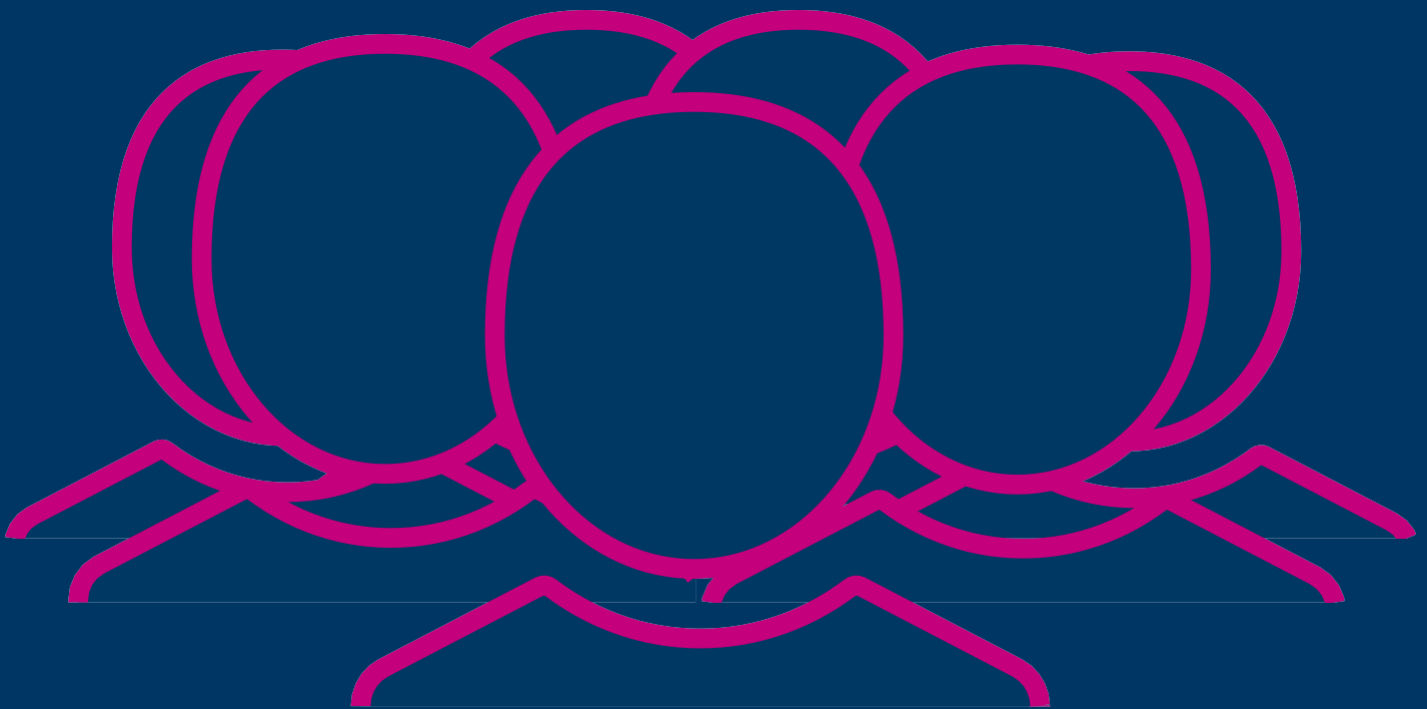


INVESTORS IN PEOPLE®

We invest in people



Feedback

NHSGGC West Cluster

Project number: 22/6085

Specialist: Lindsey Ferries and Ann Astell

Date: 6 July 2022



Delivered by
Remarkable
Apex 3
95 Haymarket Terrace
Edinburgh
EH12 5HD

Under licence by
Investors in People
157-197 Buckingham Palace Road,
London, SW1W 9SP
+44 (0) 300 303 3033

The Investors in People brand, trademarks, methodology, products and logo are owned by Investors in People and are protected by copyright and trademark law.

The Investors in People identity is strong, simple, powerful and instantly recognisable. It is therefore important that only organisations that are accredited as Investors in People can use our mark.

©2020 The contents of this report should be considered commercial in confidence.

At a glance

What to be proud of

- Your staff are committed to providing the best possible care to their patients and their families and wish to ensure that the 'patient experience' is the best that it can be
- During the pandemic, your people went the extra mile to merge services and work flexibly with different teams to provide continuity of service. Teamwork has improved in many parts of the service with greater levels of flexibility
- Some of the bureaucracy was cut through during the pandemic and there is an appetite to maintain enhanced levels of collaboration across teams/Directorates
- Leaders and senior managers are working hard to enable their functions to deliver the best services possible to patients under difficult circumstances
- Many of your Managers are visible and doing the best they can with severe staff shortages in many parts of the West Cluster
- There was excellent feedback in respect of the 'Ready to Lead' Programme for Managers
- Staff are clear on their responsibilities and have the autonomy to do their jobs well
- Professional development is in place and many staff are being supported in their learning, although in many areas there is a lack of protected time for training
- All are familiar with Learnpro, and try to keep it up to date, even though some of the modules need a refresh
- You encourage continuous improvement practices at a local level
- Datix and audits are used to create action plans for learning and improvement
- Staff are appreciative of the health and wellbeing initiatives that were put in place during the pandemic and are keen to maintain/enhance them
- The culture of appreciation is well embedded at a local / team level
- Staff appreciate the NHS benefits package

What to work on

These are our suggested priorities to improve how your people are led, supported and developed:

- The staffing shortages are having a significant impact on staff morale and there is a lack of understanding about future plans
- Many parts of the cluster are running on reduced staffing levels (especially the wards) which is causing patient safety concerns
- Workforce planning and succession planning needs to be seen as having a higher organisational priority
- The time it is taking to recruit staff due to the speed of the recruitment process is impacting service provision
- Openness and honesty were felt to be the values least lived
- The induction/onboarding process of new recruits is variable and needs to be of a consistently high standard for all recruits
- Senior management visibility needs to be increased
- I Matters is a valuable tool if used properly to assess levels of staff engagement - there appears to be inconsistencies in approach with not all staff having the opportunity to input or take part in the required feedback discussions
- Many staff are frustrated that they are largely caught up in firefighting and not able to make the improvements to systems and processes they see as necessary
- The lack of investment in professional learning and development was commented on. Investing in your peoples training and professional development motivates staff and supports retaining specialists/experts
- TURAS is primarily viewed as a tick box exercise. Refresher training for all Managers is required to make it more valuable for both parties
- Values are demonstrated to the patients but more needs to be done to promote acceptable behaviours between staff
- Staff are concerned that underperformance issues are not being addressed
- For those who are new to management roles, the expectation of what is required to be a Manager needs to be more explicit
- Whilst there is a meetings 'culture', many of these meetings are not seen as progressing the real issues
- Staff would like to have the opportunity to be more involved in decisions that affect them

- There is widespread concern that staff do not have appropriate rest and relaxation in their working hours due to lack of space.

Summary of our recommendations

- Senior Management to share your plans on how you are going to deal with the staff shortages in the short and medium term
- Leadership teams to be more visible on the front line - reintroducing patient safety leadership walk rounds would make a difference as a first step
- Address workforce planning and how you are going to deliver services against increasing patient volumes and more complex treatment plans
- Support Managers and Leaders with further opportunities for action learning, coaching and mentoring
- Review your meetings structures and membership to ensure that they are outcome focused and have the authority to make decisions
- Review your nursing agency spend and consider how you can attract existing staff to take on additional hours including on the Nurse Bank to reduce your reliance on costly agency workers who are restricted in what work they can do
- Gather and analyse data on exit interviews and take appropriate actions
- Ensure that staff have access to learning and professional development opportunities (not just Learnpro) and invest further in practice development/clinical education roles
- Ensure that team meetings take place consistently across the West Cluster and one to ones for all staff in a way that adds value. For example, walking catch ups may be helpful for some departments
- Ensure that all Managers understand the importance of showing appreciation in order to make staff feel valued
- Review the role of a Line Manager and put in place a Managers Guide on what is expected in respect of managing staff and where the support is available. This should be supported by in-depth training on the range of people IT systems they are required to use e.g SSTS, ESS, HR Connect, JobTrain etc.
- Ensure that your Supervisory staff have equal access to training and development opportunities to support them to be effective line managers.

Result of the assessment

The outcome of this assessment is that you have not met the standard consistently enough to warrant the IIP award. The table below summarises this, showing that in many areas of the framework you met the standard and beyond, but fell below in some.

The IIP process provides a year's grace in which to improve your people practices to meet the standard in those areas which failed to achieve the minimum required. By June 2023, we will need to re-assess those areas that did not meet the standard. We would hope to then confirm that the West Cluster meets the standard and has an action plan to continue embedding good practice as part of the overall effort to be the best employer you can be.

INDICATOR	THEME	DEVELOPED	ESTABLISHED	ADVANCED	HIGH PERFORMING
LEADING AND INSPIRING PEOPLE	Creating transparency and trust				
	Motivating people to deliver the organisations objectives				
	Developing leadership capability	✓			
LIVING THE ORGANISATION'S VALUES AND BEHAVIOURS	Operating in line with the values	✓			
	Adopting the values	✓	✓		
	Living the values	✓	✓		
EMPOWERING AND INVOLVING PEOPLE	Empowering people	✓	✓		
	Participating and collaborating	✓			
	Making decisions	✓			
MANAGING PERFORMANCE	Setting objectives	✓			
	Encouraging high performance	✓			
	Measuring and assessing performance	✓			
RECOGNISING AND REWARDING HIGH PERFORMANCE	Designing an approach to recognition and reward	✓			
	Adopting a culture of recognition	✓			
	Recognising and rewarding people	✓			
STRUCTURING WORK	Designing roles	✓			
	Creating autonomy in roles	✓	✓		
	Enabling collaborative working	✓			
BUILDING CAPABILITY	Understanding people's potential	✓			
	Supporting learning and development	✓			
	Deploying the right people at the right time				
DELIVERING CONTINUOUS IMPROVEMENT	Improving through internal and external sources	✓			
	Creating a culture of continuous improvement	✓			
	Encouraging innovation	✓			
CREATING SUSTAINABLE SUCCESS	Focusing on the future				
	Embracing change				
	Understanding the external context	✓	✓	✓	✓

Introduction

This report provides feedback from the review of the people practices in NHSGGC's West cluster, which comprised of circa 2,600 staff located across the following three campuses:

The Beatson Campus
Gartnavel General Hospital
West Glasgow Ambulatory Care Hospital

The review was carried out in June 2022. We met with people in a mix of focus groups and video calls from across all parts of the West cluster and a mix of grades and types of roles.

We met the accreditation requirement to meet with 5% of staff who work in the West Cluster. In this report, we have aimed to highlight the good practice you have developed and embedded. Clearly there are different organisations within the West Cluster and where we can, we have identified differences. The Investors in People framework is designed to encourage improvement of people practices. With this intent, we present suggestions and recommendations in addition to summaries of what you are doing well in the nine areas of good practice, and where improvement is needed to reach the IIP standard. Quotes from the conversations are used to illustrate themes of comments and the range of experiences and perceptions of your people.

Context

Three sets of objectives comprise your 2021 to 2025 workforce strategy for the whole of NHSGGC. The first of these is the five staff governance standards:

- Well informed
- Appropriately trained and developed
- Involved in decisions that affect them
- Treated fairly and consistently, with dignity and respect in an environment where diversity is valued
- Provided with a continuously improving and safe working environment, promoting the health and wellbeing of employees, patients and the wider community.

In addition, you want to ensure staff:

- Keep themselves up to date with developments relevant to their job within the organisation
- Commit to continuous personal and professional development
- Adhere to the standards set by their regulatory bodies
- Actively participate in discussions on issues that affect them either directly or via their trade union/ professional organisation
- Treat all staff, patients and service users with dignity and respect while valuing diversity
- Ensure that their actions maintain and promote the health, safety and wellbeing of all staff, patients, service users and carers.

Finally, the Board has also committed to ensuring:

- Employees feel valued at work so that they can fully engage in their roles, with colleagues and with NHSGGC as a whole
- The often intense demands on our services when employees often go above and beyond normal duties is acknowledged in a supportive and caring workplace
- We are positive about our values and contribute our best to provide better health, better care, better value and a better workplace
- We focus on improving quality and performance - and the experience of our patients and their families will reflect this
- We don't tolerate behaviour that is outside our values. When this happens, feedback delivered respectfully can be given by anyone to anyone
- A coaching and supportive managerial style prevails where people feel empowered and take responsibility
- We feel safe to speak up about anything that is important to us without fear of retribution. We can be open and honest when things go wrong or when mistakes are made because our first reaction is to stop, enquire and learn.

Investors in People was chosen both as a measure of your performance on most the above, and as a development framework, providing you with a long-term tool that will help you on this journey.

What your people told us

Leading

LEADING AND INSPIRING PEOPLE - Not Met

‘Our senior managers, are really approachable, you can chap the door and go in any time’ (WGACH)

‘Management just reacts when we reach crisis point’

‘We see sub optimal care due to the lack of acute support at the Beatson’

‘The workload is unsustainable; I saw no way out other than to resign (Beatson Consultant)’

‘In my experience, the focus is on patient numbers and throughput, not the safe capacity of the dept or staffing levels’

‘There needs to be more clinical leadership at the Beatson’

‘There is a huge problem in the Wards - they are so short staffed and patient safety is at risk’

‘My heart races at the daily huddle incase I’m going to lose a Nurse to another Unit’ (Beatson Nursing)

‘Management need to get more involved in understanding what staff are experiencing day to day’

‘There is no timescale for change - we are left in the dark’

‘Management need to be patient centred - it’s all about targets and patient care is deteriorating’

‘I’ve only ever seen management communicate via Core Briefs and I don’t think their language is accessible to all’.

The Good Practice

- People are passionate about the services they provide and would like to do more to enhance the patients’ experience
- There are many examples of visible and approachable leadership and effective management. Where this is evident, it has a hugely positive impact on staff morale and therefore discretionary effort
- There are examples of great managers who are accessible and supportive, many of whom have significant clinical caseloads in addition to managing staff. More needs to be done to support those in these roles
- There is positive feedback about how leaders and managers supported staff health and wellbeing during the pandemic, whilst a feeling that there is still more to be done and a greater sharing of what is available
- Core Briefs are widely available and a useful source of information if staff have access to PCs and time to read them (often they are long and a number issued throughout the day).

Areas to Improve

- The biggest area of concern is staffing levels. People feel overworked and used the expression ‘burnt out’. More acknowledgement from senior management about the impact of these staffing shortages on the front line is required and more communication about the plans to address these shortages

- Many leaders are occupied with operational issues and many are firefighting. This means that they do not have time to consider the wider issues in their roles, including supporting their teams
- Targets and financial constraints are seen by staff as the main priorities with patient safety and patient experience being less prioritised. Leaders need to keep the focus on prioritising safe and effective patient care in order to motivate staff
- Middle managers require more support. Their hands are seen as tied by senior management and they are unable to make decisions despite having responsibility for their units/departments. More visibility from senior management who can make changes to improve services is required
- The consensus is that there is no money and short-term decisions are taken due to funding constraints
- Front line Managers need more HR support and not just signposting to policies
- More specific communications briefs/local newsletters should be considered for the West Cluster.

Recommendations

- Leadership team to agree and communicate the vision and strategic goals for all West Cluster services
- Given the fast pace and pressures on the service, support your leadership teams through wider provision of team and individual coaching to give them ‘time to think’ and more planning and discussion time together, supported by trained OD facilitators. This will also help build resilience
- Prioritise ‘visible’ leadership to engage more with staff and to get an understanding of the pressures on the ground
- Reintroduce Scottish patient safety leadership walk rounds
- Communicate your plans on how you are going to address the immediate staffing shortages and longer-term workforce/succession planning requirements to build trust and confidence in service sustainability. We recommend you have an engagement strategy beyond just communications as part of remobilisation plans
- It would be appropriate to have senior managers attend meetings of their teams at least several times per year

LIVING THE ORGANISATION'S VALUES AND BEHAVIOURS - Developed

'Our working relationships are generally good'

'It feels like a team' (Beatson)

'Yes, from what I see, we live the Values' (Gartnaval)

'Hybrid working is positive - trust and allow staff to be flexible and they will produce their best work'

'I am treated with respect and consideration'

'We all know each other well, are respectful and try to be open & honest in the way we work within our teams'

'Working in the NHS is stressful and sometimes this shows in staff behaviour' (WGACH)

'People get away with it here and they're not challenged. And even if they are challenged, nothing really ever happens'

'I have had to challenge people on language, on how to speak about others whether it's about their religion or the skin colour. It is a culture that continues' (Facilities)

'If they cared more for staff that would reduce sickness levels'

'Bullying issues are not addressed - I raised an issue with Management as I was being bullied and they said that they could do nothing and that I had to raise a grievance'

'One person in the team can dictate how your shift goes - there have been lots of complaints from both patients and staff but nothing gets done'

The Good Practice

- The NHS Values are understood and the culture is generally viewed as positive with staff being supportive and respectful to one another
- Care and compassion towards patients is very evident from the conversations we had with all staff and pivotal to the reasons why staff chose to work in the NHS
- Good and effective teamwork is lived and demonstrated through all service areas - including non-patient facing functions
- There are pockets across the West Cluster where staff see poor behaviours consistently not being addressed by management which causes frustration and resentment.

Areas to Improve

- Managers are not consistently demonstrating the values through their attitudes and behaviours
- High levels of stress in some parts of the service were seen to result in a 'blame culture' in some parts of the Cluster. The view is that the stress is largely due to staffing shortages
- Staff are being routinely moved to work in the wards where they are not welcomed or have the required skill set. Nursing staff feel that there is a lack of understanding about the different types of nursing specialities
- Respect, openness and honesty were seen to be the values least lived. This was commented in the context of:
 - Where management communication was not perceived to be 'open and honest' on a consistent basis
 - Where people felt they were disregarded and were not able to put forward

their views/concerns

- Management can be seen as unwilling to address poor behaviours especially where these behaviours have ‘become the norm’.

Recommendations

- Continue working at enhancing your culture and keeping your Values ‘visible’. Remember ‘culture eats strategy for breakfast’ (ref. Peter Drucker). Ensure that all team meetings include what the values and governance standards mean in practice on a regular basis
- We recommend that leaders are coached in habits for them to reinforce the values, the standards and culture framework. This can be done by peers who are known to excel as leaders. Mentoring and/or coaching support can help with increasing self-awareness
- Explicitly link the values to the staff governance standards and professional standards of practice to reinforce their importance. In some areas where it may be more challenging, bring in professional bodies to talk about professional standards and how they link to the NHS values. This will strengthen your ability to hold those who do not behave in line with the values to account
- Develop behavioural competencies into a format that is simple and accessible to all and ensure that alongside technical competencies, they are part of PDR discussions
- Give all managers more HR support and build confidence to deal with poor behaviours and underperformance issues
- Ensure that values are essential in your recruitment and selection decisions and throughout the employee journey

EMPOWERING AND INVOLVING PEOPLE - Developed

‘We have an open-door approach and encourage staff to have a voice’ (GGH)

‘Our GM is visible and attends our Team Meetings - its real helpful’ (GGH)

‘As a team we work well together - this is how we have survived lately’

‘We are well informed about decisions that affect us - we had a recent major change to the job and our line manager was telling us about it for months’ (WGACH)

‘We need Committees that are effective and that deliver results - there is so little opportunity for dialogue’ (Beatson)

‘I am not involved in decisions where I feel I should be’

‘Decisions are made about our budget and vacancies without us being party to any of it’

‘We used to have a morning huddle meeting where we could discuss issues openly but that was taken away with covid’

‘Organisation wide there is not enough being done to include staff or gather opinions or feedback’ (GGH)

‘We used to have team meetings where there was time made to discuss things but these have become less because staffing has been so bad’

‘I have heard colleague says that they have to reduce their hours or resign due to the pressures’

The Good Practice

- Where regular team meetings take place, operational issues are addressed and staff feel involved. This goes a long way to make people feel supported and listened to
- Communication appears good in many areas. The lack of physical space for staff to hold meetings can hinder this
- Staff reported having good access to the information they need to perform their roles
- There are examples of good practice where staff are involved in changes that affect them at work. Staff want to contribute to decision making and to feel that their voices are heard
- There is evidence of effective teamwork across departments where information and expertise are readily shared
- Core briefs are well embedded and useful, though can be too much information which staff can find overwhelming. Core briefs are printed for staff who do not have PC access
- The use of Microsoft Teams has been positive and encouraged more cross-team communication - for example, dedicated Teams channels are seen as very helpful
- Where clinical staff have access to clinical supervision and team meetings (less opportunity for these now due to staffing shortages), these are valued to build relationships and share best practice
- Daily huddles are working well where they take place. They provide an effective mechanism to plan the work of the team and discuss problems. Staff feel empowered to raise issues in these meetings.

Areas to Improve

- Too many staff are finding it unsustainable to continue working under such high pressure

situations

- Decision making from senior management is perceived as slow with a lack of understanding of the impact on the front line
- Clinical staff reported that taking part in decision making and generally being included is challenging because colleagues are in various locations
- There are a lot of meetings/Committees, some of which are not felt to add value.

Recommendations

- Review your meetings/committee structures to ensure that they are outcome focused with the appropriate membership and accountability to deliver results
- Reinforce the importance of team meetings for all functions as this is a major route to involving and motivating staff
- Adopt flexible approaches to engaging with staff that work for your diverse clinical and non-clinical teams. Discuss with staff what works best in their area
- Do more to involve staff and to listen to their concerns and suggestions across all areas including support services. Seek support from OD and HR colleagues to facilitate meetings and follow up actions
- As part of your retention activity, all staff need an opportunity to talk about their concerns
- Ensure that if staff are working from home they have access to the technology and documentation they need to be responsive to their internal and external customers
- Encourage more cross team collaboration to develop relationships and enhance inter team communication
- Consider introducing local newsletters for services with the West Cluster.

Supporting

MANAGING PERFORMANCE - Developed

‘TURAS - the platform is easy to navigate and it’s a great tool’ (GGH Clinical Lead)

‘If you have a good Manager, that makes all the difference’

‘My manager is very accessible and more than happy to give honest feedback’

‘We have an interim TURAS review as well as annually so we feel we get a lot from it’ (GGH)

‘I have regular one-to-one meetings with my line manager. We have very good conversations around the job but also how I am doing’

‘On a one-to-one basis I feel supported by my manager and the most recent proposal I made to management was supported and that extended my scope of practice’

‘I have never really felt supported - my one to ones are frequently cancelled’

‘TURAS is very convoluted and there is no follow up’

‘Our appraisal system (Medical staff) is a waste of time as it’s there purely to ensure that there are no unsafe doctors’ (Beatson Consultant)

‘Managers are seen as not addressing poor performance and there are staff not pulling their weight who are getting away with it’

‘I would love it if my manager gave me feedback. I would like her to be more interested in me’

The Good Practice

- There are examples of great practice where Managers are respected and are seen as role models. The majority of those we spoke with talked of how well supported they feel by their immediate line manager
- Where there are team meetings and regular one to ones these are valued by staff and support motivation and enhanced performance
- All staff were familiar with TURAS. Where TURAS is used to support discussion rather than a bureaucratic paper exercise, it is a useful tool to encourage high performance and to support further development for those that wish to progress their career. Refresher training on TURAS has improved these conversations
- Where Managers have attended management training (i.e., Ready to Lead) this is well received and viewed as helpful to support those in managerial roles.

Areas to Improve

- The good practice of staff one to ones needs to be more consistently embedded into the practice for all Managers
- We heard that some roles have tens of people reporting to them; this is not good practice
- Managers (many of whom are carrying heavy clinical caseloads) would like clarity on what is expected in the role of a manager and a suite of training, with more accessible HR advice and support
- Managers need the tools and support to enable them to manage poor performance effectively including developing Performance Improvement Plans

- The general view about TURAS was that it is tick box exercise that adds no value. A minority of staff have not had a TURAS review for years
- Medical staff have the job planning process which appears to involve no discussion even if there are changes which need to be agreed
- Many staff are being moved to different locations to cover staff shortages - there were many examples of where these staff felt they were not appropriately trained or welcomed into these units (i.e., WGACH to the wards).

Recommendations

- Ensure that all staff (including consultants and support staff) have regular one to ones in a way that is manageable and adds value to both parties
- Provide more managers training on for example, building effective teams, managing performance and having challenging conversations
- Provide refresher training for managers on TURAS and provide more discussion and sharing of best practice to make the process more valuable to staff
- Ensure that staff-to-line manager ratios are sufficient so every staff member can receive one to one feedback and know who their line manager is so they can get support when needed
- Band 7 is a pivotal role - ensure that levels of accountability are clear and provide them with mentors as confidential support from other part of service
- Extend the reach of action learning sets to supervisors and managers which will support building confidence in managing people
- If staff are moved to other areas to cover staff shortages ensure they are welcomed by recipient manager and given the training they need to provide effective cover.

RECOGNISING AND REWARDING HIGH PERFORMANCE - Developed

'I get regular feedback from my manager, she is really good'

'Our line manager gives feedback especially now after covid with the lack of staff'

'The Clinical Director also often sends emails to say thanks to staff as well as my manager'

'We started a channel on Teams called: Going The Extra Mile to show appreciation for the team members'

'As a team, we all appreciate each other and we bring different qualities and skills'

'We have a Monday Motivation Board where someone writes something motivational'

'There are efforts made to acknowledge peoples' contributions'

'Small things make you feel valued at work - I had to fight for my laptop and phone'

'There is no recognition of in-house clinical experts, we are recognised more externally'

'The harder you work the more that is expected'

'We only get told how to improve but not how well we do - there is no praise'

'The managers will always pass on patient appreciation, but as an individual you don't get much, it's more team-based appreciation'

The Good Practice

- Managers are generally showing more appreciation for work done than pre pandemic. A culture of appreciation appears to be embedded at team level in most parts of the cluster although appears less so in facilities and administrative functions
- Staff get positive feedback from patients and from colleagues, less so from senior management
- Staff recognised that managers are trying to do their best but that they are restricted in what they can do
- Where GREATIX is adopted, it generates positive feedback and helps to lift morale. There are also examples of great local initiatives that recognise individual and team performance
- The small things make a difference i.e., managers demonstrating that they care for their staff, having the technology to carry out their role, having somewhere to go for rest breaks, having a staff car parking permit etc
- The Staff/Chairman's Awards are generally known and show appreciation of staff efforts
- Staff generally appreciated the NHS benefits package; final salary pension scheme, annual leave and sick pay provision were most mentioned.

Areas to Improve

- Senior managers and clinical leaders are not appreciating staff frequently or effectively enough. This is a basic area to improve, but challenging to establish fully as it does not seem to be a strong part of the culture beyond the team environment
- The benefits package is seen as good (pension, sick pay entitlement, cycle to work scheme was highlighted) although many staff are not aware of all of the benefits available to them.

Recommendations

- Leaders and Managers need to do more to give positive feedback to their staff and teams
- Refresh and reissue a flyer of all of the benefits that you offer to remind staff what is available - helpful for recruitment purposes too
- The impact of simple initiatives can be hugely positive so ensure that Managers have a small local budget to recognise and reward staff in this way
- Make it easier for staff to nominate their peers for the Staff Awards (we heard that the paperwork was lengthy) and also consider local awards for the different sites within the West Cluster
- GREATIX appears to be a useful tool to show recognition and should be more widely promoted. Microsoft Teams also has a 'praise' facility which could be used for immediate feedback
- Wellness days and teambuilding events can be hugely motivational for staff to prevent burnout and improve team collaboration and effectiveness
- Not all staff were aware of the Partnership Forum and its role in discussing reward and recognition. More could be done to highlight the role of the PF and how it works in partnership with Trade Unions to support staff to achieve organisational priorities.

STRUCTURING WORK - Developed

‘Policies and procedures are accessible’

‘We are trying to look at different ways of doing things to make things easier but we are stretched’

‘There are huge inefficiencies in ways of working - we have 3 sites and the processes are all different’

‘Lack of workforce planning is a big concern’

‘The Ward Sister has all of the responsibility but limited ability to make changes’

‘Domestics and catering staff are seen as one role but it is too distinct roles i.e., we can be cleaning the toilets one minute and then asked to give out the teas’

‘They are throwing money at agency workers who can’t do the job’

‘Things get added onto our job description all the time - e.g HCSW are now required to do ECGs, that was never our job before’

‘There is no clear structure and I am not sure management are clear on what my job entails’

The Good Practice

- Policies and procedures are accessible, and levels of decision making are generally understood
- Teams are proud of how they worked flexibly together during the pandemic and cut through bureaucracy to be able to provide continuity of services. This has been successful and created new ways of working that delivers benefits for staff as well as service users
- Staff feel trusted to work from home where appropriate and practicable, and do their best work at a time that suits them - provided they have access to the systems and tools they need
- Staff appear to have appropriate levels of autonomy within the professional boundaries of their role
- Where feasible, wider use of Microsoft Teams has facilitated more collaborative working both within and across teams

Areas to Improve

- More treatments are becoming available for patients but the view is that infrastructure is not being put in place to support this. For example, there is perceived to be a lack of investment in practice educator/clinical specialist roles
- Given staffing shortages, waiting list targets and expanding patient numbers, many staff are feeling overwhelmed, concerned and anxious
- There was a general feeling that staff are firefighting, reducing their ability to improve work practices
- There appears to be increasingly more paperwork to be completed which puts more pressure on overstretched managers, especially those in charge of clinical areas
- Skill mix is seeing as being reduced in some areas with a lack of time to properly redesign job roles
- There have been lots of staffing changes at the senior management level. Staff do not

know who they are and some have had many changes of senior manager

- Some roles are perceived to be too extensive to be fully effective i.e., lead nurse role
- There is a lack of clarity about the role of HR with requests for more HR support and guidance rather than being signposted to HR policies which appears to be a common response.

Recommendations

- The re-establishment of 'normal' structure and processes is high priority for staff, so they can return to 'normal' working for their benefit as well as patients
- Build on the learning from the pandemic in respect of ways of working and trust staff to work in ways that deliver the best results for your patients and service users
- Encourage more opportunities for teams to collaborate in LEAN projects as a way of promoting more efficient working
- Review nursing agency spend and use the budget to incentive staff to work additional hours or on the Bank rather than rely on expensive agencies where there is no understanding of the work area and restrictions in what they can do. This also applies to domestics where there is significant agency spend
- Review structures and job roles to ensure that they are fit for purposes, especially where new roles have been created
- Continue to provide flexibility where you can so that staff can do their best work in a way that works for them
- Given the reliance on IT systems, ensure that there are local champions/superusers who can provide training and support at a local level
- For those in more task-focused roles, both clinical and non-clinical, ensure you make the work interesting to retain them. For example, ensure training for domestic staff in the full range of duties including in infection control, safety catering trolley training etc.
- Clarify the role of HR, how the function is structured and what support they provide to their internal customers.

Improving

BUILDING CAPABILITY - Not Met

‘We have a Practice and Development Team who are very good and assist with our learning’

‘Ready to Lead Programme is really good’ (AHP Lead)

‘The refresher TURAS training is very good’

‘We are encouraged to go up the ladder’ (clinical staff)

‘We have our own education team who assist with this’ (WGACH)

‘Workforce planning in facilities is non-existent - 3 Managers left last year!’

‘We are losing a lot of skills and experience’

‘Some staff are ‘single points of failure’ - especially those in specialist ‘niche’ services’

‘Junior staff don’t know the ropes and there is no time to train them’

‘They don’t want to train you up as then they might lose you to another department’

‘We need ‘time to talk sessions’ to share best practice informally’

‘Most learnpro modules are very repetitive with the same questions year on year’

‘There is no room for progression so I am moving to another health board where there are more opportunities’

‘We are generally not good at succession planning’

‘Managers need more managerial skills training - they are often promoted due to their technical skills’

The Good Practice

- All staff are familiar with Learnpro and try hard to keep up to date with mandatory modules, however this is often in their own time
- Many managers are very supportive of learning and development and work hard to make it easier for staff to access development opportunities and/or obtain professional qualifications
- Some parts of the service have regular CPD sessions. Where CPD activity takes place, especially across multi-disciplinary teams, this is greatly valued by staff
- We consistently heard positive feedback about the ‘Ready to Lead’ Programme for Managers
- In clinical areas the role of clinical educators/practice development is seen of critical importance to sharing knowledge and best practice
- There appears to be lots of clinical trial working taking place which will deliver benefits for patients and staff.

Areas to Improve

- There are perceived to be significant workforce planning challenges across West Cluster due a lack of succession planning strategies. This is particularly noted for medical trainees, doctors leaving and/or retiring and Consultants reducing sessions due to the implications of the Pensions Lifetime Award. However, it is also perceived to be a widespread problem due to staff turnover from people retiring and leaving for other posts

- Managers need more learning how to manage their people positively, especially where there are challenging people management issues which have not been addressed for years
- More OD support is required to support managers to implement changes in clinical practice where the staff view is ‘why do we need to change?’
- More consistency of access to training and development opportunities for all staff is required, supported by protected time. Where there are mandated CPD requirements, this needs to be made available to staff
- More mentoring and buddying support is required to help staff learn and improve
- There was a lack of proper onboarding for new staff who can be ‘left to get on with it’ without any proper induction to the job or any mentoring or buddying support. This results in higher turnover as new staff feel unsupported
- Recruitment is seen as too slow and process cumbersome, as well as little IT training on Jobtrain. Vacancies are perceived as taking too long to get advertised and often well after the incumbent post holder has departed putting added pressure on existing staff and can be in excess of 12 months.

Recommendations

- Ensure that workforce and succession planning is actioned as a strategic priority
- Maintain a strong focus on leadership and management development support. This should include wider access to coaching and mentoring opportunities
- Ensure that Supervisors have appropriate supervisory training to support them in their role
- Clarify the expectations and responsibilities of being a manager and provide a suite of training to support this including wider access to the ‘Ready to Lead’ programme. Ensure that there is sufficient practical training on the variety of ‘people systems’ Managers need to access i.e., TURAS, ESS, Job Train, HR Connect etc.
- Increase access to the Ready to Lead Programme for all managers and supplement this with ongoing support through coaching, mentoring and action learning sets as well as training on HR policies and procedures
- Ensure all staff have access to stated CPD requirements and encourage more ‘Time to Talk’ CPD sessions within and across teams to share learning and best practice
- Provide more training and career pathways for non-clinical staff especially in facilities type roles and admin functions. We suggest monthly toolbox talks on a broader range of learning topics to maintain interest and support capacity
- Continue to support Trainee roles to bring in new talent and potentially support succession planning

- Investigate apprenticeship options including in maintenance and facilities to support workforce planning
- Where there are departments of specialised skill sets and low staff turnover, provide more OD support to Managers who wish to implement changes to scopes of practice where there may be resistance to change
- Given the current highly pressurised environment, provide Managers with tools to support their own resilience and those of their teams
- Ensure that career pathways are published, and that staff have opportunities to broaden their knowledge and skills
- Review your Induction/onboarding process across all areas and take action to ensure that new staff have the training and support they need to be effective. Give all new staff a 'buddy' to help them bed in quicker
- Ensure that LEARNPRO modules are updated when appropriate
- Train up more local IT champions on your various software packages (appreciate a number of them are NHS Scotland national software packages) to provide more easily accessible IT support
- Discuss your recruitment process and what needs to be done to make it quicker and more effective. Lack of Managers training on JobTrain appears to be barrier
- Recruitment needs to be speeded up.

DELIVERING CONTINUOUS IMPROVEMENT - Developed

- ‘We have a Good Practice event every single year. Any team that has a good idea shares this at the meeting’
- ‘As a national service, we communicate with others across Scotland community, so we regularly share info/ good practice etc’
- ‘We try to put forward ideas when we can. Practice Development Nurses can really help but there are not many of them now’
 - ‘Suggestions are regularly encouraged’
 - ‘Small Change Matters was a good initiative, we submitted a few ideas and were successful’
 - ‘There is not much time for new thinking’
 - ‘We need to invest in more development/educational roles’
- ‘There are lots of new treatments but there is no infrastructure to support these i.e., no extra specialist nurses to support the new practices’
 - ‘As we don’t have a professional lead there’s not much innovation’
 - ‘We used to get asked at the morning huddle, but we don’t have it anymore’
 - ‘You don’t get ideas and brainstorming on an e-mail or with writing it in a book’

The Good Practice

- There is the ambition to support the continuous improvement agenda. Many areas are making improvements to service delivery and ways of working and practices that were adopted during the pandemic are being continued. Clearly however current workforce pressures have restricted the ability to fully explore new opportunities
- Team meetings are a useful forum to discuss suggestions and improvements and where they can, they are progressed
- Quality audits provide the opportunity for shared learning and adoption of best practice
- DATIX is well understood and seen as a useful tool for recording concerns and complaints. Staff are confident that outcomes are discussed at the relevant governance committees.

Areas to Improve

- Management and Leadership teams are short term in their thinking currently, leaving a gap in medium to long term thinking
- Ideas and suggestions need to be continually encouraged at all levels and timely feedback provided
- Induction for new recruits needs to be improved to be more thorough and consistent across the West Cluster. We suggest you survey staff who have joined you over the last 2 years to find out their experiences
- Changes to systems (i.e., Trackcare) and processes need to be better communicated, supported by more access to training where this is required
- Improvements are harder to implement across teams and it can take a long time to change practices. Also, the rotations of medical staff who tend to have different ways of working complicate and can derail implementation
- Most staff were not aware of who their local Health and Safety Representative is

- We are aware that iMatters is a national tool, but from reports here, we doubt you are benefitting from the level of investment you are making in the process.

Recommendations

- Keep encouraging staff and make it easier for them to come forward with their ideas and suggestions - regular team meetings will assist this
- Consider an 'Ideas@theWest Cluster' portal (split into the Beatson, Gartnaval, WGACH etc) as long as it is managed and there is follow up. Suggestion Boxes may be more fit for purpose in some areas
- Train up more staff on lean methodology and facilitate time for process improvement activities
- Relaunch the role and remit of the Health and Safety reps and share with all staff so that they can raise any concerns through this channel as well as to Management
- Ensure exit interviews take place, investigate underlying trends and put actions in place to mitigate the risks
- Work with the Partnership Forum on the improvement agenda to develop approaches which encourage all staff participation.

CREATING SUSTAINABLE SUCCESS - Not Met

'In our dept we really have adapted to embrace change and we reflect and learn from it regularly'

'They need to look out for the staff- there are real burn outs'

'Treatments are continually changing and there are less staff to treat patients and no space at the Beatson in which to do it'

'We need to improve integration - how we work, how we connect services, how we get rid of duplication'

'In my experience change is not communicated well or widely, is done on short notice, not everyone is informed in a timely way'

'It's harder than ever to effect change - it's just imposed and bounces from one committee to another'

'We need more change management support -there is huge resistance to change in some services'

The Good Practice

- The Workforce Strategy sets out your ambitions for all people in NHSGGC. It provides clarity of agenda and aspiration, and the first steps as to how you intend to achieve it
- Staff are very motivated and want to deliver the best possible services for their patients and service users
- Where I Matters is proactively adopted, it is seen as a useful tool to develop local improvement action plans
- Given the increasing diverse and complex needs of your patients, staff recognise that change needs to happen to ensure the future sustainability of services
- The range of health and wellbeing initiatives you put in place during the pandemic were appreciated by staff and this should continue to be an important strategic priority
- There are some areas of good practice in delivering change where staff are involved in both the design and implementation planning. Most of this is clinical, but the introduction of wellbeing services is seen to be one that has been well delivered and embraced

Areas to Improve

- The current staffing shortages and a lack of understanding about how these are being addressed both in the short and longer term is of a huge concern to staff and is resulting in some staff feeling disillusioned and/or leaving the service
- There is little understanding about what is the longer-term plan for services within the West Cluster, many locations are experiencing significant space restrictions and in some buildings the infrastructure is aging and no longer fit for purpose
- There is a perception that there is a 'meetings culture' where little changes and/or where decisions take too long. The decision-making structure needs to be reviewed and meetings focused on outcomes and deliverables
- Staff feel that the patient experience, including patient safety is being compromised due to the focus on targets and reduced budgets

- Staff having nowhere to go for breaks was a consistent theme across the cluster and has a huge impact on staff morale
- Keep Health and Wellbeing a high strategic priority and provide more rapid access to Occupational Health and psychological support services

Recommendations

- The senior leadership need to share their Vision for the West Cluster and the strategic priorities in the short and longer term
- A proactive plan for how the current staffing shortages are going to be addressed needs to be communicated and put in place
- Think about how you can resolve the staff space issue and ensure that staff space has the same cleanliness requirements as patient space
- To make change happen, more support should be put in place for the leadership and management teams. We recommend each senior leader has change management coaching at which they can develop clear goals, strategies and tactics to achieve the changes needed to remobilise effectively
- A review of the committee/meetings structure is required and decision making needs to be faster and more responsive. The focus of the meetings should be on achieving agreed outcomes
- Continue to ensure that health and wellbeing remains a high strategic priority. Seek staff views and engage them in developing future initiatives. More rapid access to occupational health and psychological support services is a start. Train up staff to be Mental Health First Aiders and provide supervision to support them.

What's next?

By the time you receive this report, we will have briefed the West Cluster Workforce Group on the headline findings. We recommend:

- The report is distributed to all members of the Workforce Group, so they can consider the findings before the next meeting of the group
- Each Workforce Group member reviews the report with their own management colleagues to identify which strengths they recognise and which improvement actions they will priorities
- There is communication to all staff about these findings. As before, we are happy to write something so it can come from us as an independent body. We recommend that each part of the cluster has communication to its people and what their next steps are.

The next step is to support the constituent parts of the Cluster to reflect on how the findings relate to their part of the organisation, and what actions they wish to put in place as part of the plan between now and the completion of the assessment. This can be up to one year from the date of this report.

Don't forget to share!

Let your people know how you did. **Reward them** for their hard work and **include them** in the journey you're on.

**INVESTORS[®]
IN PEOPLE**

Want to get in touch?

enquiries@thisisremarkable.com