NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS MEETING

Meeting Date: 25 March 2015

Title and Author of Paper: Speak easy, Be Heard. Themes and Feedback, Caroline Wild, Mark Spybey, John Lawlor, Lisa Crichton Jones

Paper for Debate, Decision or Information: Information

Key Points to Note:
The Board has been briefed on our new approach to staff engagement – Speak easy be heard. The first sessions took place in early February. This report outlines the feedback which was received from staff during those events. This report was received by the corporate decisions team on 16 March 2015 and a number of actions were agreed.

1. Feedback to Staff: Agreement to plan a number of open briefing sessions around the Trust, in April - so that we can provide some feedback to ensure staff know that we have heard and logged their concerns, and to feedback any immediate actions that have been taken as a consequence – Mark Spybey to coordinate
2. Action on feedback: Agreement from CDT on how we action any of the feedback included in this report –relevant CDT members
3. Empowering others to act: Consideration of how we consistently empower others to work on some of the issues raised – small group to consider
4. Second Series Speak Easy: Planned for June 9 -11, 2015. It is proposed we focus on exploring some key themes from staff survey – Caroline Wild and Mark Spybey.
5. Staff Briefings-Share Easy: To commence the new staff briefing system, to be called 'Share Easy' – John Lawlor, Lisa Crichton-Jones, Caroline Wild and Mark Spybey

Outcome required:
The Board is asked to note the feedback given by staff, and to support the future approach and actions as outlined above.

Speak easy, Be heard
Themes and Feedback

Events: 3rd – 6th February 2015

Introduction

The first Speak easy events took place between 3rd – 6th February 2015. A total of 9 events took place with staff from across the trust over a range of sites. Additionally a session was held with CDT prior to the staff sessions, and the week ended with a similar event for a range of clinical leaders and managers.

Each of the events followed the same outline. Staff were invited to work in small groups with a senior manager present as a 'listener' to consider the following questions:

- What is working well?
- What is not working so well? (the burning issues)
- What might we do differently?

Following the events, the flip charted responses were collated; reviewed and the recurring comments were identified. The comments were then categorised by themes and/or areas.

It is important to note that a huge amount of information was recorded. Some sessions generated over 30 sheets of responses. The evaluation attached is an honest attempt to record the feedback received and to collate it in a way which enables the trust to show that we have listened to it and that we have heard.

This report does not contain definitive answers or solutions. However it does highlight areas where staff suggested how things could be done better or differently. The next step is for the corporate decisions team, Board and others more broadly across the trust to hear this feedback and commit to addressing proactively the issues raised. Both the proposed actions, and just as importantly, the way that we respond to the feedback is important. The speak easy approach has raised expectations from staff about the level of involvement and openness that the trust will adopt in the future. This is an expectation we must all seek to live up to.

John has stated clearly his expectation that *all* of the significant or potentially controversial developments and changes we need to make as we move forwards as a trust will be tested against the principles of openness, staff engagement, listening and hearing and the involvement of our staff in making these changes, or at least ensuring they are understood and accepted.

Structure of the report

The report could have been structured in a number of different ways, none of which would have been perfect. The approach we have chosen is:

- Looking at what people said about what works well.
- Themed sections, consolidated from the feedback looking at the suggestions made for change. These are illustrated with quotes gathered at the events. The staff suggestions section outlines suggestions which staff themselves made at the events

- A reminder of the building blocks to engagement which was shared at the event
- The wordle, made up of the three words which people used to describe the events in the online feedback

A health warning

Listening and hearing is the first building block to engagement, but it's not always easy. A lot of individual staff members came to the events, and there will inevitably be some disagreement with some of the things they said.

You may not believe that what was said and recorded is always accurate or true.
You may feel defensive or possibly even hurt by what was said.
You may formulate a rationale that helps you to understand what was said.

That is all natural. Please try to listen to where these words have come from and hear the intention behind them.

Please note all quotes used in this report are unedited (although some typos have been corrected).

Some issues could be grouped in a number of different ways and we acknowledge that all the comments might not be considered to be in the 'right' section – the speak easy approach is an experiment and we won't get everything right first time.

Section 1: What works well?

Staff found plenty of things to say which illustrated things which they identified are working well.

What's working well with Staff/Teams

- Pride in the care we give
- Team support – immediate
- Opportunities for staff development
- People care about each other in teams/services
- Staff adapt and keep going
- Skilled staff members
- Good staff, committed, loyal, hardworking, good workforce
- Friendly place to work
- Willingness of teams
- Despite difficulties – staff doing a good job & still providing quality care
- Supportive colleagues
- Staff are here because they want to be here, they are passionate about their work

What works well – behaviours and cultures

- More positive contact from senior managers
- Motivation to improve
- Commitment to keeping staff gainfully employed
- Feeling of change - authority devolved to allow development
- "Tone of organisation changing – empathy, less idealistic, more understanding
- Communication – good in some local areas
- Good local work – where innovation and control is allowed
- Atmosphere different – less threat
- Seeking views of carers, service users
- Cascading of information is much better e.g. bulletin"
- Permission for staff to work well and develop initiatives"
- Communication – warmer and less corporate

What works well – clinical and operational

- Good service user engagement
- Having exercise therapy based at Hopewood
- Greater emphasis and resource for clinical skills training
- High quality patient care – proud"
- Good clinical training
- Promoting recovery / Recovery Focussed
- Clinical contract working well
- Very good MDT working around positive risk management. Positive behaviour support plans
- AHP's well represented in Planned Care
- 6C's well established in clinical areas
- Staff shifts – good for patients and works well for some staff too

What works well – outcomes and trust wide comments (many of these are equally about clinical services)

- Best IT infrastructure in country – mobile kit
- Inpatient buildings best ever been
- Statutory and mandatory training quality is high
- Mobile kit – the ability to spend more time with service users
- Good IT department
- Digital dictation
- New appraisal system
- TED process – managing closure of services / decreases redundancies
- Environment and facilities are great for the service users
- Patients getting seen – experience is improving
- The Trust delivers – top performing MH/LD/Neuro Trust
- Proper performance management
- Dashboards flag things about to breach e.g. training, JDR's, etc.
- Progress on waiting times despite lack of resources
- Best inpatient facilities in country
- Embracing change – still predominantly focussed on patients
- Change is good
- Delivering good frontline services throughout re alignment and re-organisation
- Transformation Implementation groups – development of services
- Commitment to new ways of working / extended roles
- PCP's sound principles and well thought out comprehensive, work in progress

Section 2 – Staff suggestions

Staff who attended the speak easy sessions found it very easy to identify practical things which could make a big impact relatively quickly. This section contains the main things they identified and their ideas to help move things forward.

The quotes used are illustrative of many more similar comments which can be provided. The themes and heading have been developed by the team.

Training

Issues identified:	• E-Learning Portal issues • High quantity of training requirements • Impact of time away from the job – patients and colleagues • Travel time & costs
Illustrative quotes:	• 'training not relevant to role' • 'too much training!' • 'e-learning – the system is difficult, not user friendly, not fit at all'
Staff suggestions:	• Review of alternative E-learning portals – user friendly, accurate, easy recording • Block book Statutory and Mandatory training (i.e. into a day) • Engage with staff and review training and delivery requirements

Recruitment and Central recruitment

Issues identified:	• Staffing shortages in services • Long and time consuming process for recruitment • Matching of candidates to areas of interest / skills • Releasing of staff following appointment • Online recruitment system is not easy to use • High use of bank and agency staff (cost) Make better use of existing staff members and their skills
Illustrative quotes:	• 'no common agreement as to staff being released' • 'Interviewers often do not realise what the actual job entails and the wrong person is appointed' • 'Not placed in area's / wards they have an interest in' • 'It's complex, lengthy, & increases pressures at the coal face!' • 'online recruitment is clunky' • 'agency staff have become 'a body on the ward'' • 'I couldn't apply for a job even though I've worked here for 20 years because I don't have a degree. My experience is not valued. How does this benefit service users' • 'clinical career progression is limited, good clinical staff are 'lost' to management jobs'
Staff suggestions:	• Raise awareness about national staffing shortages • Involve service users and carers in process • Get more creative around recruitment and retention • Succession planning & career pathways • Engage with staff to listen to what they want, when, where and how • Flexibility in staffing to meet peaks and demands Need a core set of agreed skills for Agency staff • Need to get creative about how we recruit and retain staff • Manage talent better and More effective workforce planning • Make online recruitment system easier to use • Engage team managers in recruitment processes • Review length of preceptorship • Seek greater clarity, demarcation on the roles/tasks of clinicians and managers • Review roles undertaken by Nurses, could some aspects of what they do be transferred to Admin? • Right people, with right skills, in right place at the right time • Essential criteria should be Professional Qualification, and/or Degree and/or equivalent experience or qualification • Remove unnecessary tasks from managers • Develop internal staff rotations within operational groups: manage this locally not centrally

Transformation

Issues identified:	• Lack of understanding about the reasons for change and decisions made • Staff members feeling 'done to' – not involved • Lack of communication and clarity • Can someone listen to all of the problems related to transformation?
Illustrative quotes:	• 'Dealing with change – it's grim!' • 'Can someone listen to all the problems related to PCP?' • 'Nonsensical change and decisions' • 'Insecurity and disillusionment driven by PCP process - communication & engagement' • 'PCP applies to part of our system but is treated as centric to all' • 'The principles are fine but we need to learn how to engage people better' • 'Proposed PCP staffing is without a clear rationale and not based on local evidence'
Staff suggestions:	• Explain the 'why, what and how' of change more clearly • Listen to the impact of change on staff members • Take time to embed and evaluate changes – reflection process • Communicate & share positive stories and realised benefits of change • 'Change by smaller steps, not big leaps' • Share personal experiences of transformation, to support others • Don't change for changes sake e.g. hot-desking being implemented in places where it is not felt to be needed • Transformation is also a local issue, with local nuances and local solutions • More engagement events e.g. local speak easy's to discuss impact of transformation • Adapt communication styles to engage everyone: people need different information • Allow time to embed and consolidate changes: build in reflection and evaluation • Devolve authority to service level • Create listening events for teams, reflect • Agree what needs to be achieved then give teams ability to work this out for themselves • Create the vision on one page

Performance and Targets

Issues identified:	• Overload of targets / measures • Lack of influence on targets • Concerns around performance focus and impact of this on staff and patients • Urgency vs. Importance • Time required to monitor and manage
Illustrative quotes:	• 'Knee jerk, shifts in priorities, not able to influence' • 'Dashboard is enormous and an end in itself' • 'We add on, but don't remove' • 'Targets not driven by clinical needs' • 'Cancel a valuable meeting to provide performance data' • 'KPI culture – tail wagging the dog!'
Staff suggestions:	• Explain the 'why' behind the targets / measures • Reduce emphasis on targets / tasks that don't apply or add value / quality • Start conversations around what can be stopped – need to create space and focus on what's important • Challenge and question what targets / measures achieve & behaviours they drive by managers

Informatics

Issues identified:	• Dashboards are huge and don't always update • RIO - clunky, duplication of input, felt to be a defensive tool • Mobile kit doesn't work everywhere
Illustrative quotes:	• 'Dashboard is enormous and an end in itself' • 'RIO is cold communication, it's impersonal and defensive' • 'Invest in effective IT systems that keep pace with the real world'
Staff suggestions:	• RIO – listen to what the clinicians are saying: simplify, reduce duplication, and shift from defensive practice to positive risk taking. Make this work for clinicians, so that it is not an excessive time burden • Develop compatibility between RIO and other systems e.g. those used by acute Trust • Look at use of RIO champions • Involve clinicians in RIO interface design • Identify basic access issues e.g. computer literacy, accessibility • Embrace technology, use it to bring people together for virtual meetings • Reduce size of dashboard

Operations

Issues identified:	• Time and demand constraints • Issues with patient transitions • Lack of feeling valued and appreciated • Imposed ways of working - "One size does not fit all" • Nursing shift patterns • Rotation for Nurses • Episodic Care • Transition between hospital and community • Split between social care and health care • Inconsistencies in external infrastructures to support service users in community
Illustrative quotes:	• 'nurses have lost their voice, not well represented in community teams' • 'not enough time for handover of patients…less staff at busiest times' • 'lack of appreciation from direct line managers' • 'too many meetings – a lot of overlap / duplication' • 'patients fall through the cracks…who is responsible?' • 'problems with shift patterns…good colleagues leaving as a result' • 'One size does not fit all. Service users requiring episodic care will not fit into the 'new way of working.' In some places, there is no alternative to hospital admission.' • 'Not enough time for handovers, less staff at busiest times. Shift patterns not family friendly' • 'Some like rotations, others don't. How does it impact on service users, carers and teams?' • 'Good colleagues are leaving because of shift pattern problems' • 'There is a need for a smoother more effective transition, and clarity about who does what e.g. care co-ordination'
Staff suggestions:	• Staff rotations – engage staff and consider preferences / development needs • Review of transitions between inpatients, community and groups / pathways • Engage with staff around shift patterns – listen & understand local needs. • Acknowledge the positives / good work • Review necessity / format of meetings • We need more effective maintenance care, do not wait for full relapse to occur • Investment in step up/step down, involving local authority and commissioners • Seek to integrate social and health care • Make shift patterns more attractive e.g. longer shifts over a shorter period

	• Go back to a locality structure, helps to understand and respond to need: devolve responsibility to address locality needs • Seek a shared understanding with commissioners on service needs, priorities etc. and who is best placed to do this • Create effective transitions between hospital and community care

Comments about corporate support

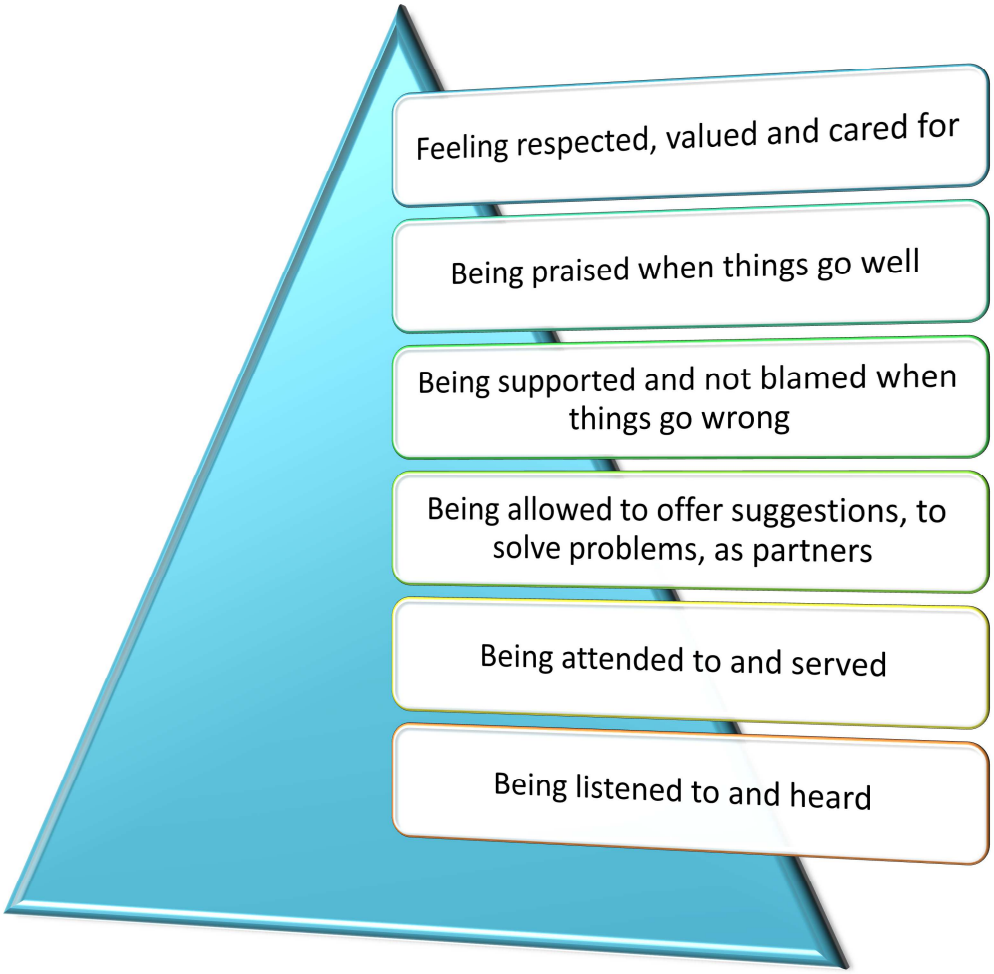
Issues identified:	• Feeling overburdened with corporate function tasks • Lack of dialogue / consideration re: changes or delegated tasks, e.g. nil sickness letters - extra work for all managers to identify staff, this could have been done centrally • Move Admin back to operational services • Perceived lack of support re workforce issues for operational staff
Illustrative quotes:	• 'Who serves who?' • 'We have lost HR support' • 'Don't see themselves as able to help operational services – tasks are passed over (to operations)' • 'Role overload – HR, Finance, Training – too much paperwork' • 'increased duties & responsibilities on managers & clinicians without consultation' • 'We need admin staff to take up the work that stops clinicians from seeing service users' • 'We have lost our workforce support' • Support services don't support' • Corporate services are being outsourced'
Staff suggestions:	• Engagement between operational and corporate staff, gain understanding & agree way forward • Embed an ethos of 'here to serve…' • Engage with operations before rolling out changes / additional tasks • Consistency of advice and response time – could there be SLA's which specific service levels • Review roles undertaken by Nurses, could some aspects of what they do be transferred to Admin? • Agree core responsibilities for Admin function into teams/wards • Review corporate support to clinical services • Devolve corporate support to operations • Clarify what Workforce do and do not do and how this impacts on operational managers: involve operations in key decisions that impact on managers jobs

Environment and accommodation

Issues identified:	• The Environment we work in has an impact on working practices as well as a practical and psychological effect on individuals • Street lighting at Ferndene • Car parking at Ferndene • Response is reported as slow in places and expensive
Illustrative quotes:	• ‘Hot desking!!’ • ‘Parking…’ • ‘Lack of clinical space’ • ‘concerns over working environment, suitability and quality’ • ‘We have had to provide reflective jackets for our young people’ • ‘Training has been cancelled due to the lack of car parking and members of staff sent to Morpeth in a taxi to do it instead’ • ‘How many steps does it take to get a shelf put up??’
Staff suggestions:	• Engage with staff around the impact of working environment especially hot-desking and explore solutions • Review of options for parking and promotion of ‘green’ travel • Communicate constraints and the ‘why’ to staff • Allow for flexibility – alternative sites / remote working • Address local issues • Better parking facilities

Building Blocks to Engagement

These building blocks relate to behaviours or actions that we need to take in order to effectively engage our staff so that they may feel respected, valued and cared for…



Wordle

The wordle below shows the three words participants used to describe the event in response to the online evaluation.