

TITLE	Staff Experience and Culture Programme
EXECUTIVE SUMMARY	This paper presents an update on progress of the programme and an assessment of the current position against key performance metrics. The paper seeks to assure the Board that good progress has been made against the plan and initial indications from key metrics and the recent 'pulse' survey suggests that there has been an improvement in key areas.
BOARD ASSURANCE (RISK) / IMPLICATIONS	The overall results of the 2012 National Staff Survey indicated that the staff experience merits continued attention. A programme management approach has been adopted and forms part of the strategic delivery governance process, reporting to the Trust Executive Committee and the Workforce & OD Committee. Staff satisfaction is monitored through the Corporate Risk Register and is a key risk on the Board Assurance Framework.
LINK TO STRATEGIC OBJECTIVE	SO2: To recruit, retain and develop a high performing workforce to deliver high quality care and the wider strategy of the Trust.
STAKEHOLDER/ PATIENT IMPACT AND VIEWS	The views of a sample of staff were represented in the results of the National Staff Survey 2012. We are using a range of approaches to continue dialogue and engagement with staff to better understand their perceptions of the staff experience and to ensure suitable interventions to improve this.
EQUALITY AND DIVERSITY ISSUES	This programme of work is complementary to the Trust's strategies around equality and diversity.
LEGAL ISSUES	None known.
THE TRUST BOARD IS ASKED TO:	Consider the programme of work to date and determine progress against the approach to refresh culture and address key concerns raised in the Staff Survey.
SUBMITTED BY:	Louise McKenzie, Director of Workforce Transformation
DATE:	19 th September 2013
DECISION:	For Assurance

Staff Experience and Culture Programme

1. INTRODUCTION

The Francis Report, Keogh Recommendations & Berwick Recommendations are all consistent in describing the importance of engagement, openness, & transparency and the consequential impact that this has on patient care. Earlier in the year, the Trust developed a staff experience and culture plan in recognition of the need to set a refreshed 'cultural tone' for the Trust. The plan focuses on 4 main elements; to:

- I. Create and sustain a greater sense of 'citizenship' across the Trust i.e. building a commitment and a loyalty to the Trust through a more natural two way communication style, an active staff engagement methodology at all levels and real time feedback.
- II. Demonstrate 'Habits of Leadership' for the Trust i.e. a consistent and competent values-based leadership style at all levels, resulting in improved people management capability and more inclusive change management practice.
- III. Use high performing team working and a stronger coaching style as the vehicle for building teams encouraging innovation, improving job satisfaction, as well as driving performance.
- IV. Improve the staff experience and our "offer" as a good employer, through effective health and wellbeing support, by improving the appraisal and training experience, and eliminating our tolerance of unacceptable behaviours.

The purpose of this paper is to provide the Trust Board with an update on progress of the programme and an assessment of the current position against key performance metrics. The paper seeks to assure the Board that good progress has been made against the plan and initial indications from key metrics and the recent 'pulse' survey suggests that there has been an improvement in key areas.

2. KEY ACTIVITIES DURING Q1 & Q2 AGAINST MEASURABLE OUTCOMES

The key activities / deliverables from Q1 and Q2 are summarised below, where possible with an assessment on their impact using key performance metrics and results from the survey.

Citizenship

- i. The CEO Sounding Board has met five times since the beginning of the year and has become a really effective and highly engaging way to have face to face discussions with front line staff, get opinions about issues and test ideas and good practice. All of the ideas generated by the Sounding Board have been, or are in the progress of being, implemented including:
 - a. Video clips of different members of the Sounding Board in their place of work talking about why they work at ASPH, what motivates them and with a focus on effective communication within their department.
 - b. Investigating the use of flat screens (particularly in high foot fall areas) as a communication tool.
 - c. Considering the use of animation as a communication tool.
 - d. Implementing a real time feedback process.
 - e. Enabling access to TrustNet from home.

- ii. We are gradually adopting social media – through Twitter and blogs – as a way of opening up and personalising communication.
- iii. Led by the CEO, the senior team have been putting into practice a more discursive and appreciative tone, where appropriate. For example in the way we utilise the team briefing events and in our general communication.
- iv. Chaired by a staff governor a staff-led Wellness Group has been established and is starting to gain a profile in the organisation. The group are working on a range of ideas, a number of which (coincidentally) reflect ideas posted on the Wall.

KPIs & Pulse Survey re Citizenship

- The results around motivation and enthusiasm to come to work suggest an improvement from the National Staff Survey.
- The number of WOW nominations in 2013 is 279 nominations YTD, with demonstrable increase in the number of nominations from patients, compared with last year. The Trust has been nominated as a finalist in two categories at The WOW annual awards event including how we have used the awards to improve engagement with staff. Staff have commented on how effective the scheme is in terms of demonstrating staff and patient appreciation.
- 24h Hospital Watch – staff reflected positively on the participation of external stakeholders (including the CCG and Healthwatch) demonstrating a strong level of openness from staff about the quality of care they provide at ASPH.
- The highest score in the pulse survey was in relation to *staff recommending the Trust as a place to be treated*. The score for *recommending the Trust as a place to work* also suggests an improvement from the 2012 National Staff Survey.
- Vacancy rate target <10%, YTD 10.7%

Staff Experience

- i. We have started to develop the employee promise concept, and will be progressing this with work around values and behaviours.
- ii. We have conducted the first pulse survey, designed to measure how we are doing in terms of creating the best possible working environment so staff can consistently perform at their best.
- iii. We have been using a range of engagement techniques to open up the conversation including the use of an interactive online “Wall”, for staff to post ideas and comments.

KPIs & Pulse Survey re Staff Experience

- We have made improvement in the questions asked of staff in relation to ‘Their manager’ and feeling valued but there is still a way to go to embed a culture where people feel treated with dignity & respect and bad behaviour is addressed.
- 24h Hospital Watch – there was a reduction in the concerns from staff regarding patient safety issues compared to last year, however it was also noted that there are some wards were still indicating that morale was low.
- The results around motivation and enthusiasm to come to work suggest an improvement from the National Staff Survey.
- Sickness rate, target <3%, YTD 3%.
- Stability indicator – target >85%, YTD 87%.

Values-based leadership

- i. During Q1/2 we have launched the 'Better Leaders Better Care' clinical leadership programme.
- ii. As an output of this work we have been working with Specialty Leads around clinical engagement
- iii. We have started the process of developing a talent management programme/ succession plan for clinical leaders, which will be rolled out starting with our community of new consultants (those <2 years in post and new starters).

KPIs & Pulse Survey re Values based leadership

- Appraisals – target 98%, YTD 90%
- The score around 'support from my manager' did not indicate a particular concern for the Trust, however the narrative on the Wall around behaviours needs further exploration.

Empowered team working

- i. We have made significant progress with the specialties in relation to using team coaching to improve team dynamics and team performance [22 teams have started the coaching cycle]. Through this process we are starting to collect and share best practice around team working.
- ii. The PMO have been piloting new engagement processes for change projects, interfacing with Communication and HR.
- iii. Releasing Time to Care has been an important way in which we have enabled staff to be more efficient in terms of their working processes to improve patient facing time. There is evidence to suggest that the improvement methodology used has now become embedded within the organisation, going some way towards creating a culture of continuous improvement.

KPIs & Pulse Survey re Empowered team working

- Team Coaching – 22 teams using the coaching methodology.
- MDT innovation awards – awarded 8 projects in Q1/2, compared to 5 in 2012/13.
- Team working question in pulse survey was the highest average score indicating that this is continuing to improve and evidencing the impact of the investment in team coaching.
- 24h Hospital Watch – feedback from staff consistently reflected a good experience in terms of the teams they work in.
- Impact of RTTC. For example feedback from the Joan Booker Ward team after completing the Medicines module suggested that there had not only been a change in process as a result of the work done, but also a change in behaviour as they experienced increased team working.

3. KEY PRIORITIES FOR Q3

- i. **Health and Wellbeing and Resilience.** It has been a pressurised spring and summer in terms of operational pressures and this may have had a detrimental effect on staff morale, and our ability to drive some of the activity around this programme. We have been able to reenergise this during August, thanks in part to the engagement through the pulse survey and the Wall. Going forward into winter, the

programme will benefit from prioritising activities around health and wellbeing and resilience. We are also aware that some nurses have raised concern that they are not able to have their breaks so we are completing an audit to understand the extent of issue.

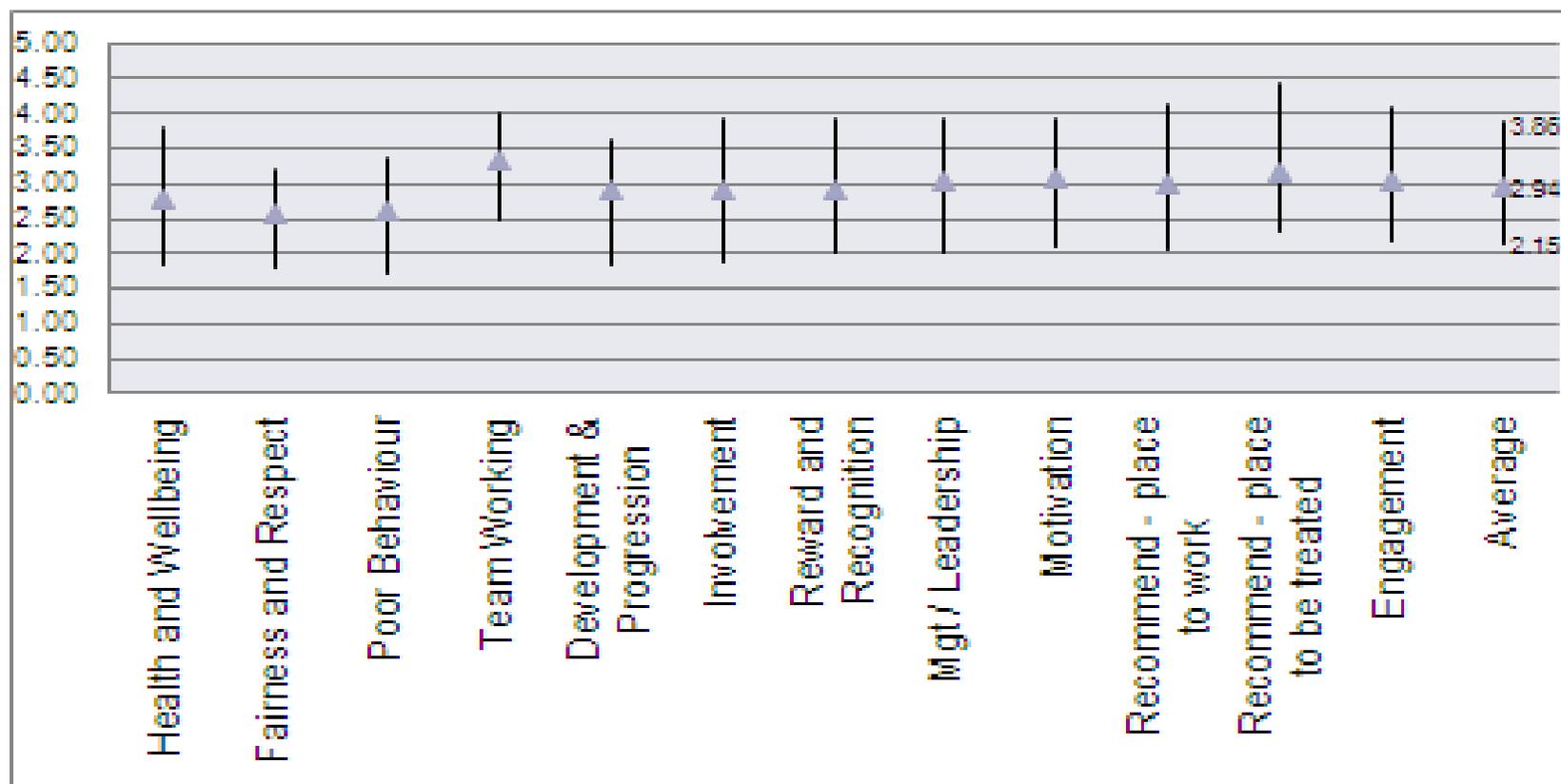
- ii. **Consultant engagement.** Culture change across the organisation is likely to be most effective if led by clinicians, but disenfranchised and disconnected consultants are not in a strong position to do this. We have started to focus on this as part of the clinical leadership programme, addressing key issues such as a review of roles and job descriptions and describing a career framework (including skills and behaviours) for medical leadership roles. The Medical Director is hosting a Consultants' Conference in October, with external keynote speakers, focusing on the new NHS architecture, new inspection regime and Consultant responsibilities in relation to this.
- iii. **Response to the Wall.** Anecdotally, the Wall has had a strong impact on the organisation, demonstrating that we are being creative with our engagement strategies and we are prepared to be open, transparent and responsive in relation to feedback. A number of the ideas posted on the Wall are being explored and implemented, with a response to all of the themes being planned. It is of note that the tone of comments changed over time, illustrating the very powerful impact of "peer challenge". We launched a second Wall in September in order to explore issues raised further and to start an engagement piece around developing values based behaviours. We have already seen a more constructive dialogue from staff on the second Wall. Other ideas from the first Wall, such as face to face "staff experience forum" in advance of launch of National Staff Survey, and "listening lunches" with Staff Governors and EPF are currently being explored.
- iv. **Empowering Teams.** We will continue to cascade F&F results and narrative feedback to individual wards and areas, and will encourage areas to discuss results with staff, publish results & feedback locally and use it to inform improvement plans.
- v. **Celebration and Award events.** Over Q3 we will complete the annual awards process and following the success of the Pride in Nursing & Midwifery Day, we will be holding a Therapies Showcase event.
- vi. **Hot Spot Areas.** The pulse survey indicates that there has been an improvement within Estates and Pathology, but not within the other hot spot areas. The CEO is continuing to meet with these areas to understand issues and hold to account in relation to their improvement plans.

4. SUMMARY

There has been a concerted effort to put in place a range of sustainable activities to change the way that people feel, improve the staff experience and improve the methodology, quality and quantity of engagement. We will continue to have face to face conversations around key themes with Staff Governors, Employee Partnership Forum, CEO Sounding Board and other staff groups.

Finally in October we will be launching the 2013 National Staff Survey, which will provide us with a further opportunity to either endorse, or refocus, the programme of work around improving staff experience and refreshing the cultural tone at ASPH.

Pulse Survey Results



Patients first • Personal responsibility • Passion for excellence • Pride in our team