

# United Lincolnshire Hospitals

NHS Trust

<b>To:</b>	Trust Board
<b>From:</b>	Martin Rayson
<b>Date:</b>	4 April 2017
<b>Essential Standards:</b>	

<b>Title:</b>	Staff Engagement Report										
<b>Author/Responsible Director:</b>	Martin Rayson Director of Human Resources and OD										
<b>Purpose of the Report:</b>	<p>As part of our work to refresh the Trust's approach to staff engagement, it has been agreed that the Trust Board should receive a regular report which highlights actions taken to improve levels of staff engagement (alongside the patient experience report). The report will report regularly on levels of engagement and highlight key initiatives underway to improve engagement and their impact. By this means the Board can gain assurance that engagement, which research indicates is a key driver of better patient care and safety is receiving the attention it needs.</p>										
<b>The Report is provided to the Board for:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Decision</td> <td style="width: 5%;"></td> <td style="width: 50%; padding: 5px;">Discussion</td> <td style="width: 5%;"></td> </tr> <tr> <td style="padding: 5px;">Assurance</td> <td style="text-align: center;">X</td> <td style="padding: 5px;">Information</td> <td style="text-align: center;">X</td> </tr> </table>			Decision		Discussion		Assurance	X	Information	X
Decision		Discussion									
Assurance	X	Information	X								
<b>Summary/Key Points:</b>	<p>At an early point in the CQC inspection, the inspectors identified an issue about the confidence staff have in raising issues and concerns, either about the way patients or they were being treated. This first part of this report details the current leadership development offers and future proposal offers in the light of CQC feedback and national developments. The second section of the report updates on actions to implement and communicate the Freedom to Speak Up initiative with data gathered in the Trust to date.</p>										
<b>Recommendations:</b>	To note the report and actions taken										
<b>Strategic Risk Register:</b>	<b>Performance KPIs year to date</b>										
Mitigates the following risk – “Failure to sustain engaged workforce”											
<b>Resource Implications (e.g. Financial, HR)</b>	Initiative being taken forward within the resources allocated to the HR/OD function										
<b>Assurance Implications:</b>											
<b>Patient and Public Involvement (PPI) Implications.</b>											
<b>Equality Impact</b>											

We are concerned to ensure that all staff feel equally confident in their ability to speak out and be heard. We are aware that experience of bullying appears to be more prevalent amongst the BME staff and the actions we are taking are designed to ensure their particular concerns are addressed.
<b>Information exempt from Disclosure</b>
<b>Requirement for further review?</b>

## 1. Introduction

This paper sets out and critiques the current leadership development activity both internal and external to the Trust and recommendations which were agreed by the Executive Team at their meeting on 16<sup>th</sup> March 2017.

## 2. Context and drivers for change

### 2.1 CQC

The CQC review has identified shortcomings to which we must respond, notably in the areas of safety and the extent to which the Trust is well-led. In particular, the CQC refer to:

- A theme in their focus groups and contacts with staff of staff telling them “they perceived they did not feel confident to raise concerns in their work environment”. It is not clear there is feedback and learning takes place when they do.
- Some staff feeling that they were bullied and harassed
- Insufficient action around equality and diversity in the workforce
- Failure to achieve appraisal and core learning targets – how do we ensure staff are trained to deliver safe care
- The strength of accountability across the Trust
- Inconsistency in the delivery of quality/safe care – some great examples, some poor examples
- Leaders who are not sufficiently in touch to ensure standards are sustained in all places
- Not assured there was sufficient professional challenge given to nursing staff. Some staff lack the capability to recognise what good care looks like.
- Areas where morale is low and staff do not feel appreciated. They do not feel engaged with the future direction and values of the Trust.

What is evident as a theme is inconsistency in terms of the standards of care provided. That inconsistency is linked to the quality of leadership at a local level. What is lacking is a sound structure for ensuring consistency of behaviours, based around the stated values of

the Trust. Alongside swift action to address issues of bullying, listening to staff, adherence to policies and acceptance of poor standards in some places, we must address through this strategy the underlying issues around culture, leadership and accountability.

## **2.2. Tackling Bullying in the NHS – A collective call to action**

In February 2017 Trusts received from the Social Partnership Forum a collective call to action on bullying. Amongst other things, it calls on Trusts to:

- achieve the overarching leadership and cultural change to tackle bullying
- support staff to respectfully challenge problem behaviours

## **2.3 Developing People, Improving Care (December 2016)**

This document published by the National Improvement and Leadership Development Board provides a national framework for action on improvement and leadership development. It identifies five conditions common to high quality systems that interact to produce a culture of continuous learning and improvement. These conditions are:

- Leaders equipped to develop high quality local health and care systems in partnership.
- Compassionate, inclusive and effective leaders at all levels.
- Knowledge of improvement methods and how to use them at all levels.
- Support systems for learning at local, regional and national levels.
- Enabling, supportive and aligned regulation and oversight.

## **2.4 NHS Staff Survey 2016**

The 2016 Staff Survey has shown areas of improvement, with most of the scores increasing, showing that as an organisation the Trust is heading in the right direction.

However, the Trust is still mostly below the national average levels so there is still some way to go.

## **2.5 ULHT People Strategy (March 2017)**

The ULHT People Strategy supports the delivery of Lincolnshire's STP and the ULHT 2021 Strategy and Programme. The 2021 programme sets out that we want our staff to:

- Be proud to work for UHT
- Always strive for continuous learning and improvement
- Challenge convention and improve care

Our People Strategy priorities to achieve this are:

- Developing new roles and capabilities
- Improved recruitment and retention to reduce agency spend
- Talent management
- Productivity and performance
- Engaging with the vision and values
- Building trust and ensuring staff voice is heard
- Inclusive leaders (of the health and care systems as well as the Trust)/engaging managers
- Promoting workforce health, well-being and resilience
- Reward and recognition
- Supporting change and promoting continuous improvement through empowering our staff

### 3. External activity

#### 3.1 East Midlands Leadership Academy

During 16/17 the Trust continued its membership of East Midlands Leadership Academy (EMLA) at a cost of £35k per annum. The fee is based on staff head count. For this fee Trust staff have free access to all programmes. Our Q2 report received in October 2016 showed that staff are accessing the majority of programmes provided by EMLA but that in total only 58 ULHT have accessed programmes. However, a full year analysis for 15/16 showed that had the Trust used the Pay As You Go Option, we would have paid in excess of £10k more than the annual subscription for the places used. A decision has not yet been taken on membership for 17/18.

#### 3.2 Lincolnshire STP

Lincolnshire Health and Care Leaders have developed an OD Strategy and a Workforce Strategy to support the STP. This sets out how we will deliver our transformational vision of truly integrating health at scale and pace and achieve the changes in workforce numbers and shape that we expect. The STP OD Strategy has been widely socialised within and across stakeholder bodies. Amongst a number of other strategic OD priorities, the Strategy recognises and addresses the need for systems leadership development across health and care in Lincolnshire in order to deliver the STP.

The Strategy is overseen by the Lincolnshire Workforce Advisory Board Culture and OD Programme Board which has membership of all the key stakeholders. The Board has a budget for 16/17 from Health Education England of £125k. Funding for 17/18 has not been confirmed.

A number of interventions are in place to support systems leadership. All the offers are initially been targeted at those in current or potential systems roles.

- **Mary Seacole Local** – Lincolnshire was one of only two STPs in the East Midlands to be awarded by EMLA the opportunity to run this highly rated national leadership programme. Eight facilitators from Lincolnshire organisations have been accredited and delivery of Cohort 1 has commenced with 13 participants from across Lincolnshire's health and care community.

- The development of a **Lincolnshire Coaching Network**, part of which involves training coaches and a 2 day Coaching Skills for Leaders programme
- **Systems Leadership Laboratories**- an experiential workshop that enable participants to recognise and work on the challenges of working in a complex system
- **Service Improvement** training
- Planning of **Masterclasses** for 17/18 to support the development of skills and knowledge in relation to systems leadership and develop networking across organisational boundaries

## 4. Internal Activity

### 4.1 Leadership development team

The team responsible for the design, delivery and evaluation of ULHT's leadership development programme comprises:

- 1.0 wte band 8b Head of Transformational Change and Engagement
- 0.6 wte band 8a OD Lead
- 1.0 wte band 7 Leadership and OD Manager

### 4.2 ULHT Leadership Charter

During the summer of 2016 a draft ULHT Leadership Charter, based on the NHS Healthcare Leadership Model, was developed and widely circulated for comment to all band 8s and above and CDs, Heads of Service and Consultants. Around 70 people took the time to reply and provide constructive feedback which was overwhelmingly positive. The final version is attached as Appendix 1.

The Charter is being formally launched as part of the new management programme discussed below. Key to its success will be how it is brought to life and people held to account using it.

To enable this, many colleagues suggested that it be used as part of a 360 process and this option is being explored.

The Executive Team identified a number of additional areas that need to be supplementary to the Leadership Charter which set out clear expectations of managers.

All future leadership development will have a clear alignment with the Charter and these management expectations.

### 4.3 Internal Leadership and Management programmes

During 16/17 the Trust continued to offer programmes for staff at Bands from band 3 up to Band 8+. The offer is:

#### **Stepping up to Management for Bands 3/4/5**

124 staff have completed this 6 day programme. The programme is mostly delivered by the Leadership and OD Manager with support from internal subject matter experts.

### **Leadership in Practice for Bands 5/6/7**

150 staff have completed this 6 day programme. Research was conducted during 2016 on all attendees and their line managers and this showed that the programme can demonstrate an impact on leadership practice. Research also showed, however, that the programme is insufficiently embedded in the organisation with insufficient attention paid to supporting delegates to apply their learning once back in the workplace. The programme is mostly delivered by the OD lead with support from internal subject matter experts.

### **Senior Leadership Development Programme for Band 8s+**

A total of 61 senior managers have or are participating in the four cohorts of the Senior Leadership Development Programme, 51 of them medics. This programme has been accredited for external CPD points by the Royal College of Physicians. The programme is delivered by a combination of external speakers (funded previously through East Midlands Leadership Academy) and internal subject matter experts.

### **Other leadership development activity**

In addition to formal programmes, the team also provide:

- Workshops on topics on request including Personal Effectiveness, Resilience and Coaching
- 1:1 coaching
- Team development and facilitation
- Action Learning Sets
- Myers Briggs Type Indicator profiling and feedback
- Personal Profile Analysis profiling and feedback
- Healthcare Leadership Model 360 feedback

### **Senior Leadership Forum**

This has been run quarterly with a half-day format, based on feedback from attendees, which usually involves a “state of the nation” session by the Chief Executive and then inviting attendees to work on one or two key “wicked issues” that need the collective Trust leadership to work through. The invitation list is currently all Band 8s and above and all medics at Consultant grade and above. Attendance is normally 50-60 people which clearly does not represent the majority of the Trust’s leadership population. We know that those who do come rate the event highly but we don’t know why others choose not to attend. A decision has been taken to reduce the invitation list to all Bands 8s and above, Heads of Service and CDs and make attendance mandatory and use a bigger venue which can comfortably accommodate these numbers.

### **Leadership Academy Alumni**

The Chief Executive has established a group of managers who have participated in National Leadership Academy programmes such as Mary Seacole, Elizabeth Garrett Anderson and Nye Bevan. This group is used as informal sounding board and discussion forum for leadership issues. Members of this group support internal leadership development activity.

## 5. Critique of Current Activity

A SWOT analysis was carried out by members of the OD team in relation to the programmes above. What this identified was that:

- Development activity is not clearly aligned to Trust priorities and objectives and is not commissioned or owned by the Executive team
- Middle managers do not take an active sponsorship role of those who are planning to attend or have attended both internal and external leadership programmes
- There needs to be more attention paid to transfer of learning from programmes into the workplace.
- There needs to be a robust method of evaluation and measurement of impact
- Attendance at leadership development programmes needs to be integral to appraisals and PDPs
- Attendance needs to be targeted at organisational need
- There are no clear pathways through the various internal and external development offers
- The Trust has poor facilities in which development takes places which can limit the activities undertaken and do not provide a conducive learning environment
- Development is focused on those already in management roles; there is not a structured talent management approach
- There is no identified budget to support leadership development for example, the use of specialist external speakers

## 6. Future Activity

In light of feedback from CQC and a general recognition that there needs to be a focus on developing management skills, the Trust has designed a new two day programme. **“Supporting You to Manage and Deliver our Values and Behaviours”** which commenced in February 2017 for managers at Band 7 and above.

The focus of the programme is about supporting ULHT managers to ensure that they have the skills to effectively carry out their management role and consistently demonstrate ULHT’s values and behaviours as described in the ULHT Leadership Charter.

Each programme is supported by an Executive Director who is present to listen to how it is to be a leader at ULHT. All participants are required to undertake the NHS Healthcare Leadership Model 360 and take part in Action Learning Sets following their attendance on the programme.

Attendance is mandated for around 300 managers.

## 7. Next Steps and Recommendations

- 7.1 The Leadership Charter be an integral part of all appraisals for those in any form of leadership role and managers be set performance and behavioural objectives, supported by development, to ensure they consistently demonstrate the Charter.
- 7.2 The Trust develop a talent management approach, linked to appraisal, to all leadership development rather than the ad hoc system that is currently in place. To enable this, we will provide clarity on the suite of leadership offers and a clear expectation that those moving into leadership roles participate in designated leadership programmes. This will include EMLA offers where there is also a need to ensure wider access and a clearer return on investment.  
  
The Executive Team agreed that they will confirm their senior and middle management structures so that development can be appropriately targeted.
- 7.3 There needs to be an explicit focus on the importance of appraisals as currently around one third of Trust staff have not had an annual appraisal. Managers must be held to account for this key part of their role.
- 7.4 Those moving into leadership roles for the first time or into more senior roles should have access to a mentor and/or a coach to support that transition and an expectation that they will use this resource.
- 7.5 The OD team work with the Executive Team to develop new programmes which have a clear line of sight through to Trust objectives and priorities. All programmes will have a clear golden thread through to the Trust’s vision and values and the Healthcare Leadership Model.
- 7.6 The importance and value of non-classroom- based learning be emphasised, for example, coaching, mentoring, job rotation, shadowing and secondments.
- 7.7 All line managers are made aware of their responsibilities in respect of how they sponsor staff onto programmes and support their transfer of learning back into the workplace and how they hold staff accountable for changes in behaviour as a result



of attending leadership and management programmes.

7.8 Consideration be given that those aspiring to management roles are helped (a) to assess if they are suitable for promotion through values and competency based Development Centres and (b) supported to gain the required knowledge, skills and behaviours *before* they “find themselves” in management roles, to quote one current programme delegate.

7.9 An identified budget be provided to properly resource leadership development

7.10 The OD team provide a robust evaluation methodology with KPIs. For example, an investment in leadership development could be expected to contribute towards:

- Reduce reported instances of bullying
- Improve the Trust’s staff engagement score
- Increased compliance with appraisals
- Reduced sickness absence
- Reduced disciplinaries

## **8. Conclusion**

By establishing a more robust leadership development offer, clearly aligned to Trust values and priorities, sponsored by senior and middle managers, targeted through appraisals and PDPs with a robust evaluation methodology, the Trust can focus on the areas where development is needed and provide a motivational development pathway for our current and aspiring leaders.

## Update to Trust Board

### **Freedom to Speak Up: Voicing Your Concerns Policy for ULHT**

The revised and updated Freedom to Speak Up: Voicing Your Concerns Policy for ULHT was agreed by the Trust Board on 7 March. The policy has now been published meeting the national requirement to have a revised policy in place by 31<sup>st</sup> March. Staff side colleagues considered the policy at the last task and finish group. The policy is also being shared with HR/Staffside policy group which meets on the 21<sup>st</sup> April. Any feedback from the 21<sup>st</sup> can be incorporated in to an updated version. The FTSU Guardian has worked with Communications to agree a communication plan for April / May to work on raising awareness with staff.

### **Chaplains**

The new Lead Chaplain has agreed that the chaplains would be an excellent way to support the implementation of the policy. Providing another option for staff if they wanted to speak to someone about a concern. Agreed that we would try and source some training for the chaplaincy team so that we take a consistent approach and we would also look at how we could keep a record of chaplain contacts so that they fed in to central recording. Important we do this to enable us to demonstrate the work the Trust is doing on this whilst still maintaining confidentiality for individuals.

### **National Conference for Freedom to Speak Up Guardians 8 March 2017**

The National Guardian Dr Henrietta Hughes had invited Guardians from every Trust in the country to attend this event. The day was made up of speakers, panel discussions and workshops and was attended by the Dr Hughes, Sir Robert Francis and Philip Dunne MP. Following bits of feedback from the day

- 70% of Guardians attending had less than one day a week allocated to FTSU role
- Guardians who had been in role longest advised that the most effective way to raise awareness in the Trust was basic communications, posters in all departments, business cards etc.
- Many Trusts were asking for staff to volunteer to be FTSU champions, helping to give coverage on all sites and in different staff groups
- Some Trusts were using Datix as a method of reporting concerns, in a similar way to recording risks, incidents
- Agreed to work with the Guardian at LCHS to see if there were ways to share/ pool any FTSU work done between the local trusts.

## Data Collection

The National Guardian's Office have issued some suggested data that Trusts should collect on issues raised this information will be used to provide future reporting to the workforce and OD committee and the Board.

Reporting Period	November 2016- February 2017
Number of issues raised	3
Number of issues raised anonymously	0
Nature of issue	3 Behavioural
Outside referrals	0 referrals made to the Trust through other bodies
Open/ closed	0 open/3 closed
Feedback Obtained	Method to obtain feedback still to be agreed