

Board of Directors' Meeting 11 March 2021

Agenda item	083/21				
Report	Making a Difference Report				
Executive Lead	Director of Workforce				
√ tick only those applicable	Link to strategic pillar:	Link to CQC domain:			
	Our patients and community	V	Safe	V	
	Our people	V	Effective	V	
	Our service delivery	√	Caring	√	
	Our partners	√	Responsive	√	
	Our governance		Well Led	$\sqrt{}$	
	Report recommendations:		Link to BAF / risk:		
√ tick / input only those applicable, usually only one	For assurance				
	For decision / approval		Link to risk regist	er:	
	For review / discussion				
	For noting	Х			
	For information				
	For consent				
Presented to:	SLC				
Dependent upon (if applicable):	N/A				
Executive summary:	We are seeking the Board's approval and advice on beginning a programme of work on culture and leadership across our Trust. This paper explains: 1. What we mean by Culture and collective leadership 2. What are the elements of high quality care cultures 3. What the Culture programme is and where are we now 4. What resources are needed for the programme 5. How the Board can support the programme				
Appendices	Appendix 1: Elements of high quality care cultures Appendix 2: Programme outcome and Phases Appendix 3: Leadership development				

Appendix 4: Culture dashboard	
Appendix 5: What happens in phase 2 and 3	
Appendix 6: Improved patient and financial outcomes	

1.0 Introduction – What we mean by Culture and collective leadership

- 1.1 An organisation's culture can be defined as the values lived by its employees every day these may not be the same as the stated values. The lived values can be seen by: 'The way we do things around here.'
- 1.2 A type of culture where staff at all levels are empowered as individuals and in teams to act to improve care within and across Trusts. This is in contrast to command and control cultures which are not conducive to achieving high quality care: 'Leadership of all, by all and for all'
- 1.3 Through strategies which deliver collective leadership, this programme aims to create high quality care cultures.

2.0 What are the elements of high quality care cultures?

2.1 Evidence shows that there are five key elements in high quality care cultures. In collective leadership everyone works to create and support these five elements across an organisation. (Appendix 1)

3.0 What the Culture programme is and what we have done so far

- 3.1 The resources supporting the programmes are 'Clever together our engagement platform 'Making a difference' and the resources supporting the programme were originally developed by NHS Improvement, The Kings Fund and Centre for Creative Leadership.
- 3.2 The outcome is to implement a collective leadership strategy to embed cultures that enable the delivery of continuously improving, high quality, safe and compassionate care.
- 3.3 This culture and leadership programme consists of three phases to develop and implement strategies for collective leadership, which result in cultures that deliver high quality, continuously improving, compassionate care. Discover, Design and Deliver. (Appendix 3)
- 3.4 During the discovery phase we use a set of diagnostic tools to establish what the culture is in our organisation, where there are strengths and where there are areas to develop.
- 3.5 To identify the culture of The Shrewsbury and Telford NHS Trust and the case, the team and the plan from October 2020 to March 2021 we have;
 - Held Value and behaviour sessions and created a new set of values PACT 'Partnership, Ambitious, Caring and Trusted.
 - Formed a Culture Group, this will grow into a Culture and Change team representing a broader range of roles across the organisation

- Launched Clever Together to understand staff and stakeholder views on vision and values and behaviours
- Launched Clever Together to understand patient views of our culture
- Senior Leadership Committee session held to feedback on Clever Together and staff survey 2020 findings
- Roll out of Executive-led deep dive focus groups supported by the HRBP and Culture and Change team
- Kick-off leadership development (Appendix 3)
- Refreshing and Designing of management development to support with technical competence

3.6 During March – May:

- CEO event for Senior Leader to kick off appraisal and objective setting to support Trust Vision
- Complete design of cultural and outcomes dashboard incorporating all information from Clever together, Staff Survey, WRED/DES, Medical Engagement continuously brought for synthesis (Appendix 4)
- Behavioural framework launch
- Board interviews to be undertaken by the cultural/change team
- Continue leadership capacity and capability analysis and continue roll out of leadership/management development with continuous development of collective leadership strategies

3.7 What happens in phase 2 and 3:

• Based on the findings of phase 1, we will design and develop initiatives that build on our strengths and development areas. (Appendix 5)

4.0 What resources are needed for the programme?

- 4.1 The Cultural and Change team will need to be supported with both protected time and work space to carry out the programme. Many people will be involved across the organisation. However the core team will include: Workforce Director as executive sponsor, OD/HR representatives and Medical/clinical/service leaders.
- 4.2 The resources to support the programme are freely available and we have submitted a business case for the workforce directorate which will be needed for this work.

5.0 Conclusion and how the Board can support the programme

5.1 The Culture of the organisation impacts all levels of the organisation. Improved patient and financial outcomes are shown in (Appendix 6) a focus on culture

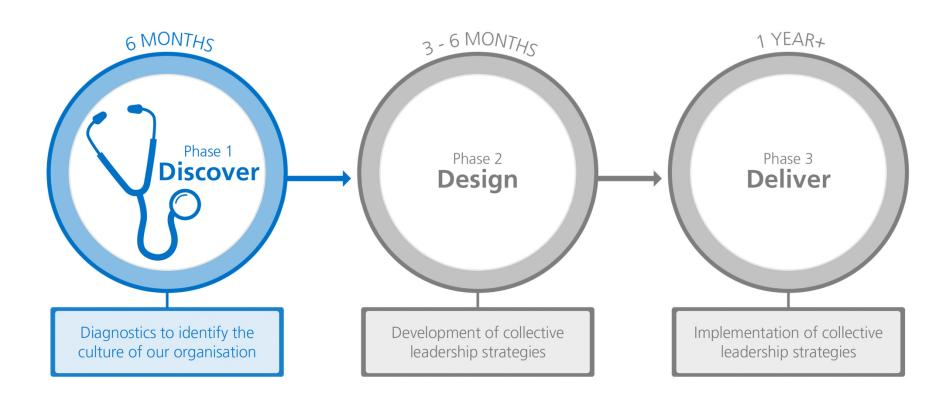
and leadership can enable The Shrewsbury and Telford NHS Trust to address the areas highlighted in the recent 2021 staff survey and making a difference feedback: compassion, speaking up, no bullying, continuous improvement, learning, quality, and leadership.

- 5.2 Leadership is the most powerful factor influencing culture because leaders signal, through their behaviour, the values and the norms 'the way we do things around here'. Leadership behaviour affects the five key elements of culture. Collective leadership leads to high quality care cultures.
- 5.3 Staff performance and engagement are affected by organisation culture. This in turn impacts patient satisfaction, care quality, financial performance and patient mortality.
- 5.4 Backing from the Board is essential for the success of this project and will include support for the investment for the workforce directorate, attending the Cultural Board development session on the 20th May, supporting programme team and participants, participating in Board interview, encouraging participation of staff in the programme and raising awareness with staff and stakeholders.

Director of Workforce March 2021

Elements of high quality care cultures?

Cultural Elements	Values	The way we do things
Vision and values	Constant commitment to quality of care	Everyone taking responsibility in their work for living a shared vision and embodying shared values
Goals and performance	Effective, efficient, high quality performance	Everyone ensuring that there are clear priorities and objectives at every level and intelligent data constantly informing all about performance
Support and compassion	Support, compassion and inclusion for all patients and staff	Everyone making sure all interactions involve careful attention, empathy and intent to take intelligent helping action
Learning and innovation	Continuous learning, quality improvement and innovation	Everyone taking responsibility for improving quality, learning and developing better ways of doing things
Teamwork	Enthusiastic cooperation, team working and support within and across organisations.	Everyone taking responsibility for effective team-based working, interconnectedness within and across organisations, systems thinking and acting





Leadership Development update

March 2021

Rhia Boyode-Interim Director Workforce



Leadership Framework





- Developed to reflect learning opportunities locally as well as nationally.
- Important that we are clear,
 Leadership is for all, and the opportunities on the left set this out

Next steps

- To link to talent management planning and WF Planning
- Include development need identified in MADT feedback

Current Focus





- Maternity Ward manager Leadership development
- Unconscious Bias awareness sessions
- Triumvirate Leadership development cohort 1 23rd March.
- Values Based Conversations and Interviewing recommences March 2021
- Executive Team Development Launched March 2021
- New manager inductions to recommence April 2021.
- Virtual Corporate inductions to recommence April 2021.
- Difficult Conversation awareness sessions from April 2021.
- Giving and receiving feedback awareness sessions from April 2021.
- Check alignment to Restoration and Recovery and address gaps (e.g. line manager development training in supporting Mental Health and HWB conversations, Unconscious Bias training)

Next wave of development



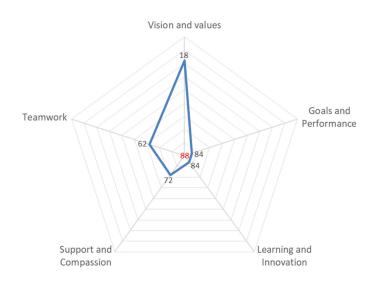


- Redesign of our Leadership offer including outcomes from MADT
- Roll out of Leadership development programme (over 18 months)
- Check alignment and support roll out of Medical,
 Nursing and Midwifery leadership development
- Relaunch of behavioural framework to support leadership behaviours
- Implementation of mediation framework
- Coaching link to system approach learning from difference
- Relaunch of Affina Team based working model
- Introduction of workshops for all e.g. Sumo Guy, Time management



Culture Dashboard for SaTH

Culture and Outcomes Dashboard





Culture Dashboard Measures

Measures of compassion:

The support I get from my immediate manager.

My immediate manager (who may be referred to as your 'line manager') asks for my opinion before making decisions that affect my work.

My immediate manager (who may be referred to as your 'line manager') is supportive in a personal crisis.

Does your organisation take positive action on health and well-being?

During the last 12 months have you felt unwell as a result of work related stress?

In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers? In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?

In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues? Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?

My appraisal left me feeling that my work is valued by my organisation.



Culture Dashboard measures

Measures of vision and values

The values of my organisation were discussed as part of the appraisal process.

Measures of teamwork

The team I work in has a set of shared objectives.

The team I work in often meets to discuss the team's effectiveness.

I often think about leaving this organisation.

Staff engagement score

Measures of goals and performance

My immediate manager (who may be referred to as your 'line manager') gives me clear feedback on my work.

My appraisal helped me to improve how I do my job.

My appraisal helped me agree clear objectives for my work.



Culture Dashboard measures

Measures of learning and innovation

There are frequent opportunities for me to show initiative in my role

I am able to make suggestions to improve the work of my team / department. .

I am able to make improvements happen in my area of work.

I would feel secure raising concerns about unsafe clinical practice.

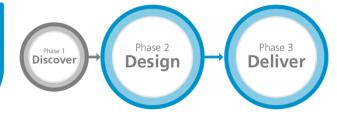
I am confident that my organisation would address my concern.

My organisation acts on concerns raised by patients / service users.

I receive regular updates on patient / service user experience feedback in my directorate / department (e.g. via line managers or communications teams).

Feedback from patients / service users is used to make informed decisions within my directorate / department.

Based on the findings of phase 1, we will design and develop initiatives that build on our strengths and address development areas. There are many initiatives we could include in our collective leadership strategy.



1. Vision and values

- Communications, listening
- Leadership development
- Patient/service user involvement and stakeholder engagement
- Values-based recruitment

2. Goals and performance

- Performance management
- Information/knowledge management
- Business planning, organisation development
- Management training

3. Support and compassion

- Reduced hierarchy/command and control
- Communications strategy
- Engagement strategy
- Health and wellbeing strategy

4. Learning and innovation

- Quality improvement systems, support systems for innovation and QI
- QI training
- Empowering and enabling staff
- Quality strategy
- Leadership training

5. Teamwork

- Board Development
- Team assessments
- Team based working, inter team working
- Reduced layers of hierarchy
- Leadership coaching for team leaders

Improved patient and financial outcomes

Teamwork

- True team working » lower patient mortality, fewer errors, fewer staff injuries¹
- Effective teams are more likely to innovate
 - » higher quality healthcare

High quality care cultures

Learning and innovation

- Higher engagement » innovation at work
- Widespread use of effective improvement tools » higher quality care

Support and engagement

- Higher healthcare staff engagement » higher quality care²
- Staff feel well led and supported » patients report respect, care and compassion³
- Higher staff engagement » lower absenteeism and lower staff turnover⁴
- Effect staff engagement » improved financial performance, productivity and customer satisfaction in other sectors

Visions and values

- Chief executive values and associated organisation culture » affect outcomes including financial performance
- Best performing organisations » clear that high quality compassionate care is the core purpose of the organisation⁵
- Vision translated into leadership actions
 » perceived authenticity » staff effort⁶

Goals and performance

- Clear staff priorities » lower stress, higher efficiency, higher quality care⁵
- Staff reporting clear, challenging goals
 » patients report better care and satisfaction³
- More staff receiving appraisals
 - » lower patient mortality
- Better quality appraisal
 - » better financial performance

¹ Lyubovnikova, J. and West, M. A. (2013) In: *Developing and Enhancing Teamwork in Organizations*, Jossey Bass, San Francisco, pp.331-72.

² Bakker, A. B. (2011), Current Directions in Psychological Science, Vol. 20 No. 4, pp. 265-69

³ Dawson, J.F et al.. (2011), Department of Health, London

⁴ West M and Dawson J (2012), King's Fund, London

⁵ Dixon-Woods, M et al. (2013), British Medical Journal Quality and Safety, Vol. 23 No. 2, pp. 106-15

⁶ Avolio, B. J. and Gardner, W. L. (2005) Leadership Quarterly, Vol. 16 No. 3, pp. 315-38.