



4.2	8/2/23	People and Culture Committee	PCH Leadership, People and Culture Update
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FOI Status:	Open
If closed please indicate reason:	
Prepared By:	Richard Hughes
Presented By:	Richard Hughes
Approving Executive Sponsor:	Hywel Daniel, Executive Director for People
Report Purpose	Please Select: For Noting For Discussion
Engagement undertaken to date:	Team and local leadership engagement, Care Group SMT.

Impact Assessment:	
Indicate the Quality / Safety / Patient Experience Implications:	Improving Culture Leadership Quality & Safety
Related Health and Care Standard	Leadership and accountability Governance
Has an EQIA been undertaken?	No, no additional or new policy changes directly as a result of this update.
Are there any Legal Implications /Impact.	No
Are there any resource (capital/Revenue/Workforce Implications / Impact?	No
Link to Strategic Goals	Please Select: Sustaining Our Future Inspiring People Improving Care

Culture and Leadership Update for PCH @CTM

February 2023



Management, Leadership and Culture - What we set out to achieve

- In October 2021 we submitted a proposal to the PCH Improvement Board outlining a plan to tackle leadership and culture at multiple levels in the ED and Theatre Departments at Prince Charles Hospital
- The Plan was designed to meet three key strategic objectives:
 1. To create a sustainable level of leadership accountability and oversight which delivers a positive patient and employee experience
 2. To create a positive culture where staff feel valued, psychologically safe and are clear on expectations
 3. To lead and inspire individuals and teams to be at their best by providing them with the tools, skills and knowledge
- Our plan was underpinned by the IHI Framework for Safe, Reliable & Effective Care, with a focus on integrating improvements across five core areas:
 - Leadership
 - Psychological Safety
 - Accountability
 - Teamwork
 - Standards & Behaviours

Leadership & Culture Blueprint for Achieving Behaviour Change

Activity	Leadership	Psychological Safety	Accountability	Teamwork	Standards & Behaviours
Goal	To create collective and compassionate leadership so that everyone takes ownership for delivering excellent patient care	To create an environment of openness where staff are encouraged to speak up	To ensure that teams can hold each other accountable for delivering the Improvement Plan	To create a shared understanding of what our teams need to function well together	To set clear expectations of the standards and behaviours required of all staff
Indicative leadership and culture Interventions	<p>Leadership and cultural transformation – to prepare leaders to tackle deeper issues of culture and to reflect on their own readiness for change</p> <p>Leadership impact on culture – to help leaders understand the impact of their leadership on the existing culture through the lens of our values and behaviours</p> <p>Compassionate leadership – to help leaders explore self compassion and leading others</p>	<p>Psychological Safety Audits</p> <p>Helping others to speak up – in line with our value of listen, learn and improve, we ensure that staff, patients and families can comfortably voice concerns and ideas for change</p> <p>Getting my voice heard– helping staff to raise concerns about patient care and service delivery in a purposeful and constructive way and ensuring that everyone's contribution is valued and respected</p>	<p>Flipping the drama triangle - conversations to help individuals move on from past experiences</p> <p>Embracing accountability – helping teams to understand current levels of accountability and how they contribute to that so that everyone works together as one team</p> <p>How to give feedback – when others fail to take responsibility for their actions</p>	<p>Team effectiveness audit – to help teams understand how effectively they are working together and the extent to which our values and behaviours underpin their interactions with each other and with patients</p> <p>Team dynamics – to help the team understand personal preferences and anticipate and deal with conflict when it arises</p>	<p>Safe, Reliable and Effective Care Assessment – using the framework to measure levels of service maturity on a scale of unmindful to generative</p> <p>Values and behaviours workshops – to develop understanding of how behaviours contribute to culture and patient experience</p> <p>Vision Workshops – to set clear aspirations and goals for service transformation and improvement</p>

Emergency Department Improvement

PCH ED/CDU/HIW Improvement Programme

Scope of project / initiative / area of improvement

Delivery of Emergency Department Improvement Plan on a phased approach with immediate make safes prioritised. This includes management of internal concerns raised, the detailed internal diagnostics and an external review which has identified immediate recommendations and make safes.

Assurance Checklist

Please tick if complete



Role responsibilities defined



Forward schedule / plan defined



Regular project monitoring group established



Fully resourced team to deliver

Key actions delivered previous few months

- ED to Gynae pathway:
 - First phase arrangements in place via dedicated beds on inpatient ward 5, flow has improved. Second phase arrangements currently being progressed with capital estates ensuring that the GAU facility is fit for purpose.
- ED to Paeds pathway:
 - Paeds Pathway group led by USC Care Group Nursing Director to inform a project plan and benchmarking of ED models underway
 - Pathway paper currently being finalised to include attendance data, incidents and complaints data
- Workforce
 - New senior nurse for professional development recruited
 - Medical workforce paper in progress
 - Nursing workforce recruitment continues working towards full establishment
 - Consultant job planning underway
- Training & Education
 - TNA for ENPs and B5-7. TNA for Bands 2 & 3 underway
 - National trauma competencies training plan in place commencing in October 22
 - Member of staff undergone Train the Trainer for Manual Handling (compliance should now start to improve)
 - **New starter checklist completed**
 - Training re Mental Health policies and procedures booked in for September 2022
- Leadership & Culture
 - Results of Culture Healthcheck survey being analysed, to be available end of August 22.
 - HON & DHON led B7 ED session with focus on the wellbeing, leadership & culture
 - Leadership Development Programmes Roadshow recently undertaken
- Wellbeing
 - Band 5 well-being co-ordinator introduced and leading on activity

Risks & Issues

- Challenges re staffing model for Amber/Purple pathway due to insufficient substantive nursing posts.
- Capital build impacting on clinical space - reduced. –added to ILG/USC risk register
- Site based risk assessment taken & decision to use purple ambulatory pathway area for AMBER Covid patients compromising P1 & P2 as no purple minors capacity available.
- Engagement with L&D sessions affected due to staffing constraints.
- Significant challenges with Paeds Pathway – C&F/USC to progressed On Programme Risk Register.

Longer term actions

- Further development and finalisation of the Medical Workforce Paper
- Discussions around capital planning for ED redesign.
- Continue to rollout the implementation of the ED Nursing Workforce Establishment
- Progress the development of the Paeds Pathway
- Implementation of phase 2 of the GDAU
- Reinvigoration of senior leadership walkthroughs to ensure consistent management presence in the department is not lost.
- Plan re development of Comms within the Department to be agreed.
- Embed new SOPs
- Development of a Professional Development Plan

Management, Leadership and Culture

Key Improvement areas	Progress and achievements
Development of a Strategy	<ul style="list-style-type: none">Investment to support staff through promoting and maintaining staff well-being via the development and roll-out of the 'Wellbeing, Culture & Leadership' approaches and activities within the PCH Improvement Programme.
Leadership	<ul style="list-style-type: none">Leadership sessions have taken place.Listening sessions delivered to help senior leaders reflect on what they needed to deliver the Improvement Plan. This provided an opportunity to step back, listen, understand others' perspectives and formulate an approachLeadership has greater physical presence on site which has contributed to a team ethosRoles and responsibilities developed and defined that give accountability and empowerment to make decisions at band 8a, band 7. These have been communicated and expectations set.Band 7 ED session taken place (July 2022) with a focus on the improvement work and the leadership & culture elements.Posters developed, (as one form of engagement) tailored to language that will engage nursing and clinical staff to publicise Improvement work linked to leadership and culture. These have been shared in team meetings, 121's and PDR's.A greater level of transparency , honesty and trust across the nursing leadership team than was previously experienced.Safe to Start introduced and working wellDaily safety huddles in place
Culture	<ul style="list-style-type: none">A Wellbeing/Employee Experience Needs Assessment has been completed via early listening sessions to identify wellbeing needs and address issues of physical and psychological safety and wellbeing.Culture Health Check / Survey undertaken to understand the current culture and drivers of behavior and the gap between the current and ideal cultures - results will be available end of August 22An assessment of Psychological safety has taken place to establish levels of psychological safety and ability of staff to fully engage in the Improvement work.

Workforce and Development

Key Improvement areas	Progress and achievements
Communication	<ul style="list-style-type: none">• Engaged with staff to find out what would work for them.• Plan underway for implementation of 'My Emergency Department App' - a tool to help innovate how we educate our doctors and nurses and we care for our patients.• Monthly ED Pharmacy newsletter produced .• Plans for regular ED Staff newsletters underway.
Roles and responsibilities	<ul style="list-style-type: none">• JDs being reviewed and standardised.• Mapping competency levels to bands.• Job planning of all Consultants in progress.• Developing and communicating expectations of Band 8a, 7 and 6's.• Improvement Cymru working closely with reception and ED on areas to streamline.
Staff well-being	<ul style="list-style-type: none">• Band 5 well-being co-ordinator introduced and leading on activity.• Clinical Director held conversations with new intake of new doctors.• Strategic Lead for Wellbeing held number of sessions and conversations with doctors, the Consultant body and Nursing staff.
Training and Learning	<ul style="list-style-type: none">• Training needs analysis completed and professional development plan underway.• Development of ED Senior Nurse for Professional Development role.
Establishment	<ul style="list-style-type: none">• Implementation of Nursing Workforce paper and moving towards full establishment.

Forthcoming actions for ED

- Comprehensive induction to new Care Group Nurse Director and Senior Nurse for ED on next steps on people and culture.
- Alignment across the three EDs on education strategy and future opportunities.
- Development of an education, innovation and culture forum.
- The then ILG Director of Nursing commissioned Staff side to undertake a series of listening events in ED. Plans for ED leadership team induction to encompass the feedback and facilitated next steps.
- Planned support from L&D in delivering bespoke Facilitation skills training to ED Leadership team to upskill on running engagement events linked to the recommendations from the commissioned work above.
- Development sessions for consultants and band 7 Senior Sisters/Charge Nurses planned inline with the expansion of the band 7 team to enable cover 7/7 24 hours a day.
- With changes to the leadership model, key appointments and service developments, re-assessment as to the current status and subsequent needs of the team is required over the course of the next few weeks/months.

Theatre Improvement



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PCH Theatres Improvement

Scope of project / initiative / area of improvement

To address immediate and medium to long term quality and safety concerns at PCH theatres and address improvement across the theatres services with the aim of achieving accreditation under the ACSA scheme. Specifically the focus of the project will be on the immediate make safes and ensuring a robust workforce in terms of skills, capacity and availability.

Assurance Checklist

Please tick if complete

- ☒ Role responsibilities defined
- ☒ Forward schedule / plan defined
- ☒ Regular project monitoring group established
- ☐ Fully resourced team to deliver

Key actions delivered previous few months

- Leadership & Culture
 - Good compliance with Theatre staff Health Checks, led by Well-being Co-ordinator
 - Band 6 ODP to take ownership of theatres intranet site to provide an information platform for department to aid Culture.
 - Band 6 ODP leading on the transformation programme of the anaesthetic rooms
- Workforce & Development
 - Band 8a Theatre Clinical Manager appointed
 - Establishment review concluded outstanding posts appointed to / streamlining / on TFCAC
 - Appointment of external B7 team leader commenced 8th Aug 22
 - Appointment of external B6 ODP commencing 22nd Aug 22
 - Scheduling manager working closely with CSG Surgery and waiting list teams with implementation of 6 4 2.- Session planning in weekly. first Monday of month.
- Environmental and Process
 - New anaesthetic machines being rolled out 10th May for patient quality and safety and standardising the transformation of new theatre suite for ongoing transformation.
 - New storage area complete with updated stock levels and new system – being monitored.
 - Second new stock area implemented for orthopaedics
 - Pre operative checklist updated – now requires 2 RN's to check before the patient leaves the ward – anaesthetic process also updated on checklist in line with Theatre System (TOMS).

Risks & Issues

- Vacancies within the department currently going through the recruitment process/streamlining
- AMAT lead for designing audits returned to substantive role so hold on designing full audit schedule
- Ground and First floor building works ongoing –managed by Major Projects / Estates
- Unable to sustain the use of 7 Theatres due to no agency availability.
- AMAT audits devised and ready to be placed on system -awaiting agreement from 3 sites

Longer term actions

- Project team to work with programme team to demonstrate impact in line with performance measures and drive further improvement.
- AMAT audits devised–awaiting agreement from 3 sites
- Continue to update Training needs analysis by specialty
- Rolling out Leadership & Culture plan – e.g.. Inclusion of Band 6 Team (starting September)
- Plan to arrange meeting to chase update on ACSA Standards progress
- Theatre Webpage to be updated in line with current standards and SOPs to include well-being page
- All JDs currently updated, support from Linda Walker to go through appropriate processes and roll out

Management, Leadership and Culture

Key Improvement areas	Progress and achievements
Development of a Strategy	<ul style="list-style-type: none">• Investment to support staff through promoting and maintaining staff well-being via the development of the 'Wellbeing, Culture & Leadership' approaches and activities within the Improvement Programme.• Focus on a phased rollout of the Plan with reviewing next steps at each stage.
Leadership	<ul style="list-style-type: none">• Leadership conversations have taken place.• Listening sessions to hear how the Triumvirate leadership teams are doing, to assess the level of readiness to tackle the deeper leadership and cultural issues, and to help the Triumvirate understand their role in the improvement process.• Band 6 Leadership Programming being rolled out in September and October Audit days.• Job Descriptions being rolled out in November and December Audit days.
Culture	<ul style="list-style-type: none">• A Wellbeing/Employee Experience Needs Assessment has been completed via early listening sessions to identify wellbeing needs and address issues of physical and psychological safety and wellbeing.• An assessment of Psychological safety has taken place to establish levels of psychological safety and ability of staff to fully engage in the Improvement work.• Asking for Theatre Champions "Superheroes" - Anaesthetics , Well-Being etc.• Band 7 Team meeting with Deputy Director of People on 23rd August 22 to have a conversation about past experience and moving forward
Quality Improvement	<ul style="list-style-type: none">• Scheduling manager working closely with CSG Surgery and waiting list teams with implementation of 6 4 2• TQIT meetings re-introduced• Individuals actively volunteering to lead on QI initiatives e.g. Thrombolysis Management in the Perioperative environment and Management of the Bariatric Patient

Workforce and Development

Key Improvement areas	Progress and achievements
Communication	<ul style="list-style-type: none">• Re-introduction of Dept and Team leader meetings• Whiteboard visible in department for all staff to see theatre utilization and start dates• Engagement with staff to find out what would work for them in terms of on-going communication• ODP leading on the theatres web page updating the image ,linking with RGH and PCH to include a well-being section. This will create a theatre information / knowledge sharing platform that will benefit staff going forward.
Roles and responsibilities	<ul style="list-style-type: none">• JDs reviewed and roles and responsibilities have been defined Health Board wide, PCH ready to launch but awaiting readiness of the other 2 acute sites
Leadership & Culture	<ul style="list-style-type: none">• Progressing with implementation of Leadership & Culture Programme
Staff well-being	<ul style="list-style-type: none">• Monthly restorative / healing work continues• Needs assessment undertaken to determine detail of well-being pathway.• Strategic Lead for Well-Being attends monthly Audit days.• Well-being coordinator (Band 6) leading on activity
Workforce	<ul style="list-style-type: none">• Establishment review concluded and all posts on Trac/streamlining:<ul style="list-style-type: none">• Band 8a Theatre Clinical Manager recruited• Appointment of external band 7 team leader starting 8th Aug 22.• Appointment of external band 6 ODP starting 22nd August 22.• Band 5 recruitment is awaiting streamlining process due in September 22 and on Trac.
Training and Learning	<ul style="list-style-type: none">• Lead Practice Educator focussing on TNA to deliver training through monthly audit days• ESR Compliance increase.• Sickness improvement in Theatres - 100% improvement of the B7s from long term sickness.• All PDR's completed for Band 7s

Forthcoming actions for Theatres

- Clinical Director and Head of Workforce & OD to lead a session with the medical workforce team early September with a focus on the Improvement work and Leadership & Culture elements
- Clinical Director engaging a new Doctor on rotation to develop material/poster that resonates with the junior doctors to increase engagement and visibility
- With changes to the leadership model, key appointments and service developments, re-assessment as to the current status and subsequent needs of the team is required over the course of the next few weeks/months.
- Lead Nurse and Clinical Manager to continue work on engagement and productivity to assess benefits realised in culture and over all staff wellbeing.
- Example of news letter developed by new Clinical Manager for PCH theatres.
- Clinical Manager establishing 'drop-in clinics' for staff, protected time for 1:1 conversations.



Microsoft Word
Document

What still needs attending to in both work streams?

- Engagement - new employees, new managers and clinical leaders
- Deliver making it safe to speak up and working together as a team workshops
- Building relationships with new Education Lead and Lead Practice Educator
- Culture and people reassessment of teams needs
- Consider opportunities with a new Restorative and Just Culture Approach

Game Changers for both workstreams

- Leaders in ED and Theatres believing that they are not alone in this and that the senior managers stand beside them to and give them the financial, leadership and emotional support needed to deliver the desired improvements and rebuild the culture at PCH
- Reaching full establishment to provide the band width to be able to see beyond what is directly in front of people
- Having the right people with the right skills in post delivering to their roles and responsibilities taking accountability for delivery
- Changing our employee experience and our reputation in the market place through all the elements we have set out to achieve
- Theatres returning to pre covid functionality with medical workforce being able to focus on delivery
- Looking at how we foster a team ethos in ED given the challenges with the layout

Summary of our reflections : impact, learning and future

Changes made

1. Investment in the workforce
2. New pathways developed
3. Environmental changes

Feedback

1. "Friendly staff, treated me very well, can see staff are always trying their very best even under the pressure"
2. "Staff communicated well, patient feels safe"
3. "I feel very privileged to have been part of this exciting improvement journey, working with such an enthusiastic team, we have made some fantastic improvements at great pace although there is still some more work to do"

Biggest risks

1. Losing the momentum
2. Dis-investment in the support
3. Losing the faith and credibility of the workforce
4. Focusing on HB wide uniform approaches thus overlooking the need for more personalized and bespoke approaches



Lessons learnt

1. Investing in tackling root causes via sustaining the changes
2. Local ownership and leadership - "not done to"
3. Importance of a robust Framework
4. Understanding the culture and tailoring the intervention
5. Whole system approach

Mistakes made

1. In the past - short term fixes
2. Assumptions made re how staff wanted to be engaged in activities
3. Seeking corporate comms support

Next steps

1. Identify new leadership and embed
2. Drive to deliver remaining actions
3. Continuous improvement via data and PREMS insights
4. Sharing the learning



Recommendation:

- Future assurance reports and presentations to be aligned to individual care groups.

The Board or Committee are asked to:

The Committee are asked to:

- Consider the summary update of improvement.
- Consider the adjustment from PCH to Care Group reporting on future assurance report.

