NHS Shetland

ORGANISATIONAL DEVELOPMENT STRATEGY AND IMPLEMENTATION PLAN

2002 - 2005

Issued:	**1st April 2003**
Review Date:	**1st April 2004**
Responsible Officer:	**Head of Human Resources on behalf of the Local Partnership Forum**

SHETLAND NHS BOARD

**ORGANISATIONAL DEVELOPMENT STRATEGY AND
IMPLEMENTATION PLAN
2002 - 2005**

Narrative

During 2002, Shetland NHS Board (the Board) commissioned, through a tender exercise, Lysis Consulting to undertake a programme of work that would underpin the Board's development as an organisation, and particularly over an initial period of 3 years.

A desired outcome of the work was a report that could be adopted as the Board's organisational development strategy with a recommended implementation plan that commenced during 2002. This document has been adopted by the Board as its organisational development strategy for 2002 to 2005 and action points arising from the report that were not scheduled in during 2002/2003 will be incorporated into the Corporate Action Plan each year, commencing with 2003/2004, and monitored accordingly.

This strategy document will be reviewed annually through the Local Partnership Forum to monitor progress and to reflect on the continuing development of the organisation; amendments/adjustments will be made as appropriate.

00 Introduction

This report and these recommendations are based on 11 one-hour meetings with Board Members, clinicians and managers from the NHS and Social Services in Shetland, on a group panel with members of the SMT, on an Open Space Workshop with some 30 participants, and on visits to a range of facilities.

01 Report

0101 The general impression is of health and social services which are characterised by commitment and very high standards. The facilities also appear to be of a high standard overall. The people I met were all focused on giving an excellent service to the citizens of these islands.

0102 Alongside this very positive impression is another – that of a system at a critical moment in its evolution. People more distant from Lerwick particularly spoke of the need to improve integration of services. Others gave voice to some anxiety and uncertainty about the future of service provision in Shetland, particularly in view of heightened public expectation, falling stock market revenues, and difficulties in recruitment and in the staffing of certain specialisms.

0103 People were aware of underlying causes for the current situation such as these: difficulties in recruitment (and somewhat in retention), the particular demands arising from an ageing population, underlying changes in social practice (such as family structure) and the shifting character of professional careers. On top of these "naturally occurring" phenomena, the impact of policy changes such as the Working Time Directive or of the requirements of professional re-accreditation was keenly felt.

0104 Some staff conveyed a sense of "being up against it". Their wish to provide the best possible service meant they did not feel able to take time off, for example, and their experience was of relentless demand. It should be pointed out that nobody I spoke to was "moaning"; what they did convey, however, was a concern for the future sustainability of services.

0105 At certain parts of the organisation, the demands arising from the Scottish Executive's attempts to bring into being coherent systems of regulation and performance management are felt to be particularly onerous. In common with other Boards (especially smaller ones) compliance with proper regulatory frameworks (which may themselves be less than entirely internally coherent or consistent with each other), and engagement in a mature dialogue with the Centre about priorities while undertaking the day-to-day management of the organisation is difficult and demanding. There is, however, a growing capacity to deal systematically with these demands, and NHS Shetland is represented with confidence at the most senior level on the national stage.

0106 The people with whom I spoke were mostly at a senior level; all occupied positions of real influence. I gathered the impression of an "informal" tendency in communication "further down" the organisation. There is, in short, an over reliance on the grapevine. A key recommendation is therefore to develop a more coherent management system in the "middle" of the organisation, and to significantly enhance clarity about roles and responsibilities, as well as accountability. Endeavours already in train to improve internal communications should be supported. Work which will help middle managers develop problem solving skills, and the capability and confidence to deal with difficulties as they arise should also be given priority.

0107 Many people clearly do have good links with members of the public. On the other hand, I observe that few NHS organisations in the UK have truly adequate processes of dialogue with the citizens they serve. In a context where the need to deal positively with challenges to the sustainability of services will certainly create difficult decisions, it is crucial to be in touch with members of the public. Dialogue with citizens needs to be robust and sustained; it should be pursued with sensitivity, and with an awareness that anonymity is largely lacking in Shetland. This indicates a twin track strategy of actively developing communications per se, while taking every opportunity offered by existing systems to explore and understand the perceptions and aspirations of service users.

0108 Cultural awareness was identified as a priority for the organisation, particularly as the ways in which NHS Shetland undertakes its business offer a valuable mirror image to Shetland society as a whole. Endeavours should be made to enhance the organisation's understanding of and sensitivity to different experiences of disability, and to introduce a much more active exploration of the implications of a racially diverse society. It is suggested that efforts in management development should include cultural awareness, in addition to competence and collaboration, as part of the curriculum.

02 Recommendations

0201 I believe that the NHS in Shetland confronts these important development tasks:

- To assert the reality of a sustainable Shetland health and social care economy
- To bring the different health care entities in Shetland into a more coherent network
- To enhance the managerial capacity and capability of staff in constituent health organisations to deliver the best possible healthcare to the citizens of Shetland
- To promote a sense of ownership and active participation in the development of services among NHS staff (and, where possible) the staff of allied agencies
- To engage through a variety of means in a robust and sustained dialogue about the future of healthcare with the population of the Shetland Islands.

0202 I recommend setting development work in train which will support the achievement of these tasks. This work can be grouped under these (overlapping and related) main headings:

- Sustainability
- Integration
- Capability
- Participation
- Community

0203 Principles which should inform the design and execution of this work include:

- Emphasising the practical and ethical dimensions of participants' managerial and executive capacity by focusing on day-to-day dilemmas and difficulties
- Encouraging participants to develop and articulate new perspectives, through comparative and theoretical work designed to enhance understanding of underlying trends
- Bringing together participants from across disciplinary, organisational and agency boundaries
- Promoting shared understanding and integration in activity between primary and secondary care, and between health and social care
- Fostering enriched understanding of and, where possible, connections with the citizens who use NHS services in Shetland.

0204 In summary, this proposal envisages a programme of activities designed to develop and build:

- The effective management of the performance of teams and individuals
- A working culture of respect, trust and active participation
- Innovation and collaborative working, particularly across existing teams, professional groups, organisations and agencies
- In-depth understanding of the ways in which healthcare institutions are regarded and understood by their users
- Meaningful, effective dialogue with citizens
- A wide-ranging debate about the future of healthcare, including funding systems, new technologies, the ethics of healthcare and changing dynamics in healthcare careers
- An articulation of the implications of Shetland's size and location, and of its remoteness and predominant rurality

03 Programme of Work

I recommend that development work should be undertaken, which reaches widely into the organisation and beyond, and which yields early benefits to the Shetland healthcare system. I suggest a programme of work as follows, grouped under the main headings set out above.

0301 Sustainability

Objectives:
To promote a wide-ranging and well-informed debate about the sustainability of healthcare provision in Shetland, which includes members of NHS and other organisations and members of the public, and which encourages participants to countenance changes in the way things are done at the present moment.

Activities:
Devise and co-ordinate a series of seminars and workshops on health and healthcare futures for members of NHS organisations and others
Co-ordinate and run regular large meetings of many stakeholders at different locations throughout the islands to identify ideas, concerns and priorities
Develop a range of more sophisticated means and processes for developing a multivariate expression of healthcare futures. These should be ongoing, and consistent with the activities of other agencies, and, wherever possible, undertaken with them.

0302 Integration

Objectives:
To enhance the capacity of separate parts of the service to work together
To promote discussion and contestation of a vision of integrated services
To enhance inclusiveness in decision making
To pay attention to the needs of more isolated practitioners

Activities:
Facilitate a stock take and reappraisal of the current situation, and promote organisational development work with the LHCC
Promote the possibility of clinical reform which moves towards integration of primary and secondary care, and which encourages innovation and service redesign across boundaries
Provide role consultancy services to GPs and GP practices, particularly to those practices which are relatively distant from Lerwick
Undertake over time a review of management structures and processes, with particular reference to the mandate of Joint Futures for inclusiveness in decision making.

0303 Capability

Objectives:
To significantly enhance the managerial capacity of the organisation at all levels
To enhance the ability of the organisation and its members to meet the challenges which are to come.

Activities:
Develop and run a foundation management development programme for managers throughout Shetland, focusing on objective setting, communication and performance management. This programme would be planned to meet the needs of Heads of Service, clinical directors and ward managers, managers in Primary Care and in the LHCC, and all those who have responsibilities for managing staff
Provide a consultation service for teams, to help them review their working practices, and to develop the effectiveness of the work they undertake together
Provide a sequence of real time management development opportunities for Executive Members of the Board and Members of the Senior Management Team, in which the focus is the real difficulties and dilemmas of co-ordinating work
Provide a consultation service for individual senior members of staff within the organisations, enabling them to analyse the relationship of their roles and responsibilities to the work of the health care system in Shetland overall
Provide Non-Executive Members of the Board with ongoing development opportunities with regard to the problems of healthcare policy and delivery

0304 Participation

Objectives:
To promote active and widespread participation in discussion of the ways in which the organisation conducts its affairs, now and in the future
To understand better how corporate communications are received and understood within the organisation, and how they can be developed and improved
To stimulate a working culture of respect for difference, for open, responsible debate and of collective endeavour

Activities:
Conduct a review of internal communications, drawing on the experience and insight of the members of relevant groups (such as the Joint Futures group, for example)
Produce a working plan with a range of options for improving and sustaining active and effective communication, and the means for active participation throughout the organisation

0305 Community

Objectives:

To promote robust and sustained dialogue with members of the public, concerning all aspects of provision of services

To understand more deeply the impression created by current NHS practices in communicating with the public

To understand the rich variety of views and ideas held by members of the public concerning present and future provision of care services in Shetland

Activity:

Undertake a review of the ways in which the NHS communicates its ideas and purposes throughout Shetland, and by which it receives the views of others

Produce a working plan with a range of practical options for ensuring an ongoing deep and wide dialogue with the public

Provide training where it is necessary for the conduct of such options for community development

04 Timescale

It is not easy to impose an ironclad set of priorities on the broad range of activities described in these recommendations. To a large extent, the impact of their being undertaken at more or less the same time is intended to be greater than any of the parts. However, some sense of order is required, since what can be undertaken will depend on staff availability, the perceived importance of development work relative to clinical and other work, and will also reflect funding opportunities emerging in Shetland or further afield.

The following table offers an indication as to when various activities could plausibly begin, always assuming that other conditions were met. Note that no end point is indicated.

0401 Recommended schedule of OD activity

	2002	2003				2004				2005
	4	1	2	3	4	1	2	3	4	1
Sustainability										
Seminars on healthcare futures				x						
Large meetings of many stakeholders					x					
Develop sophisticated processes						x				
Integration										
Organisational development work LHCC					x					
Innovation, service redesign across boundaries							x			
Consultancy to GPs					x					
Review of structures and processes							x			
Capability										
Foundation management development programme	x									
Consultation service for teams							x			
Real time management development SMT					x					
Consultation service for senior staff						x				
Non-Executives development						x				
Participation										
Review internal communications					x					
Practical options for communication/participation						x				
Provide training where necessary							x			
Community										
Review external communications							x			
Practical options for dialogue								x		
Provide training where necessary									x	
	2002	2003				2004				2005
	4	1	2	3	4	1	2	3	4	1

END OF REPORT