



**Happy Birthday Do OD!**

**4** years of putting theory  
into practice

# What is DoOD?

Do OD is the expert resource on organisational development for the NHS, delivered by NHS Employers in partnership with the NHS Leadership Academy. Do OD exists to support OD, HR and workforce leaders to connect, share, learn and grow. As such, our work enables people to transform systems.

Our work in Do OD is underpinned by the values of respect and inclusion, collaboration, authenticity, self awareness and empowerment. We try to demonstrate them through everything we do. In our context we have paid particular attention to four key principals:

Co-production

Curiosity

Creativity

Courage

People who practice OD act as helpers in the system, as third-party change agents. The people who make up organisations are the ones who make change happen. The role of the Do OD team is to attend to their needs and use interventions that build capability and capacity for organisations to achieve their goals.

Connect



Learn



Share



Grow



# DoOD in action

"Do OD exists to support OD practitioners across the NHS to connect, share, learn and grow. OD enables people to transform systems so that the quality and experience of care given to patients continues to improve. Against challenging financial and cultural backdrops, we believe that OD is more vital than ever.

"The strength of Do OD lies in our community. As we move into ever more challenging times we will continue to provide spaces to share ways in which OD can support the NHS of the future. Please take some time read how organisations have done just this."

Paul Taylor, Assistant Director - Organisational Development,  
NHS Employers

Karen Dumin, National Organisational Development Lead,  
NHS Leadership Academy



**Read on for DoOD in action:  
Impact stories**

# Team Development for improved service delivery

## Arden & GEM CSU

### What's the issue?

There was a requirement to develop an existing team in order to:

- Build confidence
- Improve professionalism with customers
- Have a greater customer focus
- Work better as a team
- Have greater self-awareness

### What was your OD response?

In collaboration with the team leader I designed and delivered a team development programme running over a series of months.

It included sessions on

- Learning styles
- Customer service levels (which was my personal favourite session due to the realisations that the team made here)
- Customers views on the team & its service
- Insights Discovery
- Innovation Lab

### What were the outcomes?

Team members are more confident to try things and to negotiate with customers in order to get the right outcomes, including a better quality service. Their attitudes and behaviours have changed and are being noticed by other teams around the organisation. There is a greater appreciation of themselves and each other.

### Why did it work?

We ran a series of sessions, 1 per week to start with, which meant there was a great sense of moving forwards quickly. We set challenges for individuals to do in between sessions to consolidate the learning from each session and to appeal to different learning styles.

Top Tip – co-facilitation between OD and the team leader so that ownership sat within the team (the team members appreciated this too)

### How can people get in touch?

Email me at:  
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# Aston Team Journey 'ATJ'

## Building staff engagement

### Background

In October 2014 Frimley Health NHS Foundation Trust was formed following the acquisition of Heatherwood and Wexham Park FT by Frimley Park NHS FT. HWPH was in special measures and FPH had just been awarded 'Outstanding' by CQC. This meant very diverse organisational cultures, and staff engagement scores. An OD strategy emerged with a clear focus on staff engagement. Based on the work of Prof Michael West (2012) the 'Aston Team Journey' offers a measureable approach to developing effective teams, with compelling evidence supporting its positive impact on staff engagement.

### Why did it work?

**Clear evidence base:** The work of Prof Michael West and Lynn Markiewicz clearly demonstrates the positive impact of effective team working on patient mortality and many other benefits our team leaders naturally support.

**Empowers team leaders:** gives team leaders tools at their fingertips and dedicated coaching support to design and navigate the best team journey for their own team.

### What was your OD response?



The Learning and OD team trained with Aston OD to become "Aston Team Coaches". Equipped with these skills, coaches support team leaders to explore the evidence base for ATJ and derive meaning for their own team. From this solid foundation they set out on a team development journey which focuses attention on team identity, team objectives, role clarity, decision making processes, team communication, constructive debate and inter-team working.



### What were the outcomes?



To date 45 teams have begun the journey by measuring a baseline of their effectiveness using a standard report. By doing so we are able to benchmark across the organisation, as well as coach team leaders. Frimley Health's Staff FFT data shows clear improvement in engagement scores overall, with team leaders reporting tangible improvements.

### How can people get in touch?

Claire Quinn  
Head of learning and OD  
Learning and OD Team  
Frimley Health Foundation NHS Trust

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# PRIDE in CPFT

Cambridgeshire & Peterborough  
NHS Foundation Trust

## What's the issue?

A revision of  
Trust values,  
to support  
culture  
change

## What was your OD response?

Staff focus  
groups

Service-user  
participation

Values Task and  
Finish Group

Appreciative  
Enquiry

Surveys

## What were the outcomes?

**Our New Values**

**PRIDE**

Professional  
Respect  
Innovative  
Dignity  
Empower

## Why did it work?

Consultation  
Participation  
Project Management

## How can people get in touch?

Sarah Ellis  
Organisational Development  
Manager  
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# “Silo” Thinking and Working

## Camden & Islington NHS FT

### What's the issue?

#### ‘Silo’ thinking and working

In Mar-July 2015 we conducted an OD diagnostic which included meeting with senior leaders and focus groups with teams from across the organisation. The issue which was mentioned most often was lack of collaboration between teams and staff identifying themselves with team/unit only therefore not seeing what impact they action had on other teams and how that influences service user journey.

### What was your OD response?

#### Innovation greenhouse

It is a structured, creative environment to stretch our thinking and grow fresh, innovative ideas. ‘Greenhousing’ is an interactive behaviour which protects young ideas, when they are easiest to crash, and nurtures them to grow. The environment (suspending judgement and analytical thinking) is created where people are able to get the most of their initial thinking by supporting each other’s ideas.

#### How we did it:

In our case we ran one half day event open to all, focused on improving collaboration at work. Prior to the event jointly with HR BPs and executive sponsor we decided on the ‘mission’ of the event and the scope. We also trained other colleagues in the methodology. They have been facilitating greenhousing ever since.

### What were the outcomes?

Staff came up with four ideas to be shared with executive directors. They were:

- Relationship linking
- Knowing me knowing you
- New seeds and flowers
- Host with the most

Project teams made up of our staff were formed. The event energised colleagues enough to put themselves up for that opportunity. Projects are currently piloted.

### Why did it work?

Sold on the approach therefore fully committed to it  
Time for preparation (including comms)!!!  
Felt new and fresh- non-judgemental, people discovered they were more creative  
Facilitators from staff  
We did what we promised to do- All ideas came from staff and were taken seriously by senior leaders

### How can people get in touch?

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0203 317 7264

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0207 125 7247

# Developing our people

## Camden & Islington NHS FT

### What's the issue?

To make appraisals meaningful to all – and move management culture through this climatological adjustment in practice from *directive* to *supportive*.

### What was your OD response?

Pilot to test a method based on four quarterly coaching conversations per year – linked to a truly fit for purpose NHS talent management approach.

Guiding managers with support on the T-GROW model, the concept of situational leadership and an AEIOU guide to shaping and supporting these progress discussions.

### What were the outcomes?

Those who liked the new approach really liked it; those who didn't were strongly against it! (Responses depended on the pilot areas: one clinical division and all corporate departments.)

Stronger team (rather than individual employee) approach to thinking about performance and what it means in practice.

Evaluation – qualitative and quantitative – being undertaken.

### Why did it work?

Staff and managers – especially those in the clinical setting – were very receptive, although appraisers concerned about being properly upskilled to ride the climate change. The 90 day timeline gives managers a tighter focus on what their teams are meant to be doing and when. The progress discussions less formalized than standard appraisal, so people reported a lighter and richer experience.

### How can people get in touch?

Mark Cole  
[mark.cole@ncel.hee.nhs.uk](mailto:mark.cole@ncel.hee.nhs.uk)



# Embedding Core Values

## Gloucester Care Services NHS Trust

### What's the issue?

The Trust Core Values and Behaviours were not fully embedded across the organisation, and our leaders, managers and staff were not consistently demonstrating these. We needed to increase the % of staff in our NHS survey who would recommend the Trust as a place to work.

### What was your OD response?

We developed a Core Values Framework and produced a booklet for all staff which explained the framework and helped staff to understand the knowledge, skills and behaviours appropriate to their role. The framework provides examples of expected behaviours and examples of behaviours that would indicate areas for improvement.

On the back of the launch we introduced a new annual Personal Development Review process which is designed to cover discussions which explore the ways in which colleagues can contribute to and demonstrate the Trust's values and behaviours. We have also embedded them into a new job description template, our committee reports and our policies.

### What were the outcomes?

All staff have been issued with the booklet and it is early days to fully measure the outcomes. But early indications are looking good. We have received good feedback on the form and at our recent staff Celebrating You Awards we had a record 165 nominations in the CORE values category which indicates the message is being understood.

### Why did it work?

The booklet was fully distributed throughout the Trust. Our Chief Executive is a great advocate of our values and behaviours. For example, he refers to them constantly in his presentations and personally talks about them on our induction programme. We also have a Listening into Action approach to staff engagement and change.

### How can people get in touch?

[linda.gabaldoni@glos-care.nhs.uk](mailto:linda.gabaldoni@glos-care.nhs.uk)

# Bringing compassion back to a team

## Guy's & St Thomas' NHS Foundation Trust

### What's the issue?

Long established consultant team, doubled in size in last 3 years

Mistrust of the leader and some splitting into 'factions'

They knew they need unity to face current and fast approaching future demands on the team

3 build-on question interviews

- What is the biggest challenge you are facing?
- What culture is needed to meet this challenge?
- What do you as leaders need to do to create the culture?

### What was your OD response?

Analysis of the results and contracting conversations with the leader led us to attempt

**Non violent Communication**  
Marshall B Rosenberg      Observation,  
Feelings, Needs and Requests



### What were the outcomes?

Honest effective conversations; not all 'Giraffe' some 'Jackal' leading to some feeling pain

A commitment to a second workshop on appreciative, affirming, compassionate feedback

### Why did it work?

- We as individuals and teams are often poorly prepared to have 'real' conversations
- The NVC approach is based on non violence and compassion and challenges all the ways we communicate

### How can people get in touch?

paul.mulligan@gstt.nhs.uk  
02071887070

# Bringing compassion back to a team

## Guy's & St Thomas' NHS Foundation Trust

### What's the issue?

Ongoing contracting with the team indicated that the technique of NVC (non violent communication) helped many to have better more truthful compassionate authentic conversations and there was an ongoing need for healing in the team

### What was your OD response?

We thrive with appreciative, affirming, compassionate feedback. Some feedback hides a punitive message ( i.e. I want you to change something in you) This practice cuts to the heart by expressing the positive impact someone has upon us and – just like in the film *'as good as it gets'*

#### 3 components

What you did that contributes to my wellbeing

What needs of mine have been fulfilled

The pleasure I feel when these needs are met

### What were the outcomes?

More humour, fun, teas, play, authentic appreciation of each others value

Greater trust and honesty in the team

### Why did it work?

- More unity as a group, softer edges around the factions
- Greater understanding and appreciation of each others strengths and contributions
- A practice that can be taken up regularly in the team

### How can people get in touch?

paul.mulligan@gstt.nhs.uk  
02071887070

# Clinicians into management and bullying

## Hertfordshire Partnership NHS FT

### What's the issue?

Skilled Clinicians and Specialists promoted into Managerial roles with no Manager/Leadership Experience.

### What was your OD response?

- Managing Service Excellence Programme  
4 module programme
- Managing Self
  - Managing Individuals
  - Managing a Team
  - Finance
  - Each participant has a 'live' action plan throughout the programme
  - Coaching to support transfer of learning

### What were the outcomes?

- Managers better equipped to 'think outside the box'
- Greater personal insight
- Understanding of role boundaries between manager/HR/OD
- Pro-active rather than reactive Managers

### Why did it work?

- Pragmatic programme
- Interactive
- Experiential Learning
- Group Work

#### Top Tip

Action Learning Sets to keep the 'energy' of the working groups post 'taught' programme

### How can people get in touch?

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# Collective Leadership Discovery

## Hertfordshire Partnership University NHS FT

### What's the issue?

Driven by a desire to create a culture that provided the best platform for our workforce to deliver high quality care

### What was your OD response?

#### COLLECTIVE LEADERSHIP PROJECT STAGE 1 – DISCOVERY

Using the Collective Leadership model, supported by the Kings Fund, we undertook an information gathering exercise to understand where the Trust culture currently was – the exercise was led by Trust staff at all levels/professions

### What were the outcomes?

- More in-depth understanding of the Trust culture
- Challenging recommendations shared with the Board
- Agreement for a joint project group/Board communication event

### Why did it work?

- Being driven by Trust staff provided authenticity
- The Board were engaged from the beginning
- The project group are ensuring that the feedback loop is completed
- It was more work than anticipated – ensure staff are released to do it

### How can people get in touch?

[Charlie.shaw@hpft.nhs.uk](mailto:Charlie.shaw@hpft.nhs.uk)

# Ten minute team brief

## Isle of Wight NHS Trust

### What's the issue?

Staff feedback from National Staff Survey suggests they feel undervalued and that Senior Managers are not communicating enough.

### What was your OD response?

Staff were asked to self nominate to help address the issues. The group working on communication surveyed staff at various levels to probe the issue.

As a result the group came up with the once a week team brief. 10 items (3 Trust, 2 Directorate, 3 Team and 2 individual team member positive feedback items) , briefed at team level at the same time every week – standing up and for just 10 minutes. It was piloted with one team, expanded to 5 teams then rolled out across the Trust.

### What were the outcomes?

The main pilot reported significant improvements on feeling informed and individuals feeling valued. e.g. 14% felt well or very well informed of Trust news before and 12 weeks later 60% felt well or very well informed. 38% agreed or strongly agreed that the team felt valued. 12 weeks later it was 72%.

Staff at pilot sites strongly recommended rolling out the initiative.

### Why did it work?

Keeping it brief, regular and starting on time and finishing on time. Most staff liked team and individual based feedback the most.

### How can people get in touch?

[andy.hollebon@iow.nhs.uk](mailto:andy.hollebon@iow.nhs.uk)

# Developing a Coaching Culture across the trust

## Kingston Hospital FT

### What's the issue?

- Poor rate of PDPR conversations
- Low engagement
- High staff turnover within first year

### What was your OD response?

- Benchmarking how where we were as an organisation with regard to achieving a coaching culture
- Surveying staff, managers and leaders
  - Using Coaching Tool as a Benchmark
  - All managers undertake one day Coaching Skills Training
  - Senior managers trained as accredited coaches
  - Develop Coaching portal on intranet

### What were the outcomes?

- Improved engagement scores from staff survey
- Benchmarking results highlighted that the Trust was very open to Coaching;
- At least 90% of managers trained in coaching skills

### Why did it work?

CEO buy in and drive  
Dedicated team of OD and HR Consultants

### How can people get in touch?

No longer at Kingston but can get in touch at  
[audrey@p31consulting.com](mailto:audrey@p31consulting.com)

# On the Clock

## NEL CSU

### What's the issue?

A strong customer focus (being “on the clock” & rapid mobilisation onto projects) meant that insufficient attention was given to our own staff needs to learn from their experiences and to continuous improvement of processes.

### What was your OD response?

The After Action Review (AAR) approach to team learning has been introduced to the NEL Healthcare Consulting team. At the closedown phase of a project, and at other points, a facilitated AAR allows all involved to learn from each others experiences & identify areas for improvement and for celebration.

### What were the outcomes?

Significant insights have been gained by individuals at all grades about the difficulties & successes encountered during projects. Specific results actions and changes agreed to improve approaches.

### Why did it work?

Factors which contribute to the successful introduction of AAR at NEL Healthcare Consulting a) the culture of the team & readiness to try something new b) senior leadership recognition of the need to support our own people c) the skills of the AAR Facilitators.

### How can people get in touch?

**Judy Walker**  
**07966 585 851**



# Team Development with MBTI

## NHS Coastal West Sussex CCG

### What's the issue?

Some of our teams were under performing. There was conflict and disharmony amongst colleagues, they did not have shared goals and a direction of travel. They were a group of individuals rather than a team.

### What was your OD response?

We designed a team development programme underpinned by MBTI. We started by meeting with our heads of teams to understand the problems further and agree a development day for the team that we (the OD team) would facilitate. We decided to use MBTI to provide a non-threatening framework for staff to feel comfortable in talking about difference. All participants were asked to complete the MBTI questionnaire and group feedback was given during the day. We used MBTI in different ways from the basic understanding through to specific areas such as stress and resilience, problem solving and dealing with change. As well as the team building element we used the high performing team model to help teams agree a clear set of actions to address key areas such as leadership, clear roles and responsibilities, shared goals, vision and how they communicate with each other.

### What were the outcomes?

- Team performance improved
- Improved relationships
- The language of MBTI is used throughout the CCG and helps us to understand each other and work better together
- Clear action plans that are owned by the team
- Improved engagement
- Raised profile of what OD can do – opportunity to do more work with teams and individuals

### Why did it work?

It can be hard for staff to have an open conversation with each other about differences and conflict and by using a non-threatening framework like MBTI it enabled those conversations to take place. We kept talking about it to keep it live and during other conversations we come back to MBTI to help staff understand each other better. When rolling out the programme we worked hard at the contracting phase to ensure we really understood the issues and what they want to achieve from the development day.

### How can people get in touch?

Contact the CWS CCG OD Team  
by emailing  
[cwscg.odteam@nhs.net](mailto:cwscg.odteam@nhs.net)

# To 360 or not 360!

## NHS Blood & Transplant

### What's the issue?

Traditional 360's, because of their reliance on anonymity, don't nurture openness and encourage a culture of feedback. Plus they often take lots of time to complete and much of the content is wasted, as only the top 2-3 areas are addressed

### What was your OD response?

Using the Berwick report as a lever, we developed a 2 question 360, that initially based on the traditional online anonymous report, however for any subsequent feedback leaders are equipped with a template that they can use to ask people in 1:1's for direct feedback in specific contexts



### What were the outcomes?

Whilst it is still work in progress, as stated below, it has been very positively received (particularly as it is free), the next challenge is to ween leaders off of the online report and lever success stories among our leadership population

### Why did it work?

The online 'simple' 360 has received positive feedback from leaders, because it balances strengths with development and they can make use of most of the feedback; those completing the feedback like it because it only takes minutes and feedback facilitators like it because it doesn't take long to prepare for a great feedback conversation

### How can people get in touch?

[Jamie.parker@nhsbt.nhs.uk](mailto:Jamie.parker@nhsbt.nhs.uk)

# Putting People First

## Norfolk & Suffolk NHS Foundation Trust

### What's the issue?

Low staff morale

Disengagement

Poor accountability

Poor Staff Survey results

### What was your OD response?

- Transformational staff engagement programme to better understand what it's like:
  - 'In our shoes' for our staff
  - 'In their shoes' for our service users and carers
- 6 stage systematic process involving 1300 staff, patients and carers to co-produce new Values

### What were the outcomes?

Development of new Trust values 'owned' by our staff and at the heart of all we do

Values embedded into recruitment and appraisal processes

Improved engagement (rate of improvement three times national rate)

### Why did it work?

- Engaged staff by going to them in the workplace
- Adapting approach
- Active listening; delivering quick wins; on-going feedback
- Co-production
- Cascade of values

### How can people get in touch?

[puttingpeoplefirst@nsft.nhs.uk](mailto:puttingpeoplefirst@nsft.nhs.uk)

# How we contribute...

## North Tees and Hartlepool NHS Foundation Trust

### What's the issue?

The staff survey showed that there was a disconnect between the back office function staff and how they contributed to patient care.

### What was your OD response?

As a team we decided that we needed to engage with these staff, we initiated a campaign called 'How I contribute to patient care'. There was different avenues of accessibility; electronic (via e-mailing of pictures), face-to-face road shows and attendance at events. This campaign was communicated via regular communication emails, social media and the Trust magazine ANTHEM.

We collected photographs which staff had completed to show how they contributed to patient care and created a display stand and electronic presentation displayed in public areas.

### What were the outcomes?



### Why did it work?

The intervention worked because we went around to staff and if they were struggling to see how they contributed to patient care we were able to discuss the great work that they were doing and how this made a difference within the Organisation.

### How can people get in touch?

Janet Varga (janet.varga@nth.nhs.uk )  
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# RBCH Cultural Audit

## Royal Bournemouth & Christchurch

### What's the issue?

Culture in the NHS - 'the way we do things around here' – depends on leadership, communication, clear visions, people management and staff satisfaction.

The issues facing the NHS today are hugely challenging; increasing demands, plummeting finances and missed care targets to name a few. So how changes be achieved in organisations with cultures, structures and processes that were created for different ways of working, some of which are resistant to change?

*"This requires not simply tinkering with organisational change, but transforming the way health and care are delivered to ensure long-term sustainability. And this can only be achieved with the involvement, engagement and commitment of leadership and staff throughout the NHS and in other organisations and sectors. It requires changing cultures both within and across organisations."* – Michael West, Kings Fund.

### What was your OD response?

- A group of Change Champions were chosen to lead a cultural audit across the Trust
- A dynamic force behind the culture change
- Working as a multi-disciplinary team of change agents to inform, design and enact the Trust Leadership Strategy and role model collective leadership
- Agreement from the team to a set of objectives:
  1. Define and gather data
  2. Process and synthesis data
  3. Engage and communicate with all staff about the culture change programme and emerging knowledge
  4. Produce a high quality report of the outcomes
  5. Feedback to the Board
  6. Plan next steps for Design and Delivery phases



0-6 months <b>Discover</b> (Complete June 2016)	<ul style="list-style-type: none"> <li>• What are the gaps between what we have and what we need to deliver?</li> <li>• Mission, vision, values</li> <li>• Needed vs existing capabilities</li> <li>• Review against CQC culture measures</li> </ul>
6-12 months <b>Design</b> (Complete Dec 2016)	<ul style="list-style-type: none"> <li>• A clear and unique Leadership Strategy to deliver priorities for next 3-5 years to improve patient care, performance and finances</li> <li>• Talent, organisation design, leadership culture and development</li> </ul>
12-24 months <b>Deliver</b>	<ul style="list-style-type: none"> <li>• Talent management</li> <li>• Leadership development – programmes and interventions</li> <li>• Organisation development – culture, teams, boundary spanning, collaboration</li> </ul>

### What were the outcomes?

#### The staff at RBCH said...

- We cannot see the bigger picture or how plans fit together
- We do not understand the Trust vision
- We don't feel trusted to make decisions
- We don't always feel valued
- There is too much hierarchy
- Poor behaviour is tolerated

#### BUT it was found that...

- There is great teamwork
- There are great examples of good practice
- Staff want to develop and improve

**6<sup>th</sup> June 2016: A 60 page report and presentation to the Board with recommendations:**

Quick wins	Do with a plan	Long-term
Trust access to social media	Inaugural Leadership Summit	Patient Engagement Strategy
Wi-fi for staff	Up-skill staff to have difficult conversations	Management & Leadership Development Strategy
Meeting etiquette	Focus on teamwork	Build internal OD capacity

### Why did it work?

- Sponsorship and commitment from the Board
- A passion and drive for change
- The Change Champions spent time getting to know each other using psychometric tests and team building exercises to understand each others preferences
- Not jumping to action plans and 'fixing' problems

### How can people get in touch?

Call the Organisational Development Team at RBCH:  
**01202 704932**

# Supportive Leadership

## South Central Ambulance NHS FT

### What's the issue?

High staff turnover in 111

Union feeling that managers in 111 did not always display supportive leadership behaviours

Management recognition that 111 Team leaders would benefit from leadership development

### What was your OD response?

Worked with Zeal Solution to implement supportive leadership training focusing on supportive management behaviours and leadership theory

Reflective practice was used to identify strengths and development areas and all participants developed an action plan identifying 3 changes they would like to make in terms of their managerial behaviours.

Accompanying the program was a 360 degree feedback that all participants were required to complete.

### What were the outcomes?

All team leaders in 111 have an awareness of supportive leadership behaviours and their impact on the staff that they manage

All team leaders in 111 have an action plan underpinned by 360 feedback to discuss with their manager and implement

Enhanced relationship with Unions

### Why did it work?

111 management supported the program and "sold" the program

Allowed plenty of discussion to enable learners to learn from each other

Continue the learning after the training day (e.g. 360 feedback).

### How can people get in touch?

Judith MacMillan (HR Manager)  
[judith.macmillan@scas.nhs.uk](mailto:judith.macmillan@scas.nhs.uk)



# Execs MBTI Away Day

## South Central Ambulance NHS FT

### What's the issue?

New members in the Executive Team.

- Execs wanted to explore impact of new members on their MBTI team type
- Where their team strengths and weak spots might be and what they could do about this
- Resilience – how they can recognise signs and support each other in stressful times

### What was your OD response?

Designed a half day workshop which was delivered as part of an away day. (I have run a number of previous MBTI sessions with Execs so they have a good level of understanding already.)

Content included:

Refresh of types and what they mean

New people to Execs – difference it makes

The Exec team type at it's best and at it's worst

In the grip –

- stressors for different types ,
- what to look out for in colleagues – signs of inferior function in charge and how can you help?

### What were the outcomes?

- Good energy and engagement
- Openness and sharing between member of the team
- Genuine commitment to supporting each others well being
- New Team Members bonded
- An Exec Team Member not usually 'Softand fluffy' let me know afterwards that he had used what he had learnt to sooth and support a stressed daughter pre-GCSE ☺

### Why did it work?

- Look for new resources on OPP website and in people blogs/linked in comments to keep things fresh, entertaining and engaging.
- Use relevant examples that you have observed to illustrate points
- During the workshop give “real time” observations and examples if you can – this requires a level of confidence and rapport with the team you are working with to work.
- Provide personalised hand-outs, e.g. Stress Heads

### How can people get in touch?

Jackie.milsom@scas.nhs.uk  
AD HR (Workforce and OD)  
South Central Ambulance Service  
07967525921

# Team Leader Development Centres

## South Central Ambulance NHS FT

### What's the issue?

The role of Team Leader is pivotal in our A and E service delivery. We expect TLs to lead people, inspire and motivate them, deliver a brilliant service to patients and make efficiencies and cost savings at the same time. A hard ask and we recognised that they have not had much development to deliver on the leadership front. We wanted to put that right.

### What was your OD response?

- We decided to run development centres for TLs to help them and us get a better insight into their needs.
- Negotiated some matched funding with TVWLA and commissioned Hay Group to work with us.
- Used the NHS HLM as a framework. Also SCAS values.
- Agreed the appropriate HLM levels for the TL role
- 121 meets with selected TLs to get insight into the day to day challenges of the role and check the HLM levels.
- Developed Development Centre in partnership with Hay Group. Included: Diagnostic (Talent Q); Case Study; Observed role play
- Designed follow up development planning template and development option matrix
- Managers briefed in order to support and jointly own the follow up development plan
- Reward mechanism discussed but not (yet) agreed to incentivize delivery of savings etc.

### What were the outcomes?

Development Centres well received. TLs appreciated the investment made in them and recognition of the importance of their role.

Measures in place around reductions in team sickness absence, improved appraisals, reduced patient complaints, staff retention and staff engagement score in Staff Survey.

Some improvements seen but direct cause and effect hard to prove (but we'll take it anyway!)

### Why did it work?

Recurring issue about is this a Development Centre or an Assessment Centre? Will I lose my job if I do poorly? Vital that this is absolutely clear and transparent from the outset and consistently followed through. Make sure that expectations are managed and that follow up development (within reason) can be delivered. Talk to your local Leadership Academy or Leadership Community about how they might be able to support you in your endeavor. Work with Line Management Team to ensure that delivery doesn't stop once returned to base.

### How can people get in touch?

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# Embedding our values

## Royal United Hospitals Bath NHS FT

### What's the issue?

1,000 hours of listening to staff to help shape our values identified how important it was to feel valued & appreciated in the working day. Many staff felt valued by patients but not by their managers. One of our values is that 'everyone matters' and so we wanted to bring alive the value by encouraging colleagues to thank each other.

### What was your OD response?

A web enabled tool to say thank you using a desktop computer/smart phone. Launched 22/04/16.

Messages can be sent privately to an individual, or can be shared with the entire management team and / or workforce, allowing everyone to hear about the great work colleagues do everyday.

ThanksBox is a way of reinforcing the behaviours which underpin our new values.

### What were the outcomes?

Launched to 350 managers. After 6 weeks – one third of our managers were using ThanksBox, 300 colleagues were using ThanksBox even though they hadn't received a formal invite or a briefing! Within two months the number of users had more than doubled, and a 1000 messages had been sent. After 12 weeks over 1600 messages sent.

### Why did it work?

Flexible, one size doesn't fit all, it's optional, it's one of many ways of thanking staff

Faith, we are working to build and sustain the tool with the enthusiasts, there are those who have strongly resisted the approach and that's OK

Patience, we know it will take time to embed...

### How can people get in touch?

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# One Team One Way- Hospital Street

## Surrey and Sussex Healthcare NHS Trust

### What's the issue?

Following a review of our Trust values in 2015, we launched a project to think about how staff behave and treat each other at work. We used one of our corporate values **"One Team"** as the underpinning ethos for what we wanted to achieve. Using our main corridor which we call **"Hospital Street"** we used the metaphor of a road and considered how driving etiquette could inform behaviours at work. For example, you shouldn't text while driving, so why do staff walk along hospital street looking at their phone? You shouldn't drive across lanes without indicating so why do some staff walk onto hospital street without considering who else is around them for example, lost patients or porters moving equipment?

### What was your OD response?

Championed by our Chief of Surgery at board level, our multi-professional steering group of culture champions set about creating our "standards of behaviour". We made an active choice that the work should not be **led** by the directorate of OD and People, but that we would **facilitate and support** the steering group to deliver on the programme. Using qualitative diagnostics including interviews, focus groups and workshops the steering group connected with staff from all levels across all staff groups to shape what the standards would look like. We also utilised the power of anecdote and gossip to help us understand the issues from a dialogic perspective.

### What were the outcomes?

Our **"One Team - One Way"** standards were launched at our Trust wide Team Talk in April 2016. We facilitate a conversation about the standards at induction and they are referenced in our Achievement Review (appraisal). Our standards have become part of our every day language. For example our estates department discuss a standard during each team huddle where examples are shared on how the standards have been brought to life in the workplace.



### Why did it work?

- **Safe Spaces** where all ideas were encouraged in a supportive environment
- **Equality**- the steering group included ward clerks, HR, caterers, surgeons, matrons & therapists so we set clear ground rules to encourage participation and involvement
- **Championed by board**, but developed and implemented by our people
- **Clear milestones and responsibilities** to facilitate programme delivery
- **Clear vision** for why this mattered and how we intended to work on it

### How can people get in touch?

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Tweet me: @N8\_tweets

# Find out more and get involved

The Do OD resources include toolkits, blogs, guides, podcasts, case studies and apps categorised by OD topic areas that include culture change, team building and evaluating practice. You can access these using the links below. You can also join our community and connect with fellow OD practitioners and subscribe to the iDoOD bulletin to get involved with our work and shape how we develop OD in the NHS.

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