

Leadership development case study - Birmingham Children's Hospital

Transforming culture at Birmingham Children's Hospital

The NHS Leadership Academy's guidance 'The Healthy NHS Board 2013 – Principles for Good Governance' outlines the importance of staff and patient engagement, of openness, honesty and transparency, and of a 'good organisational climate' in trust Boards if sustainable, high performing organisations are to be achieved. At Birmingham Children's Hospital they have made great strides in performance in the last six years but are determined never to be complacent.

Although there's some doubt about whether it's ever possible to turn around the culture of an organisation, many people would say that Birmingham Children's Hospital's (BCH) CEO Sarah-Jane Marsh has done precisely that.

In her six years as CEO, BCH has improved considerably, developing an enviable reputation for the quality of patient care, leadership and governance and for its commitment to patient and staff engagement. It has won numerous awards and received highly favourable reports from the Care Quality Commission and Monitor. Members of staff generally now see BCH as a good place to work and patient feedback is positive. All of this has been done at the same time as making significant improvements to patient care and meeting all quality, finance and performance targets.

But Sarah-Jane, who was last year voted among the Health Service Journal's Top 50 NHS CEOs in England, believes she has merely "tapped into a culture that was already there" and has helped it to re-emerge.

"You don't just have an agenda for culture change, but rather you create the conditions for staff to be the people they want to be," she said. "At best you can nudge culture along a bit. When we were formulating our strategy and mission we asked staff what *are* the values of BCH, not 'what would you like them to be'.

"Similarly, staff engagement is often done the wrong way round. The hospital belongs to the people who work there and the patients being treated – they have to be able to articulate what it is they want for the hospital. It's not about setting off in a certain direction and saying everyone should follow.

"It's more about getting under the skin of the organisation and listening to people and asking what makes them happy or sad about their work, and trying to use leadership tools to turn this into a strategy and objectives that are a part of everything."

Helping the Board to change the climate of the hospital

When Sarah Jane took over as CEO in March 2009, the situation was not so positive. A damning report on the hospital, highlighting doctors' serious concerns about patient safety, poor standards, lack of support, lack of honesty, delays in treatment and a breakdown in trust, had hit the national headlines in November 2008, causing shock and anguish in both the organisation and the public.

Michelle McLoughlin, who had been appointed as Chief Nursing Officer and to a board position a year beforehand, said this came about because some staff felt unsupported and the Board at that time was removed from what was happening on the ground.

“There was a disconnect between what was being said at Board level and what was being said on the shop floor,” said Michelle. “Some key individuals felt disempowered and thought the only way they could be heard was through the press.

“To a certain extent there was a ‘macho’ culture in the Board and it was becoming hard for them to listen to what was important. But with hindsight a burning platform is not always a bad thing, because it focuses the mind on what really needs to be done to put things right.”

Having joined the hospital as Chief Operating Officer in December 2007, and now as CEO, Sarah-Jane realised that something drastic needed to be done.

“It felt like the hospital had lost its way and did not believe in itself,” she said. “There was no sense of purpose and the strategy was wrong – it had been developed by the Board top down and was disconnected from the main problems, with too much focus on side issues. There wasn’t enough direct communication with staff.

“For example, there was an issue about workload, so sick children were being assessed in accident and emergency and then put in a taxi to another hospital if there weren’t any beds for them here. I had never seen anything like it - staff didn’t like doing it. We focused on what the experience felt like for children and families and we stopped doing it immediately.”

Engaging everyone in defining mission, values and vision

Supported by her team, Sarah-Jane set about defining a mission, vision, values and strategy for the hospital from scratch. Staff and patient engagement was at the core of this, so the changes could be owned and developed by everyone.

“We had to ask some fundamental questions,” she said. “Were we a specialist or general hospital? What were we here for? What did people want the hospital to be? What was its mission and values? The most important part was about being focused on an excellent service for children and young people and on the training and education of the workforce. So we built on that mission. We developed a vision and objectives based around delivering excellent care, striving to make it better, and looking to the future. It was bringing forward the whole sense that we were a children’s hospital and that it is all about children and young people’s and families’ experiences and their individual stories.”

InTent staff feedback events

Throughout this process the views of staff, families, patients and young people have been fundamental in influencing priorities and have been integrated into many aspects of the hospital’s daily work. The drop-in InTent sessions, for example, hosted in a tent in the hospital grounds, have taken place annually since 2009. They involve often 1000 staff at all levels, including facilities, administrative and medical staff, in extensive feedback and consultation on chosen themes. The themes evolve from concerns and issues highlighted by staff themselves and lead to action plans that feed into future strategy and objectives, such as staff health and wellbeing, and resilience in the face of a demanding and challenging working environment.

InTent events also led to Team Maker, a two-day facilitated workshop based on staff feedback of what makes a good boss. This has helped staff in the organisation to identify weaknesses in dysfunctional teams and to tackle them through a workbook of communication, role clarity and objective setting tools that helps managers to become better and more effective team leaders.

The InTent event in 2011 focused on staff’s views of the mission and values of the organisation, and how these could be incorporated into the everyday work of different teams and departments. Theresa

Nelson, who took up her post as Chief Officer for Workforce Development in 2011, said it was important that staff understood their relevance and did not see them just as empty phrases.

“We held workshops on the values and how we could make them real for different wards and teams, since we wanted staff to feel that they owned them. I know the values are really working when they are implicit in what we do and when people live by them, and we test that. We recruit by the values, we appraise by them and measure them against patient feedback. Lots of our business cases and measurements are developed according to our values and we don’t tolerate people who don’t respect them.

“We have had examples where poor behaviour by some professional groups was tolerated in the past, such as complaints of bullying of junior doctors, but now as soon as we know about it we tackle it and say it is no longer acceptable.”

The BCH smartphone app

Michelle McLoughlin says it is also crucial, in both patient and staff feedback and engagement, that people who share ideas feel that they are listened to and that their views are seen to have some impact on outcomes. The award-winning BCH smartphone app, which allows patients, young people and staff to give instant feedback on services, is therefore something the hospital is proud of.

“It’s one of the bravest things we did,” said Michelle. “The feedback goes on our website, both good and bad, and anyone can log in. At the moment it’s 88% positive and 12% could do better. We give feedback on all comments within 24 hours and sometimes within 10 minutes. For example a patient complained about a consultant being late in bad weather, and we were able to apologise immediately and say there had been a traffic accident that had made him late. So it can be very responsive. It’s not just about collecting information on the patient experience, but doing something about it. Our job is to action it to make sure that it does not happen again.”

Valuing the patient and staff voice

For Michelle it’s also crucial that the voice of children and young people is heard and is seen to help formulate strategy and direction. Trained young people sit on interview panels for top jobs, having a real influence on decisions, and take part in ‘secret shopper’ exercises where they report back on the care they have received.

Patient stories are often told at Board meetings, with patients and young people sometimes attending in person, and a raft of activities such as patient experience walkabouts, CEO briefings, Tea at Three, bereavement events and Walk of Memories ensure that the views and experiences of patients are frequently fed back to the Board and form part of the data collected by the hospital. The annual Star Awards, where staff, patients and families can nominate staff for one of 12 awards, is also a major event and demonstrates the importance of valuing staff and rewarding them for excellent practice.

Members of the leadership team go on formal and informal walkabouts as often as possible, to raise their visibility among staff and to enable both staff and patients to feel that they are accessible. Board members are now similarly encouraged to have as much contact with staff, patients and families as they can.

“Some people need clear criteria to talk about while others can simply chat to staff, families, junior doctors and young people to see what it is like on the ground and to look, sense and feel,” said Michelle.

“Such interactions are always well received. Staff members love it and Board members get a lot out of it, particularly the non executive members. We do governors’ walks too and formal two-hour safety

walks. These give staff the opportunity to raise niggles and to talk directly to board members. Staff members get a response in two hours and a 24-hour report of actions that are followed through.

“The culture of the Board is now one of a listening board that’s there to make sure that what staff are saying gets actioned. Activities like these take time but they are a priority for us because they keep you grounded.”

Importance of a People Strategy

Behind all of these activities is a clearly defined People Strategy. When Theresa Nelson joined BCH, she found there was a lack of real ‘people focus’ at the Board.

“They received information about workforce, such as turnover, sickness absence and appraisal rates, but the information was not triangulated with other performance data to create a picture of what our staff were feeling about working at BCH and how committed they were to delivering high quality care,” she said.

“The staff survey return rates were well below average and the Board did not challenge anything beyond the workforce data. As well as the values work with staff we held a facilitated Board workshop that focused on values and culture. This helped the Board to understand the important role that they had to play in influencing culture and helped them to get beneath the information presented to them, to really understand what impact our decisions were having on our people.”

The People Strategy now forms an essential part of the hospital’s strategy and vision. Its three main priorities recognise the importance of caring for its staff, including supporting effective leadership development, of managing them well, and of developing the workforce with the skills it will need for the future. It recognises that staff needs to feel valued and supported if they are to deliver high standards of patient care in an increasingly challenging environment, and the essential role they must play in promoting service improvements and innovation. The workforce team includes a staff experience team and a staff ambassador, who reports directly to the CEO, to enable staff feedback to be given top priority.

“It’s important to recognise that any attempts at ‘culture change’ within an organisation need to be contextualised to the needs of different organisations and led from the bottom up,” said Theresa. “It’s not just a blueprint that can be imposed on others.”

Openness and transparency

Openness, honesty and transparency, as outlined in the NHS Healthy Board guidance, are also seen as crucial if some of the NHS mistakes of the past are to be avoided. A series of CEO-led staff early listening events focused on some of the barriers to developing an open culture, and looked at ways that staff could feel supported to highlight issues and concerns. This led to the realisation that staff felt passionate about their jobs and committed to their individual teams, but did not feel part of ‘Team BCH’.

Building Team BCH has been Sarah-Jane’s focus over the last three years, since she believes that a culture where staff feels genuinely supported by leadership and management, where they can raise difficult issues and admit to their mistakes, is crucial. For this reason she insists on replying to all letters of complaint from patients personally, on investigating all incidents of children’s death on site to see if the hospital could have handled things better, and to issuing immediate apologies when things go wrong. This approach sometimes raises eyebrows among communications teams and lawyers, but Sarah-Jane is unrepentant. She believes that honesty is always the best policy.

“If you have a sick child your whole world stops turning and you want to know they will get the best possible care. If the worst happens you don’t want to have regrets that something should have been done differently. I can’t imagine having to live a life overshadowed by ‘what if’ - that’s what I’m here for,” she said.

The ‘wow’ factor

With future challenges looming for BCH, not least a possible move to a new site, an increasing local population, rising patient expectations, changing workforce roles and ever more stringent budgets, Sarah-Jane says it is important for both the Board and the leadership team to keep a focus on their core role.

“It’s not about a shiny new building or the move to a new site – there has to be a relentless focus on patients and staff,” she said. “For the service to be an excellent service it has to be right for as many patients as possible - a ‘best possible’ service is not good enough.

“I want there to be a sense of the ‘fantastic’ in what we offer. I want to create ‘wow’ moments of magic that make the hospital a really special place. I want us to be constantly looking for things that we can improve, so there is never a sense of complacency.

“Lots of people think the job of the CEO is to protect the organisation and to show it in the best possible light, but in my view my job is to be constantly dissatisfied for children and families and to be on their side.”