to data and commitment to tell the truth	Planning cycle delineates range and scope of project and audience **Noticeable results** of the improvement effort are specified as subject of enquiry for reflective conversations
	Retrospective, **reflective conversational interviews** with all possible perspectives
Mythic imperative requires that the writing speaks boldly and tells a compelling story Archetypal character conveys universal qualities that link directly to the human condition	Insider/outsider team distils raw material into coherent set of **themes based on qualitative data analysis and grounded theory**
Pragmatic imperative considers how the learning history can be useful to help organisation grow in beneficial way	**Dissemination workshops** held throughout organisation to consider what learned and how to move forward
	Iterative review of the learning history effort itself

Characteristics	**Steps**
Uses **noticeable results**	**Accumulate and organise data** Interviews audiotaped and transcribed Results in 'sorted and tabulated mess of stuff'
Intended for broader audience	Document written with following components:
Data for reflective conversations	Notable results - **worth writing about**
Cast as a 'jointly told tale'	A curtain-raiser - a vignette or a thematic point
Designed in a 2 column format	The nut graph - or kernel paragraph
Created by team of insiders and outsiders	Closing thoughts and feelings
Links attributes to observable data	Plot - organised around key themes
Seeks a means to better conversation	Right-hand column - **jointly told tale in the words and spirit of participants**
Distinguishes among assessment, measurement & evaluation	Left-hand column - questions and comments

The main interview schedule has been adapted from the Burke-Litwin model described in the following pages:

WARNER BURKE AND GEORGE LITWIN

This is a causal model of organisational change. The External Environment box represents the inputs and the Individual and Organisational Performance the critical outputs. The total of 12 boxes represents the choice of organisational variable considered the most important by these two gurus.

The model is based on open systems principles, meaning that a change in one or more boxes will eventually have an impact on others. Yet it is a casual model, in that in the view of the model creators the three boxes of leadership, vision/strategy and culture are seen as the most powerful in the impact they have on all the other variables. That is why these three variables are identified as the transformational ones, they have the ability to transform the other variables and so have a direct and significant impact on individual and organisational performance.

In devising an interview process which starts with the transformational variables the intention is to identify whether or not health service organisations have made them explicit and then to track through the impact they are having on other variables such as systems, structures, job design etc.

The identification of the variables is as follows:

External environment: Any outside condition or situation that influences the performance of the organisation. e.g. government policy.

Mission and Strategy: What the top management believes and has declared is the organisation's mission and strategy and what employees believe is the central purpose of the organisation.

Leadership: Executives providing overall direction and serving as behavioural role models for all employees.

Culture: "The way we do things around here" – i.e. the collection of overt and covert rules, values and principles that are enduring and that organisational behaviour.

Structure: The arrangements of functions and people into specific area and levels of responsibility, decision-making authority, communications and relationships to assure effective implementation of the organisation's mission and strategy.

Management Practices: What managers do in the normal course of events to use the human and material resources at their disposal to carry out the organisation's strategy. This means specific behaviours.

Systems: Standardised policies and mechanisms that facilitate work, primarily manifested in the organisation's reward systems, management information systems and in such control systems as performance appraisal, goal and budget development and human resource allocation etc.

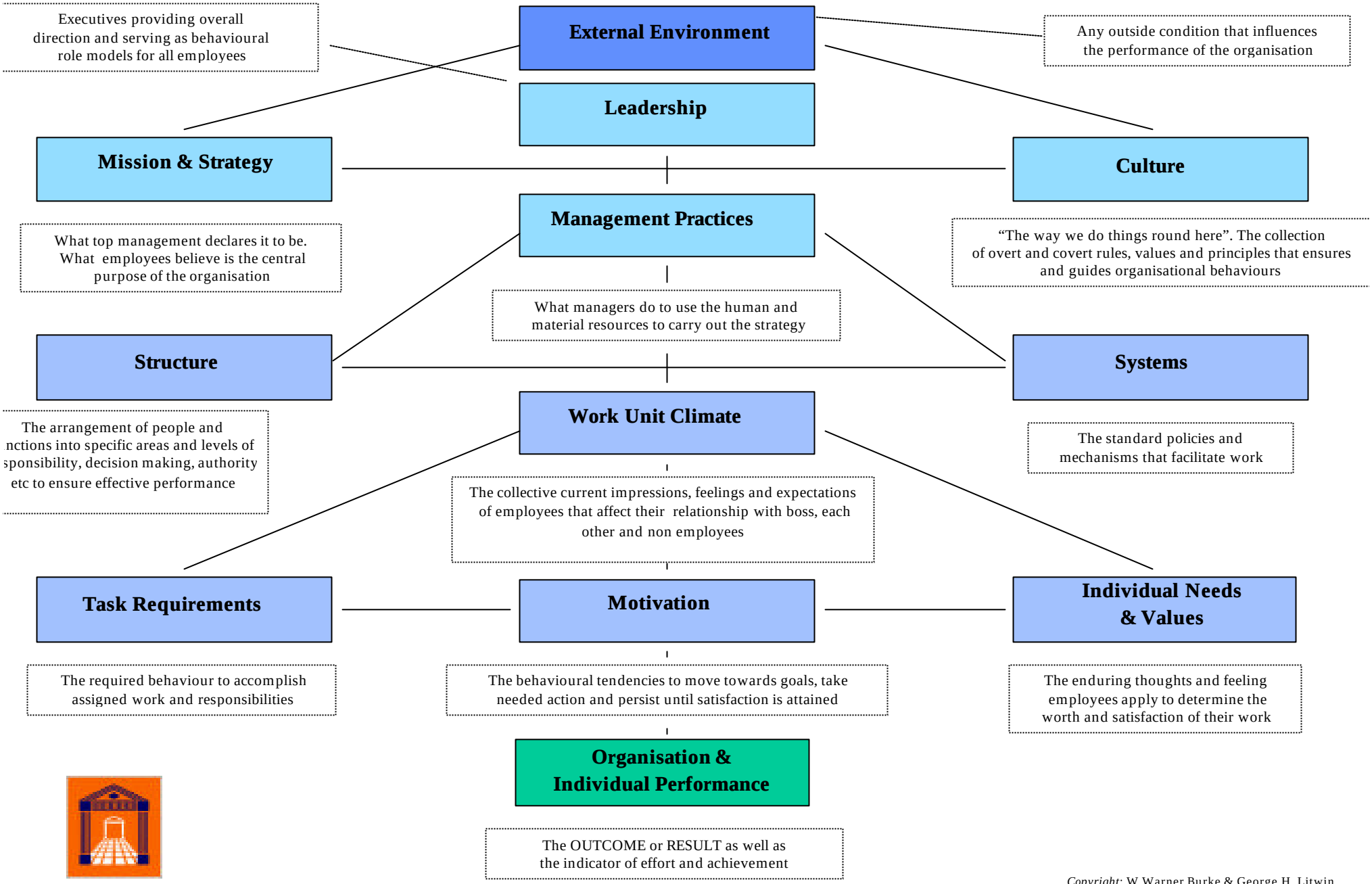
Climate: Is the collective current impressions, expectations and feelings that members of local work units have that in turn affect the relations with their boss, one another and with other units.

Task requirements etc: Required behaviours, including specific skills, required for effective performance.

Individual Needs etc: Specific psychological factors that provide desire and worth for individual actions or thoughts,

Motivation:	What is needed to make people want to take action and persist until satisfaction is attained.
Performance:	The outcome or result as the well as the indicator of effort and achievement – customer satisfaction, quality etc.

A Causal Model of Organisational Performance and Change



The Change Partnership Ltd

For major organisational change to occur, the top transformational boxes represent the primary and significant levers for that change. This requires real clarity about organisational strategy and the leadership behaviours, which will go with it. It also implies some synergy between stated intentions and actual behaviours as demonstrated within the organisation. It is this synergy which our organisation needs analysis is trying to explore, as research has shown that confusion either in the overall stated intentions or between the different parts of the overall strategy, will lead to dissatisfaction loss of motivation and resultant failure to achieve the performance targets required.

MODEL OF ALIGNMENT - ZOE VAN ZWANENBERG

This model takes the Burke-Litwin model onto another stage. It takes the key variables and looks at their interdependency in creating forward progressions. By putting them into concentric circles the model seeks to show that each has its own dynamic, but each then impacts on the others, so that if management practices for examples are out of line with the central values and ethics of the organisation then inevitable conflicts will be put in place.

The key concentric circles from the centre out are:

Vision & Strategic aims: The explicit stated direction and intentions of the organisation.

Values and ethics: Those implicit and explicit assumptions and beliefs that inform individual and organisational behaviour.

Organisation & individual
Objectives/aims: The explicit statements that align the work of departments, directorates, and individuals to the overall aims of the organisation.

Behaviours &
Management practices: The observed behaviours and management systems of the organisation, which should be putting the values and ethics in place and which, should align with the stated intentions of the organisation and its various parts.

Skills & competence: The demonstrated and developed ability of the individuals in the organisation to deliver its stated aims.

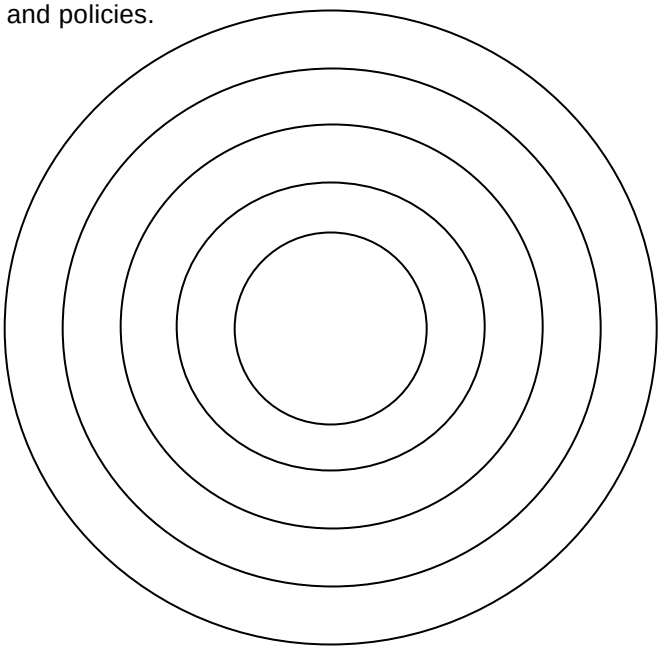
Performance this is self-explanatory.

The second model shows where all the organisational policies and developments pin through these fundamental circles of organisational performance.

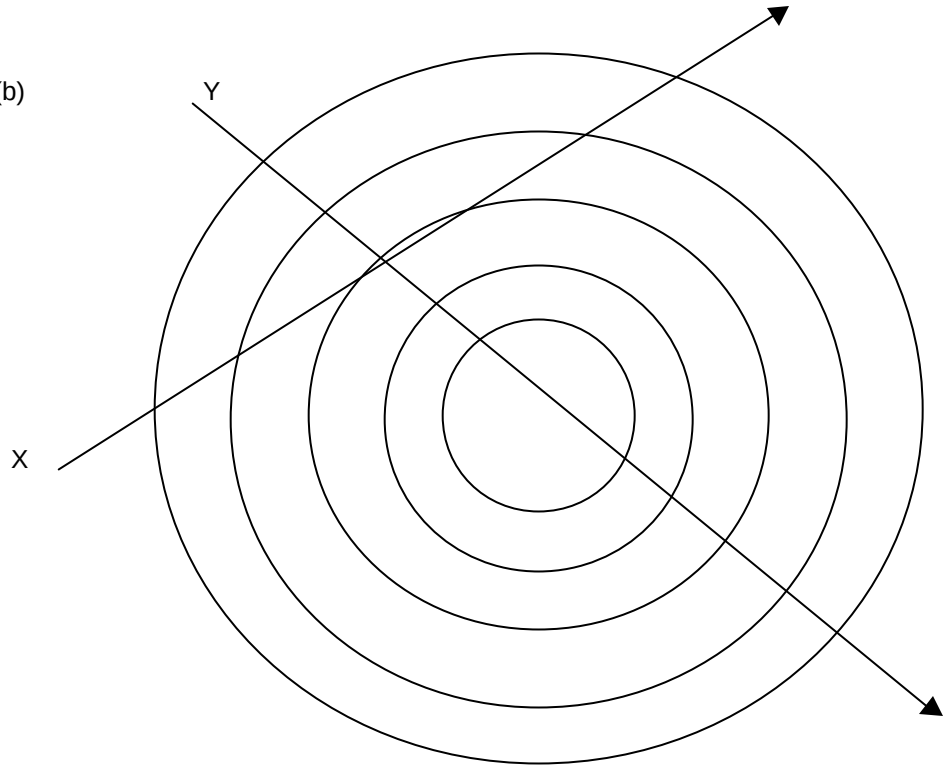
Clear examples may be reared strategies that reinforce particular skills and behaviours amongst individuals, but which are not fully aligned with the overall aims of the organisation and therefore set up conflicts and tensions which have to managed.

The Organisation Development Analysis aims to explore how well initiatives such as Managed Clinical Networks, and re-design strategies are aligned with the overall aims of the Trust or Health Board and how these are reflected in other parts of the organisation such as job design, systems and policies.

Model (a)



Model (b)



Y = represents a policy which is fully aligned through vision, values, objectives, behaviours, competence and therefore results in coherent performance

X = policy or development which is focused on performance through particular skills, competence and behaviours which are not supported by the organisation's stated vision, strategy, values and objectives and therefore sets up tensions between the part of the organisation tasked with delivering that particular development and the rest of the organisation, given a feeling of dislocation or knee jerk reaction to a specific outside influence which has not been thought through coherently.