

Workforce Report – Quarterly Culture and Leadership Update

1. Introduction

Ensuring an appropriate culture is a key accountability of an NHS Trust Board. The prevailing leadership style in the organisation is a major defining factor in this. There is a strong link between motivated, engaged staff and the delivery of safe, effective care. This quarterly culture and leadership report is designed to provide the Trust Board with assurance concerning this and highlight developments or concerns.

2. Culture and Leadership Toolkit

The Trust has used the NHS Improvement / Kings Fund Culture and Leadership toolkit to undertake a diagnosis of the Trusts current and desired culture and leadership style and undertake a gap analysis.



The work included individual board member interviews; a Leadership behaviours survey to all staff (546 responses (11%)); staff focus groups where all staff were encouraged to attend (204 staff attended).

This was supplemented with Patient Friends and Family feedback and external stakeholders were contacted to provide a view but did not respond.

The results of this 360* view of our culture has been synthesised to provide a detailed picture which will help the Trust to develop OD interventions to close the gap between our espoused culture and current organisational behaviours.

A key tool to assist with this will be the development of a culture and outcomes dashboard (heat-map) to identify cultural variance on an ongoing basis.

Some of the key themes and learning points arising from the work are:

The extent that staff at all levels understand the vision of the organisation.

Staff themselves felt they understood the vision to a greater extent than the board had expected them to. The difference may relate to the five months gap between board interviews and staff focus groups during which further promotion of the vision took place.

Positive themes reported that the Trust had a clear set of priorities and a strategy and that there was a strong sense of pride and appetite to become an outstanding organisation. Communication through the use of infographics and face to face briefings was well received and the board was generally felt to be visible.

There was a general feeling that the journey to outstanding needs to be better defined and put into a wider system context. A perception that targets were more important than people still prevailed in some areas and needed to be addressed..

The extent that organisation values influence the board's strategic decisions.

Staff reported more positively on this than board members did because the board were not consciously applying the values when making decisions. However, this suggests that board members are implicitly using the values to guide their debate and decisions and that the organisational values are likely to strongly correlate with the board members own personal values. When board decisions are communicated to the organisation, staff can see that they reflect the values.

Positive themes reported that our CARE values are well developed, understood, communicated and lived. The Trust is seen as caring and friendly and clinical leaders are feeling more included and engaged.

It was reported that in some areas there is still inconsistency in how the values are being demonstrated and that subcultures and cliques exist which have a negative effect. It was felt that better triangulation of data sources would help to provide a richer picture of Trust culture and how our values are lived.

There was strong feedback from patients that the CARE values are lived in their interactions with staff, apart from a few comments regarding rudeness

The extent to which staff are managed effectively

The board had a slightly more positive view of this than staff themselves had.

Positive themes reported that Trust management had a strong focus on providing high quality care and that the Trust's leadership now feels more stable and transparent. Success and hard work is recognised in the Trust and staff are actively encouraged to undertake development.

A wide range of comments were received concerning the variability in the capability of managers and individual leadership styles with a general feeling that in some areas poor behaviours go unchallenged. Staff were reporting that they are aware of targets and work hard to achieve them but feel workloads have increased resulting in fatigue. Some staff said they still found it hard to speak up.

The extent to which the Trust has appropriately skilled leaders at every level, committed to enabling compassionate and supportive leadership.

The board appeared to consider its leaders slightly better skilled and able to display a more compassionate style than staff reported, although the margin was small.

The main themes suggested that whilst there is inconsistency in this across the Trust in the main compassion is demonstrated.

There was also a recognition that things are changing and the new leadership are role modelling acceptable behaviours. Many positive comments were made about improved communication and managers supporting staff and their development. However, inconsistency and variability were the key negative themes.

The extent to which innovation, learning and improvement are frequently and effectively fostered in the Trust.

The scoring pattern for the board and staff themselves were similar when this area was explored.

The sheer energy and enthusiasm to improve was palpable in the Trust. It was generally felt that the Trust has become a lot better at learning from itself and from others externally. Patient safety culture work was valued and was seen to have sparked new innovations, with improvements coming from the staff themselves..

It was felt that a consistent quality and service improvement approach (which is currently being rolled out in the Trust) would improve this areas even more and would help to sustain learning and innovation.

The results of this work will be fed into our 2019/20 Maximising our Potential, workforce strategy implementaiton plan and also inform our future leadership development offerings.

3. Leadership Development and Talent Management

3.1 Senior Leadership Development Programme

This new programme, delivered by NHS Elect, is for clinical and non-clinical leaders at band 8a's and above commenced with an executive cohort on 20th and 21st September 2018. Monthly cohorts are booked throughout 2018 and 2019.

Eight more cohorts have been planned from November until July 2019.

39 leaders have been trained and a further 83 clinical and non-clinical leaders have booked on this course and will be trained in multi-professional groups.

Feedback from attendees has been extremely positive and they have appreciated having the investment made in them. Of key benefit has been the dedicated time it provides in order for teams/triumvirates to work on real life problems, solving them together in a multi-professional environment. In addition, time to reflect on their own personal leadership style and its impact on others has been welcome.

3.2 Midlands and East Regional Talent Board – Aspire Programme

The Midlands and East Regional Talent Board is a body created to drive a fresh approach to talent management. It consists of senior representation for organisations

across the region including providers, commissioners, NHS England, NHS Improvement and the Leadership Academy.

The Talent Boards initial efforts are on the creation of an Executive Talent Pool for the region. This will marry up those individuals who are ready now, or will be within the next 6 to 12 months, to step up to an executive position in a provider organisation or an equivalent CCG role and organisations with vacancies.

Nominations were sought for the first tranche of assessment centres and our Trust has three deputy level nominees who will be assessed early in the New Year.

The talent conversation, assessment and mapping process which our Trust piloted last year has meant that all the initial work required of organisations making nominations had been undertaken well in advance.

4. Staff Surveys

4.1 Q3 NHS Staff Survey Progress

The Q3 NHS Staff survey is sent out to all staff. It is a blended approach using electronic and paper surveys depending on the role and location of the individual.

This year it is open from 26th September 2018 to 30th November 2018 and reminders are sent to staff mid-November.

Last year the response rate was 56%. As at 19th November 2018, our Trusts overall response rate was 50.0% (2291 respondents from an eligible sample of 4583 staff). This is compared to NHS acute Trusts in England where the average response rate is 36.3% and the best performing Trust is at 59.3%.

So far the distribution of returned surveys is as follows:

Locality	Eligible Sample	Respondents	Response Rate
King's Mill Hospital	4110	2030	49.4%
Laurel House	29	19	65.5%
Mansfield Community Hospital	147	70	47.6%
Newark Hospital	297	172	57.9%

Results are usually available early March, when all Trusts will receive an extensive report, which will include comparisons with peers.

4.2 Quarter 2 2018/19 Friends and Family Staff Pulse Survey

The 2017 NHS Staff Survey results were reported to the Trust Board in March 2018. Since then, the Trust has conducted three quarterly Staff Friends and Family Pulse Surveys, which is a much shorter, electronic only survey available to all staff. It is a quick check of how staff are feeling between full NHS Staff Surveys.

The pulse survey conducted in Q4 2017/18 had 1,164 responses; the one in Q1 2018/19 had 1,140; Q2 2018/19 had 1,180 responses which is around 25%. These are significantly higher levels of responses than most Trust where some have response rates in single figures.

There are two key questions in the pulse survey which are asked every time. One about whether or not staff would recommend the Trust as a place for treatment/care and the other as a place to work.

The results of the Q2 2018/19 pulse survey is shown below in a comparison table. As can be seen, both pulse surveys are a marked improvement on the full staff survey, which at 78% and 70% respectively, put our Trust in the top 20% of acute Trusts in the NHS in England.

Question	2017 Staff Survey	Staff FFT Q4 2017/18	Staff FFT Q1 2018/19	Staff FFT Q1 2018/19
Staff recommend the organisation for family and friends for treatment	78%	89%	88%	88%
Staff recommend organisation as a place to work	70%	77%	77%	77%

The consistency of the results of the pulse surveys are striking and lend increased credibility to the results.

The pulse survey enables participants to leave narrative which underpins their recommendation. This provides very useful feedback, particularly as clear, consistent themes are emerging from these comments. However, the majority of comments are positive.

Pulse surveys are anonymous, but can be broken down by division, site and staff group which assist the identification of culture pockets.

Many positive and supportive comments were made by staff relating to patient care and the Trust as a place to work. The main themes to emerge were:

- Strong recognition of excellent patient care
- Longevity of service of many staff.
- Supportive teams and line managers.

- SFH is a 'great place to work'.
- Staff enjoying their role.
- Staff proud to work at SFH and proud of the quality of care provided.
- Staff choosing to bring their families to be treated at the Trust
- Staff using services as a patient encountering excellent care.
- SFH is a very friendly organisation.
- SFH is an improving organisation with patient care as a priority.
- Good learning, training, development and career opportunities.

Overall 377 comments were made by staff (compared to 397 in Q1) relating to the question 'would you recommend this as a place to receive care' of which 40 were negative/concerning and a further 31 said it would depend on the specialism/ward.

In relation to the question, 'would you recommend this as a place to work', a total of 379 comments were received by staff (compared to 384 in Q1) of which 52 were negative/concerning and a further 23 felt that said it would depend on the work area.

The main negative/concerning themes to emerge from 'would you recommend this as a place to receive care' were:

- Staff shortages and workloads to provide safe care.
- Concerns over equipment replacement.
- The quality of care varying by specialism/ward.

The main negative/concerning themes to emerge from 'would you recommend this as a place to work' were:

- Perceived bullying from leaders and managers.
- Comments relating to cliques, favouritism and nepotism within departments.
- Pressure of workloads and lack of job satisfaction.
- Rudeness and attitude of managers.
- Inequality of treatment by leaders and managers.
- Effectiveness of managers
- Perception that the Sickness Policy is very rigid and inconsistently applied.

These are similar themes to previous pulse surveys and the 2017 NHS staff survey. New Initiatives including new toolbox talks; a personal relationships at work policy and a revised sickness policy have been adopted.

4.3 Exit Interview Analysis – Medical Staff

When a medical employee leaves the Trust he/she has an opportunity to complete an exit interview questionnaire. They can also request to have an exit interview. Historically, completed exit information was limited and interview requests from medical leavers were rare.

From April 2018 the Medical Workforce Team revised the exit process and now engage with all Medical staff leaving the Trust, with the only expectation being the junior doctors rotating to other Trusts in regards to conducting an exit interview.

Table 1: A summary of leavers since 1st April 2018 including monthly turnover

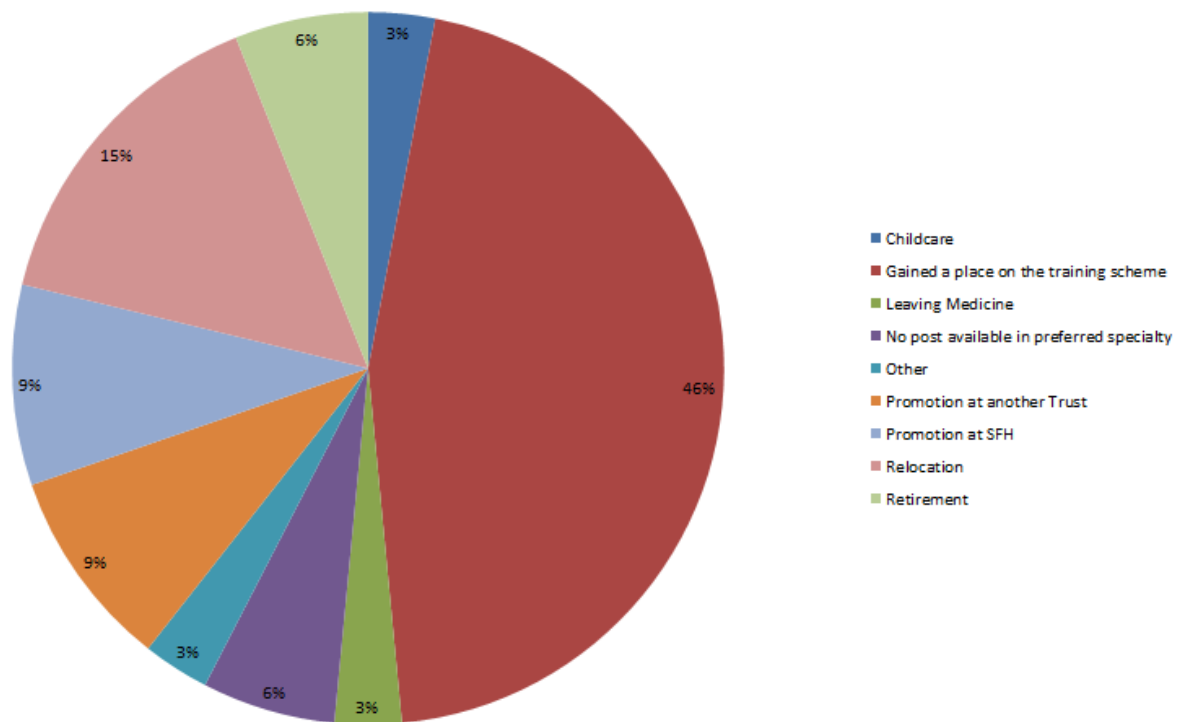
From April 2018 to date	WTE Number of Leavers	WTE Number of Leavers	% Turnover
April	3.00	4	0.67%
May	2.43	3	0.54%
June	3.00	3	0.67%
July	2.00	2	0.44%
August	1.00	1	0.22%
September	2.00	2	0.43%
Total	14.43	16	N/A

Table 1 above, provides an overview of medical leavers since April 2018, the number of leavers. On average the Trust has 2.4wte leavers c0.55% turnover.

Following the introduction of the revised process 10 exit interviews have been conducted, representing feedback being obtained from 75% of medical leavers consisting of 9 junior doctors and 3 middle grades. No consultants left.

On the occasion an exit interview has not been completed this was generally due to employees leaving prior to the Medical Workforce Team being informed

Of the exit interviews completed the reasons for leaving were captured and have been summarised in the chart below:



Some reasons for leaving were considered positive; whereby employees had gained a promotion (internally or externally) or obtained a place on a training scheme. The latter is particularly positive as it means that our Trust has enabled an individual to resume their training and career path, thereby ultimately benefitting the NHS.

A small number of employees had retired, relocated to a different part of the country or cited childcare reasons.

As part of the exit interview process themes and feedback obtained from face to face exit interviews are routinely captured and fed back to the relevant division and speciality. A standard set of questions are used in the interviews.

5 The 2018/19 Staff Flu Vaccination Campaign

In keeping with the rest of the NHS, the Trust has an ambition to have 100% of its front line staff vaccinated for flu. In 2017, our Trust achieved an uptake of 78.4% which release our CQUINN monies.

The annual flu vaccination programme is led by Occupational Health and the campaign is organised and co-ordinated through the Trusts healthcare worker flu vaccination group.

The campaign is supported by a strong and innovative Communication strategy which includes using Trust staff in publicity materials

A trained team of ward/clinically based peer vaccinators spread across the Trust proactively vaccinate colleagues at drop in 'grab a jab' pop up flu clinics and by attending scheduled events such as training days. Individual bookable appointments are available with the Occupational Health Department through a bespoke on-line booking system.

A range of incentives are offered:

- Healthy choice 'meal deal' voucher redeemable at the staff canteen for all Trust staff who have the vaccination, including those who notify Occupational Health they have received the vaccine elsewhere e.g.at their GP.
- Every staff member who has the jab in September, October and November are entered into a monthly prize draw to win a pay as you go top of the range mobile phone. Additionally, all staff who have a vaccine before the end of December are entered into a special grand prize draw to win a Galaxy tablet. Both the phone and tablet have been donated by the Unison Dukeries Branch.
- Ward/peer vaccinators are also incentivised - when they have vaccinated 50 colleagues a £20 high street voucher can be claimed

Weekly uptake rates are communicated across the Trust in the weekly CEO Blog and staff bulletin.

As at 12 November 2018, the total front line staff uptake was 3022 (78.2%), broken down across professional groups as follows:

- Doctors – 419 (75.4%)
- Qualified Nurses – 923 (66.7%)
- Other professional Qualified Clinical staff – 475 (81.7%)
- Support to clinical staff – 1264 (88.3%)

Additionally 438 (33.8%) of none front line staff have been vaccinated, bringing the total number of Trust staff vaccinated so far to 3537 (67.2%).

6. Tackling Bullying

6.1 Anti-Bullying Week

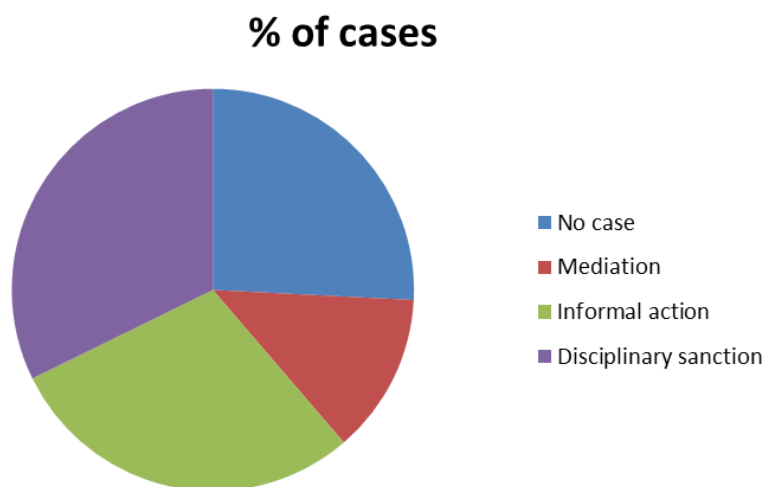
The national Anti-bullying week took place from 12-16th November 2018. Our Trust used the week to promote a strong anti-bullying message to staff and leaders.

The Trust launched its campaign: #bekind “*What you do comes back to you*”. Initiatives included a Kindness Wall, information displays on all three hospital sites; distribution of #bekind action cards; executive walk arounds and a twitter campaign.

It promoted support offered by Occupational Health, Staff Counselling Service, Freedom to Speak Up Guardians, Time to Change Champions, the Employee Assistance Programme, HR and Trade Unions. It highlighted HR Policies such as Dignity at Work and Personal Relationships at Work.

6.2 Formal Bullying and Favouritism Grievances

An analysis of formal grievances raised over the last two year relating to bullying, harassment and favouritism has been undertaken. Thirty one grievances were investigated, with the following results:



8 claims were not evidenced.

4 were addressed through mediation.

9 had an informal resolution such as an improvement notice or manager training.

10 resulted in a disciplinary sanction, up to and including final written warning and down-banding.

Such complaints are investigated. However, it is understood that it can be difficult for staff to speak up in these instances.

7. Apprenticeship update

To date the Trust has committed £571,078 in 64 staff undertaking a range of clinical and non-clinical apprenticeships. The Trust Apprenticeship Target for 2018/2019 was 48 staff on apprenticeships, which has now been exceeded.

Releasing staff for 20% off the job training continues to be the main challenge. Many standards that would be of interest to the Trust, especially clinical opportunities, are still in development nationally and have been for over a year. This is stifling potential apprenticeship uptake.