

Item 4.i

Report to:	Trust Board	Date: 1 November 2018
Report from:	Director of Workforce and OD	
Principal Objective/ Strategy and Title	WORKFORCE: Discussion Paper on a Culture and Leadership Programme	
Board Assurance Framework Entries	Workforce	
Regulatory Requirement	Well Led	
Equality Considerations	Supports the delivery of the Trust's WRES and EDS goals.	
Key Risks	<ul style="list-style-type: none"> • Staff retention • Staff engagement • Patient experience • Quality and Safety of services provided • Delivery of RTT • Delivery of the FRP 	
For:	Approval	

1. Purpose

1.1 The purpose of this paper is to recommend to the Board an organisational development programme to support a review of the prevailing culture of the organisation and the development of a leadership strategy to ensure that we consistently maintain a high quality care culture.

2 Background

2.1 The Executive Team and Board have been discussing for some months concerns regarding aspects of the culture and leadership capabilities in the organisation and the perceived impact of these on our performance against target and budgets and staff engagement and motivation. We have also been discussing how we refresh our organisational strategy, vision and values.

2.2 This paper introduces a programme that the Executive Team proposes is implemented to support the Trust in developing a culture that enables and sustains safe, high quality and compassionate care. This programme would also support and compliment the planned work on our strategy and corporate objectives.

2.3 This paper addresses the following:

- What is meant by culture and collective leadership;
- Why culture is important;
- What the culture and leadership development programme is about and why it would benefit Royal Papworth NHS Trust;
- How the programme would be implemented

1.2 The programme that is being proposed is one that has been co-designed by NHS Improvement, the Kings Fund and a number of NHS organisations, to help trusts develop a culture that enables and sustains safe, high quality, compassionate care.

1.3 Culture in organisations, often described as ‘the way we do things round here’ fundamentally affects the way staff treat each other and patients. The biggest influence on culture is the leadership in the organisation. Collective and compassionate leadership is the key to creating cultures that will give NHS staff the freedom and confidence to act in the interests of patients, and can support sustainable operational and financial performance.

1.4 This programme provides a series of practical resources to support trusts to diagnose their cultural issues, develop collective leadership strategies to address them and implement any necessary changes. The programme consists of three phases – diagnose, design and implement. Three pilot NHS trusts are testing the culture diagnostic tools to ensure the programme is based on the real challenges and situations facing NHS organisations. The pilot trusts are:

- Central Manchester University Hospital NHS Foundation Trust
- Northumbria Healthcare NHS Foundation Trust
- East London NHS Foundation Trust

1.5 This programme would support the delivery of the Trust’s Quality Strategy and our aspiration to achieve outstanding against the CQC Well Led Domain.

2. WHAT IS CULTURE AND COLLECTIVE LEADERSHIP

Culture:

An organisation’s culture can be defined as the values lived by its employees every day. These may not be the same as the stated values. The lived values can be seen by “the way we do things around here.”

Collective Leadership:

A style of leadership where staff at all levels are empowered as individuals and in teams to act to improve care within and across trusts. This is in contrast to command and control cultures which are not conducive to achieving high quality care. Leadership of all, by all, and for all.

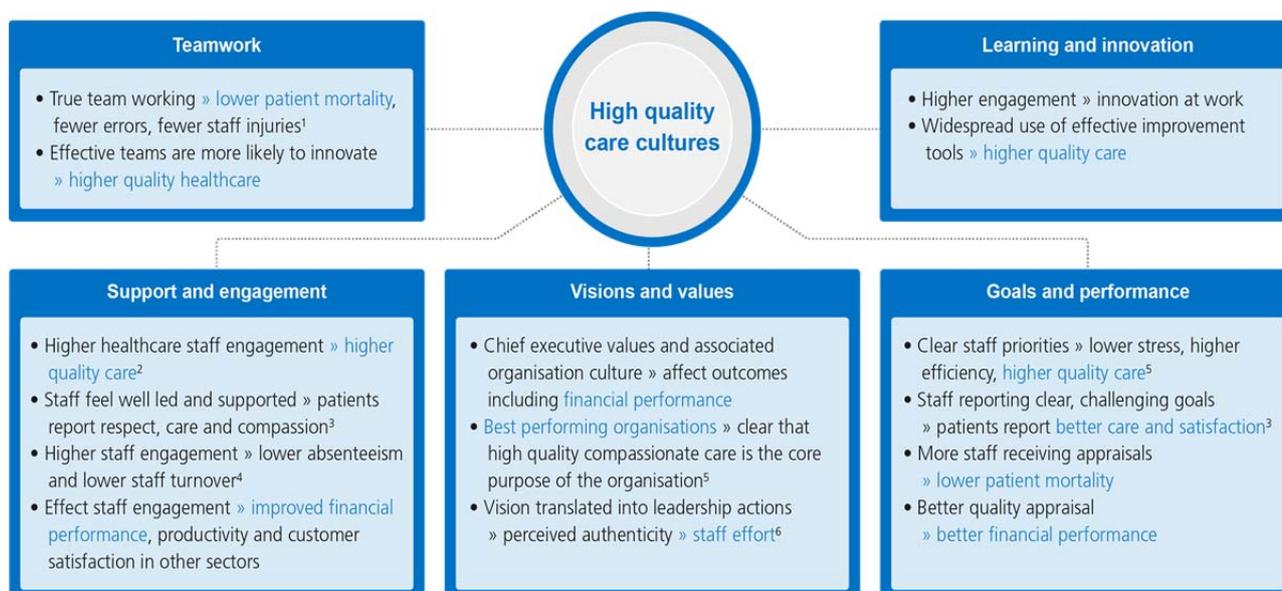
2.1 Through strategies which deliver collective leadership, this programme aims to create a high quality care culture. It is based on extensive research undertaken by Professor Michael West with healthcare organisations. His conclusions have been that in Trusts with a high quality care culture:

- everyone understands and embodies the vision and values
- everyone has clear objectives and data on performance
- there is an open, supportive and compassionate approach to people management and how all staff interact with each other day to day
- there is a high level of staff engagement
- learning and quality improvement are embedded

In collective leadership everyone works to create and support these elements through their values and behaviour:

ELEMENT	VALUES	BEHAVIOUR
Vision & values	Constant commitment to quality of care	Everyone taking responsibility in their work for living a shared vision and embodying shared values
Goals and performance	Effective, efficient, high quality performance	Everyone ensuring that there are clear priorities and objectives at every level and intelligent data constantly informing all about performance
Support and compassion	Support, compassion and inclusion for all patients and staff	Everyone making sure all interactions involve careful attention, empathy and intent to take intelligent helping action
Learning and innovation	Continuous learning, quality improvement and innovation	Everyone taking responsibility for improving quality, learning and developing better ways of doing things
Teamwork	Enthusiastic cooperation, team working and support within and across organisations	Everyone taking responsibility for effective team based working, interconnectedness within and across organisations, systems thinking and acting

2.2 The culture of an organisation impacts behaviours at all levels within and across organisations. Staff performance and engagement are directly affected by organisation culture. This in turn impacts patient satisfaction, care quality, financial performance and patient mortality. In summary, the evidence regarding the impact on NHS organisations of a high quality care culture is as follows:



1. Lyubovnikova, J. and West, M. A. (2013) In: Developing and Enhancing Teamwork in Organizations, Jossey Bass, San Francisco, pp.331-72.
2. Bakker, A. B. (2011), Current Directions in Psychological Science, Vol. 20 No. 4, pp. 265-69
3. Dawson, J.F et al.. (2011), Department of Health, London

4. West M and Dawson J (2012), King's Fund, London
5. Dixon-Woods, M et al. (2013), British Medical Journal Quality and Safety, Vol. 23 No. 2, pp. 106-15
6. Avolio, B. J. and Gardner, W. L. (2005) Leadership Quarterly, Vol. 16 No. 3, pp. 315-38.

2.3 Leadership is the most powerful factor influencing culture because leaders signal, through their behaviour, the values and norms of the way “we do things round here”. Leadership behaviours affect the five key elements of culture, detailed above. It is the leaders in organisations who really make a difference to the cultures of organisations, by what they attend to; what they value; what they monitor and what they model in their behaviours. Professor West has concluded that based on his research that collective leadership leads to high quality care cultures.

2.4 Collective leadership means that leadership is the responsibility of everybody in the organisation. Professor Michael West has defined it as:

“When I see somebody as a member of a healthcare organisation behaving rudely, aggressively, brusquely or unsafely, it is my responsibility to take a leadership role and speak up, no matter how senior the person who is displaying those behaviours. It is leadership being the responsibility of all; it is interdependent, collaborative leadership, working together to deliver patient care, rather than in separate areas of operation. It is leaders and teams working across boundaries to ensure the seamless integrated delivery of care to the people that we serve in communities.”

3. WHAT IS THE PROGRAMME

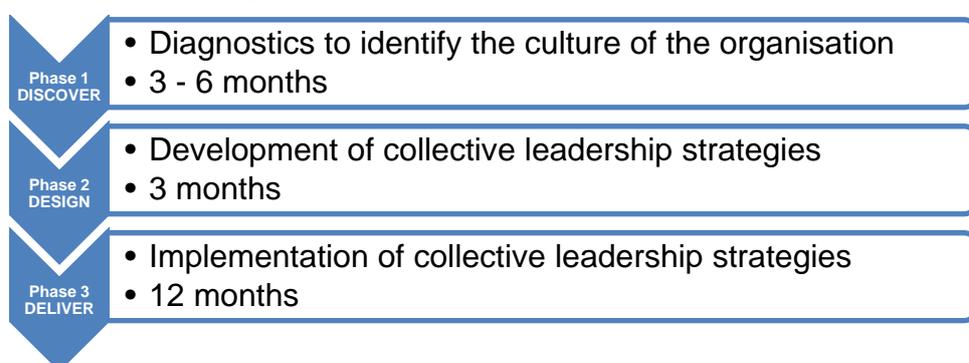
3.1 The culture and leadership programme has been co-designed between NHSi, Kings Fund and a number of NHS organisations and is based on Professor West’s research. It provides practical support and resources to help trusts run culture and leadership programmes. The programme has three phases:

- Phase 1: Discover - diagnose your cultural issues (published)
- Phase 2: Design - develop your collective leadership strategy to address the issues (in development and due for publication early 2017)
- Phase 3: Deliver - implement any necessary changes (in development and due for publication mid-2017)

3.2 The overall outcome of the programme will be the implementation of a collective leadership strategy to embed a culture that enables the delivery of continuously improving, high quality, safe and compassionate care.

3.3 The indicative phasing of the programme is as follows:

Indicative Phasing of the Programme



3.4 NHS Improvement has created a toolkit of resources that can be used to collect both the quantitative and qualitative data for Phase 1. The type of diagnostic tools used are described

in the table below. In addition to using the outcomes of staff and patient surveys a culture assessment tool and staff interviews are also used.

PHASE 1 DISCOVER

Uses a set of diagnostic tools to establish what the culture is in our organisation, where there are strengths and where there are areas to develop.



3.5 Based on the findings of Phase 1, we will design and develop initiatives, in Phase 2 and 3 that build on our strengths and address development areas.

3.6 Part of the support that is also available from NHSI and Kings Fund is access to a “Community of Interest” which brings together trusts and partners interested in culture and leadership development. This ‘culture community’ is growing rapidly to share good practice and learn together. It will provide invaluable support to us in implementing the programme.

4. IMPLEMENTATION

4.1 For this programme to gain traction and commitment the organisation it requires the creation of a team to steer and direct the programme. This team will:

- Create a sense of urgency and energy
- Develop the right vision
- Communicate effectively for buy in
- Empower action
- Create short term wins

This team should include representation from across the whole organisation and from all levels of leadership. It is important that it also includes representatives from our BAME workforce. Improving representation in senior leadership roles and promoting career development of BAME staff is part of the Trust’s equality goals.

4.2 This programme would require investment as we do not have sufficient experienced internal capacity. The goals of the programme fit with the objectives of the charity so funding from this route could be considered. The resources required and costs have not been explored yet.

4.2 A proposed critical path in moving forward with this programme is detailed below. This takes into account our relocation.

November 2018	<ul style="list-style-type: none">•Decision to proceed•Resources agreed
December 2018	<ul style="list-style-type: none">•Formation of implementation team•ToR and scope agreed•Project plan published
January 2019	<ul style="list-style-type: none">•Programme launch•Phase 1 DISCOVER begins
April 2019	<ul style="list-style-type: none">•Phase 1 DISCOVER complete
June 2019	<ul style="list-style-type: none">•Phase 1 DISCOVER Board Seminar•Phase 2 DESIGN commences
August 2019	<ul style="list-style-type: none">•Phase 2 DESIGN Board Seminar•Resources agreed

4.4 It is proposed that to create a sense of urgency and energy, the programme is launched via a Collective Leadership Conference/Workshop in January 2019. The programme team will be involved in scoping and planning this event.

5. RECOMMENDATION

The Board is asked to approve the implementation of this Culture and Leadership Programme.