A Workforce For the Future – preparing to move care from the hospital and into the community
Gweithlu ar Gyfer y Dyfodol – paratoi i symud gofal o’r ysbyty ac i’r gymuned

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Culture Change – A Case Study

A workforce for the future
Southern Health NHS Foundation Trust
Sandra Grant – Director of People and Communications
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Right now

Holding our nerve ...............
WHERE THE JOURNEY STARTED

April 1st 2011...

- The birth of Southern health – an ambitious strategy
- A multi-disciplinary, widely dispersed workforce of 8000+
- Mental Health, Community, Learning Disability, Social Care
- Large range of services, 5 counties, 200+ locations
- 17 commissioners
- £340 million turnover
- Negotiating local pay for circa 2000 staff
April 1st 2011...

And a time of significant internal and external change including:

- New Trust leadership
- Creation of a new strategy
- Restructuring and changes to services - devolvement
- Planned mergers, acquisitions and divestments
- Significant external change not least in commissioning
- Post Francis fear – emphasis on inspection

April 1st 2011...

Key Decisions

- Leadership Development a priority – at all levels
- Creation of a common language – a common approach to achieve the culture we needed
- A brand, a vision and shared values we could measure
- Investment of 0.4% of Trust budget
- Tendered for one partner provider
- Stopped most other leadership activities, stopped using KSF
An overarching strategy

Culture → Principles → Outcomes

- Southern Health Culture, Values and Behaviours
- Internal redesign
- Integration
- Growth

Outcomes:
- Improved patient and user experience
- Improving outcomes for patients and users
- Reducing our costs

The approach taken

Underpinning premise – culture is king!

Step 1 - develop values that describe our cultural aspirations – co-designed by staff

Step 2 – identify the behaviours we want from our staff – ensure they are measurable

Step 3 - enable our behaviours to form the currency upon which everything is based upon – how we recruit, manage, reward, recognise, develop, measure, support....lead
INTERVENTIONS TO BUILD THE SOUTHERN HEALTH CULTURE

Core interventions

- Values based recruitment
- Values based appraisal
- Increased frequency of behaviours that will drive our values
- Talent Management
- Leadership development
- Unlocking the potential of teams and individuals at every level of the Trust
- Aligning the roles we do and the behaviours we display to the needs of our patients
- Equipping leaders at all levels to deliver our clinical strategy and embed our values
- Finding a common language – our brand

Appointing only the most talented people, and those who share our values
Core interventions (1) - **Values based appraisal**

1500 Trust staff received training in our appraisal system  
Staff Attitude Survey 2013 – top 20% - 94% completion

- Not only what is done but **how** its done, based on our values
- 8 competency frameworks, including non-executive directors
- Do not use KSF- agreed with staff side
- Self-assessment, manager assessment which requires staff to be **seen** in action – critical in a widely dispersed workforce
- Linked to how we reward, recruit, develop, performance manage, train
- The single most popular thing introduced within our organisation

**Next steps**
- team objectives
- improving the quality of the conversation

Core interventions (2)  

**Values based recruitment (and development)**

**Assessment centres for all leadership and senior medical roles**

- Whether due to a vacancy or organisational change, leaders are required to be assessed against leadership competencies
- Includes doctors
- Assessment centres - a range of techniques to give a comprehensive view of an individual’s **predicted** performance and potential
- Gives individual’s development plans – whether or not they are successful
- Appoints leaders who **want** to lead
- Managers must be accredited to recruit

**Next steps**
Consider whether we disadvantage external candidates
Core intervention (3) – *Leadership development*

“Going Viral” Our leadership development programme

- Based on our principles and outcomes, designed to transform our culture
- Over 1000 staff completing an 8 day, 6 month development programme
- Staff; complete 360° and receive feedback at the start – gives a wider view
- Toolkit to standardise techniques to redesign, integrate or grow services
- Staff increase awareness of the services the Trust delivers, network and share ideas for improving patient care
- Senior team are allocated groups (expert speakers/development sponsors)
- Executives open and close each programme – are constantly overwhelmed by staff stories of what has changed as a result
- Proven to increase integrated care – increase confidence in and understanding of other parts of the care pathway

Leadership Development – next steps
Core interventions (4) – **Talent management**

- Started with a typical 9 box grid, with axis looking at performance and the other potential
- All staff – on the premise that all staff are talented
- Recognises the difference between our experts/potential experts and our leaders/potential leaders
- Peer-panel review to ensure 360 view of individuals by those who have key relationships with them
- Opportunity for people other than managers to give views of behaviours and performance – supports integration
- Transparent conversations
- Succession planning, managing risks of loss of key staff

Additional interventions...

- Staff compact design & pilot
- Leaders who want to lead
- Medical engagement
- Well being strategy & interventions
- Values based recruitment
- Values based appraisal
- Increased frequency of behaviours that will drive SHFT values
- Staff conferences
- Senior leader coaching
- Talent Management
- Leadership development
- Award ceremonies
- Clinical leadership skills
- Variation
- Viral
- Bespoke team development
MEASUREMENT

HOW THE CULTURE HAS STARTED TO CHANGE – OUR FUTURE

Effects of change on the workforce

(Aon Hewitt 2013)
Staff & medical surveys

Improvement and steady state in engagement levels

- Staff attitude survey (below)
- Medical engagement survey improvement across all 10 areas with significant improvement in 7/10 from 2012/13 – specifically in ‘Climate for positive learning’ and ‘Participation in decision-making and change’

Taking the Temperature

**Average Overall Scores per Value**

Comparing 2012 to 2013/14

Key to scores:
1 = A long way off
2 = Some way off
3 = Within sight
4 = We’re there!
External measurement

CQC inspections 2014/15

48 sites inspected in 2014

Comprehensive inspection taken place in October. Draft report now received for data accuracy

• Most inspections highly complimentary about our staff and the culture in which they work
• Themes for improvement:
  Environmental
  Documentation
  Medicines management

Kings Fund findings – based on concept of ‘Collective Leadership’

Southern Health NHS FT

• Culture/Climate Survey
• 1500+ staff
• Review of existing evidence

• Where there is a culture of collective leadership, all staff members are likely to intervene to solve problems, to ensure quality of care and to promote responsible, safe innovation.
• When staff feel motivated and engaged with their work, patient satisfaction, patient outcomes and Trust financial performance is better.

Professor Michael West, Kings Fund
Leading cultures for high quality care

1. Prioritising an inspirational vision and narrative – focused on quality
2. Clear aligned goals and objectives at every level
3. Good people management and employee engagement
4. Continuous learning and quality improvement
5. Team-working, cooperation and integration
6. Via a values-based, collective leadership strategy

Positive findings

• 90% reported being able put each of the NHS values into daily practice
• 94% appraisal rate in 2013; 46% well-structured
• 90% agree they have clear objectives); 62% agree they are challenging
• 84% agreed or strongly agreed that staff dealt with patients compassionately; 60% agreed that staff were compassionate to each other
• Over 60% strongly/agreed SH has strong commitment to high quality care; only 2.8% disagreed
• Care quality taken seriously at SH 89%
Management and Leadership

- 36% of staff reported an improvement in last 12 months (50% said same, 13% worse)
- 78% positive feedback
- 94% problem solving
- 89% values, respects and supports
- 88% does not blame
- 83% ensures learning from errors
- 85% listens carefully
- 87% creates a positive environment
- 86% encourages good relationships
- 93% works well with other departments
- 87% encourages innovation

Areas we need to improve

- More clarity needed in understanding the direction of travel for the Trust
- People wanted more praise to indicate they were doing the job well
- Managers and leaders needed to show more compassion to staff
- Increasing work pressure – significantly within the last two years
- Greater use of staff innovation
- Clearer links between development programmes and reality faced by staff
Our future

- Five year forward view
- Multi Specialty Community Provider
- Strong collaborative approach between primary care and community, mental health and third sector
- A culture of collective leadership
- Clarity of vision and values - reinforcement

Benefits for MCP provider partners include:
- More effective use of clinicians time and skills appropriately aligned to need
- More efficient services with sustainable working patterns and business models
- New attractive career pathways and development

Keeping our nerve......

- Continuing to be proud of what we do
- Continuing to be open in our learning when we make mistakes
- Being brave enough to have our work externally evaluated and then share this (Kings Fund)
- Holding a post-acquisition learning event which includes our system partners
- Using data to predict and praise rather than chastise