Placing culture at the forefront of a merger to become a single hospital

Continuing Phase 1 and into Phase 2

Central Manchester Foundation Trust and University Hospitals of South Manchester
This is about how two trusts working on a merger considered culture as part of their task. OD leads at both trusts agreed that culture had to be an important focus.

While Central Manchester continued to discuss outcomes from its diagnostic phase, South Manchester started its diagnostic process. This culminated in the two organisations’ change teams meeting for a combined synthesis workshop. Sixty-five staff attended along with colleagues from neighbouring Greater Manchester organisations.

The purpose was to share and review the data from the diagnostic phase and to determine the similarities and differences between the two cultures. It was also an opportunity to share learning, agree how they would like the new culture to look and feel and discuss how it could be developed.

The new organisation form – its structure and governance – will enable a strong and positive culture, but will require different leadership behaviours to succeed.

Below are summaries of the diagnostic phase results:

- what is going well and what needs improvement
- what the organisations have in common
- a graphic narrative created during the event that will be used to continue the discussions with the workforce
- a link to a video created at the combined synthesis workshop.

‘We know mergers fail in all businesses when not enough focus is placed on understanding and addressing culture differences and poor staff engagement and socialisation.’

Helen Farrington, Associate Director of Organisational Development and Training, Central Manchester University Hospitals NHS Foundation Trust
What’s going well:

### Overall summary

- Staff believe leadership encourages pride, positivity and identity, diversity and fairness and enabling learning and innovation
- 93% staff believe they demonstrate support and compassion and receive this from immediate managers
- Staff feel able to raise concerns
- Positive shift in culture in the last 3 years – a commitment to quality, strong work ethic and motivated
- Experienced and stable Board with strong leadership around vision, direction, performance and equality and diversity
- Large, busy, innovative and highly specialised
- Staff feel able to contribute to ideas and improvement
- Values are seen as important and influence how decisions are made
- Effective teams – strong team working focussed on high quality care
- Staff believe leadership encourages pride, positivity, diversity and fairness and enabling learning and innovation
- 89% staff believe they demonstrate support and compassion
- Staff are comfortable to speak out
- Patient first in every decision we make, it’s at the heart of our team working and in feedback from our patients
- Visible, honest, approachable & committed Executive team
- Strong leaders who care are collaborative and demonstrate a coaching approach
- The appraisal process is much improved
- Staff are able to deliver services in the way they see best
- We are open to innovation, learning & development which staff feedback has a demonstrable impact on patient care
- Variety and opportunities for development
- We learn from our mistakes

What requires improvement:

### Overall summary (what requires improvement)

- Vision not fully understood and shared hindered by size and pace
- Need to develop bands 5–7 managers more and faster
- Silo working – structurally and professionally building partnerships between teams, professional groups, departments and organisations
- Corporate leadership not always visible or engaging a perceived disconnect between Board (and Cobbett House) and staff
- Pressure, lack of resources impacts on behaviour – behave better with patients than to one another – not always challenged by managers
- Autonomy could be developed further with more support from managers and through personal development
- Performance driven culture seen to reinforce command and control behaviour and compromise innovation
- Need to shift focus from individual to team learning
- Ideas welcomed but not always implemented
- Lack of detail around the future vision is creating anxiety and some learned helplessness behaviours
- Bridge the disconnect with inconsistent messages and behaviours from stretched or underdeveloped middle managers
- Inconsistent strong inter-team working and system working, with consideration of interdependencies
- Increase the visibility of our work on Equality, Diversity & Inclusion
- Concern from staff over perceived different management culture in the merger
- Clarity of career progression and succession planning
- Opportunities to use social media to broaden communication and learning opportunities
- IT infrastructure...
- Teams need to be empowered and skilled to fix themselves
CMFT and UHSM Cultures – same or different?

- There are more similarities in the two trusts than initially thought
- The results and meeting people from both trusts challenged some peoples beliefs
- Both trusts clearly described patients first and quality being at the heart of everything
- Getting the balance – "CMFT seen as highly accountable for delivery and UHSM as friendly and caring"
- Both Boards seen as connect and care about the trusts - a difference in the stability and visibility of executive and senior management teams
- Poor behaviour is not always challenged
- The role of middle managers is critically important and needs attention
- Across both trusts, staff believe their own leadership behaviours are stronger than that of their leaders
- Both trusts need to pay attention to the disconnect between ‘I’ and ‘Trust’ = ‘We’, through a focus on staff engagement

Graphic narrative of the event

Film about the event
www.youtube.com/watch?v=WeDWiZr6cKA&t=219s
As a result of this work a post-transition implementation plan (PTIP) developed, including OD elements: the interventions outlined in the OD plan below are included in the PTIP and will be key to a successful merger.

<table>
<thead>
<tr>
<th>Vision and Strategy</th>
<th>Leadership</th>
<th>Culture</th>
<th>Team-work</th>
<th>Staff Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developed by board and governors</td>
<td>Leadership workforce analysis</td>
<td>Diagnostics and analysis</td>
<td>Defining teams</td>
<td>Communications and engagement plan</td>
</tr>
<tr>
<td>Whole system events to involved all stakeholders</td>
<td>Leadership and culture strategy</td>
<td>Values and behaviours</td>
<td>Team diagnostics and development plans</td>
<td>Variety of staff engagement methodologies</td>
</tr>
<tr>
<td>Strategy and business planning cycle</td>
<td>Board and governor development</td>
<td>Corporate induction</td>
<td>Team learning, action learning</td>
<td>Recognition and celebration</td>
</tr>
<tr>
<td>Review and co-design appraisal process</td>
<td>Defined competencies and development</td>
<td>Strengths based and shared decision making training</td>
<td>Health and well-being initiatives</td>
<td>Measuring progress – pulse checks and culture dashboards</td>
</tr>
<tr>
<td>Building change and QI capability</td>
<td></td>
<td>Values based recruitment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Organisation form and re-design (including governance and accountability frameworks and policy and procedures) to support new culture.