Organisational Development and Workforce Plan

Contents

1.0 Introduction

The Organisational Development and Workforce programme will lead on the development and implementation of the people strategy that will underpin the delivery of the STP and create the framework and values to support the system to work as 'One Gloucestershire'.

We have established an OD and Workforce Strategy Group as part of our STP governance which is made up of representatives of STP partners. Our shared action plan is based on developing the Capability, Capacity and Culture that is needed to deliver the programme's vision. In addition a working group has been established to take forward the development and implementation of a Gloucestershire STP Improvement Academy.

2.0 Why do we need a system-wide OD and workforce delivery plan?

We need to focus on the collective culture and development of our system as well as that of its constituent parts if we are to be truly successful in our goals of achieving greater integration. Developing shared principles and ways of working will set the tone for our workforce and support them to lead and work across pathways with confidence. Shared values and improved ways of working will ensure we support the delivery of improved outcomes for patients.

We have a shared vision and we have agreed shared priorities and a route map to developing our new models of care. We will need to equip our workforce with the skills to lead service improvement, work across boundaries, work with patients in a partnership and harness the use of technology.

We also have key workforce capacity pressures which have significant implications for the effective functioning of our system. The nursing workforce is a key example which cuts across primary, community, mental health and our secondary care providers. Rather than competing against each other for a limited pool we recognise we need to work together to address the more fundamental questions of how to encourage people to join the workforce in Gloucestershire and how we can support people to enjoy a rewarding career within our system.

3.0 Our vision

"For our public we will develop an enabling culture across health and social care in Gloucestershire, invest in skills and leadership and ensure that we have the right number of people with the right skills doing the jobs we need to deliver the STP plan. We will develop a workforce that is more agile, flexible, multidisciplinary and one that is patient and outcome focused."

We are committed to working together across the entire system to deliver this vision.

3.1 Our aim

The aim of the Workforce and Organisational Development programme will be to provide system-wide leadership and co-ordination of our workforce planning, workforce development and organisational development to support the delivery of our system wide goals as set out in the STP.

3.2 Our principles

In order to successfully deliver this programme we are adopting the Kings Fund principles for Integrated Systems. A few key principles are set out below:
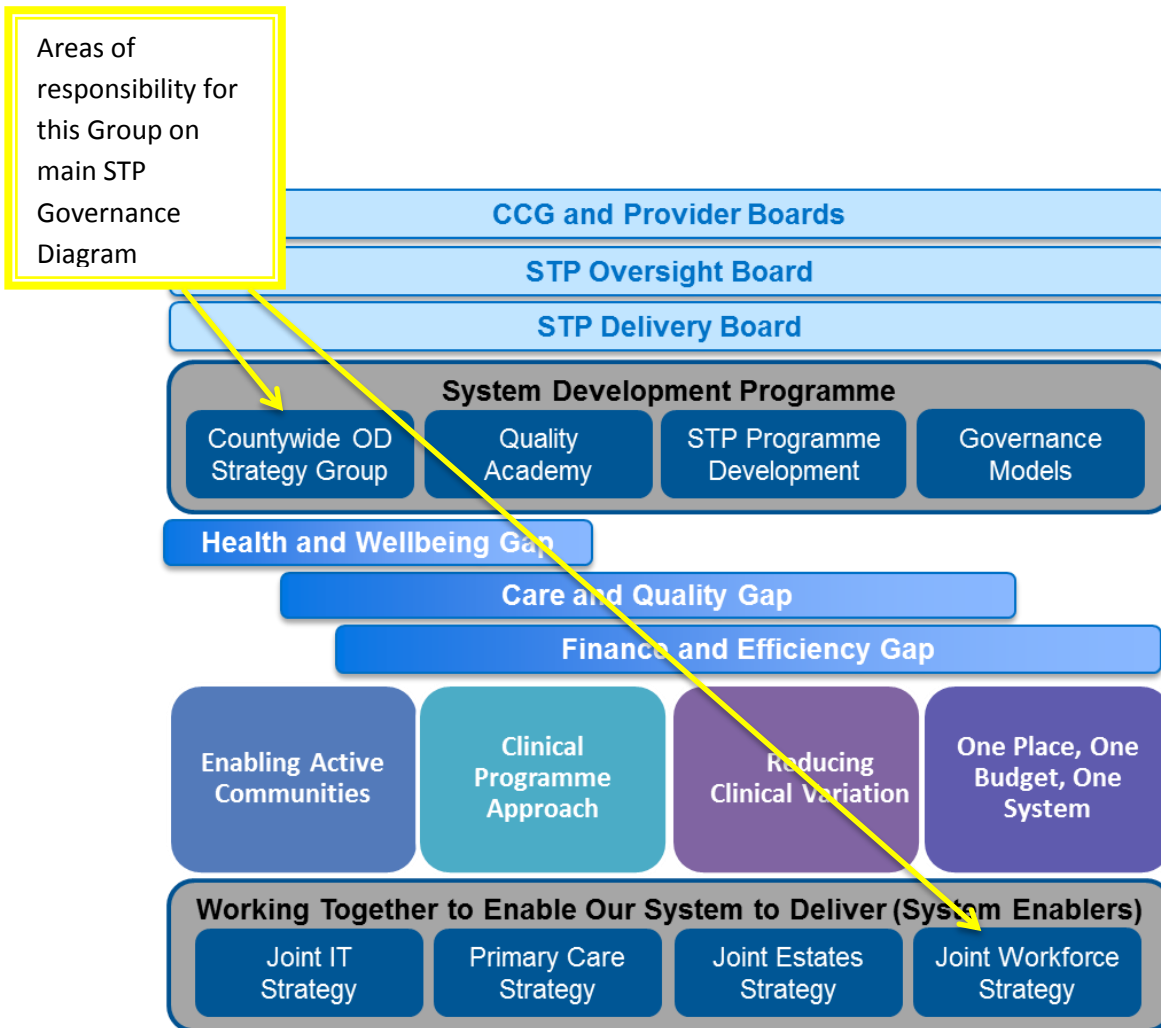
- Workforce and organisational development should be at the heart of all of our transformational programmes. The OD and Workforce Strategy Group will own delivery of the big ticket cross cutting workforce issues and will work with other STP groups and our clinical programmes to support them to embed agreed approaches into their practice.
- We will develop a common language across all the key STP partners to enable us to deliver consistent and sustainable change
- We need to consider the workforce in its widest sense and we recognise that this is underpinned by strong carers, communities and the voluntary and independent sector. Supporting vibrant communities is the key focus of our Enabling Active Communities programme and we will work with the Enabling Active Communities programme on key joint initiatives such as coaching and personalised care planning to support patient activation.
- We need to role model the principles and leadership behaviours that we agree by the wider STP within this programme. Leaders of the programme will adopt these and using a model of distributed leadership will take accountability for delivery across the system.
- Our approach to workforce and organisational development needs to support the delivery of our financial context. Working with the Resource Group, the OD and Workforce Strategy Group will take the lead role in shaping and overseeing the workforce resource plan for the system.
- We will work collaboratively to support system goals and our organisations will align their work with this. The OD and Workforce programme does not seek to replace the ongoing work within organisations to support their organisational OD and workforce strategies – it will facilitate sharing of good practice, consistency in approach to achieve system goals, removing duplication and the creation of efficiencies of scale in key areas.

4.0 Governance

We have established an OD and Workforce Strategy Group as part of our STP governance which is made up of representatives of our STP partners. This group is led by Shaun Clee, Chief Executive of 2Gether NHS Foundation Trust.

This group will provide the oversight and direction for a system-wide workforce delivery plan and is accountable for its delivery. The group will manage the interdependencies with the

other STP programmes that it is seeking to support. The high level STP governance structure and STP working group relationships are set out below:

Areas of responsibility for this Group on main STP Governance Diagram

CCG and Provider Boards

STP Oversight Board

STP Delivery Board

System Development Programme

| Countywide OD Strategy Group | Quality Academy | STP Programme Development | Governance Models |

Health and Wellbeing Gap

Care and Quality Gap

Finance and Efficiency Gap

| Enabling Active Communities | Clinical Programme Approach | Reducing Clinical Variation | One Place, One Budget, One System |

Working Together to Enable Our System to Deliver (System Enablers)

| Joint IT Strategy | Primary Care Strategy | Joint Estates Strategy | Joint Workforce Strategy |

4.1 Progress to date

The OD and Workforce Strategy Group has been meeting since May 2016. It is chaired by Shaun Clee, Chief Executive of 2Gether NHS Foundation Trust and has executive level HR/OD representation from Gloucestershire Care Services NHS Trust, Gloucestershire Hospitals NHS Foundation Trust, 2Gether NHS Foundation Trust, Gloucestershire Clinical Commissioning Group and Gloucestershire County Council. The group has finalised its Terms of Reference and working to identify the relationships needed with other work streams and the governance needed to support its objectives. The group has drawn on the expertise of its membership as well as a stock take of progress to date to develop a delivery plan. We are in a good position to collaborate effectively in Gloucestershire with a unified footprint and we have been working together over the past year to explore new opportunities.

We are actively supporting the development of new roles to help us to bridge our workforce gaps and to widen access to health and social care professions. This includes working with

local education providers to develop the nurse associate role, investing in Advanced Nurse Practitioner roles to fulfil some of the functions traditionally held by medics, participating in the national clinical pharmacist pilot and actively exploring new roles within a primary care setting. We are pursuing innovative developments within the county and forging strong partnerships. These include exploring proposals to develop a University Technical College, proposals to develop local provision for the training of registered nurses and working with our Local Economic Partnership to develop a collective approach to promoting careers within the health and care sector with local schools and colleges.

5.0 Understanding our current workforce

In order to plan for the future we need to understand our current workforce profile. As a community we have been working to develop a detailed understanding of our workforce profile across the system and the key gaps and actions that our organisations are already taking to address these. A summary of some of the key features of our workforce is included here.

Figure 1 below highlights our workforce numbers across our three main health providers over time. This illustrates that overall our total workforce numbers are staying relatively static. We have a significant challenge ahead as in order to close our financial gap in the system we will need to see less reliance on healthcare services, whilst also maintaining quality of care for people who do need support from our services.

Figure 1

FTE Staff from 2G, GCS and GHFT	Apr-11	Mar-12	Mar-13	Mar-14	Mar-15
Add Prof Scientific and Technic	519.3	477.6	452.1	444.0	374.9
Additional Clinical Services	1,358.3	1,336.7	1,371.4	1,386.8	1,501.8
Administrative and Clerical	2,187.7	2,080.6	2,059.6	2,106.7	2,159.9
Allied Health Professionals	928.1	858.3	849.9	888.8	867.5
Estates and Ancillary	555.7	518.7	464.7	470.7	460.6
General Payments	6.2	4.6	5.2	5.0	5.0
Healthcare Assistants & Other Support Staff	132.3	124.0	105.8	99.3	94.7
Healthcare Scientists	171.0	185.2	188.7	183.3	233.0
Medical and Dental	903.7	887.7	878.3	875.1	879.8
Nursing and Midwifery Registered	2,443.2	2,432.9	2,438.5	2,429.6	2,463.1
Nursing, Midwifery & Health Visiting Learners	0.0	8.0	17.0	46.0	14.9
Nursing, Midwifery & Health Visiting Staff	1,040.4	927.6	949.0	997.7	1,065.5
Students (Nursing)	0.0	0.0	0.0	0.0	5.0
Grand Total	**10,246.0**	**9,841.8**	**9,780.2**	**9,932.9**	**10,125.7**

Another key feature of our workforce is our participation rates. Participation rates look at the relationship between the number of Heads (people) we employ against their WTE (hours worked) - for example 120 Registered Nurses provide 96 WTE's which will equate to an 80% participation rate. The South West participation rate for Registered Nursing is lower than the England and London averages – this will be as a consequence of a number of reasons including travel to work time, lifestyles and current contracts. The Gloucestershire Non-

Medical and Clinical Support participation rate is the lowest of all the STP's across the South West as illustrated in Figure 2. Finding ways to increase participation rates, even by a small percentage could provide more time from experienced staff. Our providers are currently reviewing their approaches to employing part-time staff.

Figure 2

	Glouc're	BSW	BNSSG	Cornwall	Devon	Somerset	**Average**
Medical	**92.00%**	91.34%	93.03%	89.41%	91.90%	91.76%	**91.57%**
Non-Medical	**83.54%**	83.82%	85.29%	85.35%	85.33%	83.76%	**84.52%**
Of which N&M	**84.37%**	84.22%	86.99%	85.13%	85.50%	83.76%	**85.00%**
Of which S,T & T	**84.10%**	83.56%	84.42%	85.08%	85.55%	83.83%	**84.42%**
Of which Clinical support	**82.06%**	82.29%	86.27%	88.45%	84.01%	82.51%	**84.27%**

We also have opportunities to increase our skill mix. Our ambitions to introduce more apprenticeships and the nurse associate role will help address this. Additionally, we are investigating developing cross sector apprenticeships to develop a broad health and social care focus, thereby increasing capability and capacity across the system. Figure 3 below illustrates that the percentage of staff, excluding Medical, that are paid Agenda for Change B5 or greater. Gloucestershire is above the average of the rest of the SW at 59% which would indicate that approximately 41% are employed in band 1 to 4. AfC B1 – 4.

Figure 3

	Glouc're	BSW	BNSSG	Cornwall	Devon	Somerset	**Average**
Non-Medical	**59%**	57%	57%	57%	56%	56%	**57%**

Figure 4 gives an overview of the difference between establishment and staff in post – the closest proxy we have to understanding the vacancy factor and our gaps. This provides a snapshot in time from 31st March 2015. It highlights our significant gaps in the registered nursing workforce and in the qualified scientific, therapeutic and technical professions. We are specifically working to address these through exploring the development of local nurse training and a University Technical College, alongside other measures.

Figure 4

Position as at 31st Mar 15 Staffing Categories	ESR SIP	Staff in Post	SIP Diff	Current Fill Rate	Establishment	Vacancies
Non-Medical	8855.87	8835.69	-20.18	94.21%	9,378.26	542.57
Clinical	7545.12	7534.96	-10.16	94.19%	7,999.85	464.89
Registered Nursing, Midwifery & Health visiting staff	3236.36	3236.53	0.17	94.87%	3,411.53	175
Hospital based	2338.43	2338.87	0.44	95.03%	2,461.12	122.25
Acute, Elderly & General	1,787.56	1,787.40	-0.16	95.07%	1,880.17	92.77
Paediatric Nuursing	105.02	105.02	0.00	113.55%	92.49	-12.53
Maternity services (excl Reg. Midwives)	6.00	6.00	0.00	83.68%	7.17	1.17
Registered Midwives	219.51	219.51	0.00	95.72%	229.33	9.82
Neonatal Nursing (excl N2L & N1L)	38.45	38.45	0.00	72.11%	53.32	14.87
Psychiatric Nursing	179.69	180.29	0.60	91.79%	196.42	16.13
Learning Disability Nursing	2.20	2.20	0.00	99.10%	2.22	0.02
Community Based	857.21	857.07	-0.14	94.20%	909.80	52.73
Community Psychiatry	296.92	299.60	2.68	91.74%	326.56	26.96
Learning Disability Nursing	48.06	48.06	0.00	91.74%	52.39	4.33
Community Services (excl HV's & DN's)	284.39	285.45	1.06	99.17%	287.85	2.4
District Nurses	50.50	49.90	-0.60	70.82%	70.46	20.56
Paediatric Nursing	8.63	8.63	0.00	96.64%	8.93	0.3
Health Visitors	132.19	130.11	-2.08	100.42%	129.57	-0.54
School Nursing	23.89	22.89	-1.00	105.92%	21.61	-1.28
Registered School Nurses	12.63	12.43	-0.20	100.00%	12.43	0
Others	40.72	40.59	-0.13	99.95%	40.61	0.02
Other Registered Nurses	28.42	28.29	-0.13	96.52%	29.31	1.02
Post Registered Learners	12.30	12.30	0.00	108.85%	11.30	-1
Qualified Scientific, Therapeutic and Technical Staff	1,187.70	1,184.72	-2.98	92.12%	1,286.04	101.32
Allied Health Professionals	765.92	762.34	-3.58	91.83%	830.15	67.81
Chiropody / Podiatry	39.37	39.37	0.00	96.59%	40.76	1.39
Dietetics	32.51	32.51	0.00	100.90%	32.22	-0.29
Occupational Therapy	237.83	235.93	-1.90	91.92%	256.67	20.74
Orthoptics / Optics	27.28	27.28	0.00	82.74%	32.97	5.69
Physiotherapy	209.17	207.67	-1.50	94.80%	219.05	11.38
Radiography (Diagnostic)	112.47	112.47	0.00	88.82%	126.63	14.16
Radiography (Therapeutic)	46.72	46.72	0.00	88.02%	53.08	6.36
Art / Music / Drama Therapy	5.46	5.46	0.00	91.76%	5.95	0.49
Speech and Language Therapy	55.11	54.93	-0.18	87.44%	62.82	7.89
Other Scientific, Therapeutic and Technical Staff	421.78	422.38	0.60	92.65%	455.89	33.51
Multi-therapies	3.50	3.50	0.00	93.83%	3.73	0.23
Clinical Psychology	70.96	70.56	-0.40	95.57%	73.83	3.27
Psychotherapy	54.91	55.91	1.00	91.75%	60.94	5.03
Pharmacists	58.59	58.59	0.00	98.19%	59.67	1.08
Pharmacy Technicians	49.23	49.23	0.00	92.17%	53.41	4.18
Pharmacy Trainees	5.00	5.00	0.00	100.00%	5.00	0
Dental	40.93	40.93	0.00	84.92%	48.20	7.27
Operating Theatres	58.88	58.88	0.00	89.82%	66.29	7.41
Social Services	53.59	53.59	0.00	91.75%	58.41	4.82
Any Other ST&T Staff	26.19	26.19	0.00	99.17%	26.41	0.22
Support to Clincal Staff	3,119.86	3,112.51	-7.35	94.29%	3,301.08	188.57
Support to Nursing & Midwifery	1,612.78	1,612.43	-0.35	92.60%	1,741.21	128.78
Support to AHPs	206.06	206.85	0.79	93.49%	221.26	14.41
Support to Other ST&T	300.79	299.19	-1.60	102.97%	290.57	-8.62
Support to Qualtified Ambulance Staff	30.00	0.00	-30.00	0.00%		0
Any Other Clinical Support staff	1,000.23	994.04	-6.19	94.85%	1,048.04	54

Our other major workforce groups which need concerted actions to support their resilience are the primary care and social care workforce. Figure 5 highlights the concerning age profile of our local GP workforce and also the opportunity for us to do more to develop extended and advance nurse practitioners in primary care. We have made commitments in the STP to do this. We have a primary care workforce strategy which is addressing recruitment and retention of GPs and also supporting greater skill mix within the primary care team – e.g. through greater roll out of clinical prescribing pharmacists.

Figure 5

| Gloucestershire General Practice Workforce Data September 2015 (Published April 2016)			
Staff Demographics	**Gloucestershire**	**South West**	**England**
% of GPs aged under 35 (Headcount)	15.78%	14.54%	18.56%
% of GPs aged over 54 (Headcount)	21.81%	19.15%	20.17%
% of Partnered GPs (FTE)	86.09%	78.78%	68.51%
% of Nurses aged under 35 (Headcount)	8.71%	5.73%	6.75%
% of Nurses aged over 54 (Headcount)	29.62%	30.50%	30.93%
% of Trainee Nurses (Headcount)	1.39%	0.30%	0.51%
% of DPC aged under 35 (Headcount)	10.87%	16.11%	17.46%
% of DPC aged over 54 (Headcount)	25.65%	25.81%	25.78%
Skill Mix			
Skill mix: Ratio of Nurses to GPs (FTE)	0.52	0.55	0.52
Skill mix: % of Advanced, Specialist and Extended Nurses (FTE)	15.97%	20.49%	22.62%
Skill mix: % of HCA in Total DPC (FTE)	46.01%	54.74%	63.39%
Skill mix: Ratio of DPC to Nurses (FTE)	0.75	0.74	0.61

We also need to support the resilience of our social care and caring workforce, both in the statutory and independent sectors. A recent report produced by Skills for Care for the Southwest highlighted these key findings:

- Approximately a third of workers (33.3%) were new to their roles in the past 12 months.
- Workers have, on average, eight years of experience working in the adult social care sector and four years of experience in their current role.
- Approximately 1 in 4 people left their role in the past 12 months.

Figure 6 demonstrates the length of time that people spend in the social care workforce. As at September 2015 Gloucestershire had the lowest years in sector taken across all job roles in the South West. National shortages and recruitment and retention challenges of Social Workers is continuing to be addressed in Gloucestershire with targeted interventions such as recruitment campaigns, links with universities, market rate supplements, "golden hellos" and specific retention policies.

Figure 6
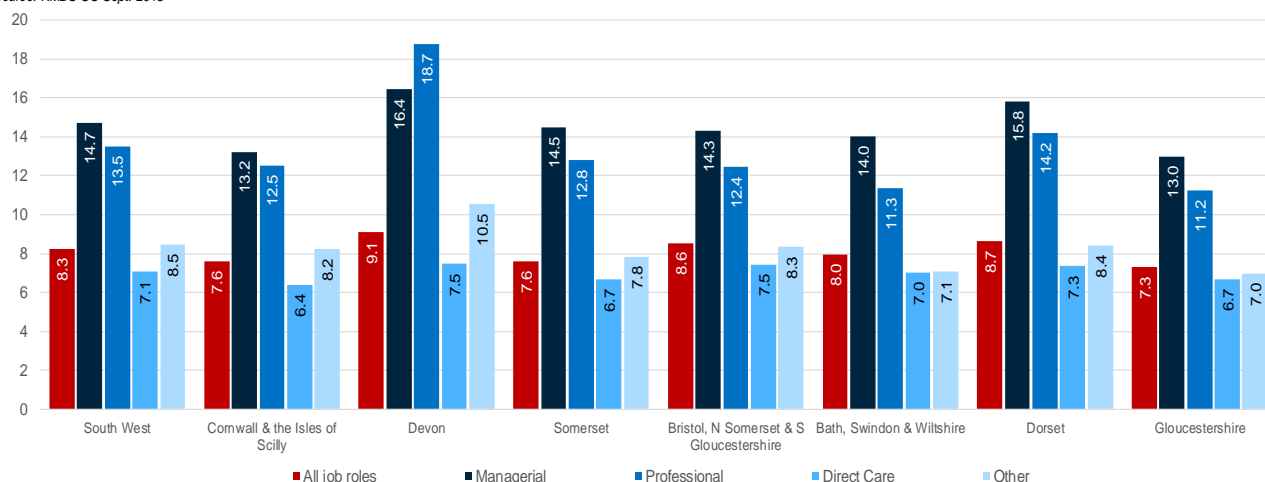
We are developing a better understanding of our pinch points across the system which has helped us to shape our delivery plan for the system. Understanding our starting point is also important so that we can measure the impact of changes we introduce. It's also critical to us understanding how we need to shape and make projections for our future workforce profile across Gloucestershire.

6.0 What we plan to do

Our delivery plan focuses on the following three areas which we believe are vital to the successful delivery of our Sustainability and Transformation Plan.

1. **Culture**
   - Developing the values, behaviours and leadership for our system

2. **Capability**
   - Developing the skills, competence and confidence in our workforce to deliver our new models of care

3. **Capacity**
   - Developing robust workforce projections and plans to address shortfalls that impact on the resilience of our system and our ability going forward to deliver new models of care

Our 3 workforce priorities are:

- Developing a sustainable medical workforce, particularly for primary care
- Developing a sustainable nursing and Allied Health Professions (AHP) workforce
- Ensuring that our workforce has the skills to work effectively and collaboratively within new models of care to deliver the STP plan

Our key challenge is to further develop our future workforce projections and to anticipate the roles and skill mix we need in the future and to support our financial gap. We are working closely with the new care models programme and the pilots within our STP to understand how we need to adapt our current projections to meet these needs.

We have made the following delivery commitments in the STP.

By 2017:

- Confirm the leadership values and behaviours we want to work to as a system and align our organisational workforce and organisational development strategies to STP's priorities
- Agree and implement a model for distributed leadership which supports people to lead our STP priorities across the system
- Develop a leadership network across our footprint and support 100 leaders to be role models within their organisations
- Train 300 staff in service improvement and change management skills
- Develop a single Gloucestershire branding to support recruitment into the county
- Refine and develop our workforce projections for 2020
- Expand apprenticeships opportunities across the STP footprint including the the introduction of 200 nurse associate roles
- Support 400 staff to attend CPD masterclasses that support our STP goals

By 2021:

- Introduce joint and rotating clinical roles to support our new models of care
- Embed the "One Gloucestershire culture" as evidenced through staff survey results
- Make key decisions about the shape our system needs to take to support our new models of care and made the transition from organisation to system development
- Introduce a range of new and different approaches to education and learning which supports an increased number of healthcare staff to become registered
- Delivery of further integration of 'back office' functions across our system
- Delivery of a reduction in agency and temporary staff costs and a joined up approach to workforce capacity management across all partners
- Develop 2,000 staff in health coaching, supportive technology and healthy lifestyles
- Deliver the 7 day working standards

The delivery plan in full is set out on page 11.

7.0 How will we measure any impact?

In developing our delivery plan we have set out the outcomes we wish to achieve through our work. We now need to develop a set of metrics to evaluate the success of each of the actions on our delivery plan. We will use a basket approach looking at quantitative measures such as retention, turnover, vacancies and staff survey findings as well as more qualitative approaches. We will also develop a system stakeholder survey so that we are testing recognition of the One Gloucestershire approach and values with a wider audience.

8.0 Gloucestershire Organisational Development and Workforce Delivery Plan

Work streams	Change Activity Required	How?	Outcomes	Delivery Date
1. **Embed improvement capability**	Shared approach to improvement capability and training delivered to staff across system to support transformational change	Develop joint commissioning skills & resources building on existing arrangements and experience where joint commissioning roles already exist across health and social care Joint transformation/service redesign resources Ensuring embedded improvement capability e.g. through new CPD arrangements – transformation master classes	People have the skills we need to deliver the goals of the STP and feel confident in their ability	December 2017
2. **Build co-production capability with clinicians and carers**	Develop a shared approach to building co-production capability	Embedding a culture of co-production e.g. through coaching to mobilise healthy behaviours and person led care Supporting self-care and prevention agenda – Making Every Contact Count, common e-learning module across Gloucestershire for healthy lifestyles	Patients are motivated to self-care and feel supported to make healthy choices. Improved patient experience and satisfaction. Increased patient activation Staff provide brief interventions to patients and individuals that lead to healthy living	March 2017
3. **Enable the workforce in key skills**	Define training needs analysis and address gaps taking account of new models of care	An IT enabled workforce –use of technology to support remote monitoring across health and care (telehealth and telecare training in domcare/ care homes/ practices/ community nursing). PDA devices to enable carers and other workers to maximise time spent with patients.	Patients feel confident in using technology to help manage their conditions Staff feel equipped to use technology and integrate this into their working practice	December 2018
	Provide mutual support and learning opportunities using opportunities in our system	Offering training support within the health and social care community. Develop a training passport for the county	We adopt best practice within the economy and reduce the cost of outsourcing training	September 2017
	Creating one system	DBS clearance to follow individual Assess other elements of HR/recruitment practice that can be integrated/ shared. Develop integrated health and social care career pathways – including leadership pathways	Staff are able to rotate and take up new roles across our organisations without delay	January 2018
4. **Model Current system workforce profile**	Workforce Profiling	Sharing information on workforce, developing a common language, adopting workforce profiling tools, understanding common workforce issues, improving data capture, looking at how we compare to elsewhere, using this to inform our actions, look at how this supports our system plans, keep information under review	We have a system-wide understanding of our workforce issues, we agree priorities for action based on what is best for the system	June 2016 with 6 monthly refresh

5. Develop future workforce profile (skill mix) • **Supporting New Models of Care**	Develop 5 year strategic workforce plan	Future - What does future workforce profile need to be to support new models of care (review skill mix and integration opportunities) Now - What are the opportunities for new roles including apprenticeships – health and social care roles – how can we further harness the capacity and capability of the private, voluntary and independent sector to support health and social care professionals – Can we build career pathways across all health and care economy workforce groups?	We have a robust plan for our future workforce and we are developing the workforce in a timely fashion to underpin the roll out of our models of care	April 2017 with annual refresh
	Learn from best practice	Participate in wider networks – e.g. HESW and bring back learning Learn from Vanguards and other national initiatives that have had workforce development at their core. Ensure that we are linked into national workforce development work in LGA, ADASS, PPMA.	We adopt an evidence based approach to our work and we avoid re-inventing the wheel	Ongoing and as identified
	Supporting access to care	Identify how 7 day working will impact on future workforce profiles	We have an agreed resource plan to support 7 day working	**December** 2017
6. Sustainable workforce • **Recruitment - Encouraging People to Join the Workforce** • **Retention - Encouraging people to stay in the Workforce**	Recruitment - Career Pathways – Schools	Promoting health and care careers as a package to schools, careers advisors, Skillsfest, work experience, business breakfasts	Pupils and career advisors have a better understanding of the range of career opportunities in health and care. Young people are encouraged to think about health and care careers from an earlier age and we see an increase in uptake of these career pathways.	April 2017 and ongoing
	Recruitment - Careers Pathways – 16+	Exploring local pathways into nursing linked to local education providers and development of a University Technical College	Young people are supported to take up routes into health and care professions	September 2017
	Recruitment - Career Pathways – those not in employment	Work with LEP on application advice Support Building Better Opportunities initiative and LEP driven DWP programme to support employability	The statutory sector plays its part in improving employability in Gloucestershire and contributes to a reduction in people not in employment.	Ongoing
	Recruitment - Marketing Gloucestershire	Use community wide branding on advertisements and promote the county – build on work within primary care workforce strategy. Learn from Health and Social Care recruitment event at end June and plan and deliver additional event in September 2016 and onwards	People are attracted to come to work in Gloucestershire. They can see that are a cohesive system offering a wealth of opportunities.	October 2017
	Retention - Career pathways – those currently working in the NHS	Support the development of a Community Education Provider Network for Gloucestershire to develop apprenticeships, nurse associate and other health and social care roles	People stay in Gloucestershire and take up training opportunities to pursue new roles	April 2017

	Retention - Health and Wellbeing of staff	Adopt and sponsor Workplace Wellbeing Charter within STP partners and in the local economy	Our organisations promote the wellbeing of staff which keeps them motivated to work here. We increase productivity and reduce staff absenteeism.	June 2017
7. **Develop and embed vision, values and behaviours to support the STP agenda**	Develop and embed vision and values and align organisational strategies where appropriate	Alignment of organisational OD and workforce strategies to support STP goals	People working in Gloucestershire recognise the culture, values and behaviours agreed by the system and adopt these as their ways of working and this is evidenced through staff surveys	April 2017
8. **Actively promote working across boundaries to create enabling culture**	Learn from each other	Support network and culture of learning from each other – sharing of strategies, approaches to common problems Explore development of a staff ideas network – so that we can have a rapid assessment of improvements so we can get them implemented quickly Develop mechanisms to improve people's understanding of what different partners across our STP do		Ongoing
9. **Model for distributed leadership**	Develop and describe a shared model for distributed leadership across health and care system, roll out to embed key capabilities	Building on previous work of leadership network will pool thinking between organisations on leadership models, including drawing on work with 'top leaders' programmes. Develop model, agree and then roll out across system	Leaders will feel supported to lead for and across the system. Organisations will collaborate with and support leaders who are assuming these roles	October 2016