NHS

Vision and Values

Team Work

Goals and Performance

Equity and Inclusion

Learning and Innovation

Support and Compassion

Culture and Leadership Programme

– Discovery Phase

VERSION 3
2021

The King's Fund

Center for Creative Leadership

We work to create a health and social care ecosystem where everybody consciously works together compassionately and inclusively, so every person can perform to the best of their ability.

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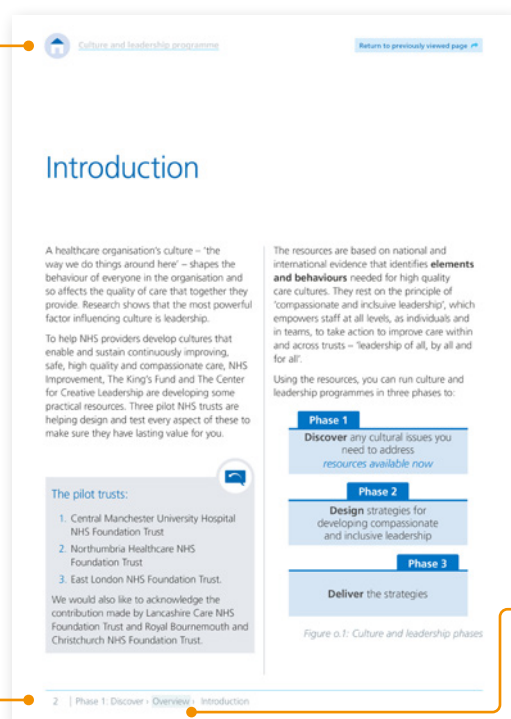
How to use this document

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

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

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

Culture and leadership programme

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Introduction

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

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

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

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

Phase 1
Discover any cultural issues you need to address
resources available now

Phase 2
Design strategies for developing compassionate and inclusive leadership

Phase 3
Deliver the strategies

Figure 0.1: Culture and leadership phases

The pilot trusts:

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

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

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

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

Page number

Buttons and Icons

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

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 This icon indicates the sharing of experience and information between trusts.

 This icon indicates important notes to consider.

![NHS](NHS logo)

Acknowledgements

Other useful information

Our NHS People Promise

Our NHS People Promise is a promise we must all make to each other to work together to improve the experience of working in the NHS for everyone. The themes that make up this promise come from those who work in the NHS. To hear whether Our NHS People Promise is being lived, the questions in the 2021 annual NHS Staff Survey align with it.

The promise

- We are 1.3 million strong.
- We are all walks of life, all kinds of experiences.
- We are the NHS.

The NHS is an extraordinary, world-class service. Together we have achieved, and continue to achieve, the extraordinary. We should all feel proud of this.

We want our culture to be positive, compassionate and inclusive – and we all have our part to play.

- We are a team.
- We work flexibly.
- We are always learning.
- We are safe and healthy.
- We each have a voice that counts.
- We are recognised and rewarded.
- We are compassionate and inclusive.

You can read more about it here.

Join our community

We have a thriving culture community of practice which we are continuously refreshing – please come and join us!

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

For the latest news and updates, follow us on Twitter and Instagram @culture_nhs

Stay up to date at:

https://improvement.nhs.uk/resources/culture-and-leadership/

https://www.kingsfund.org.uk/topics/organisational-culture

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Discovery Phase

Overview

The King's Fund > | Center for Creative Leadership

Introduction

Recognition of the importance of organisational culture and its impact on staff engagement and wellbeing and ultimately patient care has continued to grow, both in the UK and internationally, since these resources were first published in 2016.

The publication of the NHS People Plan in 2020 reinforced the need for compassionate, diverse and inclusive organisational cultures and leadership, and the COVID-19 pandemic emphasised the importance of addressing inequalities in health and care.

The pandemic has shone a spotlight on the effects of discrimination on health and society with far higher proportions of those with disabilities or those from minority ethnic groups dying from COVID-19. To truly respond in a way that creates positive cultures, leaders must understand and better nurture inclusiveness, promoting equity and valuing diversity. Without doing this, an organisation's culture and leadership cannot be characterised as compassionate.

To help NHS organisations develop cultures that enable and sustain continuously improving, safe, high quality, compassionate and inclusive care, NHS England and NHS Improvement developed practical resources with The King's Fund and the Center for Creative Leadership. Three pilot trusts helped design and test every aspect of these to make sure they have lasting value, and many more have subsequently helped refine them.

The pilot trusts:

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

We would also like to acknowledge the contribution made by Royal Bournemouth and Christchurch NHS Foundation Trust, Isle of Wight NHS Trust and Norfolk and Suffolk NHS Foundation Trust.

The resources are based on the **elements and behaviours** identified in the literature as necessary for high quality, equitable care cultures. They rest on the principle of 'compassionate diverse and inclusive leadership', which empowers staff at all levels, as individuals and in teams, to take action to improve care within and across organisations – 'leadership of all, by all and for all'.

Over 30 NHS organisations and a number of healthcare organisations internationally have now implemented these resources. The programme and resources have also been independently evaluated. Learning from this work has informed our revision of these resources.

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

Scoping Phase
Engagement of the people, existing programmes of activity and branding to deliver the CLP

Discovery Phase
Tools to identify the culture of our organisation

Design Phase
Development of compassionate, diverse and inclusive leadership strategies

Delivery Phase
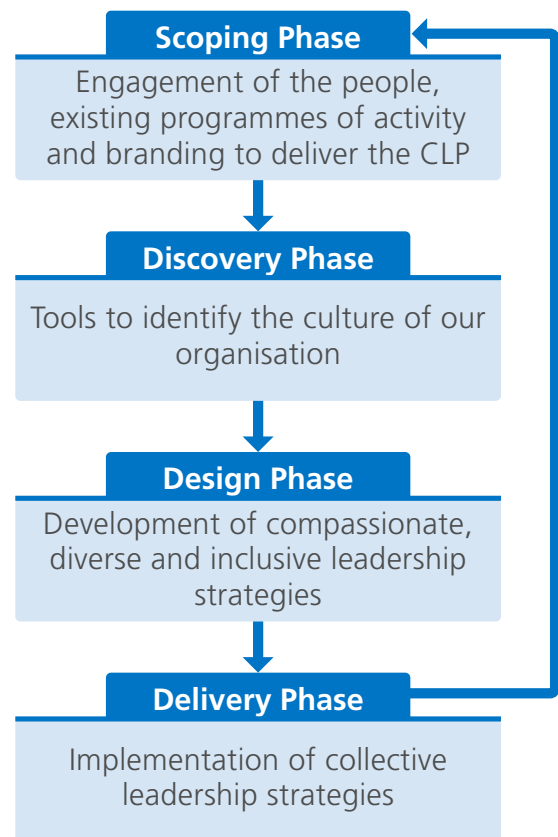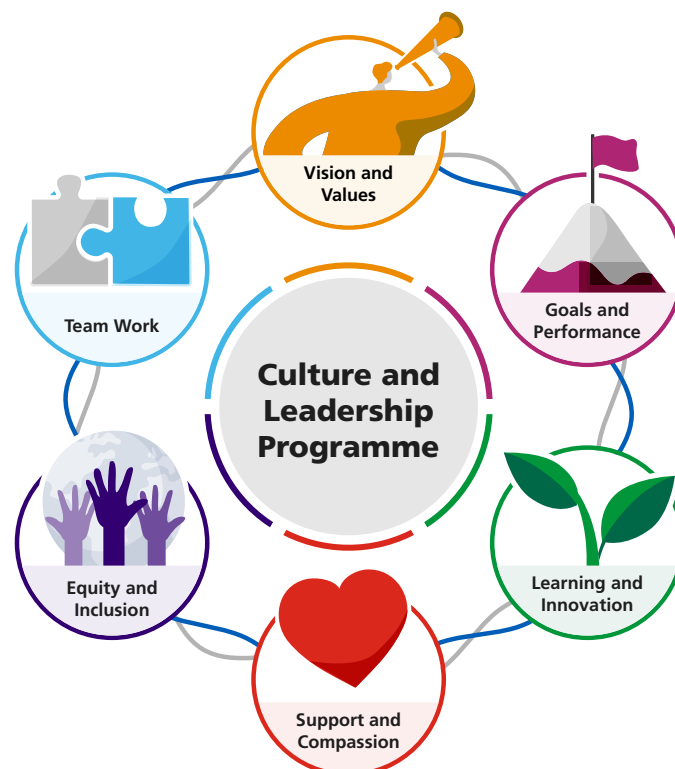Implementation of collective leadership strategies

Figure 1: Culture and leadership phases

Reasons for implementing a culture and leadership programme

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

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

- create a greater sense of belonging for all staff, changing the lived experience for all disadvantaged groups and those who experience discrimination, bullying and unfairness (2020 Workforce Race Equality Standard report)

- enables staff and leaders to show compassion, speak up, continuously improve and create an environment where there is no bullying, racist or unfair treatment, where there is learning, quality and the need for system leadership. This is reflected in several influential reports and reviews:

  » The Berwick review into patient safety (2013):
    https://www.gov.uk/government/publications/berwick-review-into-patient-safety

  » The "snowy white peaks" of the NHS: a survey of discrimination in governance and leadership and the potential impact on patient care in London and England (2014):
    https://www.mdx.ac.uk/__data/assets/pdf_file/0015/50190/The-snowy-white-peaks-of-the-NHS.pdf.pdf

  » Collective leadership for cultures of high quality health care (2014):
    https://www.emerald.com/insight/content/doi/10.1108/JOEPP-07-2014-0039/full/html

  » Caring for doctors caring for patients (2019):
    https://www.gmc-uk.org/-/media/documents/caring-for-doctors-caring-for-patients_pdf-80706341.pdf

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

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

What good could look like

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

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

Where:

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

- » All staff are treated with civility, respect and compassion no matter what their backgrounds and especially at times of stress.

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

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

- » The effects of developing compassionate diverse and inclusive cultures impact on wider society via staff and patient/service user experience.

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

Your views

What does good NHS culture mean for you?

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

Contact us at NHSI.culture@nhs.net

What are the resources for the Discovery Phase?

The resources for the Discovery Phase are shown in Figure 2 below.

They will help you diagnose your current culture using existing data, board, staff and stakeholder perceptions and knowledge, and workforce analysis. You will then be ready to target the right areas for your compassionate, diverse and inclusive leadership strategy.

It is not prescriptive but we recommend you:

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

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

Figure 2: Culture and learning programme resources summary

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

How do the Discovery Phase resources work?

The diagnostic resources in **Discovery Phase** enable you to get the information you need to understand your organisation's current culture, target approaches and interventions in developing your compassionate, diverse and inclusive leadership strategy in the Design Phase.

In the Discovery phase, you will complete a current state diagnosis. You will have information about each element of the conceptual framework shown in Figure 3 to take forward into the design of your strategy. You will understand the perspective of patients, staff, stakeholders and the board on culture.

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

You could also use the tools to take a deeper dive into some sections of the organisation such as department or directorate level.

East Kent Hospitals University NHS Foundation Trust

East Kent Hospitals University NHS Foundation Trust used the tools to diagnose the culture in its Women's and Children's Directorate to start designing a compassionate leadership strategy for this area ahead of a wider approach across the organisation.

Levels

| Individual | Team | Leadership | Organisation | Integrated Care System |

Orientation

Cultural elements

Leadership behaviours

Outcomes

Performance

Cultural elements	Leadership behaviours	Outcomes
Vision and values Constant commitment to high quality and compassionate care	Facilitating shared agreement about an inspiring direction and priorities and fostering pride and positivity in the team/organisation	**Quality and value** Clinical effectiveness, positive patient and staff experience, safety and financial efficiency
Goals and performance Effective, efficient, high quality performance	Ensuring effective performance by removing obstacles and ensuring needed resources are available and used well	**Performance and motivation** Effective performance at individual, team, inter-team, organisational and cross-organisational levels. Staff trust and motivation leading to innovation
Learning and innovation Continuous learning, quality improvement and innovation	Enabling learning and innovation and providing time and space for reflection	**Continuous improvement** innovation and effectiveness

People

Cultural elements	Leadership behaviours	Outcomes
Support and compassion Support, compassion and psychological safety for all patients and staff	Modelling support and compassion and nurturing psychological safety in teams, departments and organisations	**Workforce and clinical indicators** Staff wellbeing, recruitment, retention, sickness absence, errors, commitment, staff trust and motivation, leading to innovation, and engagement
Equity and inclusion Equity, positive diversity and comprehensive inclusion for all	Promoting inclusion at every level, ensuring equity, helping all to grow and lead and ensuring diversity is positively valued and developed	**Equity for staff and patients** Trust, transparency, health equalities, civility, pride, staff wellbeing, and innovation
Team working Enthusiastic cooperation, team working and support within and across organisations	Building cohesive and effective team working and building partnerships between teams, departments and organisations	**Collaboration** Alignment of efforts within and between teams, departments, directorates, organisations, sectors ensuring cross-boundary trust and innovation

Workforce capacity

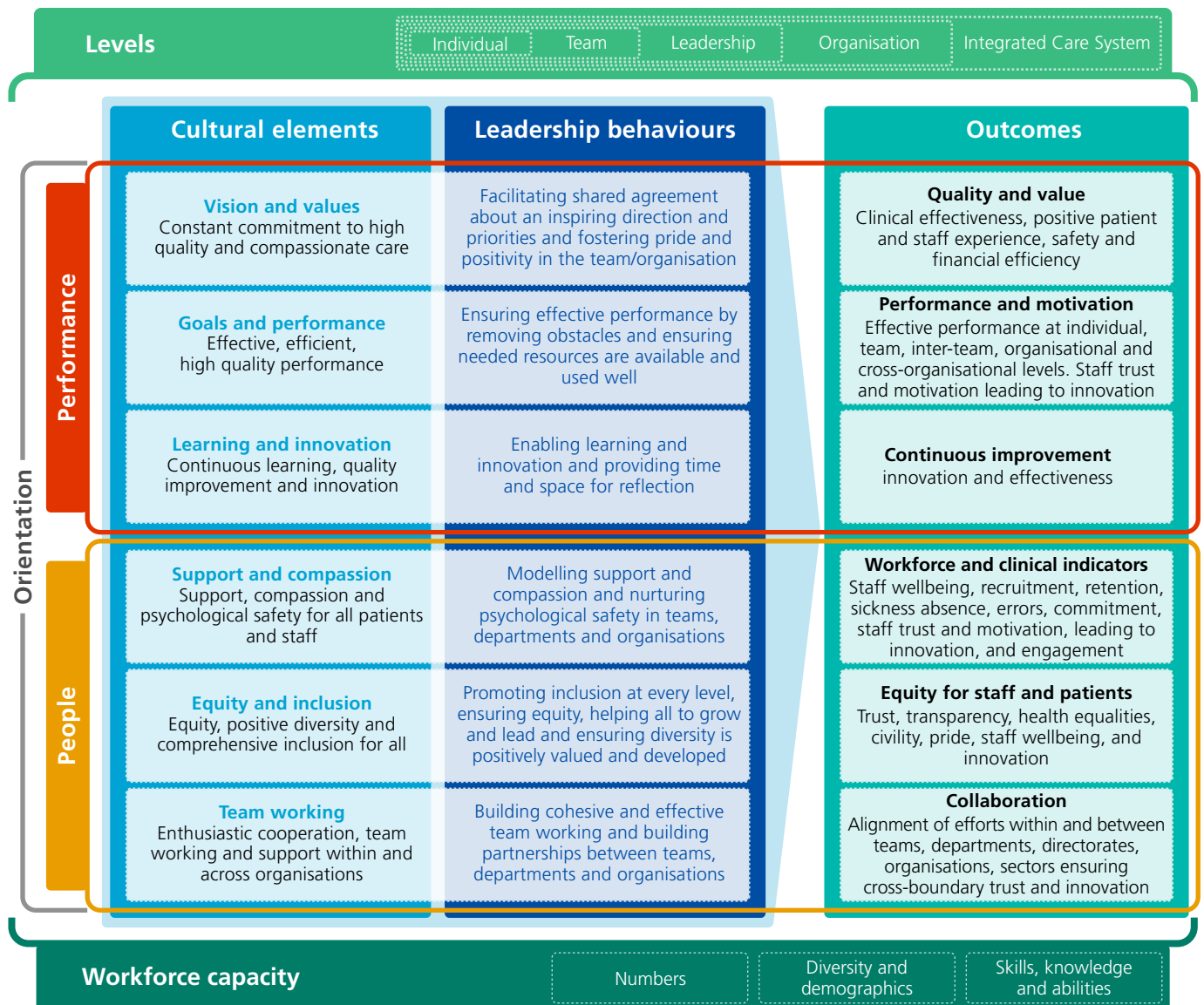| Numbers | Diversity and demographics | Skills, knowledge and abilities |

Figure 3: The conceptual framework shows how the results of the different Discovery Phase diagnostics work together to give you information across all the parts in the conceptual framework outlined in concepts and evidence.

It is important to understand how the new model aligns with 'The Leadership Way' for the NHS and with the Direction, Alignment, Commitment model developed by the Centre for Creative Leadership that helped shape the initial culture and leadership programme. There is a good fit as the figure below illustrates.

Cultural element	Leadership behaviours	Our Leadership Way	DAC model (Centre for Creative Leadership)
Vision and Values Constant commitment to high quality and compassionate care	Facilitating shared agreement about an inspiring direction and priorities and fostering pride and positivity in the team/ organisation	We celebrate success and support our people to be the best they can be	**Direction.** Agreement on the overall vision, values and direction for the team/organisation
Goals and Perfomance Effective, efficient, high quality performance	Ensuring effective performance by removing obstacles and ensuring needed resources are available and used well	We can be trusted to do what we promise	**Direction.** Agreement on the overall goals of the team/organisation. Agreement on what the team/ organisation is seeking to accomplish
Learning and Innovation Continuous learning, quality improvement and innovation	Enabling learning and innovation and providing time and space for reflection	We aim for the highest standards and seek to continually improve harnessing our ingenuity	**Alignment.** People work together within and across teams/organisations to develop innovations that enable improving performance and outcomes
Support and Compassion Support, compassion and psychological safety for all patients and staff	Modellling support and compassion and nuturing psychological safety in teams, departments, organisations	We are kind and treat people with compassion, courtesy and respect	**Commitment.** There is strong support for team/organisation members and shared responsibility for the wellbeing and success of all. Trust, compassion and cohesion, even in difficult times
Equity and Inclusion Equity, positive diversity and comprehensive inclusuion for all.	Promoting inclusion at every level, ensuring equity, helping all to grow and lead and ensuring diversity is positively valued and developed	We are inclusive, promote equality and diversity and challenge discrimination	**Commitment.** There is strong support for everyone, regardless of differences and shared responsibility for creating inclusive cultures where difference is valued
Team working Enthusiastic cooperation, team working and support within and across organisations	Building cohesive and effective team working; enthusiastic cooperation, team working and support within and across organisations	We collaborate, forming effective partnerships to achieve our common goals	**Alignment.** Coordinated work within and between teams/organisations. People/teams with different tasks, roles, sets of expertise coordiante their work tightly

Figure 4: The Culture and Leadership Programme,'Our Leadership Way' and the DAC model

How long will the Discovery Phase take and what resources will our organisation need to provide?

Typically, it takes up to six months to run the diagnostics, build the case for change and establish your 'change team', but this will vary depending on capacity, skills and approach All staff will need at least six weeks' notice to prepare for interviews and meetings.

The main cost of the programme is staff time. It is helpful to include a programme manager three days a week and a co-ordinator to help set up the interviews, focus groups, etc.

Many organisations may want to involve their Freedom to Speak Up, Equality Diversity and Inclusion, Workforce and OD colleagues early on to get the programme started. Alternatively, you may wish to procure external support for the project management of the programme.

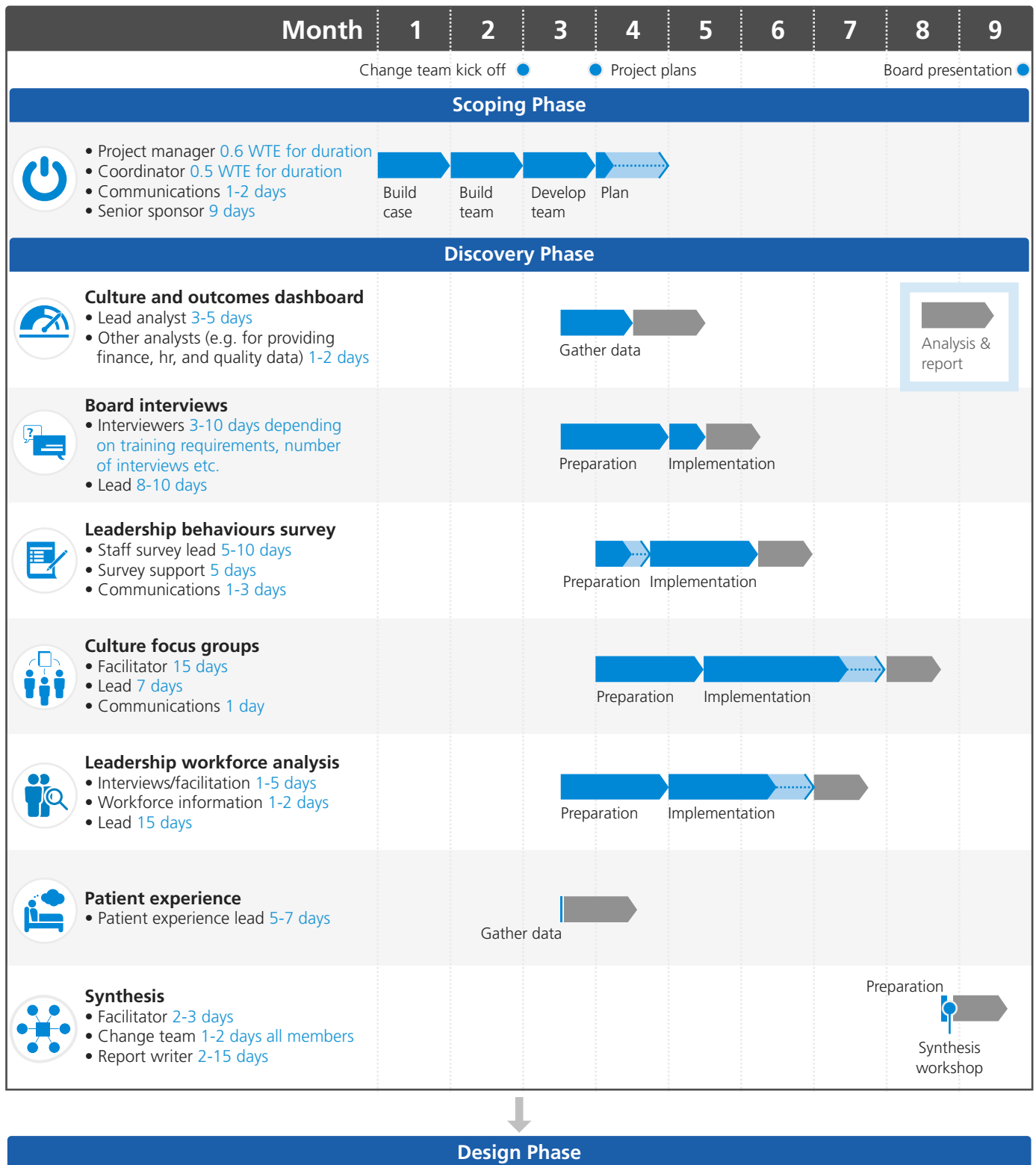To find out more see Getting started which includes information on project planning.

Month	1	2	3	4	5	6	7	8	9

Change team kick off ●   ● Project plans   Board presentation ●

Scoping Phase

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

Build case   Build team   Develop team   Plan

Discovery Phase

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

Gather data   Analysis & report

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

Preparation   Implementation

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

Preparation   Implementation

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

Preparation   Implementation

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

Preparation   Implementation

Patient experience
- Patient experience lead 5-7 days

Gather data

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

Preparation

Synthesis workshop

Design Phase

Figure 5: Example project plan for Discovery Phase
The bullet points under each diagnostic show the skills needed and number of days required.

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

The compassionate, diverse and inclusive leadership strategy designed and delivered as a result of the Discovery Phase work should answer the question: 'How do we ensure we have the leadership now and in the future that will nurture cultures which deliver high quality, continuously improving and compassionate care?'

It will:

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

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

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

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

The leadership strategy design and delivery phases will therefore address:

- leadership recruitment and talent management

- leadership development including a focus on equity, diversity and inclusion

- wider workforce development

and will need to consider the relationship with:

- wider workforce recruitment and talent management

- organisational design

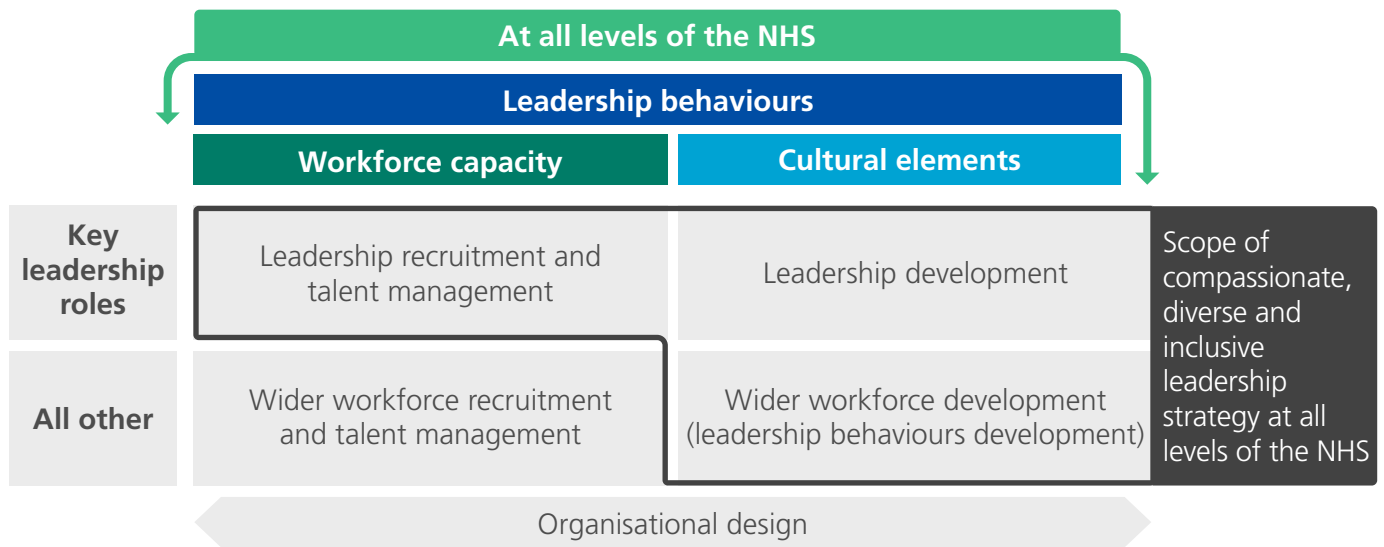- the culture and workforce needs of your wider system.

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

Figure 6: Scope of compassionate, diverse and inclusive leadership strategy at all levels of the NHS

The Design Phase and Delivery Phase resources?

The resources for the Design Phase (developing your compassionate, diverse and inclusive leadership strategy) and Delivery Phase (implementing your compassionate, diverse and inclusive leadership strategy) are available via the culture website.

Where can I get help or find out more?

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

Where can I find out more about the kind of leadership the NHS needs more of?

Fundamentally, all leaders must create the conditions for their staff to flourish. If leaders do not recognise the needs of individuals, listen to them with fascination, understand the challenges they face, treat people according to their need and take practical action, then they are neither inclusive nor practising the behaviours, skills and values of a compassionate leader. This kind of leader makes sure all staff - and patients and partners - in teams, organisations and between organisations, feel listened to and included, are supported and have access to stretching, inspiring opportunities to develop. Key areas that leadership strategies can focus on include:

- compassionate leadership – listening, attending, understanding the challenges people face, empathising and taking practical action
- understanding equity – treating people differently according to their need

- knowledge of the evidence for how diversity is associated with team and organisational effectiveness
- understanding the impact of sexism, racism and other forms of discrimination on health, life chances and mortality
- valuing diversity
- modelling inclusivity and self-awareness
- supporting and mentoring
- being an inclusion ally
- skilfully managing conflict with compassion.

To find out more about the themes visit: https://www.england.nhs.uk/culture/what-does-compassionate-and-inclusive-leadership-mean-to-us/

NHS

Scoping Phase

Getting Started

Scoping Phase

Getting started

You now have a high-level overview of the culture and leadership programme and how it will help you develop a strategy for compassionate, diverse and inclusive leadership.

This chapter covers the **Scoping Phase** which includes setting up your culture and leadership programme in preparation for the **Discovery Phase**.

Build your case for senior leadership support

The NHS People Promise seeks to ensure that "we continue to bring out the very best in one another – inspiring each and every person and unleashing potential. We do this by making the culture of the NHS one that is compassionate and inclusive, and addressing our workforce and workload challenges."

Leadership is hugely influential in shaping an organisation's culture, creating "a place where we all feel we belong". Therefore your first task will be to agree executive sponsorship for the programme and get the support of your senior leaders – particularly your chief executive and chair, and also ensure engagement from members of your executive team (or senior leadership team where applicable) at every stage of the programme. This is crucial because the programme will have impact across your organisation and will require resources and support from different departments and teams. Visible participation sends a clear message to colleagues across the organisation.

If you don't work in your organisation's organisational development team, you could approach them directly or through the board as they may be able to provide resources and advice.

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

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

Tips:

The culture and leadership programme works best when boards (including the executive):

- really listen with fascination and no defensiveness – listen to experiences and perspectives from service users, patients and staff networks such as LGBQ+ and BAME

- are made up of people who are interested in culture and behaviour

- want to understand the leadership culture of their teams, directorates and organisation, whether staff feel valued, what's getting in the way of them feeling fairly treated

- set a compelling vision and a clear strategy for how to get there

- are skilled in management – goals, roles, teamwork and alignment

- take an interest in diversity and see it as an opportunity not a problem

- manage their own anxiety so that they can keep staff oriented on purpose.

What did other organisations do?

I joined the IOW NHS trust four years ago, on the day that it was placed into quality special measures on the back of a really damning CQC report. I had previous experience of leading on large scale change whilst I was CEO at Mid Staffordshire NHS Trust, and although I recognised many of the problems, I knew that making the far-reaching sustainable changes that were needed that it would require some structure too. That's where the programme really helped – it wasn't formulaic, it's more about providing a framework through which you explore and resolve your own problems through real engagement with your staff.

Maggie Oldham, Chief Executive, Isle of White NHS Trust

The Trust experienced some deep-rooted culture issues and had attempted previously to tackle these without fulling understanding what was causing them. The NHSE/I cultural diagnostic tool was a brilliant way to gain a very clear sense of what was driving the culture in the organisation and ensured that our actions were directed targeted at dealing with the core issues.

Mark Gammage, HR Advisor to the Board,
Norfolk and Suffolk NHS Foundation Trust

At the outset we identified two executive director sponsors – the Chief Nurse and the Executive Director of HR and Corporate Services. The Organisational Development and Training team led the project but worked closely with our corporate nursing team.

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

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

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

Getting the message out

Once you have the support of your organisation's senior leadership team (or board) and you have identified an executive sponsor, you then need to consider how you will get the message out to the rest of the organisation. If you have a communications team, this is the point to seek their support. A communications and engagement plan will be helpful, even if this then needs to evolve over time.

Key messages to consider include:

- senior leaders expressing why they are supporting this work and what they wish to achieve

- appeals to staff, patient representatives and representatives of partner organisations to join your change team

- encouragement to those not in the change team to engage with the diagnostic activities coming up and the online conversations.

- You will need the help of diverse voices to create truly compassionate, diverse and inclusive cultures, and therefore to communicate in a range of ways to ensure equitable access to engagement.

It is important that you plan regular updates across a range of media. Consider the branding for your programme – how will it be recognisable? How can you maximise opportunities from existing social media groups? Do you want to create a hashtag that colleagues can follow?

Identify your purpose

Before using the diagnostics, it is important to clarify what you want the programme to achieve (ie your 'cultural destination').

Exploring and creating the vision for the future for your organisation provides a good opportunity to involve and engage a diverse range of staff and partners at the outset of your culture and leadership programme. During these discussions you can also explore ways of measuring the impact of the programme.

What did other organisations do?

Belfast Health and Social Care Trust embarked on a journey to improve the culture in 2017 and the first step was to establish an evidence based baseline for their culture. The aspiration was to create a leadership culture that was better at listening to employees and had more discussion about culture. The first challenge was to understand where they stood now.

The board asked 3 questions of the change team:

- how compassionate and empathetic is our trust culture and are we in the top 20% of Trusts?
- what are our strengths and areas for development?
- what leadership action is needed to support the delivery of the Trust vision?

The board firmly believe that setting this tone from the top is important for the whole leadership of the organisation to engage in a positive culture. The initiative is led by the board - their engagement with the programme, has given them a far better understanding of the culture and behaviour of the Trust.

Katy Steward, *Independent Consultant to Belfast Health and Social Care Trust*

We recommend you take time to:

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

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

- Some organisations may find it helpful to create logic models at this stage to facilitate and articulate the organisation's cultural destination.

- The programme does not need to be integrated with wider programmes of work to be effective, in fact trying too hard to 'shoehorn' this work into existing programmes can impact negatively on culture change.

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

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

What did other organisations do? Engaging the board

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

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

Create your change team

The change team is a crucial vehicle for staff engagement and it will be most effective if it is multidisciplinary and diverse – championing a compassionate, diverse and inclusive leadership approach.

The team should include staff from a wide range of services, disciplines and sites (where applicable) and from all hierarchical levels and demographics.

It is important to include operational 'doers' as well as influencers and administrative support.

A diverse change team who undertake an inclusive approach is critical to help you capture the views of those in the workforce who feel marginalised.

We suggest a team of at least 10 to 15 people although some organisations have much larger teams: 30- 60 people is not unusual dependent on the size of the organisation. The team should include:

- at least one executive sponsor (executive director with responsibility for organisational development)
- a project manager or individuals with similar expertise
- organisational development and HR representation
- medical/clinical/service leads

- equality, diversity and inclusion lead
- Freedom to Speak Up guardian
- a communications professional or person with similar expertise
- an analyst
- patient experience lead or similar
- administrative support
- someone with communications experience.

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

Support

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

We recognised that we needed to be inclusive and as a trust committed to at least two-thirds of participants in any of our development programmes being ethnic minority colleagues. We also recognised the importance of not simply thinking about ethnicity but actively looking for employee representation from segments that don't normally engage with our initiatives. We went to the junior doctors forum and asked for participants and two signed up to our first culture team. I also canvassed the consultant workforce to make sure their views were captured.

The biggest lesson I learnt was around communication. We could have done a lot more to communicate our work plan and initial findings, and to get more colleagues involved in designing the culture we want. In the Discovery Phase, over 1,500 colleagues helped develop our values and respectful behaviours. Now that we are working to embed these, we've set an ambitious goal of doubling that figure.

Alfredo Thompson,
Workforce Programmes Director,
North Middlesex University Hospitals NHS Trust

What did other organisations do?

We felt it was important for all staff to feel included and we took the decision to include everyone rather than reducing to 25. At the first away day the staff shared experiences around not feeling their change ideas could be implemented due to cost or because they would not be supported by their line manager. Issues of a face fits culture, bullying harassment and an overall lack of confidence that the programme would have any transformational impact, using listening into action as an example as a perceived failed initiative.

Christopher Cooper, Organisation Development Consultant, Maidstone and Tunbridge Wells NHS Trust

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

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

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

What did other organisations do?

The approach of involving a 'diagonal slice' of people across the organisation really helped join up the dots for me. I was working alongside people from the across the trust and our partners in the community – all sorts. Each person brought their unique understanding, so the group represented all parts of the trust and you could see how they all fit together.

I helped canvas opinions of staff across the trusts through interviews, focus groups and trolley dashes (catching people on the ward during their work shift). It was fascinating working alongside people from the estates teams, as they knew all these little offices around the trust where we could find people whose voices are often not heard. This was really important – as everyone has a valid opinion about culture and leadership. Working in this way, we got far wider and more varied opinions than if we had gone through the normal channels.

Megan Gregory, Specialist Cardio Thoracic Physiotherapist,
Nottingham University Hospitals NHS Trust

What did other organisations do?

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

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

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

We planned to recruit 12 change champions but from a strong field of 30 we actually recruited 15; one is a patient/volunteer representative.

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

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

Setting objectives and style of working

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

Alignment of the culture change to how it is implemented is really powerful – when people experience a different sort of culture they find it easier to be ambassadors for it and staff are more likely to believe the organisation is intentional about the kind of culture it wants to create.

Objectives

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

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

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

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

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

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

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

Working together

Agree how to work together as a change team including:

- frequency of meetings

- activities and timelines

- who does what

- setting personal objectives for the programme

- how you will share information. Depending on the purpose for which patient experience data was collected, you may require approval from your Caldicott guardian. For staff and stakeholder data, you may wish to seek advice from your data protection officer or information governance team can advise.

Characteristics

All team members should:

- be able to listen with fascination
- work in a way that is equitable, diverse and inclusive to create psychologically safe spaces
- disseminate learning and influence within the organisation
- demonstrate commitment to exploring ideas and assumptions about the culture of the organisation
- be committed to this work and to involving others
- be resourceful and dynamic
- use this work to support personal and professional development.

Key activities

- Agree how to implement the diagnostics and what to do.
- Process quantitative and qualitative information gathered with the diagnostics.
- Communicate with and engage the organisation in the process and share emerging knowledge.

What did other organisations do? Learning about working collectively

The change team at Belfast Health and Social Care Trust focused on working collectively to gather the data. The collective leadership approach meant sharing responsibility and the change team split into pairs, each pair taking leadership for a different tool. Shared leadership in the change team was important for the report to be collectively owned and the report was richer and more representative. The pairs used the wider change team to quality assure the findings: coming together with the change team every couple of months, before the final version of their reports where discussed at the day long synthesis workshop.

Katy Steward, External Consultant to Belfast Health and Social Care Trust

What have other organisations done? Meetings and objectives

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

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

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

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

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

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

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

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

Developing your change team

The change team are your ambassadors and champions for the culture and leadership programme, so it is important to support them in exhibiting compassionate, diverse and inclusive leadership, and to ensure they have the skills needed to deliver the culture and leadership programme.

You can design a programme to support their development and role modelling of inclusive dialogues throughout the programme.

To support change team development, we have provided:

- a leadership behaviours reflection questionnaire change team members can use this questionnaire to self-assess themselves against the leadership behaviours
- a team working assessment – we suggest you use this every quarter once the change team is established.

Creating a compassionate, diverse and inclusive culture needs to happen at every level. You may therefore wish to spend some time as a change team identifying how to handle sensitive conversations about inclusion in the workplace. It is important that all members of the team feel skilled in handling conversations about powerful topics that can arouse strong feelings and have undertaken relevant training in line with your organisation's policies.

What did other organisations do?

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

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

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

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

Personal Development Programme for Change Champions

- Celebrating difference in the team, understanding self and others – Myers Briggs Type Inventory
- What is collective leadership – The King's Fund evidence base
- The CQC well led domain – the what and the why
- Models of Organisational Change - including the RBCH Quality Improvement Model
- Being a Change Rebel overview
- Wilful Blindness – Margaret Heffernan TED talk, what this means for culture change
- Personal Impact toolkit – Amanda Wilsher
- Understanding the role of an NHS Board
- Using social media as an engagement tool – Twitter
- How to run a focus group
- Interviewing the board with confidence

Communicate - Say it, hear it, do it! | Improve - Change it! | Teamwork - Share it! | Pride - Show it!

Project planning

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

We recommend that you:

- establish a governance structure that include regular change team reporting to the board (see Figure 7 for different governance structures)

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

- assign one member to focus on communications across all diagnostics.

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

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

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

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

- starting the leadership workforce analysis early as this is likely to take the longest time, and work on this can continue in to the Design Phase.

Figure 5 in the introduction is an example plan showing some rough estimates of time and resource requirements.

What did other organisations do?
Establishing the project

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

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

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

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

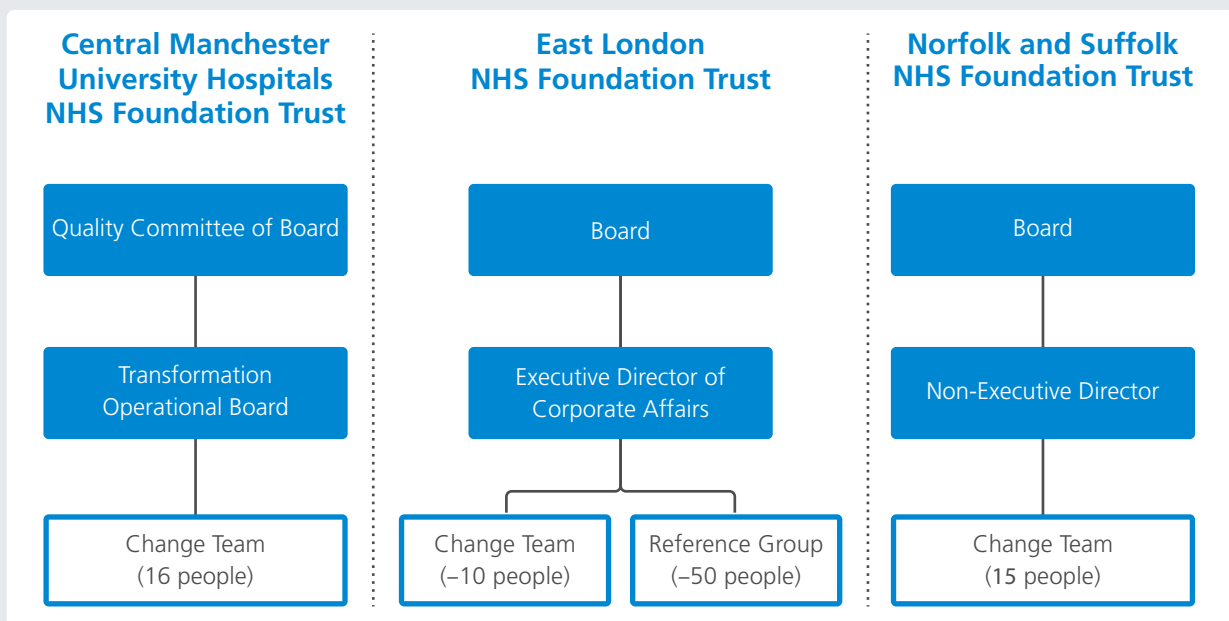| **Central Manchester University Hospitals NHS Foundation Trust**	**East London NHS Foundation Trust**	**Norfolk and Suffolk NHS Foundation Trust**
Quality Committee of Board	Board	Board
Transformation Operational Board	Executive Director of Corporate Affairs	Non-Executive Director
Change Team (16 people)	Change Team (–10 people) / Reference Group (–50 people)	Change Team (15 people)

Figure 7: Different governance approaches

What did other organisations do?

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

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

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

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

What did other organisations do?
Positioning the programme

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

Kashif Haroon,
Former Organisational
Development Manager,
Central Manchester Universities NHS
Foundation Trustt

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

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

Planning evaluation

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

Consider the purpose or vision for introducing the culture and leadership programme - what are you trying to achieve? How will you know when you have achieved it?

To monitor the impact on culture and outcomes you could use the culture and outcomes dashboard. In the Discovery Phase you will be identifying a baseline which you can review on an annual basis, but you may wish to identify a smaller range of factors and/or metrics for review on a more regular basis.

It may be difficult to update the dashboard data more frequently as many of the indicators are based on annual staff survey data. Remember that culture change takes time.

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

- Review information on each of the diagnostics from the leads. In each of the six diagnostic guides below we have included a section on improving the process. For the board interview and culture focus groups, we have also provided feedback forms which you can

collect and analyse to understand what went well and what could go better

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

NHS

Discovery Phase

Culture and outcomes dashboard

DIAGNOSTIC

1

The King's Fund>

Center for Creative Leadership®

Introduction

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

Collecting this in one place can give you an overall sense of your organisation.

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

The culture and outcomes dashboard primarily uses results from the annual national staff survey that map to the six cultural elements. Additional metrics, such as CQC ratings, workforce performance metrics and clinical performance metrics can give a more rounded picture of your organisation's culture and outcomes.

It is important to remember that the impact of compassionate diverse and inclusive cultures (or their absence) can be seen in a range of places.

This snapshot diagnostic can be accessed via Model Health System. Look for the data in the People domain under Culture and Engagement.

Using the diagnostic

Cultural elements					
Vision and values	**Goals and performance**	**Learning and innovation**	**Support and compassion**	**Equity and inclusion**	**Team working**

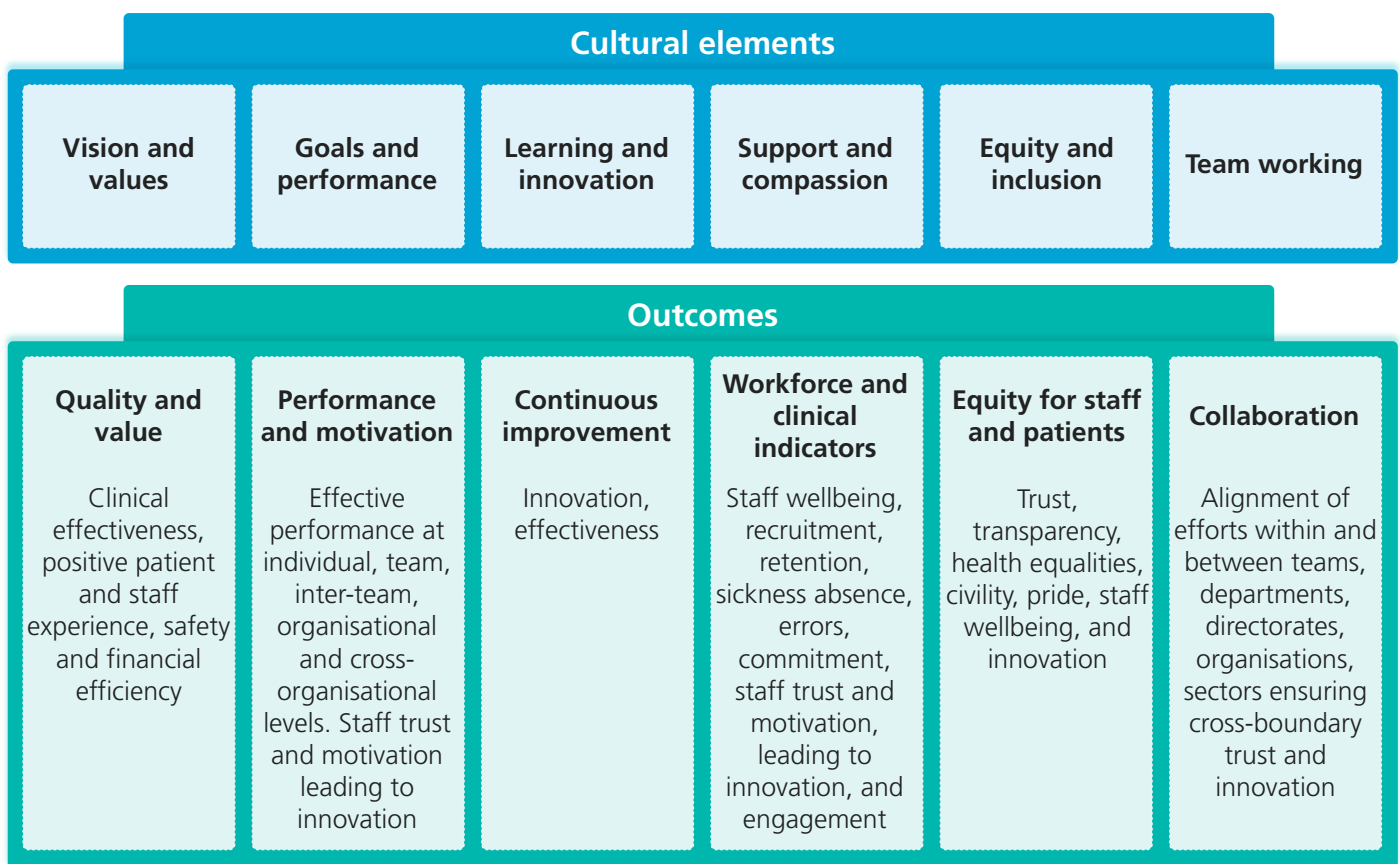| Outcomes					
Quality and value	**Performance and motivation**	**Continuous improvement**	**Workforce and clinical indicators**	**Equity for staff and patients**	**Collaboration**
Clinical effectiveness, positive patient and staff experience, safety and financial efficiency	Effective performance at individual, team, inter-team, organisational and cross-organisational levels. Staff trust and motivation leading to innovation	Innovation, effectiveness	Staff wellbeing, recruitment, retention, sickness absence, errors, commitment, staff trust and motivation, leading to innovation, and engagement	Trust, transparency, health equalities, civility, pride, staff wellbeing, and innovation	Alignment of efforts within and between teams, departments, directorates, organisations, sectors ensuring cross-boundary trust and innovation

Figure 8: Outcomes and the Cultural elements

The culture and outcomes dashboard provides a snapshot of a range of quantitative data from well-established sources such as the national staff survey and organisational performance metrics (eg waiting target performance, financial performance, workforce performance, CQC ratings) and groups these according to the six cultural elements.

Other indicators, such as your internal pulse surveys, may also help you to create a statistical picture of the organisation's culture. For example, you may wish to consider data around the 'outcomes' that align to each cultural element.

Assign one or two members of the change team to lead the review of the dashboard to identify your organisation's potential 'dark and light spots'. Quantitative data like this often raises more questions than it answers. We therefore recommend you facilitate a change team session to examine the data and discuss findings. This can help you structure your other diagnostic activities to explore any questions generated by the dashboard.

The dashboard initially provides two ways of viewing your organisation's cultural performance.

The radar chart (aka a spider chart) shows your organisation's performance across the six cultural elements compared to other organisations of your type (eg mental health trusts are compared to other mental health trusts). The strongest performing organisations will have the most open window on this chart.

It also shows a dial/odometer indicating your organisation's overall performance compared to your peers.

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

We recommend you benchmark the data or compare it to your organisation's planned targets where appropriate. For example, for indicators from the NHS Staff Survey, you could benchmark your indicators from the NHS Staff Survey against the national average or best score for each key finding. The latter may be preferable for organisations already scoring above average as this will help set an improvement target. For high performing trusts where even the best national score leaves significant room for improvement the organisation's planned target might be better. We have included some planned targets for the staff survey indicators in the dashboard templates.

Your organisation's own targets for indicators should be both achievable and ambitious so it may help to include these in the dashboard.

Whatever benchmarking methodology you choose, you should use the dashboard as an improvement tool.

Identify and prioritise areas you can work on to improve your culture and outcomes. It is also important to identify and learn from areas where your organisation is performing strongly.

What did other organisations do

The dashboard is important because it is a triangulation of all the quantitative and qualitative data that we use throughout the organisation.

A lot of focus is placed on the board interviews, focus groups, and the leadership behaviours survey and that's great, they give you really rich qualitative data but what you have underpinning that is your quantitative data as well: the dashboard shows CQC data and staff survey data. We also used the GMC survey and included additional data sources.

When triangulating, we found the stories and the narratives repeated themselves throughout each of those data points. This helped us to get a true look at where some of the issues where and where there is good practice across our organisations.

So, when you are looking at the design phase you have really rich, good data to inform your decisions about what you do next and where you focus your energy.

Helen Mancini, Assistant Director for Learning and Organisational Development, Nottingham University Hospitals NHS Trust

Note: Vision and values

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

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

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

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

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

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

Note: Equity, diversity and inclusion

The dashboard contains organisation-level data. However, we recommend that you explore different layers of this data to understand if the same experience is reported across your workforce, or if some groups of staff have a different experience to others. For example, you may have a strong overall result for a staff survey question, but on further exploration discover that the responses from majority groups (which may skew your results) differ from those from minority groups.

You may want to also consider other nationally collected data for your organisation such as the Equality Delivery System (EDS2), Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) to create a good, holistic overview of your organisation's performance.

What is WRES?
www.england.nhs.uk/about/equality/

Analysing and presenting the results

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

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

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

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

Presenting information in a familiar way

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

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

Exploring variation in culture in your organisation

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

It may be easier to do this only for the cultural elements.

- 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 other workforce indicators at department level. You may be able to include CQC ratings where service level and departments align.

- If you choose to include outcomes metrics, 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.

Discovery Phase

Board
Interviews

DIAGNOSTIC
2

The King's Fund>

Center for
Creative Leadership

Introduction

This diagnostic is a set of interview questions for board members (or senior leadership teams where this isn't applicable). The questions are structured around the six cultural elements. They will start your board and change team talking about the board's role in creating and supporting a culture of compassionate, diverse and inclusive leadership. They will also give you an insight into how the board perceives culture, helping you identify areas for development or improvement.

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

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

Using the diagnostic

The 14 questions are set out in the interview record sheet (tool 2.1).

The value of the interviews comes from board members (or senior leaders where this isn't applicable) talking openly about their organisations, so interview individually (rather than as focus groups or workshops), in a secure and confidential manner. Board members should give their **personal perspective** on the performance and behaviours of the **board as a whole**.

We suggest you use internal staff members as interviewers because that in itself helps create compassionate and inclusive leadership, while improving staff engagement and allowing them to develop transferable skills. This is demonstrated in the case study on page 50. If this is not possible, use a peer-to-peer arrangement with staff members from other organisations or even external interviewers.

Regardless of who conducts the interviews, we recommend you:

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

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

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

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

CQC's regulatory approach now prioritises the well-led question within its set of key questions, using a new framework for leadership and governance developed jointly with NHS England and NHS Improvement. This is the same framework that underpins the externally facilitated developmental reviews that NHS England and NHS Improvement strongly encourage providers to carry out every three to five years.

The culture and leadership programme and the well-led framework are complementary, and the programme can help boards to evidence their commitment to working on culture, which is covered in the key line of enquiry: Is there a culture of high quality, sustainable care? Beyond this, the board interview addresses a broader range of cultural elements than the well-led framework and delves deeper into the board's influence on the culture and leadership of the organisation.

Thought should be given to the timing of the board interviews relative to the last governance review to avoid 'interview fatigue' among board members and ensure that any changes over time are captured. Data can be shared between the culture and leadership programme and governance reviews, helping to avoid repetition and enabling comparison and cross-referencing between the two.

Before the interview:

- ensure you have appropriately skilled interviewers; internal staff members may need some extra training
- brief the chair and board on the culture and leadership programme and the purpose of the interview
- consider sending the board members the interview questions in advance
- cover any key messages and reassure board members that interviews are confidential and responses will not be linked to individuals (see Tool 2.2: Key Messages)
- set up interviews with as many board members as possible; ideally all of them, but a minimum of 75%
- allow at least an hour for one-to-one interviews, including time for clarification and elaboration; you'll need to work with board members' PAs or diary managers so it is important that the project has enough profile in your organisation to ensure interviews are prioritised
- decide if you will audio record and transcribe interviews or take notes. If the latter, use two interviewers to enable effective note-taking and sense-checking between interviewers. Individual board members will need to give prior agreement for audio recording.

What other organisations did: Board Interviews

As part of the culture and leadership programme, we were interviewed as a board in order to understand what we felt the culture was in our organisation

I was interviewed by three members of the change team, who came to the office. It was a great conversation, I was able to talk to them about the culture and how we need to consider improvements, how we do some things really well and how I thought that there were areas where we could do a lot better. And because this was a conversation, the change team member were able to explore a little further as to what I thought about things and ask for examples. They also shared a few of their own views on the issues we were talking about, so it was a positive experience. Talking to other members of the board after they had participated in their own interviews, they felt so too.

Tracy Taylor, Chief Executive, Nottingham University Hospitals NHS Trust

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

Kristina Henry

What did other trusts do?

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

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

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

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

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

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

During and after the interview:

- conduct interviews in an open and confidential manner

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

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

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

What did other organisations do?

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

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

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

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

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

Analysing and presenting the results

You will need to interpret the responses and conduct a thematic analysis of the qualitative data. You can use the qualitative analysis guidance to help with this.

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

Quantitative analysis

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

Qualitative analysis

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

Your report should include:

- a measure of the board's current understanding and awareness of its culture and the culture of your organisation

- a measure of the board's engagement with other staff members in your organisation

- strengths and development areas across each of the six cultural elements.

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

Discovery Phase

Leadership behaviours surveys

DIAGNOSTIC

3

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Introduction

The surveys – one for staff and one for external partners – provide information on the leadership behaviours which support the six cultural elements across your organisation.

They tell you about the leadership strengths of:

- individuals at all levels of the organisation
- the organisation's leadership as a whole

Both surveys ask for quantitative responses on 6 leadership behaviours and include optional qualitative questions.

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

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

Note: Equity, diversity and inclusion

In order to ensure that equity, diversity and inclusion are represented in the survey, an existing question has been separated out from the questions around Support and Compassion and a new one added:

- Think about how we value diversity, inclusion and fairness?

  For example: encouraging everyone to listen carefully to each other's contributions, creating an environment where everyone's opinions are valued and people feel comfortable being honest and open, challenging unethical, aggressive, discriminatory or intimidating behaviours and dealing effectively with bullying, harassment or discrimination, Ensuring processes such as recruitment and promotion are fair, open and transparent.

- Think about how we value equity and lived experience of staff?

  For example: focusing on ensuring everyone feels included by our leadership; being committed as a leader to every day improve team and departmental climates to ensure inequities in lived work experience are eliminated; behaving as an inclusion ally; and providing a model of promoting the equitable growth and development of all.

	Level				
	Individual	**Team**	**Leadership**	**Organisation**	**Integrated Care System**
Description	Does every individual take responsibility whenever appropriate for…	Do all team members take responsibility for…	Do Leaders take responsibility for creating the development of compassionate, diverse and inclusive cultures by…	To what extent is there consistency in the organisation in…	Do partner organisations ensure contribution to collaborative, supportive, compassionate, diverse and inclusive leadership in…..
Vision and Values	Ensuring they have clear objectives and receive helpful performance feedback?	Ensuring there are clear team objectives and frequent performance feedback?	Supporting teams and individuals and the development of agreeing shared objectives?	Individual, team, and system working in relation to goals and performance?	Developing clear/ shared objectives across the ICS?
Goals and Performance	Ensuring they have clear objectives and receive helpful performance feedback?	Ensuring there are clear team objectives and frequent performance feedback?	Supporting teams and individuals and the development of agreeing shared objectives?	Individual, team, and system working in relation to goals and performance?	Developing clear/ shared objectives across the ICS?
Learning and Innovation	Continuously improving performance?	Supporting quality improvement and innovation?	Supporting teams and individuals to learn from each other and work together to develop and implement innovations?	Individual, team, and system working in relation to learning and innovation?	Working together across the ICS to develop system wide quality improvement and innovation?
Support and Compassion	Modelling support and compassion to all others?	Working cohesively, optimistically, compassionately and efficiently as a team?	Modelling support and compassion and nurturing psychological safety for individuals and within teams?	Individual, team, and system working in relation to support and compassion?	Demonstrating support, respect and compassion in all interactions across the ICS?
Equity and Inclusion	Modelling positively diverse and inclusive behaviours?	Encouraging inclusion, valuing diverse perspectives and listening to all voices?	Ensuring that all members of the organisation are able to play leadership roles at various points in their daily work and careers?	Clearly articulated and ambitious diversity management, vision and strategy with associated goals embedded in organisation processes?	Is the E&I vision a central component of the ICS and are they embedded in systems/ ICS processes?
Team working	Leading good team and inter-team working?	Shared team leadership, team effectiveness and inter-team support and cooperation?	Ensuring a long-term focus, frequent contact, quick and fair conflict resolution, mutual sustained support?	Individual, team, and system working in relation to teamwork and collaboration?	Ensuring long term focus, frequent contact, conflict resolution, mutual support across the ICS?

*(Row header group label: **Cultural Elements**)*

Figure 9: Levels of leadership

What did other organisations do?

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

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

We found that this survey helped to give a diverse range of staff the opportunity to contribute to the culture diagnostic in a systematic way using a predetermined set of questions.

The survey includes 12 questions that are linked to the cultural elements and they ask an individual to comment on their own leadership abilities and on their experience of leadership as a whole in their area of the trust.

In preparing for the survey, we had the whole project group involved in signing off the questionnaire and the supporting information that was provided to staff before they completed the survey.

I liaised with NHS England and NHS Improvement on the practicalities of administering the survey, and colleagues in the trusts workforce support team helped us to identify the staff to be included in the random sample. Two or three members of the change team were involved in supporting the analysis of the feedback from the survey.

It can be a large-scale survey, in our case we surveyed one third of the staff which approximately 8,000 people.

Preparation is key. Deciding who is going to be included in the diagnostic, for example, will you include all staff, or as we did a random sample? We then worked internally with the workforce team to ensure that we get a representative and random sample.

It is also important to plan the communications that go out to leaders and the wider workforce. You need to let staff know when the survey is coming and what the time frame is that they will have to respond in. You also need to factor in liaising with NHS England and NHS Improvement on the timing of the survey, signing off the content and so on.

All l this needs preparing as far in advance a possible so that you are ready to launch on the date that you have determined.

Yvon Poland, Group Head of OD, Learning and Education,
Manchester University NHS Foundation Trust

Using the diagnostic

The surveys are online questionnaires available via NHS England and NHS Improvement's survey subscription (currently Citizen Space).

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

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

If you wish to roll out the survey using our survey subscription you first need to:

- contact NHSI.culture@nhs.net and sign the data agreement (tool 3.1)

- send us a list of departments, divisions or locations for your staff survey (no more than 12 items)

- send us the names and email addresses of one or two people who will be given access to the survey results

- send us the name and contact details of someone in your organisation who can be contacted by staff and partners in case of difficulties with the surveys

- thoroughly test the link we supply before releasing the survey to make sure it works in your trust. Let us know if you have any issues and make sure you ask us to delete the test data before you release the survey.

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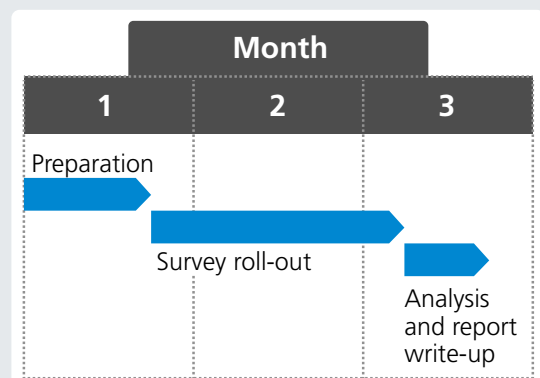

Figure 10: Allowing time to roll out the leadership behaviours survey

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

You then need to:

- co-ordinate the collection of staff active email addresses

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

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

What did other organisations do?

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

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

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

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

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

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

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

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

Staff survey

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

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

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

What did other organisations say?
Sampling issues

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

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

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

External partners survey

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

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

- staff from organisations currently working with your organisation, eg commissioners, providers and patient groups
- a sample of stakeholders that avoids selection bias and includes staff in different types of partner organisation and in different roles – senior leaders, managers, and frontline.

Your communications team should be able to help you target the external partners the survey needs to go out to, but you may need to ask key people across your organisation to identify those they regularly work with.

Note

- The survey needs to go to 'partners' rather than all external stakeholders as not all external stakeholders will be close enough to your organisation to have a sufficiently detailed perspective.
- You can include your governors in the internal staff survey but not in the partner survey.

What did other organisations do?
Identifying the partners

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

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

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

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

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

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

Closing the surveys and response rate

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

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

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

For the staff survey a strong response rate would be:

- 20% using the census method (if the link is sent to all trust staff)
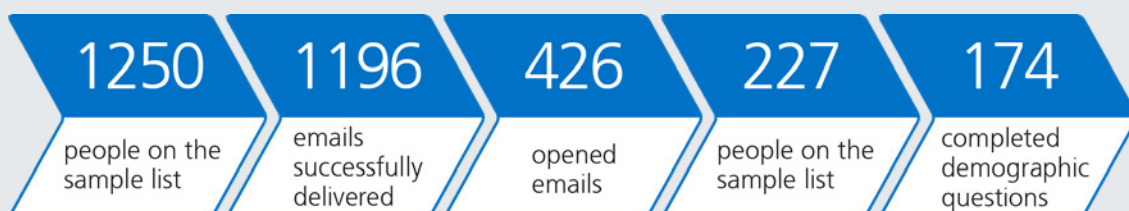- 50% using the sample method.

You will not receive feedback for any demographic group with 10 or fewer responses so try to get at least 11 responses from each occupational group, department and seniority/ pay band category.

For the external partners survey aim for a 50% response rate across your sample.

What did other organisations do? Engaging staff

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

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

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

Analysing the results

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

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

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

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

Presenting the results

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

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

Discovery Phase

Culture focus groups

DIAGNOSTIC

4

Introduction

The culture focus[1] groups look at culture and levels of compassionate and inclusive leadership in detail. These are useful for hearing from staff directly about whether they think the culture is fair and inclusive and whether they see leaders acting equitably. While they are independent of the other diagnostics, running the focus groups after the leadership behaviours survey will allow you to add questions to expand on areas of interest emerging from the survey. This can be useful when looking at themes and how they impact the leadership levels of individual, team, organisation and system.

- identifying where people agree and disagree through discussion

- helping people explore and clarify their views, eg by making it easier to capture not only knowledge and experience but also how and why people feel the way they do

- encouraging participation from those who are reluctant to be interviewed on their own or do not feel confident in expressing their views

- supporting people who struggle with reading and writing.

Once this diagnostic is completed, you should have robust information on 11 topics: the six cultural elements and the five levels of compassionate, diverse and inclusive leadership.

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

What did other organisations do?
Impact on staff

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

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

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

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

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

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

Using the diagnostic

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

Designing your approach

Start planning and arranging your focus groups well in advance. The more people who attend a focus group and the greater the representation of the breadth and depth of your organisation, the more reliable the findings will be. Clinicians and other staff groups may require several weeks' notice.

Depending on resources and the number of sessions organised, allocate a minimum of six to eight weeks for the whole process: run sessions, undertake the analysis and create a summary report.

You could use two types of focus groups, or even consider a different approach if you think this will be more effective. Whatever approach you use, ensure that you are reaching a cross-section of your organisation by making real effort to engage with underrepresented groups.
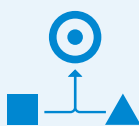
Full focus groups
A structured focus group session where participants are carefully selected and invited to participate

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

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

Full focus groups

These are structured sessions with participants who have been carefully selected to ensure reliable data, reflect the organisation's make-up, and to avoid bias. One option is to set selection criteria and prioritise them according to your local circumstances. The criteria should broadly reflect the organisation's staff, eg location, professional group, demographics. Once you have pools of eligible participants, select participants randomly.

This approach can ensure that participants feel secure and open (ie similar banding or staff group), but it may be more practical to have an 'open door' policy to enable a range of colleagues to attend together. This ensures that there are no barriers to participation and encourages a mix of views from across the organisation.

The ideal number of participants is 8 to 12, although an experienced facilitation team may want to invite as many as 15 at a time.

Use larger groups with caution as they:

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

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

To obtain reliable information, test each of the six topics in at least two full focus groups.

A typical focus group should last 1.5 to 2 hours and could cover two topics.

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

- sites or departments
- staff groups
- different demographics (ie protected characteristics – some organisations conduct focus groups with their BAME, LGBTQ and other staff networks).

Consider running focus groups on a given topic until no new insights emerge. A pragmatic approach would involve balancing the quality of the results with your resources and available time.

Mini focus groups

Mini focus groups can be run if, for example, if you don't get enough participation from certain staff groups in the full focus groups.

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

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

Thinking about the patient

Getting the patient perspective can uncover new information as well as give you a new perspective.

Ensure that you liaise with your patient experience team to explore setting up focus groups involving patients and service users and ensure the diversity of the patient population is represented.

The prompt questions in <u>tool 4.1</u> can easily be adapted to patients.

What did other organisations do?

The experience of running focus groups has been very positive, we ran a range of focus groups and used "trolley dashes".

At the start we didn't have many people coming and wanted to get the word out a bit more across the trust. For example, in my division we had lots of staff on the shop floor who were not that enthusiastic about attending a focus group, so members of the culture change team went in to the area and set up separate, smaller, focus groups, asking staff to drop in at the beginning or the end of a shift for an informal chat.

Where focus groups were possible, we made sure that staff were made to feel comfortable when they arrived, they were offered a drink, and quite often a piece of cake. There was a general chat to put people at ease.

Change team members had decided before each focus group who within the team would be writing the notes and who would be supporting and prompting discussion. All of the questions we wanted to ask were laminated and laid out on tables, and it wasn't necessary to answer the questions in order. We asked participants which questions they would like to start off with, so they felt they could pick and choose a little.

We didn't always have a lot of staff at the focus groups, but the quality of the conversation in those smaller sessions was very good, people really opened up about how things were in their area of work. They shared lots of good practice and by drawing out the good points, we were then able to get people to talk about things that weren't quite so positive, and we gained a lot of good data from that.

Mark Fulford, Facilities Manager,
Nottingham University Hospitals NHS Trust

What did other organisations do?

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

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

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

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

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

What did other organisations do?

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

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

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

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

Preparing a focus group

Focus groups are more effective when run by experienced facilitation teams. Members of your change team may have these skills already or you could arrange training as a development opportunity. You might also consider using external facilitators.

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

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

You will need to communicate with participants to recruit them and align such communication with your wider communications on the culture and leadership programme. However, avoid providing detail on content so you do not influence participants' contributions (see also key messages in tool 4.3)

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

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

Conduct the focus groups somewhere private if possible.

During the focus group

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

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

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

Avoid using:

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

Analysing the results

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

Presenting the results

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

See tool 4.4 for a template.

Discovery Phase

Leadership workforce analysis

DIAGNOSTIC
5

The King's Fund>

Center for
Creative Leadership®

Introduction

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

Your organisation will need leaders who promote equality, diversity and inclusion, as well as having a range of other skills and behaviours, in key leadership roles across the next five to ten years to support continuously improving, safe, high quality compassionate and inclusive care and deliver your business strategy.

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

- leaders in post substantively rather than vacancies or interim position holders
- enough individuals in the leadership pipeline – people with the skills, motivation and appropriate styles – to fill vacancies or to step into key new leadership roles.

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

NHS England and NHS Improvements' Talent and Leadership and Lifelong Learning Teams will shortly be publishing a senior leaders competency framework for executive roles and ICS chairs and chief executives. We recommend that you consider the framework alongside the leadership workforce analysis tool. Please visit our website for details.

This diagnostic:

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

- covers the current state of **your workforce as a whole**

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

- looks at your organisation's **policies and procedures** to support the Design Phase. Future changes to policies, procedures and systems may be recommended to

better support high quality care. Your organisation should develop a clear and ambitious diversity management vision and strategy with associated goals. This must include hardwiring policies on equity, diversity and inclusion policies into corporate objectives and activities.

This diagnostic focuses primarily on the leadership roles your organisation needs now and in the future, but tool 5.4 asks you to consider the workforce as a whole. Figure 11 summarises the main components of the diagnostic.

Some of the pilot trusts were able to respond to the future state questions about numbers but others found this challenging because of their rapidly changing local environment.

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

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

Figure 11: Overview of workforce capacity questions

Using the diagnostic

This diagnostic has four sets of questions which you can answer by collecting data and consulting people across your organisation.

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

In the interests of ensuring equality, diversity and inclusion, it is important to get a diverse representation allowing the data from the consultation and the viewpoints from the team to be rich and varied.

You should pay particular attention to the requirements of the Equality Delivery System (EDS[2, 4]), Workforce Race Equality Standard (WRES[3]) and Workforce Disability Equality Standard (WDES[2]).

Note:

- The questions are designed to inform your approach and guide the reporting of your findings. They are not for use directly in interviews.
- You will need to consult people with care and sensitivity because identifying certain positions as 'key leadership roles' may suggest that other positions are less important and staff could have concerns or feel disempowered.

What did other organisations do?
Using conversations

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

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

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

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

Key leadership roles

One way of identifying key leadership roles is to use a set of criteria to review your organisational structure chart. This may help reduce any natural bias in who you decide to speak to. Suggested criteria include:

- **Strategic impact:** the loss of a qualified post holder for even a modest amount of time would affect the future success of the organisation in terms of the quality of care, patient confidence, business continuity or achievement of the business strategy.

- **Immediacy:** the short-term loss of the post holder would seriously affect service delivery; affect patients or service users, the quality of care, the financial efficiency, operations, work processes, staff morale or the reputation of your organisation.

- **Demand:** the job market for post holders in this position is tight now or will be in the future because of internal or external factors.

- **Regulatory:** there is a regulatory requirement for the post.

- **Uniqueness:** the position requires a set of competencies that is, or will be, unique to the organisation or the market your organisation operates in, eg you are a specialist healthcare provider.

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

Step 1: Re-familiarise with your strategic drivers

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

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

Step 2: Identify the current state of key leadership roles

See tool 5.1 questions on current state of key leadership roles.

Quantities

Identify the current 'key leadership roles' in your organisation.

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

Diversity and demographics

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

Many NHS and social care organisations have the stated aim of seeking to be representative of the communities they serve, yet this has not yet proved sufficient to ensure that NHS organisations are truly representative. Organisations should seek to be representative in all roles and at all levels. Leaders in health and care must make the best use of resources and ensure inclusion through valuing diversity in all its forms.

Knowledge, skills and abilities

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

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

Note

When considering clinical, managerial and technical skills and knowledge, it is important to also think about communication skills. These are crucial for successful compassionate and inclusive leadership because they support information flow and relationship building,5 and help people shape culture.

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

Step 3: Identify the future state of key leadership roles

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

This step helps you assess the demand for talent to align talent delivery with the organisation's goals and objectives. You can identify the information you need to answer the questions by:

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

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

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

- using data to forecast numbers and trends.

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

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

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

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

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

- any existing workforce strategies and plans

- your workforce systems and documentation.

Step 6: Determine policies and procedures

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

See tool 5.5 policies and procedures.

Note

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

Analysing and presenting the results

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

REFERENCES

[1] NHS Leadership Academy (2015) Talent strategy, step.
[2] NHS England (2020) WDES technical guidance.
[3] NHS England (2019) WRES technical guidance.
[4] NHS England (2013) A refreshed Equality Delivery System for the NHS.
[5] Yammarino, Salas, Serban, Shirreffs, Shuffler (2012) Communication is the currency of collective leadership, p. 394.
[6] Monitor (2014) Strategic workforce planning tool.

Discovery Phase

Patient experience

DIAGNOSTIC
6

Introduction

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

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

Using the diagnostic

Quantitative information

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

A template with national inpatient questions from 2020 is available. The scores for your national patient surveys are available on CQC's webpage for your organisation and on NHS Surveys (nhssurveys.org/surveys).

We suggest that you the explore the relationship between the patient experience themes and the demographic information from the patient experience survey for issues relating to equality, diversity and inclusion:

- What are the pattens, are some patient groups reporting a different experience?

- What other patient data does the organisation have and how does this compare to the national patient survey data?

- What questions does this pose for the organisation?

- Are there gaps in the data?

If your organisation uses other patient surveys, and you wish to use this data, you can use a similar approach but will need to map the questions to the cultural elements yourself. Figure 12 may help you do this.

Once you have gathered the data, there are several methods for highlighting your strengths and development areas from your patients' perspective. The purpose is to identify the areas where you need to improve. For example, you could:

- benchmark the data against that for other trusts if using national survey data

- look at the trends across the years

- calculate an average score across the indicators for each of the six cultural elements, and then rank them from best to worst.

Qualitative information

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

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

If you need to capture more views you can run patient culture focus groups or conduct interviews. Again, ensure that invitees are diverse to build a broad picture of patient experience.

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

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

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

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

Annie Laverty, Chief Experience Officer,
Northumbria Healthcare Foundation Trust

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

Figure 12: Patient experience themes mapped to cultural elements

Note: The Patient Experience Improvement Framework will shortly be reviewed. These themes will therefore be updated in due course.

Analysing the results

When analysing data please ensure you adhere to your organisation's information governance policy. Your Caldicott guardian may need to approve use of patient identifiable data, depending on the purpose for which the data was originally collected.

Templates to help you analyse your results can be found in the tools on our website.

What did other organisations do?
Qualitative analysis for culture

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

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

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

- does it have something to do with our **transactions** – what we do to people, or
- is it more about the **relationships** we have with people - the kindness of our staff for example or the way the doctor may not have listened to what mattered most to the individual concerned.

This simple method has really helped us understand variation within our wards, teams, hospitals and departments. We can see if this transactional vs relational spilt is consistent year on year and equally understand the profiles for our ward teams and if we can identify variation between our wards that should concern us. This simple classification helps us to use patient feedback to target improvement effort in the right areas which is so important.
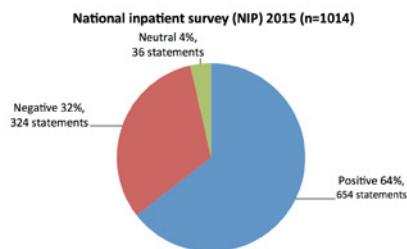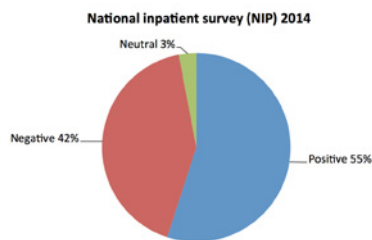
Finally, through this work we've explored how themes could be linked to cultural elements such as 'support and compassion' or 'teamwork' (see also figure 12).

*Annie Laverty, Chief Experience Officer,
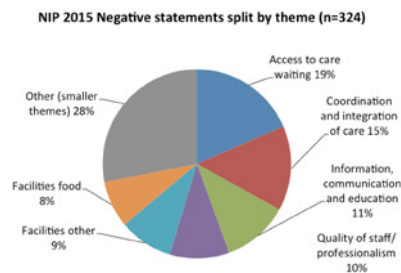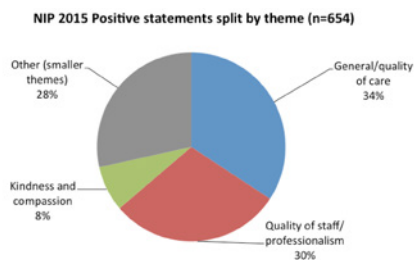Northumbria Healthcare Foundation Trust*

Variation by year

Statistically significant improvement from 2014-2015

National inpatient survey (NIP) 2014

Neutral 3%

Negative 42%

Positive 55%

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

Neutral 4%, 36 statements

Negative 32%, 324 statements

Positive 64%, 654 statements

Patient experience theme (2015)

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

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

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

Other (smaller themes) 28%

General/quality of care 34%

Kindness and compassion 8%

Quality of staff/ professionalism 30%

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

Access to care waiting 19%

Coordination and integration of care 15%

Other (smaller themes) 28%

Information, communication and education 11%

Facilities food 8%

Facilities other 9%

Quality of staff/ professionalism 10%

Relational-transactional themes (2015)

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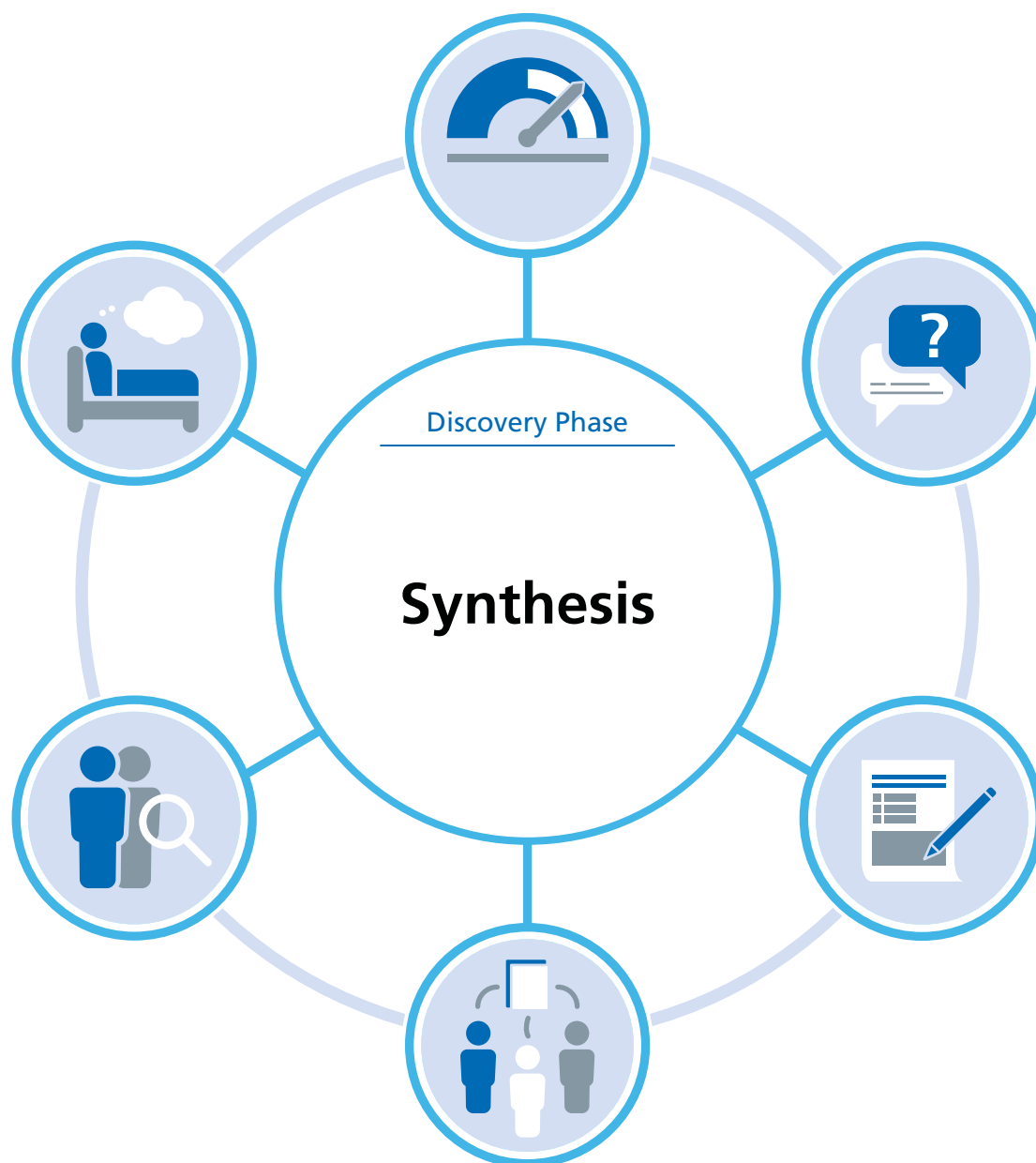
When patients were unhappy with care it was more likely to be about the transactions of care – the systems and processes and the things that happened to them rather than the quality of relationships with staff.

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

Relational 44%

Transactional 56%

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

Relational 24%

Transactional 76%

Link to cultural elements

Top strength vision and values

Top development area goals and performance
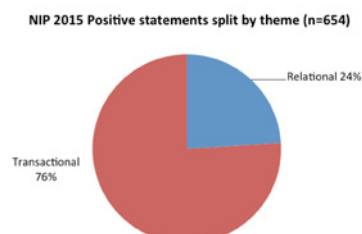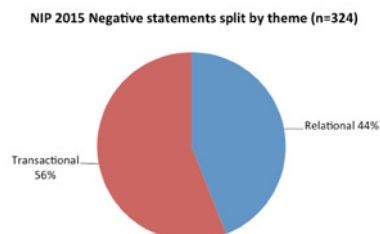
Presenting the results

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

Only anonymised information should be shared with the wider change team and organisation. Check the information you report carefully to make sure that all identifiable information has been removed. Seek advice from your Caldicott guardian as necessary.

NHS

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Discovery Phase

Synthesis

Center for
Creative Leadership

Introduction

The synthesis stage is the bridge between the Discovery Phase and the Design Phase in your culture and leadership programme.

It is when you bring together the results of your Scoping Phase and the findings from the six diagnostics undertaken in the Discovery Phase to provide a current state analysis on culture and leadership. This will mean you can target approaches and interventions in your strategy for compassionate, diverse and inclusive leadership.

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

Figure 13: Components of synthesis

What to include in synthesis and why

During the Scoping Phase you will have determined the [purpose](#) of your compassionate, diverse and inclusive leadership strategy. You will have identified how the strategy can help deliver your organisation's business plan and how it fits with your existing work. This is essential information for designing your strategy in the Design Phase.

Using the six diagnostics you will have captured the current state information on the concepts shown in the Figure 14 below. You will need to look at strengths and development areas across the concepts for each diagnostic to identify:

- the points of agreement
- the points of difference.

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

The leadership workforce analysis will also have helped you to:

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

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

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

Figure 14: Culture and learning programme resources summary

What do other organisations do?
Time for analysis and synthesis

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

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

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

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

Tips for synthesis

When synthesising the cultural elements:

- draw out information on how these cultural elements are applied across the five levels of compassionate and inclusive leadership (see concepts and evidence base for how the five levels and cultural elements relate)
- be careful that information from the board interviews on the culture of the board is distinct from information on the culture of the organisation
- note differences between the staff perception of culture from the focus groups and patients' perspective from the patient experience diagnostic.
- listen with fascination to perspectives different from your own.

When synthesising the leadership behaviours:

- note that the leadership behaviours relate to the cultural elements (see concepts and evidence base) and use this to compare the results from the external partner perspective to patients, staff and the board
- use information from the culture focus groups as well as the answers to the questions in the surveys to help you understand the quantitative survey results. Checking the number of responses to and the demographics from the surveys and culture focus groups will help you understand the perspective of respondents
- be careful if you used the optional questions on leadership behaviour in the leadership workforce analysis, they are likely to be more biased than the survey as a smaller number of people from specific demographics will have been involved than with the survey.

Running a synthesis workshop

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

This exercise will involve a lot of data and require a good knowledge of the concepts. So, we recommend you restrict attendees to the members of the change team. You can invite wider involvement and scrutiny later (see Engaging and communicating the results).

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

What do other organisations say? Thoughts on synthesis workshops

We focused the first half of our workshop on reviewing the findings from each diagnostics and the second on comparing the findings between the different diagnostics on the leadership behaviours and cultural dimensions.

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

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

During the workshop:

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

- the change team should collectively bring together the results of the diagnostics in line with cultural elements

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

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

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

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

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

Board report

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

While reports need to be easily digestible and engaging, it will be important to retain the richness of the data generated in the diagnostics – perhaps in a longer version or appendix.

Purpose

The board report is an opportunity to present a summary of the activity and level of engagement from staff and partners in the Discovery Phase, and an assessment of the current culture and leadership of the organisation based on the diagnostics undertaken in the Discovery Phase. It is also an opportunity to engage your board (or senior leadership team) in the next phase of the programme. The key findings will inform the Design Phase.

Presenting to the board

Many change teams are involved in presenting the findings from the Discovery Phase to the board. In finalising the report and preparing for the presentation, the change team should ask these questions:

- Have we included the voice of external stakeholders?
- Have we really listened to and captured the voice of front-line staff and middle management?
- Have we conducted deep dives into areas of concern?
- Have we reviewed patient feedback and patient complaints?
- Have we included a small number of personal anecdotes and personal observations?
- Can we describe the purpose of each tool; the methodology taken and provide a summary of the results for each tool?
- Can we describe the key strengths and weaknesses for each Cultural Element?
- Have we got clear recommendations?
- Are we engaging with the Board in a way which is consistent with the behaviours we want to see in the organisation in the future?

What do other organisations do?

The most important thing Change Teams can do is give the feedback to the board about how staff feel about working here. Culture is many things but seeing the values lived is really important and when staff feel the values not being lived, they become disillusioned.

Joan Pedder, Director of Organisational Development,
Belfast Health and Social Care Trust

Rather than taking a tick box approach and simply looking at staff engagement scores and turnover, our board are now asking deeper questions:

1. what do we need to measure consistently across the organisation which is relevant to our particular context?
2. what other ways can we find to stay close to the behaviours in the organisation - such as more visits, more face to face meetings?
3. where are the known 'hot spots' where poor behaviours exist and have we a strategy in place to address these?
4. have we got the leadership in place to create an organisation which can work collectively with the system?

The change team, Belfast Health and Social Care Trust

Content

- Summarise the purpose for your compassionate, diverse and inclusive leadership strategy from your Scoping Phase discussions.

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

- Identify key areas of work for the collective leadership strategy. In particular:

  » describe the themes, strengths and development areas across each of the six cultural elements, 6 leadership behaviours and five levels of compassionate and inclusive leadership

  » describe the current state across the three workforce capacity areas for both key leadership roles (as defined in your leadership workforce analysis) and the workforce as a whole

  » for key leadership roles only, identify issues for the future and, where possible, provide a high level forecast for the three workforce areas

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

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

What do other organisations say?
Different approaches to sharing the findings

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

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

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

Engaging and communicating the results

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

It is important to acknowledge their contribution to the programme by sharing findings at the end of the Discovery Phase and explaining the next steps. A common concern for staff is that no action will be taken and their efforts will have been in vain. It will also be important to re-emphasise the commitment to equality, diversity and inclusion.

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

Before the synthesis workshop

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

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

You will also need to:

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

After the synthesis workshop

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

After the board report

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

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

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

You can involve any groups you choose outside your core team, including staff networks and governors. There is no set format and the session should be designed and led by an experienced facilitator in your organisation. Getting the format right is important. Staff will not have detailed knowledge of the culture and leadership programme so short sessions are best.

If you are running an engagement session:

- familiarise participants with the culture and leadership programme and any concepts they will need to know
- make sure they are clear about the objectives for the day and their role
- present the analysed reports and findings, not the full raw data - raw data will be difficult for participants to engage with in the time, as well as needing to be anonymised.

What did other organisations do?
Sharing the findings of the Discovery Phase

Due to the pandemic, our findings from the diagnostics were shared mainly via a series of virtual events with the Culture Change Team and then targeting specific stakeholder groups and presenting at meetings such as network, nursing, AHPs, midwifery and medical meetings. This was a successful approach as we were able to engage with staff by holding the sessions at different times and days.

Christopher Cooper, Organisation Development Consultant,
Maidstone and Tunbridge Wells NHS Trust

The diagnostic tools and the synthesis workshop supported the co-production of the diagnosis of the core issues and the ownership of the solutions. We now have a plan that has widespread support from stakeholders and which is directly dealing with the issues that we have faced for years, and evidence of real and substantial progress and improvement as a result.

Mark Gammage, HR Advisor to the Board,
Norfolk and Suffolk NHS Foundation Trust

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

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

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

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

What did other organisations do?
Sharing the findings of the Discovery Phase

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

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

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

Evaluating the Discovery Phase

You will have created an evaluation plan during the 'getting started' stage.

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

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

Objectives

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

Feedback from the diagnostics

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

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

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

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

Change team development

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

- your team working assessments – if you have run more than one assessment

- completion of any agreed group actions from your leadership behaviours reflection questionnaire

- if you have run any development programme or training for your change team you can collect and analyse the results of any feedback from that training.

Evaluation interviews

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

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

Evaluation focus group

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

Tips for conducting these interviews:

- Before you begin, try to establish some rapport with the person and find a quiet space where you know you will not be disturbed.

- Ask the interviewee if you can record the interview or take notes. Always ask for permission before recording interviews and assure the interviewee that their audio will be transcribed, anonymised and later destroyed. This protects their anonymity by ensuring there is no personally identifiable information.

- Encourage the interviewee to adopt a solutions-focused approach to responding. It can be easy to fall into casual conversation or thinking about issues and inter-personal challenges, not solutions.

- If things go off topic or become uncomfortable, remind the interviewee that you will only be able to discuss topics that they are happy to be shared with the wider team.

Share your learning

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

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

Preparing for the Design Phase

The Design Phase will help you develop your compassionate, diverse and inclusive leadership strategy. The strategy should align with your trust's approach to organisational and workforce development.

During the Design Phase you will develop your collective leadership strategy by:

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

The Design Phase and Delivery Phase will require more engagement than the Discovery Phase, so you may need to expand governance and stakeholder involvement arrangements. You may choose to keep the change team you created for the Discovery Phase for consistency or review

the membership to allow other members of staff the opportunity to be involved. They may bring a fresh perspective in building on what others have already achieved. You will want to continue to ensure diverse representation.

The governance is likely to require:

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

As you move into the Design Phase you might like to consider the following:

- engage an OD facilitator to act as a sounding board as you refine the conclusions from the Discovery Phase and synthesis workshop.

- review your project plan and milestones. Are they still valid? What needs to be updated, included or changed? Are the correct measures in place and do additional ones need to be recorded?

- hold additional focus groups to expand further thinking on the themes identified in the Discovery phase? Do you need to drill deeper into the data to understand the impact on the individual, the team, the organisation and/or the system needs?

- work with your communications team to review your communications plan. Does it have the reach to keep staff informed about the work that is being done and what they have contributed to?

- align a board member/non-executive director to themes where it would be beneficial for them to act as an additional executive sponsor?

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

- brief change team members on the Discovery Phase, exploring and agreeing the scope for the Design Phase

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

- prioritise options and develop the draft strategy.

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