

# MSE Culture Change Plan

## 1.0 Purpose

- 1.1 To improve the care, experience and outcomes for patients in the new merged organisation, this paper aims to set out our plans to create a new cultural environment where staff are more enabled, empowered and facilitated and that fosters change, innovation and improvement, building on the best of what happens now across the three sites. This paper covers where we are now, where we aspire to be and a route forwards based loosely on the NHSI compassionate leadership programme and tailored to MSE.

## 2.0 Background

- 2.1 Organisational Development (OD) is critical in aligning structural, cultural and strategic realities of work in the merged organisation, as well as people, their behaviours and motivation, to meet strategic imperatives and improve patient care<sup>1</sup>.
- 2.2 The traditional NHS model of top down, hierarchical and siloed leadership presents multiple barriers to innovation and improvement<sup>2iii</sup>. A more enabling and collective leadership style is required to create an environment that fosters innovation and improvement at scale.
- 2.3 While change, innovation and improvement can be achieved at an individual and team level, sustainable increase in performance requires a step change in the scale of enabling leadership behaviours and QI (quality improvement) capability and alignment in the motivation of staff to a compelling vision and strategy.
- 2.4 A large factor for a successful organisation is the organisational culture, “the way we do things round here”<sup>iii</sup> or shared characteristics among people within the same organisation including beliefs, values and norms of behaviour. Leadership behaviours, both formal and informal, set the tone for organisational culture.
- 2.5 Evidence links cultures to operational investment, mortality, engagement and performance<sup>iv v vi vii</sup>. Organisational culture can be changed, and by understanding the organisation norms and expectations a strategy established to realise the organisation's objectives.
- 2.6 By creating a more enabling environment, where healthcare staff are happier and more engaged in their work, they are more effective and productive and provide higher the quality of care<sup>viii</sup>. Together with increased leadership and quality improvement capability at scale, front line staff working together hold the necessary knowledge, skills and creativity to continuously improve and address current challenges in healthcare.
- 2.7 Leaders need to think and act differently than they have in the past given system complexity. Where problems are dynamic, inter-dependent, unpredictable and “wicked” e.g. cultural change, they need to work more flexibly with emergence and through exploration, collaboration and shared purpose, rather than linear plans<sup>ix x</sup>.
- 2.8 The NHSI Culture change programme is based on compassionate leadership and the elements described above. This programme aligns with the CQC Well Led domain and NHSE/I Single Oversight Framework given culture is now a priority for regulators.
- 2.9 Merger represents an unprecedented opportunity to create a more supportive working environment for staff, scale up improvement and innovation, help address wicked problems and improve patient outcomes and the health of the population of Mid and South Essex.

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<sup>1</sup> OD involves “improving the health and effectiveness of organisations and people that work within them in a sustainable way”, and in the NHS its purpose is to improve the safety and quality of patient care.

<sup>2</sup> This paper refers to improvement and innovation synonymously. However, the former involves systematic, continuous and incremental change within an existing service model while innovation is something new and a more disruptive one-off change (Health Foundation, 2013, Bekkers, 2018, Horton *et al.*, 2018).

### 3.0 The evidence

- 3.1 Every interaction by every leader, every day, shapes the culture of the organisation and therefore leaders and corporate culture are the most important drivers of innovation and improvement. There is strong evidence that links psychological safety, supportiveness, positivity, empathy, leadership and innovation<sup>xi</sup>.
- 3.2 Leaders who create the conditions for people they lead to develop and implement new and improved ways of doing things choose how they “turn up”, behave differently to the norm and role model (table 1.0). This requires them to transform their own mind-sets and behaviours, an ability to lead through values and beliefs<sup>xii</sup> and ‘relational’ behaviours rather than just ‘rational’ activities, and their adopting a different dialogue e.g. based on compassion, kindness, empathy, curiosity, listening, collaborative enquiry and encouragement, similar to a coaching conversation or compassionate leadership style<sup>xiii,xiv</sup>.
- 3.3 Without knowledge sharing, innovation is unlikely, collaboration and cooperation are required to implement change and groups that are inclusive gain from different perspectives. Informal and formal networks, social movements and peer communities all generate buy-in, help transmit information, build social norms and values and generate commitment to change<sup>xv</sup>.
- 3.4 Staff need a compelling reason for change. Organisational factors that foster a culture of innovation include having a clear vision and strategy, senior commitment to innovation, allocating time and resources and removing barriers, creating space for experimentation, managing talent and revised performance management practices.
- 3.5 People own what they help create and change is more likely to happen when it is co-designed in an authentic relationship between leaders and staff<sup>xiv</sup>.
- 3.6 MSE Merger will also require revision and clarity of structures, policies and roles between site and group functions.

The use of innovative thinking ('being')	Leadership that supports innovative thinking ('doing')		
Personal change	Relational behaviours	Team development	Organisation and systems
Being values led and adopting ethical behaviours e.g. compassion, courage, trust, being open to new ideas, creativity, and opportunities, role modelling.	Adopting new dialogue and enabling behaviours. Delegating authority, promoting autonomy and supporting intrinsic motivation. Communicating in a way to develop psychological safety, trust, speaking up and risk-taking, using positive encouragement and promoting inclusion.	Building group norms and encouraging knowledge sharing within and across organisations, networks, coalitions and communities, between peers and with others.	Senior team commitment to an inspiring vision including innovation and learning, support for information sharing and talent management, innovation part of performance management, allocating resources and removing barriers.

Table 1. Evidence on leadership behaviours that foster innovation and improvement. Adapted from Horth & Buchner, 2014 by Newman, P, 2019.

- 3.7 Compassionate leadership means leaders behaving differently, adopting a different dialogue to solve complex problems and includes ‘*paying close attention to all staff; really understanding the situations they face; responding empathetically; and taking thoughtful and appropriate action to help*’<sup>xvi</sup>. This leadership style is evidence based and underpins the National Framework ‘Developing People - Improving Care’. Compassion and kindness are defined in appendix 2.
- 3.8 The NHSI culture programme includes four key elements - an inspiring vision and strategy; positive inclusion and participation; enthusiastic team and cross-boundary working; and support and autonomy for staff to innovate aligned to the evidence above. It involves extensive staff engagement in the Readiness, Discovery, Design and Delivery phases and through the deployment of a dedicated culture change team, taken from staff at all levels.

## 4.0 The aspiration

4.1 A story is needed for merger that wins the hearts and minds of staff and the vision and principles articulated about the culture we wish to create. For example, to become the best place to work and receive care by building a high quality culture of innovation, inclusion and compassion, supporting the delivery of MSE objectives:

- Be a single well led high performing and innovative organisation which joins up care for the people we service.
- Deliver high quality, safe and responsive services shaped by the best practice and our local communities.
- Be an employer of choice for a supported, engaged and high performing workforce.
- Be effective and efficient with our resources creating an organisation that residents and staff can rely on in the long term.

## 4.2 Design Principles

It is suggested design principles are created by the Board and/or with staff based on organisational change models, for example: <sup>xiv xvii xviii xix</sup>

- 4.2.1 **Direction.** There is a clear sense of where the organisation is heading, what MSE wants to achieve and how it will get there, set out in a clear simple written down strategy (5 objectives). The group beliefs, vision and practice are aligned and the values including compassion or kindness consistently role modelled.
- 4.2.2 **People orientation.** Patients and staff are involved widely, leaders listen empathetically and a lot, to understand their lived experience and that of their communities, and respond actively to their feedback.
- 4.2.3 **Leadership.** The Executive team and Board continually develop to become high performing, create trust, respect difference and facilitate change. Leaders are developed and rewarded to be reflective, seek feedback, role model positive, enabling behaviours and be rigorous and consistent in managing change.
- 4.2.4 **Dialogue.** There is consistent, empowering leadership communication style from the top that inspires others to act, let's staff get on and sets expectations for the organisation.
- 4.2.5 **Motivation and work environment.** Motivating staff is a priority by removing barriers to getting things done and ensuring fair and equitable allocation of resources. An upbeat, positive and energetic atmosphere is created, staff are fully engaged and they are consistently encouraged which drives them to maintain extraordinary effort to deliver results. Collaboration and inclusion are prioritised and diversity is celebrated.
- 4.2.6 **Innovation and Learning.** The organisation prioritises creativity, the quality and flow of new ideas, the ability to adapt and learning shapes the organisation. Teams, networks and coalitions are developed to enable knowledge-sharing within and across the organisations.
- 4.2.7 **Capabilities.** The organisation invests in organisational development to create the right environment and prioritises staff training and development e.g. in QI, leadership capability, coaching and team development including having difficult conversations to execute strategy and improve care.
- 4.2.8 **Coordination and control.** The organisation is clear about the results that matter, uses continuous measurement to evaluate organisational performance and risk, and addresses issues and opportunities. Money is discussed in a constructive way e.g. 'the family budget' or by making quality the main focus.
- 4.2.9 **Accountability and performance management.** A clear, simple and co-created compact sets out values and behaviours that are reinforced, rewarded and reflected in performance management. Systems are put in place to ensure individuals understand what is expected, have control and appropriate authority, and take responsibility for results. Failure is not punished and leaders seek to understand why failure occurred.
- 4.2.10 **Organisational design.** The new structure is designed to support and reinforce the culture of the new organisation. Hierarchy is reduced so that support can be focused on a smaller cohort of managers and individuals have greater control, authority and accountability for their jobs.

### **5.1 Year 1 – 2 aspirations**

- An Executive team and new Trust Board working well
- A clear, coherent vision and established shared values & a behavioural framework – with behaviours built in to all HR processes, job descriptions, performance management
- Making the ambition more accessible for people and what it means to them
- Framework on what good leadership looks like and refreshed leadership development offer
- Starting to create charters on the give and get and holding people to account on behaviours
- Taking action on equality and inclusion

### **5.2 Year 3-5 aspirations**

- A healthy and high performing single Trust and learning organisation
- Fully integrated cohesive teams who work effectively together, with other teams and organisations
- A beacon of excellence on equality and diversity and greater connectivity to our communities
- Staff who are willing and able to be change leaders who role model behaviours in line with the values and culture
- Ownership and accountability for high quality care at all levels
- An employer of choice in Essex and beyond with high levels of staff engagement and commitment to the purpose and vision of MSE Group
- Retaining, developing and acquiring staff required to deliver the vision

## 6.0 The MSE Culture Plan

6.1 The NHSI compassionate leadership culture change programme includes the following:

6.1.1 **Readiness phase** - gaining organisational buy-in from the Board and Executive including to role model aspired behaviours and respond to feedback.

6.1.2 **Discovery phase** - exploring the experience of staff, patients and stakeholders using qualitative and quantitative data; creating and training an internal culture change team by releasing 10-15 staff/site two days a month to engage staff at all levels, co-design solutions and feedback to Board and Executive.

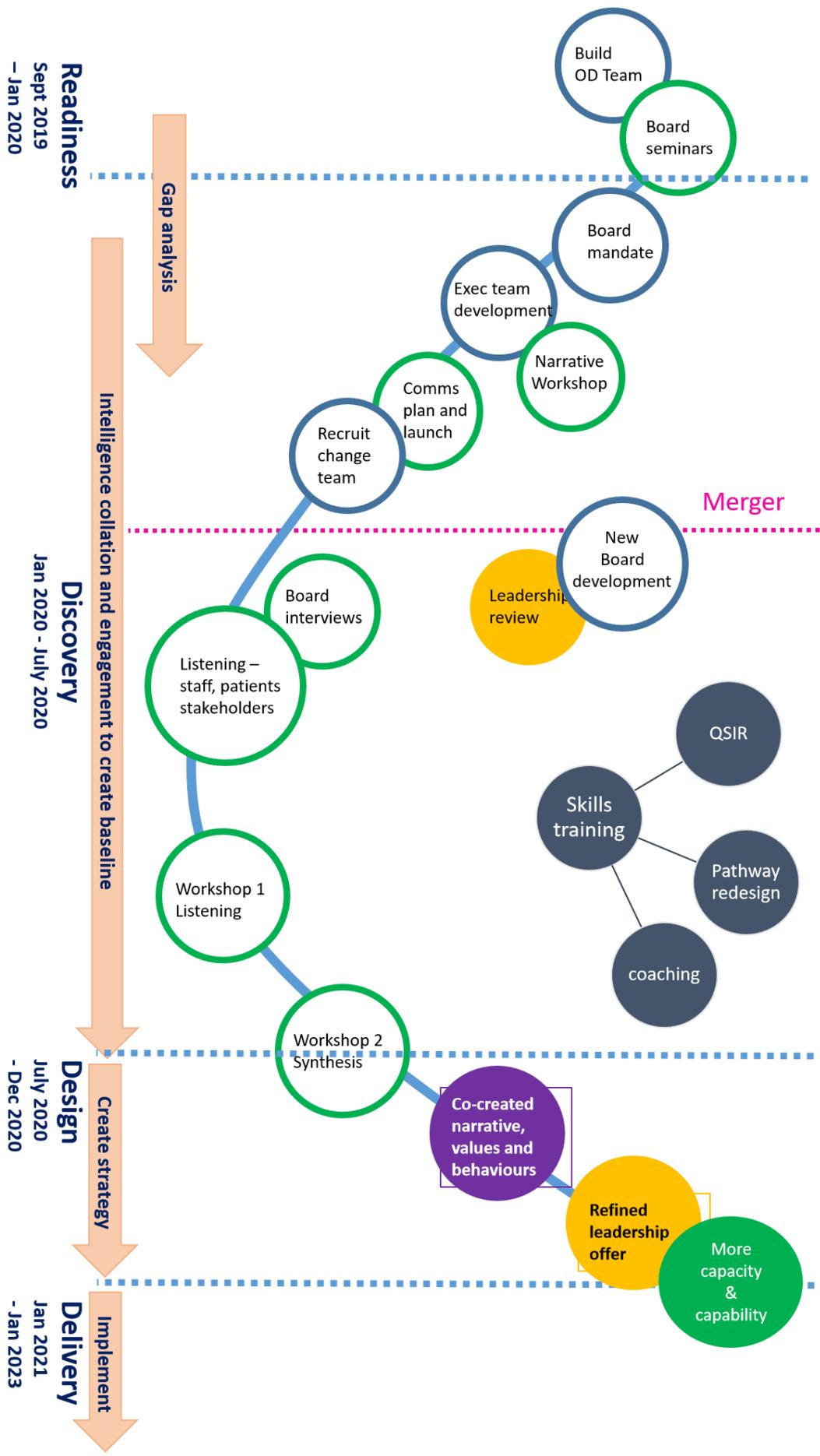
6.1.3 **Design phase** - synthesising intelligence using staff to identify priorities for action.

6.1.4 **Delivery phase** - implementation of the strategy to create a new culture.

6.2 The MSE Culture Plan was developed following two Board Seminars with external speakers on the theory and practice of the NHSI compassionate leadership programme, with colleagues from People & OD, HR, Communications, Strategy Unit, Inclusion and the Change Team at an engagement event on 3 Dec 2019 and with feedback from the Executive team, Chair of POD CIC and other members of the Board.

6.3 Table 2.0 below sets out how the aspirations in 5.1-5.2 above relate to the phases in NHSI culture programme.

Action	Where we want to be	Plan	NHSI programme
Board and Executive Team	An Executive team and new Board working well	<ul style="list-style-type: none"> <li>Executive and Board development programme, visible role modelling of enabling behaviours, actively responding to staff concerns</li> </ul>	Readiness phase
Vision and strategy	A clear, coherent vision and strategy	<ul style="list-style-type: none"> <li>Co-create new vision with Exec and staff at narrative workshop</li> <li>Board agree coherent MSE strategy, design principles and priorities</li> </ul>	Readiness and Discovery phase
Values and behaviours	Established shared values and behaviours	<ul style="list-style-type: none"> <li>Co-create with staff to raise awareness and responsibility for behaviours and gain buy in</li> </ul>	Discovery and Design phase
Staff engagement and alignment	Making the ambition more accessible for people and what it means to them	<ul style="list-style-type: none"> <li>Understand what matters to staff by asking them at all levels of the organisation across the sites including how to improve their working lives</li> <li>Executive and Board visibly respond to feedback</li> </ul>	Discovery and Design phase
Improved leadership and change capacity and capability	<ul style="list-style-type: none"> <li>Framework on what good leadership looks like and refreshed leadership offer</li> <li>Making QI and change capability available to more front line staff</li> </ul>	<ul style="list-style-type: none"> <li>Pause and refresh the MSE leadership offer at scale</li> <li>Focus on team development</li> <li>Provide coaching support</li> <li>Scale up QI in teams to enable staff to make change when problems arise (combined with coaching to create agency)</li> </ul>	Capability building
Structure, performance and control systems	Start to create charters on the give and get and holding people to account on performance and behaviours	<ul style="list-style-type: none"> <li>Reinforce behaviours through values based induction, appraisal, leadership development, talent management, reward and recognition</li> <li>Make performance management approach congruent with behaviours</li> <li>Consider structural redesign for merged organisation</li> </ul>	Delivery phase  Merger related
Taking action on equality & inclusion	Inclusion at the heart of new vision, values and behaviours	<ul style="list-style-type: none"> <li>Align culture and equality and diversity action plans</li> </ul>	All phases



## 7.0 Next steps

7.1 Supporting this document is a PID with clear objectives, governance, responsibilities and costs and a detailed implementation plan with milestones. Both will require sign off from the CEO. While this work will take time embedding, the direction of travel and patient and staff benefit needs to be clearly articulated to staff and stakeholders in a simple way including at an effective launch. A high level communications plan is detailed in appendix 3.

## 8.0 Recommendations

- 8.1 MSE Board are asked to approve this culture plan and programme of work, play an active role in supporting implementation and receive quarterly reports on progress.
- 8.2 Resources should be identified for staff engagement. The change team should include a good spread of professional groups across the sites and in general not be backfilled similar to other organisations, with exception for some clinicians.
- 8.3 The CEO should be the formal Executive sponsor for this programme, supported by the Chief People and OD Director. A NED sponsor should also be considered to maintain Board involvement and as a critical friend.
- 8.4 An OD Programme Board should be developed including OD, Communications, Diversity and Inclusion, Strategy unit, Change team, and senior managers and clinicians from across all sites. This should report to the CEO and the POD CIC. It is suggested that the programme Board is Chaired by the Chief Medical Officer and reinforces the organisation is clinically led, who will together with the Chief People and OD Director as Vice Chair oversee and support delivery of the OD implementation plan.
- 8.5 Some of the current OD activity including Respect and internal Leadership Development programmes (MSE and Compassionate Leadership) should be paused until completion of the Design phase. Additional ad hoc OD work including new team development and external consultancy should go through a gateway prioritisation process so the culture work can become a focus and work aligned until the end of the Design phase (excluding Exec and Board Development).
- 8.6 The on-going Executive development programme should be continued and shaped in line with the recommended culture change programme including a workshop to create a compelling narrative and coaching for leadership behaviours. A development programme should be procured for the new Board e.g. NHSI Board programme.
- 8.7 External routes of funding should be explored to ensure the programme and capability building is of sufficient scale and impact.
- 8.8 This programme of work should align with quality improvement training at scale.
- 8.9 Coaching is adopted to support Executive, Board and senior change leader development, teams and an internal coaching resource developed to create a coaching culture (similar to compassionate leadership) and agency for change.
- 8.10 All work on this programme should be co-created with staff including branding through engagement and using a culture change team so that outcomes are owned to create behaviour change.

9.0 Expected performance and patient benefit measures will be developed from the following:

- Improved mortality rates
- Reduced never events
- Improved patient experience
- Improved Well Led rating from CQC
- Improved hospital flow
- Improved staff engagement and NHS Staff Survey responses
- Improved retention and recruitment
- Increased mandatory training compliance
- Reduced sickness rates
- Reduced unhealthy turnover
- Reduced agency spend
- Reduced employee relations cases and grievances
- Reduced bullying and harassment e.g. reported to Speak UP Guardian

**Appendix 1. Draft Culture and Engagement plan**

	Activity	Description	Output & Key dates	Resource	Demonstrator sites
Readiness – to establish commitment and approach	Board Engagement	A series of discussions with the Board to agree on the approach including seminars on compassionate leadership	Approach agreed (Nov – Dec 2019)	PN + External speakers	
	Executive and Board sign off	A paper is developed, comments sought and recommendations signed off by the Executive and Board	Exec away day 20 <sup>th</sup> Dec, Executive 8 <sup>th</sup> January and Board 15 <sup>th</sup> January sign off	PN, AB, DH	
	Co-created narrative for merger	Communicate the MSE purpose and compelling narrative linked to the merger	Narrative workshop with Exe and Staff (Jan/Feb 2020)	PN, DH, PM	
	Exec and Site Leadership Team Engagement	Series of interventions to align thinking and improve team working to clarify what will be different after merger to share with organisation	Compelling narrative, strategic alignment and leadership compact and behaviours (Jan - March 2020)	PN (+ External facilitators)	
	Establish resources and Programme Management	Set objectives, align staff through away day (Workshop 1) and organisational visits, establish an OD Programme Board, exec sponsor, work plan and KPIs	Allocate resources for non-pay and engagement events and establish clear governance structure (Jan/Feb 2020)	Finance POD and Comms Team	
	Engagement Gap Analysis	Identify what data is already available that describes culture across the three sites; including data on Bank staff experience, Exit interviews, Stay interviews, Workforce, Performance and Patient outcome metrics in addition to the NHSI Culture and Outcomes dashboard	Identify the degree of diagnostic required (Jan-March 2020)	POD team and Strategy Unit	Identify 3 Demonstrator sites across the Group to test and establish the viability of the model & plan impact assessment methodology (POD Team)
	Develop Communications & Engagement strategy	Prepare communication plan to the wider organisation about intent, process and routes for engagement (including Social Movement campaign). Stakeholder analysis conducted.	Organisation aligned to work and engage (Jan/Feb 2020)	Comms and POD Teams	
	Organisational launch	Series of comms out to organisations which sets out road map for culture programme	- Ignition of programme - Invitation to join Culture Teams for each site	Comms and POD Teams	

			- Monthly Board/Exec reporting established (Feb-2020)		
	Ensure capacity, competency for engagement	Recruit to the Culture Teams and identify allies Review of workload and pause for refresh Train staff in engagement and process (workshop 2)	Capacity and capability for programme (Feb-2020)	POD Team Culture Team: 8-10 Staff per site (2 days/month)	
	Board Development	Once the new Board is established deliver a series of interventions to develop the Board effectiveness	Improved alignment and leadership behaviours (ongoing throughout programme)	PN (+ External)	
	Merger specific	Report on emerging merger specific issues and engage with key stakeholders also working on merger activities	Alignment with merger plans and identifying opportunities to integrate merger priorities within the programme (ongoing throughout programme)	POD Team	
Cultural due diligence and Stakeholder Engagement (Discovery)	Organisation wide Culture Engagement (1)	Board interviews, staff open space events, leadership workforce analysis (Talent Management review), culture and outcomes dashboard (including 2019 Staff Survey results and other metrics)	Baseline of current culture established (Mar-June 2020)	POD & Site Based Culture Teams	Work with micro-system alongside wider organisation to test approach and apply methodology to demonstrate benefits and good practice to help engage wider organisation e.g. division, service area (POD Team & Demonstrator Site Culture Teams)
	External Stakeholder Culture Engagement	System engagement through external partner survey and existing STP forums.			
	Patient & Service User Culture Engagement	Explore patient experience and focus groups (supported by AHSN)			
	Merger Specific	Report on emerging merger specific issues and engage with key stakeholders also working on merger activities	Completed merger related activities – harmonisation, PM/TM, structure, group and site (31-Mar-2020)	POD Team	

	Workshop – Data Synthesis (2)	Change team report back on discovery activities and identify emerging cultural priorities and merger specific priorities	Report to Board that outlines the key priorities for design phase Workshop w/c 01/Jun-2020 Board Report w/c 06-Jul-2020	POD & Site Based Culture Teams	
	Evaluation	Conduct a post phase evaluation	Learn and improve process (30-Jun-2020)	POD & Site Based Culture Teams	
Co-design of an OD strategy for meeting priorities (Design)	Organisation wide Culture Engagement (2)	Test key priorities, narrative, values and behaviours with staff to confirm issues	Organisation engaged in process and maintaining communication loop (Engagement through July/August)	POD & Site Based Culture Teams	Work with micro-system alongside wider organisation to implement
	Organisation wide Culture Engagement (3)	Co-design of strategy; categorisation of ‘just do it/do it with a plan/take it to design’, Change team refresh & mission briefing - Mapping current interventions, rating them deciding which to continue and which to stop - Identify new interventions: small group activities/open space events/interviews/NHSE/I phase 2 toolkit - Testing new/adapted interventions: Local team engagement	People 1st strategy, values and behaviours agreed, one TM & PM process agreed, Testing Vision & Values, New set of behaviours, OD Programme: - Review of Leader Dev - New PM approach - Coaching - TM	POD & Site Based Culture Teams	approach and apply methodology to demonstrate benefits and good practice to help engage wider organisation e.g. division, service area
	Workshop - Strategy design (3)	Culture Teams attend facilitated session to create a draft strategy following engagement activities and evaluation	Co-design strategy (Workshop w/c 2-Nov-2020)	POD & Site Based Culture Teams	(POD Team & Demonstrator Site Culture Teams)
	Strategy sign off	Write strategy and sign off at Board	Agree strategy (w/c TBC Dec 2020)	POD Team	Post-intervention impact assessment

	Evaluation	Conduct a post phase evaluation	Learn and improve process (Dec-2020)	POD & Site Based Culture Teams	
Implementation (Delivery)	Organisation wide Strategy Engagement	Socialise the People 1 <sup>st</sup> strategy with the Group using Comms & Engagement plan (roadshows/world café/pledges)	Group wide awareness/understanding of the People 1 <sup>st</sup> strategy (Jan 2021)	POD & Site Based Culture Teams	Demonstrator sites Phase 2 Identify / Test / Implement
	Strategy Implementation	Embedding the aligned values & behaviours into OD activity Implementation of strategic interventions across the Group Implementation of strategy Impact assessment	Interventions – detailed in strategy implemented  Improved staff morale, engagement, staff experience, patient experience, retention, staff wellbeing Reduced agency spend, sickness, turnover, vacancy rates (Impact assessment completed following 2020/21 Staff Survey results in 2020/21 Q4)	POD & Site Based Culture Teams	

## Appendix 2: Definitions

### Compassionate Leadership

Compassionate leadership means leaders behaving differently, adopting a different dialogue to solve complex problems and includes:

- paying close attention to all staff
- really understanding the situations they face
- responding empathetically
- and taking thoughtful and appropriate action to help

Compassionate leadership requires courage;

- to listen to tough messages from those we lead
- to explore employees understanding of the challenges they face and to have our own interpretations challenged and rejected
- to feel how draining it is to work e.g. a 70-hour week, including to not have time to go to the toilet on a shift, to have no access to food and drink on a night shift, or to be on the receiving end of violence or abuse from members of the public
- to accept that practicing compassionate leadership will first and foremost address the most apparently intractable workplace challenges such as excessive workload, staff shortages and ever-increasing demand.

Compassionate leadership means *creating the conditions to make it possible to have tough performance management and tough conversations when needed.*

### Kindness

A study on the role of kindness in improving outcomes for patients with cancer identified six types of kindness which apply to patients, their families and staff alike: deep listening, clear empathy, generous acts of discretionary effort that go beyond what is expected, a timely response that reduces stress and anxiety, gentle honesty in discussions and conversations, and thoughtful support<sup>xx</sup>.

Authors suggest kindness and compassion should be at the heart of healthcare, giving us purpose, meaning, satisfaction, and joy in our work. This requires a big shift away from the dominant focus on scrutiny, value for money, evidence, targets, organisational and professional boundaries, quantitative data, and accountability to a more balanced approach emphasising relationships, connections, challenge, and trust to deal with the complexity staff and patients face.

### **Appendix 3. Culture change programme - Communications plan**

The culture change programme across the Mid and South Essex Hospitals Group aims to improve the care, experience and outcomes for patients in the new merged organisation by creating an environment where staff are more enabled, empowered and facilitated, and that fosters change, innovation and improvement, building on the best of what happens now across the three sites.

Regular, engaging communication with staff will be critical to the success of the programme aligned with the elements of the programme including Board and Exec development; staff engagement through use of a change team; a refreshed leadership development offer; and organisational and performance management re-design.

This plan sets out how the Communications function will support the People and Organisational Development directorate to engage staff with the crucial first phase of the programme. By clearly communicating the benefits of the programme, and creating a sense of excitement and ownership, we will encourage staff at all levels to take an active role in the initial discovery phase and “buy in” to the concept.

Key messages will need to be agreed, for example, “We can be better, together” and “This is YOUR opportunity to make change happen”

#### **Tactics**

We will use existing “business as usual” communication channels, but also develop bespoke collateral and events to engage with staff and deliver the agreed messaging. The narrative around the importance of this programme will be worked into other major pieces of work such as the merger, clinical reconfiguration and the publication of the staff survey results.

A detailed communications project plan will be developed within the culture implementation plan to include timings and responsibilities once a date for the launch of the programme has been agreed.

#### **To note**

While the communications function can support People and Organisational Development with the above activity, key to the success of the programme will be engagement from the Board, All Executive team members and the Senior Leadership Teams. They will need to be visible, living our values, and “on message” to promote the programme, encourage wider staff engagement, and demonstrate that they are committed to making real change.

Prior to launch:

- A hashtag will be agreed to use across all the three Trusts’ social media channels
- A teaser campaign will be launched on social media counting down to the agreed launch date. This will be along the lines of “something big is happening...” to create a sense of anticipation. The hashtag will be used.
- Branding for the programme will be developed, with an agreed name, look and feel
- Intranet pages will be developed, using the agreed branding, to host all of the necessary information about the programme, and including application forms for change champions. These pages will be kept hidden until the launch date.

- The OD team will be upskilled and trained to use the intranets so they can directly update and upload content throughout the programme
- Short, simple film will be made with members of the Board talking about why this programme is important to them, and why it should be important to staff
- We will design and print leaflets for staff containing information about the programme and an application form to become a change champion
- A presentation will be developed – setting out what the programme is about, why it's important, why it's different and how people can get involved - for the CEO to deliver to staff on the launch date
- We will look again at the successful staff survey events with a high turn-out of staff and use the learning to encourage high attendance at the launch sessions and future engagement events
- A programme of presenters will be put together to attend the 8.30am staff briefings on each site once every two weeks to ensure the message is continually shared and updates are given
- A managers' toolkit is being developed by the People and Organisational team

#### The day of launch:

- An all staff email from Clare will be sent out across all three sites
- A member of the OD team will join the senior leadership teams at each site for the 8.30am meetings
- There will be a launch roadshow on each site with a presentation from Clare, and a showing of the short films
- The programme will be “unveiled” across our social media channels, with conversation and comment encouraged, using the agreed hashtag
- The intranet pages will go live including the presentation, change champion application form, and the managers' toolkit will be available to download
- The videos will be featured prominently on the intranets

#### Post launch:

- To maintain momentum there will be a regular updates and a programme of coverage across all of our BAU channels including newsletters (printed and electronic), social media and face-to-face staff briefings
- We will also support stand-alone engagement events if they are needed
- Stands will be held in the canteen/atriums of the hospitals – manned by OD – to promote the programme and recruit Change Champions
- If budget allows we will design and order t-shirts/badges/lanyards to be available for the Change Champions when they are appointed
- We will then run a series of features to help the organisation get to know their Change Champions using a “60 seconds with...” approach
- During the “discovery” phase we will work with the Change Champions to publish monthly blogs and vlogs across all of our channels detailing their experiences and what they have learned so far
- We will use photography to empower the Change Champions and to demonstrate that they are “owning” this process. For example, show an HCA interviewing the CEO.
- A programme of regular social media content will be developed and delivered
- Face-to-face updates will be delivered at every MD briefing (monthly) and every two weeks at the 8.30am meetings.
- Regular updates will feature in our monthly governors' and stakeholder briefings
- We will start to plan for “The Big Reveal” – when the findings of the discovery phase are shared with the wider organisation.

## References

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