

## **Organisational Development and Culture Strategy**

### **1 Background**

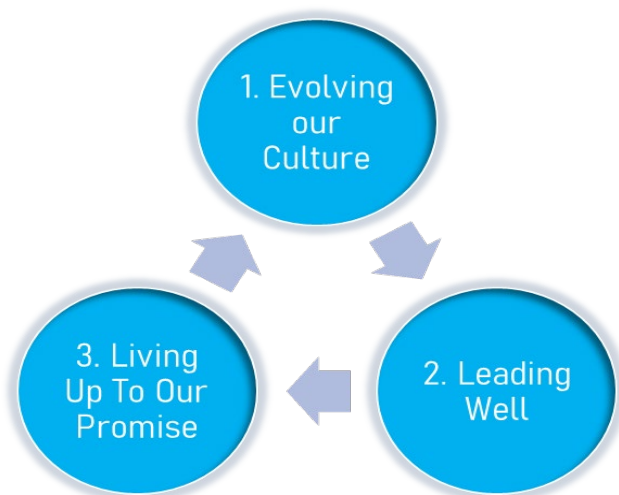
This strategy is an *organisational* strategy, with collective responsibility led by those in senior leadership positions. It is not the preserve or sole responsibility of the Organisational Development or People team.

The strategy is scoped primarily for the needs of Barnsley, given organisational culture and leadership is rooted in a local context. However, it is worth noting that it draws on national models and frameworks where they are deemed fit for purpose and that Organisational Development work also contributes to wider networks relating to Barnsley Place; the Integrated Care Board and Acute Federation.

Note, the strategy deliberately seeks to use 'People' and 'Colleague' more than words like 'Staff' or 'Workforce' in line with cultural aspirations as they are more person-centred, collective and less hierarchical.

### **2 High Level Strategy**

There are 3 main elements to the Organisational Development (OD) and Culture Strategy at Barnsley:-

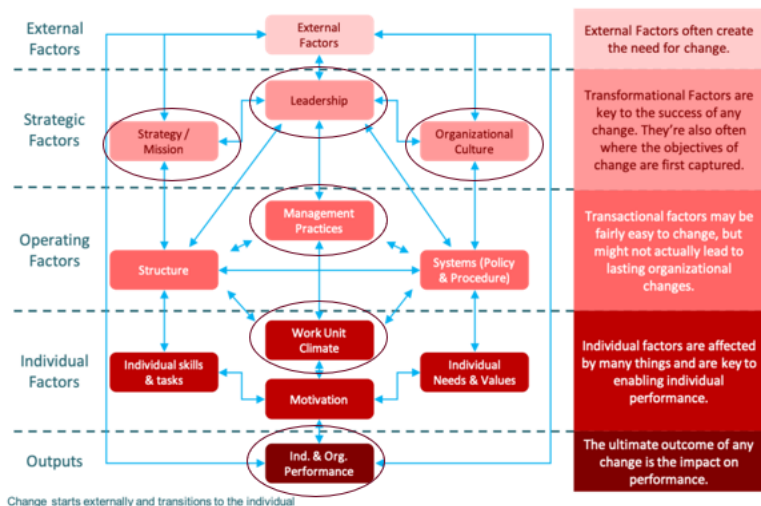


The first element describes activities and objectives to help evolve our culture in a way which aligns to our Vision and Values and supports the delivery of our strategic objectives. The aim is to foster an open, collaborative and empowered culture which releases the abilities, potential and ideas of our talented people in order to provide the best patient care. By doing so, we will become the best place to work and a place where our people feel they belong and wish to stay. Activities such as discovery work to understand our culture; embedding our Values and further developing hybrid working are included here.

The second element consists of developing our leadership population. Programmes such as the Triumverate Development Programme; Board Development and My Leadership Journey are referenced here.

The third element relates to targeting specific aspects of the NHS People Promise, namely 'We each have a voice that counts' and 'We are always learning'. It relates to Engagement and an opportunity to increase colleague involvement. Whilst all elements require focus, these two have been picked out specifically as opportunities highlighted in the Staff Survey.

When considering why these areas are the focus for this strategy, there are reasons relating to best practice and evidence from research, as well as local data gathered from the annual Staff Survey. For example, from an Organisational Development best practice perspective, aspects around Leadership and Culture are seen as ‘transformational factors’ that are key to success, as suggested by the Burke-Litwin (1992)<sup>1</sup> model:-



Furthermore, recent research relating to what colleagues in the health sector want from their working experience highlights the importance of culture, leadership, empowerment and influence amongst others (West and Coia, 2019)<sup>2</sup>:-



There now follows an overview of each element of the strategy, together with identified recommendations. Timeframes can be found in Appendix 1.

<sup>1</sup> Burke, W. W., & Litwin, G. H. (1992). *A causal model of organizational performance and change*. Journal of management, 18(3), 523-545.

<sup>2</sup> West, M., & Coia, D. (2019). *Caring for Doctors Caring for Patients*. London: General Medical Council.

### 3 Evolving our Culture

In 2023, some of the ground work to engage Board, Exec and senior leaders and develop a cultural narrative has been started. This has involved:-

- clarifying what our cultural aspirations are
- understanding where we are now in relation to strengths and areas for improvement
- checking our cultural artefacts are 'fit for purpose' e.g. our Values
- identifying new artefacts to adopt e.g. Our Leadership Way and
- exploring why culture is so important for the future of the organisation

Our Executive team sought to define what kind of culture we were looking to develop here in Barnsley:-



Barnsley  
Proud To Care



*We want Barnsley to be a compassionate and inclusive place to work where our people can be themselves; lead and work together as a team; always learning and striving to be the best for our patients.*



The emphasis on developing a Compassionate and Inclusive culture is clear to see in this statement. Research (see Appendix 2) shows compassionate cultures result in physiological benefits (e.g. lower blood pressure, faster healing; longer life); psychological benefits (e.g. alleviating anxiety and depression); lower costs (e.g. faster recovery rates and lower readmission); better quality care (e.g. lower medical error rates); and many colleague benefits (e.g. lower sickness; more resilience; lower stress; better retention). The Executive team have been clear in their desire for a 'bottom-up' approach to developing the culture, co-creating how we work together and everyone taking responsibility for our Values and Behaviours in order to create a great place to work and deliver excellent patient experiences and care.

Other key aspects of our desired culture relate to creating an open environment of psychological safety<sup>3</sup> - a culture of learning and growth rather than one where colleagues are afraid to speak up and contribute their ideas. A feedback culture where colleagues develop self-awareness with regards to the impact they have on colleagues. A culture of where, when things go wrong, we do not rush to blame but seek to learn and improve for the future. A culture where colleagues feel able to bring their whole selves to work and where they feel they belong.

Our first Proud to Care conference took place in September as one of the first deliverables of this emerging strategy. Built around our vision of being Proud to Care for the people of Barnsley and our Values of Respect, Teamwork and Diversity, the Conference brought to life those Values, giving colleagues a voice to share their experiences and co-create what they mean to them. The intention was to create a catalyst and viral change approach to our Values and communications have continued since through Team Brief and through enabling colleagues to share their experiences with a toolkit.

<sup>3</sup> Edmondson, A. C. (2018). *The fearless organization*. John Wiley & Sons.

High level evaluation of the Conference showed an increase in understanding of our Values and enabled the identification of leadership expectations of our people (see Appendix 3), as well as identifying further cultural issues to work on.

Whilst an initial understanding of where we are now has been possible through quantitative and qualitative data gathered from 1-to-1s; Staff Survey data; absence; feedback from leaders and colleagues; Conference; Freedom To Speak Up etc. there is an ongoing need to discover more as it is ever-changing and understanding will always remain incomplete due to the nature of complex systems.

The following recommendations to further evolve our culture are made:-

1. **Discovery** – form a group to identify trends; triangulate data; holistic e.g. Surveys; Listening; Champions; Patient Experience; Interviews; Team Brief Q & A; Focus Groups
2. **Executive Involvement** – building on the steps taken so far to define our desired culture; Execs and senior leaders to go beyond sponsorship and be actively involved, leading our cultural evolution
3. **Evolve ‘Positive Culture’ group** – new Terms of Reference; revise Steering group attendees; Workstreams; representative group of Change Champions; language
4. **Embed Values and Behaviours** in practices, including:
  - **Employee Relations** – ‘restorative just’ policies; processes; language
  - **Leadership** – Embed Our Leadership Way as a model of expectations; develop our leaders in line with it (Curious, Compassionate, Collaborative)
  - **Induction** – Organisational orientation around Values and Behaviours
  - **Annual Refresher Training** – MAST to reinforce Values and Behaviours
  - **Appraisals** – balancing the ‘what’ and the ‘how’ in conversations around performance
  - **Recruitment and Selection** – assessing Values and Behaviours
  - **Team Coaching and Development** – co-creation of Values and Behaviours team charters; feedback skills
5. Develop **Hybrid Working** – understanding synchronous and asynchronous benefits and use of tools such as Culture Canvas<sup>4</sup>; considering role type/individual needs

Team Coaching and development has been a key aspect of Organisational Development work that has grown exponentially in the last 12 months. There is a clear need, often identified through Staff Survey results, to support teams (and leaders) through the development of positive relationships characterised by our Values whilst building employee engagement. In the last 6 months, there have been 36 bespoke sessions designed and delivered with teams including Maternity; Theatres; Elderly; Assistive Technology; Pathology; Pharmacy; Physiotherapy and Endoscopy. This is likely to continue for the short- to medium- term but the long-term sustainable aim would be to develop leadership across the Trust and provide the tools for teams to be able to help themselves.

#### **4 Leading Well**

Setting the ‘tone at the top’ is crucial from a leadership perspective. Furthermore, leadership has a crucial role to play in shaping the culture of the organisation. What leaders pay attention to, talk about and model in their own behaviour tells those in the organisation what it is they should value.

Whilst there are some excellent leadership development opportunities in the NHS, cultural development of an organisation such as Barnsley may be limited because leaders rarely learn

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<sup>4</sup> Razetti, G. (2022) *Remote Not Distant: Design a Company Culture That Will Help You Thrive In A Hybrid Workplace*.

together – to develop culture and develop collective leadership, shared experiences, language and norms need to be established and leadership development programmes are a key tool in achieving this. There are examples of these both in progress and planned as part of this strategy.

A 12 month Board Development Programme has been developed, supported by our external partners, Q5. This is a collaborative effort with the Head of Leadership and Organisational Development, who is ensuring alignment with our cultural and leadership aspirations. The programme will focus on ‘going from good to great’, taking a Board that is value-led and experienced and supporting their development through the identification of individual preferences; the development of a behavioural charter; empathy-mapping and exploring ambition and the role of the Board in achieving it.

In addition, both Barnsley and Rotherham Trusts have made a significant investment in Clinical Business Unit Leadership, with the Triumverate Development Programme. Again, internal Organisational Development from both Barnsley and Rotherham are steering the programme. A comprehensive self-assessment exercise is about to get underway which will shape the programme according to both our needs and our strategic ambition in relation to frameworks such as CQC Well-Led; People Promise; Our Leadership Way and more.

Since March 2023, the Senior Leaders Forum has been evolving to a more experiential, learning, participatory forum. Workshops on Compassionate Leadership, Health Inequalities and partnership working with Rotherham have helped to develop this community in a way that fosters collective leadership. Further sessions are planned for 2024 to build on this, with psychological wellbeing, health and safety and employee engagement likely to feature early in the New Year.

One of the first steps in developing leadership capability has to be in setting clear expectations of our leaders and the Trust has agreed to adopt ‘Our Leadership Way’ (see Appendix 4) as the key framework within the NHS, with expectations of leaders to be Compassionate, Collaborative and Curious.

There is a need for leaders to focus not only on their own leadership ability, development and behaviours, but those of the leaders they lead. Recognising role models and when colleagues are ‘leading well’; challenging poor leadership behaviour; providing feedback and coaching are key in effecting cultural change.

There are some key interventions, programmes and activities we are looking to develop in the coming years:-

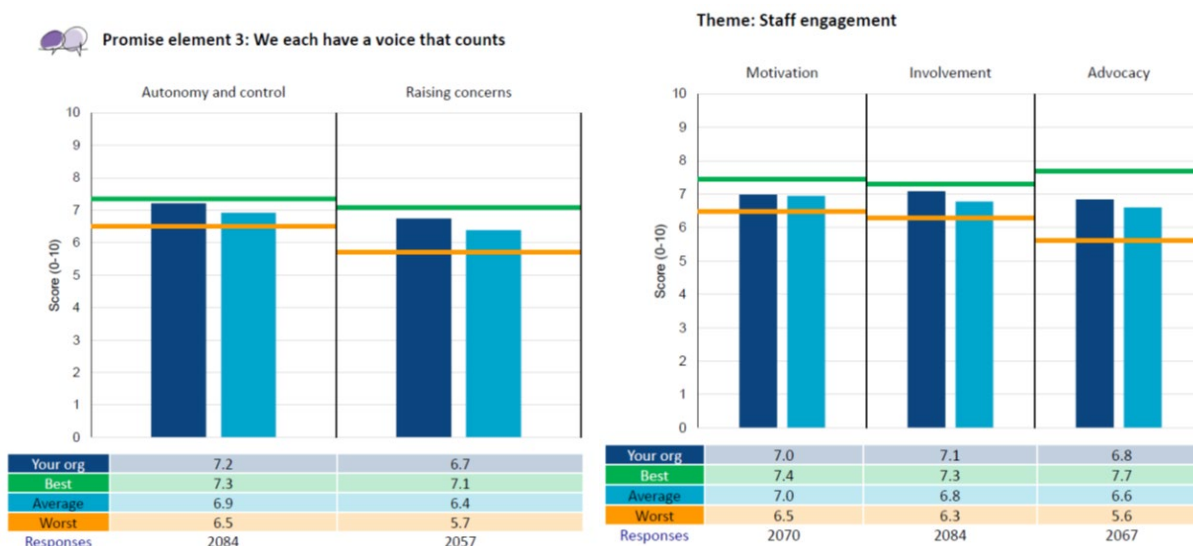
1. **Simplify and promote a Leadership Development Framework** – to be clearer as to both what is expected of leaders and what is available to support their development
2. Develop a **leadership programme** for all established leaders within the Trust - **My Leadership Journey** – designed to develop leaders in relation to Coaching; Our Leadership Way; the People Promise; 6 Ps; diverse teams; hybrid working
3. Introduce a **‘Welcome to Leadership’** induction
4. **First Line Manager** development support, including a review of Passport to Management
5. Evolve the **Clinical Leadership Programme** aligned to leadership and cultural ambition
6. Develop **Systems Leadership** for those required to work with partners in Barnsley Place
7. Further develop **Leadership Coaching** (individual and team) – through greater internal expertise (more coaches and higher skills) as well as promotion of external offer

The intervention here that would make the biggest difference is 2, a cultural leadership development programme across the Trust built around Our Leadership Way, where ‘One Team’ relationships are developed.

## 5 Living Up To Our Promise

### 5.1 We each have a voice that counts

Although Barnsley compares well with most Trusts in relation to creating an empowered and engaged environment, there is still more that needs to be done if Barnsley is to be the best place to work. Some examples relate to creating openness; involving colleagues and instilling pride and advocacy:-



The annual Staff Survey is taken seriously by the CEO and Executive Team and this sets a positive tone regarding its value in the organisation. However, as the saying goes, ‘you don’t get a pig fat by weighing it’. It is not the measurement of engagement that should be the main focus, instead it is the drivers of engagement such as leadership, culture and inclusion. Colleagues can flourish despite the pressures of everyday life in the NHS if they are supported, valued and involved.

Creating an inclusive environment of psychological safety for colleagues where they feel they belong and can contribute to their team; learn through asking questions; share their ideas and offer challenge is a goal of our OD and Culture Strategy. There is great talent and expertise within our colleague population and leveraging that talent requires effective leadership and an environment of openness at all levels, as well as an environment that offers opportunities for people to get involved, whilst recognising the pressures colleagues face in their daily work. In a busy working environment, communication and engagement is key and getting the basics of regular organisational and team communication right is a key challenge. This means dialogue, listening, co-creation and connection across teams, not just a cascading of information (important though that is).

The following recommendations are designed to offer more opportunities for colleague voice at both team and organisational level:-

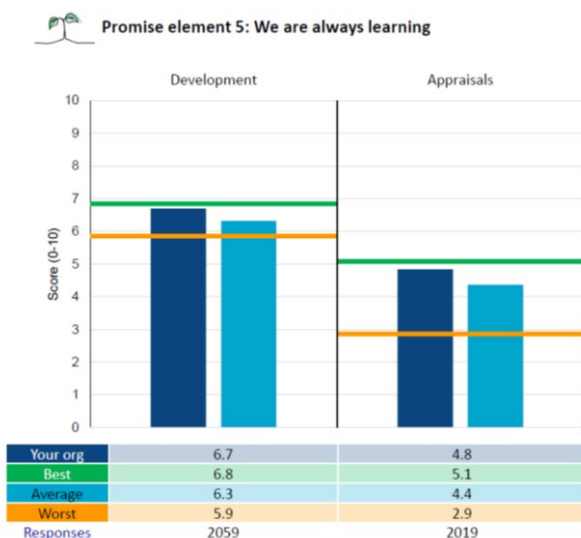
1. Increase opportunities for **dialogue with senior leaders, increasing visibility, aligning with strategic ambition and demonstrating Teamwork** e.g. Big Conversations bi-monthly on 6 ‘Best For...’ strategic priorities
2. Develop **Brilliant Basics** e.g. line manager sharing of Team Brief
3. **Develop ‘reach’ as part of Communications Strategy** e.g. Digital comms boards; other digital options
4. **Improve Staff Survey cycle** including response rates, results-sharing and action-planning

5. Consider investment in **'Always on' listening tool such as TED** to develop listening; local ownership and action-planning in relation to engagement
6. Review and Enhance **Colleague Involvement** - Champions Groups; Listening Sessions; Survey Action-Planning; Large Group Interventions
7. **Introduce** organisation-wide Shared Decision-Making Council to continuously improve colleague experience; raise Executive Team visibility/dialogue and give colleague voice
8. Identify **Employee Value Proposition (EVP)** and promote **Employer Brand**

## 5.2 We are always learning

There is an opportunity to move towards a more ongoing, less process-driven experience of people management. The desire would be to develop towards an environment where coaching and development conversations held by skilled leaders are habitual 365 days a year and where colleagues take ownership for their own development and seek to continually learn and develop, thereby enhancing their performance be it related to patient care or otherwise.

At present, whilst there are some healthy learning habits in relation to the care provided by the Hospital, these are not always replicated for our people. Time spent reflecting and learning within teams is too often compromised. Effective 1-to-1s are inconsistent as is our people managers' ability to coach and hold wellbeing conversations. Compassionate leadership has been introduced within the Trust and many of our leaders demonstrate it well though it is far from universal.



We need to promote and develop the key principles, behaviours and practices of a Learning Culture into how we work:-

- Implement the recommendations of the Psychological Health and Safety review and develop an environment of psychological safety of our people
- Identify ways to encourage behaviours such as idea generation, experimentation, openness, challenge, reflection, continuous improvement (QI)
- Develop a culture of feedback, where it is valued; sought and given constantly
- Continual professional development owned by the individual, supported by Leader as Coach
- Develop Team Learning and Reflection – according to West (2023)<sup>5</sup> teams are 35-40% more productive if they regularly review and reflect on what they are doing through Time Outs
- Develop habits such as Meeting Health Checks and other after-action-reviews
- Adopt a restorative 'no blame' approach to incidents when things don't go to plan

<sup>5</sup> West (2023) – Presentation to Barnsley Clinical Leaders by Michael West on 20.10.23

- Develop improved access to learning – colleague ease; accessibility

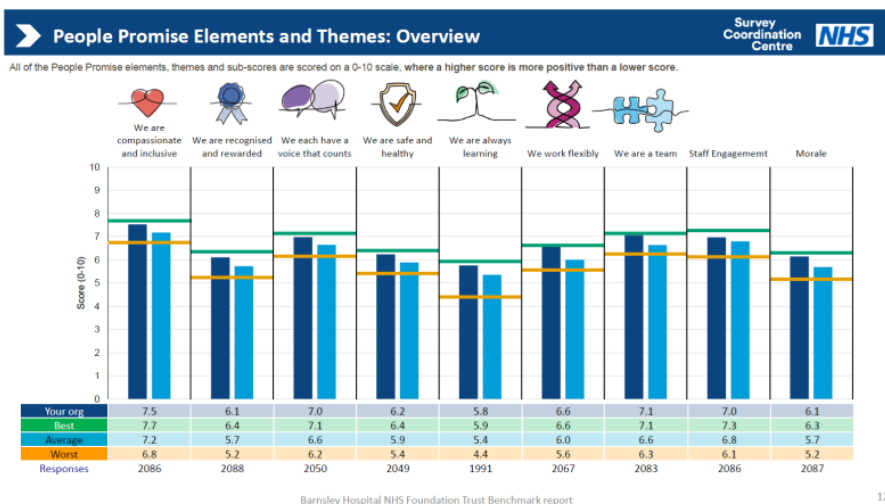
On top of these behavioural changes, there are a number of opportunities to develop a more robust Talent Management strategy over the medium- to long- term. Attracting and retaining Talent is a key issue in the NHS and it is no different in Barnsley. Being an employer of choice goes a long way to achieving this aim. However, the Trust has minimal infrastructure (systems, people) and investment in a structured approach to Talent Management at present. With this in mind, the Trust will work with national frameworks such as Scope for Growth and tap into regional work, too. Depending on how much is driven regionally, the organisation may need to consider its appetite and ambition in this area and invest accordingly in the coming years.

The following recommendations are dependent on the ambition, approach (e.g. regional) and resources available in this area and will be modified accordingly:-

1. **Pilot Scope For Growth** national career conversations model, initially targeting under-represented groups to support their career development and progression, potentially complemented by sponsorship and coaching/mentoring
2. Evolve our organisation’s approach to **Appraisal**, moving to an ongoing continual process of development to grow and retain our people and improve performance
3. Invest in a new Talent Development **system** to help manage development, careers, appraisal, talent management, mandatory training across the organisation
4. Identify additional specialist resource to develop and embed **Talent Strategy**
5. Define what is meant by ‘**Talent**’ for Barnsley e.g. 3 A’s model of Achievement, Aspiration and Ability
6. Introduce **People Sessions** to support the identification, visibility and development of organisational Talent
7. Identify **key person dependencies** and develop plans to transfer knowledge and mitigate risk
8. Identify **key roles, recruitment strategies and succession plans** at senior level, enabling plans for external/internal hires with the identification of successors in the short-, medium- and long- term; providing individualised assessment and development
9. Assess and develop **Talent Pools** e.g. senior leader potential; key role potential - to benchmark capability and identify Development Plans

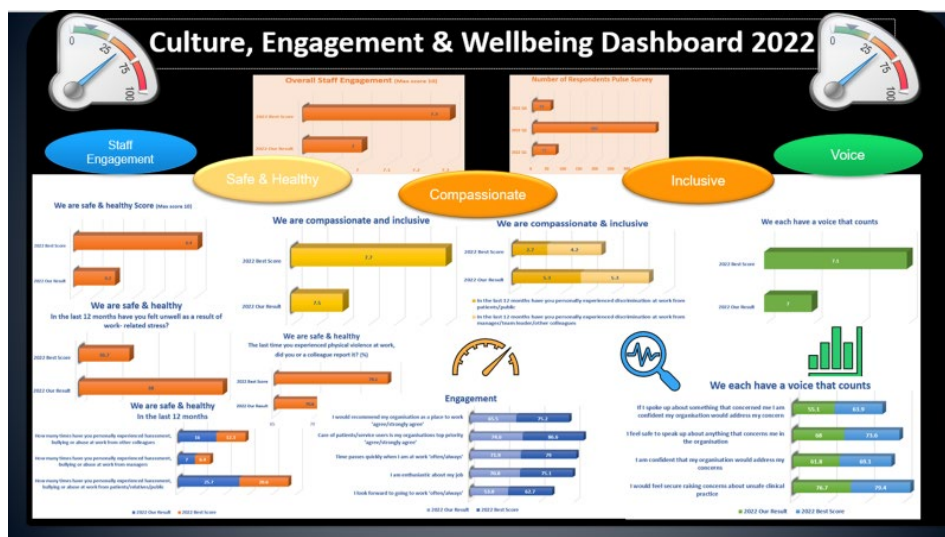
## 6. Success Indicators

This strategy is a long-term direction of travel and its impact will take time. Ultimately the aim is to make Barnsley the best place to work and this can be measured by the attainment of ‘best in class’ Staff Survey results, as illustrated by the green lines in the graphic below:-





We will also track progress through the Culture, Engagement and Wellbeing Dashboard:-



There are also people success indicators such as retention (a key priority for the NHS) and ultimately being the best place to work will deliver organisational performance targets and high-quality care. However, success in relation to these aims is also dependant on many contextual factors such as organisational change, leadership and the external context. Elements of this strategy will require their own specific evaluation, as was applied to the Proud to Care Conference.

## 7. Conclusion

This paper has sought to articulate an ever-evolving Organisational Development and Culture Strategy that aligns to Barnsley’s strategic ambition. The strategy is built on evolving our culture; leading well and living up to our People Promise.

Whilst Barnsley benchmarks well in relation to employee engagement, there is an opportunity to further develop culture and leadership as well as colleague voice within the Trust. These form the 3 elements of the strategy. The current situation in relation to these areas has been described followed by a number of recommendations. Some of these will require their own business case e.g. a new system whereas others can be achieved with existing resources as business as usual.

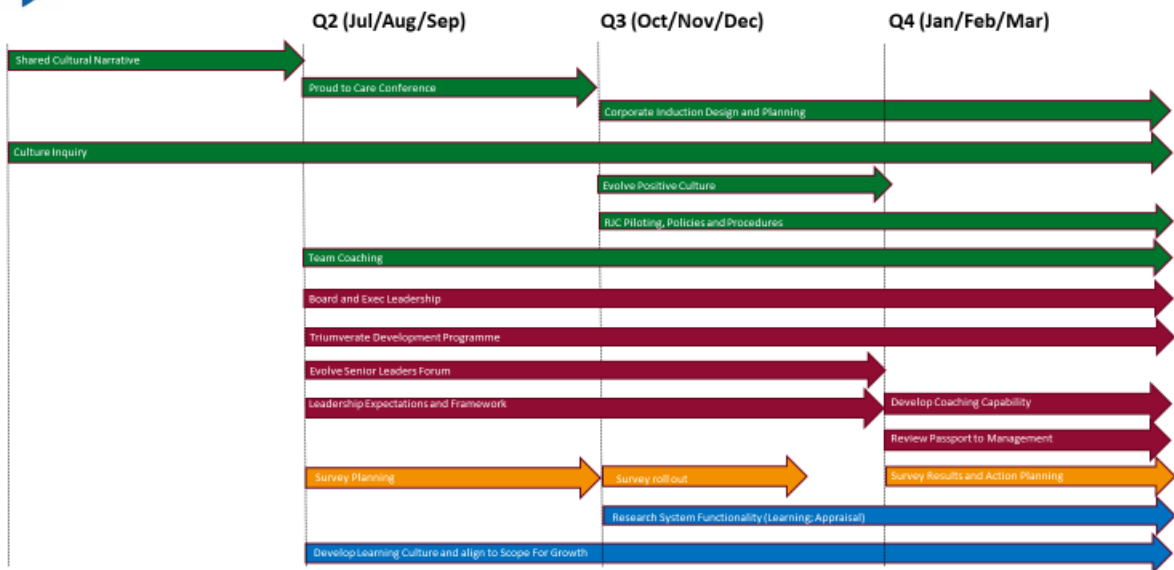
The ultimate aim of this strategy is to make Barnsley a place where colleagues are proud to work and proud to care; a place where they can realise their potential and feel fulfilled, knowing they are contributing to a clear purpose of caring for the people of Barnsley.

# APPENDIX 1 – TIMEFRAMES



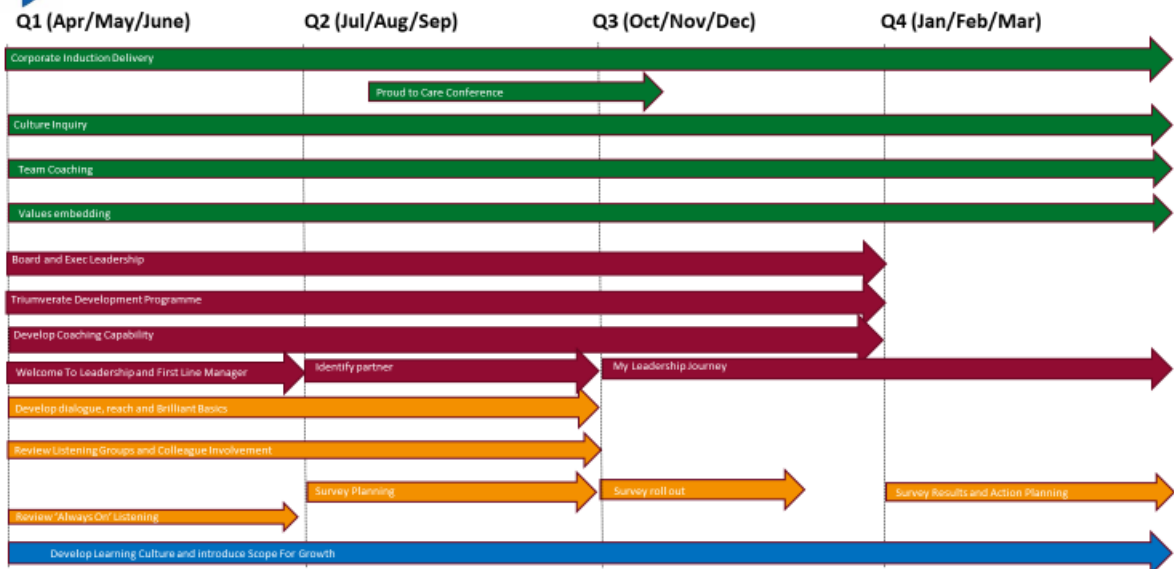
## PLAN ON A PAGE – 2023-4

- █ Evolving Our Culture
- █ Leading Well
- █ Voice/Engagement
- █ Learning and Talent



## PLAN ON A PAGE – 2024-5

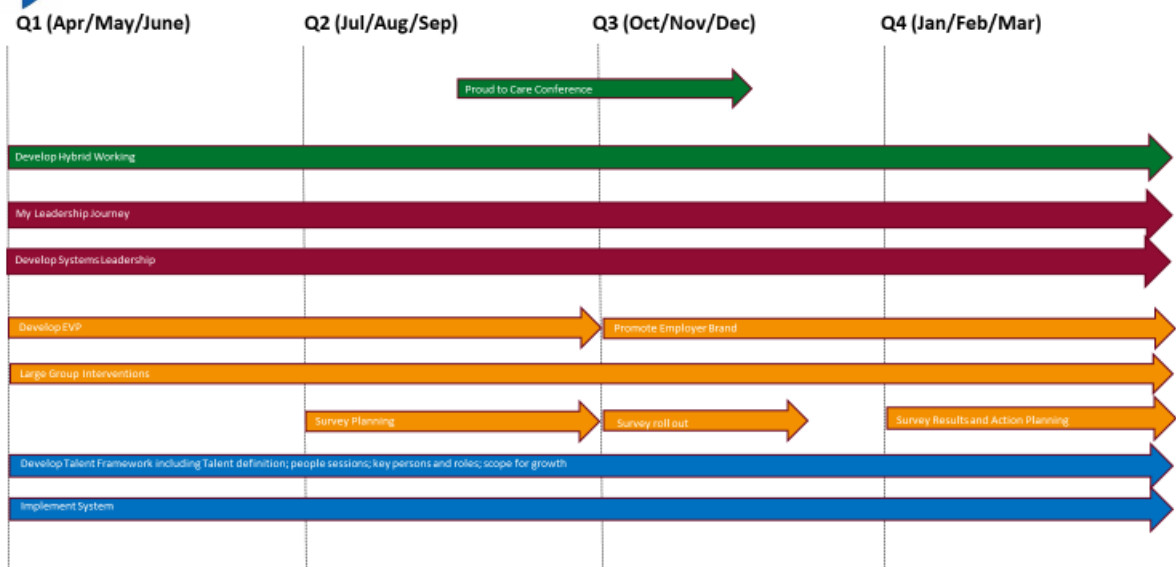
- █ Evolving Our Culture
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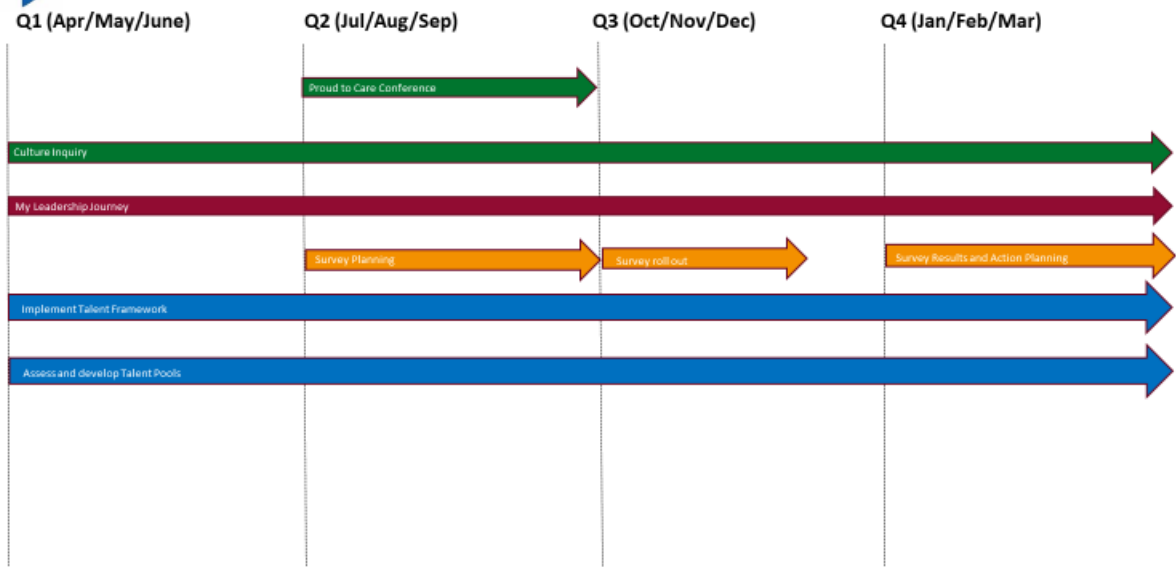
# PLAN ON A PAGE – 2025-6

- █ Evolving Our Culture
- █ Leading Well
- █ Voice/Engagement
- █ Learning and Talent



# PLAN ON A PAGE – 2026-7

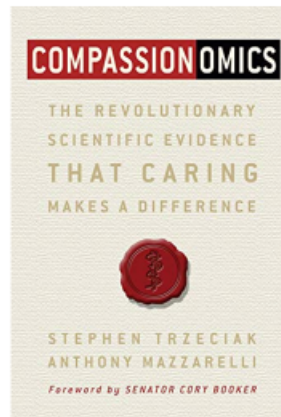
- █ Evolving Our Culture
- █ Leading Well
- █ Voice/Engagement
- █ Learning and Talent



## APPENDIX 2 – RESEARCH ON COMPASSIONATE CULTURES

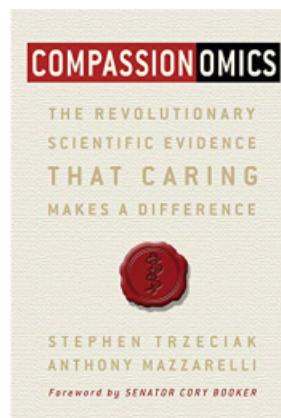
### Compassion in Health and Social Care

- More compassion does not take time
- Clinician compassion – lower depression, anxiety, distress
- Cost savings - difference of 5.6% between high and low patient satisfaction hospitals
- 13 residential care homes. Beneficial outcomes for patients and staff.
- US GPs: 51% lower medical bill; Canadian GPs: 51% fewer referrals to a specialist; 40% less diagnostic testing.
- Canada RCT of homeless people at A&E; compassion group 33% less likely to return to A&E
- Greater than effects of aspirin in heart attacks and of statins in 5-year risk of cardiovascular event



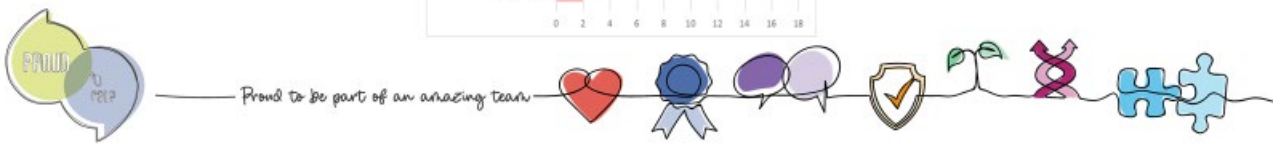
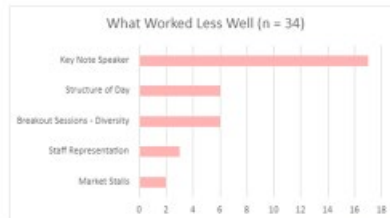
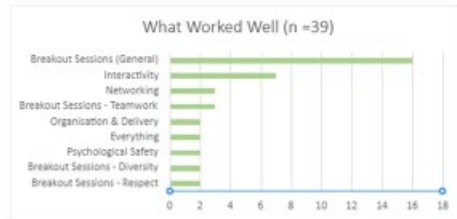
### Compassion in Health and Care

- Compassion from anaesthetists vs sedatives – patients calm but not drowsy. 50% lower requirement for opiates post surgery and shorter stay.
- Patients randomly assigned to compassionate palliative care survived 30% longer
- Diabetes – optimal blood sugar control 80% higher; 41% lower odds of complications
- HIV patients 33% higher adherence to therapy and 20% lower odds detectable virus;
- 21 RCTs large improvements in service-user depression, anxiety, distress and wellbeing

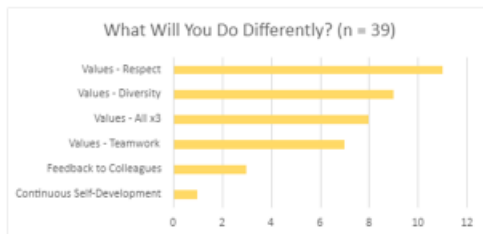


# APPENDIX 3 – PROUD TO CARE CONFERENCE EVALUATION


## Pre- and Post- Survey Data



## Actions and Expectations



## APPENDIX 4 – OUR LEADERSHIP WAY



**Heart**  
**We are Compassionate**  
We are inclusive, promote equality and diversity and challenge discrimination.  
We are kind and treat people with compassion, courtesy and respect.

**Head**  
**We are Curious**  
We aim for the highest standards and seek to continually improve harnessing our ingenuity.  
We can be trusted to do what we promise.

**Hands**  
**We are Collaborative**  
We collaborate, forming effective partnerships to achieve our common goals.  
We celebrate success and support our people to be the best they can be.

Our Leadership Way