Culture and leadership programme

Phase 1
Discover

Tools

Culture and leadership programme

Phase 1
Discover

Getting started

Tool G1: Template for linking compassionate and inclusive leadership strategy and business plan

Tool G2: Leadership behaviours reflection questionnaire

Tool G3: Team-working assessment

Tool G4: An introduction for boards

Culture and leadership programme

NHS
Improvement

Phase 1: Discover

Culture and outcomes dashboard

DIAGNOSTIC **1**

Tools:

The King's Fund>

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Tool 1.1: Indicators for each metric

#	Indicator	Sector	Source/website	Notes
Metric 1: Clinical effectiveness				
1.1	CQC rating – effective	All providers	CQC	
1.2	Crude mortality rate	All	NHS Digital/trust data	
1.3	Unplanned readmission rates	All	NHS Digital/trust data	
1.4	RTT within 18 weeks	Acute	Trust data	
1.5	Cancer waits (62 days)	Acute	Trust data	
1.6	C. difficile (national target)	Acute	Trust data	
1.7	A&E waits (4 hours)	Acute	Trust data	
1.8	CPA follow-up within 7 days	Mental health	NHS Digital/trust data	
1.9	Delayed transfer of care	Mental health	NHS Digital/trust data	
1.10	Overall score from national quality reviews	Mental health	NHS Digital/trust data	Specific to forensics
1.11	Out-of-area treatment	Mental health	Trust data	
1.12	Bed occupancy rate	Mental health	Trust data	(Note: proxy for demand management)
1.13	Category A response time	Ambulance	Trust data	
1.14	Community services outcomes	Community	Trust data	To be decided by trust
Metric 2: Positive experience				
2.1	CQC rating– caring	All	CQC	
2.2	CQC rating – responsiveness	All	CQC	
2.3	Friends and Family Test score: patients recommending the hospital (%)	All	Trust data	
2.4	Friends and Family Test score: staff recommending the hospital for care (%)	All	Trust data	
Metric 3: Safety				
3.1	CQC rating – safe	All	CQC	
3.2	Staff confidence and security in reporting unsafe clinical practice	All	NHS Staff Survey (key finding 31)	Collect key finding and question level data
3.2.1	Staff feel secure raising concerns about unsafe clinical practice	All	NHS Staff Survey (Q13b)	
3.2.2	Staff confident that the organisation would address their concerns	All	NHS Staff Survey (Q13c)	
Metric 4: Value for money (Financial efficiency)				

#	Indicator	Sector	Source/website	Notes
4.1	Reference cost index	All	NHS England	
4.2	Income and expenditure (I&E) margin (%)	All	Trust data	
4.3	Agency workers overall total staffing cost (%)	All	Trust data	
4.4	Care hours per patient day (CHPPD)	All	Trust data	
4.5	Actual surplus vs planned surplus	All	Trust data	
4.6	% achievement of Cash Releasing Efficiency Savings (CRES) plan	All	Trust data	
4.7	Total cost per Weighted Activity Unit (WAU)	All	Trust data	
4.8	Overall financial rating (ie Monitor scale of 1-4)	NHS FTs	Trust data	
Metric 5: Healthy, flourishing and engaged staff				
5.1	Engagement (total score)	All	NHS Staff Survey (total engagement score)	
5.2	% saying their organisation definitely takes a positive action on health and wellbeing	All	NHS Staff Survey (Q9a)	
5.3	Sickness absence rates	All	NHS Digital	
5.4	% saying they have felt unwell in the last 12 months as a result of work related stress	All	NHS Staff Survey (Q9c)	
5.5	Voluntary turnover rate	All	Trust data	
Metric 6: Continuous Improvement				
6.1	% staff ability to contribute towards improvements at work	All	NHS Staff Survey (key finding 7)	Collect key finding and question level data
6.1.1	% staff that have opportunities to show initiative in their role	All	NHS Staff Survey (Q4a)	
6.1.2	% staff that are able to make suggestions to improve the work of their team department	All	NHS Staff Survey (Q4b)	
6.1.3	% staff able to make improvements happen in their area of work	All	NHS Staff Survey (Q4d)	
6.2	Number of completed audit cycles with demonstrated clinical impact	All	Trust audit office	

#	Indicator	Sector	Source/website	Notes
Metric 7: Vision and values				
7.1	Change team assessment of vision and values	All	Change team self-assessment and rating	
7.2	Awareness of organisation's values	All (if used in staff survey)	NHS NHS Staff Survey (optional values, Q 23a)	
7.2.1	Manager demonstrating values at work?	All (if used in staff survey)	NHS Staff Survey (optional values, Q 23b)	
7.2.2	Other colleagues demonstrating values at work	All (if used in staff survey)	NHS Staff Survey (optional values, Q 23c)	
7.3	Organisation has a clear vision for the future	All (if used in staff survey)	NHS Staff Survey (optional leadership and development, Q 34a)	
7.4	Feeling part of organisation's vision for the future	All (if used in staff survey)	NHS Staff Survey (optional leadership and development, Q 34b)	
Metric 8: Goals and performance				
8.1	Quality of appraisals	All	NHS Staff Survey (key finding 12)	Collect key finding and question level data
8.1.1	% saying their appraisal definitely helped them improve how they do their job	All	NHS Staff Survey (Q20b)	
8.1.2	% saying their appraisal definitely helped them agree clear objectives for their work	All	NHS Staff Survey (Q20c)	
8.1.3	% saying their appraisal definitely made them feel their work was valued by the organisation	All	NHS Staff Survey(Q20d)	
8.2	Percentage achievement of service line's strategic or business objectives	All	Trust data (e.g. collected from each directorate, trust strategy director/chief operating officer)	

#	Indicator	Sector	Source/website	Notes
Metric 9: Learning and innovation				
9.1	Quality of non-mandatory training, learning and development (L & D)	All	NHS Staff Survey (key finding 13)	Collect key finding and question level data
9.1.1	% agreeing that training, L & D has helped them do their job more effectively	All	NHS Staff Survey (Q18b)	
9.1.2	% agreeing that training, L & D has helped them stay up-to-date with professional requirements	All	NHS Staff Survey (Q18c)	
9.1.3	% agreeing that training, L & D has helped them deliver a better patient / service user experience	All	NHS Staff Survey (Q18d)	
9.2	Effective use of patient / service user feedback	All	NHS Staff Survey (key finding 32)	Collect key finding and question level data
9.2.1	% agreeing that their organisation acts on concerns raised by patients / service users	All	NHS Staff Survey (Q21b)	
9.2.2	% receiving regular updates on patient/service user experience feedback	All	NHS Staff Survey (Q22b)	
9.2.3	% agreeing that feedback from patients/service users is used to make informed decisions within their directorate / department	All	NHS Staff Survey (Q22c)	

#	Indicator	Sector	Source/website	Notes
Metric 10: Support and compassion				
10.1	Support from immediate managers	All	NHS Staff Survey (key finding 10)	Collect key finding and question level data
10.1.1	% satisfied with support from their immediate manager	All	NHS Staff Survey (Q5b)	
10.1.2	% agreeing that immediate manager encourages those who work for them to work as a team	All	NHS Staff Survey (Q7a)	
10.1.3	% agreeing that immediate manager can be counted on to help with difficult tasks at work	All	NHS Staff Survey (Q7b)	
10.1.4	% agreeing that immediate manager gives clear feedback on work	All	NHS Staff Survey (Q7c)	
10.1.5	% agreeing that immediate manager asks for their opinion before making decisions that affect their work	All	NHS Staff Survey (Q7d)	
10.1.6	% agreeing that immediate manager is supportive in a personal crisis	All	NHS Staff Survey (Q7e)	
10.2	Experiencing harassment, bullying or abuse from staff in the last 12 months	All	NHS Staff Survey (key finding 26)	Collect key finding and question level data
10.2.1	% experiencing harassment, bullying or abuse at work from managers in the last 12 months	All	NHS Staff Survey (Q15b)	
10.2.2	% experiencing harassment, bullying or abuse at work from other colleagues in the last 12 months	All	NHS Staff Survey (Q15c)	
10.3	staff believing the trust provides equal opportunities for career progression or promotion	All	NHS Staff Survey (Q16)	
10.4	% saying they had experienced discrimination from their manager/ team leader or other colleagues in the last 12 months	All	NHS Staff Survey (Q17b)	

Key data sources for indicators

- CQC ratings

- National Staff Survey results:
  www.nhsstaffsurveys.com/Page/1006/Latest-Results/2014-Results/

- Friends and Family Test data:
  www.england.nhs.uk/ourwork/pe/fft/friends-and-family-test-data/

- Summary Hospital-level Mortality Indicator:
  www.NHS Digital.gov.uk/SHMI

- Hospital Episode Statistics (readmissions):
  www.NHS Digital.gov.uk/hes

- Data on Written Complaints in the NHS:
  www.NHS Digital.gov.uk/catalogue/PUB18021

- NHS Sickness Absence Rates:
  www.NHS Digital.gov.uk/catalogue/PUB17903

- Reference costs index:
  www.gov.uk/government/publications/nhs-reference-costs-2013-to-2014

Tool 1.2: Evidence for indicators

The table below shows the research findings for those indicators with a strong evidence base. It may help you better understand how some of them predict high quality patient outcomes. The table does not include:

- evidence on metrics 1 to 4 as these are largely well-established national measures of care quality and financial efficiency
- indicators where the evidence is still being collected.

It is important to remember that the dashboard is only one diagnostic. Explore the results alongside the findings from the other four diagnostics and use them to guide discussions in your focus groups.

#	Indicator
Metric 5: Healthy, flourishing and engaged staff	

5.1 **Engagement (total score)**

References to support this measure as a predictor of trust outcomes include:

- Dawson, J.F., West, M.A., Admasachew, L. and Topakas, A. (2011), NHS Staff Management and Health Service Quality: Results from the NHS Staff Survey and related data, Department of Health, London, available at:
  www.gov.uk/government/news/nhs-staff-management-and-health-service-quality
  (accessed 12th September 2013)

- West, M.A. (2013), Creating a culture of high-quality care in health services, Global Economics and Management Review, Vol. 18 No. 2, pp. 40-44.

- West, M. A., Dawson, J. F. and Topakas, A. (2012), Leadership and engagement for improvement in the NHS: Together we can. King's Fund, London.

- West, M. A., Guthrie, J. P., Dawson, J. F., Borrill, C. A. and Carter, M. (2006), Reducing patient mortality in hospitals: The role of human resource management, Journal of Organizational Behavior, Vol. 27 No. 7, pp, 983-1002.

- Dawson, J. H. (2014). Staff experience and patient outcomes: What do we know? London: NHS Employers

These studies also support the staff wellbeing measure.

5.3 **Sickness absence rates**

This is a well-established measure of organisational health.

The independent NHS Health and wellbeing review published in November 2009 found that NHS organisations that prioritise staff health and wellbeing:

- achieve enhanced performance
- improve patient care
- are better at retaining staff
- have lower rates of sickness absence.

Boorman. (2009), NHS Health and Well-being: Final Report, Department of Health, London, available at: webarchive.nationalarchives.gov.uk/20130107105354/http:/www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_108907.pdf (accessed 10th August 2016)

5.4 **% saying they felt unwell in the last 12 months as a result of work- related stress**

The NHS health and wellbeing review also supports these measures as predictors of patient outcomes and financial performance

5.5 **% voluntary turnover rate**

Turnover is a well-established measure of the health of an organisation and is linked to organisation productivity, profitability and innovation

Metric 6: Continuous improvement	

All   The measures continuous improvement are proxy measures of innovation. We do not have strong evidence for their predictive usefulness but they do predict levels of staff engagement which in turn predict most trust outcomes (e.g. patient satisfaction, CQC ratings, patient mortality and staff absenteeism).

#	Indicator

Metric 7: Vision and values

All   Research into high quality care cultures funded by the DH Policy Research Programme identified vision and values understood and embraced throughout an organisation as an important influence on culture.

- Dixon-Woods, M., Baker, R., Charles, K., Dawson, J., Jerzembek, G., Martin, G., McCarthy, I., McKee, L., Minion, J., Ozieranski, P., Willars, J., Wilkie, P. and West, M. (2013), 'Culture and behaviour in the English National Health Service: overview of lessons from a large multimethod study', British Medical Journal Quality and Safety, Vol. 23 No. 2, pp. 106-15.

Metric 8: Goals and performance

Research into high quality care cultures funded by the DH Policy Research Programme clearly identified vision and values understood and embraced throughout an organisation as an important influence the culture.

- Dixon-Woods, M., Baker, R., Charles, K., Dawson, J., Jerzembek, G., Martin, G., McCarthy, I., McKee, L., Minion, J., Ozieranski, P., Willars, J., Wilkie, P. and West, M. (2013), 'Culture and behaviour in the English National Health Service: overview of lessons from a large multimethod study', British Medical Journal Quality and Safety, Vol. 23 No. 2, pp. 106-15.

Moreover, considerable evidence shows that that clear objectives and helpful, frequent data on performance in relation to those objectives are the most important influences on motivation and performance at work.

- Locke, E.A. and Latham, G.P. (2013). New developments in goal setting and task performance. Routledge, East Sussex, UK.

Appraisals are important predictors of outcomes and engagement. Research shows strong association between appraisal and patient mortality in the acute sector.

- West, M. A., Guthrie, J. P., Dawson, J. F., Borrill, C. A. and Carter, M. (2006), Reducing patient mortality in hospitals: The role of human resource management, Journal of Organizational Behavior, Vol. 27 No. 7, pp, 983-1002.

Metric 9: Learning and innovation

All   The measures in metric 9 are proxy measures of organisational learning. We do not have strong evidence of their predictive utility in healthcare though they have been related to productivity and innovation in many studies on the private sector.

#	Indicator
Metric 10: Support and compassion	
10.1 to 10.1.6	Leadership and supportive management are important influences on trust performance.

- Dawson, J.F., West, M.A., Admasachew, L. and Topakas, A. (2011), NHS Staff Management and Health Service Quality: Results from the NHS Staff Survey and related data, Department of Health, London, available at: www.gov.uk/government/uploads/system/uploads/attachment_data/file/215455/dh_129656.pdf (accessed 10th August 2016)

- West, M.A. (2013), Creating a culture of high-quality care in health services, Global Economics and Management Review, Vol. 18 No. 2, pp. 40-44.

- West, M. A.. et al., (2015). Leadership and leadership development in health care. London FMLM/ The King's Fund.

- West, M.A., Topakas, A. and Dawson, J.F. (2014a), Climate and culture for health care performance. In Schneider, B. and Barbera, K.M. (Eds.), The Oxford Handbook of Organizational Climate and Culture. Oxford University Press, Oxford (pp. 335-359).

- Lyubovnikova, J. & West, M. A. (2013). Why teamwork matters: Enabling health care team effectiveness for the delivery of high quality patient care. In E. Salas, S. I. Tannembaum, D. Cohen, & G. Latham (eds.). Developing and enhancing teamwork in organizations (pp.331-372). San Francisco: Jossey Bass.

| 10.2 to 10.2.2 | These are important indicators of fairness and equality and predict overall staff satisfaction. |

- West, Dawson & Kaur (2015). Making the difference: Diversity and inclusion in the NHS. London: The King's Fund.

| **Metric 11 - Teamwork** | |
| All | Much evidence of the importance of team working to outcomes including patient satisfaction, patient mortality (acute sector), staff stress, care quality. |

- Lyubovnikova, J., West, M. A., Dawson, J. F., & Carter, M. R. (2015). '24-karat or fool's gold? Consequences of real team and co-acting group membership in healthcare organizations.' European Journal of Work and Organizational Psychology, 24(6), 929-950.

- West, M. A. and Lyubovnikova, J. (2013), 'Illusions of team working in health care', Journal of Health Organization and Management, Vol. 27 No. 1, pp. 134-42.

Tool 1.3: 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.

Tool 1.4: Report template

Tool 1.5: Dashboard templates

Phase 1: Discover

Board interviews

DIAGNOSTIC
2

Tools:

Tool 2.1: Interview record sheets

Tool 2.2: Key messages

Tool 2.3: Report template

Tool 2.4: Feedback forms

"Everyone [the interviewers] **really enjoyed taking part and commented on how it had positively changed their views of our board"**

Helen Farrington

Tool 2.5: Interview training resources

Tool 2.6: Analysing the qualitative data

Phase 1: Discover

Leadership behaviours surveys

DIAGNOSTIC
3

Tools:

Tool 3.1: Information governance and data processing agreement

Tool 3.2: Key messages

The thumbnail document reads:

Phase 1: Discover
Leadership behaviour surveys | » Tool 3.2: Key messages | 1

Tool 3.2: Key messages

These are examples of messages you can use, they are not intended as a 'script'. You should modify them according to your needs.

The culture and leadership programme

Our trust is running a programme on culture and leadership.

This programme aims to develop and implement strategies for collective leadership which result in cultures that **deliver high quality, continuously improving, compassionate care.**

This work should help improve the health and wellbeing of staff and lead to better health outcomes for patients.

We are currently in phase one of this programme – diagnosing our culture.

We are using resources developed by NHS Improvement, The King's Fund and the Centre for Creative Leadership.

Definitions

Culture: An organisation's culture can be defined as the values lived by its employees every day – these may not be the same as the stated values. The lived values can be seen by **'the way we do things around here'.**

Collective leadership: Means a type of culture where staff at all levels are empowered as individuals and in teams to act to improve care within and across trusts – **'leadership of all, by all and for all'.** This is in contrast to command and control cultures which are not conducive to achieving high quality care.

Purpose of the leadership behaviours surveys

The culture and leadership surveys focus on specific behaviours that are linked to collective leadership and high quality, continuously improving, safe and compassionate care.

They cover different information from the NHS staff survey.

Culture and leadership programme – improvement.nhs.uk

Tool 3.3: Email templates

Tool 3.4: Analysing qualitative data

Tool 3.5: Report template

Phase 1: Discover

Culture focus groups

DIAGNOSTIC
4

Tools:

Tool 4.1: Prompt questions

These are designed to help facilitators initiate discussions with participants, and ensure that they get enough data. Amend this wording to suit your participants and trust.

★ Core questions

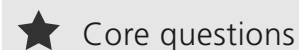## FIVE CULTURAL ELEMENTS

Introductory questions (optional)

a. What words would you use to describe our trust?

b. What are you most proud of at our trust?

Vision and values

★ a. Does our trust as a whole have a clear idea of what its overall strategy is?

★ b. How closely linked is our strategy to our vision (our overall purpose and aim), values and culture (how we do things in our trust)?

★ c. Does everyone in our trust model our vision and values?

d. If we were to start again, what principles should guide how we work? Can you explain why?

e. Do you think the leaders and managers of our trust put quality of patient care at the centre of everything the trust does?

Goals and performance

★ a. Do staff, teams, directorates and the board have clear, challenging and measureable objectives which are easy to link to the organisation's vision?

★ b. How often do all staff, teams, directorates and the board get timely, helpful, relevant and developmental feedback on their performance?

c. How often do you see staff, teams, directorates and the board make sure we are all:

- involved in decision-making?
- given autonomy and discretion in our work?

d. Do you believe managers and leaders in our organisation help to remove the obstacles to staff being able to do their jobs efficiently and effectively?

- Do you have any examples you could share?

e. If you or someone else you know in our organisation has needed more support from a manager, what was the experience like? Was it helpful, or did it make things more difficult?

★ Core questions

FIVE CULTURAL ELEMENTS

Learning and innovation

★ a. If someone in our trust came up with a way to do something better, how supportive would this trust be of them?

★ b. What would you say if a friend who doesn't work here asked whether quality and quality improvement were a core part of our trust's culture?

c. To what extent is everyone encouraged to lead changes in order to improve the quality of work?

d. To what extent does the organisation encourage and reward members for improving their skills take over and performance?

Support and compassion

★ a. To what extent is our trust committed to compassionate and supportive leadership, at every level of the organisation?

For example, a compassionate leader engages with people, puts people first, is meaningful and sincere while remaining frank, courageous and affirming.

★ b. To what extent are staff genuinely compassionate towards patients and each other?

c. How does the organisation ensure that staff and patients are included in conversations, discussions and decision-making, and not discriminated against in any way, shape or form?

d. Would you describe this trust as a warm, supportive and caring place to work?

e. How can we act more compassionately?

Teamwork

★ a. How well do you think teams in this trust work together (both within a team and between teams)? What are the strengths and weaknesses?

★ b. To what extent does the leadership style in the organisation have characteristics which indicate a collective rather than command and control approach to leadership?

Compassionate and inclusive leadership means everyone taking responsibility for the success of the organisation as a whole – not just for their own jobs. It requires organisations to distribute leadership power to wherever the expertise, capability and motivation sit within that organisation at that time.

c. To what extent do our leaders ensure accessibility, supportiveness, empowerment, fairness, transparency, and openness to learning and feedback?

d. When we talk to one another, how do we sound? (Eg friendly, happy, angry, irritated, loud, quiet, etc)

e. What do you think our partners in the local area would say about how we work with them? Do you have any examples?

*These are designed to help facilitators initiate discussions
with participants, and ensure that they get enough data.
Amend this wording to suit your participants and trust.*

FIVE LEVELS OF COMPASSIONATE AND INCLUSIVE LEADERSHIP

At the individual level

Do you think individual members of staff in our trust:

a. model the trust's vision and values on a daily basis?

b. have clear objectives and receive helpful feedback on whether they've achieved them?

c. always look to do their job better?

d. are compassionate and supportive towards others (patients and staff)?

e. are team players?

At the team level

Do the different teams (clinical and non-clinical) in our trust:

a1. ensure its work is in line with the trust's vision?

a2. ensure the way it works is in line with the trust's values?

b. have clear objectives and receive helpful feedback on whether they've achieved them?

c. support quality improvement and innovation?

d. work together in a positive and compassionate way?

e. share leadership among them and support one another?

At the 'inter-team' level

When different teams are working together:

a. do they work around a shared vision and set of values that align with the trust's?

b. do they agree on objectives?

c. do they frequently learn from one another to be innovative?

d. do they foster a supportive, respectful and compassionate environment for them to work in?

e. do they work well with one another?

FIVE LEVELS OF COMPASSIONATE AND INCLUSIVE LEADERSHIP

At the 'organisation' level

When thinking about our trust/organisation as a whole, how consistent are we when it comes to:

a. knowing, understanding and living our vision and values?

b. setting ourselves goals, and holding ourselves to account?

c. focusing on continuous improvement and thinking of new ways to improve what we do?

d. being supportive and compassionate towards one another (ie towards other staff as well as patients)?

e. working together as a team?

At the 'cross-organisation' level

By 'cross-organisation' we refer to the interactions between our trust and any other organisations locally, regionally and nationally (such as other providers, commissioners and voluntary organisations).

When thinking about how our trust works with other organisations:

a. do we try to ensure our vision and values are in line with those of our partners?

b. do we have a clear and shared set of objectives?

c. do we work together to ensure we learn from one another and push ourselves to develop ideas that benefit everyone (not just ourselves)?

d. do we respect our partners in the same way that we respect ourselves?

e. would our partners think of us as good team players?

Tool 4.2: Consent form template

Tool 4.3: Key messages

Tool 4.3: Key messages

These are examples of messages for facilitators to use with participants if discussing the culture and leadership programme and the culture focus group diagnostic. They are not intended as a 'script'. You should modify them according to your needs.

The culture and leadership programme

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Purpose of the culture focus groups

Culture focus groups aim to increase our understanding of the different elements take make up our culture from how we work personally to how we work with other organisations.

Culture focus groups will also give us a better idea of the strength of leadership that exists throughout our organisation at all levels.

Culture and leadership programme - improvement.nhs.uk

Tool 4.4: Report template

Tool 4.5: Feedback form

Tool 4.6: Analysing the qualitative data

Phase 1: Discover

Leadership workforce analysis

DIAGNOSTIC
5

Tools:

Tool 5.1: Questions on the current state of key leadership roles **35**

Tool 5.2: Questions on the future state of key leadership roles **35**

Tool 5.3: Identifying the gaps in key leadership roles **35**

Tool 5.4: Questions on organisational design and workforce **35**

Tool 5.5: Questions on current policies and procedures **35**

Tool 5.1: Questions on the current state of key leadership roles

Tool 5.2: Questions on the future state of key leadership roles

Tool 5.3: Identifying the gaps in key leadership roles

Tool 5.4: Questions on organisational design and workforce

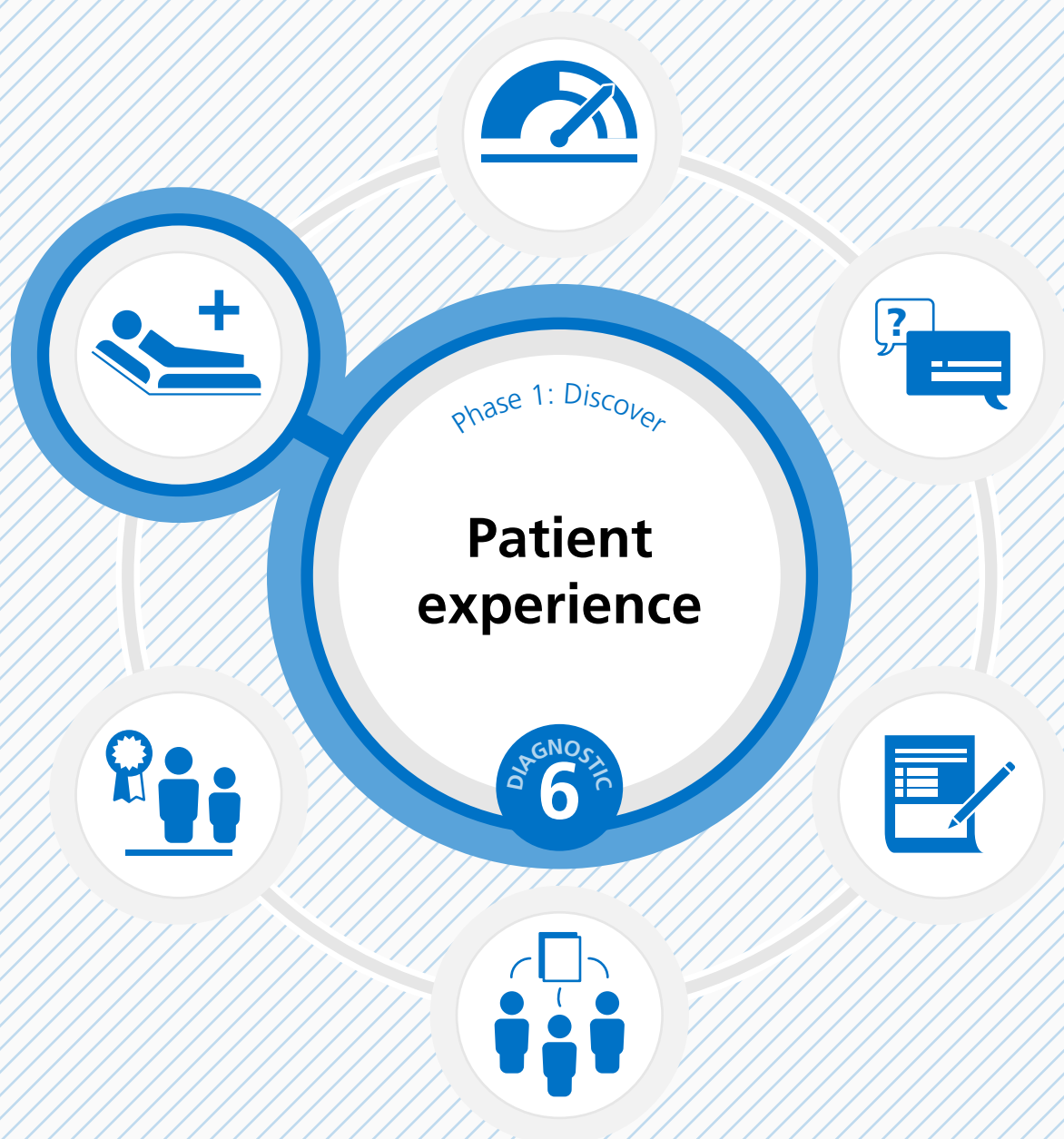**Tool 5.5:** Questions on current policies and procedures

Phase 1: Discover

Patient experience

DIAGNOSTIC
6

Tools:

The Kings Fund

Center for
Creative Leadership

Figure 6.1: Patient experience themes mapped to cultural elements

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 6.2: Methods for highlighting strengths and development areas

Cultural element	National inpatient survey	2015 score	Method 1 — Comparison to other trusts (2015)	2014 score	Method 2 — Comparison between years (statistically significant)	Method 3 — Ranking between cultural elements
1. Vision and values	for feeling that they were **well looked after** by hospital staff	9.1	About the same	9.0		**8.9**
	for having **confidence and trust in the doctors** treating them	9.1	Better	9.1		
	for having **confidence and trust in the nurses** treating them	8.9	Better	8.8		
	for having **confidence** in decisions made about their condition or treatment	9.2	Better	9.6	Down	
	for feeling that overall they had a **good experience**	8.0	About the same	7.7		
2. Goals and performance	for **hand-wash gels** being available for patients and visitors to use	8.0	About the same	7.5	Up	**7.2**
	For not having their **admission date changed** by the hospital	8.5	About the same	8.5		
	for describing the **hospital room or wards as clean**	7.1	Worse	6.6	Up	
	for describing the **toilets and bathrooms as clean**	7.2	Worse	6.8	Up	
	for describing the **hospital food as good**	5.0	About the same	5.3		
	for **not having to share a sleeping area**, such as a room or bay, with patients of the **opposite sex**	9.5	Better	9.4		
	for **not having to share a bathroom or shower area** with patients of the **opposite sex**	9.6	Better	9.7		
	for feeling that there were **enough nurses** on duty to care for them	7.1	About the same	7.3		
	for hospital staff discussing if **any equipment**, or home adaptions were needed when leaving hospital, if this was necessary	7.1	About the same	7.6	Down	
	for the **call button** being responded to **quickly**, when used	5.0	Worse	4.9		
	for **not being delayed** for a long time (for discharge)	6.4	Worse	6.6		
	Feeling that they waited the right amount of **time on the waiting list** to be admitted	5.5	About the same	5.6		
	For feeling they did not have to wait a long **time to get a bed** on a ward	7.0	About the same	6.9		
3. Support and compassion	for **doctors not talking in front of them**, as if they weren't there	9.0	Better	9.1		**8.1**
	for nurses **not talking in front of them**, as if they weren't there	8.9	Better	8.9		
	for receiving **enough emotional support**, from hospital staff, if needed	8.8	Better	8.7		
	for being given **enough help** from staff to **eat their meals**, if they needed this	7.5	About the same	7.3		
	for **not being bothered by noise at night** from hospital staff	8.0	About the same	8.1		
	for those who were ever in pain, that hospital staff did all they could to **help control their pain**	8.3	About the same	8.1		
	Being given **enough privacy** on their condition or treatment in A&E	9.0	About the same	9.2		
	for being given **enough privacy** when **discussing their condition or treatment**	8.5	About the same	8.3		
	for being given **enough privacy** when being **examined or treated**	9.5	About the same	9.3		
	for being treated with **respect and dignity**	9.0	About the same	8.0	Up	
	for those who went home, receiving **enough support** from health and social care professionals, if they needed this	7.0	About the same	7.2		
	for finding someone on the hospital staff **to talk to about any worries and fears**, if needed	5.5	About the same	5.6		
	for **not being bothered by noise at night** from other patients	6.5	About the same	7.0	Down	
	for **not feeling threatened** by other patients or visitors during their hospital stay	9.4	About the same	9.6		
	that staff considered their **family and home situation** when planning their rdischarge, if this was necessary	5.9	About the same	5.7		
	for having been offered a **choice of food**	8.6	Worse	8.7		
4. Learning and Innovation	during their hospital stay, being **asked to give their views** about the quality of their care	1.5	About the same	1.4		**7.0**
	for seeing, or being given, any information explaining **how to complain** to the hospital about care received	1.8	About the same	2.0		
	Being given enough **information** on their condition or treatment **in A&E**	8.5	About the same	8.6		
	for being given enough **information** on their condition or treatment	9.0	About the same	9.1		
	for being given **written or printed information** about what they should or should not do after leaving hospital	5.2	Worse	6.2	Down	
	for being **told how the operation or procedure had gone** in a way they could understand	9.1	About the same	8.0	Up	
	for doctors **answering their questions** in a way they could understand	8.0	About the same	8.0		
	for nurses **answering their questions** in a way they could understand	7.8	About the same	7.9		
	before the operation or procedure, having **any questions answered** in a way they could understand	7.2	About the same	7.2		
	for being **told about any danger signals** to watch for after going home	5.0	About the same	4.9		
	for being told how they could **expect to feel** after the operation or procedure	7.3	About the same	7.2		
	for receiving an explanation they could understand about **how they would be put to sleep or their pain controlled**	9.0	About the same	9.1		
	before the operation or procedure, being given an explanation of **what would happen**	8.8	About the same	8.7		
	before the operation or procedure, being given an explanation that they could understand about the **risks and benefits**	8.6	About the same	8.8		
	for being **told about medication side effects** to watch out for (those given medicines to take home)	5.5	Worse	5.4		
	for having the **purpose of medicines explained** to them in a way they could understand (those given medicines to take home)	8.0	About the same	7.7		
	for being **told how to take medication** in a way they could understand (those given medicines to take home)	9.0	About the same	9.0		
	for being given **clear written or printed information** about medicines (those given medicines to take home)	6.0	Worse	4.9	Up	
5a. Teamwork - patient	for being **told who to contact** if worried about their condition or treatment after leaving hospital	8.1	About the same	8.1		**7.9**
	for **information being given** to family or friends, about **how to help care for them** if needed	7.8	About the same	7.9		
	for being **involved** as much as they wanted to be in decisions about their care and treatment	7.6	About the same	7.6		
	for being **involved in decisions** about their discharge from hospital, if they wanted to be	8.0	About the same	7.9		
	for being given **enough notice** about when they were going to be **discharged**	8.0	About the same	7.8		
5b. Teamwork - staff	for **not being told one thing** by a member of staff and **something quite different** by another	8.2	Better	8.3		**8.7**
	for staff caring for them **working well together**	8.9	Better	9.4	Down	
	for hospital staff discussing if any **further health or social care services** were needed when leaving hospital, if this was necessary	8.6	About the same	8.6		
	for those who were transferred (e.g. to another hospital or a nursing home), that there was a plan in place to **continue their care***	8.7	Worse	9.3	Down	

Tool 6.1: Patient experience template

Tool 6.2: Analysing the qualitative data

Tool 6.3: Report template

Culture and leadership programme

Phase 1
Discover

Synthesis

Tool S1: Example agenda for your synthesis workshop

LEADING TOGETHER

Creating Supportive Leadership Cultures

Synthesis Workshop
Example with facilitator notes

AGENDA		
9.15		**Arrival and refreshments**
9.30	Facilitator/ sponsor	**Introduction** • Context, background and expectations - including setting up capturing comments, main messages for afternoon session • Diagram with all summary of concepts printed – briefly explains diagram **Video** • Play video – managers in the trust talking about the leadership challenges
09.50	Change team member	**Icebreaker** • Sushi or pie line and conversation about self – intro, role, NHS experience and interesting fact, then speak to someone opposite.
10.15	Lead on each diagnostic	**Presentations: leadership behaviours survey (staff and partner) and board interviews** • Presentations – 10 mins each diagnostic • While listening attendees to write on post-its (including the name of the diagnostic on the post-it): ○ What stories are emerging? ○ What is attracting your attention? ○ What conclusions are you coming tool • Questions and feedback - 5 minutes each diagnostic led by facilitator
10.45		**Coffee**
11.00	Facilitator	**Video of change team insights** • Play video - change team talking about the programme
11.05	Lead on each diagnostic	**Presentations: culture focus groups, leadership workforce analysis, culture and outcomes dashboard** • Presentations – 10 mins each diagnostic

		• While listening attendees to write on post-its (including the name of the diagnostic on the post-it):
		    ○ What stories are emerging?
		    ○ What is attracting your attention?
		    ○ What conclusions are you coming too?
		 • Questions and feedback – 5 minutes each diagnostic led by facilitator

11:50	Facilitator	**Collecting reflections by cultural element** • All staff to put their post-its on flip charts against each of the five cultural elements • Discussion of the content on the flip charts *See concepts and evidence for information on the five cultural elements*
12.15		**Lunch**

13.00	Facilitator	**Analysis by cultural element**
		 • Groups assigned to a new flipchart with each of the five cultural elements
		
		 • In groups answer – 15 mins:
		    If the ambition for this cultural element was being realised:
		    1. What would we be noticing?
		    2. What would it be like for patients, partners, staff?/ How would it feel?
		    3. What would people be talking about?
		
		 • In groups answer – 15 mins:
		    What data from the diagnostics tells you:
		    1. We are already there?
		    2. What requires attention?
		    3. What needs to happen?- consider:
		      • Formal Leadership
		      • Leadership skills and behaviours
		      • Collective leadership culture
		
		 See concepts and evidence for information on the five cultural elements

13.45	Facilitator	**Review and feedback by cultural elements** • Walk around the flip charts and make any additions (by group) • Feedback on each flip charts (one nominee from each group)
14.30		**Coffee**
14.45	Facilitator	**Summary of findings** • Summary of key points so far • Reflections from change team members
14:55		**Next phase** • Summarise of Phase 2: Design

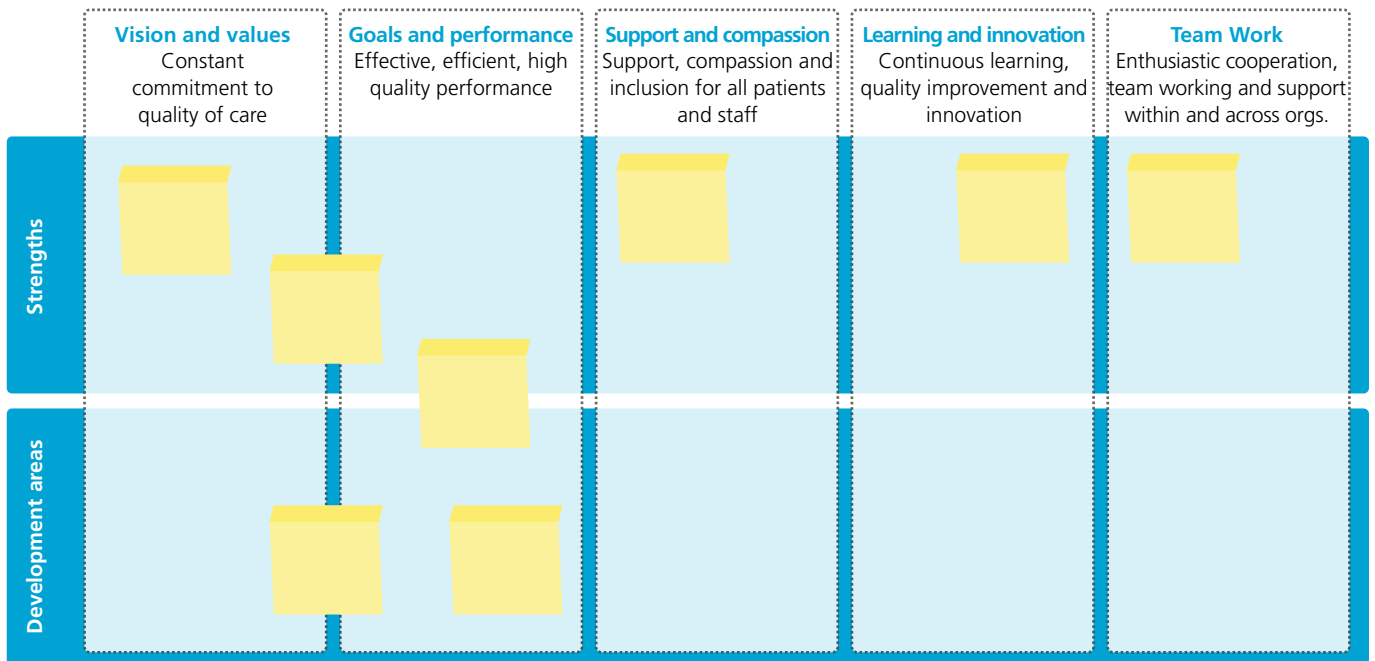|		

		• Divide into 3 groups- each group takes one the below (be as creative as you want to be)
		    Recommendations and how we can make them happen
		    1. Formal leadership recruitment and talent management
		    2. Leadership skills and behaviours development for key roles
		    3. Collective leadership culture- leadership behaviour development for all staff
		• Capture on flip chart – review each of the three post-its and apply 1 coloured dot to 3 of your top ideas/recommendations
		
		See collective leadership strategy to understand why questions 1,2 and 3 have been chosen

15:55	Facilitator	**Reflections from the day and close**

Resources:

- Copies of the presentations and videos
- Flip chart and pens
- Highlighter pens
- Post-its
- Coloured dots

Note:

Figure x: Example agenda with facilitator notes
– Central Manchester University Hospitals NHS Foundation Trust

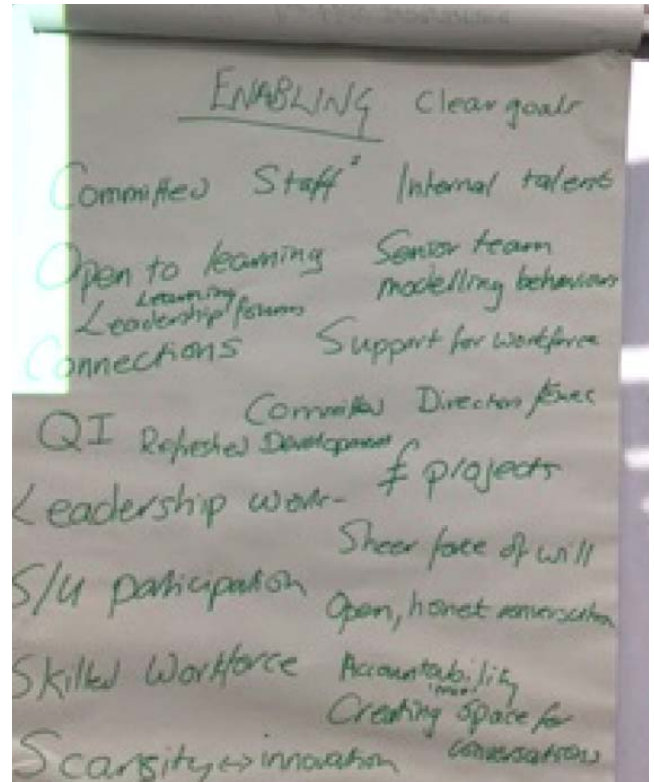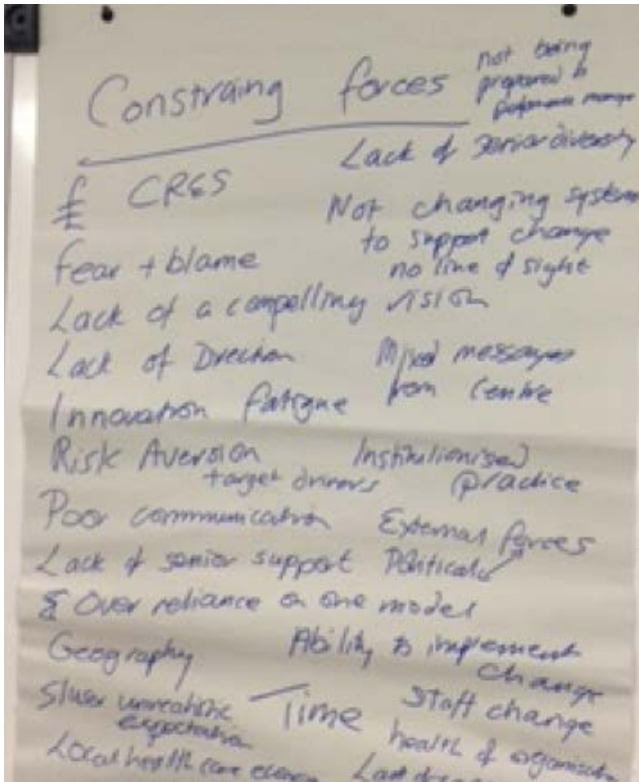# Tool S2: Examples of capturing ideas and information

	Vision and values Constant commitment to quality of care	**Goals and performance** Effective, efficient, high quality performance	**Support and compassion** Support, compassion and inclusion for all patients and staff	**Learning and innovation** Continuous learning, quality improvement and innovation	**Team Work** Enthusiastic cooperation, team working and support within and across orgs.
Strengths					
Development areas					

Analysis by cultural element – Northumbria Healthcare NHS Foundation Trust

Constraints	Enablers

Enablers and constraints for culture change - East London NHS Foundation Trust

Tool S3: End of phase questions

NHS Improvement

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