Report to:	Trust Board
Meeting date:	22nd September 2022
Title of report:	Cultural Transformation Programme
Purpose of paper:	To set out measurable evidence of the cultural challenges in the Trust and seek support and approval from the Board to lead and deliver an ambitious cultural improvement programme
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Link to Trust Strategy	The paper is linked to the Improvement Plan Culture & Engagement Pillar.

Executive Summary

There is a recognised direct association between staff experience and service user outcomes. The more engaged and supported staff feel, the better service user outcomes are. Metrics including those reflecting bullying, harassment and discrimination within the Trust clearly show the need for a culture transformation programme that requires Board level ownership and commitment to lead the scale and ambition required. Ongoing and historical issues are contributing to an unhealthy culture in the Trust. These include:

- Pockets of discriminatory and marginalising behaviour across the organisation
- Track record of sustained poor staff satisfaction
- Bullying and harassment takes place across the organisation
- Staff have low confidence in the Trust leadership addressing their concerns.

The purpose of this paper is to name, own, and take responsibility for our cultural issues. This paper sets out what needs to change, and why, about our culture and how we propose to respond. We are not starting from scratch; the Care Quality Commission reported in April that they observed 'green shoots' of improvement. The conversation about culture has begun within the organisation with significant recognition and appreciation that our challenges are being verbalised. An ambitious programme to bring about long-lasting cultural change is required, and this needs sustained strategic leadership and visibility.

To ensure we successfully respond to the culture issues we have diagnosed in our organisation, we will work with stakeholders and national experts to find sustainable solutions. We will develop a long-term culture strategy with equality, diversity, and inclusion (EDI) at the heart of it. In embarking on this journey, our immediate priority is to:

1. Deliver a 'Big Conversation' with our staff that will be facilitated by Clever Together, an independent and specialist large scale engagement provider. They have a successful track record and have helped NHS England and over 50 NHS Trusts to improve culture by helping them to put people's voices at the forefront of change and helping leaders to listen and act on what they hear.
2. Commission an external and independent Freedom to Speak Up (FTSU) service, to complement and work hand-in-hand with our FTSU Guardian, to improve and enhance access to a service that supports staff to speak up whilst feeling safe and confident.
3. Prioritise culture improvement interventions with increased investment in addressing discriminatory and marginalising behaviour in the Trust and improving cultural competence.

1. Introduction

Eighteen months ago, we set out a culture plan to "change the way we think, work and behave; from an environment characterised in part by bullying, disempowerment, and lack of respect, to one which is compassionate, with team working at the heart of it.". Since that time, we have seen pockets of progress in our culture. However, this has not been at the rate or scale we need and want, nor at the rate or scale that our staff and service users deserve.

As the Trust's leadership, we firmly believe a healthy culture where values and behaviours are consistently lived is critical for the care and safety of both our staff and service users. The King's Fund, a national health 'think tank', are clear that healthy cultures in NHS organisations are crucial to ensure high quality patient care and an inclusive work environment. The impact of a poor culture affects many areas including recruitment, retention, absence and service delivery. Without commitment to addressing and improving the culture within an organisation, it is not possible to make positive and sustainable improvements in these areas.

It is therefore imperative that here at NSFT we are able to name, own, and be accountable for addressing our ongoing and deep-rooted cultural issues.

2. Key Context

2.1 Discriminatory and marginalising behaviours.

As evidenced by tables 1 to 4 below, disappointingly, there are deep pockets of discriminatory and marginalising behaviour widespread across the Trust. This includes racism, sexism, and homophobia among others. We do not yet have robust data on all types of exclusion and discriminating behaviour, but we are clear our stance needs to challenge all forms of non-inclusive behaviour. We are determined to name this and own it. The harm it causes our staff and services is unacceptable.

Table 1 – Demographic analysis of disciplinary cases. Source: ER Case Tracker 2022. BME staff are disproportionately put through and impacted by the disciplinary process.

	Demographic Analysis of Disciplinary Case Tracker
	Due to a small number of disciplinary cases relative to the Trust population, it should be noted the following data is based on an unrepresentative sample size
1	BME staff 1.6 times more likely to enter a formal disciplinary procedure in 2021
2	BME staff more likely to be dismissed at conclusion of a Disciplinary Procedure • 43% of BME staff entering Disciplinary Procedure are dismissed • 16% of non-BME staff entering Disciplinary Procedure are dismissed
3	BME staff are more likely to be suspended during Disciplinary Procedure • 14.3% of staff entering Disciplinary Procedure are suspended • 6.5% of non-BMB staff entering Disciplinary Procedure are suspended
4	BME staff more likely to be subject to workplace restrictions during Disciplinary Procedure • 71.4% of BME staff entering Disciplinary Procedure are restricted • 58.1% of non-BME staff entering Disciplinary Procedure are restricted

Table 2 – Percentage of staff reporting personal experience of discrimination from a manager, team leader or colleagues. Source: 2021 WRES data.

Percentage of staff who personally experienced discrimination from a manager, team leader or other colleagues in the last 12 months
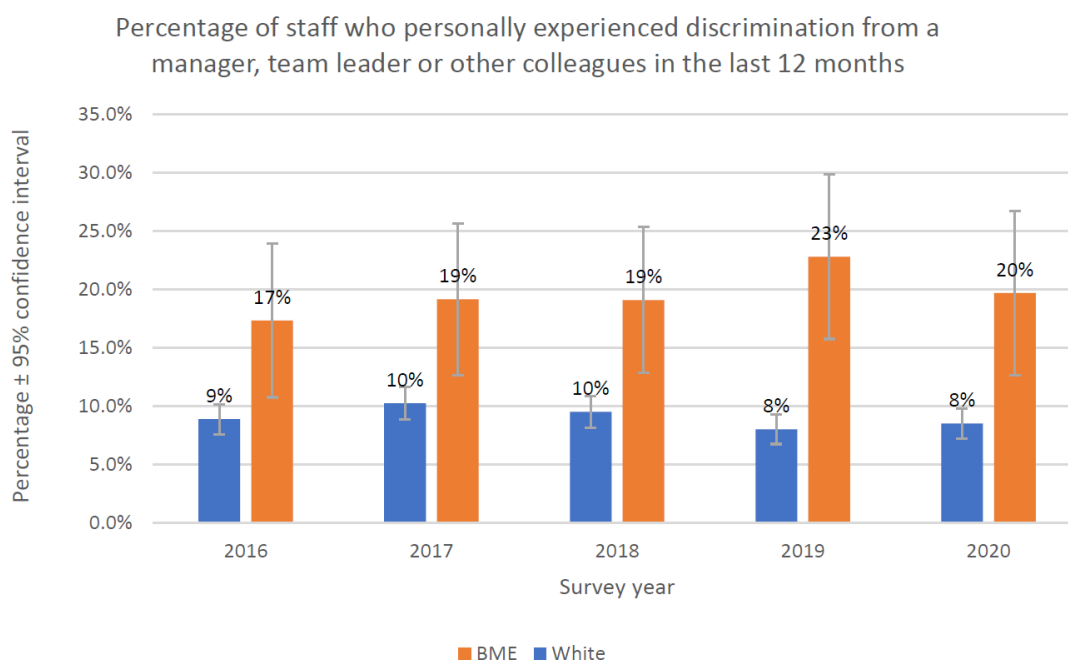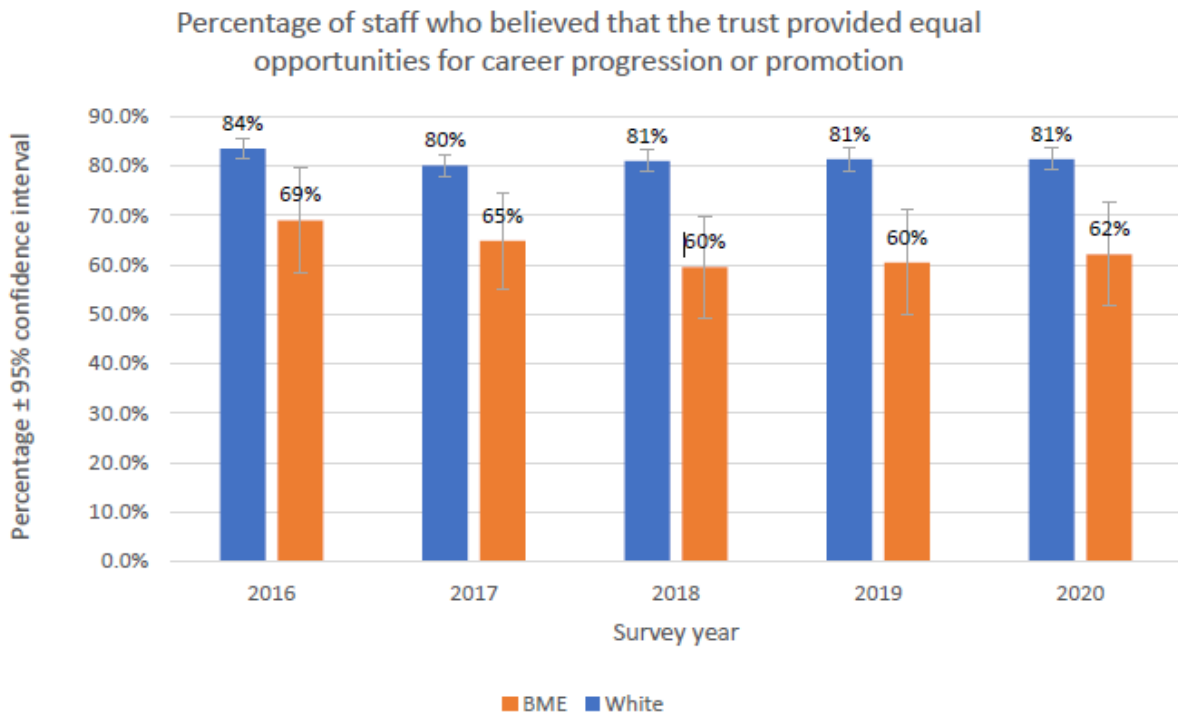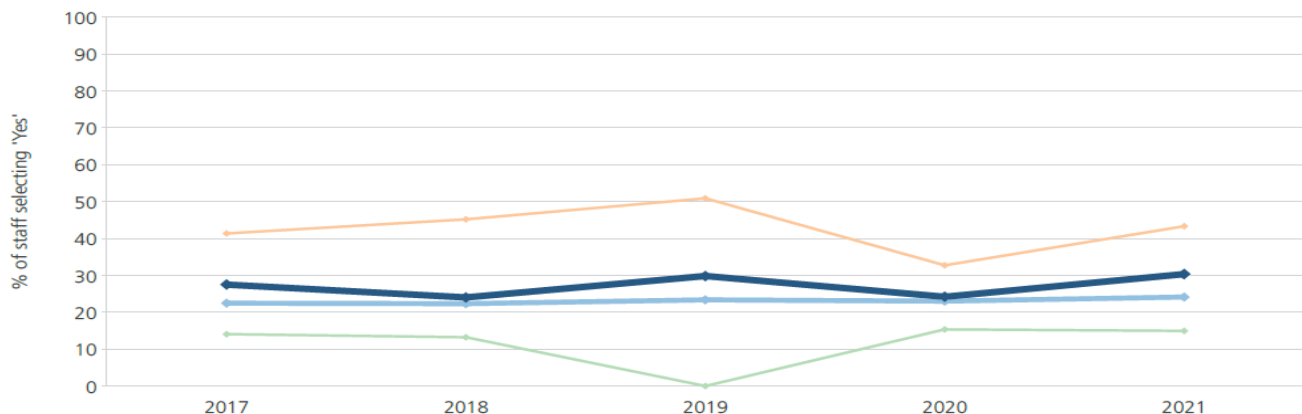
Table 3 – Percentage of staff who believe there is equal opportunity for career progression or promotion. Source: 2021 WRES data.

Percentage of staff who believed that the trust provided equal opportunities for career progression or promotion

Table 4 – Percentage of staff experiencing gender-based discrimination. Source: 2021 Staff survey data.

Survey Coordination Centre

2021 NHS Staff Survey Results > Questions not linked to the People Promise elements or themes > **Q16c.2 >** On what grounds have you experienced discrimination? - Gender

NHS

	2017	2018	2019	2020	2021
Worst	41.4%	45.2%	50.9%	32.7%	43.3%
Your org	27.5%	24.0%	29.8%	24.2%	30.3%
Average	22.5%	22.3%	23.4%	23.0%	24.1%
Best	14.1%	13.2%	0.0%	15.4%	14.9%
Responses	353	303	303	285	325

89

2.2 Bullying and harassment

The data available shows that bullying and harassment is taking place within the Trust and this includes instances of a lack of respect and unhealthy behaviours from colleagues, managers and service users. Although not everyone exhibits these behaviours, and there is evidence of a downward trend, the scale of the problem suggests that it is still widely tolerated. This is evidenced in tables 5 and 6 below.

Table 5 – 2021 Staff Survey results demonstrating scale of bullying and harassment. Source: 2021 Staff survey data.

Survey Coordination Centre

2021 NHS Staff Survey Results > People Promise and theme results > Detailed information > **We are safe and healthy** – Negative experiences

NHS

Q14a
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?

	2017	2018	2019	2020	2021
Worst	37.9%	40.3%	44.1%	40.6%	37.2%
Your org	33.9%	33.5%	34.7%	32.3%	31.8%
Average	28.7%	28.3%	28.8%	26.7%	27.2%
Best	21.9%	23.5%	21.1%	20.0%	15.4%
Responses	2,018	1,999	1,977	1,884	2,211

Q14b
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?

	2017	2018	2019	2020	2021
Worst	21.8%	17.6%	16.1%	17.3%	14.6%
Your org	15.9%	15.9%	14.7%	14.9%	11.7%
Average	10.7%	11.6%	11.1%	10.5%	8.9%
Best	6.4%	6.8%	7.2%	5.9%	5.8%
Responses	1,997	1,965	1,974	1,880	2,191

Q14c
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?

	2017	2018	2019	2020	2021
Worst	22.9%	24.7%	25.2%	22.5%	20.1%
Your org	20.0%	20.9%	21.7%	19.9%	16.6%
Average	15.1%	16.2%	16.1%	15.5%	14.6%
Best	9.8%	10.4%	11.1%	9.6%	10.3%
Responses	1,993	1,959	1,975	1,879	2,184

Table 6 – BME and white staff that report harassment, bullying or abuse from service users, relatives or the public. Source: 2021 WRES data.

Percentage of staff who experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months
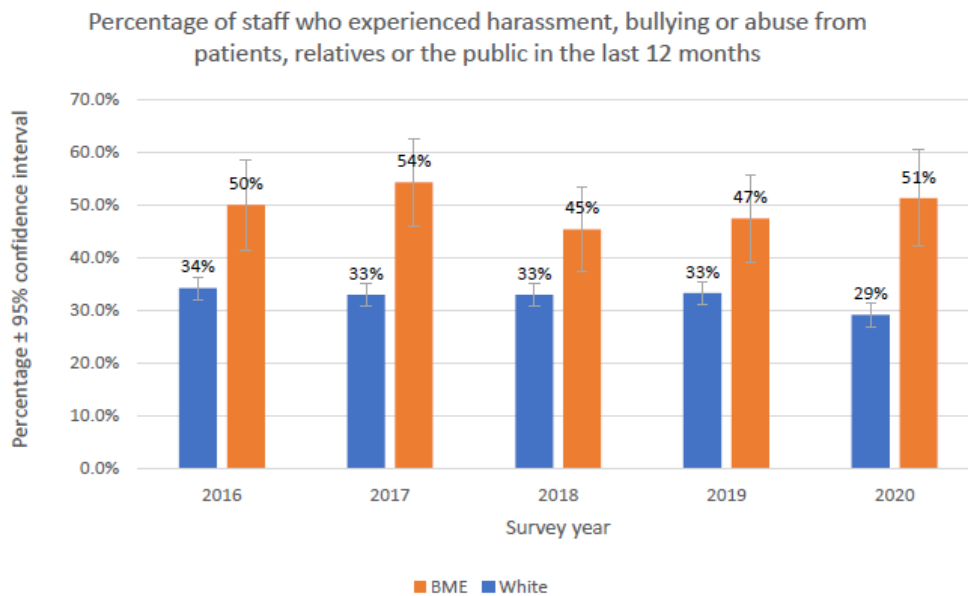
2.3 Lack of trust or confidence in the Trust

It is vital that our workforce have confidence in the organisation, particularly in relation to the Trust leadership addressing their concerns. Table 7 clearly shows that staff do not have that confidence in the Trust. It is recognised that where this is not sufficiently experienced, this leads to staff reporting that they would not recommend the Trust as a place to work. This is evidenced in table 8 below where we score significantly lower than average. We clearly need a radically different approach to rebuild trust.

Table 7 – Level of confidence that the Trust will address staff concerns. Source: 2021 Staff survey data.

Q17b
I am confident that my organisation would address my concern

	2017	2018	2019	2020	2021
Best	69.4%	74.9%	75.4%	76.5%	79.4%
Your org	43.9%	46.7%	49.1%	52.1%	50.5%
Average	59.4%	59.2%	60.4%	63.1%	64.2%
Worst	41.6%	46.2%	46.1%	46.8%	48.0%
Responses	2,039	1,991	1,978	1,948	2,270
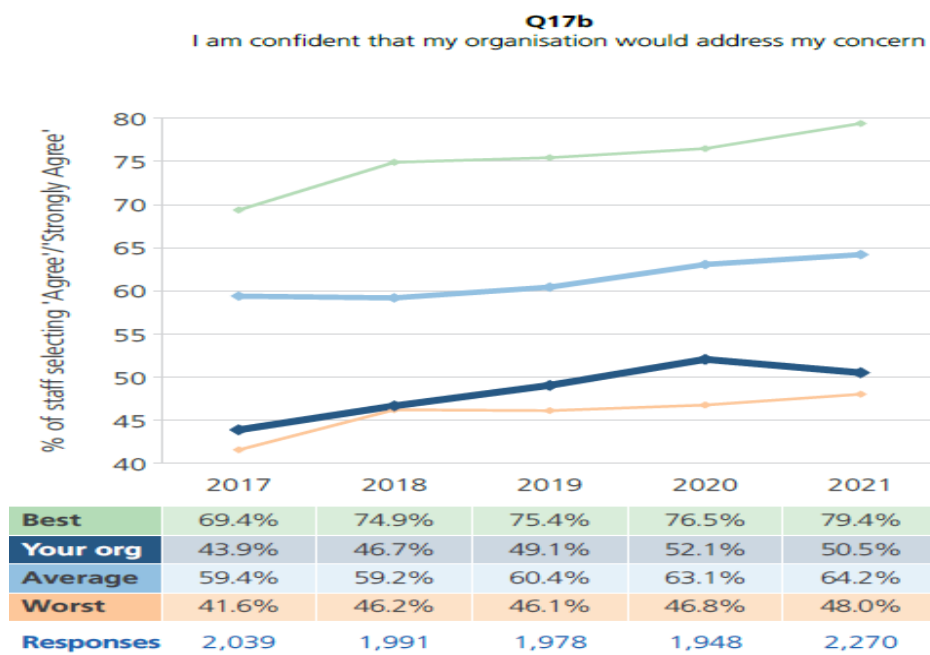
Table 8 – Proportion of staff that would recommend NSFT as a place to work. Source: 2021 Staff survey data.

Q21c
I would recommend my organisation as a place to work

	2017	2018	2019	2020	2021
Best	72.1%	72.4%	75.6%	77.7%	73.5%
Your org	40.1%	44.1%	46.1%	51.2%	49.1%
Average	57.2%	59.4%	61.8%	67.7%	63.2%
Worst	40.1%	44.1%	43.0%	49.2%	43.4%
Responses	2,016	1,977	1,969	1,940	2,251

2.4 High level of staff dissatisfaction and poor team working experience

There is a track record of sustained poor staff satisfaction which indicates poor staff experience and cultural issues. The Trust experiences a plethora of siloed micro-cultures, which create division and poor cross-team collaboration and is reported in Table 9. This encourages negative and damaging behaviours where relational and other bias create unfair disadvantage. The impact of this and all aspects of discrimination and exclusion will contribute to poor staff retention.

Table 9 – Staff that report effective team working to achieve objectives. Source: 2021 Staff survey data.

Q8a
Teams within this organisation work well together to achieve their objectives
No trend data are shown as this is a new question

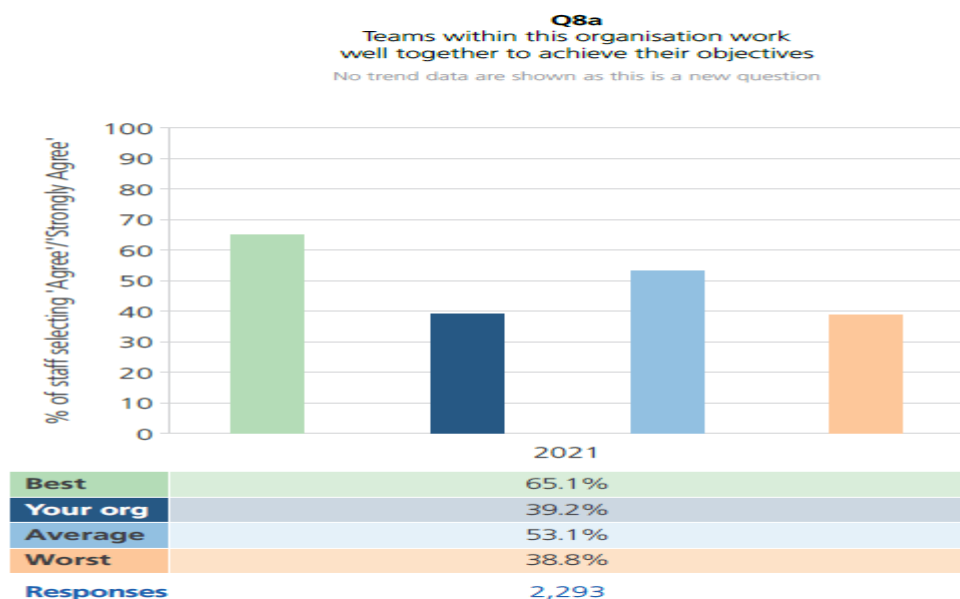|	
Best	65.1%
Your org	39.2%
Average	53.1%
Worst	38.8%
Responses	2,293

Table 10 – Retention rate of staff that leave within two years of joining NSFT is high and in excess of 40%. Source: People Committee Paper May 2022.

Skilled workforce KPI	Target	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22
All staff turnover %	15.2%	15.8%	16.6%	17.1%	16.2%	16.0%	16.0%	16.1%
Voluntary turnover % (all staff)	12.2%	12.8%	13.6%	14.2%	14.5%	14.4%	14.5%	14.7%
Voluntary turnover % (medical staff)	12.2%	9.5%	9.8%	9.8%	11.3%	12.1%	11.7%	11.5%
Voluntary turnover % (Registered Nurses)	12.2%	13.5%	14.2%	14.0%	13.8%0	13.9%	13.6%	13.7%
% Voluntary leavers not completing 2 years service	30.0%	42.7%	42.1%	41.1%	42.1%	40.8%	41.4%	41.8%

3. Looking Forward

The evidence cited above demonstrates the requirement for improvement. The culture programme in place has shown green shoots of improvement which now need to progress at pace with significant visibility and priority within the organisation. In order to get to the heart of our cultural issues, this will require real ownership and cannot be solved through quick fixes or a short-term action plan. We have developed new approaches to engaging and supporting our workforce and we will work with them, and also with stakeholders and national experts to find sustainable solutions.

The available quantitative and qualitative information about our culture demonstrates that our current culture's impact on our people, our service users and our organisation is damaging. Our ability to recruit, retain, support, and develop people is compromised by this and this must be our priority to change. As a Board, we must recognise, acknowledge and own this problem; Board accountability is critical to address these long-standing issues.

We will actively call out and stand up to discriminatory and marginalising behaviour; supporting staff, service users and carers to feel safe and accepted. We owe it to all those who work in and use our services to improve their experience of NSFT.

4. Immediate Next Steps

To embark on this journey, our approach is to prioritise the following core activities as they will enable us to lay a solid foundation for cultural transformation and provide co-produced and organising principles for our long-term culture strategy.

a) As the leadership team within our organisation **we will commit to call out poor behaviour** and reinforce a determination to visibly live by and demonstrate the trust's values in all that we do

b) **To deliver a 'Big Conversation' with our staff to be facilitated by Clever Together**, an independent and specialist large scale engagement provider. They have a successful track record and have helped NHS England and over 50 NHS Trusts to improve culture by helping them put people's voices at the forefront of change and helping leaders to listen and act on what they hear.

Clever Together is a recommended specialist large-scale engagement provider and are recommended by NHS England having had a successful impact in other challenged Trusts. They use a digital platform and other social media technology to engage large workforce groups, facilitate big conversations, generating insightful analytics by enabling community interaction, and ultimately helping organisations to re-energise engagement and steps towards a more positive culture through the collective voice of the workforce. The digital platform and the supporting resources will help boost our approach to engage and involve our workforce in our cultural transformation work.
This Big Conversation will begin in earnest on Monday 26th September.

c) **We will launch an independent externally provided Freedom to Speak Up Service (FTSU).**

Having considered the option of increasing our current FTSU capacity but recognising the high level of staff disengagement, concerns about safety, and the need to strengthen the speak up culture in the Trust, we are outsourcing our FTSU service to the Guardian Service. They are an independent provider with a proven track record of successfully supporting NHS Trusts through improving access and increasing overall use of a FTSU service.

The service is focused on the individual, helping them to articulate their concern and decide what action they wish to take. It provides information and emotional support in a confidential manner and operates 24/7/365. Implementation of the new service has already begun with a provisional 'go live' date set for the end of November 2022.

d) **We will prioritise cultural improvement interventions, with increased investment in addressing discriminatory and marginalising behaviour** including bullying and harassment in the Trust and improving cultural competence.

Our overarching EDI goal remains: to tackle inequality; to create a culture that values diversity and inclusion; and to foster a culturally competent workforce that reflects and is sensitive to the needs of the communities we serve.

5. Longer term actions

We will develop a detailed action plan following initial feedback from the Big Conversation and building on the staff survey results and other measures of progress and bring a progress report back to the Board on a regular basis.

6. Recommendation

It is recommended that the Board recognises improving our organisation's culture as a top priority and to support putting significant commitment, focus and resource into our culture improvement programme.

i. The Board is asked to explicitly and transparently name, own and take responsibility for our cultural issues; honouring our commitment to transparency, openness and building trust.
ii. The Board and leadership team is asked to undertake development programmes in equality, diversity and culture; sourcing external expertise where needed to help us drive ambitious improvement.
iii. Support the development of a Trust culture transformation strategy that encompasses EDI, addressing bullying & harassment, employee network development and Trust values.
iv. The People and Remuneration Committee will lead on Board oversight and assurance of the programme. This will include agreeing realistic and time appropriate measurable outcomes of culture improvement.