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Sandwell and West Birmingham Hospitals NHS
NHS Trust

Report Title	weconnect – Steps to Organise a Programme of Work		
Sponsoring Executive	Toby Lewis, Chief Executive		
Report Author	Toby Lewis, Chief Executive		
Meeting	Trust Board	**Date**	4th October 2018

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

Readiness: Both the CLE taskforce and the core engagement group continue to prepare for a successful programme. HR business manager resource has been identified to support these key group leaders spending "a day or more a week" focusing on wellbeing and engagement. Further resource deployment decisions will be made in the next ten days. Training for the key individuals will take place before November's Board meeting – with a particular emphasis on the nine dimensions of engagement that Wigan have developed.

Success: We should explore the thinking behind votes and suggestions to date in the Simple Things Well project, and examine what more we might do to create a "you said, we did" narrative inside our organisation.

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan		Public Health Plan		People Plan & Education Plan	X
Quality Plan	X	Research and Development		Estates Plan	
Financial Plan		Digital Plan		Other *[specify in the paper]*	X

3. Previous consideration *[where has this paper been previously discussed?]*

Clinical Leadership Executive, EG, People and OD Committee

4. Recommendation(s)

The Trust Board is asked to:

a.	NOTE the work being done to ready the Trust and management cadre for this work
b.	AGREE the role non-executive directors might play in affirming a You Said, We Did culture

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register		n/a					
Board Assurance Framework		n/a					
Equality Impact Assessment	Is this required?	Y	X	N		If 'Y' date completed	Dec 18
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Trust Board: 4 October 2018

weconnect – Steps to Organise a Programme of Work

1.0 The Board has agreed to our recommendation to try to create a culture of engagement and participation, because we believe that that culture will produce safer care, continuous improvement and better employee retention. We recognise that creating that culture will take deliberate acts, but will also take time to embed. It will need to surmount extrinsic counter influences, notwithstanding the intent to change the leadership ethos of the service set out latterly by Secretary of State. We also know that our own management processes can cut across the culture we want to create and so the work to change our culture is one that involves altering our own behaviours. That is why it has been important to spend time as a board and wider executive reaching consensus.

1.1 It is important to be clear that much of our organisation already demonstrates great engagement, advocacy and improvement. That suggests that wholesale change is not necessary, instead we need to embed good practice more widely. When we spend time with our better engaged teams, for example in PCCT and WCH, what is evident is that engagement is a core part of the management process. It is in-built. What is also true is that these teams have fewer external targets and downward pressure on them, translated via the executive.

1.2 We know what success looks like. We have agreed that we want to:

(a) Raise participation in surveys including the national staff survey to 35% of above
This will require us to transform the current rates of response, which rely heavily on corporate respondents. This is not wholly a desk based bias, as it also includes strong paper response from facilities staff. It definitely requires teams in medicine and surgery to participate. We have tried sample and whole Trust national staff survey and tried quarterly and six monthly your voice. Our figures remain stubborn. And respondents tell us they do not know the results of their efforts.

(b) Reduce below 10% rates of dissatisfaction among our colleagues
We know that the NHS stands out from other industries in the UK and healthcare internally not in having low rates of satisfaction but high rates of dissatisfaction. The 10% metric would require a move from around 13% presently, which may be achieved by improved participation. More importantly we want to address underlying dissatisfaction by removing its causes, but also over time be more direct about 'fit' being an important part of team work here – needing people to opt in and contribute not spread discord or distract from improvement.

(c) Raise our engagement score to 4.0 by the end of 2020
Over the next two years we want to move from 3.6 to 4.0. This is a significant rise in performance and one which, if achieved and sustained, would place the Trust in the upper decile of NHS organisations. Most of the highest performing organisations are not general hospital based, for whatever reason.

Our current data would suggest that to improve our scores we need to create a much stronger sense that the views and voices of employees can change what happens where they work. That is true of their Trust-wide impact but also local decision making.

The structure of our programme

2.0 We have all agreed that we need to blend bottom up and top down approaches to deliver our aims. We will use October's CLE and Taskforce to:

- Share a cross organisational face to face communication diagram, grounded in the work Ruth Wilkin is leading
- Share the key messages from August's Your Voice, providing a basis for action in Q3, whilst we await the first Pulse survey in October
- Confirm the approach being taken in each Group, and launch the process for applying to be a pilot site for team acceleration
- Set out a corporate 12 week plan for each of the four corporate work-streams cited below

Corporate effort	**Simple things well**	**People plan max**	**Your ideas first**	**How are we doing?**
	A doing workstream	*These are ideas workstreams to be done locally*		A doing workstream
Description	There are a small number of recurrent issues which make it more difficult for people to do their work. We discussed these at the leadership conference in May. These include IT and car parking. We want to make it easier to work here and do your bit. Changes may be in two forms: (1) making what works happen faster or better or (2) changing what we do. The work starts with our Top 3 arising from TeamTalk in September.	The Trust has an extensive programme of trying to change the workplace culture and of internal communication. But implementation of projects as diverse as SWBHbenefits and Aspiring to Excellence are not leading to change in our involvement and engagement scores. Is this because we are implementing the wrong projects or not getting implementation quite right everywhere? This is a comms workstream too. Do we need to change our penetration strategy to better reach our employees? If so, how?	We all believe we know what would make a difference. And these ideas can be contributed and developed. But we want to create a culture in which local teams' ideas drive their choices about what is done. So we want to establish a much clearer cultural norm in which local ideas do get taken forward at speed, testing, tried and implemented. For our managers this is a big change of emphasis and will need encouragement and potentially skill development.	Part of the data gathering will be via our surveys. The cycle of promotion, collation, and response needs to be managed to deliver. Every employee who contributed needs to know what was said and what happens next. But the data is not enough alone. So focus groups, and walkabouts are needed to reinforce and cross reference results by area. To get to 4.0 we need to deliver by directorate and by group. Goals need to be agreed by October's performance review cycle for each area.
Lead director	Paula Gardner	Raffaela Goodby	Kam Dhami	Ruth Wilkin
HR BP	Tbc	Tbc	Tbc	Tbc
Project Manager	Tbc	Tbc	Tbc	Tbc
Group director buddy	Sarah Yusuf	Nik Makwana	Siten Roy	Chetan Varma

2.1 We want to have six programmes of engagement across our Trust, one in each of our five clinical groups from November, and a single one across our corporate functions recognising the likely future synergies of those areas. The corporate workstreams above

will form a part of those programmes. But it would be ideal if local branding and emphasis was created in each group, with **we**connect as a part of the effort, but not the whole.

2.2 The "ask" is that each team reverts with **a five part programme** incorporating the four corporate projects but also the local flavour. Teams are asked to consider therefore:

(a) How do we maximise what we do now and make the most of it?
(b) How do we operationalise the corporate emphasis locally and make it ours?
(c) What do we want to achieve through engagement and how?

Group level*	***Simple things well***	***People plan max***	***Your ideas first***	***How are we doing?***
Surgery	This is a single Trust-wide project which will be delivered once across the organisation	You will know which initiatives corporately have traction where you work and which have got 'lost' or are just tasks. You are asked to work with RG and her team to tackle that.	How can you take extant projects and make them participatory? What tools do you need at local level to make teams' ideas happen? Who will you support entering the **we**connect pioneers programme?	We would expect the approach to data to be similar in each area but will need local flavour. Each group will work to produce their *preferred menu* of collation, dissemination and response.
Imaging				
Medicine and EC				
PCCT				
WCH				
Corporate				

*Pathology is intentionally omitted given the move into BCP from October

2.3 Our intention was always to support local teams to come forward to join a programme of accelerated support and investment. Our time with WWL reinforced the merit of that approach, as it has been the mainstay of their GoEngage project. Our own history with Listening Into Action probably plays to a belief that we need to help local teams to come together and make changes. By creating QIHD sessions we had hoped, and still do, that we were reserving time to take action. Informal feedback suggests that that approach still lacks the tools to change and the permission to do so. Permission both to experiment and to insist on a response from enabling functions corporately. These dilemmas can be seen in other projects in our Trust like the work to go for Good, where it is clear that corporate functions have struggled to see local priorities as ones that they need to respond to rapidly.

The challenge is to created waved pilots (between now and 2020 probably 3 or4) which have the scope to both make a local difference and raise the overall Trust scores in line with the overall ambition. In selecting the pilots we need to:

- Maximise the enthusiasm of those volunteering and get quick wins
- Impact the scores of each Group
- Also address issues in teams which need help outwith the programme

2.4 The third and final point came through strongly in Wigan. It will require a suite of team based interventions outwith the programme. The People and OD team have been working to develop individual coaching and mentoring programmes and were asked to develop a team based intervention model. By the end of October we want to see that model in place. To the same timescale we need to have:

- Trained those who can support the programme of pioneers
- Created an enrolment process for that work

- Linked that programme back to Group led projects
- Got started and made it fun

Local	Wave 1 (Jan-May)	Wave 2 (May-Nov)	Wave 3 (Nov-May)	Wave 4 (May-Nov)
Pioneer teams				
Prep teams				
Omitted				

2.4 In the table above I highlight the need to make choices about both:

- Who enters the Pioneer programme and
- When they enter the programme

Whilst we might not set an end point to our work, we do have an aim by the end of 2020. So we should approach this work expecting to continue beyond that date but recognising that that might mark an inflexion point. As such we need a variable plan for which teams are likely to run through the programme over two years, and to divide teams into those ready to enter, those who need some work up to do so, and those who would not get added value from it. The structure of who and when may adapt over time but we ought to be able to see a rationale to our end to end process.

2.5 Over the next three weeks we need to scope the final resource required to support these pioneers. We can learn from WWL about what may be required and contrast that to our own buddy programme around Red to Green and Consistency of Care. We have suggested that we will aim to take high potential individuals from our existing corporate functions and align them to teams in a buddying role, but we need to specify what that role is. And that HR BPs will play a critical role in supporting teams as well. Some dedicated project resource will be required to take forward the Pioneers piece given the coaching input probably needed to make it a success, including establishing a brand identity.

Other considerations

3.0 In the comments on WWL made by many members of our visit team, there were perhaps three views: That is what we do already better packaged; there are differences here that would impede implementation be they scale or IT disablement; and that we needed to back up enthusiasm with evidence. What is clearly divergent between our evolved approach and that taken at WWL is their focus on 9 aspects of engagement. Our approach needs to give prominence to this important change.

3.1 The particular importance of small things came through strongly in our visit. This may be an area where the Board as a whole can take a lead. Of course the small things are bottom up and local. But with our networks with leaders we can both promote and encourage a deeper sense that little things do matter, not only to patients, which we do consistently, but to staff.