Workforce Report – Quarterly Culture and Leadership Update

1.   Introduction

Ensuring an appropriate culture is a key accountability of an NHS Trust Board. The prevailing leadership style in the organisation is a major defining factor in this. There is a strong link between motivated, engaged staff and the delivery of safe, effective care. This quarterly culture and leadership report is designed to provide the Trust Board with assurance concerning this and highlight developments or concerns.

2.   Culture and Leadership Toolkit

At the Board time out in November 2017, organisation culture was discussed and it was recognised that this is a key area for the Board to concentrate on in the future.

The Trust Board decided to use the NHS Improvement / Kings Fund Culture and Leadership toolkit in order to undertake diagnostic work into the Trusts current and desired culture.

The diagnostic work supported by the toolkit is contained in Phase 1 – Discover. It is designed to assist organisations to undertake a 360* type of assessment of the prevailing culture and leadership style. The Discover phase also helps organisations to identify what the desired culture should be and how that links to the compassionate, inclusive leadership style expected of NHS Trusts.

2.1   Culture and Outcomes Dashboard (the Heat-map)

Within its Maximising our Potential Workforce Strategy Plans, the Trust had identified an ambition to build a culture heat-map that could identify areas within the Trust that may not be reflecting the desired culture and values. This is important so that timely interventions and performance management can be used to address the issues.

 A Culture and outcomes dashboard will be developed based on the one identified in the national toolkit and modified to incorporate information from the patient safety culture work, staff surveys and other "soft" intelligence.

2.2   Board interviews

The stage which was completed in the last quarter of 2017/18 was structured board interviews which were based on the questions contained in the toolkit with slight modifications. These were structured around the five key elements that have been shown to be present in cultures of high quality care.

Interviews were held individually with each executive and non-executive board member. Answers have remain confidential but themes have been identified which will be discussed at a future board development session. However, importantly, the findings from this element of phase 1, need to be triangulated with the remaining feedback elements in order to obtain the 360* effect.

2.3   Leadership Behaviours Survey

This survey provides information on ten key leadership behaviours and is designed to be different to staff and pulse survey questions. There is one survey to be used internally and one to be used with external partners. The responses should help the Trust to understand the leadership behaviours of individuals throughout the Trust – not only those in formal leadership positions; leadership at an inter-team and organisational level and leadership at a systems level including the perceptions of external organisations

The survey is run electronically through NHSI's on-line tool and all staff in the Trust will have an opportunity to respond. It is scheduled to be sent out in May 2018 and remaining open for six weeks.

2.4   Culture Focus Groups

These will be facilitated sessions which are open to any member of staff to attend and be held across all of our sites through the summer.

The five cultural elements that will be explored are those in the leadership behaviour survey and the Board Interviews. By exploring them in focus groups it will enable views to be further explored in more depth and understand "why" staff would hold a particular view. Facilitators will use a series of prompt questions to ensure that discussions cover all aspects.

As with all the collation and synthesis of the feedback obtain using this toolkit, key themes will be identified and displayed in a simple and visual way.

2.5   Leadership Workforce Analysis

As leaders are particularly important in influencing culture, this analysis is designed to help the Trust to ensure that it has leaders with the right skills and behaviours and a stable leadership team now and in the future.

This diagnostic looks at:

- The current and future state of leadership roles – specifically leaders currently in post substantively and those coming through the future leaders pipeline.
- The current state of the workforce as a whole
- Information on organisational design
- Some policies and procedures

As our has established leadership talent mapping and succesison planning, and has robust reporting on the overall workforce, existing data will be included in the analysis in order to avoid duplication.

2.6   Patient Experience

In order to provide a complete 360* view, the patients perspcetive is also included. This will be poluated from existing patient experience data that is gathered either by the Trust and / or by bodies such as CQC. Consideration will be given to undertaking bespoke work with patients and carers to fully populate any gaps.

2.7   Phase 1 timescales and subsequent action

NHSI recommend a timescale of 6 to 8 months to undertake Phase 1 - Discover. This includes time for preparation and analysis. Our Trust has also taken account of winter pressures, hence the focus groups being held in the summer.
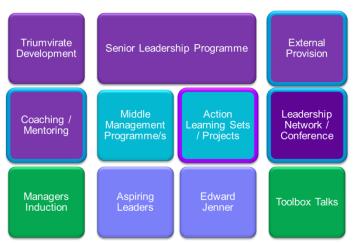
Once the Discover work has been undertaken, there is a period of time required for the synthesis of the information. The timescale for the whole of the Discover phase is set out below:

Element	Jan	Feb	Mar	April	May	June	July	Aug
Preparation	●							
Dashboard / heat-map		●	●	●	●	●	●	●
Board Interviews	●	●						
Leadership Behaviours survey				●	●			
Culture Focus Groups					●	●	●	
Leadership Workforce Analysis					●	●		
Patient Experience						●	●	
Synthesis							●	●

It is expected that the key themes of the synthesis will be brought to a Trust Board development session in order for the results and subsequent actions to be explored. A formal report of the programme and synthesis will also be presented to the Trust Board in autumn 2018

3.   Leadership Development

3.1   Leadership Development Framework

In 2017, the Trust developed a leadership development framework which sets out leadership career paths and aligns the training to leadership levels. This has now been translated on to the Trust leadership development intranet page, so that staff can use it interactively to book on to training.

The framework describes the Trusts blended approach to development, which includes coaching, mentoring and action learning sets.

3.2   Leadership Development Core Programmes

The Trust offers a number of standard leadership development programmes, with the portfolio of offers being extended in 2018 to include a senior leadership development programme. All the programmes are open to clinical and non-clinical leader's staff, including medics. Below is a summary of those offers.

Senior Leadership Development programme – This will be launched during the summer 2018. It is aimed at band 8a's and above staff who are in leadership positions. It will be offered in conjunction with NHS Elect. It will cover the quadrants of the new NHS leadership development strategy of Inclusive, compassionate leadership; system leadership; service improvement and talent management. It will consist of two full facilitated days plus two toolbox talks.

Mary Seacole leadership programme - In 2017/2018 the Trust was a pilot site for this new system-wide programme aimed at band 6 & 7 clinical and non-clinical leaders. It will continue as a business as usual offering in 2018/19. It has the credibility of being a national NHS Leadership Academy programme.

Leadership programme – This programme is aimed at new and aspiring ward and deputy ward leaders to equip them with the nursing knowledge and management skills to lead their wards effectively and to deliver high quality and safe patient care**.**

Team Leader Development Programme – This course is aimed at new and aspiring first time leaders.

Managers induction – Launched in 2017 it is aimed at those new to management who are already at the Trust and newly appointed managers.

3.3 Attendance

Below is a table setting out the number of staff who have attended these programmes, split down by staff group. It also indicates the number of paces currently available for 2018/19, as we are awaiting the appointment of a new leadership facilitator to cover a vacancy. Once this is confirmed the number of programmes offers for 2018/19 will be revised.

Attendance between 1 April 2017- March 2018						Planned courses 2018/19	Planned places 2018/19
		Number of staff attended					
Training	No of Courses	Nursing	Medical	Clinical	Non-Clinical		
Senior Leadership Development	0					4	40
Managers Induction	7	15	0	15	23	11	110
Mary Seacole	3	6	0	3	6	4	TBC
Team Leader Development Programme	1	1	0	6	2	1	15
Band 6 Nursing Leadership Programme	1	15				1	15

3.4 Toolbox Talks
Toolbox talks are short training sessions covering specific topics. They are open to any level of leader, or aspiring leader in the Trust. New toolbox talks on developing high performing teams, talent conversations and the new appraisal system will be launched in 2018**.**

Information between 1 April 2017- March 2018						Planned sessions 2018/19	Planned places 2018/19
		Number of staff attended					
Training	No of Courses	Nursing	Medical	Clinical	Non-Clinical		
Appraisal	12	60	0	40	39	11	200
Sickness/Absence	11	49	0	14	33	12	192
Recruitment & Selection	6	26	0	7	34	10	172
Managing Capability	2	7	0	1	8	9	144
Interview Skills	2	0	0	0	10	0	0
Performance Management	6	8	0	2	7	3	30
How to Appraise a Paper	1	0	2	0	0	NA	NA
Developing High Performing Teams	0					3	45
Talent Conversations	0					6	90
Practical Engagement for Managers	0					6	120

3.5   Annual Leadership Showcase

The Trust holds an annual leadership showcase which is a celebration event of staff who have attended the internal trust leadership programmes. Attendees demonstrate how they have used their newly acquired leadership skills to make a difference in their work areas.

3.6   East Midlands Leadership Academy

In addition to the Trusts own leadership development offerings, the Trust is a member of the East Midlands Leadership Academy and during 2017/2018, 101 staff undertook a range of courses to support their professional development on the following topics. Similar programmes are available for 2018/19

Coaching and Mentoring Supervision	Emerging Systems Leaders Conf.
Mind Gym Conference	Facilitating Change Skills
Transforming Healthcare Through Innovation & Leadership for Change Conf.	The Why Factor Masterclass
Beyond Measure Masterclass	Operational Leadership
OD Essentials Foundation Programme	Patient Leadership
Relationships and Connectivity	Supporting Transformation
Talent Management	Transformation - STP Labs
Visible Leaders Network	

3.7   Leadership Talent Management
The Trust has completed its pilot of senior talent conversations using a 9 box grid tool. This has been incorporated into the revision of the appraisal system and will be launched during May 2018 for leaders at 8a and above.

Talent conversations for bands 1 to 7 will also be launched at the same time using a simpler tool and embedded into appraisals.

The revised appraisals will be supported by a new training programme.

Talent mapping and succession planning work was also undertaken with the deputy tier in the Trust as part of the pilot. This is also being rolled out to the tier below in conjunction with the talent conversation training. This is now overseen by a quarterly executive talent group.

3.8   Developments for 2018

Leadership Development will continue to be aligned with the talent work which will influence the offers available and the curriculum.

In addition, the Culture and Leadership diagnostic work will drive other changes and potentially lead to additional session around the Sherwood Forest Hospitals Leadership Style

4.   Staff and Pulse Surveys

4.1   Quarter 4 2017/18 pulse survey - key questions

The 2017 NHS Staff Survey was reported to the Trust Board in March 2018. Since then, the Trust has recently completed its quarter 4 pulse survey.

The pulse survey is a much shorter survey available to all staff. It is designed to be a quick check of how staff are feeling between full NHS Staff Surveys. This pulse survey was open during March 2018 and 1,164 staff responded.

There are two key questions in the pulse survey which are asked every time. One about whether or not the staff would recommend the Trust as a place for treatment and the other as a place to work. There is also the option to ask a limited number of supplementary questions.

The results for quarter 4 2017/18 are shown below:

Question	Staff FFT Q4 2017/18	2017 Staff Survey
Staff recommend the organisation for family and friends for treatment	89.7% (45.1% extremely likely 44.6% Likely)	78%
Staff recommend organisation as a place to work	77.04% (35.56% extremely likely Likely 41.58%)	70%

This shows a significant increase since the 2017 NHS Staff Survey where our results were already in the top 20% of acute Trusts in England.

It is the intention to start to produce a trend analysis using pulse and staff surveys of these two questions so that fluctuations can be mapped over time.

4.2   Quarter 4 2017/18 pulse survey - supplementary questions – service improvement

Supplementary questions were asked about the ability of individuals to contribute to service improvements. These were the results:

Q – I am given the opportunity to make suggestions to improve the work of my team / department by my line manager – The overall meridian score was 75.87%.

Q – I feel that suggestions I make to improve the work of my team / department are listened to - The overall meridian score was 70.4%.

Q – I am able to make improvements to the way that I do my own job without needing the approval of anyone else - The overall meridian score was 66.78%.

Whilst staff appear to feel able to make suggestions they appear less empowered to make changes that are within their own gift. The work of the patient safety culture teams should assist with this.

4.3   Quarter 4 2017/18 pulse survey - supplementary questions – raising concerns

Supplementary questions were asked about the ability of individuals to raise concerns. These were the results:

Q – I would feel safe raising a concern - The overall meridian score was 76.6%.

Q – I am confident that my organisation would address my concerns – 66.76%

Clearly, the Trust aims to have 100% of staff feeling that they can raise concerns, although, when these results were broken down further, there were only 3.35% of responders who strongly disagreed with the statement.

Less staff appeared to feel confident that their concern would be acted upon, although over 25% of respondents, neither agreed or disagreed with the statement. This may be an indication that they have never raised a concern so do not have a view on it. However, it is disappointing that the Trust must have some staff who feel safe to raise a concern but do not have the confidence that it will be acted upon.

4.4   2017 Staff Survey Actions Update

Immediate actions upon receipt of results

The staff survey results were received in draft form, under embargo in early 2018. These were shared with divisional management and discussed by the executive team and at the Senior Leadership Team where initial divisional actions were presented. Divisional Actions Plans are monitored at monthly performance meetings.

Once the final result were available and free from embargo, a report was produced for the March 2018 Trust Board meeting and a number of communications / events were held with staff such as:

- Headline results communicated through the Chief Executives Monday blog
- Drop-in sessions held by the Director of HR and OD
- Results contained in the weekly bulletin
- Videos shared with staff of the main points, including positive findings and areas for action by each of the clinical divisions.

Trust level actions

The Director of Human Resources and Organisational Development has also taken responsibility for a number of Trust wide actions relating to the following:

- A review of the Trusts sickness absence policy, toolkit and training in order to find a balance between rigorous management of sickness and a compassionate approach so that staff do not feel pressure to attend work when they are unwell.

- Development of an approach to tackle nepotism and preferential treatment in the Trust as this was an issue raised in a number of free text remarks. And has also been an issue raised through other means recently.

- Promotion of more inclusive team working. Although the Trust scored highly in the staff survey for its team working, occasionally teams have a culture that is so strong that people around them can feel excluded and it can be difficult for new team members to settle in. These are often high performing teams. We want to preserve the motivation and enthusiasm shown by these teams but at the same time encourage them to become more inclusive.

Divisional actions

Below is a summary of the Divisional Action plans and progress:

Division of Surgery – The Division has already facilitated two feedback sessions to gather more background to the staff survey information.

The Divisional Management Team (DMT) members now participate in a 'back to the floor' activity once a month

The Divisional General Manager has written to all staff in the Division in order to update on outcomes and ask for suggestions for actions; feedback posters are also to be put up around the Division where staff can add suggestions.

Staff have been given the opportunity to shadow senior managers and to attend divisional board meetings

Communication plans for the Division, service lines and teams are being reviewed to ensure that every member of staff is included and they are exploring use of social media such as a Divisional What's App groups. There are also "You said: We Did" communications.

A Star of the week has been introduced, rewarded with a Costa voucher, together with a Team of the Month award, rewarded with a pop up café with DMT members

CARE values sessions are to be delivered in specific areas

Women and Children Division - Two focus groups were held to enable staff to be involved in deciding priorities and actions in response to the staff survey findings. Ideas from these sessions included refreshing the branding for the division; Introduction of a Star of the Week; Developing a "Who's who and what they do" photo gallery display for work areas. The DMT are in the process of reviewing these suggestions and other feedback. The Division has already committed to engage more widely with staff at all levels

Division of Medicine – The DMT have prioritised a number of actions as a result of the feedback and a further survey is to be circulated to service lines in order to identify service specific actions. This work is likely to include focus groups too. :

Adopt a Ward - Each senior manager is adopting a ward to improve communication and engagement between senior managers and staff. They will work in a ward / department once a month for 6 months creating opportunities for them to speak to staff and patients about what it's like to work and be treated there. This will help to gain an understanding of the work and suggestions for improvement. It should also increase senior management visibility across the division.

The introduction of a Quarterly Division newsletter is planned which will be circulated to all staff. "Who we are" Displays to be visible across the division showing who senior management are and where / how they can be contacted.

The DMT are still considering a number of new staff awards.

Division of Urgent and Emergency Care - A further Staff Survey is being circulated to service lines for individual actions to be identified. This is also likely to include follow up focus groups.

The HR drop in sessions are planned to continue across the Division and a monthly divisional newsletter is under development. The Division are exploring the use of technology and social media such as What's App to improve communication.

There will be further delivery of CARE Values sessions across the Division.

"Thank you" post cards are to be sent from the division to staff outside of the division who have helped and supported the division in some way, thereby promoting inert team working. Further staff awards are still being considered by the DMT.

Rotational posts have also been implemented across Urgent and Emergency Care.

Diagnostics & Outpatients - Service lines are currently developing their own actions plans which will be presented at divisional board. Pop up cafes have been utilised in work areas to share the staff survey results, seek feedback and celebrate/share successes.