

Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	6th July 2015
Board Sponsor:	Amanda Fadero, Deputy Chief Executive and Director of Strategy & Change, Senior Responsible Officer for Values & Behaviours Programme
Paper Author:	Nick Groves, Associate Director of 3Ts (Service Modernisation), Values & Behaviours Programme Co-Lead
Subject:	Trust Values & Behaviours Programme: Update

Executive Summary

1. Since November 2014 the Trust Values & Behaviours (V&Bs) programme has been managed within the Trust.
2. In line with the original ambition for V&Bs set out in *Foundations for Success* (2013), detailed project planning has drawn on:
 - analysis of quantitative and qualitative staff feedback (eg. staff meetings, wider staff engagement, NHS Staff Survey) – to provide a clear thread from ‘you said’ to ‘we did’ (**Appendices A-B**);
 - research evidence – in particular the key antecedents of engagement identified by The King’s Fund from NHS Staff Survey and correlated Trust performance data¹.
3. Remedial actions to address issues identified are set out in a range of Trust strategies/plans, incl. the People & Wellbeing Strategy (approved by the Board in May 2015) and CQC Action Plan, and will be further reinforced through the refreshed Trust Communications & Engagement Strategy.
4. Within this broader agenda, the V&Bs programme has been focussing on three areas of activity:-
 - i) **Aligning ‘people processes’** (eg. recruitment/selection, induction, appraisal, HR policies, staff communications & engagement) with the Behavioural Blueprint – for clear, consistent, mutually-reinforcing messaging.
 - ii) **Developing individuals and teams.** Principally:
 - Leading the Way for 67 Directors/direct reports, which concluded in April 2015 and has been consistently positively evaluated;
 - Team Coaching – the external (part-time) coach and 13 internal (part-time, volunteer) coaches will have worked with 478 staff (30 teams) by the end of September 2015, with a further c. 1,800 staff by end 2015/16;
 - Leading the Way Too – currently in development for 500 frontline managers/supervisors (40 cohorts of 12 x two days’ training);
 - October Leadership Conference on Knowledge Management (half-day, Amex Stadium, 300+ leaders at all levels of the organisation).

¹

<http://www.kingsfund.org.uk/sites/files/kf/employee-engagement-nhs-performance-west-dawson-leadership-review2012-paper.pdf>

- iii) **‘Engaging for improvement’**. This recognises that involvement in quality improvement activity both benefits from and strengthens staff engagement (virtuous cycle), but this requires these processes/structures to be in place (Quality & Safety Strategy).
5. Programme activities/statistics for 2014/15 are included at **Appendix C**; plans for 2015/16 at **Appendix D**. £615k has been earmarked for V&Bs in the 2015/16 Trust Annual Plan, subject to overall affordability. To date, £265k has been released.
 6. Research evidence shows that staff engagement confers staff, organisational and patient benefits (incl. reduced mortality) – see **Appendix E**. Engagement is measured in the annual NHS Staff Survey (2015 data will be gathered in December 2015 and published in March/April 2016). It is important to recognise, however, that *‘transformational change in a complex system takes time and demands consistency, constancy of purpose and organisational stability.’*²
 7. The programme has benefitted from wide staff engagement and a robust governance structure, incl.
 - Stakeholder Board;
 - Working Group;
 - Programme Board;
 - regular reporting through the CQC assurance process, CEO/Deputy CEO reports to Trust Board.
 8. As set out in the People & Wellbeing Strategy, management of the V&Bs programme will transfer into the HR/People service at the end of July 2015, with governance through the People Board.

Links to corporate objectives	The Values and Behaviours programme is an enable for all of the corporate objectives: <i>excellent outcomes; great experience; empowered, skilled staff; high productivity; deliver the clinical strategy</i>
Identified risks and risk management actions	No risks identified as arising from this update.
Resource implications	No resource implications arising from this update.
Legal implications	No legal implications identified as arising from this update.
Appendices	<ul style="list-style-type: none"> A NHS Staff Survey results (excerpt) B Analysis of qualitative staff feedback (2014/15) C 2014/15 programme activities/reach D 2015/16 planned activities (phase 1) E Benefits of staff engagement

² <http://www.ncbi.nlm.nih.gov/pubmed/25642553>

Action required by the Board

The Board is invited to:

- i) **note** achievements for 2014/15 and plans for 2015/16; and
- ii) **take assurance** the that direction of travel remains consistent with the original intent.

Summary of Issues Raised through Staff feedback on the Values and Behaviours (V&B) Programme

Below is an overview of the feedback received from staff about the V&B programme between August 2014 and February 2015. There was plenty of positive feedback but this summary highlights the key issues and concerns that staff said they hope that the V&B programme will address in the future. The issues are listed with the ones raised most frequently at the top in each section.

Developing individuals and teams

Individual development

- Lower band staff feel they have limited development opportunities
- Need for well-enforced mandatory training that reinforces values
- A training course for all staff on V&Bs would set the standard for everyone
- Staff need tools to help them deal with difficult conversations and conflict
- Difficult attending training in operationally pressured areas*
- Middle grade managers need better support and training

Leading the Way (LtW)

- How can we ensure managers are demonstrating values following LtW*
- Lack of transparency around selection and content
- Interest in this training being packaged/cascaded for lower level managers

Team development

- Need more support to understand using V&Bs in everyday working
- Appetite for toolkit, but some managers are not supportive
- Team Coach role is very welcome, but needed permanently
- Difficult when team has long standing issues/deep rooted problems

Aligning our people processes

HR processes

- Lack of consequences for bad behaviour and accountability
- V&B not integrated into current HR processes so has 'no teeth'
- Appetite for clear standard that all staff adhere to; a contract or policy
- Need for tools to address long standing issues when other attempts fail
- HR strategy needs to reinforce V&B at every level

Appraisals

- Are often poor quality or don't happen at all, seen as 'tick box' exercise
- Lack of clarity about what 360 degree feedback is and who has it
- Some managers have huge numbers of staff to appraise and lack of access to suitable venues for meetings, time, training and support
- Need to be more department specific, but centred around values

Middle Managers

From Middle Managers

- Feel under pressure to meet 'V&B standard', unsure of expectations
- Need support and guidance when they are challenged on their behaviour or grievances/complaints are raised against them
- Hard to find time to dedicate to their team when under pressure*

About Middle Managers

- Can appear 'invisible' with very little face to face contact with staff
- Do not always demonstrate values or support staff development*
- Can be dismissive of V&B and do not always encourage staff involvement*

Recruitment and induction

- Make our values clear from the outset through the recruitment process
- Should not be a 'single slide' in induction, needs to be properly woven in
- More learning from exit interviews, why are we losing good people?
- Interviews should be underpinned by the Behavioural Blueprint

Perceived culture

- Bullies are sometimes hidden and senior staff and consultants who behave badly are sometimes 'protected', change to rectify seen as slow*
- Non-clinical staff seen as second class and do not get equal recognition
- Lack of consultation with lower grade staff on decisions that affect them*
- Working overtime is the norm, otherwise seen as lacking commitment*
- Too much focus on County site, need more balance

Engaging for improvement

Internal communication

- Can be difficult to find time to have regular, productive team meetings
- Still lack of regular access to IT in some areas*
- Sometimes top-down communications seen as 'spin', would prefer honest messages, which help us learn from our mistakes
- More opportunity to meet senior managers would be very welcome
- Need more channels to help us share knowledge and learning
- Empower staff to innovate and make improvements more independently

Standards of communication

- Uncertainty about how to use V&B to challenge rude emails or comments
- Poor verbal communication can be very difficult/intimidating to address
- It would be good to have more respect between different professions

* Out of scope of 2015/16 Project Plan

Trust's NHS Staff Survey Results 2014

Developing individuals and teams

Individual development	<ul style="list-style-type: none"> Staff receiving job-relevant training/development in last 12 months: worse than average (no change from 2013)
Team development	<ul style="list-style-type: none"> 79% satisfied/very with support from colleagues Effective team working has improved to average. (This was the only statistically significant change from 2013)

Engaging for improvement

Internal communication	<ul style="list-style-type: none"> 53% say team members often meet to discuss team's effectiveness 29% agree/strongly communication with senior management is good: worst 20% nationally (no change from 2013): <ul style="list-style-type: none"> 21% agree/strongly senior managers try to involve staff in important decisions 18% agree/strongly senior managers act on feedback
Improvement activities	<ul style="list-style-type: none"> Overall engagement score (able to contribute to improvements, recommend Trust as place to work/receive treatment, motivation at work): worst 20% nationally (no change from 2013) 54% involved in deciding on changes affecting their work area (average nationally, no change from 2013). 52% agree they are able to make improvements happen

Aligning our people processes

HR processes	<ul style="list-style-type: none"> % experiencing harassment, bullying or abuse from staff in last 12 months: worst 20% nationally (no change from 2013)
Appraisals	<ul style="list-style-type: none"> % appraised: lowest 20% nationally (no change from 2013). A&C staff report lowest appraisal rates % receiving well-structured appraisal: lowest 20% nationally (no change from 2013): <ul style="list-style-type: none"> 52% said it didn't help them do their job 43% said it didn't leave them feeling their work is valued by the organisation
Middle Managers	<ul style="list-style-type: none"> Support from immediate managers: 20% dissatisfied/very, worst 20% nationally (no change from 2013) 52% agree/strongly manager gives clear feedback on work 46% satisfied/very with recognition for good work 44% agree/strongly immediate manager asks for opinion before making decisions that affect my work
Recruitment & Induction	<ul style="list-style-type: none"> % believing Trust provides equal opportunities for career progression/promotion: worst 20% nationally (no change from 2013)
Perceived Culture	<ul style="list-style-type: none"> 57% agree/strongly care of patients is organisation's top priority 44% agree/strongly senior managers are committed to patient care 37% satisfied/very with organisation's valuing their work % suffering work-related stress: worst 20% nationally (no change from 2013)

Notes

1. The summary above is an excerpt from the 2014 results.
2. Overall, results were almost unchanged from 2013:
 - Overall score for engagement (key antecedent for range of staff/team, organisational and patient outcomes): worst 20% nationally.
 - Score for well-structured appraisal (CQC compliance action): lowest in country (24%).

2014 NHS Staff Survey: Key Findings for BSUH

Relative Score	No. Key Findings
Worst 20% nationally	16
Below average	7
Average	3
Above average	1
Top 20% nationally	1

Values & Behaviours Programme/Reach 2014/15



Values & Behaviours-Related Work: 2015/16 Programme (Phase 1)

Strand	Project	Additional Investment
Developing people & teams	• Leading the Way Too (rollout to c. 500 frontline managers/supervisors, aligned with a people management skills development programme)	✓
	• Continue Action Learning Sets for 67 Leading the Way 1ers (where they wish to continue)	✓
	• Extend V&Bs Team Coaching (incl. recruiting a second cohort of internal coaches)	✓
	• Develop/introduce the Comms Charter and Leadership Standard (subject to CMB agreement, wider engagement)	
	• October Leadership Conference for leaders at all levels	✓
	• Clinical Leadership programme (E&K Directorate and HR) – <i>early stage of development</i>	P&WS
	• Trust Framework for Learning – includes prompt to ensure all Trust L&D shows read-across to Behavioural Blueprint	
Aligning our People Processes	• Extend Values-Based Recruitment to all staff groups	P&WS
	• Further embed Values & Behaviours in corporate and local induction	
	• Rollout new appraisal process/resources and training, which integrates the Behavioural Blueprint	P&WS
	• People & Wellbeing Strategy (P&WS), People Plan, HR restructure	P&WS
Engaging for Improvement	• V&Bs Champions programme, incl. July 'Champions' Day'	
	• 2 nd wave of 'Back to the floor' visits by Exec. Team (additional visits, 'Evergreen' shifts), with structured learning.	
	• Develop/launch wider Staff/Student Engagement & Comms programme, incl. open staff sessions, 'meet the Exec' forums, ongoing all-staff bulletins.	✓
	• Staff engagement plan from medical student/staff perspective (Y5 BSMS medical student project)	
	• Relaunch 'Team Brief'	

Notes

P&WS – People & Wellbeing Strategy

Benefits of Increased Staff Engagement³