Title: Staff Engagement
Action: FOR DISCUSSION/NOTING
Meeting: 12 October 2016

Purpose:
The Trust’s Workforce, Service Redesign and Organisational Development Strategy 2016-2021 comprises four programmes:

Programme 1: A Highly Engaged Workforce
Programme 2: An Appropriately Trained Workforce
Programme 3: A Healthy and Well Workforce
Programme 4: Diversity and Inclusion for All
Programme 5: An Organisation Culture of Continuous Improvement

The purpose of the report is to provide the Trust Board with an update on Programme 1 and includes:

(i) Progress against activities identified in the 2016/17 Implementation Plan
(ii) Improvement areas identified from the Culture Inquiry Listening in Action workshops
(iii) Findings from the National Staff Survey and quarterly temperature checks
(iv) Improvement actions identified from the Culture Inquiry and National Staff Survey

Recommendation:
The Trust Board is asked to:

- discuss and note the progress of Programme 1: A Highly Engaged Workforce
- identify and agree any improvement actions that the Trust Board should take in support of this programme.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Author:</strong></td>
<td></td>
</tr>
<tr>
<td>Anita Pisani</td>
<td>Deputy Chief Executive Officer</td>
</tr>
<tr>
<td>Angela Hartley</td>
<td>Assistant Director Workforce</td>
</tr>
<tr>
<td>Sam Carr</td>
<td>Assistant Director Service Redesign</td>
</tr>
<tr>
<td><strong>Executive sponsor:</strong></td>
<td></td>
</tr>
<tr>
<td>Anita Pisani</td>
<td>Deputy Chief Executive Officer/Director of Workforce and Service Redesign</td>
</tr>
</tbody>
</table>
### Trust Objectives

<table>
<thead>
<tr>
<th>Objective</th>
<th>How the report supports achievement of the Trust objectives:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide outstanding care</td>
<td>Evidence shows that a highly engaged workforce provides high quality services and a better patient experience.</td>
</tr>
<tr>
<td>Collaborate with other organisations</td>
<td>This report demonstrates a number of areas where we collaborate with others to support our staff.</td>
</tr>
<tr>
<td>Be an excellent employer</td>
<td>This report demonstrates a number of activities that all support the Trust is its objective of being an excellent employer.</td>
</tr>
<tr>
<td>Be a sustainable organisation</td>
<td>Not referenced directly in this report.</td>
</tr>
</tbody>
</table>

### Trust risk register

Risk: 2325 Staff not recommending the Trust as a place to work

### Legal and Regulatory requirements:

- Care Quality Commission
- NHS Constitution

### Equality and Diversity implications:

<table>
<thead>
<tr>
<th>Objective</th>
<th>How the report supports achievement of objectives:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achieve an improvement in the percentage of service users who report that they are able to access the Trust services that they require</td>
<td>Not referenced in this report</td>
</tr>
<tr>
<td>Enhance our approach to involving and capturing the experience of hard to reach / seldom heard / varied community groups</td>
<td>Not referenced in this report</td>
</tr>
<tr>
<td>Support staff to reduce the incidents of staff from minority groups experiencing abuse / aggression violence or discrimination from service users, carers, colleagues or managers.</td>
<td>This report demonstrates the numerous activities/actions that the Trust is taking to support staff to reduce these incidents.</td>
</tr>
<tr>
<td>Ensure that the Race Equality Standard is embedded and undertake proactive work around any areas of under-representation</td>
<td>This report identifies a number of Diversity and Inclusion actions that are taking place to support our staff.</td>
</tr>
</tbody>
</table>

Are any of the following protected characteristics impacted by items covered in the paper: All

<table>
<thead>
<tr>
<th>Age</th>
<th>Disability</th>
<th>Gender Reassignment</th>
<th>Marriage and Civil Partnership</th>
<th>Pregnancy and Maternity</th>
<th>Race</th>
<th>Religion and Belief</th>
<th>Sex</th>
<th>Sexual Orientation</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>
1. BACKGROUND AND PURPOSE OF REPORT

The Trust’s Workforce, Service Redesign and Organisational Development Strategy 2016-2021 comprises four programmes:

Programme 1: A Highly Engaged Workforce
Programme 2: An Appropriately Trained Workforce
Programme 3: A Healthy and Well Workforce
Programme 4: Diversity and Inclusion for All
Programme 5: An Organisation Culture of Continuous Improvement

The purpose of the report is to provide the Trust Board with an update on Programme 1 and includes:

(v) Progress against activities identified in the 2016/17 Implementation Plan
(vi) Areas of improvement identified from the Culture Inquiry Listening in Action workshops
(vii) Findings from the National Staff Survey and quarterly temperature checks
(viii) Improvement actions identified from the Culture Inquiry and National Staff Survey

2. KEY POINTS

2.1 The purpose of Programme 1 is to create and support a culture whereby all staff feel they belong to one organisation with a cohesive vision, whilst at the same time recognise the importance and identity of them being part of their particular service/locality.

2.2 Programme 1 progress

Informed by the King’s Fund Six Building Blocks for a highly engaged workforce a range of activities were identified. Progress against these activities is set out in table 1 below.

Table 1:

<table>
<thead>
<tr>
<th>Kings Fund Six Building Blocks for a highly engaged workforce</th>
<th>Strategy</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developing a compelling, shared strategic direction</td>
<td>Introduce a Trust wide conversation process that links Trust objectives to service, team and individual objectives</td>
<td>Introduced for 16/17. Process being refined and updated for 17/18 conversations. Effectiveness and coverage being reviewed at Wider Executive meeting 11th October 2016. Process for 17/18 will then be refined and improved for roll out January 2017 onwards. Staff engagement events have been held Trust-wide</td>
</tr>
<tr>
<td>Section</td>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Service annual plans</td>
<td>For 16/17 all service’s have plans in place. Again, effectiveness and learning being reviewed at Wider Executive meeting 11th October 2016. Service Planning process for 17/18 will be refined following this review.</td>
<td></td>
</tr>
<tr>
<td>Building collective and distributed leadership</td>
<td>Ensure that we maximise opportunities for staff involvement and engagement and explore new methods and ways of doing this throughout the lifetime of this strategy.</td>
<td></td>
</tr>
<tr>
<td>Adopting supportive and inclusive leadership styles</td>
<td>Staff engagement events held which have involved over 1000 individuals. The Trust will be surveying all permanent staff in the 2016 National Staff Survey to ensure we are being inclusive. Quarterly Friends and Families survey run in quarter 1, 2 and 4 each year and accessible to all staff.</td>
<td></td>
</tr>
<tr>
<td>Produce and implement a leadership statement and plan.</td>
<td>Leadership Plan produced that describes different levels of leadership development that will be provided. This includes formal programmes and experience based support such as shadowing, mentoring and coaching etc. This is embedded into the CCS Improvement way.</td>
<td></td>
</tr>
<tr>
<td>Continue with our staff award schemes and ensure that successes are celebrated</td>
<td>Monthly Shine A Light Award. Annual staff awards ceremony. Communications Cascade and Keep in Touch newsletters. Service specific newsletters introduced.</td>
<td></td>
</tr>
<tr>
<td>Continue to enhance our partnership working arrangements with our local and regional staff side colleagues by ensuring that they are actively engaged in service change</td>
<td>Bi-monthly meeting in place chaired by the Chief Executive or Deputy Chief Executive. Staff representatives on all key committees including Workforce Diversity and Inclusion, Live Life Well, Health and Safety committee etc. Regional and local staff side colleagues involved in this. The Trust has agreed to work in partnership with the RCN on launching a Cultural Ambassador programme early</td>
<td></td>
</tr>
<tr>
<td>Improving internal systems of control to ensure governance processes are simple and understood by all</td>
<td>CCS Quality Way to be introduced across the Trust. This is being presented at Wider Executive meeting 11 October 2016 by Deputy Chief Nurse and will then be rolled out across the Trust.</td>
<td></td>
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<tr>
<td>---</td>
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</tr>
<tr>
<td>Giving staff the tools to lead service transformation</td>
<td>Develop and embed a culture of continuous improvement</td>
<td></td>
</tr>
<tr>
<td>Develop the concept of staff champions across the Trust for a variety of workforce and organisational development work streams</td>
<td>CCS Improvement Way has been developed; an approach to continuous improvement supported by a range of improvement tools and training programmes. Conditions for enabling improvement identified. Plan in place to roll out CCS Improvement Way. Clinical and non-clinical leaders supported to undertake national/regional development on improvement methodology.</td>
<td></td>
</tr>
<tr>
<td>Establishing a culture based on integrity and trust</td>
<td>Continue with our back to the floor programme and offer shadowing opportunities across all services and levels</td>
<td></td>
</tr>
<tr>
<td>Placing staff engagement firmly on the board agenda</td>
<td>Rolling programme in place</td>
<td></td>
</tr>
<tr>
<td>Continue with our programme of Trust Board bi-monthly staff experience stories</td>
<td>In place</td>
<td></td>
</tr>
</tbody>
</table>

2.3 In addition to the above, as part of the 2016/17 implementation plan we have undertaken the following engagement activities which we are using to inform further improvements we need to make in order to embed an inclusive and vibrant organisational culture:

(i) Listening in Action – Culture Inquiry Workshops
(ii) National Staff Survey

(iii) Quarterly temperature checks using the Friends and Family Test

3. Listening In Action – Culture Inquiry workshops

3.1 Services involved:

Inquiry/engagement workshops have been completed for the following services:

- Norfolk CYP (circa 100 people)
- Cambridgeshire CYP (circa 210 people)
- Luton Adult and Children’s Services (circa 250 people)
- Luton Drugs Service (circa 20 people)
- ICaSH (circa 280 people)
- MSK (circa 70 people)
- School Immunisation Service (circa 40 people)
- Corporate (circa 70 people)
- Holly/SCBU (circa 40)
- Dental Services – Peterborough (circa 15)

3.2 Methodology:

The Cultural Web tool was used as the basis of the inquiry conversations. Originated by Gerry Johnson (2001), the cultural web has been used in a diverse range of organisations as a way of understanding staff perceptions of the existing culture and the culture and type of organisation that they want/need to have for the future. The Cultural Web was adapted into the Trust’s Culture Flower and a series of questions to explore each of the areas developed – see Appendix 1.

Inquiry workshops were held for each of the services. This approach enabled a wider participation (as compared to running a series of cross organisational workshops) and also enabled service specific improvements to be identified.

3.3 Themes:

This report focussing on the improvement actions identified through our various conversations. It does not detail the areas that our staff fed back as already working well.

Themes identified were:

(i) Values:
- Trust values lived in teams but not necessarily experienced across wider organisation by all

(ii) Change:
- Story of constant change/change fatigue
- Change experienced as being driven “top-down”
- Not enough time given for changes to be embedded before further changes are made

(iii) Sphere of influence – decision-making and implementing changes:
- Lack of clarity about sphere of influence/decision-making within teams
- Not enough involvement in relation to decisions that would impact the work that they were doing
For changes/decisions that were outside their influence, not enough explanation as to “why” and time to think through how to implement changes

(iv) Leadership:
- Leadership not always visible
- Not all teams felt supported by their local leaders and where there was support some felt that their managers were not themselves able to influence decisions
- Leadership style not always inclusive and supportive
- Concern that people who are making decisions about their services do not understand their roles

(v) What is monitored and valued:
- Focus on quantitative rather than qualitative reporting
- Reporting/Key Performance Indicators (KPIs) do not reflect the entirety of the service offer
- Concern that Commissioners do not understand entirety of the services that they provide

(vi) Standardisation vs local needs:
- Concern that focus on standardising service offers across teams and geographies would mean that local needs/variances would be lost

(vii) Mobile working and premises moves:
- Concern that change in premises and a move to greater mobile working/hot desking will mean that there will be a loss of important informal team and peer support

3.4 Improvement plans:

3.4.1 Each service area has developed or is in the process of developing their individual service/team improvement plans. These will be shared widely within teams and effective implementation will be monitored via our Executive Programme Board, which reports to our Strategic Change Committee.

3.4.2 In addition to individual service/team improvement plans, the following Trust-wide actions have been identified:

<table>
<thead>
<tr>
<th>Area for improvement</th>
<th>Actions to improve</th>
</tr>
</thead>
<tbody>
<tr>
<td>Values</td>
<td>- Explicit conversations held with Wider Leadership Forum (circa 70 people) organisational wide</td>
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<tr>
<td></td>
<td>- Corporate Services action plan in place. Particular focus being on how information requests to operational teams are co-ordinated and requested</td>
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<tr>
<td></td>
<td>- Explicitly embedded into our internal leadership development programmes/sessions</td>
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<tr>
<td></td>
<td>- Explicit conversations take place at Trust Induction on importance of values and the right behaviours being exhibited by all</td>
</tr>
<tr>
<td></td>
<td>- Values and behaviours embedded into Appraisal discussions</td>
</tr>
<tr>
<td>Change</td>
<td>- All service redesign programmes will have</td>
</tr>
</tbody>
</table>
- Comprehensive staff engagement plans in place including representation on all project teams
- All service redesign programmes will be summarised and shared with all staff; clear milestones, rationale and mechanisms for involvement explained
- Key messages from project meetings/programme boards to be shared with staff
- Change management training to be provided as part of the CCS Improvement way
- Embedding the CCS Improvement Way as the methodology to ensure that sufficient time is given at the beginning of a project/programme to define the improvement sought before embarking on implementing any change
- Actively listening to feedback from staff on proposed changes and being prepared to halt/stop implementation where anticipated benefits are unlikely to be achieved and detrimental to staff morale
- Service redesign newsletters in place to help with sharing of information

| Sphere of influence | Sphere of influence discussion tool produced and shared with the Trust Leadership Forum and Corporate Services
| | All Teams being encouraged to use the tool within their teams |

<table>
<thead>
<tr>
<th>Area for improvement</th>
<th>Actions to improve</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership</td>
<td>Targeted leadership development for Team Leaders and above that supports a collective/distributed leadership style</td>
</tr>
</tbody>
</table>
| What is monitored/valued | Services to review reporting formats to include all aspects of service offer and not just those that have a KPI attached to them
| | Trust to review how revised reporting can be shared and discussed with Commissioners and internally
| | Use of information being reviewed with the aim of moving towards a culture of using information to support improvement rather than for judgement |
| Standardisation vs local need | Where standardisation is being introduced, services will ensure that they have representatives from all areas/geographies as part of the working groups – will ensure that best practice from areas is taken into account
| | CCS Quality Way to be implemented |
| Mobile working and premises | Quality Impact Assessment for all premises moves to identify concerns and issues and plans put in place to address these. Staff directly affected by any moves involved in developing these
| | Design of new premises to include space for 1:1s and team meetings etc
| | Each service to agree expectations for mobile working |
4. National Staff Survey

4.1 In response to the 2015 NHS Staff Survey, we engaged with teams and individuals in identifying actions to address areas requiring improvement.

4.2 In response to staff saying they experienced harassment, bullying or abuse from patients, relatives or the public we have, amongst other actions, reviewed our conflict resolution training to make it more focussed on community services. We have put in additional support including cultural awareness and team development days promoting understanding amongst the team and interactions with the public. We have introduced a customer service programme call ‘Putting the Patient First’ to our Dental services and Immunisations and Vaccination services. We have run a “Make the Difference … revolutionise your customer service” programme at the iCASH conference promoting a positive approach with patients and a range of tools for staff to use. We have also promoted NHS Protect security posters Trust-wide.

We are developing a revised staff support leaflet with tips on how to handle potential bullying situations and becoming bully proof. Once available this will be widely circulated across the Trust and uploaded to our intranet. We have also revised the Dignity at Work Policy to make this easier for staff to access and it is now called the Bullying and Harassment Policy.

The Tackling Violence and Aggression Policy is being revised to make it easier for managers and staff to use and to reinforce the Trust’s zero tolerance approach. Posters are being revised with a clear message which will be displayed in all public facing areas.

4.3 In response to our staff saying they experienced discrimination at work in the previous 12 months, we have launched a diversity network; are planning to introduce unconscious bias training as mandatory by the end of the year; and have promoted, amongst other things, Equality and Diversity week in May 2016 and mentoring for BME staff.

4.4 The 2015 survey highlighted that some of our staff said they had not had an appraisal in the last 12 months. We have continued to work to improve our process around appraisal monitoring in that service leads are sent non-compliance data each month, and individuals are also contacted to ensure compliance. "Effective appraisal" training has been offered to line managers during the year; and a post-appraisal feedback process has been put in place. 92% of our staff now report that they have had an annual appraisal. We continue to seek feedback on the quality of appraisals and a more direct approach for this will be introduced in the next couple of months.

4.5 The survey also highlighted that staff felt pressure to come to work when feeling unwell. We have ensured that the documentation used by staff who return to work after absence prompts them to think about whether they are well enough to be back at work. We have publicised the use of our in-house MSK rapid access service through communications and posters, particularly in Luton, and the human resources team regularly remind staff with musculo-skeletal issues of the service available.

4.6 With regard to the Trust’s Live Life Well programme of activity, we have this year promoted the use of charitable funds for team events. In line with the NHS’ “One You” campaign and principles, we are looking to break cycles of sedentary behaviour and are reviewing the benefits and use of standing desks, and kits for measuring BMI/height/weight/body fat kit. We have contacted the providers of leisure facilities across our region and have secured gym discounts for our staff. We have reviewed contracts with catering suppliers to include healthy food choices on sites (Princess of Wales, Doddington) including a review of charity sweet providers.
With regard to the mental health of our employees, we have added a number of mental health-related initiatives to our training portfolio this year. A group of staff have undertaken Mental Health First Aid training, which enables them to spot signs of mental ill-health and signpost colleagues to seek appropriate support. We continue to promote and offer resilience training and have added mindfulness techniques to this portfolio this year, and we now offer workshops for managers on managing mental health. We have run a series of LLW and Mental Health Well-being articles in Comms Cascade including promoting World Mental Health Day on 10 October.

We have published the first of our bi-annual Live Life Well newsletters in August 2016 where we promote a number of different initiatives and activities.

5. **Quarterly Staff Friends and Family Test**

The Trust undertakes 3 quarterly trust wide staff friends and family surveys, in quarters 1, 2 and 4. In quarter 3 we undertake the national staff opinion survey. The feedback and narrative comments are used to inform our action plans and we implement actions that address key themes of concern and to celebrate positive areas raised by staff. The questions asked are:

- How likely are you to recommend CCS to friends and family if they needed care or treatment; and
- How likely are you to recommend CCS to friends and family as a place to work

See Appendix 2 with the high level results from these surveys for the last 3 quarters.

6. **RECOMMENDATION**

The Trust Board is asked to:
- discuss and note the progress of Programme 1: A Highly Engaged Workforce
- identify and agree any improvement actions that the Trust Board should take in support of this programme.
Appendix 1: Culture Inquiry using the Culture Flower
Culture Inquiry......How do we do things now?

Stories and Symbols

What stories are told about the Trust:
- by staff?
- by people outside the organisation?

What symbols/images/pictures do you associate with the Trust?

Leadership, Structures, Decisions

What words would you use to describe:
- Leadership style in the Trust, your service?
- Structure of the Trust?

Who makes and influences decisions that affect how you work?
How are changes made within your team?

Control Systems

What is monitored most closely?

What is monitored least closely?

What is valued and rewarded?

Beliefs and values

How are the Trust’s values of Honesty, Empathy, Ambition and Respect “lived” in the wider Trust, in your team and by you?

What are the dominant beliefs in the Trust and your service?
Culture Inquiry……Improving the way we do things here.

**Stories and Symbols**
- What stories do you want to be told about the Trust?
  - by staff?
  - by people outside the organisation?
- What symbols/images/pictures do you want to be associated with the Trust?

**Leadership, Structures, Decisions**
- What kind of leadership style would you like in the Trust, your service?
- What kind of structure would you like in the Trust?
- How do you want decisions to be made about what you do?
- How do you want changes to be made within your team/service/the Trust?

**Control Systems**
- How do you want quality and performance to be measured, monitored and rewarded?

**Beliefs and values**
- How would you like the Trust’s values of Honesty, Empathy, Ambition and Respect to be “lived” in the wider Trust and in your team?
- How can you “live” the values?
- What would you like the dominant beliefs in the Trust and your service?
Improving the way we do things here……..

Stories and Symbols
Leadership style, structures, decision-making
Control Systems
Living the Trust values

What can we do as a Trust?

What can your service/team do?

What will you do differently from today? (Post-it on the pledge wall)
Appendix 2

1. How likely are you to recommend CCS NHS Trust to friends and family if they needed care or treatment?

<table>
<thead>
<tr>
<th></th>
<th>quarter 4</th>
<th>quarter 1</th>
<th>quarter 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely likely</td>
<td>55.32</td>
<td>49.65</td>
<td>45.12</td>
</tr>
<tr>
<td>Likely</td>
<td>32.98</td>
<td>37.76</td>
<td>41.04</td>
</tr>
<tr>
<td>Neither likely nor unlikely</td>
<td>8.51</td>
<td>9.79</td>
<td>11.11</td>
</tr>
<tr>
<td>Unlikely</td>
<td>1.06</td>
<td>0.70</td>
<td>0.91</td>
</tr>
<tr>
<td>Extremely unlikely</td>
<td>1.06</td>
<td>1.40</td>
<td>0.91</td>
</tr>
<tr>
<td>Don't know</td>
<td>1.06</td>
<td>0.70</td>
<td>0.91</td>
</tr>
</tbody>
</table>

2. How likely are you to recommend CCS NHS Trust to friends and family as a place to work?

<table>
<thead>
<tr>
<th></th>
<th>quarter 4</th>
<th>quarter 1</th>
<th>quarter 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely likely</td>
<td>38.30</td>
<td>26.57</td>
<td>29.93</td>
</tr>
<tr>
<td>Likely</td>
<td>30.85</td>
<td>45.45</td>
<td>39.91</td>
</tr>
<tr>
<td>Neither likely nor unlikely</td>
<td>11.70</td>
<td>10.49</td>
<td>14.51</td>
</tr>
<tr>
<td>Unlikely</td>
<td>9.57</td>
<td>11.19</td>
<td>7.94</td>
</tr>
<tr>
<td>Extremely unlikely</td>
<td>9.57</td>
<td>6.29</td>
<td>6.80</td>
</tr>
<tr>
<td>Don't know</td>
<td>0</td>
<td>0</td>
<td>0.91</td>
</tr>
</tbody>
</table>