



Culture and Leadership Network for Ambulance Services

Culture Conference 2020

HORIZONS

The purpose of this report

What we are trying to achieve:

- Collecting inputs and outputs from the day
- Making a record of what happened on the day and the energy in the room
- Documenting the wealth of information and experience that the attendees bring
- Providing the presenters slides with some attached comment.

We are not trying to do:

- Making verbatim notes
- Analysing or prioritising ideas
- Developing a decision document or a fully agreed action plan

**Report compiled by Ian Baines and Kathryn Perera
NHS Horizons**

Kathryn welcomed all to the day.....



“Unless we are all present then no-one is present”.

Time	Our agenda for the day
10.00 – 10.15	Welcome and introduction to the day Kathryn Perera and Claus Madsen
10.15-10.45	North East Ambulance Service NHS Foundation Trust Gemma Knight and Helen Ray
10.45-11.35	Mersey Care NHS Foundation Trust Amanda Oates
11.35-11.50	Refreshments
11.50-12.30	Hull University Teaching Hospitals, NHS Trust Simon Nearney and Miles Howell
12.30-12.45	Planning our ‘Unconference’
12.45-14.00	Lunch provided Networking and discussion around poster/roll-up displays: Ambulance Trusts showcasing work that we are proud of around Culture
14.00-15.10	Unconference An ‘open space’ event in which participants design the agenda (based on the morning’s discussions) and convene conversations on a range of themes
15.10-15.45	Moving to action Facilitated activities to agree next steps and commitments to act
15.45-16.00	Closing and thanks A “snowstorm” of feedback to close our event
16.00	Close



ASSOCIATION OF
AMBULANCE
CHIEF EXECUTIVES

AMBULANCE CULTURE CONFERENCE

CALNAS
Culture And Leadership Network
for Ambulance Services

17 January 2020

Claus Madsen, AD of Education and OD, Yorkshire
Ambulance Service / Chair of CALNAS



ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES



“Through the AACE Human Resource Directors group – We were asked to work through at a national level where we could make a difference to our culture.. Locally we are all doing exciting stuff and want to improve the staff survey results. Lets inspire each other and take the opportunity to drive our work at a national level”.



“Culture eats strategy for breakfast”

-- Peter Drucker

Concept for today



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- **Inspirational presentations**

- NEAS
- Mersey Care NHS FT
- Hull University Teaching Hospitals NHS Trust

“Lets have the conversations today – mingle, talk – inspire each other”.

- **Cross-fertilisation and networking**

- Posters/roll-ups, sharing what we are proud of, completed initiatives or journeys
- Getting tangible ideas from each other

“Let’s be solutions focused”.

- **Facilitated solutions-focussed sessions**

- ‘Unconference’ / open space sessions
- Co-creating tangible ideas and identifying potential initiatives
- National as well as local



Background



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- Ambulance Leadership Masterclass, May 2018
 - Hosted by NHSI and attended by most Ambulance Trusts
 - Discussions around more joint working on Culture, Leadership, OD agenda
- CALNAS developed/established with NHSI and AIP support; Q2+Q3 2018
 - AACE approval Oct 2018
 - Scope / work programme agreed by HRD group Dec 2018 and membership nominations
- First meeting in February 2019
- Drivers for the CALNAS work programme:
 - AACE strategic priorities
 - Ambulance Improvement Programme
 - Carter recommendations
- Headlines for CALNAS' Culture & Leadership work programme:
 - Culture Conference – with NHSI; develop and host
 - Culture Index
 - Leadership benchmark / evaluation
 - Leadership Capacity and Capability
 - Talent Development
 - Staff Engagement – especially around 'hard to reach' staff
 - OD support / Capabilities

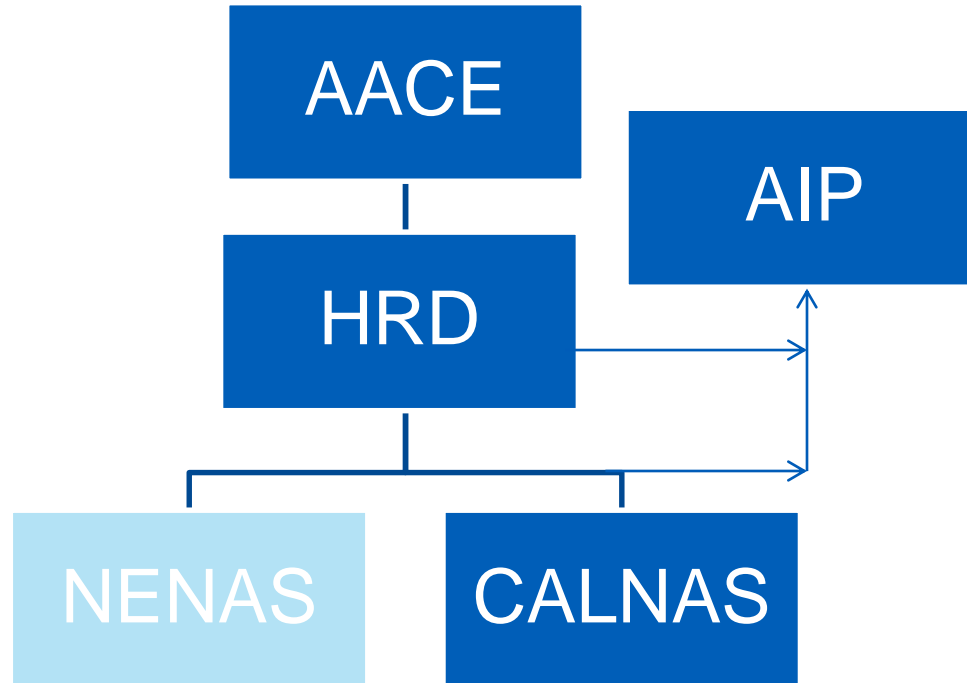
“If we move from average to good on our engagement – the evidence points to a 5% reduction in mortality for patients”.

“We really want your input and ideas to our national work programme”.

Organisation



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From AACE's Strategic Priorities



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Main focus:

- Number 3: *Strive to be an employer of choice*
 - Develop and enhance the ambulance service culture

“Let’s be an employer that engages and looks after our people.”



To also underpin further AACE priorities, especially...

- Number 6: *Promote the reputation of the sector ...*
 - Optimise the benefits to the sector of national programmes (link to joint AIP)
 - “Be stronger together” – utilise synergies

Carter recommendations



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1. LEADERSHIP: Encourage leadership at all levels

- a. Line managers' performing **compassionate, engaging and empowering leadership**
- b. All staff to demonstrate and **role-model organisational values and behaviours**
- c. Understand reasons for leaving and **improve retention** accordingly in terms of 'leadership' and/or 'engagement' issues

2. ENGAGEMENT: Improve staff engagement

- a. Including sector-wide learning through sharing of best practice

3. APPRAISALS:

Ensure all staff have an annual performance review of an **aligned high quality standard**

- a. "Standardisation" = approach to pay progression, key components of appraisal, compliance recording, quality measures (via NSS)

4. CULTURE:

Develop and embed a supportive, appreciative and enabling Culture with equal opportunities for all and where everyone is treated with dignity and respect in a zero tolerance environment with regards to violence, bullying and harassment

Purpose of CALNAS



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The purpose of the national Culture and Leadership Network for Ambulance Services (CALNAS) is to ensure an aligned national approach to a positive change in culture and improvement in the effectiveness and impact of outstanding people leadership in the sector.

The ambulance culture needs to move from a *blame culture* with a lack of consistent accountable leadership (i.e. evidenced through low scores on leadership and engagement questions in the National Staff Survey) to a '*just culture*' that promotes learning, quality improvement, inclusivity and leadership that is compassionate, collaborative, engaging and empowering.

The CALNAS network will identify and enable mutual synergies, efficiencies, productivity and quality improvement gains through cross-fertilisation of ideas, shared learnings, collaboration on developing new concepts and co-procurement of external provision of leadership and organisational development



Next Steps

We will take an Oxo cube of feedback and make it into a soup of the key points today.



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- **Each Ambulance Trust**
 - To take away ideas and actions for local consideration and implementation
- **NHSI/Horizons/CALNAS**
 - From this conference – share on national sites (NHSI / AACE)
 - Summarize key points and ideas and bring to AACE's "Ambulance Leadership Forum" (ALF) in March 2020 to engage senior leaders on this
- **CALNAS via HRD group**
 - Post-ALF define how this informs existing national workstreams as well as identifying further national workstreams
 - Lead on and monitor progress on national workstreams and national benchmarking across the sector

Have a great and productive day ☺



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First conversations

We asked people to start their conversations.....

- On your tables are some dice
- Introduce yourself to your neighbour, roll the dice and answer the question that corresponds to the number on the dice
- Interpret the question you get for your own experience / context

- 1 - One thing I want to **explore** today.
- 2 - The **reason** I choose to do the work I do.
- 3 - One thing I would like to **change** about the Ambulance Services.
- 4 - A **little known fact** about our local services.
- 5 - If I had a **magic wand**, our culture would be...
- 6 - One thing we do to build a positive culture that I think others could benefit from.



Our morning sessions



- A collection of deep-dives on culture work happening across the NHS
- An opportunity to reflect and discuss our learning
- Preparing us for creating our own agenda for this afternoon
- Each presentation now follows with some quotes from the presenters and one or two photographs.....



CALNAS Conference January 2020 London

Growing a Compassionate Culture: Bringing Our Values to Life

Prepared by
Helen Ray, Chief Executive
Gemma Knight, Strategic Organisational Development Manager

Sharing stories



Hans Schiffer, on growing the tallest sunflowers in the world – "I take pure joy from seeing something flourish". This spoke to us.

We had some powerful stories that we needed to start sharing.



For Life

Sharing our story



We are the North East Ambulance NHS Foundation Trust



We embarked upon a cultural change



Employees told us improvement was needed



Our culture was not as effective or supportive as it could be

For Life

In the beginning...

Our journey began in 2014

Revised our approach to change

Not a quick fix

True change – Rooted in compassion

Very proud to say that we have achieved that change

Growing a Compassionate Culture

ForLife

Our film...growing a compassionate culture



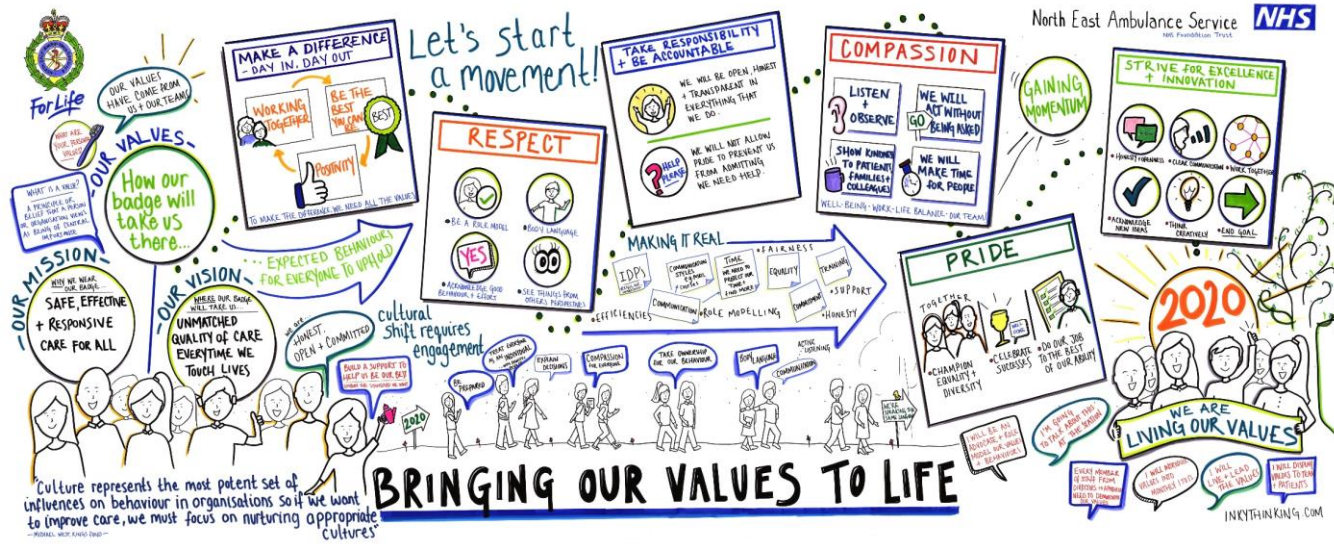
Please click on the link below and insert the password to watch our film on culture change.

[NEAS Growing a Compassionate Culture on Vimeo](#)

Password is **neas555**

For Life

'Bringing Our Values to Life'



As many employees as we could to make this event – it needed to feel different.....small changes were essential. Agreed our journey – 5 years and commit to it.

We didn't create these behaviours – our employees did – brave as we needed to champion. The visual and embedded into everything.

ForLife

'Bringing Our Values to Life'

- Created 'Our Behaviours' collaboratively
- Grown a coaching culture
- 1-1's/ Appraisal 'Let's Talk About You'
- Management and leadership
- Personal development
- Occupational Health
- Equality and diversity
- Bespoke team development
- Woven into all we do

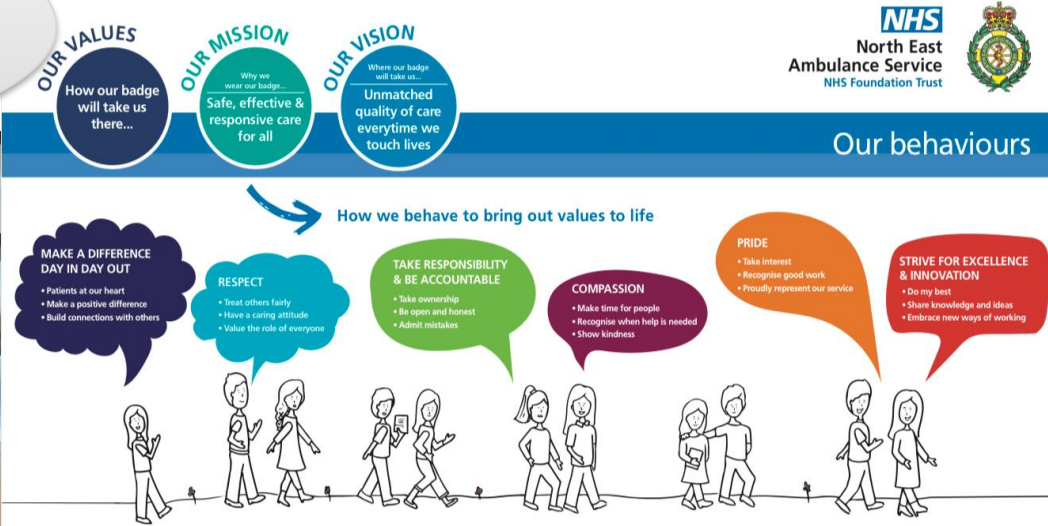
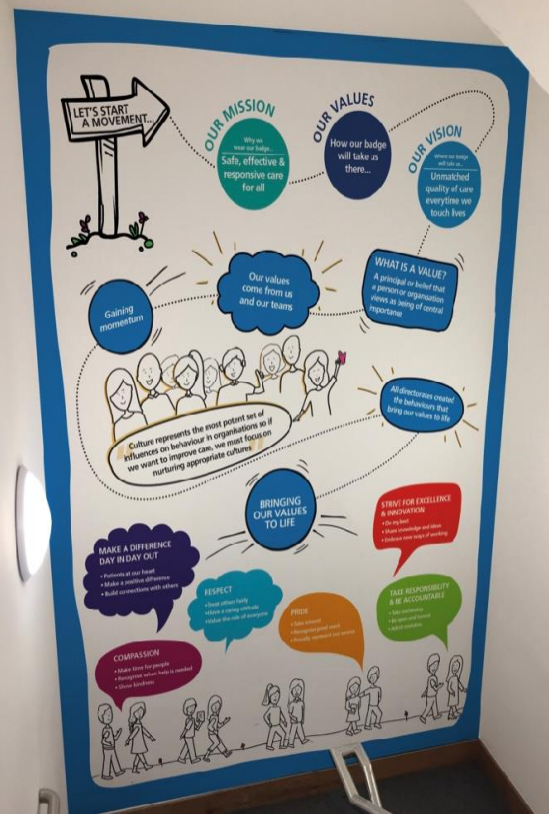




Bringing our values to life Our Behaviours

MAKE A DIFFERENCE DAY IN DAY OUT		TAKE RESPONSIBILITY AND BE ACCOUNTABLE		STRIVE FOR EXCELLENCE AND INNOVATION		RESPECT		COMPASSION		PRIDE	
EXPECTED	OUTSTANDING	EXPECTED	OUTSTANDING	EXPECTED	OUTSTANDING	EXPECTED	OUTSTANDING	EXPECTED	OUTSTANDING	EXPECTED	OUTSTANDING
BEHAVIOURS	BEHAVIOURS	BEHAVIOURS	BEHAVIOURS	BEHAVIOURS	BEHAVIOURS	BEHAVIOURS	BEHAVIOURS	BEHAVIOURS	BEHAVIOURS	BEHAVIOURS	BEHAVIOURS
I put patients at the heart of what I do	I work to enable our organisation to provide unmatched quality of care	I take ownership for my actions	I recognise the impact of the decisions I make and actions I take	I do my best everyday	I do my best everyday and encourage others to do the same	I am considerate of others	I am a role model for respectful, considerate behaviours	I show kindness to patients, their families, my colleagues and myself	I listen and observe to understand the needs and feelings of others	I take pride in my appearance and ensure I look professional at all times	I am a role model for the correct dress code and encourage others to do the same
I communicate well with others	I adapt my communication style to suit the situation	I understand that the decisions I make can affect others	I seek to involve others in decisions that may affect them	I am honest when things go wrong	I am honest when things go wrong and respond by taking corrective steps	I am honest and open	I am honest and open and champion the fair's duty of candour	I recognise when my help is needed	I recognise when I or others, need help or support and take positive action	I work to the best of my abilities	I am an advocate for the Trust and champion our working practices
I work well with colleagues across the service	I encourage others to work together positively	I am able to admit my mistakes	I seek to involve others in decisions that may affect them	I take time to listen to ideas	I encourage conversations with others about how we can improve	I treat others equally	I understand that others have different beliefs and values and adapt appropriately	I focus on the person I am with	I focus on the person I am with	I am mindful of the words, tone and body language I use when communicating	I seek to grow my skills and abilities
I maintain the knowledge and skills needed to perform my role	I continuously improve my knowledge, skills and abilities	I accept help and support when it is offered	I seek help and support when I need it	I generate ideas to enhance our service	I encourage conversations with others about how we can improve	I value the role and contribution of everyone	I take time to recognise and appreciate the achievements of others	I protect and ensure the privacy and dignity of all	I influence others to protect and ensure the privacy and dignity of all	I help to build a positive, welcoming working environment	I adapt my communication style to suit the situation at hand
I make a positive difference to others	I demonstrate a professional attitude in all that I do	I am open and honest	I share my opinions in a respectful, constructive way and encourage others to do the same	I collaborate with others	I demonstrate teams and boundaries to share learning and ideas	I see things from different perspectives	I actively look for ways to better understand other people and their behaviours	I listen carefully when others are speaking	I listen to the needs and feelings of others and respond with care	I help to build a positive, welcoming working environment	I lead by example, influencing and inspiring confidence in others to do the same
I work to build connections with other individuals and teams	I connect with a range of internal and external stakeholders e.g. customers, communities, regulators and colleagues	I seek feedback and act on it	I regularly ask for feedback as part of my everyday practice and I use it to make positive changes	I embrace new ways of working to help the service to grow	I embrace innovation and encourage others to do the same	I am aware that my behaviours impact others	I consider the impact of my behaviours and decisions before taking action	I build trusting relationships	I am trusted and show integrity	I proudly represent our service in our everyday practice	I show respect for individual, teams and organisational achievements
I treat people fairly	I include others and value different perspectives	I meet deadlines and deliver on promises	I am trusted to consistently deliver on my commitments	I welcome suggestions about how I can improve	I regularly ask feedback, reflect and take action	I have a caring attitude	I care about individuals by showing respect, being supportive and responsive	I respond to what I have seen and heard with empathy and understanding	I use my initiative to take appropriate, compassionate action	I recognise the good work of others	I share and celebrate success and learning with others
	I remain professional in difficult situations	I actively listen	I adapt my listening style to suit the situation	I think about how I would want to be treated and behave accordingly	I think about how I would want to be treated and behave accordingly						

This isn't a fad – this is who we are!!!



Our behaviours

Results Indicator

Staff Survey Results: Positive trajectory

Indicator	2013	2018
My manager encourages me / my team	45%	70%
I get help with difficult tasks	58%	73%
My manager is supportive in a personal crisis	58%	77%
Staff reporting error/ near miss / incident will be treated fairly	29%	53%
I feel secure raising concerns regarding unsafe clinical practice	52%	72%
The organisation acts fairly with regard to career progression	62%	73%
The care of patients is my organisations top priority	45%	72%

Yes we have good things but we need to face into our challenges.

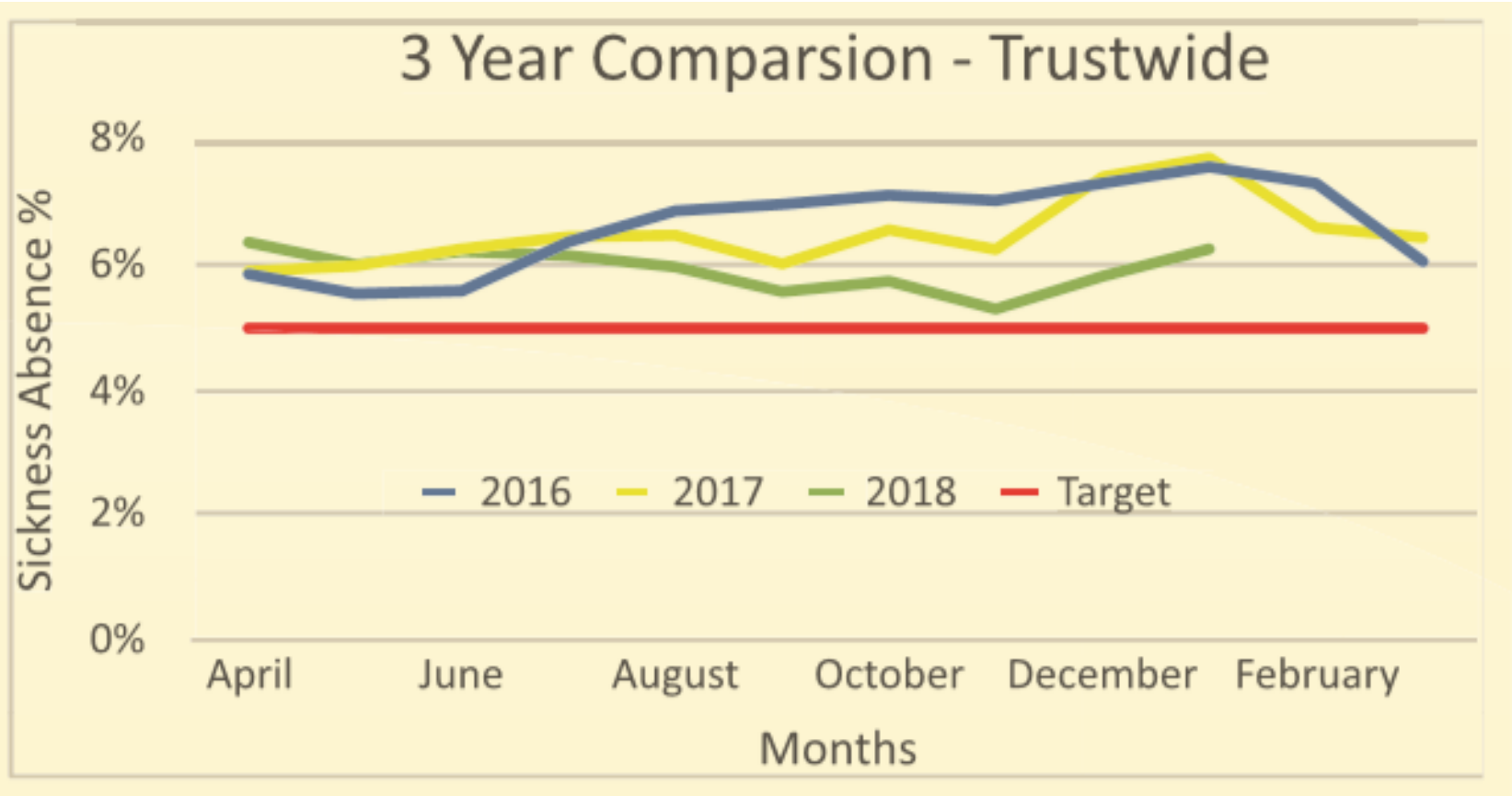
The NEAS culture speaks to meI did my due diligence.



*“Management is transactional and keeps us safe. Leadership is emotional, it is how we make people feel. There is nothing more powerful than making staff feel valued and safe in their roles”. **Helen Ray (Chief Executive)***

For Life

Sickness Absence %



Where to next?



In my first 100 days
I feel we are on
track but I want
feedback from all
our teams and then
we'll use it to shape
our culture into the
future.

Culture change doesn't stop

For Life

Interactive Session Space

Share stories ~ **Experience** ~ **Thoughts** ~ **Ideas** ~ What If's

How can we better engage the middle leadership of our organisation's in supporting transformation?



Make sure middle managers get released to things like today – where is the operational management in the room today? Releasing staff is an issue. *Josh*

Empowerment and accountability – let the middle management team have the support to deliver the changes we want. *Rob*

Do people know where the boundaries are between leadership and management? Support and training needs to go across not just vertical. *Nicki*

For Life



www.neas.nhs.uk



/North East Ambulance Service



@NEAmbulance

Creating a Just Culture

‘.....when it is ok to tell the boss bad news.....’

**Amanda Oates– Executive Director of Workforce
Mersey Care NHS Foundation Trust
@amandajoyoates**

Welcome to Mersey Care

3,500+

social prescriptions
since January 2017

NEARLY

8K

growth
from 5,000
in 2016

STAFF...

OVER

100,000

LIFE ROOMS

CONTACTS

Largest provider of **learning disability** forensic secure care

Serve a population of

11

MILLION

in North West
England and beyond

780
BEDS

across nine
hospital sites



4

FOR OUR LOCAL SERVICES

**LOCAL
AUTHORITIES**

- LIVERPOOL
- SEFTON
- KNOWSLEY
- ST HELENS

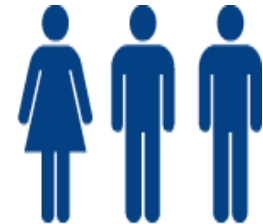


**£395M
TURNOVER**

up from £250m
pre LCH acquisition

1 OF 3

providers of high
secure services



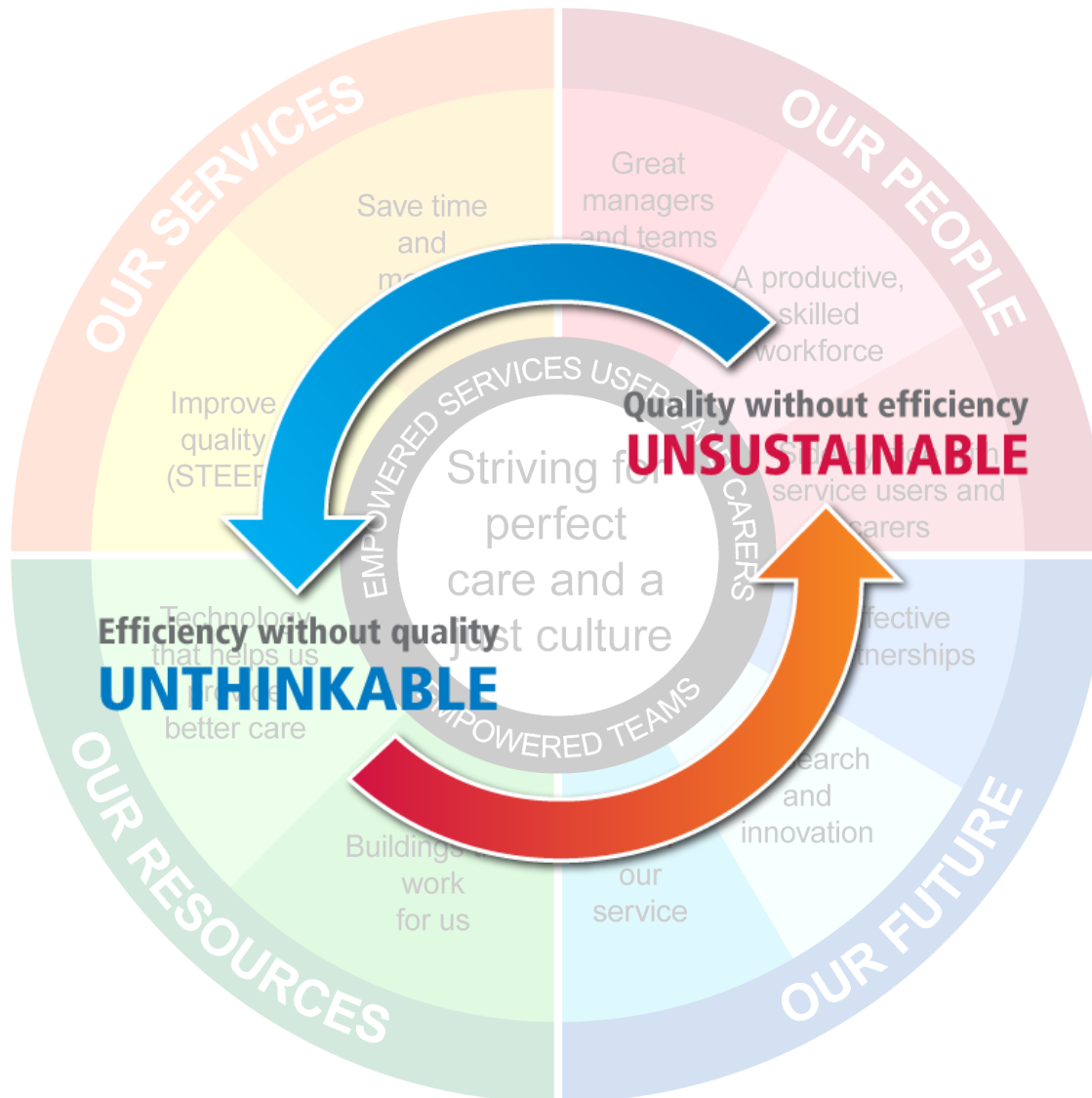
ONE OF ONLY FIVE NHS
INPATIENT ADDICTIONS
SERVICES IN THE COUNTRY

**BIGGEST
IAPT
SERVICE
IN THE NHS**

Through our direction – drive to quality is our total focus



Through our direction – drive to quality is our total focus





What is a Just Culture

There is no right answer – different professional lenses give different views.....

A Just Culture

A just culture accepts nobody's account as "true" or "right" and others wrong ... Instead it accepts the value of multiple perspectives, and uses them to encourage both accountability and learning.



Sidney Dekker

Goals of restoration

- Which rule is broken
- Who did it
- How bad is the breach
- What should the consequences be

We need learning – it helps move us to prevention and the patient safety space.

But...it's counterproductive

- Learning
- Team
- Review
- Humanity
- Compassion
- Forgiveness
- Understanding
- Restoration
- Healing
- Trust

Be restorative...

- Who is hurt
- What are their needs
- Whose obligation is it to meet those
- How do we involve the community

Retribution

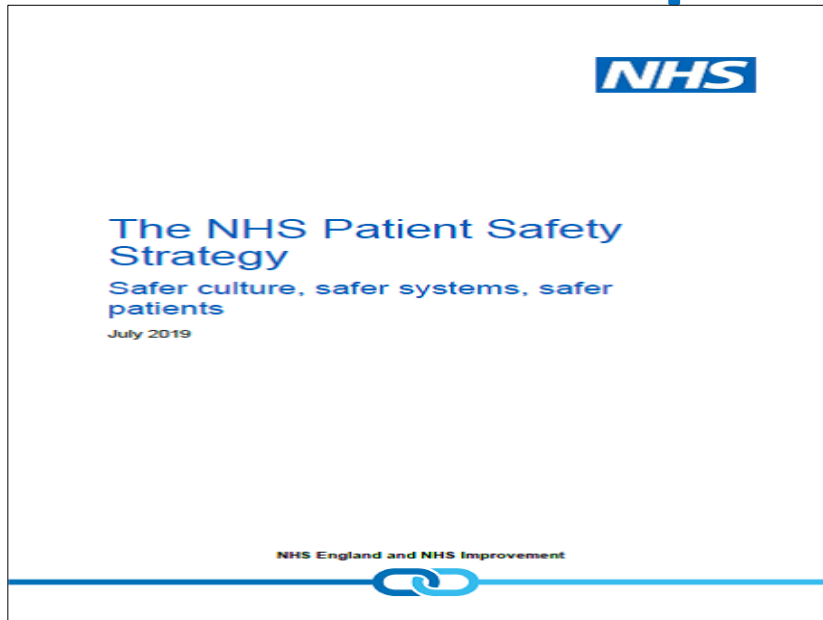
- Moral engagement
- Emotional healing
- Reintegration of practitioner
- Organisational learning
- Prevention

Goals of restoration

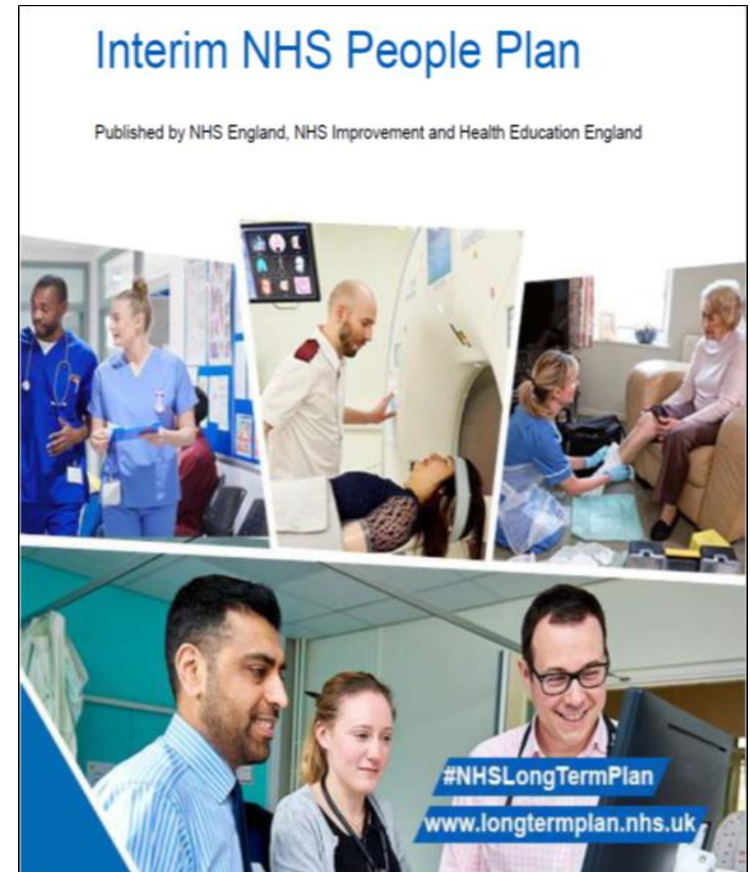
- Moral engagement
- Emotional healing
- Reintegration of practitioner
- Organisational learning
- Prevention

NHS Context

- Patient Safety Strategy & Interim NHS People Plan



- Continuous improve patient safety
- Create a patient safety culture
- Safety systems and processes



One NHS Reality

Amin Abdullah



We should not let our people processes harm our people...

Are we compassionate and do we support healing or do we move to investigation?

What is your Reality?

In asking the room to consider where their organisation was in relation to compassionate culture (10 excellent, 1 extremely poor) – the room indicated that most felt their organisations would rank between 4 and 6 with this simple scale.



Why ? - Staff wanted a staff BHAG

...they wanted to work in a safe place, be treated fairly and compassionately, and so our Just & Learning Culture was born....

Mersey Care's Just and Learning Culture



- Delivering our ambition for Perfect Care depends on the development of a **non-punitive culture**;
- Learning can only flourish when responses to mistakes are **compassionate**;
- Personal **responsibility** and **professional accountability** drives the organisational learning;
- It's not about 'blame-free' or being tolerant of absolutely anything;
- It's a careful balance of accountability and learning;
- A **prospective** outlook rather than a **retrospective** bias;
- Ask **what** and **how**, not **who** because a bad system will always beat a good person.

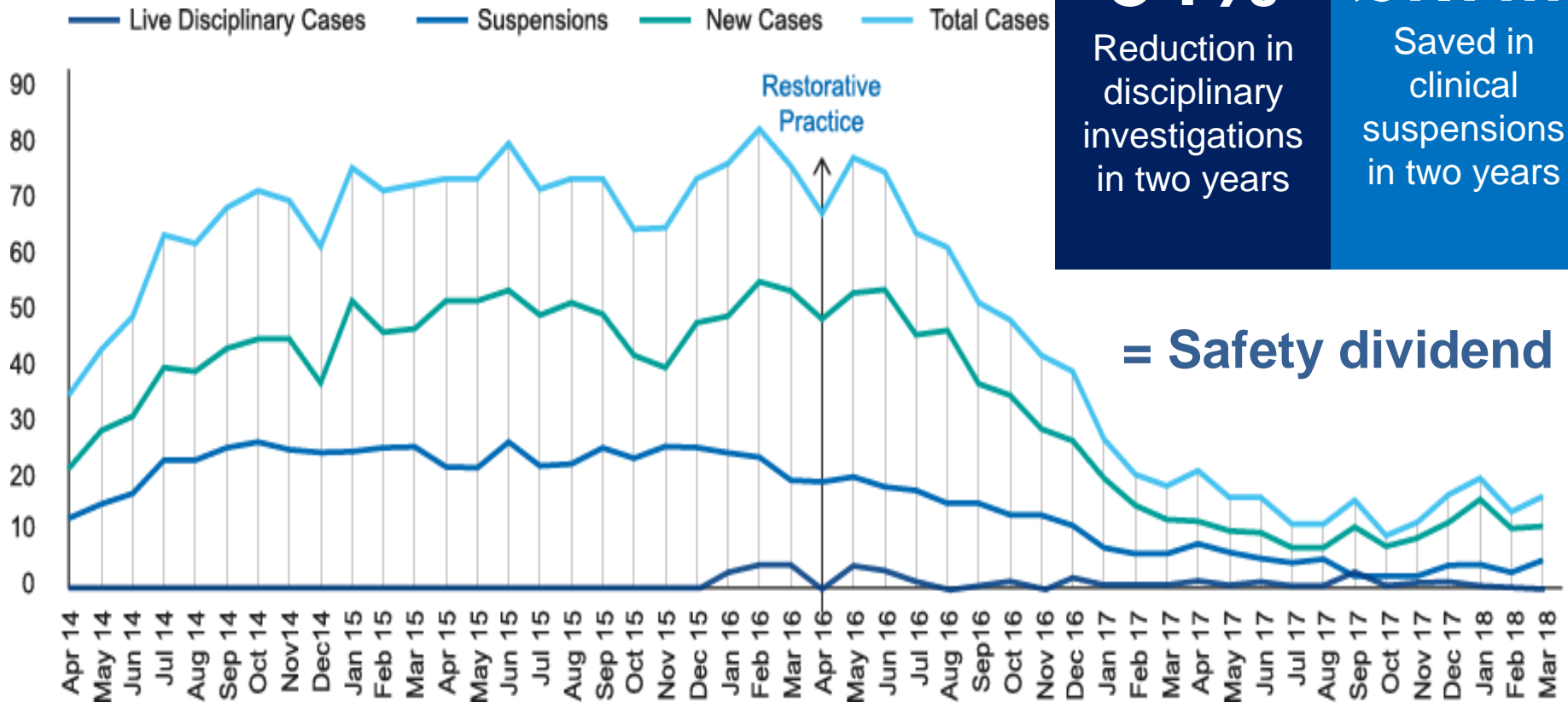
A Just Culture (from Sidney Dekker)

- Brings out information about improvement to levels/groups able to do something about it;
- Allows the organisation to invest in improvements that have a safety dividend, rather than deflecting them into legal defence and liability protection;
- Simultaneously satisfies demands for accountability and the need to learn and improve.

Just and Learning Culture

Impact of restorative practice on live disciplinary cases and suspensions in local and secure divisions

Just Culture the Movie – google it



54%

Reduction in disciplinary investigations in two years

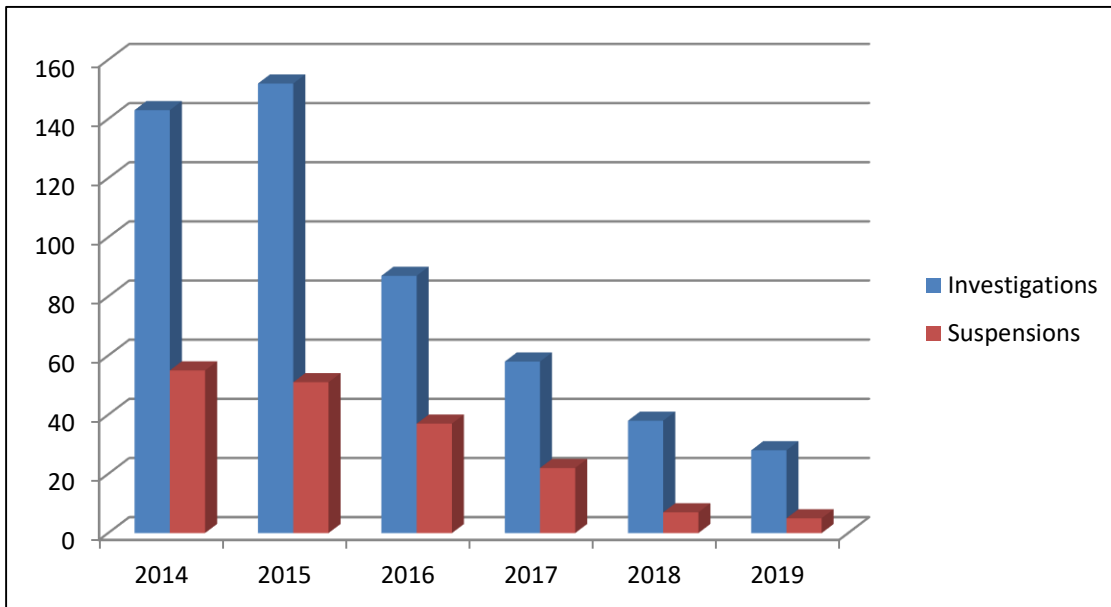
£1.7m

Saved in clinical suspensions in two years

= Safety dividend

Disciplinary and Suspension Data

The graph below provides the decrease in disciplinary and suspension data since 2014



We estimate 6% of our workforce were under disciplinary in 2014

We still have disciplinary investigations but we hurt a lot less people.

The real dividend is safer patients and staff

20
suicides
avoided in
three years

(Nov 2015 to
Nov 2018)



166
staff
suspensions
avoided
since
January 2017



410
disciplinary
investigations
prevented
since
January 2017



Our Just and Learning Culture has shaped how we have approached improvements in our people processes.

STEP 3 - MERSEY CARE GATEWAY

STEP 2 - ALWAYS REMEMBER

STEP 1 - TRIGGER POINT

The adverse event/incident
An event that could have caused or did result in harm to people or groups of people. This can include psychological harm and feelings of hurt, or physical harm even or damage to property, and/or people external to our organisation

What is their need? Support, include clear communication plan, regular and timely. Consider staff support policy, interventions, etc.

Whose obligation is it to meet that need? Someone especially assigned to ensure the restorative process is properly applied

What is the understanding of what happened? Did it make sense?

Are the resources available and appropriate?

yes, if this is not the case, complete our person disciplinary actions

The Business Case

Business Case

Document Control

Document Information

	Information
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Document History

Version	Issue Date	Changes
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Project Manager			
Quality Manager <i>(if applicable)</i>			
Procurement Manager <i>(if applicable)</i>			
Communications Manager <i>(if applicable)</i>			
Project Office Manager <i>(if applicable)</i>			

Work as imagined & work as designed



Mersey Care
NHS Foundation Trust

Community and Mental Health Services

User experience

Design

Do your policies
enable or inhibit
good care?

Value Creation 2018 Breakthroughs

2018 Staff Survey Results – Safety Culture

Overall staff culture theme 6.9 against an national average of 6.8

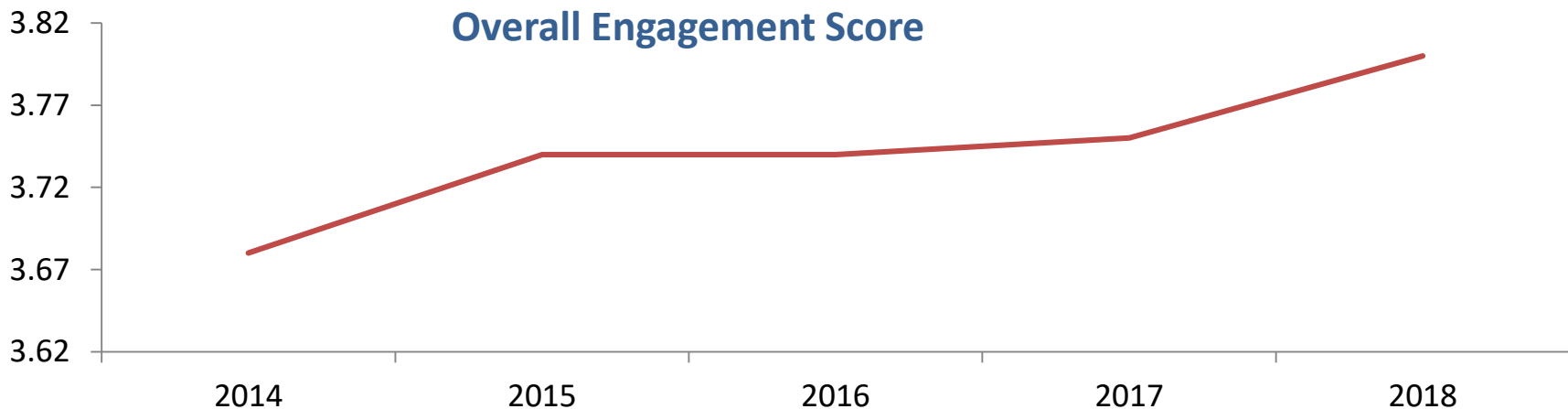
Question	2018 Score	Trend	2017 Score	Trend	National Average	Comparison with National Average
Q17a- My organisation treats staff who are involved in an error, near miss or incident fairly	55.0%	▲	45.9%	Statistically significant improvement	58.0%	Consistent with national average
Q17c- When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again	73.5%	▲	66.4%	Statistically significant improvement	70.2%	Consistent with national average
Q17d- We are given feedback about changes made in response to reported errors, near misses and incidents	64.6%	▲	59.7%	No significant change	61.7%	Consistent with national average
Q18b- I would feel secure raising concerns about unsafe clinical practice	76.0%	▲	73.9%	No significant change	73.3%	Consistent with national average
Q18c- I am confident that my organisation would address my concern	66.3%	▲	64.1%	No significant change	60.0%	Better than national average
Q21b- My organisation acts on concerns raised by patients / service users	78.0%	▲	76.9%	No significant change	73.9%	Consistent with national average

*** In our community division following acquisition on 1st April 2018 (post Kirkup enquiry) 10% improvement**

Overall Staff Engagement

2017 – 2018 Comparison

	National Average	MCT			Local			Secure			SLD			Community		
		2018	2017	Trend	2018	2017	Trend	2018	2017	Trend	2018	2017	Trend	2018	2017	Trend
Staff engagement- Motivation																
Q2a- I look forward to going to work	59.1%	56.5%	53.6%	▲	56.3%	51.9%	▲	59.5%	54.0%	▲	61.2%	48.3%	▲	56.6%	54.6%	▲
Q2b- I am enthusiastic about my job	74.5%	76.0%	73.1%	▲	76.5%	72.7%	▲	76.1%	74.1%	▲	79.5%	67.2%	▲	76.7%	74.3%	▲
Q2c- Time passes quickly when I am working	79.1%	75.1%	73.3%	▲	74.2%	73.3%	▲	72.9%	69.2%	▲	69.2%	61.8%	▲	77.1%	77.4%	▼
Staff engagement- Ability to contribute to improvements																
Q4a- There are frequent opportunities for me to show initiative in my role	74.1%	73.7%	70.9%	▲	73.6%	71.8%	▲	72.0%	67.2%	▲	83.1%	69.5%	▲	72.0%	68.2%	▲
Q4b- I am able to make suggestions to improve the work of my team / department	77.6%	77.1%	75.1%	▲	73.3%	73.2%	▲	76.2%	71.8%	▲	83.8%	74.6%	▲	78.6%	74.4%	▲
Q4d- I am able to make improvements happen in my area of work	58.3%	59.2%	57.0%	▲	55.4%	52.5%	▲	61.0%	54.3%	▲	62.9%	58.5%	▲	56.9%	51.6%	▲
Staff engagement- Recommendation of the organisation as a place to work/receive treatment																
Q21a- Care of patients / service users is my organisation's top priority	73.6%	78.6%	75.9%	▲	73.6%	69.4%	▲	82.6%	82.0%	▲	79.9%	82.1%	▼	81.6%	78.1%	▲
Q21c- I would recommend my organisation as a place to work	59.0%	58.0%	52.9%	▲	56.4%	47.7%	▲	54.5%	50.4%	▲	56.4%	48.9%	▲	59.7%	55.4%	▲
Q21d- If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	66.2%	68.1%	63.0%	▲	62.1%	58.6%	▲	62.9%	62.4%	▲	63.0%	62.4%	▲	78.2%	76.7%	▲



CQC Inspection Results

**June
2017**

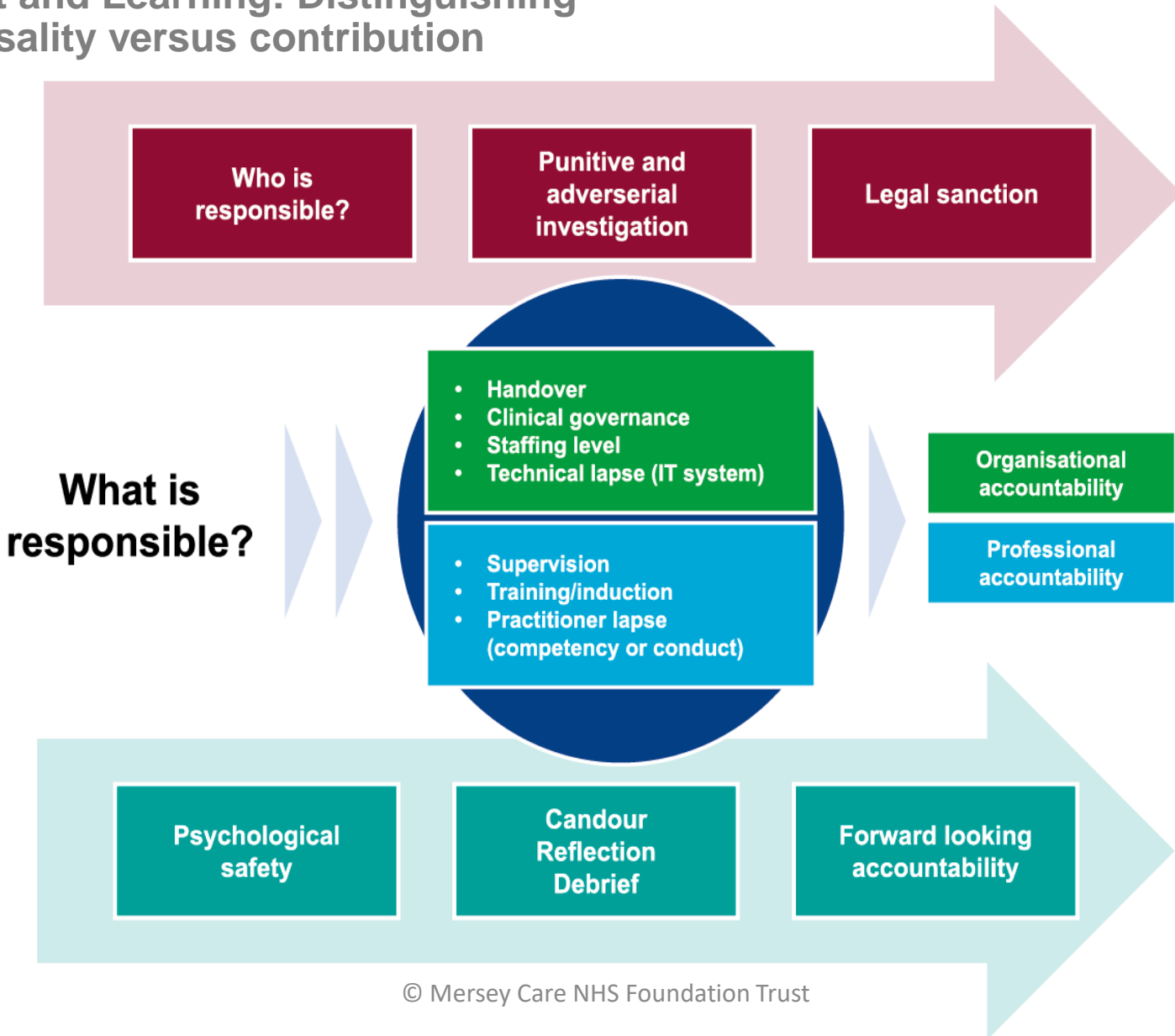
Overall rating for services at this Provider		Good
Are services safe?		Requires improvement
Are services effective?		Good
Are services caring?		Good
Are services responsive?		Good
Are services well-led?		Good

**April
2019**

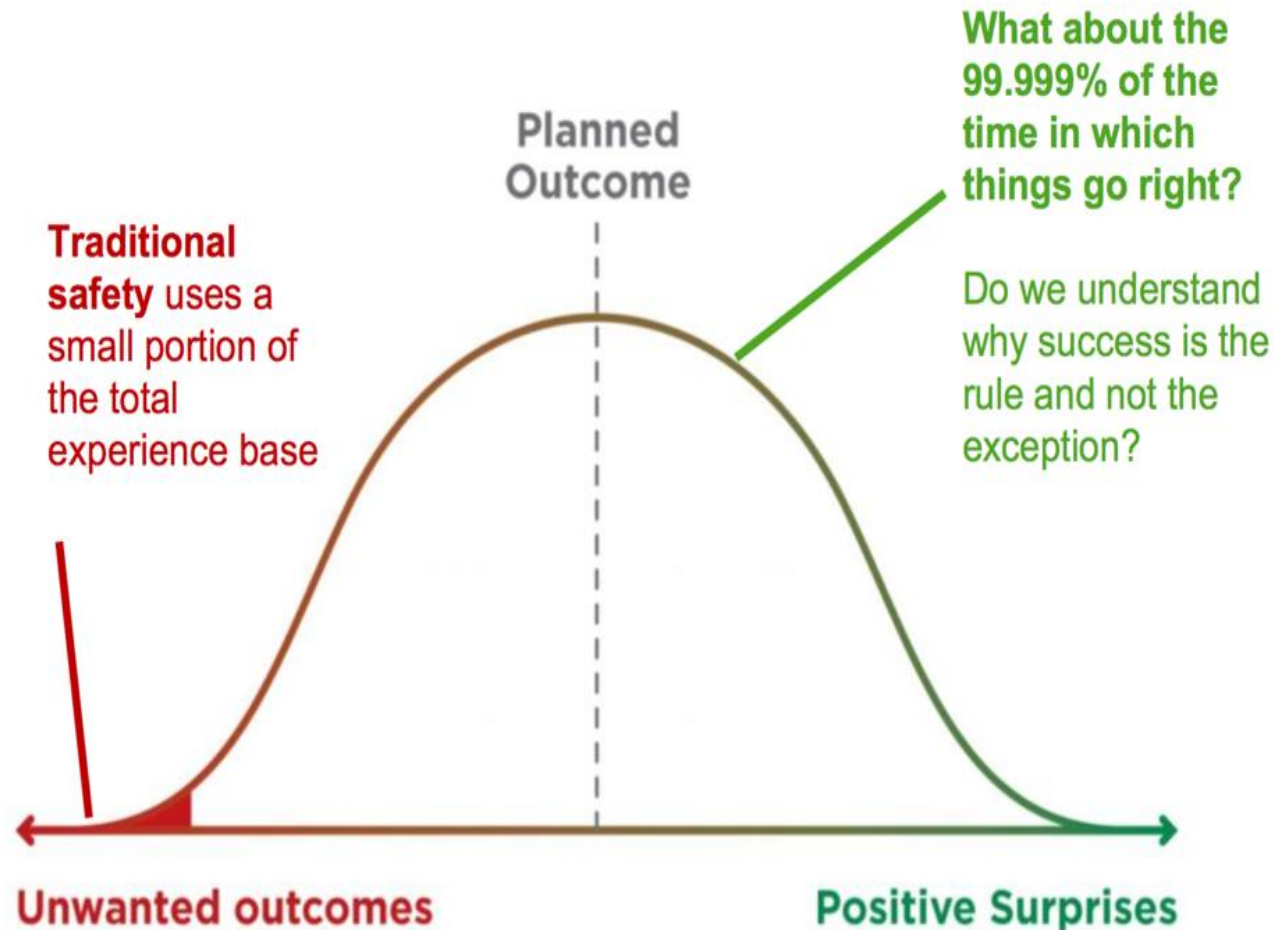
Overall rating for this trust		Good
Are services safe?		Good
Are services effective?		Good
Are services caring?	Leadership is everyone – not just the executive team.....	Good
Are services responsive?		Good
Are services well-led?		Outstanding

Systematising change

Just and Learning: Distinguishing causality versus contribution



Systematising Change - Learning from the every day routine, not just incidents

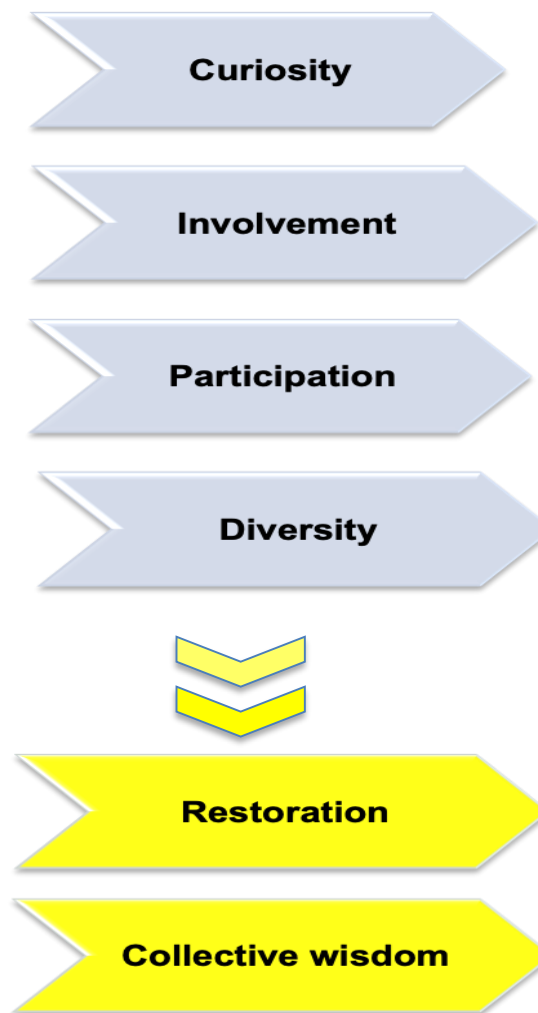


We are shifting our safety mindset

Safety 1



Safety 2



Isolated individuals cannot translate excellent across an organisation – we need to move to collective wisdom and gain a better safety dividend?

What's your business case?

What's your burning platform for your organisation?

Feedback from room – we do have burning platforms in our ambulance work, just look at our staff survey results and our sickness and staff rates.

Our mirrors were staff relations and patient suicide rates.

Our mirrors were staff relations and patient suicide rates.



Learning review following a homicide



The staff said...

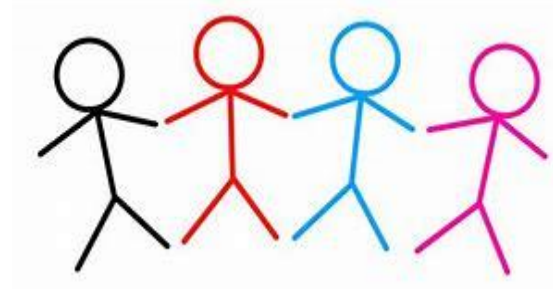
“they felt its was a safe place to reflect, ask questions and really think about our practices”



Just and Learning Culture Respect & Civility Work Stream

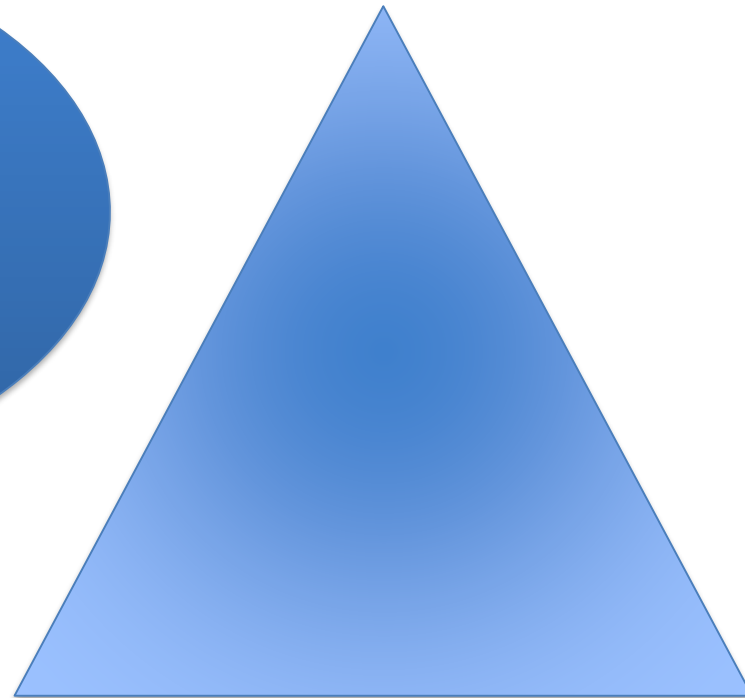
Description of harm in claims 2014-2019; NHS Resolution

1	Work-related stress – staff member was subjected to bullying and abusive behaviour by a consultant
2	Work-based stress resulting in suicide
3	Stress at work caused by workload and lack of resources
4	Staff member felt they were obliged to work excessive hours leading to suffering a stress-related illness
5	Following the death of a patient and subsequent investigation by the Trust, staff member felt isolated during suspension. This resulted in a significant psychiatric injury compelling them to seek early retirement
6	Depression, anxiety and work-related stress resulting from changes in role
7	Stress arising from failure to pay regard to complaint by staff member regarding staffing levels



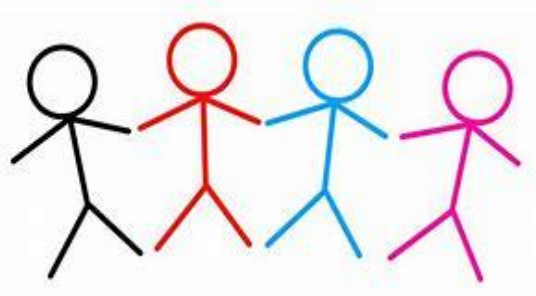
Bystander

**I WILL
SPEAK UP!**



**Perceived
Bully**

Perceived Victim



Challenging behaviour and mind-sets; empowering our people #IWillSpeakUp

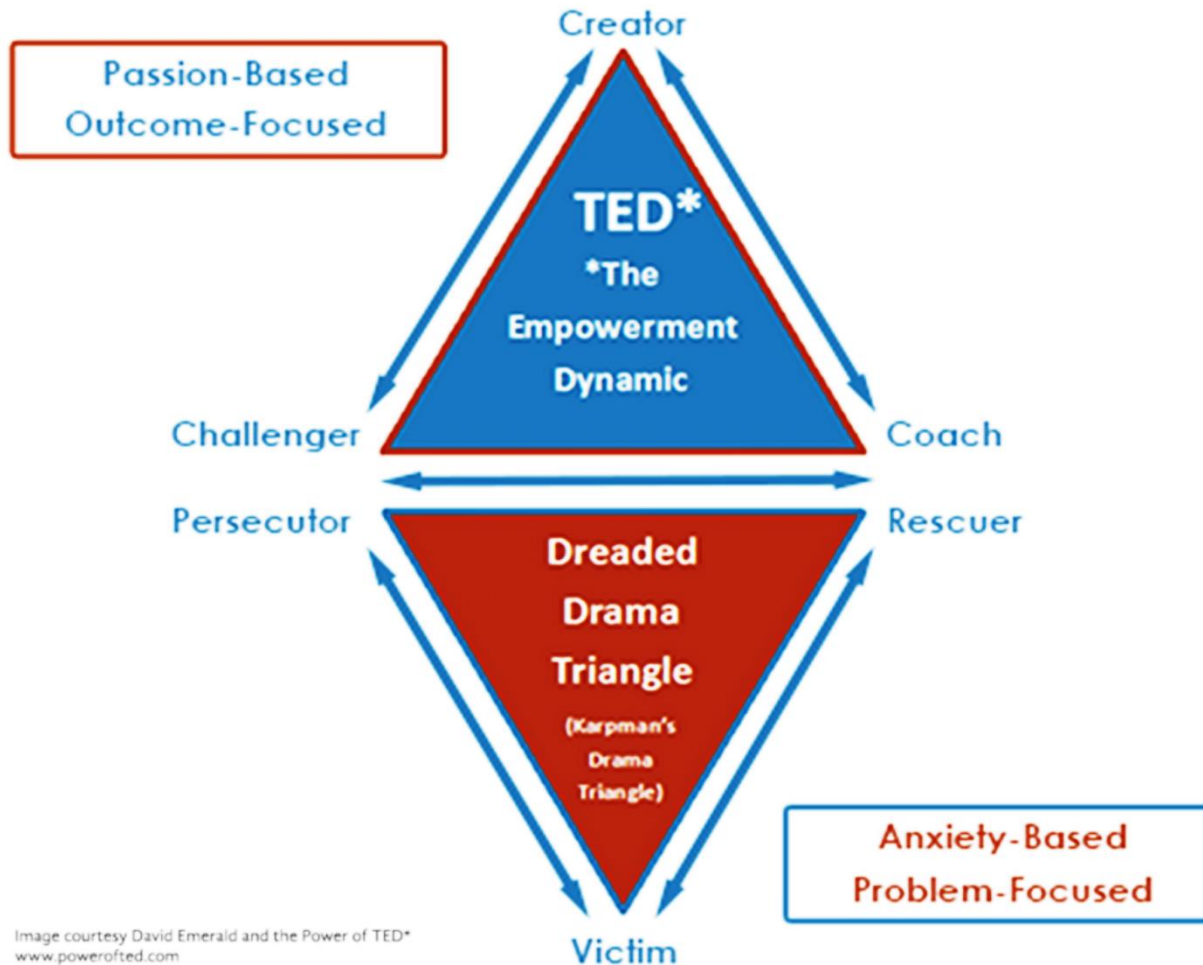


Image courtesy David Emerald and the Power of TED*
www.powerofted.com

Respect and Civility Jigsaw

‘Developing a tool/framework, aligned to our organisational values that fosters and supports civility in practice.’

RESPECT AND CIVILITY

in our Just and Learning Culture

We want to empower staff to challenge miscommunication, reduce hurt and always choose civility and a positive culture.

This tool describes some of the characteristics of positive and negative actions and can be used in discussions about behavioural change.



#IWillSpeakUp

RESPECT AND CIVILITY

in our Just and Learning Culture

We want to empower staff to challenge miscommunication, reduce hurt and always choose civility and a positive culture.

This tool describes some of the characteristics of positive and negative actions and can be used in discussions about behavioural change.



#IWillSpeakUp

Module 1 - A New Way of Caring

https://www.merseycare.nhs.uk/justandlearning/story_html5.html?lms=1



Module 2 - A Guide to HR Practice

https://www.merseycare.nhs.uk/justandlearning2/story_html5.html?lms=1



Northumbria University 4 day Restorative Culture Training

<https://www.northumbria.ac.uk/study-at-northumbria/continuing-professional-development-short-courses-specialist-training/restorative-just-culture/>



Module 3 – coming soon!

Impact of the programme

 **Yvonne Ormston** @YvonneOrm... · 21h ✓
Thx to Amanda & Nico for an amazing programme which has inspired, motivated & humbled us all This marks the beginning of our social movement toward compassionate leadership. Not ashamed to speak of the love in the room for each other, in fact we should celebrate it 🙌🎉🥳🍷❤❤❤

 **Amanda Oates** @amandajo... · Sep 18
Day 4 - Transforming culture - principles & practice of restorative Just Culture. Amazing colleagues & commitment from all @QEGateshead @NEAmbulance Directors of Nursing & CEO @YvonneOrmston TY. @Mersey_Care @NorthumbriaUni proud to help you on your journey. #nhsbestplacetowork
[Show this thread](#)



1 5 41

← **Amanda Oates**
5,148 Tweets

🗨️ 4 ❤️ 6 ↗️

🔄 You Retweeted

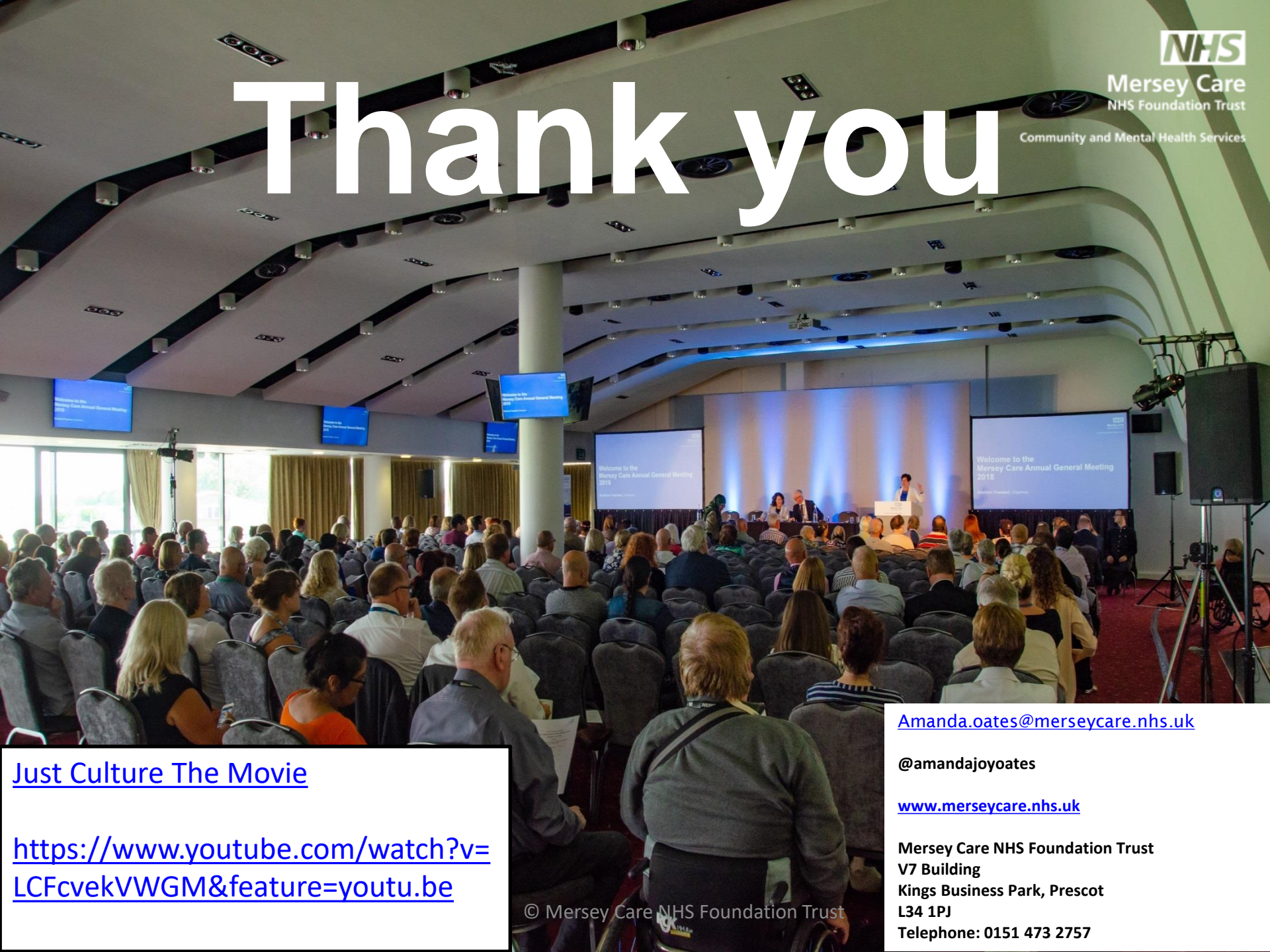
 **Debra Jayne Stephen** @De... · Sep 14 ✓
A fab first 2 days of the Just & Learning Culture programme - thank you Amanda & the team. @JoanneB10736129 @NEAmbulance

 **Kate Jones** @kate42jonesie · 15h ✓
Brilliant four days, working with some fabulous people....so looking forward to this journey of embedding restorative just culture throughout our organisations @QEGateshead @NEAmbulance @hilarylloyd13 @JoanneB10736129 @Alang1971 @YvonneOrmston @DebraJayneStep1 @KarenOB100 ❤️ 🇬🇧 🇮🇪

Summary

- We have focused on concept into practice
- Underpin with operational excellence and support
- But...halt judgments and instead ask why people behave in the way that they do
- See transparency and openness as allies not enemies
- Culture that allows the boss to hear bad news
- Co-produced approach with staff side and patients/users
- Moving to learning from our routine work
- Understand the distinction between resources and resourcefulness – the latter can take you a long way
- See your people as the solution and not the problem
- Sharing your vulnerability
 - Leave the rule book to the right – remember you are a person. Create a culture where people have a voice.

Thank you



[Just Culture The Movie](#)

<https://www.youtube.com/watch?v=LCFcvkVWGM&feature=youtu.be>

Amanda.oates@merseycare.nhs.uk

[@amandajoyoates](#)

www.merseycare.nhs.uk

Mersey Care NHS Foundation Trust
V7 Building
Kings Business Park, Prescot
L34 1PJ
Telephone: 0151 473 2757

Tea time

Please be back
by **11:50**



Our Culture for Delivering High Quality Care

Simon Nearney
Director of Workforce & OD

Myles Howell
Director of Communications
& Employee Engagement





Hull University Teaching Hospitals

NHS Trust



HULL ROYAL INFIRMARY



THE HULL YORK MEDICAL SCHOOL

Based in the heart of Hull in one of the main arterial routes into the city. The main tower block was opened in 1967 by Her Majesty the Queen, and currently houses around 700 beds plus operating theatres.

THE HULL YORK MEDICAL SCHOOL

Established in 2003, HYMS is widely regarded as the best of the 'new' medical schools. Its modern, clinically-powerful Problem-Based-Learning (PBL) curriculum, has established a high national reputation, and HYMS performs strongly in national league tables, consistently appearing amongst the top ten UK medical schools.

EXTRAORDINARY PLACE

From the day you arrive you will join our team of remarkable people.

We'll make sure you always feel a part of a flexible workforce constantly seeking new ways of working to deliver the best care.

We are a trust that works in a vibrant city that is a great place to live, work and unwind. Our extraordinary people typify this remarkable place.

9,000+
NHS STAFF

1 MILLION+
PATIENTS

RECOGNISED
AS A MAJOR
TRAUMA CENTRE

SPECIALIST IN
RESEARCH AND
DEVELOPMENT

CASTLE HILL



With a total of 610 beds, Castle Hill houses cardiac and elective surgical facilities, new medical research teaching and day surgery facilities (Daisy Building), and the new ear, nose and throat (ENT) and breast surgery facility.

Castle Hill has world class cancer facilities at the Queen's Centre with its staff-led improvement has nationally been recognised by the Prince of Wales.

Where we started 2014/2015

- Worst performing ED in the country
- Cancer targets not being met
- RTT not being met
- CQC rating of 'requires improvement'
- An interim Chief Executive and an absent Chairman
- Significant staff disengagement (worst rating in England)
- A culture of bullying and inappropriate behaviour
- Urgent care being delivered from temporary buildings and only 7/14 ED consultants in post
- Low nurse establishments on many wards
- Media coverage relentlessly negative and often staff driven

We were not in a good place and we had to be honest about where we found ourselves

Acknowledge there is a problem

- CQC report described bullying culture
- Staff survey corroborated these findings but had not been acted upon
- Trade unions had struggled to be heard for some time
- Decided to involve ACAS...

We needed to put our people first.....we had to 'blow it open'. We had to be open and apologise that we had got it wrong.

Establish a baseline culture

Barrett survey 2014/15

PERSONAL VALUES

CARING
 HONESTY
 COMPASSION
 RESPECT
 COMMITMENT
 EMPATHY
 MAKING A DIFFERENCE
 FAIRNESS
 LISTENING
 ACCOUNTABILITY

CURRENT CULTURE

COST REDUCTION (L)
 BUREAUCRACY (L)
 TARGET ORIENTATED (L)
 BLAME (L)
 CHAOS (L)
 HIERARCHY (L)
 SHORT-TERM FOCUS (L)
 ARROGANCE (L)
 LONG HOURS (L)
 CONTROL (L)

DESIRED CULTURE

ACCOUNTABILITY
 CARING
 HONESTY
 TEAMWORK
 COMPASSION
 CONTINUOUS IMPROVEMENT
 EMPLOYEE ENGAGEMENT
 PATIENT SATISFACTION
 EMPLOYEE RECOGNITION

We smashed it out of the park with 10 limiting values – we were that bad!!

In five words, how would your staff describe the current culture?



We'd like you to hold these thoughts –
What are our strengths? What do we
really need to tackle? Bring your
thoughts and conversations to the
discussions you want to have this
afternoon.



Initial Action

- Recruited new Chief Executive, Chairman and to other Board roles
- Publicly acknowledged the Trust had a significant problem / staff had been let down / things were going to change
- Formed a working group in partnership with our trade unions. Joint commitment to address the issues identified
- Staff at all levels were involved
- Chief Executive-led
- Developed a 10 point plan
- Appointed a champion – Anti Bullying Tsar
- Zero tolerance

Set clear vision and values



Great Staff - Great Care - Great Future

We deliberately put staff first – we knew that great care would follow.

CARE
We are polite and courteous, welcoming and friendly. We smile and we make time to listen to our patients and staff. We consider the impact our actions have on patients and colleagues. We take pride in our appearance and our hospitals and we try to remain positive.
We do not treat anyone unfairly . We do not let our mood affect the way we treat people. We don't talk negatively about colleagues or other teams. Offensive language, shouting, bullying and spreading rumours are unacceptable.

HONESTY
We tell the truth compassionately. We involve patients in decisions about their care and we are honest when things go wrong. We always report errors and raise concerns we have about care. Our decisions and actions are based on facts not stories and opinions.
We do not withhold information from colleagues or patients. We never discourage staff from reporting concerns. We are not careless with confidential information. We do not present myths as facts.

ACCOUNTABILITY
We are all responsible for our decisions and actions and the impact these have on care. All staff are responsible for maintaining high standards of practice and we take every opportunity to continuously learn. Everyone is encouraged to speak up and contribute their ideas to improve the care we provide.
We do not unfairly blame people. We positively embrace change and we don't discourage people from having opinions. Controlling behaviours and silo working should not be exhibited in our Trust.

In our induction we don't talk about policies and procedures, we talk about our staff charter.

STAFF CHARTER
(VISION, VALUES AND GOALS)

Remarkable people.
Extraordinary place.

Encourage reporting

- Established a confidential staff advice line service (SALS), run by our PALS team
- Board to ward
- Freedom to Speak up Guardian (board lead)
- Anti-bullying Tsar
- Line managers
- HR, Trade Unions, Occupational Health
- Counselling service
- Data collected and presented at the working group. All issues were discussed and addressed.

Focus on leadership and employment framework

- Communicated values to our senior managers
- Held annual senior manager culture sessions to remind them that they are responsible for creating the right environment for their teams
- Addressed leadership development at all levels
- Great Leaders programme – Be Remarkable
- Reviewed and re-launched:
 - Bullying and Harassment policy
 - Managing and Supporting Attendance policy
 - Disciplinary policy
 - Grievance policy
 - Whistleblowing policy

We make no apologies for actively talking about what it means to be a leader in our organisation

Developed our brand
around our people – why
not a bit of humour?

Remarkable people.
Extraordinary place.

It's alright to have
fun and enjoy
yourself at work

MEL'S RESPONSIBLE
FOR UNPACKING THE
DAILY DELIVERIES.
FIVE GIRLS, THREE
BOYS & TRIPLETS

Melanie Lee
- Midwife

WE'LL HELP YOU GO FAR

We want you to make a difference to the lives of our patients and their families.

That's why we'll ensure that your career will develop through regular education and training with a wide variety of courses and programmes.

You will be given the chance to make suggestions and deliver improvements to your service, always be treated with respect and looked after in a supportive and safe environment.

Here are a couple of examples of the benefits you can gain by joining us. (We've got a full page of them at the back!)

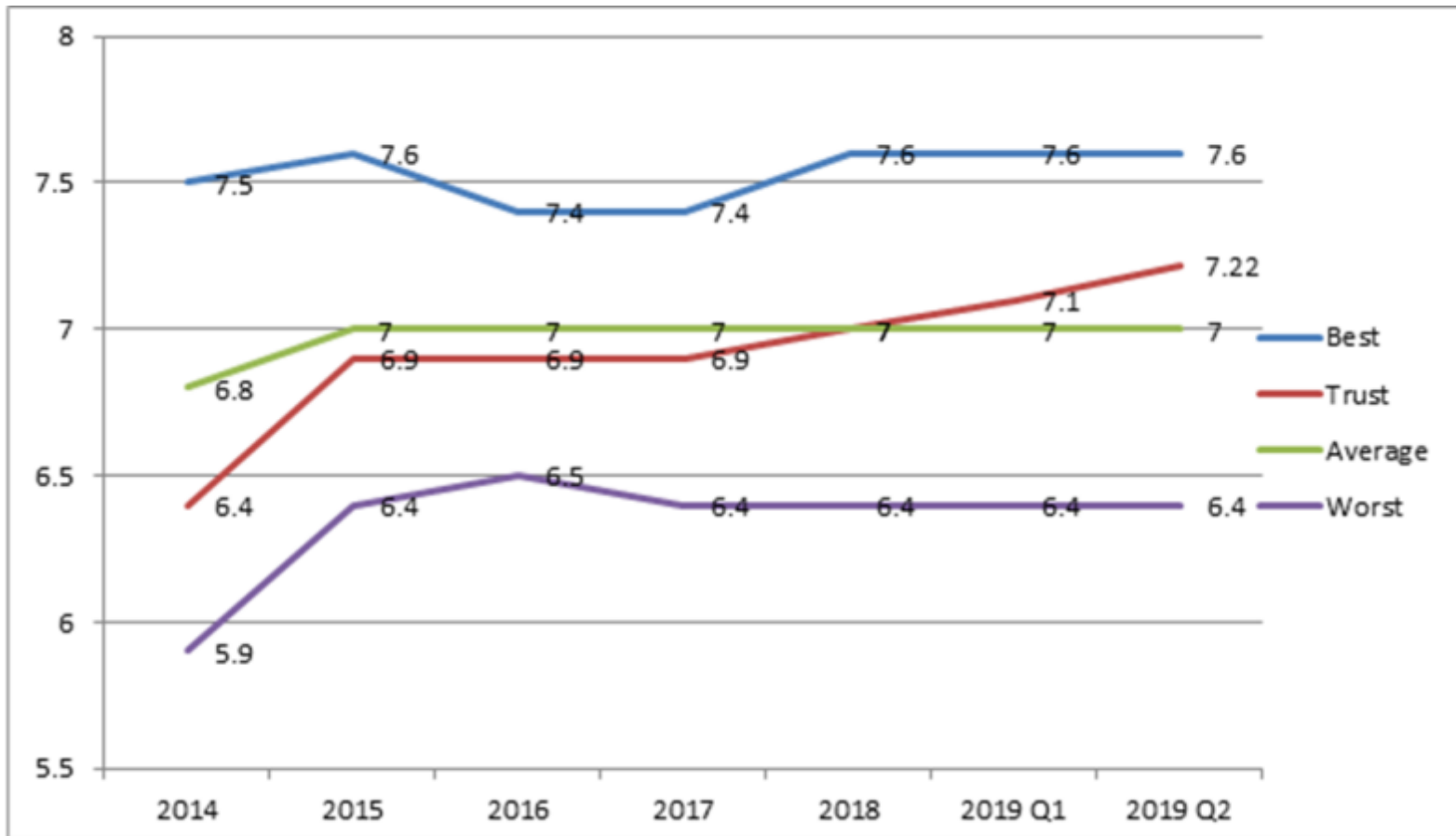
...listening and learning from feedback. Especially yours.

We
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A
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an
live and unwind.

BALANCING RIGHT

Adopt a clear measurement – Staff engagement



Cultural assessment – Barrett Survey 2017

PERSONAL VALUES

HONESTY
CARING
COMPASSION
RESPECT
FAMILY
ACCOUNTABILITY
COMMITMENT
FAIRNESS
DEPENDABILITY
MAKING A DIFFERENCE

CURRENT CULTURE

HIERARCHY (L)
ACCOUNTABILITY
CARING
BUREAUCRACY (L)
PATIENT SAFETY
LONG HOURS (L)
TEAMWORK
CONTINUOUS IMPROVEMENT
SHORT-TERM FOCUS (L)
RESULTS ORIENTATION

DESIRED CULTURE

ACCOUNTABILITY
CARING
CONTINUOUS IMPROVEMENT
PROFESSIONALISM
TEAMWORK
COMPASSION
HONESTY
EMPLOYEE ENGAGEMENT
PATIENT SAFETY
RESPECT

We have improved
but there is always
more to do....

Our conversations have shifted

2014/2015
Engagement 6.4/10

Bullying
Nepotism
Dishonesty
Fear
Control
Investigations

2018/2019
Engagement 7/10

Professionalism
Respect
Improvement
Compassion
Excellence
Leadership
High quality care

CQC report 2015

Overall rating for this trust	Requires improvement	
Are services at this trust safe?	Requires improvement	
Are services at this trust effective?	Requires improvement	
Are services at this trust caring?	Good	
Are services at this trust responsive?	Inadequate	
Are services at this trust well-led?	Requires improvement	

Our ratings for Hull Royal Infirmary

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Good	Good	Inadequate	Requires improvement	Requires improvement
Medical care	Requires improvement	Requires improvement	Requires improvement	Inadequate	Requires improvement	Requires improvement
Surgery	Inadequate	Not rated	Not rated	Not rated	Requires improvement	Inadequate
Maternity and gynaecology	Good	Not rated	Not rated	Not rated	Not rated	Good
Services for children and young people	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Outpatients and diagnostic imaging	Good	Not rated	Good	Requires improvement	Good	Good
Overall	Requires improvement	Requires improvement	Good	Inadequate	Requires improvement	Requires improvement

Our ratings for Castle Hill Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Inadequate	Not rated	Not rated	Not rated	Requires improvement	Inadequate
Outpatients and diagnostic imaging	Good	Not rated	Good	Requires improvement	Good	Good
Overall	Requires improvement	Requires improvement	Good	Inadequate	Requires improvement	Requires improvement

CQC report 2018

Overall rating for this trust	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Requires improvement
Are services well-led?	Good

Ratings for Hull Royal Infirmary

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good Feb 2017	Good Feb 2017	Good Feb 2017	Requires improvement Feb 2017	Good Feb 2017	Good Feb 2017
Medical care (including older people's care)	Requires improvement Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018
Surgery	Requires improvement Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018
Critical care	Requires improvement Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Requires improvement Feb 2017	Requires improvement Feb 2017
Maternity	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018
Services for children and young people	Requires improvement Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017
End of life care	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017
Outpatients	Good Jun 2018	N/A	Good Jun 2018	Requires improvement Jun 2018	Good Jun 2018	Good Jun 2018
Overall*	Requires improvement Jun 2018	Good Jun 2018	Good Jun 2018	Requires improvement Jun 2018	Good Jun 2018	Requires improvement Jun 2018

Ratings for Castle Hill Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires improvement Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018
Surgery	Requires improvement Jun 2018	Requires improvement Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Requires improvement Jun 2018
Critical care	Requires improvement Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Requires improvement Feb 2017	Requires improvement Feb 2017
End of life care	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017
Outpatients	Good Jun 2018	N/A	Good Jun 2018	Requires improvement Jun 2018	Good Jun 2018	Good Jun 2018
Overall*	Requires improvement Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018



GOLDEN HEARTS AWARDS



HEY

LOTTTERY



Remarkable people. Extraordinary place.

Table reflections on what we've heard this morning

- What surprised you?
- Is there anything that's missing?



Senior leaders are human we all have vulnerability yet how often do we show it? Vulnerability in leadership is a strength not a weakness

How do we balance performance vis a vis our human side of looking after each other? We need to redress this and get the balance.

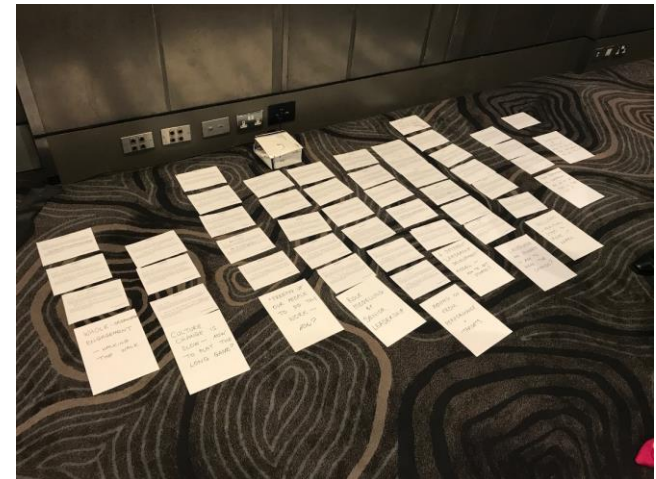
Using the language of healing – our AACE CEOs have to be on-board with this and allow it to happen throughout the organisation.

Task for the room : create an agenda for the afternoon

Kathryn asked that the room reflect on the three presentations they had heard and have a discussion at their tables. In particular to

- Discuss ideas for topics to explore in the afternoon
- On each table there are A5 Unconference sheets
- To write a short sentence that describes a discussion topic on the A5 unconference sheets
- Hand in the A5 sheet to the front of the room

Over lunch a number of people in the room helped to theme the various unconference sheets into a number of discussions



Our afternoon session



Kathryn reminded the room about what we wanted to achieve for the afternoon:

- Discuss our desired future for culture and leadership in the Ambulance Services
- Challenge, endorse and enhance each other's ideas
- Commit to individual and collective action
- Create a “snowstorm” of feedback

Moving to unconference



Source of image: www.citynet.com

“The sum of the expertise of the people in the audience is greater than the sum of expertise of the people on stage”

Dave Winer



The Law of Two Feet:

“ If you find yourself in a situation where you are not contributing or learning, move somewhere where you can. ”

Our topics

Table	Topic	Table	Topic
1	A more inclusive culture: practical steps to make it happen	6	How do we “free-up” our people to do this work?
2	Walking the walk right across an organisation	7	From reprimand to compassion: how do we make it happen?
3	Playing the long game: how to sustain culture change when we know it’s slow	8	Role-modelling by senior leadership
4	“Leadership development”: how to move to a different model	9	Our language impacts our mindsets: how do we shift it?
5	Moving on from performance and targets: where to start?	10	Sharing our knowledge: how do we do this more effectively?

Our feedback from the unconference

Table	Topic
1	An Inclusive Culture - Reverse mentoring is a great big idea. We all have blind spots and especially in leadership. Have conversations with people who are different to you – female, BAME etc – massive learning piece for our organisations.
2	Walking the walk - Parity of esteem and respect of wherever you work – we all have important roles be it frontline or support services. Lets reduce physical barriers between our services – no more of the two rest room culture. We want positive role models from our young people – not the sticky middle who may be disillusioned or not want to change. We do though have a significant lack of investment in our middle leaders.
3	Sustaining culture change - We need to keep people engaged and keep patients involved in our change through a golden thread of consistency. Without sustainability around a programme of culture change people will leave. We need to make people welcome and involved and it be safe to speak. Consistent leadership and humility – build your movement and accept that the change will take time. Let the staff design the measures of culture shift – they co-create us and own the culture.
4	Leadership development - Assumption that good clinicians make a good manager – why? We must put the development in place. Evidence of CPD based around leadership is essential and we need to give the leaders time to develop a different way of doing things. A model of national CPD for ambulance leaders would be of benefit. We await with interest the proposed NHS leadership compact.
5	Moving on from performance targets - We cant leave targets but we must shift from just focusing on our performance numbers to our people (safe environments for staff). We must all (including boards) focus on the human aspect – happy people will mean better performance eventually. We need to question league tables and the importance thereof. How do we mobilise best practice to bring this into focus. Our change will be reflected in language – the first things on our minds should ‘how are you?’ and a shift to co production.



Our feedback from the unconference

Table	Topic
6	Freeing up our people - We must make time for our staff and value their mental health. It is essential that we start to create the time. Do not allow the cynicism to push us backwards on such an initiative. ? We must get our boards and external stakeholders in to this mindset – there may be a hit on performance as a result. Find the money and resource to do properly – retention, staff surveys, attendance at events etc. All CEOs to be signed up but also take that hit on performance – long term it will be better.
7	From reprimand to compassion - We want to keep our people – retention – reduce the scary words and constant hard expectation. There needs to be consistency and a move from hurt to healing for all our staff. We need to learn from what is happening elsewhere and be open to it. We need to be less punitive – why do we always blame and discipline especially as this is a service where often we have to react. Allow flexibility and do things differently and actively encourage a balance between support and performance. Perhaps we develop training, well received campaigns and even a framework that can stimulate thought and leadership.
8	Role modelling by senior leadership - We need a genuine and authentic commitment to deliver a more compassionate leadership throughout our organisations. We need to increase our focus on becoming role models, commit to it and deliver. Let the organisation know this will take a while but then demonstrate that investment is being made and the benefit sought.
9	The language we use - Shifting our language can help build trust and sets expectations of what is right for all. Encourage healthy conversations – break the habit. Discussion should not just be about KPIs. Bring people along not tell them. Why do we use such hard language – serious, incident etc? We need our people to talk to us when things are not going right. We all need freedom to speak up – hoe do we support managers to step into this space?
10	Sharing our practice - No participants



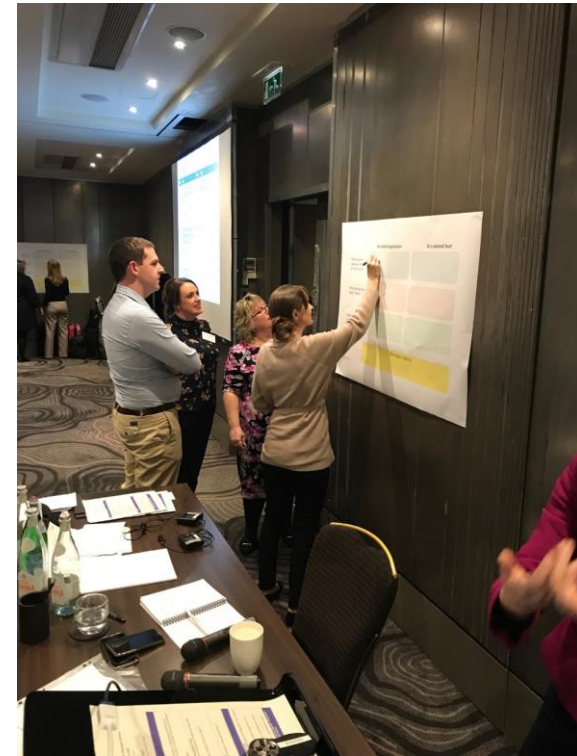
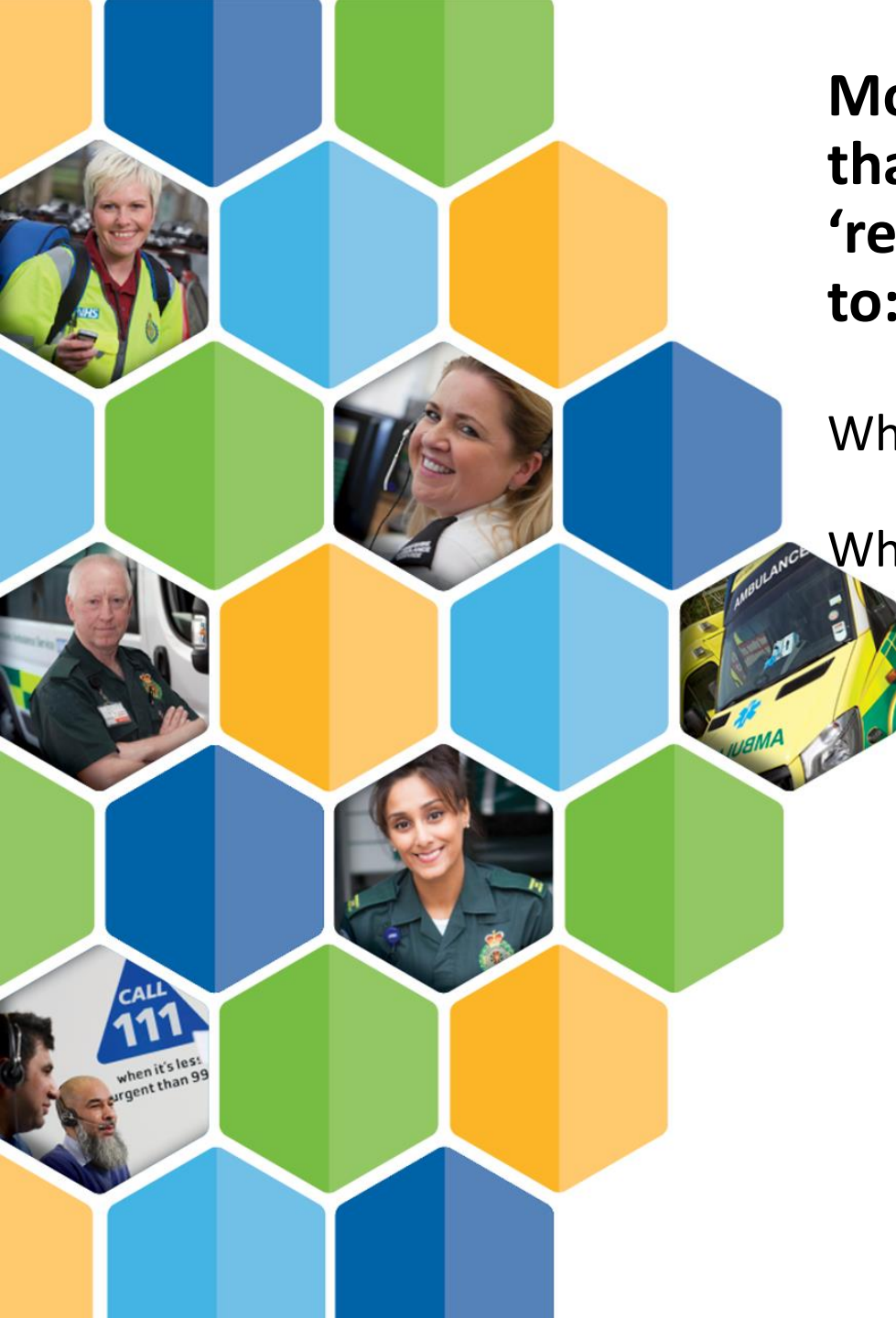
Our big ideas

Table	Topic	Table	Topic
1	<p>Inclusive culture, practical steps to make it happen:</p> <ul style="list-style-type: none"> • <i>Reverse mentoring</i> 	6	<p>How do we free up our people to do this work?</p> <ul style="list-style-type: none"> • <i>Get every CEO signed up to an approach that allows people to have time for each other. Understand that performance will have a hit.</i>
2	<p>Walking the walk across the organisation</p> <ul style="list-style-type: none"> • <i>Link into themes – Reverse mentoring and shifting our language.</i> 	7	<p>Moving from reprimand to a compassionate culture</p> <ul style="list-style-type: none"> • <i>Develop a framework with principles of how the shift can be achieved in ambulance services.</i>
3	<p>Playing the long game – how to sustain culture change when we know it slow:</p> <ul style="list-style-type: none"> • <i>Staff define the measures that are important to them and we use these to track our progress</i> 	8	<p>Role modelling by senior leadership:</p> <ul style="list-style-type: none"> • <i>Authentic and real commitment to deliver.</i>
4	<p>Leadership development – how to move to a different model:</p> <ul style="list-style-type: none"> • <i>Develop a national model of CPD for ambulance leaders</i> 	9	<p>Shifting our language:</p> <ul style="list-style-type: none"> • <i>Encourage managers to take the power they have and equip them to change their language. Ensure that they are supported through both formal training and by tacit support from all senior leaders.</i>
5	<p>Moving on from performance and targets:</p> <ul style="list-style-type: none"> • <i>Be led from the top and ensure that it is linked into the change in language.</i> 	10	<p>Sharing our practice - No table work completed.</p>

Moving to Actions – Kathryn asked that people re-group into their ‘real world’ teams to give thought to:

What’s needed as a team or organisation?

What’s needed at a national level?



Our feedback – moving to action

As a team/organisation

What could we speed up / do more of? (**Accelerate**)

Celebrate our success; involve everyone, actively listen; back to the floor programme for managers; network more; embrace story telling; make our work visceral and visual; involve people

What could we stop doing? (**Brake**)

Stop the blame language; don't interpret policies in black and white text, they are guides; stop blaming performance as a barrier to change; stop focusing on just numbers; stop short termism; stop the silos.

What could we start doing? (**Create**)

Facilitation skills for managers; make the time for change; reverse mentoring; define and review our purpose; engage all functions; develop our ambulance culture plan to the NHS people plan; staff focus groups; employee conversation cafes.

At a national level

Appoint a national lead for our culture work; talk more; meet; collaborate; articulate and be consistent in our aims; work together to develop our appetite for change; be the change we want to be.

Stop the blame and hurt language; stop the demanding targets; stop competing across our services; stop the short termism – this is a long haul; stop ignoring difficult conversations as we need to be better.

Move to 'Just Culture' leadership development; develop a framework with accepted principles; cross organisational working; share practice and discuss; invest some money to make this change happen

Other ideas / actions:

Lets have fun and be positive that we can affect the change we all want to see.

Snowstorm

We ended the day with a snowstorm of feedback

- On a sheet of paper, write down **one insight from today that we must not lose**.
- Turn over the sheet. On the other side, write down **one big idea for transforming culture and leadership in the Ambulance Services**.
- Screw up the paper.
- **On the signal**, throw it in the air *towards* another table.

One big idea:

- Reverse mentoring [most popular idea]
- Heal don't harm [second most popular idea]
- "Change is possible and it starts with me."
- It's okay to have fun while working
- It starts with the Board
- More voice from the frontline into the room, please
- Don't give up the faith in what we do

One insight from today:

- We are our peer group – more collaboration, less competition
- Just coming together today is really important
- Positive role modelling needs to be built into programmes and approach
- Happy staff are productive and effective
- CEO commitment to culture change is key
- Change the language
- Compassion for staff enables compassion for patients
- AACE should adopt a 'just culture' framework [popular idea]
- Not allowing failure to be the driver of change

- More sharing best practice
- "We must be mindful to promote healing when our staff are hurt and not cause more hurt through our processes"
- Stop competing, start collaborating, share our successes
- "We take care of you, so you can take care of them" Simon and Myles
- "Performance and culture are not mutually exclusive. By enabling a positive change in culture, performance and patient care are positively affected."

Final Reflections



Kim Tovey – Welsh
Ambulance Services

We need to move
towards a culture
that heals



Emma Saunders –
South East Coast
Ambulance Services

We need to get out
more, collaborate
and share what we
do



Next steps – Claus Madsen – Chair of CALNAS



Change our language to one that heals

Get the system to understand that this shift will take time

CEOs must sign up in allowing time for people (including operational staff) to have time for each other and shape this work

Shift from performance only conversations

Recognise the interconnectedness of work in making a difference to the whole – local OD, diversity, #ProjectA

Support our middle managers better – sandwiched between the human and performance

Potential “action” areas for CALNAS to take forward

- 1 Determine a national sponsor for the culture change work. This should be at CEO level and linked into AACE. Note, Helen Ray (NEAS) has offered to undertake this role.
- 2 Develop a response to the NHS People Plan (Core Offer and Leadership Compact) – an ambulance people plan.
- 3 Moving from reprimand to compassion – develop a national framework for ambulance services, highlighting principles and practice.
- 4 Develop and provide the opportunities for people to meet, discuss and collaborate more – learning from each other and mutual support in making the change happen. Facilitate the energy needed for this and build the movement for improving culture.
- 5 Develop a national model of CPD for ambulance managers.
- 6 Facilitate the introduction of reverse mentoring across all ambulance services
- 7 Develop a national leadership development programme for ambulance services – supporting managers beyond clinical and technical competence.
- 8 Co create with operational staff the measures that matter to them in respect of good organisation (and culture).

1

Our topic: **INCLUSIVE CULTURE PRACTICAL STEPS TO MAKE IT HAPPEN.**

Summary of our big idea (at the end) - *Reverse Mentoring*
 WE WILL BE MORE EFFECTIVE AND INNOVATIVE IF WE ENSURE WE HAVE A DIVERSE WORKFORCE - EVERYONE HAS SOMETHING TO BRING

<p>1. Why is this important? (purpose)</p> <p>* BETTER PLACED TO UNDERSTAND THE NEEDS OF THE COMMUNITIES WE SERVE</p> <p>* DIVERSITY OF THOUGHT PROMOTES INNOVATION</p> <p>* IMPROVED RECOGNITION & RETENTION.</p>	<p>2. How does the change look/feel?</p> <p><i>More trusting supervisors</i></p> <ul style="list-style-type: none"> - More diverse - visibility - Data improved <i>more metrics</i> - Feel / culture <i>shelter</i> - Understanding - change in language - less anxiety - better - more confident. - More able to deliver - willing to learn - positively challenge - Roles - new risks - organized - personal growth of learning
<p>4. How will we know we've made the change?</p> <p>* THE LANGUAGE WILL CHANGE</p> <p>*</p>	<p>3. What needs to happen?</p> <ul style="list-style-type: none"> - mindset change - action - plan - community engagement - cut the red tape!

2

Our topic: **WALKING THE WALK**

Summary of our big idea (at the end)

<p>1. Why is this important? (purpose)</p> <p><i>Priority of Estem, importance of being being role, Greater self</i></p> <p><i>Common Goals/Values</i></p> <p><i>Clarity of Expect/Direction</i></p> <p><i>the staff verbal backing for their contribution</i></p> <p><i>APPRECIATION OF ROLES of EACH OTHER.</i></p>	<p>2. How does the change look/feel?</p> <p><i>CHANGE IN LANGUAGE</i></p> <p><i>NO PHYSICAL BARRIERS</i></p> <p><i>TRICALISM ↓</i></p>
<p>4. How will we know we've made the change?</p> <p><i>SHOULD SEE IMPROVEMENTS IN METRIC</i></p> <p><i>CREATE A CHANGE IN A COMMON LANGUAGE</i></p>	<p>3. What needs to happen?</p> <p><i>ROLE MODELLING</i></p> <p><i>Mentoring (Reverse?)</i></p> <p><i>TRUST BUILDING</i></p> <p><i>→ TO BE MODEL</i></p>

3

Our topic: **PLAYING THE LONG GAME - HOW TO SUSTAIN CULTURE CHANGE WHEN WE KNOW IT'S SLOW?**

Summary of our big idea (at the end)

STAFF DEFINE THE MEASURES - WHAT WOULD MAKE A DIFFERENCE TO THEM? STAFF OWN THE CULTURE!

<p>1. Why is this important? (purpose)</p> <ul style="list-style-type: none"> • KEEPS PEOPLE ENGAGED. • STAFF (PATIENTS) FEEL CARED FOR. • "THE GOLDEN THREAD" • RETENTION OF STAFF. • IF WE DON'T, STAFF BECOME DISILLUSIONED. • PROJECTS GET FINISHED. • THE CHANGE ACTUALLY HAPPENS. 	<p>2. How does the change look/feel?</p> <ul style="list-style-type: none"> • REGULAR MEETINGS • CLEAR COMMUNICATION. • STAFF FEEL PART OF THE MOVEMENT. • NO THEM & US. • PEOPLE FEEL WELCOME & INVOLVED. • FRESH & PROGRESSIVE. • CONSISTENCY EVOLVING. • CONTINUOUS IMPROVEMENT. • IT'S SAFE TO SPEAK UP.
<p>4. How will we know we've made the change?</p> <ul style="list-style-type: none"> • WHEN LESS PEOPLE ARGUE WITH STRESS ETC. • WHEN STAFF TAKE OWNERSHIP OF THE CHANGE & BELIEVE IN IT. • WHEN STAFF TRUST THAT CHANGES ARE HAPPENING EVEN IF THEY CAN'T IMMEDIATELY SEE IT. • LONG TERM PROJECTS SUSTAIN MOMENTUM & STAFF ARE AWARE OF WHAT'S HAPPENING. • IT'S EASY. 	<p>3. What needs to happen?</p> <p>SEE ABOVE ↗</p> <ul style="list-style-type: none"> • CONSISTENT LEADERSHIP • INCLUSIVITY & COMPASSION & HUMILITY IN LEADERSHIP. • ENCOURAGEMENT FROM LEADERS BUT INPUT FROM STAFF EVERYWHERE. • COMMUNICATION. • BUILDING A MOVEMENT. • ACCEPTANCE THAT IT TAKES TIME.

Appendix 1 – Unconference Outcomes

4 LEADERSHIP DEVELOPMENT: HOW TO MOVE TO A DIFFERENT MODEL

Summary of our big idea (at the end)	
NATIONAL MODEL OF CPD FOR LEADERS	
<p>1. Why is this important? (purpose)</p> <ul style="list-style-type: none"> - ASSUMPTION: GOOD CLINICIAN = GOOD LEADER/MANAGER - NO REGULATION - IMPACT OF RELATIONSHIP WITH MANAGER ON IND #/WB - TIME CRITICAL - AFFECTS PATIENT CARE - NEED TO CHANGE CONVERSATIONS - UNDERSTAND NEEDS OF THE WORKFORCE 	<p>2. How does the change look/feel?</p> <ul style="list-style-type: none"> - EVIDENCE OF CONTINUOUS PROF DEVELOPMENT - LESS AUTOCRATIC
<p>4. How will we know we've made the change?</p> <ul style="list-style-type: none"> - HAPPIER/MORE ENGAGED WF - LOWER SICKNESS RATE - REDUCED PATIENT #/WB - MORE TIVE CHANGE IN STAFFS. 	<p>3. What needs to happen?</p> <ul style="list-style-type: none"> - ALLOWING TIME - AACE BUY-IN - SEEKING & GIVING FEEDBACK - EVERYDAY CONVERSATION - NATIONAL MODEL - COMPACT LEADERSHIP

5 Our topic: MOVING ON FROM PERFORMANCE TARGETS

Summary of our big idea (at the end)	
<p>1. Why is this important? (purpose)</p> <ul style="list-style-type: none"> - SHIFT FOCUS FROM NUMBERS TO PEOPLE - STAFF PATIENTS - TARGETS ARE NOT WHY PEOPLE JOIN - DIFFERENCES IN MANAGEMENT ACROSS TRUSTS, IC/STAFF SURVEY RESULTS DO NOT TAKE ACCOUNT OF ONE SIZE, PATIENT TYPE ETC 	<p>2. How does the change look/feel?</p> <ul style="list-style-type: none"> - BALANCE CONVERSATIONS - PEOPLE HAVE TO GIVE BEFORE TARGETS - HAPPY PEOPLE = BETTER TARGETS - NEEDS TO BE BOARD LED
<p>4. How will we know we've made the change?</p> <ul style="list-style-type: none"> - NEEDS TO BE CONNECTED TO A LANGUAGE CHANGE - NEED TO THINK ABOUT PERCEPTIONS FROM FRONT LINE TEAMS - MORALE WILL INCREASE - INCIVILITY WILL DECREASE - PATIENT OUTCOMES IMPROVE - GREAT STAFF = GREAT PATIENT CARE 	<p>3. What needs to happen?</p> <ul style="list-style-type: none"> - BOARD LED - LANGUAGE CHANGE - ALL AMB TRUSTS NEED TO WORK IN PARTNERSHIP - KEEPING MOMENTUM

6 Our topic: HOW DO WE FREE UP OUR PEOPLE TO DO THIS MODEL

Summary of our big idea (at the end)	
To get every single CEO signed up to take a unified approach, understanding that perform will take a bit	
<p>1. Why is this important? (purpose)</p> <ul style="list-style-type: none"> - SENIOR management decisions are not understood by staff - SENIOR level don't understand issues faced by frontlines - STAFF MUI ↑ - Collective knowledge in workforce is more than the collective knowledge of management team - Makes staff feel valued as they understand the value of their role in the organisation - We will get to a point where people want to be treated - Nature of work - dealing with emergencies in isolated 	<p>2. How does the change look/feel?</p> <ul style="list-style-type: none"> - A keen - Like a vote - Ask people lots of questions - Logical - Uncompromisable - Like a Ford
<p>4. How will we know we've made the change?</p> <ul style="list-style-type: none"> - Change in metrics (positive) - Staff buying - Sickness - Retention/recruitment - Absenteeism in events - Awareness of all staff visits 	<p>3. What needs to happen?</p> <ul style="list-style-type: none"> - Buy in from external stakeholders / a unified approach in tackling issues and understanding resources will be derived from performance - Acceptance at top of organisation this is important - Identification of resources - Engage leading organisations in order to achieve this engagement - Staff engagement is a priority - Realistic that staff will be stood down and that this is accepted financially and in terms of performance

Appendix 1(a) – Unconference Outcomes

REPRIMAND TO COMPASSION

Summary of our big idea (at the end)

REPRIMAND FRAMEWORK WITH PRINCIPLES

<p>1. Why is this important? (purpose)</p> <p>Attrition / Retention Reduction of incidents Consistency Hurt-Healing Our Staff / Safety Organisational Responsibility % Referrals Need to Learn Less Punitive Approach</p>	<p>2. How does the change look/feel?</p> <p>4 STEP PROCESS SUPPORT BRAVE MGT "IT IS OK TO DO THAT!" OPEN EYES CONFIDENCE IN DECISIONS ONE SIZE DOES NOT FIT ALL (MAY BE A NEED TO DISCIPLINE) BALANCE / TRAINING WALK THE SAME PATH EMPOWERMENT BEST PERSON FOR THE JOB</p>
<p>4. How will we know we've made the change?</p> <p>LEARNING PROCESS v DISCIPLINARY WELL RECEIVED COMPASSION REDUCTION IN: REFERRALS, DISCIPLINARIES, STAFF HARM, INVESTIGATIONS OVERALL MORALE</p>	<p>3. What needs to happen?</p> <p>OVERARCHING FRAMEWORK LEADERSHIP PROGRAMME ↑ IS THIS ENOUGH? ? CAMPAIGN COMMITMENT ACKNOWLEDGE WE NEED TO DO SOMETHING DIFFERENT CONVERSATION / COMMUNICATION NATIONAL REVIEW / SHARED LEARNING CHANGE OF LANGUAGE PEER REVIEW</p>

Our topic ROLE MODELLING BY SENIOR LEADERSHIP

Summary of our big idea (at the end)

Authentic Commitment to deliver

<p>1. Why is this important? (purpose)</p> <ul style="list-style-type: none"> Living the behaviours Leading by example It's not a platitude Walk-talk Practice what you preach Role model positive behaviours Empowering staff to lead/live good behaviour Need to feel safe to tell difficult stories/experiences Commitment to long term change 	<p>2. How does the change look/feel?</p> <ul style="list-style-type: none"> Authentic Commitment People focused / collaborative Radical + positive Driven by staff in all directions Supportive, safe to challenge Togetherness + ownership Two way communication / narrative Feels like a learning organisation Long term guarantee
<p>4. How will we know we've made the change?</p> <ul style="list-style-type: none"> Retention Atmosphere staff survey Sickness Patient care ↑ Staff suggestion 	<p>3. What needs to happen?</p> <p>AACE Senior buy in To be part of ambulance imp programme To be absent of 1/4 target/performance - allow the time Leadership Development Commitment</p>

Language

Summary of our big idea (at the end)

Peace & Equip managers & ensure they are supported.

<p>1. Why is this important? (purpose)</p> <ul style="list-style-type: none"> Builds trust sets expectations correctly encourage healthy conversations Turn targets into people things Sell change, rather than tell! Scarey (s1) Misreading Pass down in-appropriate pressure / stress 	<p>2. How does the change look/feel?</p> <ul style="list-style-type: none"> Authentic Credible consistent explains why Tailored to audience / perspective Realistic Human
<p>4. How will we know we've made the change?</p> <p>FEEDBACK Freedom to speak up Self Regulation.</p>	<p>3. What needs to happen?</p> <ul style="list-style-type: none"> Take ownership Engagement Language Approach Values Based Recruitment Tell the staff! Encourage a Healthy Challenge Equip Leaders Support Managers

Appendix 1(b) – Unconference Outcomes