

People Plan

Sample Strategy

Lancashire Care NHS Foundation Trust





Lancashire Care NHS Foundation Trust

Our People Plan

June 2016



Version control

Version	Date	Document owner	Purpose/Change
V11	1 June 2016	Ian Tegerdine	LCFT version post Kings Fund drafting
V12	20 th June 2016	Tina Harkin	LCFT version post foreword and internal communications additions
Final	15 th July	Tina Harkin	LCFT version post Board development day and facilitator amends

Final Draft 18th July 2016

Foreword

I am delighted to write a foreword to his impressive and inspiring People Plan for Lancashire Care. We know how important it is to nurture a culture in health and care services that is focused on the delivery of high quality, continually improving and compassionate care. It is also obvious (though not always recognised) that the people who provide care determine the extent to which that care is of high quality (safe and effective), is continually improving (because care quality tends to decline if it is not improving) and compassionate.

We have a wealth of evidence that shows that if we want staff to treat people who use services, their families and carers with respect, care, compassion and dignity, we have to ensure staff are treated with respect, care, compassion and dignity. That does not happen if we leave it to good will and optimism. We have to ensure that all leaders see their role as providing listening, understanding, empathising and helping leadership to those they lead. And that requires a people plan to ensure a consistent and enlightened approach to people management and support across the whole of Lancashire Care.

This plan will deliver that. It is far sighted, ambitious and, most important, evidence-based. We know that if the principles outlined in the plan are implemented, care quality, financial performance, staff health and wellbeing and patient satisfaction will all improve. The plan offers a vision of collective and compassionate leadership for compassionate health care where all leaders pay attention ('listen with fascination') to those they lead; truly understanding the challenges staff face; empathising with them; and taking effective and intelligent action to help them.

Now what is required is the courage from all and the persistence to implement the plan and sustain the change. That involves a recognition that it will take time and effort and focus from everyone in the organisation to continue to create a culture that delivers for the people who Lancashire Care serves. Embracing a determination that everyone will work to create and sustain a culture of high quality, continually improving and compassionate care that will transform the lives of patients and service users for the better.

Prof Michael West Senior Fellow Kings fund

Lancashire Care NHS Foundation Trust has amazing people doing amazing things for the people that use our services every day. As a care providing organisation our people make the difference, and our people need to be the very best they can be in order for us to provide the high quality care that the people that use our services deserve. To support, assist and enable people in being the best that they can be we need to have the very best leadership, management, systems, structures and processes in place. This People Plan is based in the best of current organisational development thinking and leadership research and theory, but tailored to the unique requirements of our organisation and our people. We wanted to really engage people in the development of this plan and hence over 700 of our people, plus representatives of the people that use our services, gave their time in our 'Big Engage' sessions to share their thoughts, ideas, opinions and feedback and I would like to take this opportunity to thank all of those people for their valuable contribution in shaping this work. The plan requires us all to change, and for us to change and improve many of the ways we do things in our organisation and I'm excited to be part of this shared journey with the amazing people of LCFT.

Heather Tierney-Moore Chief Executive



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Executive summary

This document, the People Plan (2016) for Lancashire Care Foundation Trust (LCFT) is the output from an intensive period of work across 2015-6 during which LCFT engaged with The King's Fund to support it in exploring its organisational culture and leadership capability. The work is predicated on the evidence base generated by Professor Michael West and others regarding the optimal organisational culture for delivering high quality, continuously improving and compassionate health care.

The work programme, detailed within the document, involved triangulating existing data sets on LCFT organisational performance and undertaking an additional 'new' set of data collection activities. All data were then triangulated to develop the 'story' of LCFT's current organisational culture and leadership capability. West's domains of organisational culture in health care (2013) were used as an organising framework for the data.

The emerging narrative was then shared widely with staff and service users via the 'Big Engage' sessions, and, in addition to noting what was working well, a comprehensive exercise was undertaken to develop an action plan of development opportunities for the organisation.

A further prioritisation exercise was then undertaken to identify the top three high impact actions in each domain that would be of most benefit at the outset.

This plan is for everyone at LCFT and is designed to support an optimisation of the organisational culture and develop a leadership team worthy of the task at hand; supporting the health and wellbeing needs of LCFT staff and the population they serve.

This plan acts as a reference document and provides a high level overview of areas for action and why these are important to LCFT and more generally. It is supported by an Operational Plan, which includes a detailed delivery schedule of activities under each cultural domain, and a brief easy read summary document to inform staff about the People Plan.

The delivery of the plan will be via a series of cross directorate / network 'task and finish' groups orchestrated by the Nursing and Quality Directorate. The delivery assurance for the plan will be provided by the People sub-committee to the Quality and People Committee.

LCFT has identified a range of quality metrics to which it aspires for both patients and staff.

Successful implementation of the People Plan and its anticipated positive impact on organisational culture (for both people who use and provide / support service provision) will make a *significant contribution* to delivering on these aspirations

Table 1: Overview of the domains of organisational culture in health care (West 2013) and high impact action points for LCFT derived from an extensive staff engagement exercise; the 'Big Engage'

Domains of Organisational Culture in health care (West 2013)	High impact action points for LCFT: The top 3 actions in each domain are the priority areas as articulated by LCFT staff and cross referenced with data from the Big Engage sessions. Also see related delivery activities for each area in linked LCFT Operational Plan ¹⁶
Values and Vision – ensuring people have a clear shared vision and shared values	<ul style="list-style-type: none"> ○ Hear the voices of people who use our services and those close to them to ensure that we listen to learn and improve ○ Bring Our Vision and the Quality plan to life with the quality commitments and 'I' statements together with our values framing our behaviours ○ Changing our communications approach from 'telling' to 'sharing, listening, responding, empowering and enabling'
Goals and Performance – ensuring people have clear plans, objectives and outcomes	<ul style="list-style-type: none"> ○ Planning for high quality care¹ ○ Planning for skills and knowledge ○ Co-designing roles with people who use our services, their families and carers ○ Being clear about their role, skills and competencies and the personal development needed to deliver high quality care ○ We know how we are doing and listen, learn and improve quality together
Support and Compassion – supporting people through HR and line management and supporting them to improve their health and wellbeing	<ol style="list-style-type: none"> 1. High quality, supportive, effective, co-ordinated HR 2. Recruit for attitude (Trust Values), train for skills 3. Engaging with people collectively via Trade Unions 4. Ensure regular work reviews and feedback 5. Health and safety 6. Promoting and enabling physical health and mental wellbeing 7. Promoting and enabling balance 8. Promoting and celebrating the diversity of our people 9. Rewarding people for a job well done and saying 'thank you' in lots of ways.

¹ The concept of quality is fundamental to LCFT and is an implicit and explicit theme throughout this document. Data from the Big Engage sessions highlighted a number of infrastructure issues which directly impact on the ability to work effectively and efficiently and ultimately compromise the quality of care provided. Issues with IT (information technology) and the condition of the trusts estate featured prominently in conversations. Actions to address these areas are picked up in the Operational Plan and monitored by the Trust's infrastructure sub-committee.

<p>Learning and Innovation – providing learning, development and training for people</p>	<ul style="list-style-type: none"> ○ Ensuring we know who has which learning and development needs so we can plan for them ○ Developing a plan of investment and learning and development delivery ○ Making sure that all learning and development is effective and well designed ○ Ensuring the core training programme is prioritised to focus on addressing risk to keep us and our patients safe and allow time to be released for other development activity ○ Starting as we mean to go on (from day1 on the job), based on our values ○ Developing a common language, approach, training and support for quality improvement, especially working with other agencies ○ Ensuring everyone has appropriate access to learning and development and knows what is available; when and where
<p>Teamwork – ensuring people are working well in teams</p>	<ul style="list-style-type: none"> ○ Giving tools to help develop shared objectives, making inter-dependency work and enabling effective review ○ Remove the barriers between teams and between organisational layers ○ Giving leaders the time to lead ○ Creating physical environments to enable teams to flourish
<p>Collective Leadership – developing people leaders and people managers</p>	<ul style="list-style-type: none"> ○ Increasing leaders' connection to the front line and their accessibility to people in the organisation ○ Developing a set of shared agreed competencies and leadership 'virtues' for all leaders and managers ○ Developing our range of leadership and management development activities ○ Enabling leaders and managers to measure themselves against the competencies and create development plans, thereby ensuring everyone is aware of their development journey and how we can assist them in it ○ Ensuring our leaders represent the diversity of the people they lead and the communities they serve ○ Ensuring we are aware of our 'talent pool' at all levels

Introduction

The purpose of this 'People Plan' is to provide a reference source² for the scope of the organisational development and leadership development work that Lancashire Care Foundation Trust (LCFT) wishes to undertake.

The intention is to develop an organisational culture and leadership team equipped to meet its strategic intent and the needs of both its workforce and the population it serves; in short, a culture of high performing, continually improving and compassionate care.

The People Plan seeks to incorporate relevant data primarily gathered from practice (or observation of practice) and engagement with staff and people who use services, their families and carers³ and cross reference these with the academic literature in order that the direction of travel is truly evidence-based.

The People Plan is framed by the domains of organisational culture identified by West (2013) and described above as significant in health care.

Timeline:

LCFT as an organisation has come into being over a number of years as a result of a series of organisational mergers. It now occupies and delivers services across a large geographical space within the UK and serves an extensive population with a disparate range of needs.

Aspirations:

Given the organisational and geographical spread of LCFT, it is perhaps not surprising that there has been a desire to identify the existing organisational culture (or cultures). The intention is to then undertake a programme of work designed to move the organisation towards a unifying and optimal culture (optimal for everyone, both staff and those using services); a culture that provides a sense of belonging, meaning and pride for the LCFT workforce and offers reassurance, excellent service and a 'quality experience' and outstanding clinical outcomes for the population it serves.

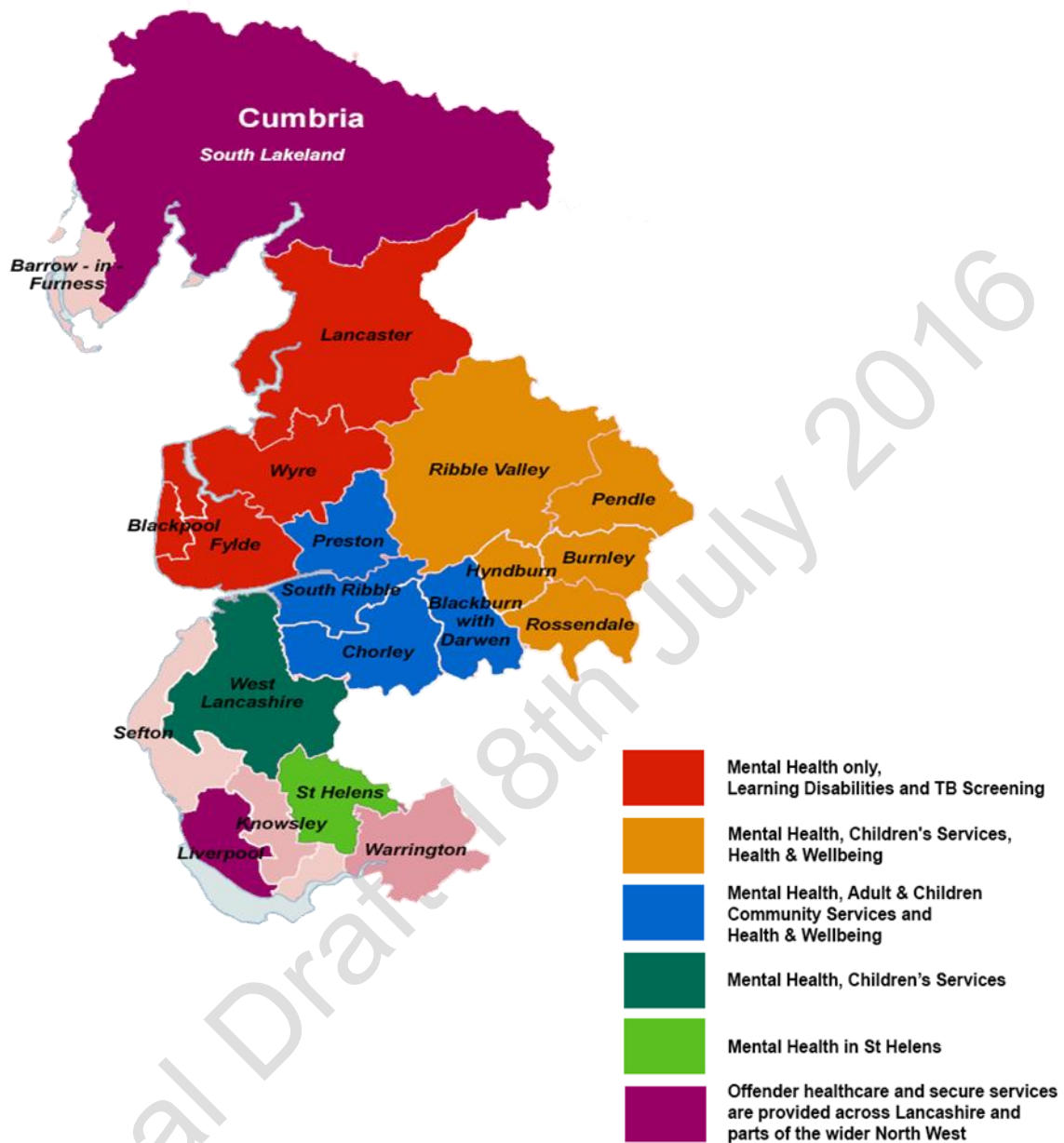
To that end, LCFT has, over recent years, spent considerable time and effort working with its people to help develop such a culture so that it is fit for purpose for the people using services and an enjoyable and rewarding place to work. LCFT has recognised the key role that leadership and leadership styles play within this aspiration.

It wishes to develop people leaders and people managers who think both individually and collectively about their work in the organisation, embracing a style of leadership which is shared and distributed across the organisation (and its borders) to transform how health and care are delivered.

² The People Plan is supported by a the LCFT Operational People Plan. An additional, readily accessible, staff facing document also needs to be developed to communicate the essentials of the plan and progress with its delivery.

³ The staff engagement exercise, known as the 'Big Engage', was undertaken between February and May 2016. 770 staff (over 10% of the Trust) attended a series of workshops and were consulted about their thoughts on and input to a People Plan for LCFT. A summary of the data from the Big Engage exercise is provided in Appendix 3. Only selected highlights are reiterated in the body of this plan. Equally an engagement exercise was undertaken with a 30 strong group of service users. Fascinatingly their views on how the organisational culture and leadership capability of LCFT could be optimised correlated strongly with that of the staff. Data from this exercise can be located in Appendix 4.

Figure 1: Lancashire Care Foundation Trust's geographical footprint



Partnership working:

In 2014 LCFT contracted with The King's Fund to support them through a pioneering programme of work designed to help them best understand their organisational culture and their leadership capability, and to surface areas that are working well and those which require some improvement. The work built on existing initiatives to develop an appreciative leadership style across the organisation, alongside a number of other transformation activities.

Theoretical framework:

The endeavour was predicated on the work of Professor Michael West and colleagues who have established a clear link between organisational culture and organisational leadership

and the impact these have on both staff health and wellbeing i.e. the workforce and its engagement, and on patient / service user experience and outcomes (ibid).

Six domains of organisational culture have been identified. These are considered significant in understanding how well a health care organisation is delivering on its' intended purpose and what is experienced by both staff and people using services associated with the organisation⁴.

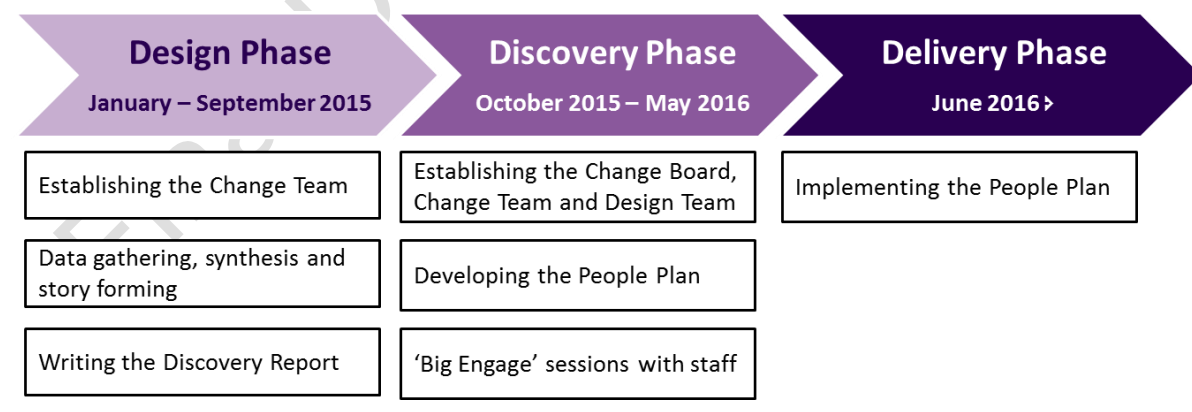
West *et al* (2014 a, 2014 b) are deeply concerned with the hierarchical nature of much of health care leadership and the detrimental way this is often enacted. They advocate a more collective approach to leadership within health care organisations which involves a high degree of distributed leadership with everyone empowered to take responsibility for their contribution to both their own role and to the organisation more widely. A determined programme of activity is suggested to ensure NHS health care trusts have a pipeline of leaders equipped to sustain a culture of high quality, continuously improving and compassionate care.

Theory into practice:

In January 2015 an internal change team was set up at LCFT who were supported via a series of on-site workshops and a methodological approach offered by The King's Fund. They undertook a six month period of work to 'Discover' the organisational culture by triangulating established data sets e.g. findings from the staff survey 2014⁵, alongside the 2015 CQC inspection report and results from the Friends and Family Test and a number of other metrics. A planned series of new data collection activities was also undertaken collecting both qualitative and quantitative data via tools such as the Culture Assessment Tool (CAT), the Leadership Behaviours Analysis (LBA) tool and both general and Board culture discovery interviews. See Figure 2 below for a diagrammatic overview of the work undertaken and Appendix 1 for a summary of data collection tools used.

The results were compiled in the form of a Discovery report and submitted to the Board and Senior Management Team of LCFT.

Figure 2: Overview of Discovery and Design phase – work programmes at LCFT



⁴ See **Error! Reference source not found.** for an overview of West's domains of culture which have been used to organise all the data reviewed as part of this programme of work.

⁵ Whilst the 2014 staff survey has informed the data presented here, it is worth noting that the 2015 survey indicated that improvements that the trust had commenced from January 2014 seemed to be having a positive result. The 2015 survey results demonstrated a rise in the overall levels of staff engagement.

Headline findings from the Discovery phase included a strong sense of compassion across the organisation for both patients / service users and between colleagues plus evidence of good team working. (This correlates with the findings from the 2015 CQC inspection which found the services at LCFT to be caring and responsive to people's needs and rated both these as 'Good').

However, there was also an indication across the data sets that this was happening 'at a price' with high levels of staff sickness and absenteeism, reports of stress, increasing workloads, feelings of lack of support and sub optimal staff engagement. Furthermore there was limited understanding of the organisations' vision, perceived limited opportunities for learning and innovation and reports of inconsistent leadership styles. Leaders self-reported a struggle to ensure necessary resources were in place and the ability to enable collective learning.

Discovery to Design:

In 2016 a complimentary programme of work, the 'Design' phase was undertaken to develop what is to be known as, the 'People Plan' i.e. for *everybody* at LCFT. Again, the Change Team and an additional Design Team drawn from across the organisation undertook this work supported by a series of five workshops offered by The King's Fund⁶. A Change Board, comprising members of the EMT, were kept informed of progress throughout the Design phase.

This document is the People Plan that was developed as a result of this programme of work and significantly informed by an extensive staff engagement programme further informed by service user engagement.

The Trust is in the process of refreshing its current 2014-19 strategy. As part of this, and consistent with one of the aims of the People Plan, we will develop a clear articulation of flow from our vision to our organisational strategy, in to our services and teams, and ultimately linking to individual staff objectives.

The following section provides an overview of the organisational vision for LCFT, its values and the eight quality outcomes to which it subscribes. These underpin its organisational strategy which is currently undergoing a period of refreshment (anticipated completion, July'16).

Design to Delivery: The remainder of the document provides an overview of the organisational culture at LCFT (as of Spring 2016) organised according to West's cultural 'domains'.

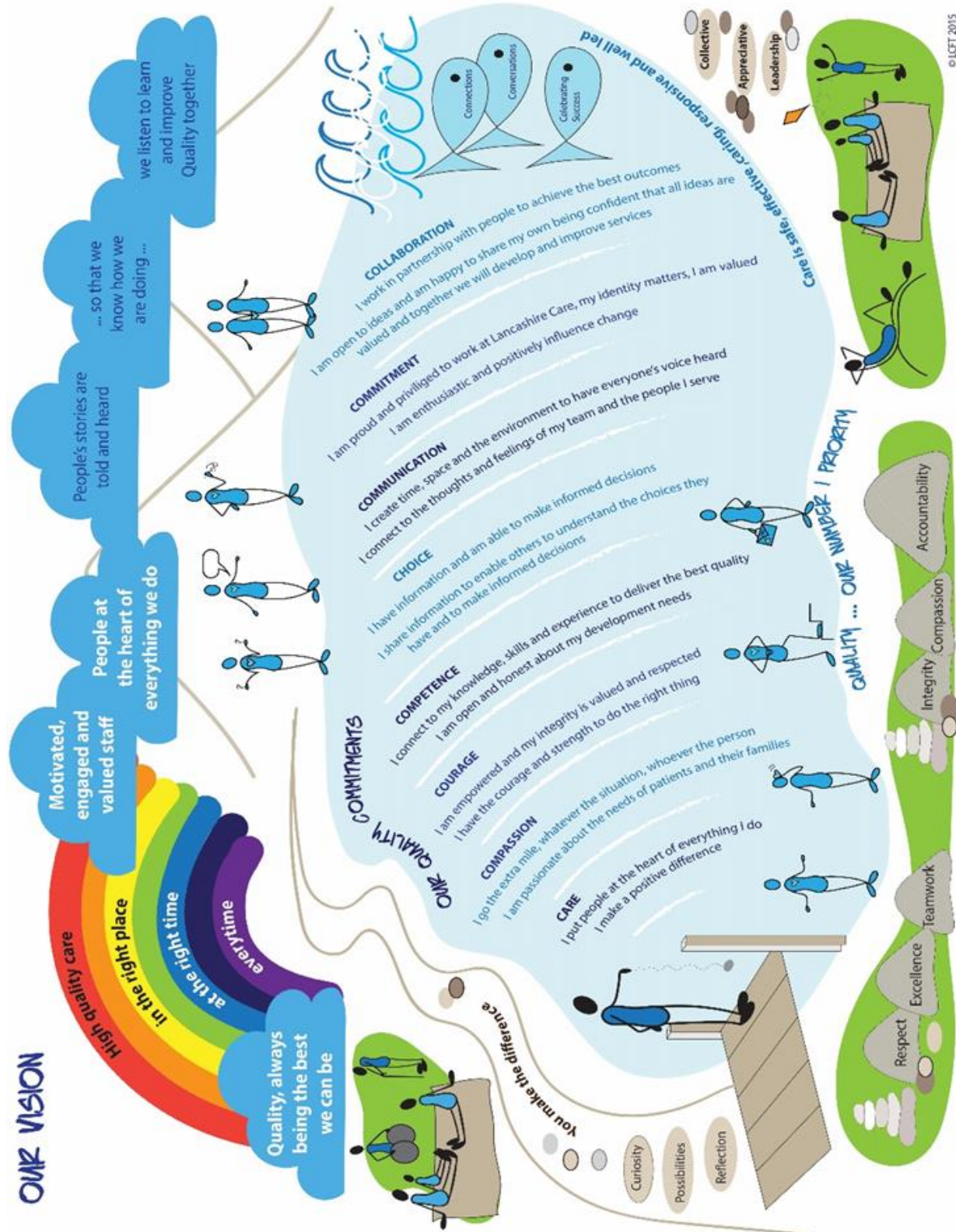
Each section clarifies;

- What the domain is all about
- Why it is important for LCFT
- Why else it is important i.e. evidence from the literature
- Where LCFT is now in relation to this domain
- What LCFT proposes to do, and;
- Implications for LCFT leadership

⁶ See Appendix 2 for their Design Principles which were agreed by LCFT's Senior Management Team

LCFT Vision, Values and Quality Commitments

Figure 3: Vision, Values and Eight Quality Commitments at LCFT




Proposed structure of LCFT People Plan

Figure 4: Proposed structure of LCFT People Plan – bespoke to LCFT but predicated on Wests'; domains of organisational culture



1. Values and Vision – ensuring people have a clear shared vision and shared values

What is this domain about?



1. Ensuring
People have a
clear shared
vision and
shared values

Creating a simple prioritised vision / strategic narrative, based on high quality compassionate care

Why is it important for LCFT?

In April and May 2015, 2,066 (36.8% response rate) members of LCFT staff responded to the Culture Assessment Tool (CAT) which measured responses to all six dimensions of organisational culture. Communication and understanding of the vision of the organisation was the lowest scoring area in the CAT. These results prompted immediate action from the LCFT Board and the communications team, and action was taken to redesign the vision in conversation with staff.

Why else is it important?

Research evidence demonstrates a link between high performance health care organisations and the prioritisation by senior managers of a vision and strategic narrative that is focused on high quality, compassionate care (Dixon-Woods et al, 2013). Vision and mission statements about high-quality, compassionate care provide a directional path for people but they must be translated into clear, aligned, agreed and challenging objectives at all levels of the organisation, from the Board to frontline teams and individuals (Locke and Latham, 2013).

Where are we?

In a King's Fund administered survey of Rising Stars in LCFT in May 2015, these aspiring leaders rated their ability (via a simple Likert scale) to create direction and alignment around strategies and objectives and to help interpret the meaning of events at just 3.6 out of 10, suggesting this as an area for development in LCFT.

However, widespread communication of the new vision is being undertaken and this will continue as part of enacting the People Plan.

There was considerable discussion at the 'Big Engage' sessions for supporting colleagues to live the Trust Values and the need to drive this in multiple ways. Related to this was a strong desire to see a change in overall tone and mechanisms of communication.

What will we do?

People wished this domain to be further addressed in three ways;

1. Getting people who use services, their families and carers really involved in working with us to meet their health rights and needs
2. Keep the Quality-Led strategy real and use it in everything to inform behaviours
3. Changing our communications approach from 'telling' to 'sharing, listening, responding, empowering and enabling'

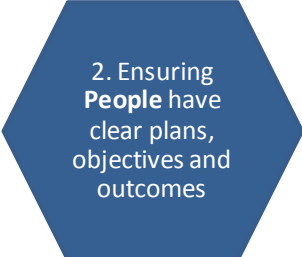
Implications for leadership:

- Communicate an inspiring, forward- looking and ambitious vision focused on offering high-quality, compassionate care to the communities they serve
- Reiterate the message at every level that such care is the core purpose of all staff so that everyone understands and acts on this commitment
- Translate vision into leadership actions because the messages that leaders send about their priorities are communicated more powerfully through their actions than their words
- Monitor, attend to, measure, reward and reinforce activities in line with the values and vision
- Ensure the board also enacts the vision and values of the organisation through what they attend to, monitor, reprove or reward; and that they listen to patient voices as the most important sources of feedback on organisational performance, and they listen to staff voices to discover how they can best support and enable staff to provide high quality patient care
- Ensure a strategy is implemented for nurturing a positive culture.

2. Goals and performance – ensuring people have clear plans, objectives and outcomes

What is this domain about?

Ensuring clear plans and objectives with a flow through the organisation, aligned to our vision, values and strategic priorities



2. Ensuring
People have
clear plans,
objectives and
outcomes

Why is it important for LCFT?

In the 2015 King's Fund CAT survey LCFT staff reported having relatively clear objectives but that they did not receive sufficient or useful information about their performance.

Staff engagement data highlighted the desire for constructive feedback, the need to engage people as comprehensively and as early as possible in the planning process and a desire to be sufficiently equipped (via professional development) to meet objectives and tasks.

The 2015 CQC report drew attention to the lack of an effective governance system across the organisation (this was being developed at the time of the inspection) which had a number of adverse effects, including, a disconnect between the clinical networks, limited opportunities for shared learning, a lack of connection between service delivery and the board and, in some areas, compromised patient safety standards.

Why else is it important?

Staff in the NHS report often feeling overwhelmed by tasks and unclear about their priorities resulting in stress, inefficiency and poor quality care (Dixon-Woods et al, 2013). Creating cultures that are focused on high quality care requires leadership to ensure there are clear, aligned and challenging objectives at all levels in the organisation (West, 2013). This is not the same as the institution of target-driven cultures that are used by some governments and organisations to drive change in the system with, the evidence suggests, limited success (Ham, 2014).

Research has demonstrated a link between organisations' top teams having five or six clear objectives and the wider organisational performance (Wageman et al, 2008) and between staff having clear and challenging objectives and staff attitude and motivation, and patient experience and care (Locke and Latham, 2013).

Where are we?

The need for improving the process for providing feedback to people i.e. the PDR (Personal Development Report) process was noted in a number of the data sets obtained including the CQC report, the CAT tool, the staff survey and the 'Big Engage' sessions. Recent changes to the process were seen as positive.

What will we do?

People wished this domain to be further addressed in five ways:

1. Planning for high quality care
2. Planning for skills and knowledge

3. Co-designing roles with people who use our services, their families and carers
4. Being clear about their role, skills and competencies and the personal development needed to deliver high quality care
5. Knowing how we are doing and listen, learn and improve quality together

Implications for leadership

Leaders at all levels in an organisation need to ensure:

- Everyone is clear about what they are required to do (aligned to vision, values and strategic priorities of organisation)
- Give helpful, positive feedback on performance, including appreciation
- Insist on transparency in relation to errors, serious incidents, complaints and problems
- Be clear about consequences of 'not performing' (v's 'not achieving')
- Regard mistakes as opportunities for learning
- Act effectively to deal with poor performance and proactively address aggressive, inappropriate and unacceptable behaviours displayed by staff or patients/carers
- Promote continuous development of the knowledge, skills and abilities of staff in order to improve quality of patient care, safety, compassion and the experience for those using services
- Consistent encourage, motivate and reward innovation and introduce new and improved ways of working
- Hold self and top teams to account to live and model the objective process

3. Support and Compassion – supporting people through HR and line management and supporting them to improve their health and wellbeing

What is this domain about?

Managing people in a supportive, appreciative and compassionate manner, ensuring good human resource management practice. Engaging people through appreciative and authentic conversations. Ensuring positive interventions to negative intervention no less than 3:1 and preferably 5:1. Enabling people to get the job done – remove obstacles, tackle system problems. (Adopt the ‘servant leader’ approach) Giving emphasis to the health and wellbeing of people.

3. Supporting People through HR and line management and supporting them to improve their health and wellbeing

Why is it important to LCFT?

In the 2015 CAT survey, whilst LCFT staff rated ‘compassion towards patients and peers’ highest of all the measures, they gave ‘support from managers’ one of the lowest scores.

In 2014, when we took a benchmark snapshot of a number of HR and quality measures at LCFT, staff health and wellbeing and engagement were areas for concern, in terms of self-reported staff stress, harassment and bullying and discrimination. Absences and serious untoward incidents were showing increases.

Why else is it important?

Many studies have demonstrated the well-established relationships between staff management, customer service satisfaction and financial performance, in the commercial service sector (Schneider et al, 2005; Schneider et al, 1998; Yagil, 2014) and research on the health sector suggest similar relationships exist.

Where health service staff report they are well led and have high levels of satisfaction with their immediate supervisors, patients report that they, in turn, are treated with respect, care and compassion (Dawson et al, 2011). Overall, data suggests that when health care staff feel their work climate is positive and supportive, as evidenced by coherent, integrated and supportive people management practices, there are low and declining levels of patient mortality (West et al, 2002; West et al, 2006). Engagement also appears to be higher in health care organisations where leaders create a positive climate for staff so they feel involved and have the emotional capacity to care for others (Dawson et al, 2011).

Data from the UK National Staff Survey reveal that staff engagement trumps all other measures (staff satisfaction, leadership, human resource management (HRM) practices) as the best overall predictor of NHS organisations’ outcomes (West et al, 2014a) and, where health care staff are engaged, they are likely to deliver high quality care, to be focused on improving services and to have more capacity for compassion (Bakker, 2011; Bakker et al, 2006; Bakker et al, 2008).

Where are we?

In the 2015 leadership behaviour analysis administered by The King’s Fund, aspiring and current leaders at LCFT rated their abilities to nurture commitment and optimism and

promote social justice and morality as one of their relative strengths. However they still scored these abilities under five out of a total score of ten so this, in combination with the results from the broader sample of staff in the CAT, suggests development of leadership and managerial capability to support and engage staff is still needed.

The Big Engage sessions with staff generated a high volume of feedback associated with promoting health and wellbeing in staff and issues related to the policy and procedure for sickness absence.

What we will do:

People wished this domain to be further addressed in nine ways:

High quality, supportive, effective, co-ordinated HR

1. Recruit for attitude (values), train for skills
2. Engaging with people collectively via trade Unions
3. Ensure regular work reviews and feedback
4. Health and safety
5. Promoting and enabling physical health and mental wellbeing
6. Promoting and enabling balance
7. Promoting and celebrating the diversity of our people
8. Rewarding people for a job well done and saying 'thank you' in lots of ways.

Implications for leadership

Leaders help create the conditions for high staff engagement by:

- promoting a positive climate
- Recognising staff contributions
- Providing information
- Giving helpful feedback
- Supporting staff innovation
- Promoting fairness and transparency
- Developing trusting relationships
- Managing people in a supportive and compassionate manner, ensuring good human resource management practice
- Engaging people through appreciative and authentic conversations
- Ensuring positive interventions to negative intervention no less than 3:1 and preferably 5:1
- Enabling people to get the job done – remove obstacles, tackle system problems (adopt the 'servant leader' approach)
- Giving true voice to staff which allows for influence and contribution
- Empowering and giving tools to enable people to improve quality
- Giving emphasis to the health and wellbeing of the people

4. Learning and Innovation – providing learning, development and training for people

What is this domain about?

Coaching people, driving learning, education and development activities. Having and developing people to use a quality improvement mechanism.



4. Providing learning, development and training for People

Why is it important to LCFT?

Learning and innovation was one of LCFT's lowest scores in the 2015 CAT survey of staff. Higher levels of learning and innovation were reported in the Fylde and Wyre locality and in the Adult Community network. Barriers to learning and innovation are likely to undermine any quality improvement initiatives in our Trust. Learning and development are therefore a key priority as a commitment to our aim of developing a culture which enables the delivery of high quality, continually improving and compassionate care.

Why else is it important?

Following the failures in Mid Staffordshire NHS Trust, a report by Don Berwick (2013) advocated culture changes in health care with a strong emphasis on embedding learning and quality improvement throughout health care organisations. The report recommended the NHS should 'continually and forever reduce patient harm' by adopting an ethic of learning. Moreover, the report recommended that the voice of the service user should be constantly heard by leaders establishing ways of ensuring that patients and their carers are represented at all levels of health care organisations. In effect, the report recommended that leadership must ensure all health services are delivered by 'learning organisations', with innovation a core part of all roles, and with a strong emphasis on transparency so all data on quality and safety is available to everyone involved in the services.

Globally, the best performing health care systems are those with successful, integrated quality improvement at the heart of the organisation (Baker, 2011). Sustaining cultures of high-quality care involves all staff focusing on continual learning and improvement of patient care, 'top to bottom and end to end', and thereby taking leadership responsibility for improving quality (Berwick, 2013).

Where are we now?

In LCFT, out of the ten leadership behaviours measured, leaders in a 2015 survey administered by The King's Fund ranked their ability to develop and empower people and to enable collective learning as *most in need of development*.

Feedback from the Big Engage sessions generated a high volume of feedback on this issue with multiple detailed areas for improvement identified. Particular emphasis was placed on the importance and consistency of access to training and development opportunities and how this is communicated. The 'burden' and perceived lack of relevance associated with much of the mandatory training received much comment as did the need to overhaul corporate and local induction and 'on-boarding'. Staff also wished for support to learn and adopt a common approach to quality improvement.

The CQC noted (2015) that compliance with compulsory training, appraisals and supervision was inconsistent across all services and the trust was not meeting its own targets. Equally learning from incidents, complaints and the sharing of learning needed to be embedded and shared consistently across services.

What we will do?

People wished this domain to be further addressed in six ways:

1. Ensuring we know who has which learning and development needs so we can plan for them
2. Developing a plan of investment and learning and development delivery
3. Making sure that all learning and development is effective and well designed
4. Ensuring the core training programme is prioritised to focus on addressing risk to keep us and our patients safe and allow time to be released for other development activity
5. Starting as we mean to go on (from day1 on the job), based on our Trust Values
6. Developing a common language, approach, training and support for quality improvement, especially working with other agencies

Implications for leadership


Leadership focused on improvement should ensure that:

- Teams at all levels collectively take time out to review and improve their performance
- Mastery of quality and patient safety sciences and practices is an ongoing priority for all
- There are high levels of dialogue, debate and discussion across the organisation (top to bottom and end to end) to achieve shared understanding about quality challenges and solutions
- Where possible, staff receive coaching
- Learning, education and development activities are encouraged
- Line managers have the skills to deliver great people management
- There is a commitment to using reliable evidence to inform practice and decision making

5. Teamwork – ensuring people are working well in teams

What is this domain about?

Ensuring teams are 'real', shared objectives and work is inter-dependent. Teams meet regularly to review performance on shared objectives and effectiveness of interdependent working. Dealing firmly, fairly and swiftly with disruptive behaviour and poor performance. Consider how teams can be 'team coached'.



5. Ensuring
People are
working well in
teams

Why is it important to LCFT?

Data from the Big Engage sessions produced a high volume of feedback on the desire for effective team working and the sense of belonging that can be gained from working in a team. Confusion was expressed about the different and multiple 'layers' of staff in the organisation and differences in 'spans of control' across staff and the negative impact this had on team working. Supporting team leaders to have both the time and the skills to lead effectively was also a clear request.

Why else is it important?

Cultures of quality and safety require a strong value of team-working. Health care staff, across professional boundaries, have to work interdependently to provide high-quality and safe care for patients (Lyubovnikova and West 2013; West, 2012). Where multi-professional teams work together, patient satisfaction is higher, health care delivery is more effective, there are higher levels of innovation in the provision of new and improved ways of caring for patients, lower levels of staff stress, absenteeism and turnover, and more consistent communication with patients.

Leadership that ensures effective team and inter-team working (both within and across organisational boundaries) is essential if NHS organisations are to meet the challenges ahead. Shared leadership in teams is a strong predictor of team performance (D'Innocenzo et al, 2014; West et al, 2014a).

'Real teams' (characterised by team objectives, interdependent working, regular meetings) in health care organisations are linked to lower levels of errors, fewer injuries to staff, lower harassment, bullying and violence against staff, lower staff absenteeism and lower patient mortality. (West et al, 2014b). Health care teams that take time to review performance and adapt their processes appear to be more effective and innovative than other teams (Schippers et al, 2014; Widmer et al, 2009; Wiles and Robison, 1994). More generally, team positive psychological capacities, including optimism, hope and resilience have been shown to positively predict team cooperation and satisfaction (West et al, 2009) which will in turn have a beneficial impact of the quality of care delivered by service providers.

Where are we now?

In the 2015 CAT survey, staff ranked team-working as a relative strength in LCFT's culture profile, at 3.74 out of a possible score of 5.

In the 2015 Leadership Behaviours Analysis, LCFT leaders, particularly the Rising Stars group, rated themselves more able to encourage trust and cooperation in their teams than to create a sense of collective identity.

These scores sit in the context of evidence that the quality of team working across the NHS as a whole needs to be substantially improved in the interests of delivering safe and effective care.

What will we do?

People wished this domain to be further addressed in four ways:


1. Giving tools to help develop shared objectives, making inter-dependency work and enabling effective review
2. Remove the barriers between teams and between organisational layers
3. Giving leaders the time to lead
4. Creating physical environments to enable teams to flourish

Implications for leadership

Team leaders create a strong sense of team identity by ensuring:

- Teams are 'real':
- Shared objectives (five or six clear, challenging, measureable team objectives agreed)
- Work is interdependent; meetings are planned to review performance on shared objectives and effectiveness of interdependent working and adjust accordingly
- The team has articulated a clear and inspiring vision of the team's work
- There is clarity about the team's membership
- There is strong commitment to collaborative cross-team and cross-boundary working (working effectively with other teams)
- There is shared leadership in teams and members are fully involved in appropriate decision making
- Responsibility for decisions is delegated to members appropriately
- There are constructive debates about how to provide and improve high quality patient care
- Team members are equipped with the skills to deliver the team objectives
- There is a team climate of positivity, characterised by optimism, team efficacy, mutual supportiveness and good humour
- Team coaching is considered; and disruptive behaviour and poor performance is dealt with firmly, fairly and swiftly.

6. Collective Leadership – developing people leaders and people managers



6. Developing People leaders and people managers

What is this domain about?

Leadership of all, by all, for all. Enabling the collective actions of formal and informal leaders to act together to drive organisational success. Taking collective responsibility for patient care. Collaborating, facilitating and participating in our shared endeavour. Understanding the contribution and difference leaders can make (positive and negative) through their deeds and actions, understanding that the top leaders are the principle carriers of culture in any organisation, often expressed through organisational rituals and rights. Checking congruence of top leader behaviour with values and vision of organisation. Measuring what the board really value – in their deeds not their words.

Why is it important for LCFT?

The Care Quality Commission (CQC) now recognises competence in this regard by incorporating into its inspections key lines of enquiry on whether organisations are well led. A component of this is the extent to which boards have ensured a leadership strategy is in place (Care Quality Commission, 2014) and NHS Improvement 2014–17 strategy involves paying more attention to the capabilities of provider organisations to make the changes necessary for providing integrated care (Monitor, 2014). This includes making sure that system leaders are working together effectively, nationally and locally – in effect, that there is collective leadership at every level.

Why else is it important?

Collective leadership refers to a type of leadership culture which is the result of the collective actions of formal and informal leaders acting together to influence organisational success (McGuire and Rhodes, 2009; West et al, 2014a; West et al, 2014b).

It involves the purposeful, visible distribution of leadership responsibility onto the shoulders of every person in the organisation is vital for creating the type of collective leadership that will nurture the right culture for health care (McCauley, 2011) and research has shown the importance for organisational performance of clinicians and managers at every level in the system having the knowledge and skills to work effectively across boundaries, alongside strong and effective organisational leadership (Vize, 2014; West et al, 2014a)

Equally the evidence suggests that organisations with cultures of ‘collective leadership’ are more effective than those with ‘command and control’ leadership in creating direction, alignment and commitment, particularly in organisations that face challenges of uncertainty and complexity (Drath et al, 2008). It has also been shown that in terms of organisational climate and culture in health care, leadership cultures of ‘command and control’ are less effective than more engaging leadership styles (Dickinson, 2013; West et al, 2014a).

Indeed, the evidence shows a link between directive, brusque managers and decreased ability of staff to make good decisions and decreased patient experience (Carter and West, 1999; Mickan and Roger, 2005).

Collective Leadership cultures are characterised by:

- A positive climate (underpinned by a compelling vision which defines organisational purpose and desired outcomes)
- A focus on delivering high quality, safe health care
- The recognition and valuing of staff contributions
- The timely sharing of information and feedback in a supportive manner
- The promotion of honesty, transparency, openness and fairness
- The distribution of power / leadership to wherever expertise, capability and motivation sit within the organisation
- The treatment of both people who use services and staff with respect, kindness and compassion
- Widespread staff engagement
- Genuine team-working
- Staff focussing on continual reflection and learning, leading to on-going and continual improvements to care
- Effective engagement with people who use services, prioritising and being responsive to their needs

Where are we now?

The CQC inspection of 2015 made a number of positive comments about overall leadership including positive comment on the trusts vision and strategic objectives, its action plans to drive service improvement and initiatives to improve staff engagement. It also noted that local leadership was generally visible and strong. Nonetheless it considered the trust requires improvement in its 'well-led' domain.

In terms of data from the Big Engage sessions, this theme probably attracted the strongest and highest volume of feedback on any subject. A desire for visible (at point of care), approachable, understanding, aware and open 'servant leaders' was expressed. The perceived lack of inclusion of front line staff in planning decisions or general feedback was noted alongside a wide spread perception of disconnect between the leadership team and 'front line' issues. High support for a clear management and leadership competency framework was expressed and improved PDR processes (Personal Development Review). This included strong support for developing culture that means staff at all levels are held to account for behaviours not in line with the shared values of the trust. There was also concern to develop strong workforce plans and a clear talent pipeline for all key clinical and professional roles.

What we will do?

People wished this domain to be further addressed in six ways:

1. Increasing leaders' connection to the front line and their accessibility to people in the organisation
2. Developing a set of shared agreed competencies and leadership 'virtues' for all leaders and managers
3. Developing our range of leadership and management development activities
4. Enabling leaders and managers to measure themselves against the competencies and create development plans, thereby ensuring everyone is aware of their development journey and how we can assist them in it
5. Ensuring our leaders represent the diversity of the staff they lead and the communities they serve
6. Ensuring we are aware of our 'talent pool' at all levels

Implications for leadership

- Provide clarity on organisational direction (what the collective is trying to achieve together)
- Ensure alignment (effective co-ordination and integration of different aspects of work) so that the actions of all are aligned with a common purpose; the organisations' strategy, mission and values
- Demonstrate commitment (everyone taking responsibility for the whole as opposed to focussing on individual or team success in isolation)
- Board and Senior Leadership Team to demonstrate openness to reflecting and developing own leadership styles and acting more collectively ie commitment to personal change to enable organisational change
- Develop a strategic approach to working collectively (inter and intra organisationally)
- Board and Senior Leadership Team genuinely dedicated to empower all staff as leaders
- Develop trust in the process of collaboration
- Develop and implement a 3-5 year leadership strategy for LCFT underpinned by the organisational strategy and framed to address organisational challenges, support the desired organisational culture and meet future *collective* leadership needs. (Eckert et al 2014)
- Enable the collective actions of formal and informal leaders to act together to drive organisational success
- Take collective responsibility for the care of people who use services

- Develop the 'six star hotel touch' - relentless in pursuing excellence
- Understand the contribution and difference leaders can make (Positive or negative) through their deeds and actions
- Understand that top leaders are the principle carriers of culture in any organisation, often expressed through organisational rituals and rights
- Check congruence of self / top leader behaviour with values and vision of the organisation
- Measure what the Board says it values

Timeline, Delivery, Governance, and Measures of Success

Measures of success:

LCFT has identified a range of quality metrics to which it aspires for both people who use services and staff.

Successful implementation of the People Plan and its anticipated positive impact on organisational culture (for both patients and staff) will make a *significant contribution* to delivering on these aspirations. It is sensible therefore to cross reference the impact of implementation against these measures.

Patient Care measures:

- Score of 95% or over on Friends and Family test by end year 2 – (17/18)
- 10% reduction in Serious Incidents by end year 2 (17/18), from 15/16 benchmark
- Safety Thermometer score of 95% or higher on physical health and 90% or higher on mental health by year 2 (17/18)

Staff satisfaction measures:

- Staff engagement score equals or exceeds score in top 10% of comparable Trusts by year 2 (17/18)
- Staff appraisal scores equal or exceed comparable Trust averages by year 2 (17/18)
- Staff Sickness levels are below 4.5% by year 2 (17/18)
- Staff voluntary turnover at or below 10% by year 2 (17/18)

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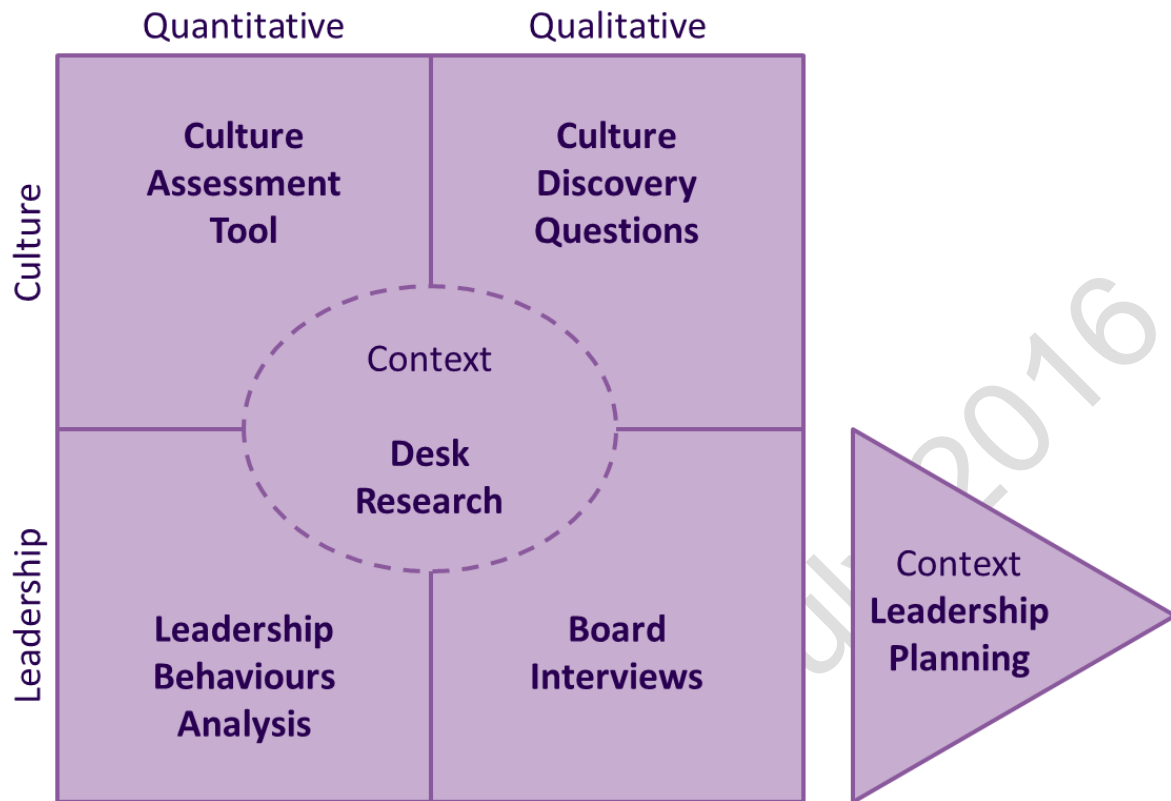
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Appendices

1. Summary of data collection methods used during Discovery phase
2. Design principles agreed by LCFT (Change team, Design team and Change Board).
3. Summary of data and feedback from the 'Big Engage' sessions (staff). Design phase, Feb-May'16
4. Summary of data and feedback from the 'Big engage' sessions (service users). Design phase Feb-May'16

Appendix 1. Summary of data collection methods used during Discovery phases⁷



⁷ Qualitative data was also collected throughout the design phase of the programme – throughout the five workshops of the design phase and extensively in the Big Engage sessions with staff and service users.

Appendix 2: Design principles agreed by LCFT

The following criteria was used to measure proposals in the design phase:

- Does this improve patient/ svc user care?
- Does this improve patient/ svc user experience?
- Is this focussed on quality improvement?
- Does this add value for money?
- Is this cost neutral, or preferably does it reduce costs? Or if not, could a convincing evidence rich business case for investment be made?
- Is it evidence based?
- Is it able to be evaluated?
- Is it focussed on a Collective Leadership framework activity section/ focus area?
- Is it coherent with the wider Collective leadership development plan?
- Does it improve (or at least have no negative impact on) inclusivity? (Diversity / different voices etc)?
- Can it be considered to be doing the 'right thing'? (Allows some things to stop)
- Can it be considered doing the 'thing right' ? (Allows review and improvement of existing activity)
- Is its final form true to its original purpose (ie not unduly subverted / diverted by current noise or politics)?
- Can it be clearly described, both in terms of activity, and purpose?

Appendix 3: Summary of data and feedback from the 'Big Engage' sessions

Session Date	Happy	Neutral	Unhappy	Comments
8/3/16	16	6	0	Broaden the engage participation felt more junior staff should go but that SM's didn't have to attend every session to compensate. Move location around the patch aiming to cover all staff over 2-3 years. Managers should be encouraged to feedback to teams regarding engage
15/03/16	23	7	1	Execs need to have broad shoulders to hear this feedback Important to make investment in retaining staff Execs need to listen to staff and actually enact change, if changes are not seen to come from this process or be attributed to this process staff are saying they will lose any remaining faith that the Exec's are actually interested in staff.+++++
18/03/16	40	5	0	
23/03/16	36	2	0	Very positive day – feel we have been listened to Encouraging Listen, learn, share – great day to network away Enjoyable day gets everyone talking Able to share ideas with new people Very engaging day Good day – able to put ideas to some use Very positive day – feel we have been listened to Feel involved A great and worthwhile experience, I leave feeling valued motivated and enthused – thank you
14/04/16	49	3	0	I feel neutral about the day but lan was excellent
19/04/16	36	5	1	Too much information for ideas to be clear Enjoyed the day but will it be heard? Enjoyed lan facilitating but just not confident anything will change Loved the facilitator not sure about the future Lost interest towards the end of the day, made me realise how poor my managers are compared to those in other services Felt valued session would be better if half a day – good venue and walk Best way to find out how we feel is by asking us Good to have a say. Can't wait to see results I feel listened to Good to talk

				<p>Feel that finally LCFT are starting to listen to me / us At last something might happen Being involved Productive / Constructive Enjoyed the lunchtime walk Happy smiley face today Too much of the same thing – mix up the learning All you need to do is ask, but also please listen Joy! People make learning live Remember the band 4 admin staff</p>
21/04/16	68	4	0	<p>Too long a day Interesting and enjoyable day Good day Keep dreaming Engaging – thank you Happy Better than expected Very engaging Interesting A chance to be honest Reinvigorating Happy day – positive Encouraged The trust needs to listen to staff more Informative Feeling hopeful Thank you For the first time in a long time I felt able to say what I thought Enjoyed the day Excellent organisation of the day</p>
28/04/16	37	7	1	<p>Release me! Table facilitation mixed: Good, domineering, non-existent Good format Ian was very good Half an hour too short for the big issues Seen it before but nothing changed I hope in time it will make me a smile Confused but understood by the end Will we be listened to Will the session be acted upon Will it really make a difference Discussions went off topic Please make it work we need it Very good facilitators Same messages across trust Well done! Today was very interesting I hope it will really make a difference Worthwhile and interesting</p>

				<p>Fun. Conversation. Involved. Enjoyable. Informative. Interesting Good networking Listened to Positive change Good opportunity to feedback and interesting to hear from others Interested in the final people plan structure Good space to think and reflect and a choice to talk openly Positive, makes me feel that change is possible Advise us on progress Please help us Hopeful Interesting and useful conversations Found it very useful, took lots of info away A great opportunity to share information Felt as if I have contributed to the future of our trust, please listen! Today has given me hope for change But seeing is believing Massive changes need to happen Opportunity to voice opinions and network Appreciative 30 mins not long enough Helpful to hear other stories Well facilitated and discussed Interested to see change Trust Values! Communicate, evidence progress, support, develop Hopeful but I won't hold my breath Invested in and valued Glad to be part of the change to come Enjoyable day meeting new people</p>
04/05/16	26	1	0	<p>Lovely Not stressful Hope ideas are actioned Meeting other professionals from other areas Thank you Enjoyed event, given a chance to air my ideas and views hope this creates change Enlightening and exciting Listened to Was not what I was expecting encouraging Fun, interesting – Well done!</p>
05/05/16	13	3	0	<p>Live in hope Hopeful Good day .. but... I've been to a few local to the network Interesting, diverse Very good, really enjoyed it</p>

				<p>Nice to have the opportunity to be involved and asked ideas on what needs to be embraced and what needs to be changed</p> <p>Felt listened to</p> <p>Fantastic</p> <p>Good</p> <p>Allowed to express concerns re: service in order to move forward</p> <p>Thought provoking nice to have a say</p> <p>Enjoyed it, felt listened to</p> <p>What no cake? Enjoyable day</p> <p>Not what I expected – much better</p> <p>I await positive and proactive developments from this event</p> <p>Hope things really change for the better</p> <p>Yeah! Good to talk and listen</p> <p>Nice to meet everyone</p> <p>Thanks great day</p> <p>Change for tomorrow</p> <p>Felt like I have had a voice</p> <p>More interesting than I expected great lunch thanks</p> <p>Very interesting</p> <p>Good</p>
06/05/16	29	1	0	<p>Refreshing to be asked for feedback and listened too</p> <p>Frustrating that there is no magic wand to inject staff and resources into the team</p> <p>Optimistic Positive lunch was good</p> <p>Positive while remaining realistic</p> <p>Open and honest conversations – very refreshing</p> <p>Nice to be able to give our point of view as front line staff</p> <p>Optimistic</p> <p>Feel listened too and that my opinion counts</p> <p>Better than I expected</p> <p>Informative</p> <p>Interesting and informative</p> <p>Really positive , engaged and excited</p> <p>Loved the music</p> <p>Exciting and positive</p> <p>Everyone had a voice today</p> <p>Positive day</p> <p>Good to have a chance to contribute</p> <p>Loved being involved</p> <p>Good to be listened too</p> <p>Hopeful</p> <p>Great day, I want to do it again</p> <p>It has been quite useful for me and somewhat informative</p> <p>Encouraged by the future</p>

Feedback themes from Big and Local Engage Sessions 10/5/16

Domain 1 Ensuring People have a clear shared Vision and shared Values

Block 1.1: Getting patients and the users of our services and the population we serve really involved in working with us to meet their health rights and needs

Feedback overview: High volume of support expressed for need to build on current good practice and engage more and better with users of our services.

Specific feedback themes:

- a. Increasing involvement of users of our services in our organisational processes
- b. Increasing methods and approaches to gaining feedback from users of our services.

Block 1.2: Holding to account on living our values (Supporting each other to live our values)

Feedback overview: High volume support for the need to drive the values in multiple ways

Specific feedback themes:

- a. Greater application of values to Teamwork
- b. Greater application of values to management activities
- c. Opportunities and ideas for communicating the values
- d. Opportunities and ideas to drive the values through all of our activities

Block 1.3: Changing our Communications approach from 'telling' to 'sharing, listening, responding empowering and enabling'

Feedback overview: Strong desire to see a change in overall communications tone, voice and mechanisms

Specific feedback themes:

- a. Communication differently with, through and within teams
- b. Developing a two way channel approach and gaining feedback
- c. Opportunities and ideas for communicating differently
- d. Reflections on the strategic and political approach that could be considered in communications

Domain 2 Ensuring People have clear plans, objectives and tasks

Block 2.1: Planning for high quality care

Feedback overview: High level of feedback on transparency, communicating what was required of the business at the earliest possible stage and engaging the in planning staff to really use their skills and knowledge to support the organisation to achieve its objectives

Specific feedback themes:

- a. Request to improve involvement of staff at all levels in planning
- b. Request for improved approach to objective setting and the flow of objectives through the organisation realism

Block 2.2 Planning for skills and knowledge

Feedback overview: High level of feedback indicating strong desire for improved training and personal development to support the development of services and the organisation, planning seen as an effective means to this end

Specific feedback themes:

- a. Opportunity to improve training/ learning needs analysis and planning approaches and processes
- b. Opportunity to improve PDR processes to take account of learning and development needs analysis and planning, links need to be made to professional supervision
- c. Opportunities and Innovative ideas for development opportunities
- d. Opportunity to ensure we have the workforce to deliver our current and future services and hence have workforce plans and associated talent plans which capture this (ref 6.10)

Block 2.3: Planning jobs around patients and service users (after getting their input), rather than planning services around the jobs we have

Feedback overview: High level of feedback indicating strong desire and real understanding of the potential benefit of this

Specific feedback themes:

- a. Opportunity to use staff that are service users too
- b. Opportunity to facilitate service users to get involved with Commissioners to help design services

Block 2.4: Being clear what the tasks are and the personal development needed to deliver high quality care

Feedback overview: High volume of feedback indicating that staff seek transparency and clarity around what is required of them

Specific feedback themes:

- a) Opportunity to develop the 'flow' of objectives through the organisation, linking to planning and PDR processes
- b) Strong desire expressed for PDRs to take place annually and to develop regular 1:1s and supervision, with both appraisers and appraisees trained in order to maximise benefit
- c) Opportunity to develop the process of regular review of Job Descriptions
- d) Opportunity to develop line manager skills in setting realistic objectives that drive quality improvement
- e) Opportunity to influence Commissioners in order that targets are realistic

Block 2.5: Checking, measuring and reporting back on how we're doing so we know 'when we meet our target' including service user input

Feedback Overview: Feedback indicates that staff have not always thought of point of care and team level information, but once explored could clearly see the opportunities

Specific Feedback

- a) Develop appropriate information systems to support managers and staff at all organisational levels on a range of metrics
- b) Feedback to staff about what all their reporting means and the destination and reason for data collection

Domain 3: Ensuring people are well supported and well managed

Block 3.1: High quality, supportive, effective, coordinated HR

Feedback overview: High volume of feedback, multiple detailed areas for improvement identified

Specific feedback themes:

- a. Opportunities and ideas for specific changes to policies and procedures
- b. Developing line manager induction and skills in human resource management
- c. High level of improvement sought in policy and procedure framework
- d. Opportunities and ideas for improvement in human resource intranet presence and electronic communications
- e. High level of improvement sought in human resource transactional processes
- f. Increased HR visibility and accessibility to managers, networks and individual staff members

Block 3.2: 'Recruit for attitude (Trust Values), train for skills'

Feedback overview: High volume support for the need to undertake a thorough review of recruitment policy, process and procedure

Specific feedback themes:

- a. High level of improvement sought in recruitment policy and procedure and hence process
- b. Opportunities and ideas for the incorporation of values and associated behavioural anchors in the recruitment process
- c. Opportunities and ideas for the development of assessment centre approaches incorporating team and stakeholder involvement in recruitment
- d. Opportunities and ideas for improvement to bank recruitment processes
- e. High level of training need expressed in recruitment philosophy, process and procedure

Block 3.3: Engaging with staff collectively via Trade Unions

Feedback Overview: Limited attention to this subject, some suggestions for changes in Trade Union role, approach and presence

Specific feedback themes:

- a. Opportunities and ideas for development of Trade Union role and approach
- b. Lack of clarity about Trade Union role expressed

Block 3.4: Ensuring regular work reviews and feedback

Feedback Overview: High volume support for this subject, with comments on quality, personalisation and giving the process time and priority. Multiple other themes from other Domains overlapped into this theme, including communications, talent management, staff health and wellbeing, staff support and sense of belonging

Specific feedback themes:

- a. Recognition of recent changes to PDR recording were positive
- b. Opportunity and ideas for overhaul of managerial supervision / PDR policy, process, timelines and procedure.
- c. Opportunities and ideas for development of professional supervision policy, processes and procedures
- d. Opportunity and ideas for training and development for both appraiser / appraisee

Block 3.5 Staff Health and Safety

Feedback Overview: Limited attention to this subject, however, some key themes around risk assessment and the reporting culture

Specific feedback themes:

- a. Opportunity and ideas for improvement in risk identification and assessment
- b. Opportunity and ideas for debriefing and decompression after incidents with a link to encouraging reporting

Block 3.6 Promoting and enabling Physical and Mental wellbeing in staff

Feedback Overview: High volume feedback and support for this subject with themes around both managing sickness and promoting health and wellbeing

Specific feedback themes:

- a. Opportunity and ideas for improvement in sickness (attendance) management policy and process, including line manager skills development
- b. Opportunity and ideas for a visible employee health and wellbeing promotion programme
- c. High level of improvement sought from occupational health services
- d. Particular emphasis given to the need to fully consider the impacts of the agile working culture and the provision and encouragement for appropriate rest facilities

Block 3.7 Promoting and enabling balance

Feedback Overview: High volume feedback and support for this subject with themes around both the fitness for purpose of policy and procedure and in the application of policy

Specific feedback themes:

- a. Opportunity and ideas for improvement in flexible working policies and procedures, especially around regular review and agreed time limits of agreed flexible working arrangements
- b. Opportunity and ideas for improvement in line manager approaches to supporting flexible working policies and procedures

Block 3.8 Promoting and celebrating the diversity of our people

Feedback Overview: Limited feedback on this subject, potentially suggesting limited understanding or awareness of potential issues

Specific feedback themes:

- a. Opportunity and ideas for improvement in the promotion and awareness of a range of diversity issues for both staff and users of our services
- a. Expressed desire to see a range of protected categories recognised and their needs considered and use a range of mechanisms to manage this such as advocating the value and purpose of Equality Impact Assessments.

Block 3.9 Rewarding staff for a job well done and saying ‘thank you’ in lots of ways

Feedback Overview: Moderate feedback on this subject, with a keen desire to see individuals and teams recognised in a number of different ways

Specific feedback themes:

- a. Opportunity and multiple ideas for improvement in the positive recognition of staff and teams
- b. Links were made to other domains in terms of communications, PDR and line manager skills and approach

Appendix 4 Summary of data and feedback from the ‘Big Engage’ session (service users):

Feedback from ‘Big Engage’ for Patients and People that use our services

17th May PM - Holiday Inn Preston

Overall exit feedback on the session:

Session Date	Happy	Neutral	Unhappy	Comments
17/05/16	16	1	1 (Parking)	Happy but more work to be done Great listening event Didn't expect it to be up to much but it was very good Came on at the last minute, it has been a rewarding and thought provoking afternoon

Summary of session

All 6 domains were considered important and the right domains. No additional domains identified

It was felt that all 6 areas of the People plan together are important “if you remove one of the bricks the wall it will fall apart”

Priorities varied by group

1. Ensuring people have a clear shared vision and shared values

- This section created the majority of the discussion with people reflecting the importance of a shared vision and values, and that this is understood by all staff to ensure the importance of:
 - Listening and hearing from people who use services, their families and carers to inform what happens and people are seen as important partners in care
 - Focus on “TLC” and the person - not technology or management of the condition
 - Ensuring people are at the heart of everything and barriers are broken down
 - Communicating with respect and compassion. Experience is always influenced by the person you see and their skills in communicating this way
- Care at the right time massively impacts on the quality of the experience for someone
- Need to understand the Trust Values and Visionwhat does it mean to me in my role
- Staff need to be empowered to act and spot problems before they happen and make changes
- Develop a positive culture, not afraid at trying/making mistakes

- Accessibility and approachability: Patients and carers need to feel they are being listened to and treated with respect by staff at all levels. The attitude of staff towards those who use and rely on our services needs to reflect the Trust's Values and commitment to deliver patient-centred care
 - Staff learning from patient stories – using stories and experts by experience to support the service users in our care
 - Reduced number of focus groups – suggested that using service users and volunteer involvement more in service designed and planning.
 - More expert by experience groups to swap information and shared – there is a wealth of experience of knowledge and experience that is underutilised e.g. Fylde and Wyre pilot funding given to Community Voluntary Service to compile directory of services for voluntary sector)
 - Reduce the number of areas of silo working – create more opportunities for service users and professionals around the table
 - Is there an opportunity for volunteers and expert by experience to support the development of self-help groups – shared experiences?
 - Need to have a greater resource of service user stories to support other service users as part of their recovery
 - Carers need more support – empowerment through involvement
 - Strong opinion at the table that staff need to know where and when to signpost people for additional support from internal and external services – thoughts were that having the right information and tools to do this were important and that if staff knew how and where to refer people (SU and carers) for care and support that was specific to their service and beyond, this would enhance the service user's care and experience. One suggestion was to promote the use of 'champions' – for different areas – this is about ensuring information and support is given in a timely and appropriate for the person's needs
 - Recognise carers as experts
 - Communications: Advocate formalising good news
2. Ensuring people have clear plans, objectives and tasks
- LCFT are responsible for staff having clear plans about the expectations of staff to deliver the best care
 - These need to be clearly communicated and focused on the importance of responding to people – ensuring the person, their family and carer are happy with the care provided
 - These plans need to include that importance of consistency of care
 - Appraisals need to focus on compassion
 - Staff getting feedback
3. Ensuring people are well supported and well managed
- People need to be recruited based on the values and vision
 - Staff need to be supported so that we retain good staff
 - Support all - inclusive leadership being part of the team - whole team
 - Priority: Ensuring people are well supported and well managed
 - Positive reinforcement and HR empathy

- HR and processes need to be more realistic and empathetic to staff needs – considering we are a health and wellbeing trust providing a breadth of services – one size doesn't fit all – i.e. consider the mental health issues of staff – length of recovery v recovery from a physical condition. How do we really support staff working in intensive environments? What will good supportive staff care look like in environments when physical violence and highly emotional situations are part of the day job – (how do staff switch from supporting patient to supporting each other effectively)
 - Staff need to be recognised for doing a good job in whatever role from the meet and greet at the door – cleaner to front facing staff, managers and senior leads in LCFT – recognition needs to be given there and then – shared in the team/network and shared more widely, also talked about expanding this to providing positive reinforcement – for the people accessing the service and their cares as part of the ongoing care – ensure that staff naturally enforce positive actions by people accessing our service – ‘thank you isn't hard’
 - Look after each other
4. Providing learning, development and training for people
- Staff need to be invested in and developed so that they have a good experience at work and stay with LCFT
 - Training and development must be values-based
 - Need to learn together with people who use services, their families and carers supporting delivery of learning as experts by experience
 - Learning needs to be appropriate to role and impact on outcome for people who use services
 - Learning should be focused on people not tasks / technology – technology should support, not replace care
 - Learning from training – add to all staff development to learn from hearing patient stories (3)
 - Mental health is not always understood by staff that hasn't had mental health issues therefore – if we were to include service user etc. in supporting mental health service users – would support ongoing treatment and care – having the support of those with insight
 - Is there a place for volunteers and patient involvement on training modules attended by staff?
 - When staff attend training how do we know they have learned – how is this brought back into the service and used to enhance their role and the care for the people using the service. Need to consider how we quality assure this and operationalise it in proactive – who oversees this (responsibility)
 - Experienced skilled staff
 - Training to support cares
 - Staff skilled to do the right thing and reach a diagnosis
 - Eye contact
 - Learn together
 - Staff encouraged to care
 - People willing to try different things

- The team is important
 - Know how to communicate
 - Effective and creative ways of learning e.g. experiencing impact
 - Important all our staff keep up to date proper development plan.
 - Time to reflect on training and what I'm going to do with it.
 - Staff needed more skills/training in how to support carers. Often carers overlooked and left with little information about what is happening to the person they care for.
 - Communication with doctors needs to be improved and doctors supported so they communicate better with their peers and other clinical staff.
 - Most important theme to emerge from the discussion was 'Communication' at all levels and between services, particularly improving communication between staff and carers
5. Ensuring people are working well in teams
- Continuity in teams so important for people to build meaningful relationships and good rapport with staff
 - New team members inducted to the culture of the team – every week in team meetings share new people's story so that people understand this and do not constantly ask someone to share their story again
 - Staff can then focus on "what matters to you today" not tell me your story
 - Well established teams that are consistent – Reduce movement – loss of experience and local knowledge (4)
 - The table discussed team being of a manageable size – with good leadership that was empathetic and accessible – also to have leaders that work in and with the team rather than managed from a far – leadership from within
 - Everyone working together
 - Handovers that work
 - Strength in a "team"
 - Rely on each other
6. Developing people as leaders and people managers
- Leaders need to be visible and not manage by text / email
 - Leaders need to focus on supporting teams to deliver high quality care
 - Leaders need to be supported and developed to lead people – have skills to do this
 - Continuity of leadership team so that staff can build meaningful relationships with their leaders
 - Mentorship and coaching opportunities available
 - Leaders role model behaviour -"sit with Nellie" to learn
 - Support more collaboration – less top down more shared solution focus work (1)
 - Priority: Developing people leaders and people managers
 - Management/leadership skills
 - Supervisor in charge, always in charge.

'Car Park'

- We should state if this includes patients, carers and frontline staff
- Comment: perhaps add footnote to explain what is meant by the term people and why we use it
- A lot of staff who use mental health service, have concerns regarding CPA approach. Care plans being implemented that person does not agree with; being told what they need.
- Reactive management
- Recent care positive
- Described care then and now as Positive and Negative – this isn't new it depend where you are in your journey
- Care is also over the phone
- Not enough beds
- Felt that staff do care but the Government get in the way!
- Volunteers not used to support those suffering by sharing their stories – (supporting people when they are in a dark place
- Support people by treating them as individuals
- People will do what they say they will do
- Ensuring a flow through of care between peoples
- Not inhibited by poor practice of other staff – brave enough to try.
- People listening
- OT + care coordinator working together.
- Person at the centre of the plan.
- Technology and working with it
- Positive circles
- Staff to share and build a relationship with people
- Building a relationship
- Confidence and not inhibited
- "Diabetes clinic" listened to understand otherwise why asked
- "Work hard to get things right"
- **Systems and process:** There needs to be more flexibility so staff can respond with more appropriate care when treating patients with complex needs. Feedback from both carers/patients and staff suggested poor clinical decisions often result through the lack of flexibility in the way systems and pathways are designed.
- **Continuity of care:** Strong feeling that it is vital patients with chronic and long term condition see the same clinician and have the opportunity to build a clinical relationship. We need to be aware of this when we are reorganising and recommissioning services.
- **Support groups and patient education:** Staff need the skills and experience to be able to signpost patients and carers to the appropriate services. Staff sometimes lack the awareness or the information to refer patients to these support services. They need to know what services are available across the North West.
- **People were unclear about what LCFT is and the services we provide**