Realising the NHS People Plan

‘Do OD’

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We want to share and improve our theory of change together

➢ Share our current thinking with you

➢ Hear your views on four questions;

1. What causes culture change to happen at scale?

2. How can we best measure culture change?

3. How do we cultivate a grassroots ‘movement for improvement’ in support of the People Plan?

4. How best can we continue to work with and support you as a community of OD practitioners?
What is in the People Plan?

Making the NHS the best place to work
Chair: Navina Evans
Lead: Caroline Corrigan
Including improving retention & reducing sickness absence

Improving the leadership culture
Chair: Andrew Foster
Lead: Caroline Chipperfield

Delivering 21st century care
Chair: David Behan

Releasing time for care
Chair: Hugh McCaughey
Lead: Rhydian Phillips

Workforce redesign: optimising skills
Chair: Patrick Mitchell
Lead: Kirstie Baxter

Securing current & future supply
Chair: Wendy Reid
Lead: Sam Illingworth

Analysis, insight and affordability
Chair: Ben Dyson/Rob Smith
Lead: Ed Kendall/John Stock

Urgent 2019/20 actions on nursing supply
Chair: Ruth May
Lead: Mark Radford

A new operating model for workforce
Chair: Rob Webster
Lead: Philippa Hunt
The Core Offer

A voice, influence and value

An ability to learn, develop and achieve

Recognition of and reward for your contribution

An effective, healthy and safe working environment

Working flexibly and predictably

A positive, inclusive and compassionate working culture
The NHS Leadership Compact

Holding a leadership position in the NHS is both a privilege and responsibility. As leaders, we agree that when we work together, we will do so in a way that aims to deliver the highest standards to our patients, service users and staff so they have the best experience of the NHS.

We are inclusive, promoting equality and diversity and challenging discrimination

We are kind and treat people with compassion, courtesy and respect

We can be trusted to do what we promise

We collaborate, forming effective partnerships to achieve our common purpose

We are proud to value and acknowledge achievements and celebrate success

We aim for the highest standards and seek to continually improve while always leading with care
Just be a good human, dammit

IT'S NOT THAT HARD
The People Plan relies on changing mindsets and behaviour

The change we want

Unhealthy
EDI

Making project plans

Healthy
EDI

How we behave

Reliant on a specialist team and formal reports

Shifting mindsets and behaviour is a choice

Visible leadership across the whole team

Reverse mentoring

What we say

“HR are responsible”
“We regularly review it as a Board”

“I feel out of my depth on this topic”

“It’s a personal responsibility for each of us”

What we really believe

“The system isn’t fair, and I need to take some risks as a leader”
The Influence Model describes the conditions needed to bring about lasting behaviour change.
Example: Applying the Influence Model to improve retention

- Chief execs making this personal
- Boards including ‘staff stories’ before meetings
- Professional and HR leaders collaborating in a much more visible way
- Public recognition for improving retention

- Developing the retention toolkit(s)
- Developing attractive career pathways
- Including retention tips in training for line managers
- Training ‘retention champions’ to speak to potential leavers

- Grounding retention in the overall story of “We are the NHS”
- Describing how everyone can contribute, including making it personal
- Sharing real examples of stories of success, and the impact on patients

- Defining ambitious goals and tracking progress
- Improving the quality and transparency of data
- Shared accountability across functional boundaries
- Bringing focus through the ‘Core Offer’
The implications of taking a ‘social movement’ approach are profound

How can we use the implementation of the People Plan to help leaders make this transition?

How do we cultivate peer-to-peer networks for learning and support?
Top down cascade through boards and leaders

TODAY

A grass roots movement for change

FUTURE
Leadership as a formal position

TODAY

FUTURE

Leadership as influencing Others

TODAY

Shared Purpose (Intrinsic)

FUTURE

Targets and Trajectory (Extrinsic)

TODAY

FUTURE

HR Capability

TODAY

FUTURE

OD Capability

Source: National People Board, 24 February 2020
Implementation Roadmap

Outcomes

Best Place to Work

Improving Leadership Culture

Releasing Time to Care

How will it feel?

“them and us”
“hamster wheel”
“I will retire early”

Outcomes

Demonstrate improvement against an integrated performance framework, including staff and patient experience

Lay out implementation sequence, recognising different types of change (e.g., centrally-led, wider behavioural change)

Track each workstream both with outcome metrics, and process measures

Describe how major initiatives will develop to maturity over time

Etc.

“Staff survey”
“Retention”
“Sickness”

“CQC ratings”
“Staff survey”
“etc”

“Hours released”
“etc”

Rostering software
E-job planning started
E-job planning for all staff
Evidence-based rostering
Rostering apps for/by staff

• Staff survey
• Retention
• Sickness

• CQC ratings
• Staff survey
• etc

Describe how major initiatives will develop to maturity over time

How will it feel?

“I feel trusted and supported”
“I love working here”
“I can see a career path ahead”

NHS Long Term Plan
Scatter map of NHS Staff Survey results (2018)

Source: Listening into Action, 2018 Staff Survey results

Key:
- Red: Acute
- Pink: Acute and Community
- Yellow: Acute Specialist
- Green: Mental Health / Learning Disability
- Light Green: Mental Health / Learning Disability / Community
- Blue: Community
- Light Blue: Ambulance
- Grey: 2 Trusts of different types occupy same grid reference
Measuring staff engagement

**Employee Engagement Index (EEI) is made up of 9 statements**

**Motivation**
- 2a. Often/always look forward to going to work
- 2b. Often/always enthusiastic about my job
- 2c. Time often/always passes quickly when I am working

**Involvement**
- 4a. Opportunities to show initiative frequent in my role
- 4b. Able to make suggestions to improve the work of my team/dept
- 4d. Able to make improvements happen in my area of work

**Advocacy**
- 21a. Care of patients/service users is organisation's top priority
- 21c. I would recommend organisation as place to work
- 21d. If a friend/relative needed treatment would be happy with standard of care provided by organisation
Staff engagement has not changed much
EEI (2019), % agree/strongly agree

I would recommend my organisation as a place to work – 63.1%

I look forward to coming to work – 59.7%

I am able to make improvements in my area of work – 55.8%
Some Trusts have made steady progress (≈1%/year)

Some Trusts, often in special measures have seen steady decline

The maximum improvement has been ≈ 2%/year from a low starting point
How will we make the NHS the best place to work?

1. Understand current performance against core offer
   - 2018 Staff Survey
   - 2018 Average
   - Core Offer
   - A positive, inclusive and compassionate working culture
   - A voice, influence and value
   - An effective, health and safe working environment
   - An ability to learn, develop and achieve
   - A flexible and predictable working pattern
   - Recognition of and reward for your contribution

2. Identify the drivers that will improve performance
   - Use diagnostic data, know-how and tools to identify the most critical factors, e.g.,
     - Health and wellbeing
     - Bullying and harassment
     - Continuing professional development
     - Flexible working

3. Make an improvement plan to address the gaps versus core offer
   - Continuous improvement, empowering staff
   - Measurement for improvement
   - Sustainable behaviour change

4. Review the impact on staff experience and retention
   - 2020 Staff Survey
   - 2018 average
   - Core Offer
   - 2020 Average
Example analysis for 4 Trusts

Trust A

57.1%

Trust B

54.4%

Trust C

41.9%

Trust D

37.7%
A campaigns-based approach?

2020/21  2021/22  2022/23  2023/24  2024/25

“We are the NHS”
A campaigns-based approach?

- **2020/21**
- **2021/22**
- **2022/23**
- **2023/24**
- **2024/25**

"We are the NHS"

- The Compact - “We are kind”
- Core Offer
- Retention
- Measurement

Campaign 1

Campaign 2

Campaign 3

Campaign 5
Help us strengthen the approach

1. What causes culture change to happen at scale?

2. How can we best measure culture change?

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Which metrics will we use to track progress?

### 9 Long-Term Plan headline metrics
- 6,000 more doctors working in primary care
- 26,000 more primary care network staff
- 50,000 more nurses
- % of staff who answer "Yes, definitely" to "Does your organisation take positive action on health and well-being?"
- % of staff who “never” personally experienced harassment, bullying or abuse at work from colleagues in the last 12 months
- % of working days lost to sickness absence in trusts
- % of trusts rated good or outstanding for leadership by CQC
- % of GP practices rated good or outstanding for leadership by CQC
- % of staff in senior leadership roles who are from a BME background

### Supported by 22 People Plan metrics

#### Growing our workforce
- No. of people beginning training to become nurses, midwives and AHPs each year
- % of nursing, midwifery and AHP trainees who complete training
- No. of registered nurses employed by trusts, CCGs and primary care
- % of trust nursing posts filled by substantive staff
- No. of doctors working in primary care
- No. of clinical staff other than GPs working in primary care networks (under ARRS)
- % of trust posts filled by substantive staff
- % of NHS staff expenditure on agency / locum staff

#### Releasing time for care
- Total hours released to clinical care
- Total resources released to clinical care

#### Making the NHS the best place to work
- Composite measure of staff experience based on Staff Survey responses
- % of staff reporting positive action on health and wellbeing
- % of staff reporting bullying, harassment or abuse from managers/colleagues/patients.
- % of nursing staff leaving the NHS each year (retention)
- % of all staff leaving the NHS each year (retention)
- % of working days lost to sickness absence in trusts

#### Changing the leadership culture
- % of trusts rated good or outstanding for leadership by CQC
- % of GP practices rated good or outstanding for leadership by CQC
- Aggregate score for NHS Staff Survey questions that measure perception of leadership culture
- % of staff in senior leadership roles who are from a BME background
- % of staff in senior leadership roles who are women

#### Workforce redesign
- No. of advanced clinical practitioners
- No. of nursing associates