Phase 1: Discover

Culture and Leadership Programme
Phase 1

collaboration   trust   respect   innovation   courage   compassion

We support providers to give patients safe, high quality, compassionate care within local health systems that are financially sustainable.
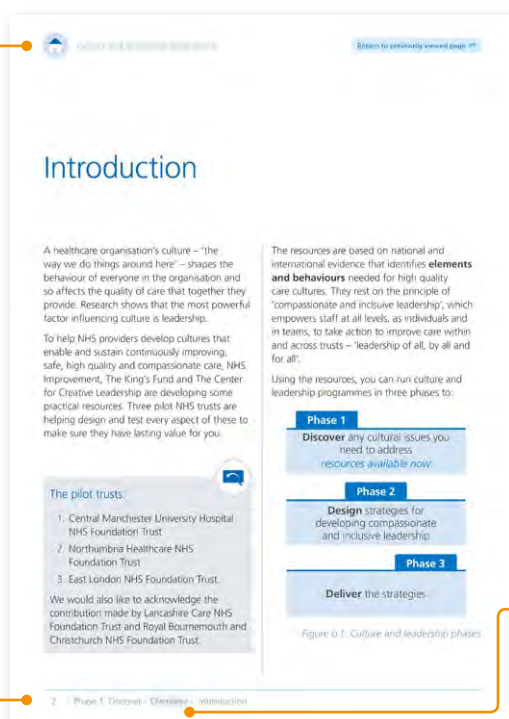
How to use this document

This document has been set up to help you navigate your way around. Some text and buttons can be clicked.
These will take you to:

- another part of the document, or
- a link to further resources online.
  You will need to be connected to the internet to access these.

Clicking this button will take you back to the main contents page

Any text underlined and in blue like this is a link that can be clicked.

Page number

Clicking this button will take you to the first page of the current chapter

Buttons and Icons

Sometimes a link will jump you to another part of the document. Clicking this button will take you back to the page you were viewing before the jump.

Return to previously viewed page
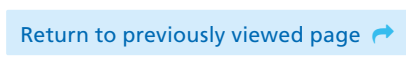
This icon indicates the sharing of experience and information between trusts.

This icon indicates important notes to consider.

NHS

Improvement

Acknowledgements

Other useful information

Developing People – Improving Care

Developing People – Improving Care is the national framework to develop leadership and improvement capacity, which will equip and encourage all people in NHS funded roles to continually improve local health and care systems, delivering improvements in population health, patient care and value for money.

You can read more about it here.

Join our community

We have a thriving and growing culture community of practice – come and join us!

If you would like to get involved, please contact:
nhsi.culture@nhs.net

Stay up to date at:

https://improvement.nhs.uk/resources/culture-and-leadership/
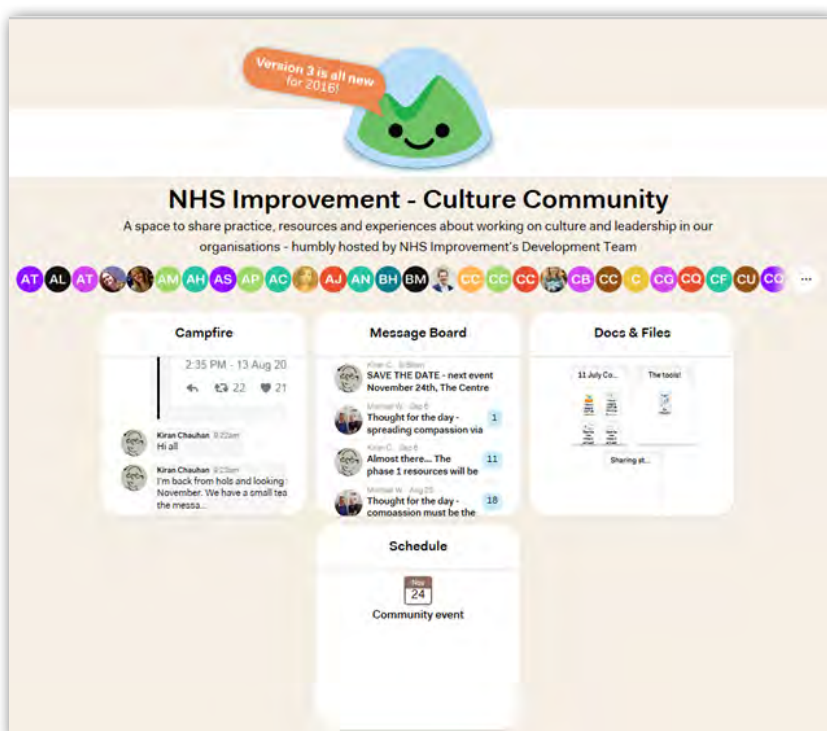
www.kingsfund.org.uk/projects/changing-culture-collective-leadership

Contents

Board interviews

Leadership behaviour surveys

Culture focus groups

Leadership workforce analysis

Patient experience

Synthesis

NHS
Improvement

Phase 1: Discover

Overview
Phase 1

The King's Fund | Center for Creative Leadership

collaboration   trust   respect   innovation   courage   compassion

Introduction

A healthcare organisation's culture – 'the way we do things around here' – shapes the behaviour of everyone in the organisation and so affects the quality of care that together they provide. Research shows that the most powerful factor influencing culture is leadership.

To help NHS providers develop cultures that enable and sustain continuously improving, safe, high quality and compassionate care, NHS Improvement, The King's Fund and The Center for Creative Leadership are developing some practical resources. Three pilot NHS trusts are helping design and test every aspect of these to make sure they have lasting value for you.

The pilot trusts:

1. Central Manchester University Hospital NHS Foundation Trust
2. Northumbria Healthcare NHS Foundation Trust
3. East London NHS Foundation Trust.

We would also like to acknowledge the contribution made by Lancashire Care NHS Foundation Trust and Royal Bournemouth and Christchurch NHS Foundation Trust.

The resources are based on national and international evidence that identifies **elements and behaviours** needed for high quality care cultures. They rest on the principle of 'compassionate and inclusive leadership', which empowers staff at all levels, as individuals and in teams, to take action to improve care within and across trusts – 'leadership of all, by all and for all'.

Using the resources, you can run culture and leadership programmes in three phases to:

Phase 1

Discover any cultural issues you need to address
resources available now

Phase 2

Design strategies for developing compassionate and inclusive leadership

Phase 3

Deliver the strategies

Figure 0.1: Culture and leadership phases

Reasons for implementing a culture and leadership programme

Leadership, particularly compassionate, inclusive leadership is the key to enabling cultural change that enables NHS organisations to:

- deliver high quality care and value for money while supporting a healthy and engaged workforce. See the concepts and evidence and what good could look like

- enables staff to show compassion, to speak up, to continuously improve and create an environment where there is no bullying, where there is learning, quality and the need for system leadership. This is reflected in several recent reports and reviews (e.g. the Rose review, the report of the Mid-Staffordshire NHS Foundation Trust Inquiry and the Berwick review)

- help boards assure their governance on the 'culture and capability' domain of the well-led framework and improve their results in governance reviews.

Following this programme will help you to create a strategy to develop the culture and leadership of your organisation.

What good could look like

Based on the NHS Constitution and the principles of compassionate and inclusive leadership, we suggest that a good result would be where:

- Every person in the NHS, in every organisation, at every level and in every role can flourish and deliver their best for patients – continuously improving, high quality, safe, compassionate care.

  Where:

  » Everyone working in the NHS is healthy, happy and passionately engaged in **improving the lives** of people in their communities with **commitment to quality of care.**

  » **Everyone counts**, at all levels, feels inspired and empowered to lead positive change, to constantly learn, and to continuously improve healthcare for patients.

  » It is easy to feel **compassion** for others, because every person working in the NHS is treated with **respect and dignity** and feels appreciation, compassion and support from their leaders and colleagues – especially during times of stress or difficulty.

  » No matter where in the NHS we work, **we work together for patients.**

Your views

What does good NHS cultures mean for you?

You can share your answer and see what other NHS staff said by joining our culture community.

Contact us at NHSI.culture@nhs.net

What are the resources for Phase 1?

The resources for Phase 1: Discover – diagnosing your culture are shown in the figure below. They will help you diagnose your current culture using existing data, board, staff and stakeholder perceptions and knowledge, and workforce analysis. You will then be ready to target the right areas for your compassionate and inclusive leadership strategy.

It is not prescriptive but we recommend you:

- use all six sets of diagnostic resources
- use them across your whole organisation for best effect
- adapt them according to what would work best for your organisation

This will help ensure you have the right information on culture, leadership behaviours, and workforce capacity to help develop your compassionate and inclusive leadership strategy.

Figure o.2: Culture and learning programme resources summary

Resource	Outcomes	Cultural elements	Leadership behaviours	Levels	Workforce capacity
Culture and outcomes dashboard — High level understanding	✓	✓			
Board interviews — The Board's approach to supporting effective organisational cultures		✓			
Leadership behaviours survey — Staff and stakeholder views on behaviours of organisation's staff and leaders as a whole			✓		
Culture focus groups — Individuals' experience of current organisational culture		✓		✓	
Leadership workforce analysis — The organisation's needs on leadership workforce capacity					✓
Patient experience		✓			

How do the Phase 1 resources work?

The diagnostic resources in **Phase 1: Discover – diagnosing your culture** enable you to get the information you need to target approaches and interventions in developing your compassionate and inclusive leadership strategy in Phase 2: Design.

In Phase 1: Discover you will complete a current state diagnosis. You will have information about each element of the conceptual framework shown in figure 2 to take forward into the design of your strategy. You will understand the perspective of patients, staff, stakeholders and the board on culture.

You will also have initial information to start framing and forecasting your compassionate and inclusive leadership strategy.

| Levels | Individual | Team | Inter team | Organisation | Cross organisation |

Leadership behaviours

Facilitating shared agreement about direction, priorities and objectives	Encouraging pride, positivity and identity in the team / organisation
Ensuring effective performance	Ensuring necessary resources are available and used well
Modelling support and compassion	Valuing diversity and fairness
Enabling learning and innovation	Helping people to grow and lead
Building cohesive and effective team working	Building partnerships between teams, departments, and organisations

Cultural elements

Vision and values
Constant commitment to quality of care

Goals and performance
Effective, efficient, high quality performance

Support and compassion
Support, compassion & inclusion for all patients and staff

Learning and innovation
Continuous learning, quality improvement and innovation

Team Work
Enthusiastic cooperation, team working & support within & across orgs.

Outcomes

Quality and value
(Clinical effectiveness, positive experience, safe & financial efficiency)

Continuous improvement

Healthy, flourishing and engaged staff

| Workforce capacity | Numbers | Diversity and demographics | Knowledge, skills and abilities |

Figure 0.3: The conceptual framework shows how the results of the different Phase 1 diagnostics work together to give you information across all the parts in the conceptual framework outlined in concepts and evidence.

How long will Phase 1 take and what other resources will our organisation need to provide?

Phase 1: Discover can vary depending on capacity, skills and approach. Typically, it takes up to six months to run the diagnostics, build the case for change and establish your 'change team'. All staff six weeks notice to prepare for interviews and meetings.

The main cost of the programme is staff time. It is helpful to include a programme manager three days a week and a co-ordinator to help set up the interviews, focus groups, etc. Where capacity is lacking, trusts may wish to procure external support, for example for the board interviews.

To find out more see Getting started which includes information on project planning.

Month	1	2	3	4	5	6	7	8	9

Change team kick off ●   ● Project plans   Board presentation ●

Getting started
- Project manager 0.6 WTE for duration
- Coordinator 0.5 WTE for duration
- Communications 1-2 days
- Senior sponsor 9 days

Build case   Build team   Plan   Change team meetings & development

Analysis & report

Culture and outcomes dashboard
- Lead analyst 3-5 days
- Other analysts (e.g. for providing finance, hr, and quality data) 1-2 days

Gather data

Board interviews
- Interviewers 3-10 days depending on training requirements, number of interviews etc.
- Lead 8-10 days

Preparation   Implementation

Leadership behaviours survey
- Staff survey lead 5-10 days
- Survey support 5 days
- Communications 1-3 days

Preparation   Implementation

Culture focus groups
- Facilitator 15 days
- Lead 7 days
- Communications 1 day

Preparation   Implementation

Leadership workforce analysis
- Interviews/facilitation 1-5 days
- Workforce information 1-2 days
- Lead 15 days

Preparation   Implementation

Patient experience
- Patient experience lead 5-7 days

Gather data

Synthesis
- Facilitator 2-3 days
- Change team 1-2 days all members
- Report writer 2-15 days

Preparation

Synthesis workshop

Figure o.4 Example project plan for Phase 1: Discover
*Bullet points under each diagnostic show the skills needed and number of days required.

What does a compassionate and inclusive leadership strategy need to do?

The compassionate and inclusive leadership strategy designed and delivered in Phases 2 and 3 should answer the question: 'How do we ensure we have the leadership now and in the future that will nurture cultures which deliver high quality, continuously improving and compassionate care?'

It will:

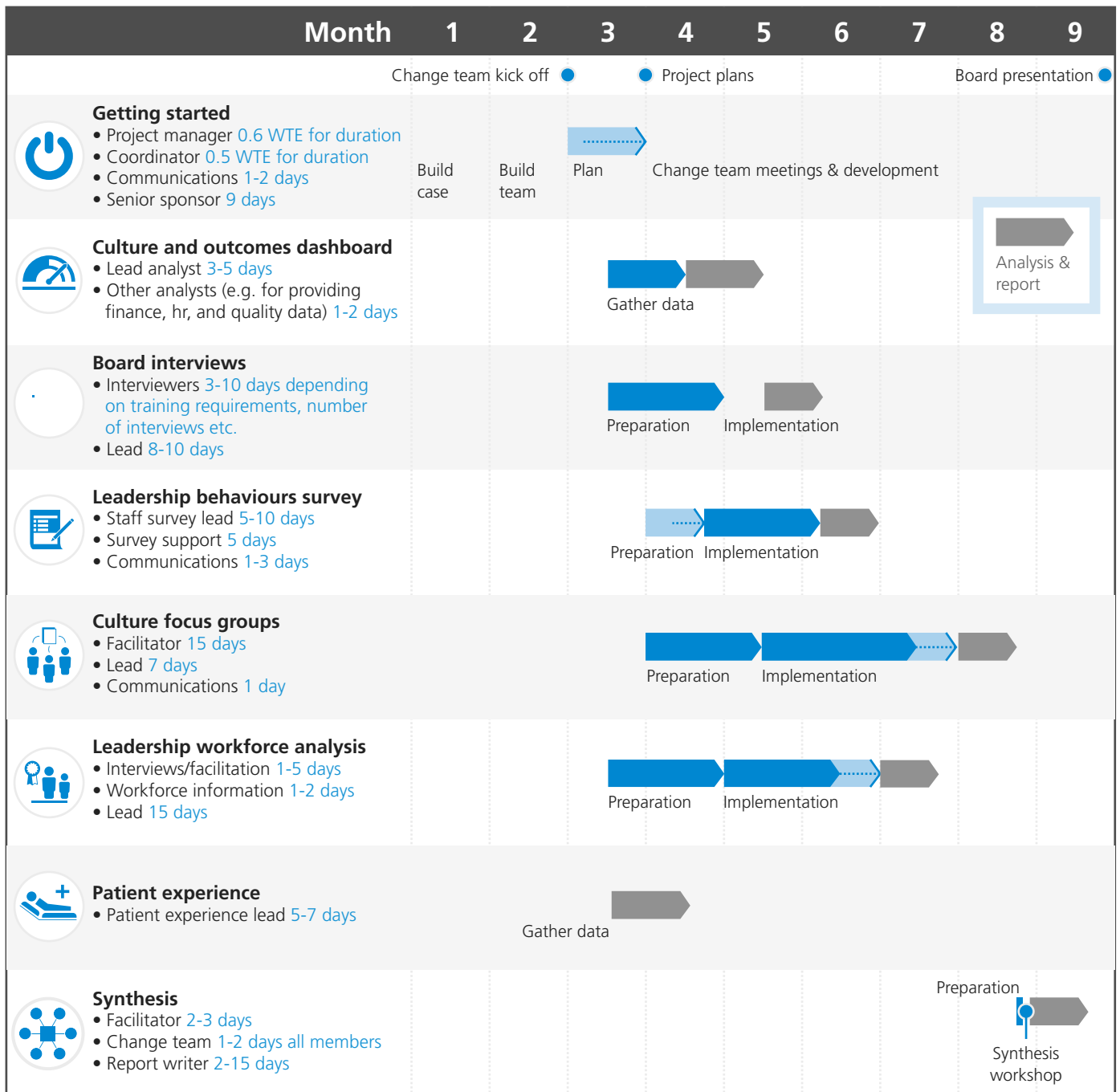- be driven by and linked to your business plan (see also Getting started: Identify your purpose.)

- embed the elements of culture and leadership behaviours that lead to high quality care cultures among all staff in your organisation (see the concepts and evidence base)

- set out your plans to ensure that formal leadership 'key leadership roles' are filled to effectively support high quality care cultures and ensure your business plan is delivered. This is because leadership is the strongest influence on culture; those in formal leadership 'key leadership roles' will be particularly important in influencing the culture of the organisation (see leadership workforce analysis).

It will not address the number, demographics, skills and knowledge of all staff in your organisation. These should be covered in your organisation's wider workforce strategy and workforce development plans.

The content of leadership strategy design and delivery phases will therefore address

- leadership recruitment and talent management

- leadership development

- wider workforce development

and will need to consider the relationship with:

- wider workforce recruitment and talent management

- organisational design.

	Workforce capacity	Cultural elements	
At all levels of the NHS			
Leadership behaviours			
	Workforce capacity	**Cultural elements**	
Key leadership roles	Leadership recruitment and talent management	Leadership development	scope of compassionate and inclusive leadership strategy
All other	Wider workforce recruitment and talent management	Wider workforce development (leadership behaviours development)	
	Organisational design		

Figure o.5: Scope of compassionate and inclusive leadership strategies at all levels of the NHS?

When will the Phase 2 and Phase 3 resources be available?

The resources for Phase 2: Design – developing your compassionate and inclusive leadership strategy and Phase 3: Deliver – implementing your compassionate and inclusive leadership strategy are under development. They are expected to be released in mid 2017 and winter 2017 respectively.

Where can I get help or find out more?

If you would like help using these resources, please contact us at NHSI.culture@nhs.net

NHS
Improvement

Phase 1: Discover

Getting Started

The Kings Fund> | Center for Creative Leadership

collaboration   trust   respect   innovation   courage   compassion

Getting started

This guide covers setting up your culture and leadership programme for **Phase 1: Discover.**

The overview will have given you a high level overview of the culture and leadership programme and how it will help you develop a strategy for compassionate and inclusive leadership.

Build your case

Your first task will be to get the support of your senior leaders – particularly your chief executive and chair. This is crucial because the programme will have impact across your whole organisation and will require resources and support from different departments and teams.

If you don't work in organisational development yourself, you could approach them directly or through the board. They may be able to provide resources and advice.

We have put together a presentation to help you make your case and build awareness and understanding with your board and others:

- introductory slides: you can modify the presentation for your organisation and context.

Your views

At the onset we identified two executive director sponsors – the chief nurse and the executive director of HR and corporate services. The Organisational Development and Training team led the project but worked closely with our corporate nursing team.

Helen Farrington, Associate Director of Organisational Development and Training, Central Manchester University Hospitals NHS Foundation Trust

A key part of our existing culture and DNA is to be absolutely open to new ideas and so the opportunity to get involved in something which would enable us to improve and enhance our performance, engagement and outcome for patients was not a difficult sell! We ensured that even, in the early days, when there wasn't a lot known about the programme there were regular mentions and references to it at board and executive meetings so that it was implicitly supported from the start.

Ann Stringer, Executive Director of Human Resources and Organisational Development, Northumbria Healthcare NHS Foundation Trust

The evidence base that The Kings Fund provided ensured credibility to the work programme and supported internal validity.

Since I was appointed as Chief Executive in 2009, we as a collective within the Trust have been doing a lot of work to develop the values and create a positive and appreciative culture. I think it is imperative for all staff to understand the importance of and experience the right leadership culture and its link to compassionate care.

However when our staff survey results arrived in 2014, they did not reflect the extent of the culture change or the level of staff engagement that we had hoped for. Despite the culture work programme we had been doing, there was something hampering the overarching ambition for a positive and engaging culture.

We saw the King's Fund's work on compassionate and inclusive leadership as an opportunity to build on the cultural change work already occurring within our Trust with someone who had done the research and was committed to and passionate about collective leadership.

Professor Heather Tierney-Moore OBE, Chief Executive, Lancashire Care NHS Foundation Trust

Identify your purpose

Before starting to use the diagnostics it is important to clarify what you want the programme to achieve. This will help you target approaches and interventions in Phases 2 and 3 – designing and delivering your [compassionate and inclusive leadership strategy.](#)

Compassionate and inclusive leadership strategies should answer the question:

How do we ensure we have the leadership now and in the future that will nurture cultures which deliver high quality, continuously improving and compassionate care?

However, the details of your collective leadership strategy will depend on your organisation's circumstances and should align with your organisation's business plan.

We recommend you take time to:

- review your business plan (or organisational strategy) to identify the drivers (or strategic objectives) and their implications for the leadership strategy. The Center for Creative Leadership (CCL) defines drivers[1] as 'the key choices that leaders make about how to position the organisation to take advantage of its strengths, weaknesses, opportunities and threats in the marketplace'.[1] You can use the template for linking compassionate and inclusive leadership strategy and business plan.

- understand your organisation's current and historical circumstances, particularly anything with significant impact on culture such as mergers, organisational structure and team structures

- identify interdependencies with other initiatives in your organisation such as staff engagement or quality improvement. This will be important in positioning this initiative alongside your wider work, gathering information, avoiding duplication and aligning initiatives to reinforce the programme.

There are a number of ways you can do this such as desk research, and talking to colleagues and your board. Once you have done this, you should confirm with the board that they reflect your organisation strategy and intentions.

What did other trusts do? Engaging the board

Engaging members of the board in focused conversations about the organisation's strategy enabled us to explore the implications for the compassionate and inclusive leadership strategy. It also meant we got valuable insight into the wider strategic context and key interdependencies.

Kristina Henry, Head of Learning and Organisational Development, Northumbria Healthcare NHS Foundation Trust

Create your change team

The change team should be a multidisciplinary team from across your organisation – championing a compassionate and inclusive leadership approach.

It should cover different areas, occupational groups, levels of seniority and demographics. It is important to include operational 'doers' as well as influencers and administrative support. A diverse change team may help you capture views of those who feel marginalised in the workforce.

We suggest a team of 10 to 15 people (although the work will involve many others) including:

- at least one executive sponsor (executive director with responsibility for organisational development)
- a project manager or individuals with similar expertise
- organisational development and HR representation
- medical/clinical/service leads
- a communications professional or similar expertise
- analytical resource
- patient experience lead or similar
- administrative support.

Consider including a quality representative, patient/service user leaders, people from estates and facilities, other clinical, administrative or managerial staff or a non-executive director.

Support

Everyone in the change team will need support from the organisation to protect time for this work. Agree upfront how much time will be needed but build in flexibility (see also project planning).

Characteristics

All team members should:

- disseminate learning and influence within the organisation
- demonstrate commitment to exploring ideas and assumptions about the culture of the organisation
- be committed to this work and to involving others
- be resourceful and dynamic
- use this work to support personal and professional development.
- Someone with comms experience, that can help the team communicate it's work

What did other trusts do?
Different ways of finding your change team

We asked our directors to identify a number of capable and motivated people as change leaders who will help design and lead on the delivery of the programme. There were no set criteria for getting involved, just an enthusiastic commitment to the programme and a willingness and capacity to get involved. Initially we had 30 volunteers from around the trust and from a range of roles and bands. We have kept the whole group involved but we have had a core group of 16 who have led on this phase of the work programme.

The real benefits of developing the change team in this way have been the fact that we have both capitalised on people's interest and curiosity in culture and also started to build OD capability in roles who ordinarily would not have been exposed to this. The team has also acted as a real catalyst for communicating and spreading the key messages from the programme.

Stacy Bullock, Assistant Head of Organisational Development and Training (OD),
Central Manchester University Hospitals NHS Foundation Trust

We found that it is helpful to have a small 'core team' of people to undertake the direct work – the change team – and a wider group to engage with.

We identified the roles we needed in our change team and invited people to participate. The change team is crucial as these are the people that will undertake the work. It was not necessarily for them to be in obvious roles (ie it's not just about your HR and OD team!) At ELFT we have a well established quality improvement programme and we involved members from this team to ensure that learning was transferred and the programmes were aligned. We also wanted to look in depth at particular areas of the organisation so we invited leaders from these parts of the trust to be part of the change team.

We also wanted to engage a wider group of people with an interest. We held a leadership conference in the 'Getting started' stage for the programme. After the event we offered participants the opportunity to stay in touch. From this group we formed a 'reference group' which became an extension of the change team and we tested out key concepts from the diagnostics and invited them to be part of the synthesis phase of the work.

Sandra Drewett, Director of HR and OD,
East London NHS Foundation Trust

The change team is one of the things we are most proud of. We developed a set of criteria in order to recruit to the change team. To apply, individuals had to have the sponsorship and support of their line manager, meet the criteria and commit to attend six workshops and to undertake cultural audit work between the workshops. This was in addition to their 'day jobs'. (See the figure on the next page).

They were shortlisted and assessed by a panel that consisted of execs, non execs, heads of nursing and quality and directors of operations. The board were fully engaged in the process.

We deliberately recruited a diverse section of people in terms of grades, roles, skills and experience. We tried to select a team that was representative of the workforce.

We originally planned to recruit 12 change champions but from a strong field we actually recruited 15 people from a pool of 30, one of the team is a patient/volunteer representative.

The impact has been huge. At the end of Phase 1, they gave a presentation of their findings to the board, and received a standing ovation. The board wanted to know how things really were, and the change champions felt they were doing something really valuable.

Nicola Hartley, Director of Organisational Development and Leadership, Royal Bournemouth and Christchurch NHS Foundation Trust
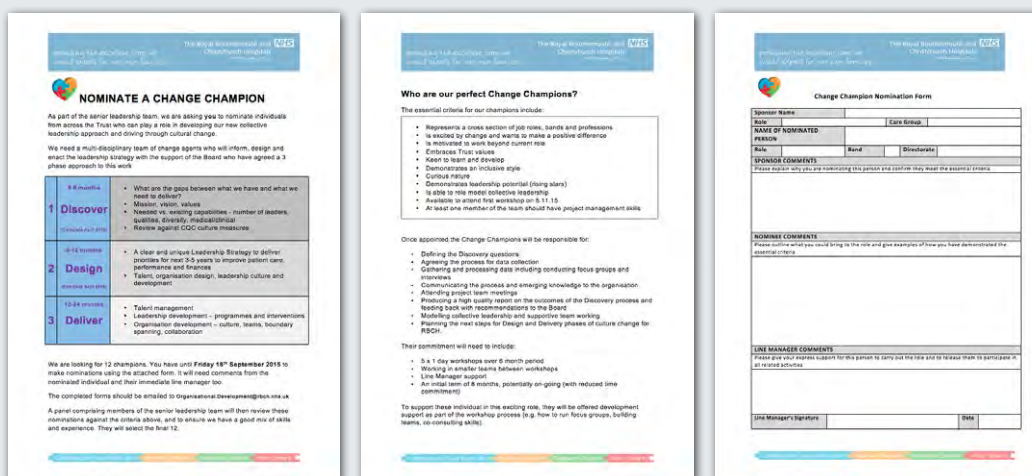

Figure g.1 Recruiting the change team – Royal Bournemouth and Christchurch NHS Foundation Trust

Setting objectives and style of working

Set up a meeting of the change team to determine your project objectives, the change team's objectives and how the team will work together. This should be aligned to the purpose you have identified.

Objectives:

Broadly the change team's objectives in Phase 1 will be to:

- define the vision, purpose, mission of the culture programme in your organisation and link these to the organisation strategy, values, good practice and strengths

- agree challenging objectives for the team for each month and individual responsibilities, defining performance measures and monitoring progress against these

- model compassionate and inclusive leadership and supportive teamworking in the team and for the organisation

- gain support for and otherwise promote the project and its outcomes to internal and external stakeholders

- produce a timely, high quality summary of the outcomes of the discovery process, enabling significant progress towards a compassionate and inclusive leadership strategy

- plan the next steps for the design and delivery phases of a compassionate and inclusive leadership strategy

Working together:

Agree how to work together as a change team including:

- frequency of meetings

- activities and timelines

- who does what

- setting personal objectives for the programme

- how you will share information – In particular, use of patient experience data may require approval from your Caldicott guardian. This will depend on the purpose for which the data was originally collected. Similarly with staff and stakeholder data you may wish to seek advice from your Data Protection Officer or information governance team.

Key activities:

- agree how to implement the diagnostics and what to do

- process quantitative and qualitative information gathered with the diagnostics

- communicate with and engage the organisation in the process and share emerging knowledge.

What have other trusts done? Meetings and objectives

The change team meet every two weeks for our 'culture corner' sessions which we keep to ½hr. This is an opportunity for us to keep on top of progress, share learning and support one another with any issues.

In terms of roles, we identified a pair of leads for each diagnostic which helped to ensure ownership and that the diagnostic was designed and implemented effectively.

We did end up running most of the diagnostics concurrently however our culture corner meetings helped to keep us on track and address any issues that arose through this phase of the programme.

Stacy Bullock, *Assistant Head of Organisational Development and Training, Central Manchester Universities NHS Foundation Trust*

We aligned our programme objectives to the trust objectives so that our energy and focus were consistently applied to the diagnostics and associated activities. Our trust priorities related to enhancing high quality compassionate care for our patients, developing our culture to enable our staff to be engaged and accountable.

Ann Stringer, *Executive Director of Human Resources and Organisational Development, Northumbria Healthcare NHS Foundation Trust*

At the first workshop, the team developed their team objectives and progress against these was reviewed at each workshop every month.

Nicola Hartley, *Director of and Leadership, Royal Bournemouth and Christchurch NHS Foundation Trust*

Developing your change team

The change team are your ambassadors and champions for the culture and leadership programme so it is important to support them in exhibiting compassionate and inclusive leadership.

You can design a programme to support their development throughout the programme.

To support change team development, we have also provided:

- a leadership behaviours reflection questionnaire change team members can use this questionnaire to self-assess themselves against the leadership behaviours.

- a team working assessment – we suggest you use this once every quarter once the change team is established.

You may wish to spend time with the change team looking at understanding how to handle sensitive and confidential information. It is important that members working with data which may identify individuals have undertaken relevant training in line with your organisation's policies.

What did other trusts do?

Dedicated time is essential and training in the Board interview and focus group diagnostics is definitely recommended. Those members of the change team who led on these were also able to see the benefits throughout the process and in some cases listening and hearing the responses changed their views and facilitated thinking and change.

Helen Farrington, Associate Director of Organisational Development and Training, Central Manchester University Hospitals NHS Foundation Trust

Being in the change team is a development opportunity. We decided to include half a day every other month for structured development programme for the change team see figure below. The development programme included looking at personality types and understanding differences, which was then used to think about how the team members could work effectively together to achieve their aims and objectives. Another session focussed on presenting with impact and we engaged an actor to help facilitate that.

Nicola Hartley, Director of OD and Leadership, Royal Bournemouth and Christchurch NHS Foundation Trust

Figure g.2: Personal development programme Royal Bournemouth and Christchurch NHS Foundation Trust

Project planning

We recommend that change team members with project management experience should lead the planning and co-ordinate the project.

We recommend that you:

- establish a governance structure involving regular reporting to the board from your change team (see figure 3 for different governance structures)

- allocate one or two members of the team to each diagnostic. Those members will need to work with the project manager on the plans for each diagnostic and should have associated roles and objectives.

- one member to focus on communications across all diagnostics.

Based on our work with pilot trusts, we estimate that running the diagnostic resources will take approximately six months but you will also need time to 'get started' – work through the content covered in this chapter.

Although you can run all the diagnostics at the same time we advise:

- implementing the culture and outcomes dashboard, patient experience and the board interview questions first

- running the survey and the focus groups together to maximise staff engagement

- starting the leadership workforce analysis early as this is likely to take the longest time.

Figure o.4 in the introduction is an example plan showing some rough estimates of time and resource requirements.

What did other trusts do? Establishing the project

Working simultaneously with multiple diagnostics, different stakeholders and resulting activities was quite complex so our advice would be to establish it as a project with the associated tools, stakeholder analysis, project plans, communications plans, milestones, budget, resource allocation, etc. This doesn't necessarily mean formal project management methodologies such as PRINCE but really clear project principles. If the trust lead has project management experience and is comfortable with project tools too, that will really help everyone's experience of, and engagement in the programme.

Kristina Henry, Head of Learning and Organisational Development, Northumbria Healthcare NHS Foundation Trust

It is worth spending time to plan your approach. In retrospect it would have been helpful to be able to offer backfill for staff in the change team and be clear about the time commitment. Capacity of team members was a real barrier not least as we were undertaking the diagnostics alongside preparation for a Care Quality Commission visit.

Sandra Drewett, Director of HR and OD, East London NHS Foundation Trust

Central Manchester University Hospitals	**Northumbria Healthcare**	**East London**
Quality committee of board	Board	Board
Transformation operational board	Executive director of HR	Executive director of corporate affairs
Organisational development and training team	Co-ordination and programme management	Director of HR
Change team (16 people)	Change team (15 people)	Change team (≈10 people) / Reference group (≈50 people)

Figure g.3: Different governance approaches

What did other trusts do?

Engagement is particularly important in a culture and leadership programme! In the preparatory phase for the programme, we held a leadership conference which outlined the principles of compassionate and inclusive leadership and was open to all alumni of internal leadership programmes, members of the senior management team (which included clinical directors) and anyone who had responsibility for managing others. You can see the visual we captured during the event.

Sandra Drewett,
Director of HR and OD, East London NHS Foundation Trust

What did other trusts do? Engaging people

It can be difficult to engage staff in new pieces of work because there is always so much going on in the trust so we linked our culture work to a high profile, visible piece of work that was already embedded. We developed key messages that explained 'what's in it for me' and used these consistently in our communication. This helped our culture work to stand out from the crowd. We delivered messages across the trust using tried and tested mechanisms but also identified key forums where we could discuss the programme.

Yvonne Storey, Communications and Marketing Manager, Northumbria Healthcare NHS Foundation Trust

What did other trusts do? Positioning the programme

We decided to create a brand for our culture and leadership programme to make sure staff understand the impact and can see its impact from the diagnostics through to implementation of the leadership strategy. We linked this to the overall Central Manchester branding – particularly the use of the heart etc...

Kashif Haroon,
Organisational Development Manager,
Central Manchester Universities NHS
Foundation Trust

Culture was already an important strand of our Northumbria Way programme so we linked this work to that. We carefully crafted messages to explain the importance of culture to us as an organisation and positively positioned the chance for people to input. We were clear staff could shape our culture moving forward and people seemed to genuinely want to be involved. I think being clear what the end goal was helped."

Yvonne Storey,
Communications and Marketing Manager,
Northumbria Healthcare NHS Foundation Trust

Planning evaluation

You will want to plan how you will measure whether your culture and leadership programme has achieved its objectives and how you will capture lessons for future.

To monitor the impact on culture and outcomes you can use the culture and outcomes dashboard. In Phase 1: Discover you will be identifying a baseline which you can review on an annual basis. It may be difficult to update the dashboard data more frequently as many of the indicators are based on staff survey data which is annual. Remember that culture change takes time.

To capture lessons' learnt and information on the effectiveness on the process, you can:

- review information on each of the diagnostics from the leads. In each of the six guides on the diagnostics we have included a section on improving the process. For the board interview and culture focus groups, we have also provided forms which you can collect and analyse to understand what went well and what could go better.

- conduct lessons' learnt interviews or focus groups to identify the impact the programme is having on staff. In Phase 1: Discover, the culture and leadership programme will only be well known by the change team so we recommend that you plan to do this evaluation with internal change team members only. In later phases, you can involve other staff and stakeholders. In Phase 1: Discover you can review the process followed against your plan and objectives. You can also discuss any changes in the team working assessments over the phase and review the leadership behaviours reflection questionnaire and see also Synthesis for information and tools for Phase 1 evaluation.

NHS
Improvement

Phase 1: Discover

Culture and outcomes dashboard

DIAGNOSTIC
1

The King's Fund>

Center for Creative Leadership

Introduction

The wealth of data published nationally or collected by your trust can give you a high level picture of your organisation's culture and related outcomes.

Collecting this in one place can give you an overall sense of your trust as a whole.

Use this diagnostic in your culture and leadership programme as a **snapshot to support development** rather than as an ongoing performance dashboard for the board. It also provides a baseline you can use to evaluate the impact of the programme.

Quality is assessed by three metrics: clinical effectiveness, positive experience and safety.
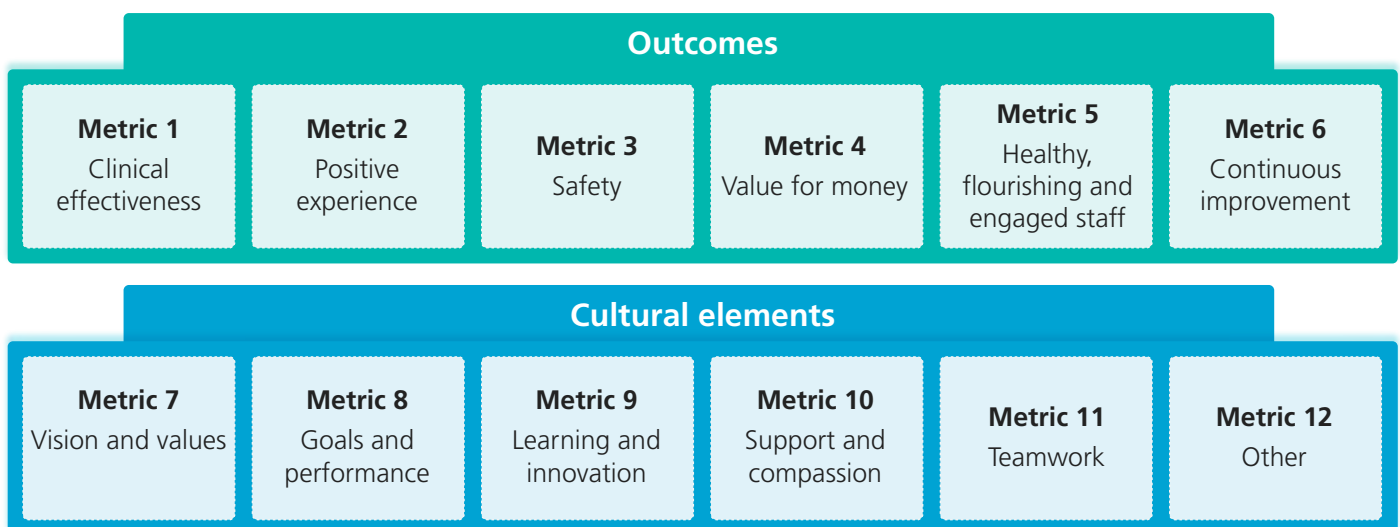
The indicators for metric 12 cover all five cultural elements.

**Play audio:
Data for learning – a different mindset**

This diagnostic has 12 metrics and recommended indicators you can use to measure these metrics. The metrics cover the three outcomes and five cultural elements described in Phase 1: Discover Overview.

Using the diagnostic

Outcomes					
Metric 1 Clinical effectiveness	**Metric 2** Positive experience	**Metric 3** Safety	**Metric 4** Value for money	**Metric 5** Healthy, flourishing and engaged staff	**Metric 6** Continuous improvement

Cultural elements					
Metric 7 Vision and values	**Metric 8** Goals and performance	**Metric 9** Learning and innovation	**Metric 10** Support and compassion	**Metric 11** Teamwork	**Metric 12** Other

The diagnostic has 12 metrics that are measured with indicators, most of which are nationally collected and publicly available. We have listed some recommended indicators (see tool 1.1) to get you started. These draw heavily from the NHS Staff Survey as this is a well-established data source and includes benchmarks. Other indicators, such as your internal pulse surveys, may also help you to measure the metric.

Assign one or two members of the change team to lead the work on collecting the indicators. Once collected, we recommend you facilitate a change team session to examine the data and discuss findings.

Where available and appropriate for your organisation's circumstances, collect data for each indicator over a minimum of **three years** so that you can identify trends. For data collected quarterly or monthly, process it as a year average, use a single measurement at the same point in time each year, or simply show the trend over the three-year period.

We recommend you benchmark the data or compare against your trust's planned targets where appropriate. For example, for indicators from the NHS Staff Survey you could use the national average or best score for each key finding. Comparing to the best score achieved may be preferable for trusts already scoring above average as it helps to set an ambition towards improvement – which an average may not do. For high performing trusts where even the best national score leaves significant room for improvement the trust's planned target might be better. We have included some planned targets for the staff survey indicators in the dashboard templates.

In some cases, you will need to use planned targets because benchmarking against other trusts may not be appropriate, for example in relation to the friends and family test. Your trust's own targets for any indicators should be both achievable and ambitious so it may help to include these in the dashboard.

Whatever benchmarking methodology you choose, you should use the dashboard as an improvement tool. Identify and prioritise areas you can work on to make your culture and outcomes better: flagging up 'reds' and 'ambers' or other methods that show your development areas as well as your strengths are helpful.

What did other trusts do? Using the dashboard

The culture dashboard is one of the tools we used to diagnose leadership strengths and weaknesses in ELFT. One of the main benefits of using the dashboard, is that you can see a wide range of information presented in a coherent and integrated way. Much of the information is not new, but the focus of the dashboard is very different to a standard performance report. Indeed, perhaps the most important thing is to try to look at the information presented with fresh eyes, and always asking yourself the question 'what leadership issue is driving this outcome?', regardless of whether the outcome is above or below your target or national benchmark.

The second key approach is to consider what outcome could be possible, as meeting a national average could divert focus from an area of generally poor outcomes. To address this, we compared our staff survey results to 'best in class' scores.

One drawback is that the information is at organisation level, and this masks variation in outcomes across a large trust with several clinical directorates. We therefore completed a further set of analysis for selected areas.

Finally, the dashboard should not be viewed in isolation and must be seen as one of the suite of tools used to diagnose leadership issues. Synthesising the results with the survey, board questionnaire, and focus groups should lead to a much richer analysis for your organisation.

Mason Fitzgerald, Executive Director of Corporate Affairs,
East London NHS Foundation Trust

Note: Vision and values

Not all providers will have strong quantitative indicators for vision and values. Where you have included the optional questions in the NHS Staff Survey on values or vision you could use these answers. Otherwise, we suggest you collect and average scores from other members of the change team. For this high level assessment, you could ask them to provide an overall rating by considering the following:

- What does CQC's inspection report say under the analysis of the well-led domain – key lines of enquiry vision and value?

- To what extent do staff in the trust know our values and vision? Is there evidence of the values being displayed and staff knowing what they are?

- What is the trust's vision statement? Is it strong?

You could provide an overall rating based on a five-point scale:

1	2	3	4	5
Very weak	Weak	Neither weak nor strong	Strong	Very strong

Analysing and presenting the results

You can use the **culture and outcomes templates** to help you gather and analyse your data.

You could present your findings alongside your benchmark/organisation planned target to highlight areas your trust may wish to explore using other diagnostics (such as the focus groups) or the strengths and development areas.

You can note your interpretations for discussion in the synthesis workshop alongside the dashboard itself. It is important to note that the dashboard is only one of the diagnostics so the results should be explored alongside those from the five other diagnostics before firm conclusions are drawn.

Once you have gathered the data, you can present it in any format suitable for your organisation and share a report containing your dashboard and its interpretation with the change team. Tool 1.4 has an example template.

What did other trusts say? Presenting information in a familiar way

Having data in a format that is recognised by leaders in the organisation helps ensure the data is held in the same regard /importance as operational data.

Stacy Bullock, Assistant Head of Organisational Development and Training, Central Manchester University Hospitals NHS Foundation Trust

Exploring variation in culture in your organisation

Once you have completed the dashboard for your trust you may wish to look at the data at department level so that you can understand the variation in your organisation.

It will be easier to focus on the cultural elements (metrics 5 to 10) rather than include outcomes (1 to 4) in this level of detail.

- For metrics 5 to 12, you can use most of the indicators listed in tool 1.1. You will need to contact your HR department for NHS Staff Survey indicators by department as these data are not publicly available. HR may also be able to provide you with other workforce indicators at departmental level. You may be able to include CQC ratings where service level and departments align.

- If you choose to include outcomes metrics 1 to 4, you will need to select outcomes indicators that are relevant to your organisation at department level. You can look at department business plan targets or objectives for indicators.

The dashboard templates show how you can capture department level data so it can be reviewed by your change teams.

NHS
Improvement

Phase 1: Discover

Board
Interviews

DIAGNOSTIC
2

The King's Fund>

Center for
Creative Leadership

Introduction

This diagnostic is a set of interview questions for use with board members. The questions are structured around the five key elements which have been shown to be present in cultures of high quality care. They will start your board and change team talking about the board's role in creating and supporting a culture of compassionate and inclusive leadership. They will also give you an insight into how the board perceives culture, helping you identify areas for development or improvement.

Involving the board at this stage ensures they engage early on with the wider culture and leadership programme, take ownership of it and are aware of the key issues in their organisation. Given the influence of the board over organisation culture, we suggest face-to-face interviews rather than an electronic survey as they generate richer data, allow clarification and give an opportunity to probe for more detail.

Individual answers to the questions should remain confidential and each board member should be able to 'sign-off' the transcript of their interview to ensure accuracy.

Using the diagnostic

The diagnostic has 14 questions designed to address the five key elements present in high quality care cultures. These questions are set out in the interview record sheet (tool 2.1).

The value of the interviews comes from board members talking openly about their organisations so interview individually (rather than as focus groups or workshops), in a secure and confidential manner. Board members should give their **personal perspective** on the performance and behaviours of the **board as a whole**.

We suggest you use internal staff members as interviewers because that in itself helps create compassionate and inclusive leadership, while improving staff engagement and allowing them to develop transferable skills. This is demonstrated in the case study on page 42. If this is not possible, use a peer-to-peer arrangement with staff members from other trusts or even external interviewers.

Regardless of who conducts the interviews, we recommend you:

- ensure they are skilled in interview techniques, including:
  - » establishing ground rules (particularly around anonymity and confidentiality)
  - » active listening
  - » summarising and checking understanding
  - » asking open questions when appropriate
  - » asking follow-up questions for further elaboration or clarification
  - » giving interviewees opportunities to add further comments
  - » being resilient and confident in the face of resistance or conflict

- provide support and training where necessary – particularly where junior staff are interviewing more senior colleagues

- try to predict and mitigate any potential conflict of interest or personal issue between interviewer and interviewee.

How does the culture and leadership programme fit with CQC and NHS Improvement's well-led framework?

CQC's regulatory approach now prioritises the well-led question within its set of key questions, using a new framework for leadership and governance that has been developed jointly with NHS Improvement. This is the same framework underpins the externally-facilitated developmental reviews that NHS Improvement strongly encourages providers to carry out every three to five years. The culture and leadership programme and the well-led framework are complementary, and the programme can help boards to evidence their commitment to working on culture, which is covered in the key line of enquiry: is there a culture of high quality, sustainable care? Beyond this, the board interview address a broader range of cultural elements than the well-led framework, and delve deeper into the board's influence on the culture and leadership of the organisation. Thought should be given to the timing of the board interviews in relation to the last governance review to avoid 'interview fatigue' amongst board members, and ensure that any changes that occur over time are captured. Data can be shared between the culture and leadership programme and governance reviews, helping to avoid repetition and enabling comparison and cross-referencing between the two.

Before the interview:

- ensure you have appropriately skilled interviewers; internal staff members may need some extra training

- brief the chair and board on the culture and leadership programme and the purpose of the interview

- consider sending the board members the interview questions in advance

- cover any key messages and reassure board members that interviews are confidential and responses will not be linked to particular individuals (see Tool 2.2:Key Messages)

- set up interviews with as many board members as possible, ideally all of them, but a minimum of 75%

- allow at least an hour for one-to-one interviews, including time for clarification and elaboration; you'll need to work with board members' PAs or diary managers so it is important that the project has enough profile in your organisation to ensure interviews are prioritised

- decide if you will audio record and transcribe interviews, or take notes. If the latter, use two interviewers to enable effective note-taking and sense-checking between interviewers. Individual board members will need to give prior agreement for audio recording.

What did other trusts do?

We chose to use internal employees to conduct our board interviews. We selected this approach because we felt it would strengthen our work to build a model of compassionate and inclusive leadership to further improve staff engagement and motivation.

Before undertaking the interviews our change team, who had self-selected for the board interviews and focus groups, underwent an afternoon of interview training. This included discussion of the purpose of the board interviews, confidentiality, note-taking techniques and how to probe effectively. Participants had a chance to practice their newly learnt skills through mock interviews, helping to bring it all to life.

The change team enjoyed the interview training immensely. Not only did the training help bring the team together, but it also provided some excellent transferable skills in interviewing and a thorough introduction to the diagnostics.

Having a number of team members undertaking the interviews meant they were not only able to spread the workload, but also learn together and reflect on the process as a whole. Everyone really enjoyed taking part and commented on how it had positively changed their views of our board. Part of our overall OD plan is to build OD capability across the trust and this process really helped make that happen.

Importantly, the board were very receptive to taking part and it was felt they were open and honest in their responses. This in itself may end up having a positive impact on the culture and leadership of the organisation.

Helen Farrington, Associate Director of Organisational Development and Training, Central Manchester University Hospitals NHS Foundation TrustEast London NHS Foundation Trust

"Getting board members engaged was essential to the success of this diagnostic"

Kristina Henry

During and after the interview:

- conduct interviews in an open and confidential manner

- ideally, get a response to every question; if this is not feasible you may need to set up another session, or follow-up telephone interview

- at the end, invite interviewees and interviewers to complete a post-interview feedback (see tool 2.4).

- ensure transcripts and notes of interviews are checked and 'signed off' by interviewees. Code transcripts so that they do not identify individual board members and redact any comments that are critical of individuals.

What did other trusts do?

Getting board members engaged was essential to the success of this diagnostic. Not only did it ensure a high number of participants, but also encouraged honest and open answers to questions.

We made sure that communication with the board was clear and open from the start of the process. Representatives of our change team regularly discussed the project and the diagnostic with the board, explaining its purpose, giving reassurances around confidentiality and outlining use of the data. Regular communication included a combination of face-to-face discussions at board meetings and update emails in the lead up to the actual interviews.

As well as engaging the board directly, our change team ensured they worked closely with the trust management admin support team. This was instrumental in securing time for interviews around tight board calendars and existing commitments.

Using these approaches we were able to achieve a 75% return rate amongst board members, with open discussion generating invaluable data.

Kristina Henry, Head of Learning and Organisational Development, Northumbria Healthcare NHS Foundation Trust

Analysing and presenting the results

You will need to interpret the responses and conduct your own thematic analysis on the qualitative data. You can use the qualitative analysis guidance to help you with this.

Present the results of the interviews as a report with both quantitative and qualitative data and share it with your board. See the example template in tool 2.3.

Quantitative analysis

Present summary statistics (mean, mode, range) of the numerical data assessing how well the interviewee felt the board performs in each area.

Qualitative analysis

Provide a summary of the key themes and analysis. The themes may have been raised repeatedly by different board members or have been strongly expressed by only one or two board members.

Your report should cover:

- a measure of the board's current understanding and awareness of its culture and the culture of your organisation
- a measure of the board's engagement with other staff members in your organisation
- strengths and development areas across each of the five cultural elements.

You will need the express written permission of interviewees to use anecdotes, reflections or examples.

NHS
Improvement

Phase 1: Discover

Leadership behaviours surveys

DIAGNOSTIC

3

The King's Fund

Center for
Creative Leadership

Introduction

These surveys provide information on the 10 leadership behaviours across your organisation.

They tell you about:

- the leadership strengths of individuals at all levels of the trust
- the leadership strengths of the trust's leadership as a whole.

There is one survey for staff to complete and one for partners in external organisations. Both ask for quantitative responses on 10 leadership behaviours and include optional qualitative questions.

The surveys are designed to be different from the NHS Staff Survey and pulse checks. They help you understand:

- the leadership behaviours of individuals throughout your organisation – not only those in formal leadership positions
- leadership at inter-team and organisational level
- leadership at a systems level including the perspective of external organisations.

What did other trusts do?

This is different type of survey to the NHS Staff Survey. It asks people to take time to think about their own behaviour as well as those of their leaders. So it is already encouraging behaviours in people as well as being a diagnostic about staff experience of the leadership they receive.

Kashif Haroon, Organisational Development Manager,
Central Manchester University Hospitals NHS Foundation Trust

We weren't sure how people would find the survey and how long it would take to complete because it is quite reflective – so we were glad to see the feedback from staff during the pilot.

Hasan Cagirtgan, Associate Director of Organisational Development and Learning,
East London NHS Foundation Trust

How long did the survey take to answer?

15 minutes or more (5%)

Less than 5 minutes (15%)

10 - 15 minutes (20%)

5 - 10 minutes (60%)
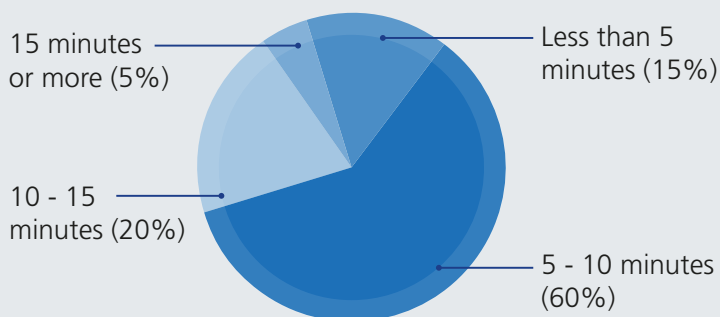
Were the questions clear and easy to answer?

Disagree (10%)
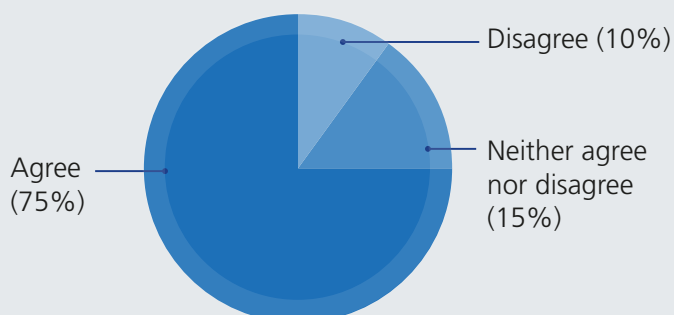
Agree (75%)

Neither agree nor disagree (15%)

Figure 3.1: Feedback from staff during pilot

Using the diagnostic

The surveys are online questionnaires available via NHS Improvement's survey subscription (currently SurveyMonkey).

If you want to host the questions on your own survey provider in house you will need to modify the surveys and communications messages provided in this document to explain to staff and partners who will process the data. This is because hosting in house will affect the anonymity of responders and this would need to be reflected in the communications to make people aware in advance.

We recommend that one or two members of the change team co-ordinate the surveys with day-to-day sponsorship from a member of the senior leadership team to encourage a high response rate.

If you wish to roll out the survey using NHS Improvement's survey subscription you first need to:

- contact NHSI.culture@nhs.net and sign the data agreement (tool 3.1)
- send us a list of departments, divisions or locations for your staff survey (no more than 12 items)
- send us the names and email addresses of one or two people who will receive access to the survey results

- send us the name and contact details of someone in your trust who can be contacted by staff and partners in case of difficulties with the surveys
- thoroughly test the link supplied by NHS Improvement to make sure it will work in your trust before you release the survey. Let us know if you have any issues and make sure you ask NHS Improvement to delete the test data before you release the survey.

We estimate it takes two to three months to run including three weeks for preparation, six weeks for survey roll-out and two weeks for analysis and report write-up.
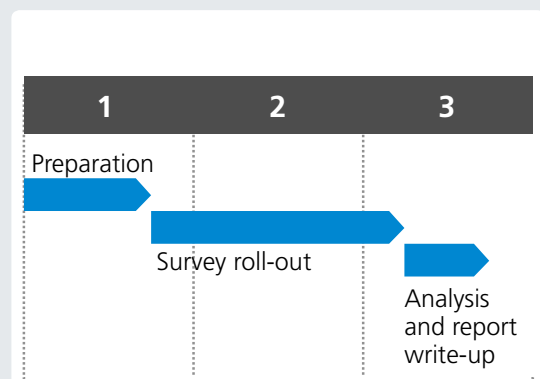

	1	2	3
Preparation			
		Survey roll-out	
			Analysis and report write-up

Figure 3.2: Allowing time to roll out the leader behaviourship surveys

We've included some key messages (tool 3.2) to help you promote completion of the survey, you might also like to review the NHS Staff Survey guidance on improving online response rates.

You then need to:

- co-ordinate the collection of active staff email addresses

- send an email (tool 3.3) explaining the purpose and importance of the survey and asking for participation by x date (2 weeks from the date of the survey)

- send up to three reminders (tool 3.3) one to two weeks after first email. You could also use a 'count down' to the deadline.

What did other trusts do?

Before releasing the survey we raised awareness of the importance of the culture work by briefing senior leaders. They cascaded this message down through the organisation. We followed this with employee briefings explaining how the survey would be used and why it was so important. The email we used to send out the survey was eye catching and familiar to recipients as it used imagery from our internal campaign, the Northumbria Way. We also incentivised completion with a free prize draw.

Yvonne Storey, Communications and Marketing Manager, Northumbria Healthcare NHS Foundation Trust

In addition to the standard emails to all staff and reminder emails we used an on-screen pop-up for all staff so that they were reminded whenever they logged in and put messages about the survey in our staff newsletter. This worked well and we had 18% response rate in our census approach.

Hasan Cagirtgan, Associate Director of Organisational Development and Learning, East London NHS Foundation Trust

We kept an eye on the response rate by demographic group while the survey was running. As not all staff regularly access their emails – particularly support staff and some clinical staff – we printed 100 paper surveys and the patient experience team identified the staff groups, collected the responses and inputted the data online. Alternatives we discussed with NHS Improveme included circulating the survey via iPads or just circulate the link in hard copy – not the whole survey.

Stephen Hodges, Head of Patient Services,
Central Manchester University Hospitals NHS Foundation Trust

Because junior doctors rotate and because they are on the payroll of a lead trust in a patch it can be difficult to contact them regarding surveys. We used our senior medical personnel and some of the junior doctor representatives. Another option we considered was to circulate an iPad in the mess.

Leanne Furnell, Human Resources Manager,
Northumbria Healthcare NHS Foundation Trust

Staff survey

Contact NHSI.culture@nhs.net for a link to your survey. Send the link either to all staff in your organisation (a 'census' approach) or a sample with a minimum of 850 staff members.

If you select a sample approach, about a quarter of the sample (200 staff) should be in formal leadership positions – band 7 or higher with management responsibilities or consultants with management responsibilities. The rest should

Play audio: Census or sample?

be randomly selected to cover all departments, occupational groups and levels of seniority. You can use the NHS Staff Survey guidance to identify which staff to include. This will mean the questionnaire captures both formal and informal leaders, but is weighted to those in positions of formal authority.

What did other trusts say? Sampling issues

We learnt a lot from this process across the three pilot trusts.

Due to a number of staff being on leave or absent during the survey period, we realised that approximately 12% of employees in our sample wouldn't receive the survey, so we added another 100 people to the sample. You could anticipate this and over recruit if you use a sample approach or do what we did and wait and see how many bounce backs and out of office notices you get so you only add as many as you need.

All three pilot trusts had relatively few staff responding from bands 8b and above – of course, there are fewer staff at these grades in the organisation – so if you are using a sample approach, I would weight it towards those senior positions. Otherwise, you'll need to put a lot of effort into those communications.

Leanne Furnell, Human Resources Manager,
Northumbria Healthcare NHS Foundation Trust

External partners survey

Feedback from people in partner organisations is important for identifying strengths in working across organisational boundaries and across local health systems. It is important those who you ask to complete this have personal experience of working with people in your trust.

Send this link with a completion request and deadline to a minimum of 50 individuals covering:

- staff from organisations currently working with the trust, eg commissioners, providers and patient groups

- a sample of stakeholders that avoids selection bias and includes staff in different types of partner organisation and at different roles – senior leaders, managers, and front line.

Your communications team should be able to help you target the survey but you may need to ask key people across your trust to identify those they work regularly with.

Note

- The survey needs to go to 'partners' rather than all external stakeholders as not all external stakeholders will be close enough to the trust to have a sufficiently detailed perspective.

- You can include your governors in the internal staff survey but not in the partner survey.

What did other trusts do? Identifying the partners

We went to our service directors to provide us with the names of all partners that they work closely with because we wanted the views of stakeholders at all levels of our partner organisations not only the senior leaders in the list held in the communication department.

Hasan Cagirtgan,
Associate Director of Organisational Development and Learning,
East London NHS Foundation Trust

There were significant strategic changes taking place across Manchester and we wanted to learn about what our external partners had to say. We linked in with our executive team to share details of external stakeholders they regularly work with. We also contacted our education teams to share details of people they liaise with regularly.

Kashif Haroon, Organisational Development Manager,
Central Manchester Universities NHS Foundation Trust

You can optimise your response rates by taking the partner survey to meetings and events you attend with your partners and asking them to complete it there. We did this using an iPad at our GP education event. The iPad meant GPs could submit the survey themselves protecting the confidentiality of their responses which wouldn't have been the case if we'd used paper copies.

Yvonne Storey, Communications and Marketing Manager,
Northumbria Healthcare NHS Foundation Trust

Closing the surveys and response rate

Email NHSI.culture@nhs.net to let us know when you want to close the surveys (usually after six weeks for the staff survey, and three to four weeks for the stakeholder survey but will this depend on the response rate).

During the collection period, we will provide you with response rate information by demographic.

There is no fixed response rate for these surveys. It is important that you review your demographics for your response rate to ensure you are getting good coverage of your organisation.

For the staff survey a strong response rate would be:

- 20% on census methodology (if the link is sent to all staff in the trust)
- 50% on a sample methodology.

You will not receive feedback for any demographic group where there are 10 or fewer responses so try to get at least 11 responses from each of your occupational group, department and seniority/pay band categories.

For the external partners survey aim to get 50% response rate across your sample.

What did other trusts do? Engaging staff

What we've learnt is that the initial email must grab people and be interesting. We modified the standard emails provided by NHS Improvement – but we would do more next time to make our survey more engaging for our workforce. We piloted a campaign tool ('Mailchimp') which helped us send out the email to a large number of staff and see if people are opening the email. This combined with data from NHS Improvement on response rates is shown below.

Jo Roberts, Organisational Development Practitioner,
Central Manchester Universities NHS Foundation Trust

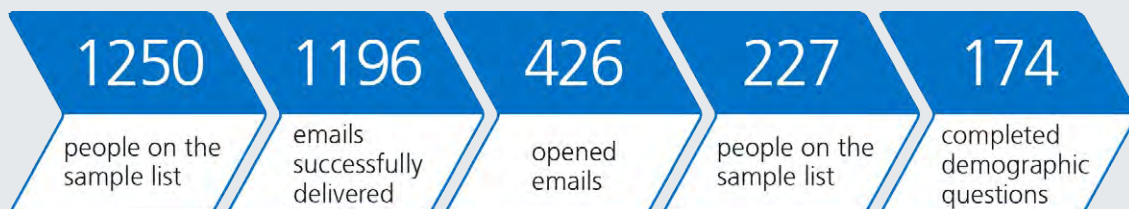| 1250	1196	426	227	174
people on the sample list	emails successfully delivered	opened emails	people on the sample list	completed demographic questions

Figure 3.4

Analysing the results

We aim to send you the results within a week of your survey closing. The data will contain both quantitative and qualitative information.

You will need to interpret the responses and conduct your own thematic analysis on the qualitative data. Allow time for this and use the qualitative analysis guidance (tool 3.4) to help you.

The survey explicitly advises respondents that their qualitative responses will be shared in full and you will need to make sure to treat all answers sensitively.

You are encouraged to scan all qualitative data for information that directly or indirectly identifies individuals. To ensure the data is not identifiable, you must anonymise the data by replacing personal data with randomly generated codes or labels.

Presenting the results

Present the survey results as a report containing both quantitative and qualitative data and share it with the change team and your board. See tool 3.5 for an example report template.

Make sure you exclude any comments or parts of comments that could identify individual staff or partners.

The King's Fund>

Phase 1: Discover

Culture focus groups

DIAGNOSTIC
4

Introduction

The culture focus groups look at culture and levels of compassionate and inclusive leadership in detail. They do not depend on any of the other diagnostics and can be used at any time in the process. Running them in parallel with the leadership behaviours survey can maximise staff engagement.

- Identifying where people agree and disagree through discussion
- helping people explore and clarify their views, for example they make it easier to capture not only knowledge and experience, but also how and why people feel the way they do

- encouraging participation from those who are reluctant to be interviewed on their own or do not feel confident in expressing their views
- supporting people who struggle with reading and writing.

Once this diagnostic is completed, you should have robust information on ten topics: the five cultural elements and the five levels of compassionate and inclusive leadership.

[1]Marczak, M., and Sewell, M. (2007) Using Focus Groups for Evaluation

What did other trusts do? Impact on staff

What's been interesting is that simply participating in focus groups has already led to a noticeable positive change in some of our staff.

In one focus group there were two of our domestic staff who said they did not consider their role to be crucial in delivering patient care. The other participants and facilitation team helped explain just how crucial their role was and you could literally see the lightbulb switch on in their minds. Weeks later their line manager told me how much more productive, engaged and happy these two individuals had become.

Allowing them the opportunity to express their views and hear those of others in a safe space was a powerful intervention in its own right.

Ann Ines-Smith, Organisational Development Programme Director, Northumbria Healthcare NHS Foundation Trust

"It's straight forward, user-friendly and allows you to run a focus group successfully."

Lola Makinde, Human Resources Manager, East London NHS Foundation Trust

Using the diagnostic

Here we explain how to run the culture focus groups to give you robust information to inform your leadership strategy. Adapt it for your organisation, based on what has worked well in the past in planning and delivering focus groups.

Designing your approach

Start planning and arranging your focus groups well in advance. The more people who attend a focus group who represent the breadth and depth of your organisation, the greater

the reliability of the findings will be. Clinicians and other staff groups may require several weeks' notice. Rooms will need to be booked in advance. Depending on resources and the number of sessions organised, allocate a minimum of 6-8 weeks for the whole process: run sessions, undertake the analysis and create a summary report.

You could use two types of focus groups, or even consider a different approach if you think this will be more effective:

Full focus groups
A structured focus group session where participants are carefully selected and invited to participate

Mini focus groups
Where culture and collective leadership questions may be discussed in existing meetings, workshops or other gatherings (e.g. a nurses' forum or a departmental meeting). Mini focus groups are not sufficient on their own, but can enhance the richness of data if used alongside full focus groups.

Alternative approaches
Our guidance uses focus groups for collecting information on the cultural elements and collective leadership because they provide a safe space for participants to talk freely, which will increase the quality of data. However, this should not put you off trying other ways in which to engage with staff, as long as you engage with them from across the organisation at all levels.

Full focus groups

These are structured sessions with participants carefully selected to ensure reliable data, reflect the organisation's make-up and avoid bias.

To obtain reliable information, test each of the 10 topics in at least two different full focus groups. A typical focus group lasts 1.5 to 2 hours and could cover two topics in it.

Set selection criteria and prioritise them according to your local circumstances. The criteria should broadly reflect the organisation's staff for example: location, professional group, demographics, etc. Once you have pools of eligible participants, select participants randomly.

To ensure participants feel able to be open we recommend that where possible they are at a similar level of seniority
(ie similar banding or stage of training).

The ideal number of participants is 6 to 12, although an experienced facilitation team may want to invite as many as 15 at a time.

Use larger groups with caution as they:

- can be more challenging to facilitate
- do not allow facilitators to create an intimate environment for disclosure
- can limit each person's opportunity to share their insights
- alter the group dynamic and therefore affect the quality of data captured.

Over-recruit by 20-50% to allow for last-minute withdrawals.

You can hold extra focus groups to get insights into particular issues or understand variation across your organisation across:

- different sites or departments
- different staff groups
- different demographics (ie protected characteristics).

To preserve reliability of data captured, consider running focus groups on a given topic until no new insights emerge. A pragmatic approach would involve balancing the quality of the results with your resources and available time.

Mini focus groups

Mini focus groups may take any form: for example if there was not enough nurse participation in the full-length sessions you could organise mini groups to engage nurses more fully.

As mini focus groups often take place in existing meetings, workshops or other sessions there is often a bias in participants. This bias may be helpful in understanding variation across an organisation (eg if meetings were arranged in a departmental meeting, or a meeting of pharmacists).

Testing at least one topic in a mini group typically takes 45 minutes to 1 hour.

Thinking about the patient

Getting the patient perspective can uncover new information as well as give you a new perspective. The prompt questions in tool 4.1 can easily be adapted to patients.

ELFT patient focus group case study

One of the things we quickly learned when running focus groups with our staff is that whilst one group may feel as though they're doing something in a certain way it's not always seen like that by other groups.

We began to wonder whether our patients – the people who this entire piece of work ultimately aims to help – might have something to say and so we decided to ask them for their views too.

We also had to give some thought as to the questions we put to them as we were aware that our patients may not be able to comment on some of the cultural elements or levels of compassionate and inclusive leadership (eg 'vision and values' or the 'cross-organisational' level of compassionate and inclusive leadership). That said, we were able to use the prompt questions as a starting point and be creative with how they were used. In particular, we found that questions about support and compassion were very easy to adapt for patients.

Ultimately the hard work paid off and we learned a great deal of useful information from our patients. It was fascinating to hear what they had to say and then compare that with what our staff said. Thankfully our patients were very positive about our staff and echoed what they had to say in many instances. It was also clear that they appreciated being given the opportunity to have their say, and so I would strongly encourage other trusts doing similar work to include patients in their thinking at every stage if possible.

Lola Makinde, Human Resources Manager,
East London NHS Foundation Trust

CMFT 'market place' case study

CMFT is a trust with large numbers of staff spread across multiple sites. Even though we were confident we could get the breadth and depth of information we required from focus groups, we wanted to ensure we engaged with as many staff as possible. We were also very aware of how busy our staff were with delivering care to patients and how hard it could be for them to find time to attend a full length focus group.

This made us begin to think of other ways we could reach out to staff without compromising on the quality of the information we gathered. From this we developed the 'market place'. These were held at various times and locations (such as the staff canteen or corporate off site days) and were made up of a set of posters, each one focusing on a specific cultural element or level of compassionate and inclusive leadership. Staff were engaged by a facilitator (aided by the offer of a biscuit or two!) and encouraged to leave anonymous comments and opinions using colour-coded post-it notes to indicate which staff group they belonged to. This feedback was then analysed together with the information gathered from the 'regular' focus groups.

Our efforts led to an additional 516 members of staff giving us their views on culture and compassionate and inclusive leadership who may not have otherwise been able to contribute. Even better was that we managed to achieve this level of engagement within a relatively short period of time. Their views have been invaluable to us as we look to better understand our organisation's culture.

Marilyn Brandwood, OD Practitioner
Central Manchester University Hospitals NHS Foundation Trust

Figure 4.2

Preparing a focus group

Focus groups are more effective when run by experienced facilitation teams. Identify individuals with this experience or arrange training if necessary. You might also consider using external facilitators.

Select facilitators who will make the participants comfortable contributing honestly. For example, the director of a department may not be appropriate as a facilitator for a mini focus group in that department.

Focus groups work best when they are run by two facilitators: a moderator and a note-taker. This also helps reduce the risk of bias.

You will need to communicate with participants before the focus group and while you're recruiting them, and align this with your wider communications on the culture and leadership programme. However, avoid providing detail on content to ensure that you do not influence participants' contributions (see also key messages in tool 4.3)

You will need to get informed consent from each participant to their information being used and to encourage confidentiality. (See the model consent form, tool 4.2).

You also need to inform the facilitators of their duties in relation to confidentiality they should sign an agreement.

Conduct the focus groups somewhere private if possible.

During the focus group

Use the prompt questions (tool 4.1) to initiate discussions with participants and ensure that by the end you have enough data for a robust assessment of culture.

Be prepared to alter the language and explain specific terms (eg strategy, compassionate and inclusive leadership) to help participants better understand the question. You may need to ask follow-up questions depending on the discussion.

Encourage participants to give you examples where possible to assist you with the analysis and final report. You may need to remind participants to avoid giving details that could potentially identify a patient or other members of staff.

Avoid using:

- leading questions (which prompt the respondent
  to answer in a particular way)
- loaded questions (that contain controversial or unjustified assumptions)
- multiple questions (two or more questions within a statement).

Analysing the results

You will need to interpret the responses and conduct your own thematic analysis on the qualitative data. You can use the qualitative analysis guidance (tool 4.6) to help you with this.

Presenting the results

We recommend you write up the individual focus groups and then synthesise the findings into a summary report.

See tool 4.4 for a template.

NHS
Improvement

Phase 1: Discover

Leadership workforce analysis

DIAGNOSTIC
5

The Kings Fund>

Center for
Creative Leadership

Introduction

The leadership workforce analysis helps you collect different types of information to develop the compassionate and inclusive leadership strategy and resulting talent management and development priorities in Phase 2: Design.

Your organisation will need leaders with the right skills and behaviours in key leadership roles across the next five to ten years to support continuously improving, safe, high quality compassionate care and deliver your business strategy.

As those in key leadership roles are particularly important in influencing the culture of the organisation, this diagnostic helps you undertake a talent review and gap analysis[1] to support compassionate and inclusive leadership by ensuring you have:

- leaders in post substantively rather than vacancies or interim position holders

- enough individuals in the leadership pipeline – people with the skills, motivation and appropriate styles – to act as replacements when vacancies occur or to step into key new leadership roles.

Read more about the workforce capacity areas in the concepts and evidence base.

This diagnostic:

- focuses on the **current and future state of 'key leadership roles'** – roles that are essential to support high quality care cultures and make sure your organisation's business strategy is delivered over the next 5 to 10 years.

- covers the current state of **your workforce as a whole** because compassionate and inclusive leadership is essential for high quality care.

- gathers information on your **organisational design** because this will influence how people work together and where leaders are located. Future organisational design may form part of the wider compassionate and inclusive leadership strategy or as a result of it.

- looks at your organisation's **policies and procedures** to support Phase 2: Design. Future changes to policies, procedures and systems may be recommended to better support high quality care.

This diagnostic focuses primarily on the key leadership roles that are necessary for the organisation both now and in the future, but tool 5.4 asks you to consider the workforce as a whole. The figure above summarises the main components of the diagnostic.

The work with pilot trusts has shown that some were able to respond to the future state questions about numbers whilst others found this challenging because of a rapidly changing local environment.

We recommend that where possible, some planning assumptions should be used to address these questions.

			Workforce capacity areas		
			Numbers	**Diversity and demographics**	**Knowledge, skills and abilities**
Key leadership roles	**Future**		What are likely to be the key roles for our organisation in the future?	What should be the demographic and diversity make-up of key roles in future?	What are knowledge, skills, and abilities required of key roles in future?
	Current		What are the current key roles and are they filled?	What is the current demographic and diversity make up of key roles?	What is the current position on the skills and knowledge required of key roles?
All Other	**Future**		*Should be covered in the wider workforce plan or workforce development plan*		
	Current		What are our staff numbers (perhaps extracted from a workforce plan)?	What is the demographic and diversity make-up of staff (perhaps extracted from a workforce plan)?	What are the knowledge, skills and abilities required of staff (perhaps extracted from a workforces plan)?

Figure 5.1: overview of workforce capacity questions

Using the diagnostic

There are four sets of questions to answer as part of this diagnostic. You can answer the questions by collecting data and consulting people across your organisation.

You should set up a team of three to five people, at least one of whom is a member of the change team, who know the organisation well. They should be familiar with the processes for acquiring, retaining and developing leadership talent to help you conduct the interviews and answer the questions. You will also want to liaise with your workforce information team to answer some of the questions relating to leadership workforce numbers.

In the interests of ensuring equality, you should pay particular attention to diversity (age, gender, ethnicity and other protected characteristics) when conducting this type of work. For additional guidance, you should pay particular attention to the requirements of the workforce race equality standard (2016).[2]

Please note:

- The questions are designed to inform your approach and guide the reporting of your findings. They are not for use directly in interviews.

- You will need to consult people with care and sensitivity because identifying certain positions as 'key leadership roles' may suggest that other positions are less important and staff could have concerns or feel disempowered.

What did other Trusts do? Using conversations

We used the tools with a number of senior leaders in the organisation: divisional directors, clinical heads of division and heads of nursing and some specialists particularly in the field of HR. The HR meeting was part of a regular meeting, the others were arranged specially. They lasted an hour.

We carried out some conversations where we followed the questions in the tools line by line and we did find this took a while and seemed repetitive at times. We also split some conversations and covered 'current' state in one conversation and 'future' state in another which made the conversation feel less repetitive, but we did find combining the current and future states into one conversation was more productive and actually the conversations seemed to move from current to future quite organically.

As we anticipated, we found that some of our senior leaders did not articulate some of the more focused areas such as recruitment and selection and on-boarding in detail, so it was important to get the involvement of and data from HR specialists to gain a fuller picture in these areas.

Stacey Bullock, Assistant Head of Organisation Development and Training,
Central Manchester University Hospitals NHS Foundation Trust

Key leadership roles

One way of identifying key leadership roles is to review your organisational structure chart and use a set of criteria before you have any discussions. This may help reduce any natural bias. Suggested criteria include:

- **Strategic impact:** the loss of a qualified post holder for even a modest amount of time would affect the future success of the organisation in terms of the quality of care, patient confidence, business continuity or achievement of the business strategy.
- **Immediacy:** the short-term loss of the post holder would seriously affect service delivery; affect patients or service users, the quality of care, the financial efficiency, operations, work processes, staff morale or the reputation of your organisation.
- **Demand:** the job market for post holders in this position is tight now or will be in the future because of internal or external factors.
- **Regulatory:** there is a regulatory requirement for the post.
- **Uniqueness:** the position requires a set of competencies that is, or will be, unique to the organisation or the market your organisation operates in, for example, if you are a specialist healthcare provider.

You can then use conversations and/or HR data to provide you more information on current quantities.

Step 1: Re-familiarise with your strategic drivers

In getting started, you will have considered the strategic drivers from your business strategy and their impact for the direction of the leadership strategy as a whole, and discussed this with your board.

Use this information to support the work of the steps below. (for example, in step 2 to help assess the demand for key future roles aligned to the strategic intent which may involve focus on particular skills to lead transformational change).

Step 2: Identify the current state of key leadership roles

See [tool 5.1](#) questions on current state of key leadership roles.

Quantities

The first step is to identify the 'key leadership roles' for your organisation currently.

For this step, you may want to concentrate on the board and two or three levels below the board to ensure the scope is manageable. You can identify additional levels of key leadership roles below this depending on your capacity.

Diversity and demographics

As discussed previously, diversity and clinical leadership support high quality care. Human resource information system (HRIS) data and job descriptions may help you gather information on the professional background, managerial, medical and clinical leadership experience required in current key leadership roles. Again, this should link to the workforce race equality standard.

Many NHS trusts have a stated aim of seeking to be representative of the communities they serve, yet this has not yet proved sufficient to ensure that NHS trusts are truly representative. Trusts should seek to be representative in all roles and at all levels of their organisation.

Knowledge, skills, and abilities

Possible data or information sources to inform discussions on knowledge, skills, abilities and behaviours include:

- outputs of assessment centres
- leadership style assessment / personality profiles
- HRIS data, outputs of talent management forums / review sessions
- career profiles
- ability testing
- staff surveys
- observations
- culture surveys
- interviews.

Note

When considering clinical, managerial and technical skills and knowledge, it is important to also think about communication skills. Communication skills are crucial for successful compassionate and inclusive leadership because they support information flow and relationship building[3], and help people shape culture.

In terms of behaviours, you may also want to consider how open leaders are towards collective leadership. Senior leaders' experience usually derives from largely hierarchical and often 'siloed' organisations. This creates barriers that must be overcome before all leaders in your organisation can guide their organisation's journey towards compassionate and inclusive leadership.

Step 3: Identify the future state of key leadership roles

See tool 5.2 questions on future state of key leadership roles.

This helps you to assess the demand for talent in order to align talent delivery with the organisation's objectives.[4] You can identify the information you need to answer these questions by:

- reviewing the business strategy to understand what the organisation is trying to achieve – also see step 1 and Identifying your purpose.

- reviewing any workforce strategies or plans which may give you information on skills and behaviours as well as quantities, qualities and location[5,6]

- consulting people who know the organisation aand its culture and strategy well, to identify what leaders must do to create the desired future.

- using data to help you forecast numbers and trends when thinking about numbers or demographics.

Step 4: Work out the gaps in and priorities for key leadership roles

Having conducted steps 1, 2 and 3, you can compare the information to identify the gaps. Using tool 5.3 Identifying the gaps on key leadership roles may help you to make sure that priority areas are identified in the leadership strategy so that effort and attention are focused on the right areas.

Step 5: Determine the current organisational design and workforce make-up

Understanding the overall make-up of your workforce and the existing organisational structure and processes can help you understand the current culture and behaviours.

In addition to conversations, you can draw this information in summary from:

- any existing workforce strategies and plans

- your workforce systems and documentation.

Step 6: Determine policies and procedures

Conversations with colleagues can help you to identify high level strengths and weaknesses in workforce policies and procedures influencing the workforce.

See tool 5.5 policies and procedures.

Note

This is meant to be a brief information-gathering exercise, not a detailed process review.

Analysing and presenting the results

Once you have the results we recommend that you synthesise the key findings into a summary report of five to ten pages consolidating your results across the four sets of questions.

REFERENCES

[1] NHS Leadership Academy (2015) Developing a Talent Strategy, Step 6
[2] NHS England (2016) The NHS Workforce Race Equality Standard- the defined metrics
[3] Communication is the currency of collective leadership (Yammarino, Salas, Serban, Shirreffs and Shuffler, 2012; p.394).
[4] NHS Leadership Academy (2015) Developing a Talent Strategy- Step 4
[5] NHS Leadership Academy (2015) Developing a Talent Strategy- Step 4
[6] Monitor (2014) Strategic Workforce Planning Tool
[7] NHS Leadership Academy (2015) Developing a Talent Strategy - Step 1

NHS
Improvement

Phase 1: Discover

Patient experience

DIAGNOSTIC
6

75
Introduction

76
Using the
diagnostic

78
Analysing
the results

80
Presenting
the results

The King's Fund>

Center for
Creative Leadership

Introduction

Patients' views can help you understand the existing strengths of your organisation culture and where you can improve. While patient experience indicators are used in the culture and outcomes dashboard at a high level, this diagnostic helps you undertake a systematic analysis of patient experience feedback and use it to information your understanding of culture.

This tool suggests ways to use quantitative and qualitative patient experience to inform your understanding of the cultural elements.

Using the diagnostic

Quantitative information

You can review your trust's scores from any quantitative patient experience surveys your trust collects – such as the national patient surveys – against the cultural elements.

A template with national inpatient questions from 2015 is available. The scores for your national patient surveys are available on the CQC's website on the webpage for your trust and on NHS Surveys webpage (nhssurveys.org/surveys).

If you would like to use other patient surveys conducted by your trust, you can use a similar approach but will need to map the questions to the cultural elements yourself.
Figure 6.1 may help you to do this.

Once you have gathered the data, you can use different methods for highlighting your strengths and development areas from your patients' perspective. The purpose is to find areas to focus improvement – the 'red' areas. For example, you could:

- benchmark the data with other trusts, if using national survey data
- look at the trends across the years
- calculate an average score across the indicators for each of the five cultural elements, and rank each of these averages to find the top and bottom scoring cultural elements.

Qualitative information

You can put existing qualitative information gathered from patients into themes to tell you about your culture (see analysing the results).

As this may result in a lot of data, you may wish to select a sample of comments from a representative group across your organisation.

If you need to capture more views you can run patient culture focus groups or conduct interviews.

What do other trusts do?
Northumbria's comprehensive approach to listening to patients

At Northumbria, we have developed a nationally recognised approach to measuring and improving patient experience. We listen to the views of more than 50,000 people every year. Real time information is captured whilst patients are still in hospital and fed back immediately to teams. Patients and families are also followed up at home, after care, to really understand what could be done better and celebrate what's working well.

This means we have access to large amounts of quantitative data which allows experience to be understood at a ward, site, specialty and individual consultant level.

But we've learnt it is equally important to pay attention to the qualitative data: all patients' free text comments are themed and classified to support improvement in order to close the gap on the best and the worst of care.

Annie Laverty, Director of Patient Experience and Quality,
Northumbria Healthcare Foundation Trust

Patient experience theme	Cultural element
Confidence and trust in staff (including quality of staff, feeling safe)	Vision and values
Staff helping patients feel positive	Vision and values
For feeling that overall they had a good experience	Vision and values
Agreements on care (including care planning)	Vision and values
Environment and efficiency of processes (including cleanliness and quality of food)	Goals and performance
Sufficient staff and equipment	Goals and performance
Advice or information on managing their condition or life (helping people manage their own care)	Learning and Innovation
Kind, empathetic, caring staff (including respect, dignity, emotional support and privacy)	Support and compassion
Involvement in decision making and personalised care (excludes information on managing condition)	Teamwork - patient
Roles and contact (information on the roles and how to contact people involved in their care)	Teamwork - patient

Figure 6.1: Patient experience themes mapped to cultural elements

Analysing the results

When analysing data please ensure you are adhering to your organisation's information governance policy. Use of patient identifiable data may require approval from your Caldicott guardian. This will depend on the purpose for which the data was originally collected.

Templates to help you analyse your results can be found in the tools document on our website https://improvement.nhs.uk/resources/culture-leadership

What did other trusts do? Qualitative analysis for culture

In addition to classifying all comments as positive, negative or neutral - we like to give some thought as to why our patients may be delighted or frustrated with care.

Figure 6.3 below illustrates how we made sense of the 602 responses that we received in the 2015 national inpatient survey. Within these responses were 991 individual statements that could then be aligned to specific themes that mattered most to patients.

We also theme the data in a simpler way. We look at:

- does it have something to do with our **transactions** – what we do to people, or
- is it more about the **relationships** we have with people - the kindness of our staff for example or the way the doctor may not have listened to what mattered most to the individual concerned.
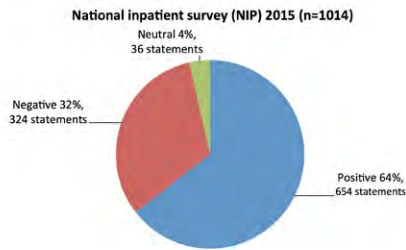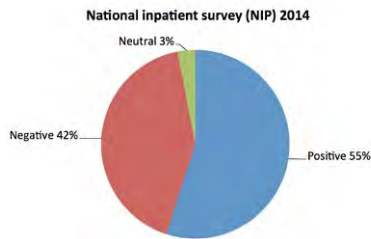
This simple method has really helps us understand variation within our wards, teams, hospitals and departments. We can see if this transactional vs relational spilt is consistent year on year and equally understand the profiles for our ward teams and if we can identify variation between our wards that should concern us. This simple classification helps us to use patient feedback to target improvement effort in the right areas which is so important.

Finally, through this work we've explored how themes could be linked to cultural elements such as 'support and compassion' or 'teamwork' (see also figure 6.1).

Annie Laverty, Director of Patient Experience and Quality,
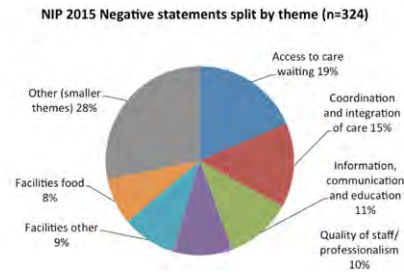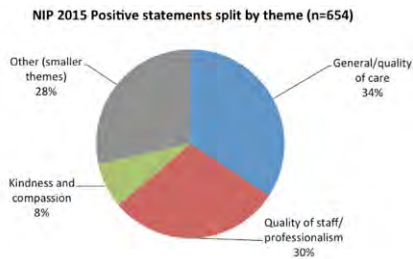*Northumbria Healthcare Foundation Trust*

Variation by year

Statistically significant improvement from 2014-2015

National inpatient survey (NIP) 2014

Neutral 3%

Negative 42%

Positive 55%

National inpatient survey (NIP) 2015 (n=1014)

Neutral 4%, 36 statements

Negative 32%, 324 statements

Positive 64%, 654 statements

Patient experience theme (2015)

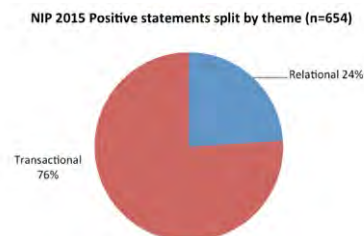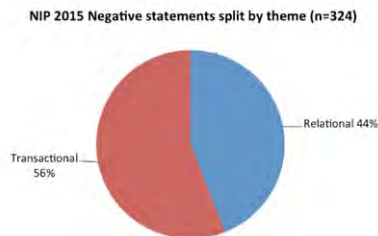The top positive themes. Quality of care, quality of staff and kindness and compassion

The top negative themes were waiting/access to care, integration of care, information and quality of staff

NIP 2015 Positive statements split by theme (n=654)

Other (smaller themes) 28%

General/quality of care 34%

Kindness and compassion 8%

Quality of staff/professionalism 30%

NIP 2015 Negative statements split by theme (n=324)

Access to care waiting 19%

Coordination and integration of care 15%

Information, communication and education 11%

Quality of staff/professionalism 10%

Facilities other 9%

Facilities food 8%

Other (smaller themes) 28%

Relational-transactional themes (2015)

When patients were happy with care, the transactional and relational elements were usually balanced.

When patients were unhappy with care it was more likely to be about the transactions of care – the systems and processes and the things that happened to them rather than the quality of relationships with staff.

NIP 2015 Negative statements split by theme (n=324)

Relational 44%

Transactional 56%

NIP 2015 Positive statements split by theme (n=654)

Relational 24%

Transactional 76%

Link to cultural elements

Top strength vision and values

Top development area goals and performance

Presenting the results

Once you have gathered the data, you can present it in any format suitable for your organisation. You may wish to use the [report template in tool 6.3.]

Only anonymised information should be shared with the wider change team and organisation. Check that any information you report and present carefully to make sure that all identifiable information is removed. Seek advice from your Caldicott guardian as necessary.
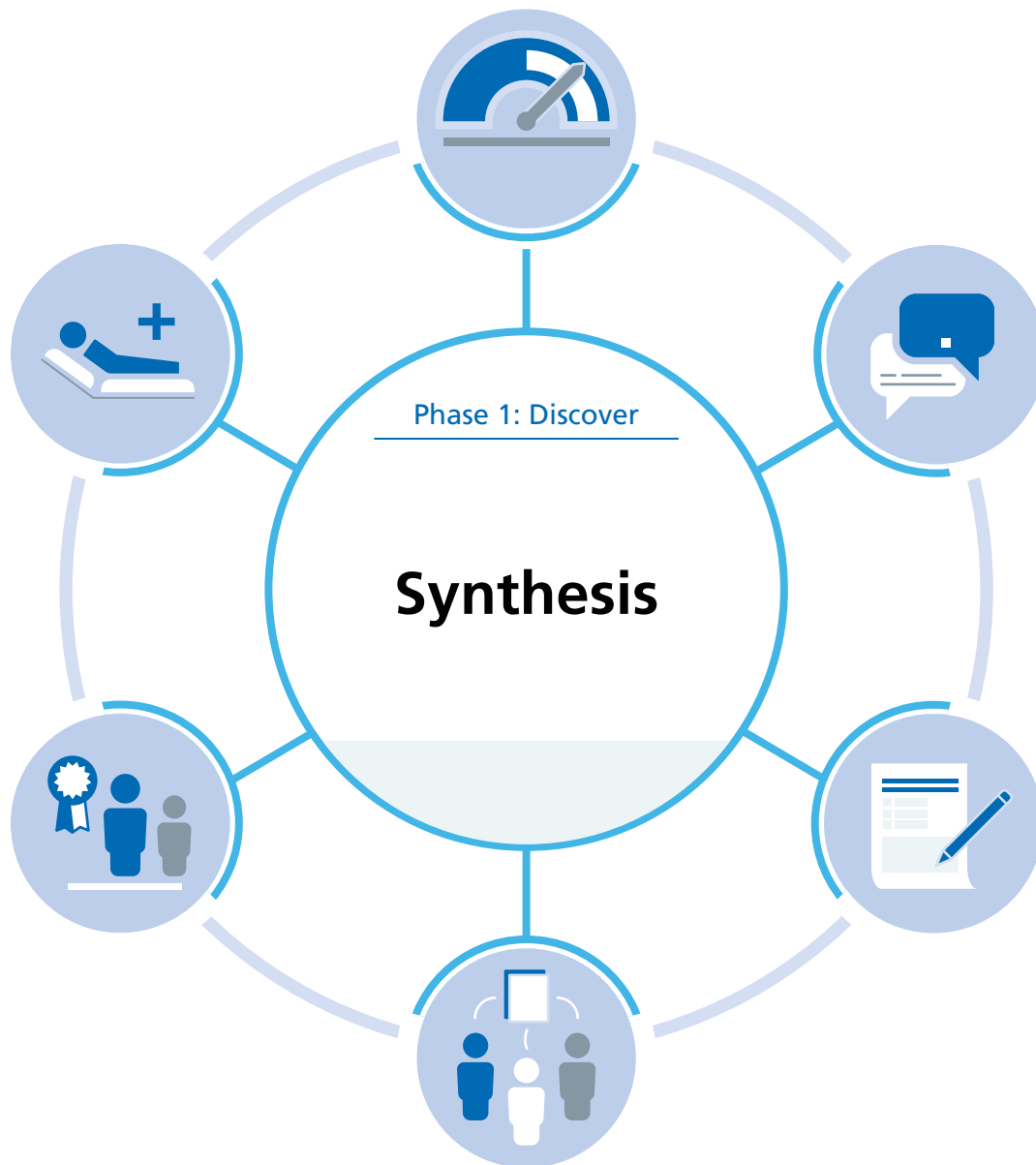
The King's Fund

Phase 1: Discover

Synthesis

Center for Creative Leadership

Introduction

The synthesis stage is the bridge between Phase 1: Discover and Phase 2: Design of your culture and leadership programme. It enables you to bring together the results of 'Getting started' and the six diagnostics to form a current state analysis on culture and leadership. This will mean you can target approaches and interventions in designing your strategy for compassionate and inclusive leadership.

Synthesis takes between three to six weeks. It will involve the change team but you can include others as well.

| Synthesis workshop | Developing your report | Evaluating phase 1 | Preparing for phase 2 |

| Engagement and communication |

Figure s.1: Components of synthesis

What should I include in synthesis and why?

During 'Getting started' you will have determined the purpose of your compassionate and inclusive leadership strategy. You will have identified how the strategy can help deliver your organisation's business plan and how it fits with your existing work. This is essential information in designing your compassionate and inclusive leadership strategy in Phase 2: Develop.

From the six diagnostics you will have captured the current state information on the concepts shown in the diagram below. You will need to look at strengths and development areas across the concepts for each diagnostic to identify:

- the points of agreement
- the points of difference.

Reviewing this information will help you identify your strengths and development areas across the concepts to identify areas of focus in Phase 2.

The leadership workforce analysis will also have helped you:

- capture initial views on the future state for the leadership workforce. It is important to include this as the basis for forecasting workforce capacity needs in 'key leadership roles' in Phase 2

- identify the strengths and development areas in your existing policies and processes. This knowledge will help you identify initiatives you can build on in Phase 2.

	Outcomes	Cultural elements	Leadership behaviours	Levels	Workforce capacity
Culture and outcomes dashboard High level understanding	✓	✓			
Board interviews The Board's approach to supporting effective organisational cultures		✓			
Leadership behaviours survey Staff and stakeholder views on behaviours of organisation's staff and leaders as a whole			✓		
Culture focus groups Individuals' experience of current organisational culture		✓		✓	
Leadership workforce analysis The organisation's needs on leadership workforce capacity					✓
Patient experience		✓			

What do other trusts do? Time for analysis and synthesis

Don't underestimate the amount of data produced particularly from the diagnostics where the method for obtaining information is mostly face to face. This data is extremely rich but requires dedicated time and the ability to analyse it.

Previously we focused on the quantitative methods – primarily the national Staff Survey – to understand our culture. This means we only gained a superficial understanding.

The approach taken in the Phase 1: Discover now means that we have some real concrete information that will ensure our interventions are more accurately designed and targeted. This is increasing our chances of really making a difference to the environments within which we work and receive care. Although it has been time consuming it has been worthwhile!

Stacy Bullock, Assistant Head of Organisational Development and Training,
Central Manchester University Hospitals NHS Foundation Trust

Tips for synthesis

When synthesising the cultural elements:

- draw out information on how these cultural elements are applied across the five levels for compassionate and inclusive leadership (see concepts and evidence base for how the five levels and cultural elements relate)

- be careful that information from the board interviews on the culture of the board is distinct from information on the culture of the organisation

- note differences between the staff perception of culture from the focus groups and patients' perspective from the patient experience diagnostic.

When synthesising the leadership behaviours:

- note that the leadership behaviours are related to the cultural elements (see concepts and evidence base) and use this to compare the results from the external partner perspective to patients, staff and the board

- use information from the culture focus groups as well as the text questions in the surveys to help you understand the quantitative results on the surveys. Checking the number of responses to and nature of demographics the surveys and culture focus groups will help you understand the angle of respondents

- be careful that if you have used the optional questions on leadership behaviour in the leadership workforce analysis they is likely to be more biased than the survey as it will have involved smaller number of people from specific demographics than the surveys.

Running a synthesis workshop

Hold a synthesis workshop for the change team to discuss and bring together the results of the diagnostics. This will help everyone in the team engage with the findings and the key messages.

This exercise will involve a lot of data and involve a good knowledge of the concepts so we recommend you keep attendees in the synthesis workshop to the members of the change team. You can invite wider involvement and scrutiny later (See Engaging and communicating the results).

The workshop should be designed and led by an experienced facilitator within your organisation based on what has worked well previously. There is no prescribed format for this workshop. You will need a minimum of one day for a synthesis workshop but you can run your synthesis workshop over a number of sessions.

During the workshop:

- leads from each diagnostic will need to present their reports and findings

- the change team should collectively bring together the results of the diagnosis in line with concepts

- if you wish, you can discuss quick wins and priorities for the compassionate and inclusive leadership strategy.

What do other trusts say? Thoughts on synthesis workshops

We focused the first half of our workshop on reviewing the findings from each of the diagnostics and the second half on comparing the findings between the different diagnostics on the leadership behaviours and cultural dimensions. While this gave us helpful information, in hindsight I would've held our workshop a couple of weeks later so that the leads on each diagnostic had more time to consider and write-up their individual findings. I might also run two half-day sessions with the change team with the first session just to go through the findings of the diagnostics. Leaving a gap would mean everyone would have time to reflect on the wealth of data generated.

Kristina Henry, Head of Learning &
Organisational Development,
Northumbria Healthcare
NHS Foundation Trust

Circulate the diagnostic reports at least a week before the workshop to allow team members time to read them.

If any raw data is circulated or presented it will need to be checked very carefully first to ensure that no individual can be identified. Patient data must be treated in line with the Caldicott principles and advice from your Caldicott guardian. You may wish to remind people of any agreements on the handling of data you made with the team when you were 'Getting started'.

Synthesis workshops can be intensive, particularly in parts where findings from each diagnostic are being reported. Add interactive elements where possible to make it more engaging and effective result.

You may wish to see an example agenda (tool S1) and examples for capturing information and ideas from synthesis workshops (tool S2).

Board report

You will need to consolidate the findings to produce a short report or presentation for the board.

It will be important to both produce an easily digestible and engaging report while keeping the richness of the data generated in the diagnostics - perhaps through a longer version or appendix.

Purpose

It is an assessment of the current culture and leadership which is used to inform the design stage. It should contain the results of the diagnostics.

Content

- Summarise the purpose for your compassionate and inclusive leadership strategy from your 'getting started' discussions

- Explain your methodology – how you ran the diagnostics and broadly how many people participated from which groups

- Identify key areas of work for the collective leadership strategy. In particular:
  - » describe the themes, strengths and development areas across each of the five cultural elements, ten leadership behaviours and five levels
  - » describe the current state across the three workforce capacity areas for both key leadership roles (as defined in your leadership workforce analysis) and the workforce as a whole
  - » for key leadership roles only, identify issues for the future and where possible, provide a high level forecast in terms of the three workforce areas.

- Describe strengths and development areas in your policies and processes from your leadership workforce analysis.

- Describe timeframes for the next steps or what will happen in Phase 2: Design. Propose priorities and a few quick wins as necessary but remember that developing and planning solutions will be part of Phase 2: Design.

What do other trusts do? Different approaches to sharing the findings

The final report to the board was huge, a lot of information and some important messages. It had a short executive summary to help make it digestible. The board dedicated a four hour development session to receiving the feedback which was presented by the 'change champions' (change team members). The findings were themed into key messages and although some of these were hard for the board to hear there were no real surprises.

The change champions then worked with the board to determine priorities and develop next steps. Further presentations were made and feedback sought from the clinical directors and the council of governors. This work was then translated into an action plan which was agreed at the board meeting in July. The action plan set out our quick wins' 'just do it' actions and things we need to take to the next phase: Phase 2: Design.

Nicola Hartley, Director of Organisational Development and Leadership,
Royal Bournemouth and Christchurch NHS Foundation Trust

Engaging and communicating the results

Your staff will already be aware of the culture and leadership programme as part of your communications plan and because of the leadership behaviours surveys and culture focus groups.

It is important to acknowledge their contribution to the programme by sharing findings at the end of Phase 1: Discover and explaining the next steps. A common concern for staff is that no action will be taken and their efforts will be in vain.

You can also choose to involve staff before the synthesis workshop to help inform you findings.

Before the synthesis workshop

As an optional part of your synthesis step, you can involve staff beyond your change team in reviewing the findings of the different diagnostics to help provide a fresh perspective. The individuals would act as 'critical friends', supporting the lead by providing feedback and additional points.

Invite a handful of people outside the change team to reviewing the data and report on each diagnostic. The review can take place in facilitated meetings or by circulation.

You will also need to:

- ensure only anonymised data is used during the session. Patient information must be treated in line with Caldicott principles
- select people carefully to ensure that they can work competently with the data
- brief the reviewers on the project and the concepts being tested in the diagnostic
- be clear what you are asking from the reviewers
- explain the methodology, data and analysis.

After the synthesis workshop

You can test the findings of synthesis through meetings and workshops with staff, if you wish. This will involve interested stakeholders not all staff. We recommend you share analysed information rather than raw data at this stage.

After the board report

The purpose of communications at this stage is to maintain engagement while demonstrating openness and transparency on findings and next steps.

You can disseminate the findings through a variety of communications channels. Refer to your communications plan and lead for the best channels to use.

In addition to communicating the findings, you can also run engagement sessions.
This may help keep staff interested and give you ideas for developing your compassionate and inclusive leadership strategy in Phase 2.

You can involve any groups you choose outside your core team, including staff representatives and governors. There is no set format and

the session should be designed and led by an experienced facilitator within your organisation. Getting the format right is important. Staff will not have detailed knowledge of the culture and leadership programme so short sessions are better.

If you are running an engagement session:

- familiarise participants with the culture and leadership programme and any concepts they will need during the session

- make sure they are clear on the objectives for the day and their role

- present the analysed reports and findings not the full raw data - this must first be anonymised and raw data will be difficult for the majority of participants to engage with in the time.

What did other trusts do? Sharing the findings of Phase 1

We formed a 'reference group' of almost 50 people which became an extension of the change team. We invited them to be part of the synthesis phase of the work. As many of them were members of established leadership schemes, this gave us a slice through the organisation with whom we could test our findings.

Sandra Drewett, Director of HR and OD,
East London NHS Foundation Trust

We managed expectations that those who contributed to the leadership behaviours surveys and focus groups would not receive bespoke feedback about their contributions, although the fact that these diagnostics had taken place were acknowledged in our monthly briefing cascaded to teams. We are planning to disseminate the findings further after the board report.

Kristina Henry, Head of Learning and Organisational Development,
Northumbria Healthcare NHS Foundation Trust

Roadshows from our diagnostic phase – the 'cultural audit' – is now underway with a series of open meetings and attendance at existing team meetings being held. In these sessions, the findings of the cultural audit are being shared, staff are being invited to feed back on the findings and recommendations and shape the new culture. These sessions are being delivered by the change champions who are working in pairs and supported by a member of the Executive team at each session.

We are now developing the design phase and looking to recruit more change champions to augment the current team.

Nicola Hartley, Director of OD and Leadership,
Royal Bournemouth and Christchurch NHS Foundation Trust

Evaluating Phase 1: Discover

You will have already created an [evaluation plan](#) during the 'getting started' stage.

The end of Phase 1: Discover will be too early to review programme outcomes using the culture and outcomes dashboard, but you can evaluate the process and impact on the change team. Gathering feedback from one another should be done in the spirit of support and reflection and with openness to improvement.

The most important output of this exercise is the learning and process of reflection for the change team. However, you should write up your lessons learnt or evaluation drawing out the themes to capture learning for the future. Any notable impact – for example changes in behaviours, increase in knowledge and self-reflections – should be documented and shared with the board at the end of the phase.

Objectives

Review the objectives you set for Phase 1 of your culture and leadership programme in 'getting started' and review to what extent these objectives were met. You can also get feedback from your executive sponsor and the change team on this through the evaluation interviews or evaluation focus group mentioned below.

Feedback from the diagnostics

Review the diagnostic reports or talk to the leads on each diagnostic to identify specifically for that diagnostic:

- What went well?
- What was challenging?
- What could go better?

In each of the six guides on the diagnostics we have included a short section on improving the process which may help.

Collect and analyse the feedback forms from board interview and culture focus groups to inform your evaluation. This will give you valuable information to improve the process and inform your engagement processes in Phase 2: Design.

Change team development

You can also evaluate the effect of the programme on your change team and include the results of the following in your evaluation report:

- your team working assessments – if you have run more than one assessment
- completion of any agreed group actions from your leadership behaviours reflection questionnaire
- if you have run any development programme or training for your change team you can collect and analyse the results of any feedback sheets from that training.

Evaluation interviews

You can interview your change team. Interview all members if possible. If it is not possible, make sure you interview a representative sample across your demographics – a mix of gender, age, occupational roles, seniority, ethnicity and so on.

We recommend that you ask the same questions to each interviewee – this is called semi-structured interviewing. See tool S3 for a list of Phase 1 evaluation questions.

Evaluation focus group

As an alternative to evaluation interviews, you may find it easier to hold a single workshop with your change team. You can use the same questions as for interviews (see tool S3).

Tips for conducting these interviews:

- Before you begin, try to establish some rapport with the person and find a quiet space where you know you will not be disturbed
- Ask the interviewee if you can record the interview or take notes. Always ask for permission before recording interviews and assure the interviewee that their audio will be transcribed, anonymised and later destroyed. This is in the interests of protecting their anonymity and ensuring there is no personally identifiable information
- Encourage the interviewee to adopt a solutions-focused approach to responding. It can be easy to fall into casual conversation or thinking about issues and inter-personal challenges where no solution is given
- If things go off topic or become uncomfortable, remind the interviewee that you will only be able to discuss topics that they are happy to have shared with the wider team.

Share your learning

Once the process is complete, you may wish to capture your thoughts on what went well and what could go better in future.

Join our culture community by contacting NHSI.culture@nhs.net

Preparing for Phase 2: Design

Phase 2: Design will help you develop your compassionate and inclusive leadership strategy. The strategy should fit in with your trust's approach to organisational and workforce development.

During Phase 2 you will develop your collective leadership strategy by:

- revisiting the purpose
- reviewing findings from Phase 1 in relation to diagnosing culture and leadership needs
- forecasting leadership needs, building on the future state information you obtained in Phase 1
- generating options - coming up with a range of ideas to address the issues described in the Phase 1: Discover board report
- prioritising ideas to pursue and building them into a coherent strategy combining quality care for patients with financial viability, resulting in sustainable clinical services.

Phase 2: Design and Phase 3: Deliver will require more engagement than Phase 1: Discover, so you may need to expand governance and stakeholder involvement arrangements. Keep the change team you created for Phase 1 for consistency.

The governance is likely to require:

- a change board involving members of the executive management team
- a change team of approximately 10 people to write the strategy and drive Phase 2: Design. It is better if this includes the majority of members of the Phase 1: Discover change team
- a design team of up to 50 people including specialist areas and interests across the organisation such as: organisational development, equality and diversity, chief finance officer, director of nursing, programme management office, clinical directors, public and staff governors, non-executives, communications, staff health and wellbeing, human resources, learning and development, professional leadership, quality improvement and innovation, planning.

We expect the design phase to take three to six months and several workshops with the change and design teams to:

- brief change team members on the Phase 1: Discover phase, exploring and agreeing the scope for Phase 2: Design

- discuss options for objectives and actions in the compassionate and inclusive leadership strategy

- prioritise options and develop the draft strategy

- the resources for Phase 2: Design are expected to be released in mid-2017.

NHS Improvement

Contact us