

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO: BOARD OF DIRECTORS

DATE: 27 MARCH 2015

SUBJECT: CULTURAL CHANGE PROGRAMME UPDATE

REPORT FROM: DIRECTOR OF HUMAN RESOURCES

PURPOSE: Information

CONTEXT / REVIEW HISTORY / STAKEHOLDER ENGAGEMENT

EKHUFT's cultural change programme was launched at the end of 2014 in response to feedback from a number of sources, including the CQC and NHS Staff Survey.

SUMMARY:

This report provides an update on EKHUFT's cultural change programme. It begins with background information, highlighting the need for change. The programme's vision, aims and progress to date are given along with proposed measures. Key risks are identified with suggested mitigations. Finally next steps are proposed.

RECOMMENDATIONS:

The Board is asked to note the plan, progress made and next steps.

NEXT STEPS:

The action plan will be submitted to Monitor PRM, the Board and Improvement Board on a regular basis. It will be used to keep track of the programme's progress.

IMPACT ON TRUST'S STRATEGIC OBJECTIVES:

S02 Stakeholder Engagement, S03 Innovation & Improvement, S01 Quality

LINKS TO BOARD ASSURANCE FRAMEWORK:

AO3: Improve the overall score in the annual staff survey and embed engagement into everyday practice in the Trust

IDENTIFIED RISKS AND RISK MANAGEMENT ACTIONS:

A risk report is included as an appendix to the paper.

FINANCIAL AND RESOURCE IMPLICATIONS:

These have been considered and allocated to the cultural change programme

LEGAL IMPLICATIONS / IMPACT ON THE PUBLIC SECTOR EQUALITY DUTY:

N/A

PROFESSIONAL ADVICE TAKEN ON ANY NOVEL OR CONTENTIOUS ISSUES

N/A

ACTION REQUIRED:

(a) To note

CONSEQUENCES OF NOT TAKING ACTION:

Trust's rating with Monitor & CQC may be affected

1. Introduction

This report provides an update on EKHUFT's cultural change programme. It begins with background information, highlighting the need for change. The programme's vision, aims and progress to date are given along with proposed measures. Key risks are identified with suggested mitigations. Finally next steps are proposed.

2. Background

There are a number of sources that supply context for the programme and provide a compelling case for change:

2.1 CQC Inspection

As part of their inspection in April 2014, the CQC highlighted a number of key findings related to the culture of EKHUFT. They can be summarised as bullying and harassment, inherent for a number of years, low staff engagement and a concerning divide between senior management and frontline staff. All of these areas appear on EKHUFT's CQC action plan (KF01, KF03, KF04).

2.2 Staff Survey results

For a number of years EKHUFT has been below average in the annual national NHS staff survey. The overall staff engagement score shows that the Trust has consistently been amongst the worst 20% when compared with similar trusts. The results from the most recent survey, conducted in October 2014, are no different and show an overall engagement score of 3.51 against a national average for acute trusts, of 3.74.

2.3 Staff listening events

A number of the Executive team held listening events during October 2014 – February 2015. All staff were invited to attend and provide feedback on what would improve their experience of working at EKHUFT. Their feedback is summarised at appendix 1. Although some of the areas are outside the scope of the cultural change programme, there is recognition of the impact that they can have on culture. There is a commitment from the Executive team to address all of the areas.

2.4 Staff Friends and Family test

Each quarter, staff are surveyed to assess the extent to which they would recommend EKHUFT as a place to work or to be treated. The most recent survey showed that just fewer than 4 out of 10 staff would recommend the Trust as a place to work. This is significantly less than the England average (KF05 CQC Plan). This survey also gave staff the ability to provide feedback on their perception and experience of bullying and harassment at EKHUFT. The Hay Group were

commissioned to analyse the data and a number of themes have emerged. There is real evidence of belittling and aggressive behaviour across the Trust, some managers can be directive in their style and individuals feel unable to speak up. Staff also feel that there is a lack of support, respect and recognition. No significant differences were found between sites, in the data analysed. The results of this analysis, together with plans to address the issues, have been communicated to staff in a number of ways. An example of this can be found at appendix 2, a blog from the Director of HR.

By considering the feedback from all of the above sources, some priority areas emerge for the cultural change programme to focus on. These are

- Leadership & Management
- Communication & Engagement
- Bullying & Harassment

These areas have informed the programme's vision and aims.

3. Vision and aims

3.1 The programme's vision

In any change programme it is essential to provide a vision for the future. For culture change at EKHUFT this has been done with '*a great place to work*' (appendix 3). The statements on the wheel were developed in response to all the feedback given above and also in line with the extensive research carried out nationally on employee engagement. The statements were further enhanced by consulting a number of groups, for example, the Staff Committee, the Council of Governors and the Cultural Change Steering Group. The vision will inform our activity throughout the programme and will be reviewed to ensure it reflects our long term goal.

3.2 The programme's aims

In order to move towards the vision, begin to create the positive culture required and at the same time, meet the requirements of the CQC, the initial broad aims of the programme are to:

1. Develop leaders and managers, from the top, to lead the required change in culture
2. Increase overall staff engagement, including medical engagement
3. Increase the effectiveness of our internal communications
4. Address the issues of bullying and harassment inherent at EKHUFT

Action taken to date to meet these aims, is summarised below, focusing on support for the programme and the three priority areas.

4. Progress to date

Given that the culture change programme only began in earnest at the end of 2014, significant progress has been made. A detailed action plan, to align with the CQC action plan, has been developed (appendix 4). This shows planned activity for the three priority areas – leadership & management, communication & engagement and bullying & harassment, plus current progress. It will grow and develop in line with the programme. The following provides an overview of the main progress to date:

4.1 Recruiting people to support the programme

The Trust has demonstrated their commitment to culture change by investing in a number of groups to support the programme.

The first of these is a fixed-term cultural change programme team. This is a team of 3 – the Cultural Change Programme manager, Communications Lead and Administrator. This team will manage, co-ordinate and communicate the programme until May 2016.

EKHUFT has also contracted two external partners; The Hay Group, an organisational development consultancy and Verve, communications specialists, will work with the Trust over the next few months. Part of their work will involve transferring knowledge and building capability within the Trust, to ensure sustainability. Both partners bring experience of working with other Trusts on culture change programmes.

Volunteers from all areas of the Trust, encompassing a wide range of professional groups, have come forward to be part of the Culture Change Steering Group. There are almost 50 members who will oversee and monitor the programme, help ‘sense check’ the planned activity, represent their teams and help gain maximum ‘reach’ of the culture work throughout the Trust. The groups’ terms of reference are given at appendix 5.

4.2 Priority area 1 – Leadership & Management

EKHUFT’s leaders and managers will be crucial in both increasing staff engagement and leading the culture change throughout their teams and divisions. Leadership style and management practice will need to support the Trust’s values and standards of behaviours, to ensure the ‘*great place to work*’ vision is achieved. A foundation has been laid in the form of *We Care* which needs to be built upon and embedded throughout the whole organisation.

In order to do this The Hay Group held 22 stakeholder interviews and 21 focus groups over January and February 2015. The aim of these was for Hay to ‘get under the skin’ of the feedback given on inherent bullying and harassment, better understand the leadership and management styles of the Trust and seek views in terms of behaviours that needed to be stopped, started and continued.

The Hay Group have provided some interim feedback which demonstrates staff value dedicated, supportive colleagues, passion for the job and the quality of care delivered. However, they would like more visible leadership, challenge for disrespectful behavior, collaboration across the Trust, more resources and less bureaucracy.

From these emerging themes, The Hay Group have recommended that EKHUFT focus initially on three areas. Firstly, on developing a shared purpose and clear accountability. Secondly, on addressing the imbalances of power by moving towards 'adult to adult' conversations and joint problem solving, and finally, building trust and relationships. The full presentation, from the Hay Group, on emerging themes is given at appendix 6.

The Hay Group will present their final feedback, a clear behavioural framework to support *We Care*, and recommendations for next steps at the end of March.

4.3 Priority area 2 – Communications & Engagement

In order to increase senior leader visibility, and begin to close the divide identified by the CQC (KF01), a number of actions have been taken. Members of the Executive team have been 'job shadowing' throughout the Trust, spending time getting to know staff, understanding their roles and the challenges that they face. Three members of the Executive team are also writing regular blogs as a means to comment on important issues and give their views. Feedback from staff on this has been very positive.

Medical engagement will be essential to develop and deliver EKHUFT's future clinical strategy. The medical director and clinical lead responsible for the delivery of the CQC high level action plan, are both committed to measuring and developing this engagement. A medical engagement scale survey, developed by Professor Peter Spurgeon of Warwick Medical School, and used successfully by a number of other Trusts, has been sent to all doctors and consultants. It will provide feedback on current engagement levels and also insights in terms of how the responders see their role in, and challenges of, clinical leadership, and how they would prefer to be engaged to deliver the future strategy. A feedback session to share the results with all consultants is planned for May.

One of the key channels of communication at EKHUFT is the team brief process. This is designed to be two-way; a means to cascade important messages throughout the Trust and also to feedback staff views and suggestions upwards. At present, this process is inconsistent and is not working effectively. In order to begin to address this, and ensure that all staff have a face-to-face briefing, a pilot group in Urgent Care and Long Term Conditions has been identified. The aim has been to work from 'the bottom up', recognising the challenges that teams face, for example, shift patterns, to design and implement a team brief process that is effective and sustainable.

As part of focus groups (see priority area 1 above) staff were asked to provide feedback on what could be done better at EKHUFT. For those that could not attend these groups an alternative method for gaining this feedback was implemented; staff suggestion cards and an online feedback form. The themes that have emerged to date, are consistent with other feedback and include unhappiness with working environment, staffing levels and communication between managers and staff. A more detailed analysis can be found at appendix 7.

The Q4 staff FFT was sent at the beginning of March with additional questions to gain feedback on the effectiveness of the Trust's internal communications. Therefore, the results of this survey will not only demonstrate how staff feel about working at EKHUFT – whether they would recommend

as a place to work or to be treated – but also if they feel well informed, if they feel they have a ‘voice’ and also which communication channels they prefer.

4.4 Priority area 3 - Bullying & Harassment

A project group has been set up to address the issues identified in the CQC action plan and the Q2 FFT test (paras 2.1 & 2.4). Initial focus of their work has included a review of the current policy and guidelines to ensure that they are more helpful and ‘user friendly’. The group has also worked to provide a range of support options for staff. This support includes an external confidential telephone line, trained workplace ‘buddies’ and internal mediators. A communication campaign around ‘respecting each other’ aims to raise awareness of unacceptable behaviour and the impact it can have, as well as stating individual rights and responsibilities, covered in a Trust charter which is currently being developed.

There has been considerable progress made in each of the three priority areas over the last few months and feedback has been positive to date. The Trust’s Improvement Director has commented that staff have started to feel a difference. However, cultural change is a long process; a marathon rather than a sprint. There needs to be a persistent focus over the coming months and years, to ensure continuous improvement and sustainability. There is a commitment to measure and monitor progress as follows.

5. Measuring success

There are a number of existing measures that we can draw on to measure progress against the aims.

5.1 Annual NHS staff survey

This survey will be used to gauge overall staff engagement and other areas, such as the extent of bullying, on an annual basis.

5.2 Staff Friends & Family test

The staff FFT provides quarterly feedback on how staff feel about working at EKHUFT – whether they would recommend as a place to work or to be treated. Additional questions will also be added to this survey to gain feedback on the effectiveness of our internal communications (Q2 & Q4) and on how well we are addressing bullying and harassment (Q1). (NB FFT is not run in Q3 as this is when national NHS staff survey goes out).

5.3 HR data

The Trust’s balanced scorecard includes a number of measures relating to staff, for example, % of staff sickness, appraisal rates and appraisal quality. We have taken these and added % of turnover and exit interview data. All of these are indicators of both manager effectiveness and, in turn, staff engagement.

In addition to these existing measures, there is a commitment to carry out short face-to-face surveys to provide regular feedback on the cultural change work. This will involve collaborating

with the information team to develop and analyse the surveys using appropriate technology. Due to the limited reach of these surveys, they will not provide us with statistically valid data. However, they will provide us with frequent 'cultural temperature checks' across the Trust.

6. Monitoring progress

The Cultural Change programme is accountable to the Trust's Improvement Board which monitors progress on a monthly basis and in turn, reports to Monitor. Progress updates will also be reported to the Board of Directors each month.

7. Risks & mitigations

A change programme of this size invariably comes with a number of risks. These are detailed and updated on a regular basis in a risk report (appendix 8). However, there are two key risks worthy of note here.

7.1 Key risk 1 – lack of active programme ownership

There is recognition across the Trust of the importance of the cultural change programme. However, given current challenges, there remains a perception that this is 'the HR Director's programme'. The programme will only be successful if it is owned and actively driven by all leaders and managers, starting from the top. In her report to the Board in January, EKHUFT's Improvement Director states *'It is essential that the Board is fully engaged with the Culture programme, and sees it as the main piece of work which supports the (CQC) action plan itself.'* (Lewis 2015). This engagement is also essential at divisional management team level; they will be key in leading the change throughout the Trust. The announcement of the next CQC inspection in July, provides a sharp focus for cultural change activity.

To mitigate this risk, the HR Director, Cultural Change team and wider HR team will continue to work to support, challenge and facilitate leaders and managers to lead culture change activity.

7.2 Key risk 2 – lack of linkage between core programmes

EKHUFT's Improvement Director suggests *'There is a danger that the culture programme and the CQC improvement plan are seen as separate entities, they are not, indeed one is inextricably linked with the other'* (Lewis 2015). There is also recognition that there are strong mutual links and interdependencies between the culture programme and the Trust's clinical strategy, *'Delivering our Future'*, a huge change programme in itself, requiring engagement from senior clinicians.

The teams working on each of these programmes are committed to working more closely together; to understand each others' work, share knowledge and resources and plan common activity. Joint meetings have started between the teams to facilitate this and mitigate the risk. One of the first priorities is to develop an integrated communication plan for the programmes.

Both of these key risks will require attention and active management throughout the life of the culture programme.

8. Next Steps

The following is a summary of the proposed next steps for each of the three priority areas. More detail can be found in the Cultural Change action plan (appendix 4)

8.1 Priority area 1 – Leadership & Management

As mentioned, The Hay Group will deliver their final feedback, a simple behavioural framework and recommended next steps at the end of March. From these, a plan will need to be built with the aim of developing leaders and managers across the Trust to increase engagement and lead cultural change. It is proposed that this plan cascades all through the organisation, starting at the Board and Executive team levels. Given the feedback to date, it is likely that the development will focus on agreeing a shared 'story' on what is important, roles and accountability, working together effectively and leadership/management styles.

In addition, the HR Director, HR Business Partners and Cultural Change team will work with divisional management teams to facilitate key cultural activity throughout their divisions.

8.2 Priority area 2 – Communications & Engagement

A continued focus on communication from senior management will be required and this will begin to focus more on EKHUFT's vision, shared purpose, key priorities, values and expected behaviours. To do this effectively, and to ensure maximum reach, internal communication channels will be reviewed and compared to industry 'best practice'. The aim is to deliver messages targeted to specific staff groups, meeting their differing needs.

The Team Brief pilot (mentioned in section 5.3) will be completed, evaluated and enhancements made before it is rolled out across all divisions. The aim is that all teams receive an informative face-to-face team briefing, and can provide their feedback and ideas, on a monthly basis.

The 2014 national NHS staff survey results will require closer analysis at divisional level, and action plans developed. The results are likely to be scrutinised by the CQC, and inform main areas of their July investigation. EKHUFT needs to be prepared for this, demonstrate that there is a clear focus on the issues and that action is being taken.

The Council of Governors and the NEDs have expressed interest to contribute to the cultural change activity. One way that has been identified for them to do this is to facilitate structured staff listening meetings at each of the sites on a 6-monthly basis. Representatives from all staff groups across the site would attend, and give feedback in terms of what is going well and areas for improvement. This data would then be collated to form a Trust wide picture and fed back to the Board on a regular basis, informing the programme's ongoing action plan.

8.3 Priority area 1 - Bullying & Harassment

To build upon the initial activity detailed above, there will be further emphasis on communication, awareness and training. A 'roadshow' is planned to launch the staff charter and gain individual pledges to it from staff. There are plans to create an e-awareness module to roll out to teams and

also a video, demonstrating the impact that inappropriate behaviour can have. A training module will be developed and delivered as part of a wider leadership and management development programme. Work has begun to identify 'hot spots' of bullying within the Trust and targeted interventions are being developed to provide support and challenge for these areas.

These proposed next steps are not intended to be a definitive list but give an indication of the focus of the cultural change activity. Longer term activity will focus on fully embedding the agreed values and behaviours throughout EKHFT. It will also need to include a review of all HR systems and processes, across the 'employee lifecycle', with the aim of increasing engagement. An example of this will be the introduction of a Trust-wide recognition scheme, to acknowledge staff, in a variety of ways, for behaviour in line with our values, their contribution and commitment.

The Cultural Change plan will continue to evolve and develop, to meet the needs of EKHFT, and the '*great place to work*' vision.

Appendices

- 1. Staff 'listening exercise' feedback**
- 2. 'Tackling bullying & harassment' blog by Director of HR**
- 3. Programme Vision - '*a great place to work*'**
- 4. Cultural Change Programme action plan**
- 5. Steering Group Terms of Reference**
- 6. Hay Group presentation on emerging themes**
- 7. Suggestion Card analysis by Verve Communications**
- 8. March 2015 risk report**

Feedback from staff listening exercise

<p><u>Management</u></p> <ul style="list-style-type: none"> •Increased Board, Executive and Senior Management visibility and presence •Increased recognition •Clarity on Trust Objectives •Less blame culture •Standards and behaviours for all staff 	<p><u>Staffing</u></p> <ul style="list-style-type: none"> •Better staffing levels – everybody pushed beyond capacity (all areas) •Employ substantive staff to run service safely •Improved induction of new staff •Increased investment in staff development •Feel empowered and enabled
<p><u>Equipment and Facilities</u></p> <ul style="list-style-type: none"> •Improved comfortable working environment •Sufficient equipment (mattresses, beds, specialist dressings) •Improved equipment replacement process •More equipment – air waves / cushions, more IPADs •Storage space for equipment 	<p><u>IT Systems</u></p> <ul style="list-style-type: none"> •SharePoint / RIS / Datix / E-expenses •Reliable and updated computer equipment •Improve access to statutory and mandatory training •Improved IT helpdesk •Email etiquette – reduce CCs
<p><u>Communication</u></p> <ul style="list-style-type: none"> •Clearer communication •Improved engagement between managers, staff and clinicians •Act on feedback given •Sharing of knowledge and information •Involvement in determining the Trust's Strategic Direction 	<p><u>Ways of Working</u></p> <ul style="list-style-type: none"> •Better forward planning •Improved workforce information and planning •Divisional structure •HR Support services •Flexible working •Consultant job planning
<p><u>Car Parking</u></p> <ul style="list-style-type: none"> •Reduce car parking charges •Clarity on where additional investment is being made •Improved safety at night •Inequity for part time staff 	<p><u>Organised Processes</u></p> <ul style="list-style-type: none"> •Improve the recruitment process – pace and effectiveness •Removed bureaucracy

Tackling bullying & harassment



I believe passionately that every person should want to come to work – and that's my motivation for what I do. But sadly, I know there are times when people's experience at work is not good and that this can have a big impact upon their lives.

Just before I joined EKHUFT in September, the Trust asked you about your experiences of bullying and harassment at EKHUFT in the Staff Friends & Family survey. Almost 2,500 of you completed the survey and over 1,000 of you described your experience and observations about bullying at the Trust.

The survey is completely confidential – but with 1,000 responses specifically about bullying we knew it contained important information. So I asked [Hay Group](#) to analyse the results for us so we could understand the main themes coming through and the types of experience that you described.

They told us:

- Many of you have a passion for your job and making a difference for patients
- Many of you work with dedicated and supportive colleagues and enjoy a friendly working environment
- Many of you are proud of the care you provide, despite the frustrations you experience.

They also told us:

- Many of you have experienced public aggressive or belittling behaviour from colleagues that has gone unchallenged
- Many of you have felt pressured into doing things you are not comfortable with or have been accused of doing something you haven't done
- Many of you felt you didn't have enough support from the Trust in these situations, which has led to you feeling unable to speak up.

This is a million miles away from what it feels like to be in a great place to work.

I want to reassure you that we do take action when bullying and harassment is reported – we investigate these reports and we have suspended and dismissed people as a result. But your responses to the Staff Friends & Family Test show there is a lot of work still to do to remove inappropriate behaviour from our culture.

What we are doing

Let's make
our Trust a
great place
to work

I'm about real change and for me, bullying and harassment is a top priority. The programme to tackle it has begun and includes:

- Supporting staff – the first steps are setting up a confidential telephone line for any member of staff to call for advice and support, and training ‘workplace buddies’ to listen, give advice and support
- Taking action – we will set out what is and is not acceptable behaviour and we will train managers in putting good working practices in place and tackling the bad
- Checking it’s working – every six months we will ask all staff about bullying and harassment in the Staff Friends & Family Test so we can make sure it’s getting better, everywhere.

If you are one of the people who is experiencing bullying or harassment at work, I honestly believe we can turn things around for you. Please look out in [Trust News](#) over the next couple of weeks for more detail about the support we are making available and please do report it.

About Sandra

Sandra Le Blanc began her post as HR Director at East Kent Hospitals in September 2014.

[Read her profile](#)

You can follow Sandra on Twitter [@sandraleblanc01](#)



Cultural Change Programme Action Plan

1. Leadership & Management									
CQC KF ref	Plan Ref.	Action Planned	Date Starting	Target Completion Date	By whom	RAG rating	Action taken to date- Feb 2015	Key Measures	Impact RAG*
Key Finding 01: There was a concerning divide between senior management and frontline staff KF01.01 Understand the culture of the Trust and identify the root causes of the cultural gap KF01.02 Develop and implement a revised engagement and involvement plan with staff, including the WeCare engagement programme	1	Focus Groups/stakeholder interviews for root cause analysis							
	1.01	21 Focus groups planned and facilitated by the Hay Group on all 5 Trust sites	Feb-15	Feb-15	HG		24 Focus Groups & 22 Stakeholder interviews held in January/February '15 by Hay Group. Initial findings presented back to Cultural Change Steering Group for consideration in February group meeting. Feedback given and resonated with SG.	1. Monthly Pulse Surveys	
	1.02	22 stakeholder interviews planned and facilitated by the Hay Group	Jan-15	Feb-15	HG			2. Monthly updates on the CQC dashboard over:	
	1.03	Emerging themes feedback to Cultural Change steering group	Feb-15	Mar-15	HG			- Staff Turnover	
	1.04	Final analysis of interview & focus group data	Mar-15	Mar-15	HG			- Staff sickness	
	1.1	Behavioural framework/Trust Values developed						- Annual appraisals (quality & quantity)	
	1.11	HayGroup to present Behavioural framework to EKHUFT	Mar-15	Mar-15	HG				
	1.12	Review of proposed behavioural framework	Mar-15	Apr-15	SG/ET			3. Quarterly FFT survey results	
	1.13	Leadership and management development programs developed using behavioural framework as foundation (including structured learning opportunities)	Mar-15	May-15	JW / HG				
	1.14	Sign-off Behavioural framework	Apr-15	Apr-15	ET			4. Annual NHS Staff Survey	
	1.16	Behaviours launched throughout Trust	Apr-15	May-15	HG				
	1.17	Materials for intact teams designed	Jun-15	Jun-15	HG				
	1.2	Senior Leadership Development (Deloitte R1, R3, R4, R18)							
	1.21	Develop an executive development programme for BoD review	Mar-15	Apr-15	CB/ SLB				
	1.22	Develop a board development programme to include listening skills and individual coaching	Apr-15	May-15	NW/CB				
	1.23	Develop an internal stakeholder engagement plan aimed at enhancing the internal engagement for all Executive Directors	Mar-15	Apr-15	CB/SLB				
	1.24	Develop strategy to ensure full engagement with staff & key stakeholders on a 'Great Place to Work' and 'Clinical Engagement Strategy'	Feb-15	Jul-15	SLB/LS				
	1.25	Longer term engagement strategy to be developed	May-15	Jul-15	SLB/LS				
	1.3	Board Processes and Systems (Deloitte R19, R40)							
	1.31	BoD meetings will have monthly update regarding cultural change project as agenda item	Mar-15	On-going	JW/SLB				
	1.32	Ensure all staff receive regular training on risk management particularly in relation to the application of registers	Mar-15	Apr-15	SLB/JP				
	1.4	Organisational Effectiveness (Deloitte R55)							
	1.41	Strengthen the clinical leadership development programme in light of the medical engagement issues at the Trust	Mar-15	Jun-15	PS/JP/ SLB				
	1.42	Ensure time is protected from operational duties for Key Clinical Leaders to attend	Apr-15	Jun-15					
	1.5	Engagement with individual teams and leaders/managers throughout the Trust in a structured programme							
	1.51	Develop Team 'Toolkit' for Management to help produce effective teamwork	Mar-15	Jun-15	HG				
	1.6	HR Systems and Processes							
	1.61	Review Trust reward & recognition schemes	Jun-15	Sep-15	RE				
	1.62	Re-launch flexible working policy	Jun-15	Sep-15	RE				
	1.63	Launch Trust-wide recognition scheme	Jun-15	Sep-15	RE				
	1.64	Embed values into employee life-cycle e.g. recruitment, induction, appraisal)	Jun-15	Sep-15	JW				

Cultural Change Programme Action Plan

2. Communications & Engagement									
CQC KF ref	Plan Ref.	Action Planned	Date Starting	Target Completion Date	By whom	RAG rating	Action taken to date- Feb 2015	Key Measures	Impact RAG*
Key Finding 01: There was a concerning divide between senior management and KF01.01 Understand the culture of the Trust and identify the root causes of the cultural gap KF01.02 Develop and implement a revised engagement and involvement plan with staff, including the WeCare engagement programme	2	Behavioural framework/Trust Values developed						1. Monthly Pulse Surveys 2. Monthly updates on the CQC dashboard over: - Staff Turnover - Staff sickness - Annual appraisals (quality & quantity) 3. Quarterly FFT survey results (Q4 2014/15 & Q2 2015/16) 4. Annual NHS Staff Survey	
	2.01	HayGroup to facilitate development of accepted behaviours/values with staff	Apr-15	May-15	HG		Focus groups produced set of stop/start/continue behaviours		
	2.02	Engage staff throughout the Trust with the values and behavioural framework through communication campaign, focusing work on engaging people managers	Apr-15	May-15	HG		Produced a ‘great place to work’ wheel with staff to show what they feel makes a great place to work		
	2.1	Increase the Board, Exec and Divisional Director’s visibility and communicate purpose, vision and passion							
	2.11	Regular Blogs by Exec Directors	Jan-15	On-going	ET		Regular blogs have begun from Paul Stevens, Sandra Le Blanc and Julie Pearce. High open rates from online users. Staff responding with comments, concerns and questions.		
	2.12	Board Photos on all sites	Jan-15	Mar-15	GS		Boards are in place at sites. Request to medical photography for print of photos in process Photo format measured and ready to go.		
	2.13	Back to the floor job shadowing to be rota’d in to Board/Exec’s diaries	Feb-15	On-going	GS, ET		Job shadowing up and running		
	2.14	Regular interview with Exec Director/Board member in monthly staff newsletter	Feb-15	On-going	VC				
	2.15	Board and Exec ‘meet and greets’ in frontline and support areas	Apr-15	On-going	GS				
	2.16	Review use of other channels, e.g. social media, for Board and Exec input	Apr-15	Jun-15	GS				
	2.17	Ensure Board plans and progress are effectively communicated and staff have opportunity to contribute, e.g. annual plan, annual report	Apr-15	On-going	GS				
	2.2	Develop forms of 2 way communication and engagement between senior management and frontline staff							
	2.21	Structured opportunities for listening to staff occur on a regular basis and staff receive timely feedback	Jan-15	On-going	ET		Two further ‘staff listening meetings’ held in February		
	2.23	Develop effective mechanisms for capturing and responding to staff feedback in a timely way	Jan-15	On-going	GS		Staff suggestion cards delivered on all sites Jan/Feb. Online version set up and publicised. Staff suggestions being analysed by Verve and presented at March Board.		
	2.24	Introduce a revised team brief communication tool systematically throughout Trust, incorporating communication training for people managers	Mar-15	Jan-16	VC		Planning underway for piloting new style team brief in UCLTC – staff involvement in planning and implementation being sought		
	2.25	Develop use of social media (particularly Yammer) and mobile technology (including BYOD) to communicate with hard to reach staff	Mar-15	Jan-16	GS				
	2.26	Evaluate effectiveness of new team brief tool as 2 way communication	Jun-15	Mar-16	VC				
	2.27	NEDs and Trust Governors to host 6 monthly listening forums on individual sites with reps from different staff groups	Apr-15	On-going					
	2.28	Develop communication & engagement training for managers at all levels of the organisation	Apr-15	Jan-16	JW/GS				
	Key Finding 03: The staff survey illustrated cultural issues within the organisation that had been inherent for a number of years. It reflected behaviours such as bullying and harassment. The staff engagement score was amongst the worst 20% when compared with similar trusts. KF03.04 Agree a set of Trust Staff Values and Behaviours aligned to the ‘We Care’ values	2.3	Publicise the 'Respecting each other' anti-bullying programme						1. Monthly Pulse Surveys 2. Monthly updates on the CQC dashboard over: 2. Monthly updates on the CQC dashboard over: - Staff Turnover - Staff sickness - Annual appraisals (quality & quantity) 3. Quarterly FFT survey results (Q1 2015/16) 4. Annual NHS Staff Survey
2.31		Advertise campaign via various communication channels	Feb-15	On-going	GS, VC		'Respect' campaign launched in Trust News, topical coverage in exec blogs, focus of March edition of ‘Our Improvement Journey’		
2.32		Launch ‘sign up to the staff charter’	Apr-15	Apr-15	CBe, GS				
2.33		E-module for Team briefs to be developed on Bullying awareness training	May-15	Jun-15	CBe, VC				
2.34		Video on bullying awareness to be produced using real life staff examples	Apr-15	Apr-15	CBe, VC				
2.35		Produce a staff handbook to show expected behaviours/values and as a point of reference	Feb-15	Apr-15	CBe				
2.4		Recognise excellence under the We Care banner, e.g. awards, celebration of success							
2.41		Recruit we care champions	Feb-15	May-15	JW		Advertisement for role in February edition of ‘Our Improvement Journey’		
2.42	Good news stories and staff profiles in key communication channels	Mar-15	On-going	GS					

Cultural Change Programme Action Plan

and implement throughout the organisation. Develop and implement a ‘culture change’ programme to address the results of staff survey	2.5	Respond to Staff Survey					
	2.51	Analyse 2014 results by division	Mar-15	Mar-15	VC		
	2.52	Support management teams to develop divisional plans	Apr-15	Apr-15	HRBPs		
	2.53	Implement plans	Apr-15	Oct-15	DIVS		
	2.6	Review communication channels and on-going measurement of channel effectiveness					
	2.61	Review effectiveness of internal communication channels	Mar-15	On-going	GS		Communication survey incorporated into Quarter 4 Staff Friends & Family Test
	2.62	Develop measurement mechanism for communication reach and effectiveness so ‘problem areas’ can be identified and sorted quickly	Jun-15	On-going	GS		

3. Bullying & Harassment									
CQC KF ref	Plan Ref.	Action Planned	Date Starting	Target Completion Date	By whom	RAG rating	Action taken to date- Feb 2015	Key Measures	Impact RAG*
Key Finding 03: The staff survey illustrated cultural issues within the organisation that had been inherent for a number of years. It reflected behaviours such as bullying and harassment. The staff engagement score was amongst the worst 20% when compared with similar trusts. KF03.04 Agree a set of Trust Staff Values and Behaviours aligned to the ‘We Care’ values and implement throughout the organisation. Develop and implement a ‘culture change’ programme to address the results of staff survey	3	Analysis of existing B&H data to gain fuller picture of how staff perceive the bullying culture within the Trust						1. Monthly Pulse Surveys 2. Monthly updates on the CQC dashboard over: - Staff Turnover - Staff sickness - Annual appraisals (quality & quantity) 3. Quarterly FFT survey results (Q1 2015/16) 4. Annual NHS Staff Survey	
	3.01	Hay Group to analyse B&H data from FTT Q2 2014	Jan-15	Jan-15	HG		Hay Group analysis happened and fed by to HR Director & Exec Team- informing and influencing project work e.g. focus groups, reviewing policies etc.		
	3.1	'Respecting Each Other' Anti-bullying programme							
	3.11	'Respecting Each Other' Steering group to be set up	Feb-15	Feb-15	CBe		Now meeting on a monthly basis		
	3.12	Advertise campaign via various communication channels	Feb-15	On-going	GS, CBe		'Respecting Each Other' campaign launched in Trust News, topical coverage in exec blogs, staff zone page on website produced.		
	3.13	Produce a staff charter to outline rights and responsibilities	Feb-15	Apr-15	CBe, VC		Staff charter being drafted to outline expected.		
	3.14	Produce a staff handbook	Feb-15	Apr-15	CBe				
	3.15	Create a confidential & external telephone line for staff to report concerns and get advice over bullying & harassment behaviours	Feb-15	Mar-15	CBe		Confidential Telephone Line being set up for staff to raise any concerns.		
	3.16	Review Dignity at Work policy and managers guidelines	Feb-15	May-15	CBe				
	3.17	Recruit and train ‘workplace buddies’ and ‘in-house mediators’ to help tackle bullying with peer support	Mar-15	May-15	CBe		Recruitment process for Workplace Buddies has begun and potential training is being developed. Dignity at Work Advisors also have been informed of re-launch of the role		
	3.18	‘Hot Spots’ identified for additional input & support	Mar-15	Apr-15	HRBPs				
	3.19	Specific interventions implemented in ‘hotspots’	Apr-15	On-going	HRBPs				
	3.111	‘Respecting Each Other’ module developed for leadership/management programme	Apr-15	Jun-15	JW, SB				
	3.121	Video on bullying awareness to be produced using real life staff examples	Apr-15	Apr-15	VC				
	3.123	Define Bullying	Apr-15	Apr-15	CBe				
	3.124	Issue staff handbook	May-15	May-15	CBe				
	3.125	E-module for Team briefs to be developed on Bullying awareness training	May-15	Jun-15	CBe, VC				
	3.126	E-module to be rolled out at Team Meetings	Jul-15	Jan-16	HRBPs				
	3.2	Review & Implement key HR policies							
	3.21	Review raising concerns policy	Feb-15	Feb-15	ML		Policy has been reviewed and updated with accompanying slideshow to let staff know how to use the policy.		

Cultural Change Programme Action Plan

Key	
Chris Bown	CB
Claire Berry	CBe
Executive Team	ET
Gemma Shillito	GS
Hay Group	HG
HR Business Partners	HRBPs
Jane Ely	JE
Jane Waters	JW
Julie Pearce	JP
Liz Shutler	LS
Martin Luff	ML
Nick Wells	NW
Paul Stevens	PS
Rob Eames	RE
Sam Bessant	SB
Sandra Le Blanc	SLB
Steering Group	SG
UK Medical Engagement Survey	UKMES
Verve Communications	VC
* We will RAG rate the impact of the Programme using the results from Frienda and Family Tests as well as Pulse surveys that the programme will complete. As of March 2015 we are currently waiting for the first set of FFT results to come through.	

TERMS OF REFERENCE

Culture Change Programme Steering Group

1. CONSTITUTION

The Culture Change Programme Steering Group (Steering Group) is constituted as a time-limited committee of the Improvement Plan Delivery Board and has no executive powers, other than those specifically delegated in these terms of reference.

2. PURPOSE

The purpose of the Steering Group is to develop, agree and monitor a project plan which meets the objectives of the Trust's cultural change programme and contributes to the programme's vision.

3. OBJECTIVES

- 3.1. Maintain, update and review progress of the project plan against the key dates, deliverables and budget, working with suppliers and stakeholders to ensure progress is being made in a timely way.
- 3.2. Develop a system for co-ordinating, monitoring and evidencing progress against the project plan and any associated plans, e.g. CQC High Level Improvement Plan.
- 3.3. Identify and review key issues and risks that may prevent or delay the achievement of the project plan, gaining assurance that they are being appropriately logged, managed and mitigated. Ensure that any significant risks are escalated appropriately to the Corporate Risk Register.
- 3.4. Co-ordinate with other internal action plans to ensure consistency and that there are no conflicts or duplications.
- 3.5. Collaborate with and support the work stream and action owners to ensure progress is being made in a timely way. (Work stream plans will underpin the main project plan).
- 3.6. Provide assurance that the project plan is being managed and actioned across the Trust and where necessary escalate any issues.
- 3.7. Develop and manage the change management process, the issues log and the risk register.
- 3.8. Create a system for collating and auditing the evidence that actions have been completed.

- 3.9. Agree a communications plan to ensure that all stakeholders are regularly informed of progress.
- 3.10. Respond to and manage all requests for information relating to the project plan particularly requested from Monitor and the CQC.

4. MEMBERSHIP AND ATTENDANCE

4.1. Members

Cultural Change Programme Manager (Chair)	Jane Waters
Director of Human Resources	Sandra Le Blanc
Deputy Chief Nurse & Deputy Director of Quality	Sally Smith
Clinical Chair of Improvement Plan Delivery Board	David Hargroves
Representation from Staff Committee	
Staff Governor	
We Care Champions	
Staff Representation from all Occupation and Professional Groups including support staff (i.e. HR, IT, Finance)	
KPP Staff	

4.2. Attendees

Improvement Director	Sue Lewis
Programme Manager – CQC Improvement Plan	Sharon Cannaby

4.3. Quorum

The intention is to reach decisions through consensus and once decisions are taken, to sustain a 'corporate position'. However, should it be necessary to vote on issues, at least 60% of members plus the Chair must be present.

4.4. Attendance by Members'

The Chair or their nominated deputy of the Committee will be expected to attend 100% of the meetings. Other Committee members will be required to attend a minimum of 75% of all meetings and be allowed to send a Deputy to one meeting per annum.

4.5. Attendance by Officers'

Other staff may be co-opted to attend meetings as considered appropriate by the Committee on an ad-hoc basis.

5. FREQUENCY

- 5.1. The Steering Group shall meet monthly. The Chair may call additional meetings to ensure business is undertaken in a timely way.

6. AUTHORITY

- 6.1. The Steering Group is authorised by the Improvement Plan Delivery Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any member of staff and all members of staff are directed to co-operate with any request made by the Steering Group.
- 6.2. The Steering Group is authorised to create sub-groups or working groups, as are necessary to fulfil its responsibilities within its terms of reference. The Steering Group may not delegate executive powers (unless expressly authorised by the Board) and remains accountable for the work of any such group.
- 6.3. The Steering Group is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience if it considers this necessary or advantageous to its work.

7. SERVICING ARRANGEMENTS

- 7.1. The Steering Group will be serviced by the Cultural Change Programme Administrator.
- 7.2. Papers will be sent prior to meetings and members will be encouraged to comment via correspondence between meetings as appropriate.

8. ACCOUNTABILITY AND REPORTING

- 8.1. The Steering Group is accountable to the Improvement Plan Delivery Board..
- 8.2. Minutes will be reported to the Improvement Plan Delivery Board once they have been approved by the Chair along with exception reports as agreed by the membership of this Steering Group.

9. MONITORING EFFECTIVENESS AND REVIEW

- 9.1. The terms of reference will be reviewed and approved by the Improvement Plan Delivery Board on an annual basis.

Steering Group: Emerging Themes

Let's make
our Trust a
great place
to work



HayGroup®

Contents

- 1 Introductions
- 2 Where are we now?
- 3 What does the future look like?
- 4 Next steps



Where we are in the process

- Analysis of Friends & Family data
- 22 Strategic interviews
- 14/21 Focus Groups

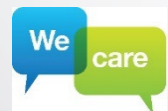
Phase 1: Understanding the issues and defining behaviours you want for the future

- Alignment and development activities for teams and individuals top to bottom
- Revising processes and support for raising concerns

Phase 2: Developing new ways of working, building the culture you want

- Processes that help people to do the right thing
- Progress check in points
- Consistent modelling of behaviours from the top

Phase 3: Sustaining the change



Aligned communication

HayGroup®

How does it feel to work at EKHUFT?

People are most positive about:

Working with dedicated / supportive colleagues

Passion for the job and making a difference to patients

Quality of care delivered at a local level despite frustrations

People are least positive about:

Visible leadership at all levels connected to the frontline

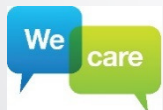
Not challenging disrespectful behaviour e.g. bullying & undue pressure

Collaboration across teams, divisions, etc.

Managing lack of resources – resilience, time, skills

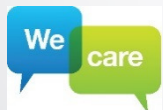
Pace and clarity of decision making - bureaucracy

From Friends & Family:
Just less than 4 out of 10 staff would recommend the Trust as a place to work



HayGroup®

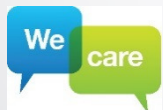
What it looks like to work at EKHUFT



Over to you....

Thinking about the culture at EKHUFT and how it feels to work here....

- What resonates?
- What surprised you?
- What are you still curious about?
- Is there anything missing?



What people want it to look like at EKHUFT

We asked people what behaviours they wanted to see stop, start and continue. Here is some of their feedback:

Stop

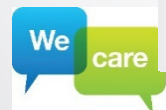
- Making decisions without involving the people affected
- Asking people to do things in an aggressive manner and belittling others
- Assuming the worst of each other
- Placing blame when people raise concerns
- Focus on targets over patients
- Moaning about things and instead take accountability
- Gossiping about each other

Start

- Respect each other
- Have clarity around responsibilities and what others do
- Say thank you and make people feel valued
- Respond constructively when concerns are raised
- More visible leadership
- Better communication and collaboration between staff
- Teach each other and share learnings
- Give constructive feedback
- Trust that I can do a good job and I know what I'm talking about
- Hold people to account
- Listen to those who deliver services and support them to make changes

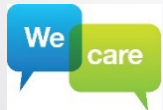
Continue

- Deliver great patient care despite conditions
- Being just as caring and awesome!
- Support each other and share experiences within peer groups, and cover each other's roles
- Appreciate each other's contribution to the team.
- Work hard and support the organisation



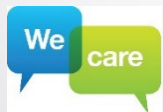
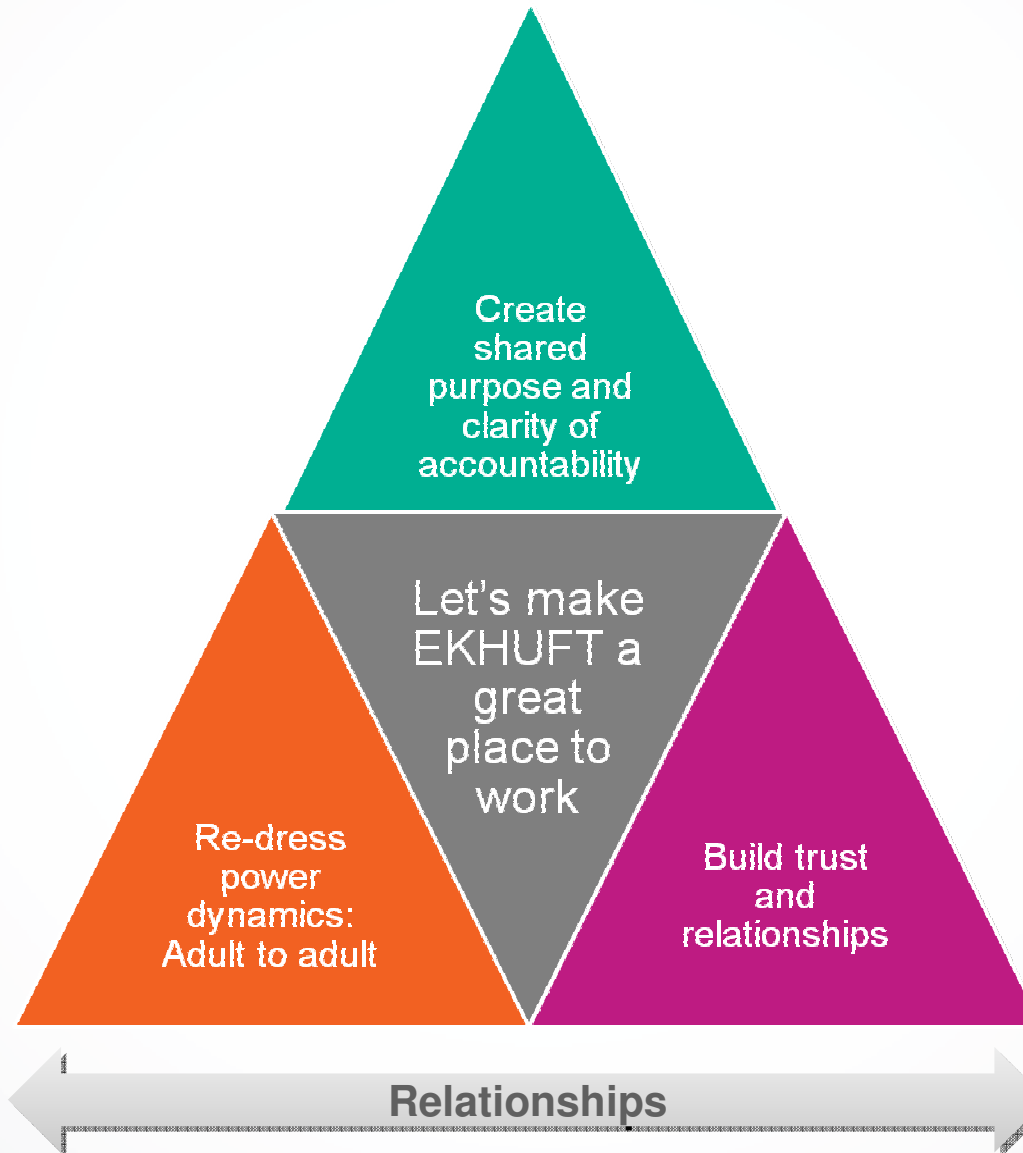
Over to you again...

What has already been done to tackle the culture in your areas?
What's worked well that can be built on?



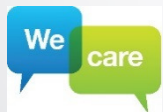
HayGroup®

Moving forward – where do we need to focus?



Next steps

- Your role and those of the We Care Champions



Thank You!



HayGroup®

East Kent Hospitals University NHS Foundation Trust

Responses to suggestion cards – interim report

18 March 2015

Let's make
our Trust a
great place
to work

Some of the best ideas for improvements come from our staff.
Your suggestions could help make all the difference in changing our culture.

What practical steps at the Trust would make your working life better?

What steps could you take in your job to make EKHUFT a great place to work?

(You don't have to give your details but it may be useful if we want to follow up on an idea)

Name Email or tel no

Department/Division/Ward

Please return this card by internal post to the HR Director, Trust Offices, Kent and Canterbury Hospital. Many thanks.

Context

- The suggestion card scheme was developed as one element of the culture change programme which is designed to make the Trust 'A great place to work'
- It supplements staff feedback collected through other channels, such as the annual NHS staff survey, *Staff friends and family* test, and Medical Engagement Survey
- The focus is on practical ideas and suggestions, and aims to encourage staff to think about their own role and how they can contribute to improving EKHUFT's organisational culture
- The project aims to reach all staff, and it is expected that the cards may have an extended shelf-life. A small number of additional responses are still being received.

What did we do?

- Printed and circulated 3,000 cards across the Trust, distributed for self-completion in all departments and returned via internal mail.
- These asked two open questions:
 1. *What practical steps at the Trust would make **your** working life better?*
 2. *What steps could you take in **your** job to make EKHUFT a great place to work?*
- Transcribed and analysed the 'free text' comments and ideas, and produced a summary of key points made, including an indication of how many comments in each category and a list of suggested next steps.

What did we receive?

- As at 13 March, 71 cards had been received. Some of these contained more than one comment, and a total of 170 comments have been analysed, responding to both questions.
- This is an interim report for the Executive Team to consider key points made up to Friday 13 March.

Methodology

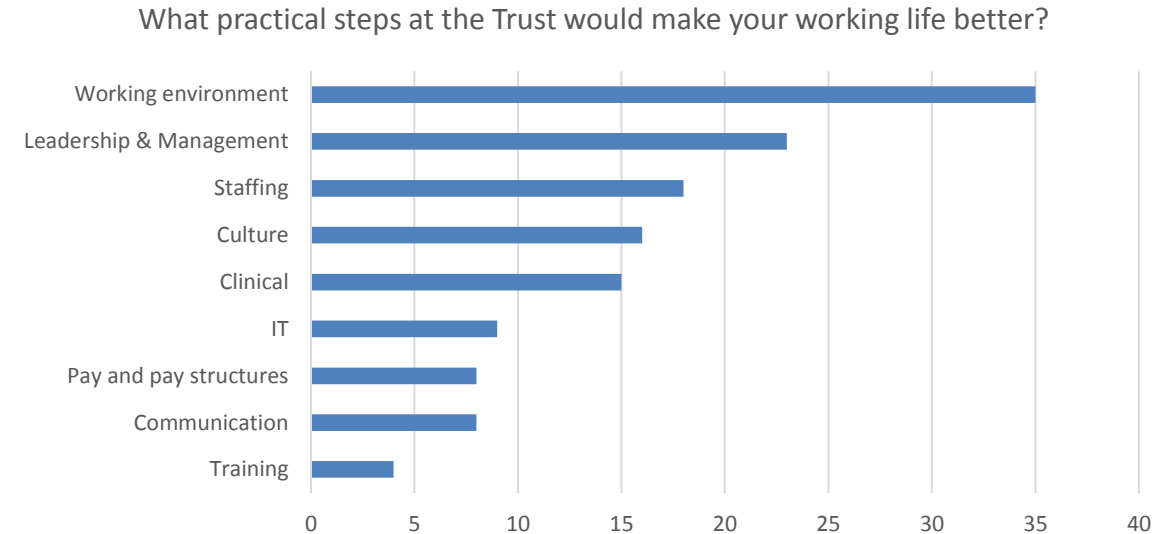
- The comments were analysed using our standard methodology. All free text comments are individually reviewed and clustered according to themes or topics. Each theme is given a code (100, 200 etc.) and then sub-themes identified (e.g. 210, 220 etc., and if necessary 211, 212, etc.) to create a ‘coding frame’ (for each question).
- Every comment is then coded to enable a more detailed analysis, which has been built from the “bottom up”.
- This approach enables both:
 - A comprehensive analysis – i.e. we aim for all points raised to be reflected
 - An overview which shows the main themes and gives a sense of the strength of feeling around each comment and enables a degree of ‘quantitative’ analysis (although care should be taken in interpreting this as it is not a statistical approach with the same level of reliability as a standard research methodology such as a questionnaire survey of a representative sample population).

Category	Code
What practical steps at the Trust would make your working life better?	
Working environment	100
Communication	200
Staffing	300
IT	400
Clinical	500
Culture	600
Leadership & Management	700
Pay and pay structures	800
Training	900
What steps could you take in your job to make EKHUFT a great place to work?	
Smile	100
Attitude	200
Supporting others	300
Better management	400
Communicate better	500
Workload / stress makes it difficult to offer more	600
Already a great place to work	700
Speak out	800
Other	900

Totals by theme

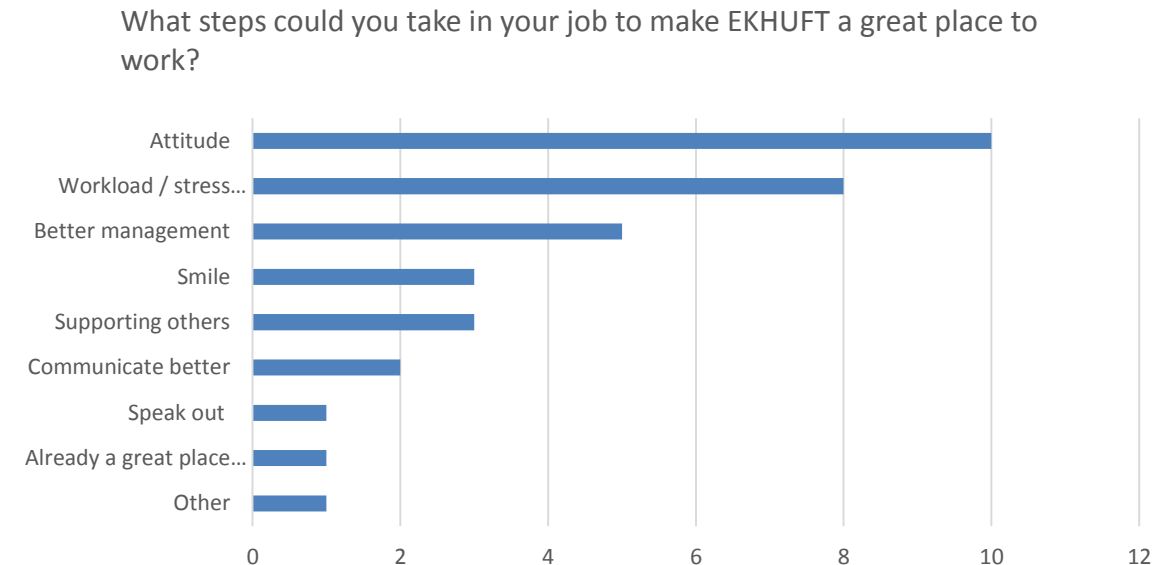
*What practical steps at the Trust would make **your** working life better?*

Working environment	35
Leadership & Management	23
Staffing	18
Culture	16
Clinical	15
IT	9
Communication	8
Pay and pay structures	8
Training	4
Total	136



*What steps could you take in **your** job to make EKHUFT a great place to work?*

Attitude	10
Workload / stress makes it difficult to offer more	8
Better management	5
Supporting others	3
Smile	3
Communicate better	2
Other	1
Already a great place to work	1
Speak out	1
Total	34



The subjects with the most comments in answer to the question *What practical steps at the Trust would make our working life better?* are listed below and examples of responses are given in the following four slides

- Working environment, including physical conditions, facilities and provisions for staff.
- Staffing, which included the need for more staff, rearrangement of staff and management of staff.
- Culture, including relationships between management and staff as well as relationships between colleagues.
- Leadership and management, including visibility, bureaucracy, support and number.

Comments covered the following areas:

- The state of offices, buildings received a number of comments, including problems with heating, damp and amount of space available
- Facilities for staff, such as a quiet room or an eating area
- Provision of free parking, unsurprisingly, was mentioned
- Availability of healthy food options and catering for night workers

“There should be staff designated areas for both ward and office based staff that provide facilities to have lunch breaks or time away from the desk (if feeling unwell etc). The environment should clean, dry and safe.”

“Some offices are really tatty and in need of redecoration.”

“24hr food for those of us who work nights”

Comments covered the following areas:

- Perception of too many managers
- Lack of involvement by managers
- Need for better support from management

“Reduce the number of lines of management. Four people to make one decision for one department is not cost effective”

“Middle management acting rather than prevaricating - would be happy to expand on this further”

“Ward managers need to be supervisory to enable us to do an extremely hard job well”

Comments covered the following:

- Insufficient staffing to do the work needed.
- Re-arrangement staffing in departments and how teams are managed.

“More frontline staff in emergency areas, ECC & CDU in KCH woefully short staffed - THIS LEADS TO STRESS AND FURTHER STAFF SHORTAGE”

“We have been down by 2 members of staff in a team of 6 since Aug, not counting sickness - Plus our workload has increased”

“Promote and appoint the right people Not the most aggressive. Aggressive people seem to be promoted over those that care and are assertive”

Comments covered the following areas:

- Familiar themes about being listened to and appreciated appeared in some responses
- Some comments asked for managers to be more understanding of the pressures staff are under
- Other remarks called for staff to be valued and respected

“Our management need to understand we have a life not be constantly exhausted as at present”

“Valuing their workforce. Senior management understand and believe the issues that are presented and not excuse them”

“It's simple - treat employees like they make a difference and they will”

Comments covered the following:

- Frustrations of dealing with technology problems - aired by a number of respondents.
- Problems with both hardware and software. E.g. difficulty in using the smartcard for e-learning was raised

“Update computer systems including the integration of systems which would in turn enhance patient care/management ”

“A better IT system. It can take up to 45 mins to get up and running in the mornings.”

“Update computer systems including the integration of systems which would in turn enhance patient care/management”

What do we mean by an 'actionable idea'?

- Some responses included practical suggestions which could be developed and implemented
- Within this analysis, these have not been qualified or evaluated - and there may be reasons why they are impractical or inappropriate
- However, they are rephrased below and provided for the Executive Team to consider as a checklist of 'actionable ideas'.

'Actionable ideas' received

- ☐ Apprenticeship placements planned and scheduled before the apprentice starts
- ☐ Desk at cashier's office lowered for wheelchairs
- ☐ IT training room should be open so new starters can practice different actions in PAS, DART etc.
- ☐ Easier ordering system for stationery
- ☐ Put an end to bed meetings, as the process is time-consuming and involves the same information being repeatedly provided
- ☐ Offer secretarial typing courses to non-trained typists
- ☐ Review and improve the smartcard service, in which support is difficult to obtain and not well delivered – this would encourage better uptake of e-learning
- ☐ Provide access to e-learning resources from home.

Next steps

- These practical ideas will be considered within the Culture Change Programme team, and those with potential discussed in detail with Divisional Management Teams
- Where ideas are adopted, we will report this to staff and give a personal thank-you to the person who made the suggestion (if name supplied).

CQC SUMMARY ACTION/RISK REPORT – MARCH 2015 CORPORATE – STAFF ENGAGEMENT & CULTURE	
AUTHOR: JANE WATERS, CULTURAL CHANGE PROGRAMME MANAGER	DATE: 16 MARCH 2015
DETAILED ACTIONS COMPLETED THIS MONTH KF01.01 – Understand the culture of the Trust and identify the root causes of the cultural gap KF01.02 – Develop a revised engagement and involvement plan with staff, including the We Care engagement programme <ul style="list-style-type: none"> • Recommendations of divisional governance and Board governance reviews implemented into plan • Action plan developed to align with CQC action plan • Team members from CQC HLIP board, clinical strategy and culture change programme met to identify opportunities and risks for the projects and ways of working more closely together. This joint working will continue. • ‘Respecting Each Other’ project plan developed and action taken to provide support, e.g. confidential telephone line, workplace buddies • Hay Group presented emerging themes from interviews and focus groups • ‘Job shadowing’ sessions & regular blogs continued to increase exec visibility • Medical Engagement Scale (MES) survey sent to all doctors and consultants • Staff Friends and Family Test sent with additional questions on internal communications • UCLTC division identified to pilot new Team Brief process 	
FOCUS FOR NEXT MONTH <ul style="list-style-type: none"> • Hay Group to present behavioural framework and final feedback and recommendations • Joint communication plan for major change programmes (CQC HLIP, clinical strategy, culture change) to be developed • Leadership & management development programmes to be developed • New team brief pilot to be run in UCLTC • Good news stories and staff profiles to be published using key communication channels 	

- 'Respecting Each Other' project to launch staff charter and anti-bullying video
- Bullying 'hot spots' to be identified from staff survey and targeted action taken
- Initial plan developed to respond to medical Engagement Scale survey

RISKS TO ACHIEVEMENT OF FUTURE DETAILED ACTIONS				
MD/KF and RISK DESCRIPTION			CONTROLS	MITIGATION
(MUST ADDRESS EVERY RED OR AMBER TASK OF THE DETAILED ACTION PLAN. THEN SCORE THE IMPACT AND LIKELIHOOD FROM 1 TO 5 AND COLOUR USING STANDARD RISK REGISTER PROTOCOL)	(F)	(C)	(LIST THE SYSTEMS, STRATEGIES, PLANS AND APPROVAL PROCESSES USED TO ENSURE DELIVERY OF THE TASKS IN THE DETAILED ACTION PLAN)	(LIST THE ACTIONS TO BE TAKEN TO AVOID THE RISKS, DESCRIBED IN THE FIRST COLUMN, MATERIALISING)
Board and Exec team engagement and alignment. This will be critical in implementing this programme and ensuring change happens.	3	4	Board & Exec team meetings Improvement Plan Delivery Board	Clear governance which allows collective decision making
Staff cynicism – staff do not engage as they don't believe anything will change	3	3	Exec and divisional management teams ownership and active support	Tone of communications clearly signals something new. Quick wins and actions identified and actioned to signal a change. Multi-channel communication & engagement plan to constantly and consistently reinforce new messaging. Plan to engage Steering Group and Staff Committee.
Timeline slips	3	2	Cultural Change Steering Group	Dates for governance meetings agreed up front in the project. Weekly updates from HayGroup and Verve to address issues early.
Poor alignment of strategic change programmes (CQC HLIP, clinical strategy, cultural change programme)	2	3	Exec team CQC\strategy\culture group	Monthly meetings between teams to agree synergies, risks and a common communication plan
Hot spot areas for bullying & harassment not identified or issues not properly addressed	3	3	Exec Team Respecting Each Other group	Analyse staff survey data to identify 'hot spots'. Ensure interventions both support and challenge individuals and teams impacted.
Team Brief pilot in UCLTC is not successful	3	3	UCLTC Divisional Management team	Active support and leadership emphasising the importance and benefits of team brief