Meeting:	**Brighton & Sussex University Hospitals NHS Trust: Board of Directors**
Date:	**26th January 2015**
Board Sponsor:	**Amanda Fadero, Deputy CEO/Director of Strategy & Change**
Paper Author:	**Nick Groves, Assoc. Dir. (3Ts Service Modernisation) and Values & Behaviours Programme Co-Lead**
Subject:	**Values & Behaviours Programme Update**

Executive Summary

1. In October 2014 the Values & Behaviours Programme was updated and programme management responsibility repatriated to focus external consultancy spend on development activities, sustainability (capitalising on the Trust's own capability) and to better integrate with other Trust processes and programmes.

2. In November 2014 the Trust Head of Occupational Health Services and Associate Director of 3Ts (Service Modernisation) were invited to co-lead the programme. They have established a Working Group, are supported by the V&Bs staff Sounding Board and will be supported by a dedicated Engagement & Communications Manager.

3. The Programme Board is progressing a detailed implementation plan for 2014/15 (see **Appendix A**), which includes a Trust-wide Engagement Strategy, and is actively planning for 2015/16 (see **Appendix B**) as part of Trust Business Planning. It is important to note that although rapid progress has been made, *'transformational change in a complex system takes time and demands consistency, constancy of purpose and organisational stability.'*[1]

4. Feedback from the V&Bs Sounding Board and staff drop-in sessions is that staff remain hungry to see the V&Bs blueprint/ambition translated into practice. Good, steady progress is being made. However it should be anticipated that there will be a temporary dip in staff satisfaction (eg. as reported through the 2014 National NHS Staff Survey results, to be published in Spring 2015) until the bold ambitions articulated in the V&Bs Behavioural Blueprint are experienced consistently in staff's day-to-day lived experience – this is a normal part of the change trajectory.

Links to strategic objectives	This supports all three Trust strategic objectives: • High performing; • Best & safest care; and • Academic excellence.
Identified risks and risk management actions	The V&Bs programme is a significant contributory element of the Trust's wider strategic direction and business objectives (eg. sickness absence, financial performance, patient experience/mortality).
Resource implications	No resource implications arising from the recommended actions. For noting, Programme Board has approved expenditure on a Team Coach and backfill Communications Manager backfill (six month secondments/Fixed-Term Contracts) at a total cost (incl. on-costs) of

[1] http://kingsfund.blogs.com/health_management/2014/12/a-mixed-methods-evaluation-of-transformational-change-in-nhs-north-east.html

	£45k.
Legal implications	The V&Bs programme supports the Action Plan arising from the 2014 Care Quality Commission (CQC) inspection, and progress reporting forms part of the regular CQC Assurance Briefing.
Report history	• March 2013 – Board approved the development of a V&Bs programme (as part to the National Staff Survey 2012 Action Plan). • June 2013 – Board approved the programme of work to develop the V&Bs statement. • In July 2013 – CEO launched *Foundations for Success*, which included the V&Bs programme. In September 2013 the Board received an update on the diagnostic phase. • February 2014 – Board received a presentation from Innermost Consulting (external consultants) setting out the headline priorities. • March 2014 – Board received the National Staff Survey 2013 Action Plan, which noted the work on the V&Bs programme.
Appendices	**Appendix A** V&Bs programme implementation plan and status report/Delivery Confidence Assessment. **Appendix B** 'How will it Feel Different?' Outline Plan 2015/16

Action required by the Board

It is recommended that the Board of Directors:

i) **note** this update against the 2014/15 work programme (**Appendix A**); and
ii) **endorse** the direction of travel and outline programme priorities (as set out at **Appendix B**).

Report to the Board of Directors, 26th January 2015
Values & Behaviours Programme: Update

Purpose & Scope

1. The purpose of this report is to update the Board of Directors ('the Board') on progress with the Trust Values & Behaviours (V&Bs) programme, including implementation of the Behavioural Blueprint (launched in May 2014).

History

2. The history of this report is as follows:-
   - In March 2013 the Board approved the development of a V&Bs programme (as part to the National Staff Survey 2012 Action Plan).
   - In June 2013 the Board approved the programme of work to develop the V&Bs statement.
   - In July 2013 the Chief Executive launched *Foundations for Success*, which included the V&Bs programme, and in September 2013 the Board received an update on the diagnostic phase.
   - In February 2014 the Board received a presentation from Innermost Consulting (external consultants engaged to support the development and rollout of the V&B programme) setting out the headline priorities: communication from/with the senior team; leadership/behavioural development; and performance management system.
   - In March 2014 the Board received the National Staff Survey 2013 Action Plan, which noted the work on the V&Bs programme.

Programme Phasing

3. In October 2014 the V&Bs Programme Board Report received a report from Innermost Consulting proposing programme priorities to June 2015:

   - 'Leading the Way' management/leadership development programme for Trust Directors and direct reports (including 360° appraisal and Action Learning Sets);
   - 'Bringing the Behaviours to Life' guide/toolkit (supported by Innermost Change Consultants pending the handover to Trust HR Business Partners in May 2015);
   - 'Process Amnesty': hands-on Change Consultant support to redesign a number of key organisational processes; and
   - introduction of a Performance Management, Accountability & Development (PMAD) system, to replace the current Trust appraisal system for all staff.

4. Programme Board subsequently decided to update the programme and repatriate programme leadership within the Trust, i.e. to focus consultancy spend on development activities rather than programme management/administration), to increase the sustainability of the programme (by capitalising on the Trust's own capability) and to better integrate with other Trust strategies/programmes (e.g. People Strategy).

5. In November 2014 the Trust Head of Occupational Health Services and Associate Director of 3Ts (Service Modernisation) were invited to co-lead the programme, in addition to existing responsibilities. They have established a Working Group and will be supported by a dedicated Engagement & Communications Manager (internal secondee, part-time).

Update

6. Since the appointment of the programme team in November 2014, rapid progress has been made. The Programme Board has now approved:

   - priority areas for action and a detailed implementation plan to April 2015 (included at **Appendix A**, with Delivery Confidence Assessment and status update); and
   - outline implementation priorities for 2015/16. These will be refined through a co-designed Trust/Innermost Consulting workshop on 29th January 2015, in the context of the emerging Trust Business Plan 2015-17 and People Strategy.

Programme Priorities

7. The immediate priorities (illustrated in **Figure 1** below) draw on analysis of National NHS Staff Survey data in 2012 by the King's Fund[2]. This found that improved individual and organisational outcomes (eg. staff sickness, stress, turnover; financial and operational performance; patient satisfaction and patient mortality) were particularly associated with four key 'people management' practices:

   - well-structured appraisal;
   - well-structured teams;
   - supportive line management; and
   - interesting jobs.

8. This is consistent with the broader employee engagement literature[3]. As in 2012, the 2013 National Survey found that the Trust was in the bottom (worst) 20% of NHS acute Trusts in England for both well-structured appraisal (currently subject to a CQC compliance action) and effective team structures/working.

Programme Principles

9. In line with the Organisational Development (OD) evidence base[4], it is recognised that:
   - changing individual/team behaviours requires a *behavioural change programme*, for which a large body of research evidence exists (eg. the Behavioural Insights Unit EAST model[5]); and
   - to be fully effective, OD interventions need to operate *simultaneously and consistently* at individual, team and organisational (system/process) levels – in effect, the Behavioural Blueprint needs to become part of the 'organisational DNA'.

10. The V&Bs implementation programme therefore focuses on implementing well a smaller number of high-impact interventions that:

    - wherever possible modify/build on existing Trust processes rather than start new/separate initiatives;
    - can largely be delivered from within existing Trust resources;
    - are high-profile and involve most/all staff (to complement the 'Leading the Way' programme for the most senior Trust leaders); and
    - draw on research evidence about the OD interventions that most effectively improve organisational performance.

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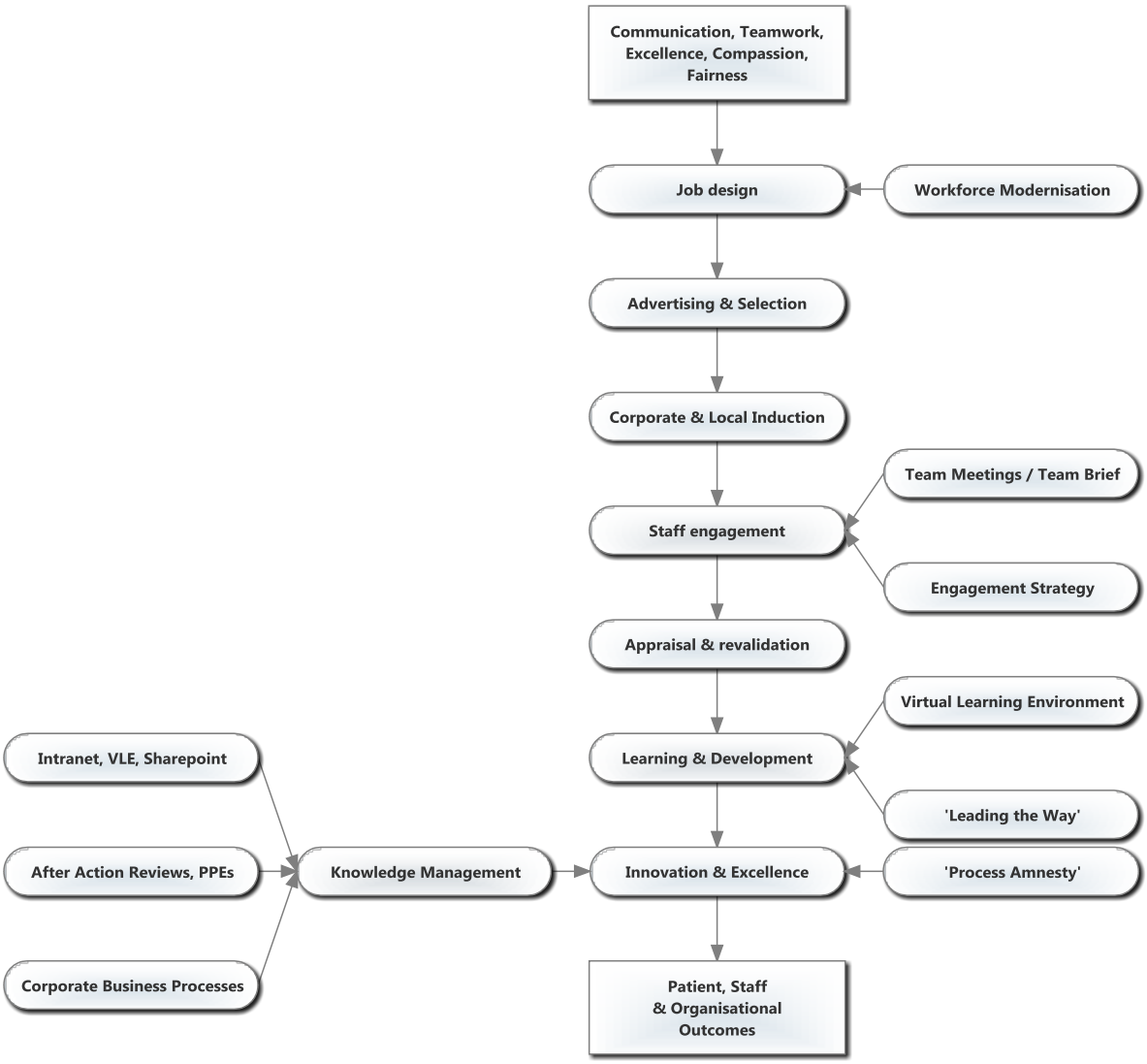
2 The King's Fund (2012) *Employee Engagement and NHS Performance* http://www.kingsfund.org.uk/sites/files/kf/employee-engagement-nhs-performance-west-dawson-leadership-review2012-paper.pdf

3 Summarised in Rayton, Bruce *et al* (November 2012), *Engage for Success: Employee Engagement Task Force – 'Nailing the Evidence' Work Group* http://www.engageforsuccess.org/wp-content/uploads/2012/09/The-Evidence.pdf

4 http://www.cipd.co.uk/hr-resources/factsheets/organisation-development.aspx

5 http://behaviouralinsights.co.uk/publications/east-four-simple-ways-apply-behavioural-insights

Figure 1: V&Bs Programme Priorities 2014/15



Planning for 2015/16

11. The Values & Behaviours Programme Board is now actively planning for 2015/16 as part of the Trust Business Planning process. An outline plan, set in the wider context of an Organisational Development framework, is included at **Appendix B**. This will need to be refined in the context of the emerging People Strategy and overall Trust Business Plan. The projects identified will be scaled up/down dependent on resourcing/affordability.

Conclusions

12. Conclusions:
    - Following the transition from an Innermost-led to a Trust-led programme, rapid progress has been made in developing and beginning to implement a more integrated, sustainable plan – to align with the emerging People Strategy and Trust Business Plan 2015-17;
    - Strong feedback from the V&Bs Sounding Board and staff drop-in sessions is that staff remain hungry to see the V&Bs blueprint/ambition translated into practice. Good progress is being made. However it should be anticipated that there will be a temporary dip in staff satisfaction (eg. as reported through the 2014 National NHS Staff Survey results, to be published in Spring 2015) until the bold ambitions articulated in the V&Bs Behavioural Blueprint are experienced consistently in staff's day-to-day lived experience – this is a normal part of the change trajectory; and
    - As recently reported (December 2014) in the NIRH study in NHS North East, *'transformational change in a complex system takes time and demands consistency, constancy of purpose and organisational stability.'*[6]

Recommendations

13. It is recommended that the Board of Directors:

i) **note** this update against the 2014/15 work programme (**Appendix A**); and
ii) **endorse** the direction of travel and programme priorities (as set out at **Appendix B**).

Drafted by:
Nick Groves, AD (3Ts Service Modernisation) and V&Bs Programme Co-Lead
Sarah Bonnôt-Tijhaar, Head of Occupational Health Services and V&Bs Programme Co-Lead
Lucie Brand, V&Bs Engagement & Communications Manager

V&Bs Working Group/consultees:
Rachel Clinton, Director of Communications
Babs Harris, Head of Quality, Diversity & Human Rights
Claire Martin, Head of Nursing & Midwifery Education
Simon Maurice, Programme Director, Site Reconfiguration & Networks
Lorissa Page, AD (HR)
Helen Weatherill, Operational Director of HR

[6] http://kingsfund.blogs.com/health_management/2014/12/a-mixed-methods-evaluation-of-transformational-change-in-nhs-north-east.html

Values & Behaviours Programme: RAG/Delivery Confidence Assessment Report

Area of Work	Action	Responsible	Status / Notes	RAG	Change
Job Design	• All new Trust Job Descriptions to include standard reference to V&Bs.	Lorissa Page	In progress.	😐	↓
	• Redesign Trust Job Description template around V&Bs.	TBC	Requires project resource. Could be undertaken as part of Workforce Modernisation project (Nick Groves).	☹	↔
Advertising & Selection	• Behavioural Blueprint added to all Trust adverts on NHS Jobs.	Sam Bulled	Complete	✓	
	• Standard V&Bs wording for all Trust job adverts.	Lorissa Page	In progress, aligned with refresh of 'equal opportunities' statement.	😐	↓
	• Reflect Leadership Standard in new Job Descriptions.	Lorissa Page	*See Leadership Standard query under Development & Training.*	😐	↔
	• Roll out Values-Based Recruitment.	Nick Groves	In progress. First fact-finding meeting 12/12, inaugural Project Team meeting 14/1. Will likely require resource – TBD.	☺	↑
Corporate & Local Induction	• Key induction sessions to reference V&Bs.	Nick Groves	In progress	☺	↔
	• All induction modules to be based on V&Bs framework.	Lorissa Page	Part of development/introduction of VLE/redesign of corporate induction – Autumn 2015 onwards.	😐	↔
Engagement & Communications	• Develop V&Bs/Trust Engagement Strategy.	Lucie Brand	Progressing, pending Programme Board ratification 20/1	✓	
	• Continue to run monthly staff V&Bs drop-in sessions.	Lucie Brand	RSCH sessions progressing well. PRH sessions less well attended – have been put on hold till ?June.	☺	↔
	• Recruit V&Bs Champions.	Lucie Brand	Launched December 2014. 100 recruited as of 7/1. First ask will be to contribute to 'ideas board' to inform future programme priorities.	☺	↔
	• Recruit backfill for Lucie Brand (Corporate Comms).	Rachel Clinton	Delayed. Advert in New Year.	😐	↔

Area of Work	Action	Responsible	Status / Notes	RAG	Change
	• Launch V&B Employee of the Month.	Lucie Brand	Would be in addition to Star Awards. Subject to backfill.	😐	↔
	• Launch 'Meet the Execs'/'Walk the Floor' events, and 'V&Bs Day'.	Lucie Brand	Subject to backfill.	😐	↔
	• Revisit/refresh suite of staff publications.	Lucie Brand	Subject to backfill.	😐	↔
	• Refresh Info-Net.	Rachel Clinton	Awaiting Lucie's backfill. To include possible replacement of Your Say. Needs to align with Sharepoint extension and VLE plans.	😐	↔
	• Integrate V&Bs into patient comms.	TBC	Need to clarify relationship between staff Behavioural Blueprint and patient care/patient comms, eg. TNA, commitment to ways of working, commitment to ways of relating to patients.	☹	↔
Team Brief	• Relaunch Team Brief/Team Meetings.	Nick Groves & Rachel Clinton	Significant challenges identified for operational/shift-based-services to achieve – will require additional thought. Aim to pilot with corporate services January 2015.	😐	↔
Appraisal	• Integrate V&Bs into appraisal.	Nick Groves (V&Bs)	Overall appraisal project led by HR. Project Manager recruited (Ros Soulsby). Aim to establish Project Team January 2015, and rollout from April 2015. Timescale tight, and improving uptake/quality will take time.	☺	↔
Development & Training	• Recruit Team Coach (6 month FTC/secondment).	Sarah Bonnôt-Tijhaar	Programme Board approved 14/11. JD complete 17/11. Job Evaluation feedback 23/12. Redrafted JD submitted 26/12. Job Evaluation 13/1.	😐	↓
	• Recruit internal Team Coaches (1-2 days/month each).	Nick Groves	3 recruited from V&Bs Sounding Board, 1 from Staff Drop-In. Positive response from Claire Martin (for E&K), Duane Passman (3Ts), Beverley Thorp (Delivery Unit). Judith Steen unable to support (EPR). Aim to launch February 2015 (subject to Team Coach appointment).	☺	↔
	• Pilot/hone V&Bs team toolkit.	Sarah Bonnôt-Tijhaar	Piloted in OH 10/12. Identified toolkit requires significant additional development. Further pilot arranged with V&Bs Sounding Board 12/1. Linking with *Cultivating Compassion* work (two-way benefit). 10+ teams on waiting list. Aim to rollout via Team Coaches February 2015 (subject to Team Coach appointment).	☺	↔
	• Develop Communications Charter. Rollout as new mandatory training module.	Nick Groves	Charter in development – through *Leading the Way* Module 2 (Nick facilitating). Options to create mandatory training VLE/blended module to be discussed at Programme Board 20/1.	😐	↔

Area of Work	Action	Responsible	Status / Notes	RAG	Change
	• Hone/launch Leadership Standard.	Nick Groves & Sarah Bonnôt-Tijhaar	Need to consider when/whether ready to launch, eg. commitment to Team Meetings (no solution yet for wards), 360° appraisal for all staff managers, or needing staff development needs (available repertoire of courses/structured development activities). Pending discussion at Programme Board 20/1. Consider alternative statement of additional behaviours leaders need to exhibit to embody and progress the Behavioural Blueprint.	☹	↔
	• *Leading the Way* programme for c. 70 Directors/direct reports.	Andrew Saffron (Innermost)	In progress. All four cohorts have completed Modules 1 and 2 (of 5), which are aligned with the five strands of the Behavioural Blueprint. Action Learning Sets are underway.	☺	↔
	• Business Planning submission to identify behavioural change requirements.	Robert Szymanski	Draft Business Plan template now includes reference to V&Bs. Complete (although identification of change management/behavioural change resource will require further interrogation as part of collating DMT proposals).	✓	
	• Consider how V&Bs could be reflected in Trust policy/report pro forma.	Dom Ford	Agreed in principal all Board subcommittee and major programme minutes (redacted as required) could be published on intranet (pending CEO approval). Staff engagement to be highlighted in policy cover sheet/template, and in associated guidance.	☺	↑
Innovation & Excellence	• Redesign key Trust processes ('process amnesty')	Spencer Prosser & Innermost	Processes identified: end-to-end recruitment, Booking Hub (some), Hand Therapy admin, ED referrals to specialties. Aiming for completion end January 2015.	😐	↔
	• Post-Project Evaluations, HR casework & AARs	Programme Board discussion 20/1	Need to clarify responsibility for ensuring PPEs undertaken, and learning from PPEs/AARs/HR casework systematised and embedded. Part of extended role of Delivery Unit? Links with Knowledge Management.	☹	↔
	• Prompt use of evidence in core Trust business approval processes.	Programme Board discussion 20/1	Need to clarify responsibility for ensuring evidence is reviewed as part of core Trust planning/approval processes, eg. business cases. Links with Knowledge Management.	☹	↔
	• Embed Continuous Quality Improvement in operational processes Trust-wide.	Programme Board discussion 20/1	Need to identify project lead/scope. Likely part of 2015/16 programme of work.	☹	↔
Programme Admin.	• Trust/Innermost workshop re V&Bs 2015/16	Nick Groves & Andrew Saffron	Arranged for 29/1. Discussion in context of outline People Strategy (Trust Board 26/1) and Trust Business Plan 2015-17.	☺	↔

Notes

RAG rating shows progress to plan/overall Delivery Confidence Assessment/subjective assessment of risk, ie. requirement for Programme Board focus.
✓indicated task complete.
Change (final column) indicates improvement (↑), worsening (↓) or no change (↔) since previous report (15th December 2014).

Values & Behaviours

How will it *feel* different?

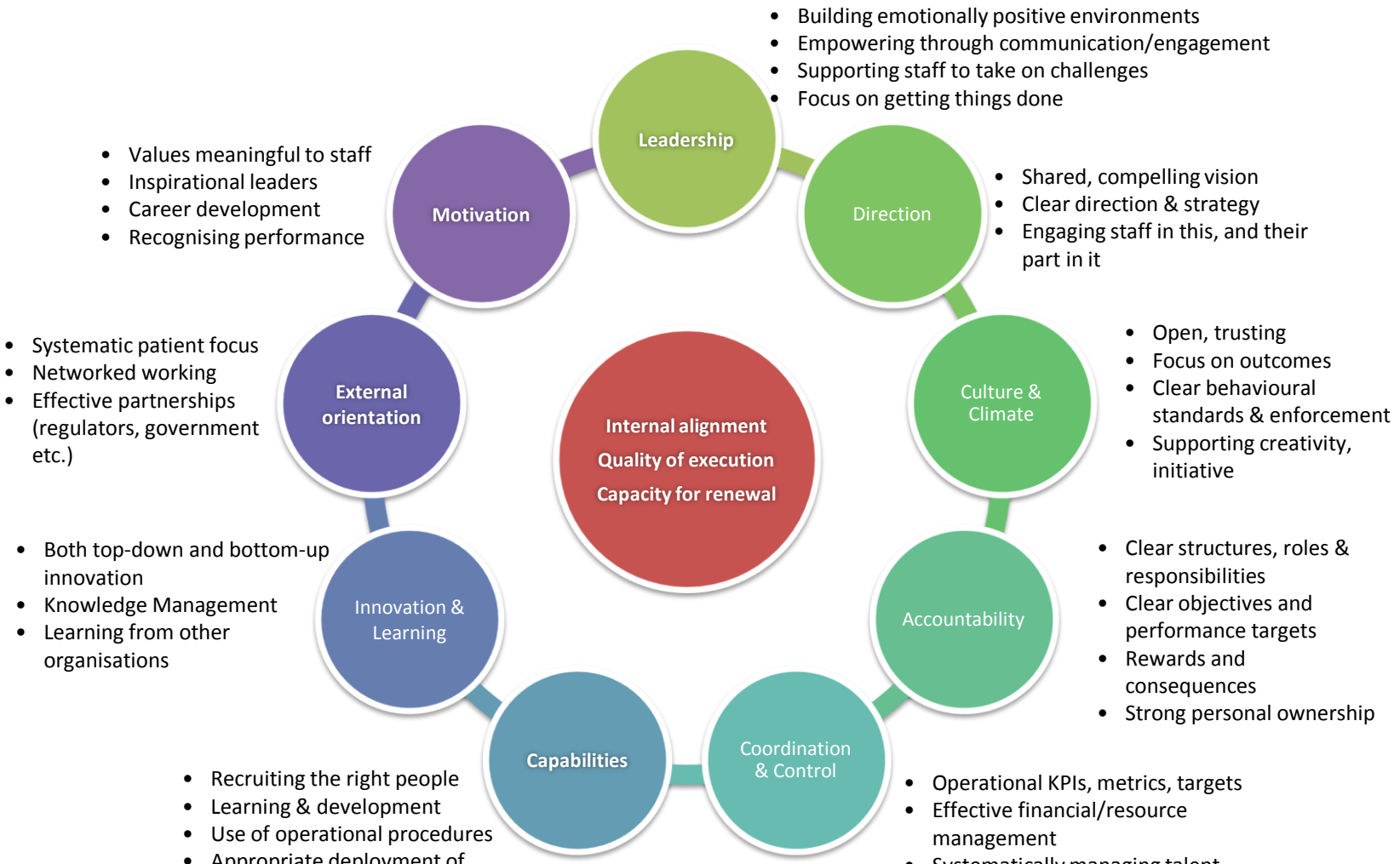
We will feel like we're all pulling together:
- clear, shared goals
- regular meetings to improve team performance
- open and effective communication

I will receive safer, higher quality care:
- treated with respect & dignity, kindness & compassion
- overall experience
- clinical outcomes

I can recommend BSUH as a place to work and be a patient. I will feel I'm:
- healthier and happier
- treated fairly and respectfully
- learning and making a real difference to patients
- able to raise concerns, and continuously improving how I/we work

Above all else, we will be an organisation that continuously learns and improves:
- clinical outcomes (eg. mortality, HCAIs)
- efficiency and effectiveness
- financial and operational performance

Organisational Health: 9 Elements



- Building emotionally positive environments
- Empowering through communication/engagement
- Supporting staff to take on challenges
- Focus on getting things done

- Shared, compelling vision
- Clear direction & strategy
- Engaging staff in this, and their part in it

- Open, trusting
- Focus on outcomes
- Clear behavioural standards & enforcement
- Supporting creativity, initiative

- Clear structures, roles & responsibilities
- Clear objectives and performance targets
- Rewards and consequences
- Strong personal ownership

- Operational KPIs, metrics, targets
- Effective financial/resource management
- Systematically managing talent
- Managing risk

- Recruiting the right people
- Learning & development
- Use of operational procedures
- Appropriate deployment of expertise

- Both top-down and bottom-up innovation
- Knowledge Management
- Learning from other organisations

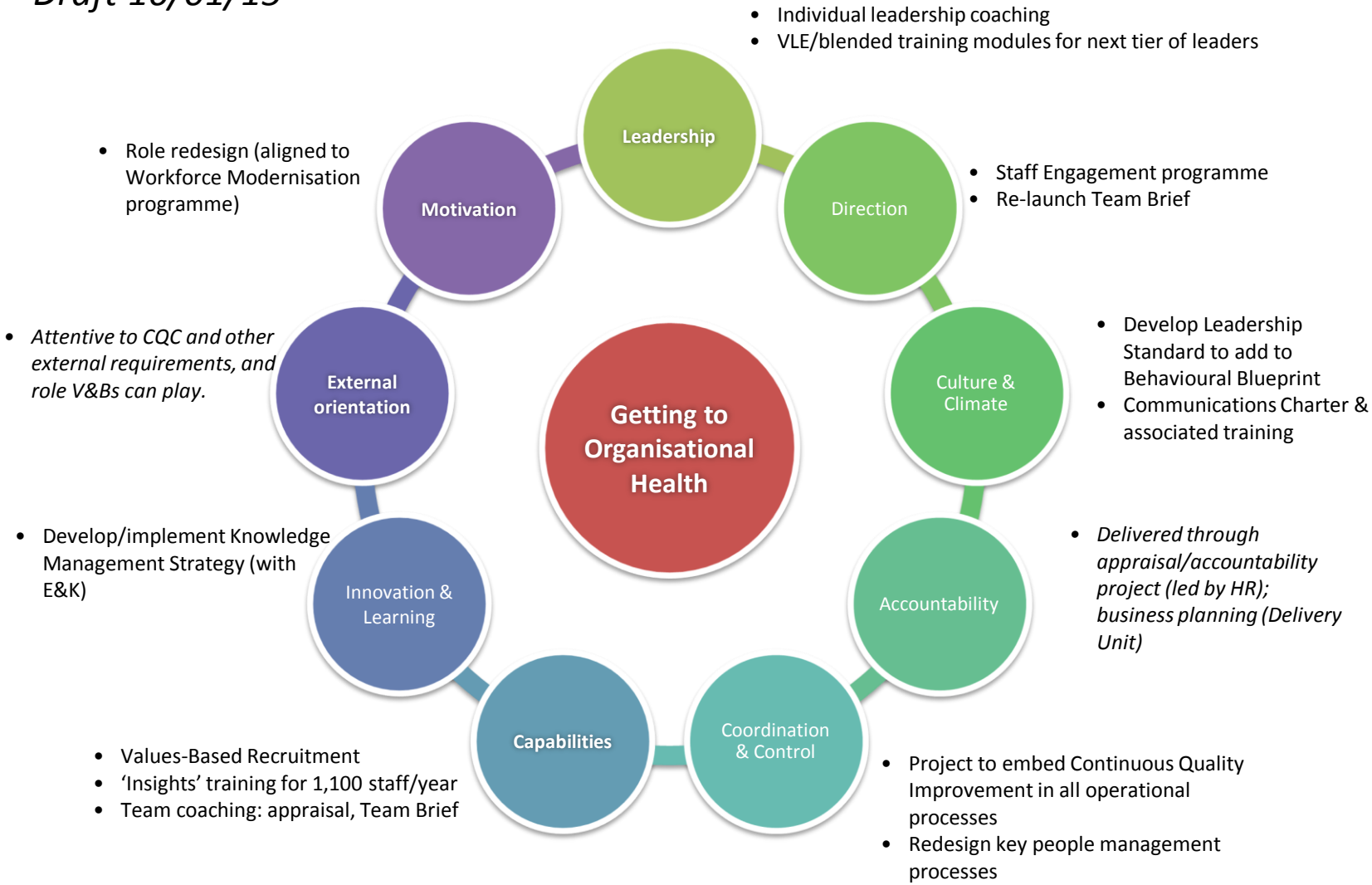
- Systematic patient focus
- Networked working
- Effective partnerships (regulators, government etc.)

- Values meaningful to staff
- Inspirational leaders
- Career development
- Recognising performance

Keller & Price (McKinsey & Co), 2011

V&Bs Programme 2015/16

Draft 16/01/15



- Individual leadership coaching
- VLE/blended training modules for next tier of leaders

- Staff Engagement programme
- Re-launch Team Brief

- Develop Leadership Standard to add to Behavioural Blueprint
- Communications Charter & associated training

- *Delivered through appraisal/accountability project (led by HR); business planning (Delivery Unit)*

- Project to embed Continuous Quality Improvement in all operational processes
- Redesign key people management processes

- Values-Based Recruitment
- 'Insights' training for 1,100 staff/year
- Team coaching: appraisal, Team Brief

- Develop/implement Knowledge Management Strategy (with E&K)

- *Attentive to CQC and other external requirements, and role V&Bs can play.*

- Role redesign (aligned to Workforce Modernisation programme)