

Compact toolkit	
What should I expect the outcomes to be of using the tool?	<p><u>What is a compact?</u></p> <p>A Compact is a clearly stated agreed set of expectations between staff that aligns with an organisation’s vision and aims. It is the agreement or psychological contract of “How we do things round here”.</p> <p>It is important to recognise that an informal compact already exists in the workplace through the assumptions about how people behave with each other. This is usually not written down and can be very helpful and supportive or may be less constructive or even destructive to working arrangements. Examples of the informal compact are making tea/coffee for everyone in the office, saying goodbye at the end of the day, not covering for each other during absences. Don’t underestimate the power of the informal compact to shape team behaviour. It is really hard to influence it by informal measures only. It needs to be formally disrupted and renegotiated to make the Compact that is more able to support the success of your team. This toolkit aims to help you to renegotiate the informal compact with your team and to write it down to create a formal Compact.</p> <p>The Compact commitments not only have to be deliverable they have to be seen to be delivered. The Compact through the renegotiation, engagement, alignment and its publication enables staff to address unaligned behaviour through self, team or organisational discipline which is mainly self-regulating. Once agreed the compact needs to be lived by everyone. This may well involve adopting new behaviours and changing how things were done previously. The agreed behaviours need to be rewarded when displayed and challenged if not. For example if you start making tea for everyone but no one reciprocates the offer, you quickly align your behaviour to that of the rest of the team!! However if everyone starts offering to make drinks for everyone else this quickly is adopted as “the way we do things here.”</p> <p>The outcome of developing a formal compact will be aligned behaviour from all team members to the agreed team way and the organisation’s values. Service level performance will improve, staff will be happier in their work place and as a result more effective.</p>
Tool/ method	<p><u>How to develop a successful compact</u></p> <p>The process may be best done if facilitated and needs to be completed over time. It could take six to twelve months to complete.</p>

There are two conditions for developing a successful compact (Silversin 2013):

1. An attitude of urgency to change
2. A shared vision of the solution – the same understanding of the changing situation and how to respond to it. The compact is the tool to make the shared vision a reality.

1. The need for change must be presented so it is **clear, compelling and urgent**. Everyone involved needs to agree there is a need for change. Be honest with the team about the reason for the change taking place. A compelling story about the future state needs to be created if it is not obvious. This needs to be written down and can be generated or initiated from any part of the team. If there is no compelling reason that offers itself for example a change of leader, obvious service need or an incident – “never miss a good crisis opportunity” the leader must create the need for change. This is often described as “holding the teams’ feet to the fire - to feel the heat”. The leader must explicitly and honestly express why behaviour has to change. For example highly trained medical and clinical professionals are not easy to recruit so rather than go for a large scale change and reorganisation it is better to renegotiate the behaviours and engage the staff in working differently together. This is an **iterative process** and needs to be continuously negotiated and worked through over time.
2. To develop the Compact there needs to be a sense of co-dependency and collective purpose. **The compact is the tool to make the shared vision a reality**. The team need to trust in each other’s motives and commitment to engage in the development. Discussions need to be held with honesty and without any fear of there being repercussions. The vision of what it means to work in a successful workplace will differ at various levels. There is an organisational view, a team view and personal views of what this means. This needs to be expressed so that it can be acknowledged. The vision will need to be reiterated all the time. We need to remind ourselves and each other constantly what the vision is and what it means to us. This allows for recognition of work already undertaken by the team to be valued.

The compact needs to link to the organisations vision in a way that resonates with the staff involved. “What does the vision mean to us?”

This will take time, it has to, the journey the staff will go on to get to the end product is as important as the compact itself. Staff must be able to address their feelings and feel supported and safe to do that. (This is adaptive change. R Heifetz 2009). It may help to start with a few changes that are not too challenging and to improve the Compact over time. There may be some elements of behaviour that are working really well and you don't want to lose these in the process. So recognise these explicitly and agree to keep them. The end product needs to be something everyone feels they have been a part of.

3. **Engagement** of staff needs to be clear about what that means at the start. J Silversin describes three levels for engagement which are listed below. There are some things that can be negotiated and some things that cannot. So we need to be clear at the outset what is in each category. It should also be made clear how you have chosen to communicate with the rest of the team or staff. Why the decision was taken to do things this way. So that everyone understands explicitly the reasoning behind the choices made and this is communicated rigorously in order to take everyone with you on this course of action. The vision and compelling need to change will need to be reiterated.
 - i. No engagement. The information that comes through from the top (probably government) that we can't do anything about we all just need to get behind it and do it. We may not all like what has come along but we need to get on with it all the same.
 - ii. Limited engagement. When we don't yet know how it is going to be but we know how we will implement it when it comes. With this there is some sense of control over the change.
 - iii. Wide open engagement. This relies on a sense of "fair process". There are no answers and few boundaries, what boundaries there are need to be explicit and up front (maybe budget, timescale) the process should be communicated with the inclusion the communication of rationale behind any decisions made.
4. **The process** will **involve as many people as possible** via small group discussion. The discussion should be structured so that individuals can air what they feel openly and honestly. They should be able to identify what they could gain and what may be lost in achieving this vision. The process offers the

opportunity to change what needs to be changed and affirm the good things no-one wants to lose.

Group work should address

- How do we see ourselves?
- What behaviours do I like?
- What behaviours do we not like?
- How do we see others?
- How do we think they see us?
- How do we contribute to how we are seen?
- What behaviours would create a different stance?
- What are our “Gives and Gets”? Are there things that need to be sorted out for the staff? (People will care more about you if you care about them.) Sort out the things that have been unaddressed for too long. Develop a “pathway to trust”.

It’s perfectly OK for the group to stay within the comfort zone during this process. They can agree we have “done enough for now” and agree to revisit and extend the Compact over time as trust develops and confidence is built in the results.

Keep the message simple and clear this is about good management and common sense. It may feel like you are stating the obvious but that’s ok if it is what is agreed. The rewards and consequences for following or abusing the Compact need to be rigorously maintained by everyone all of the time.

The diagram below offers a summary of this in a more visual format.



<p>Why we may choose to use this tool /method?</p>	<p><u>What's the purpose of developing a compact?</u></p> <p>It is all about engaging and supporting the workforce in improving services for service users. The evidence shows there is a direct link between an engaged workforce and high quality services (West 2013). The need for addressing the quality of care issues in Cumbria has been highlighted by the five year plan (Cumbria CCG 2014) and is being addressed through the Better Care Together and Together for a Healthier Future programmes, along with the Mental Health strategy and Children's and Families strategy. All of these are about engaging staff across the whole system of health and social care to improve the services they deliver is recognised within these programmes.</p> <p>Health and social care find themselves in a place where many staff feel they are undervalued and not listened to by the system they work within. They may be suspicious of the real motivation behind the latest change proposed. There are often areas of work where excellence is observed but variation in the quality of care delivered and engagement of staff across the whole system leads to differing service user experience between wards, departments and districts. Within services there are often differences in how problems are viewed and approached which can lead to a perception that staff "live in different worlds" and priorities compete. (J. Silversin 2013).</p> <p>The compact can be used to help teams work better together. It can "clear the air" where there are unhelpful unwritten rules of behaviour by being honest about what is really happening and agree the change that is needed. It can also bring clarity for teams that perform well and improvement is achieved by making the compact visible.</p>
<p>How you might use this tool/ method?</p>	<p>It can be used to challenge poor behaviour where culture is unhelpful to success. It can be used to improve team working even if the team works reasonably well. When staff are formally engaged and responded to in this way outcomes improve and staff feel better about the place they work in.</p> <p>It can be used as an alternative to large scale reorganisation/ restructure. Using instead the renegotiation of behaviours to change the outcomes and experience of working in the service.</p>
<p>What next?</p>	<p>The compact once developed can be used to describe "how we do things in our department/ward/organisation" and should be used in recruitment of new staff. It sets the values and vision of the</p>

	organisation or team and helps to communicate to wider groups/ audiences what is acceptable and what is not.
Examples/ case studies/ links to best practice/ evidence	<p><i>See attached</i></p> <ul style="list-style-type: none"> • <i>Staff Compact Southern Healthcare Foundation Trust</i> • <i>Leeds Teaching Hospitals Clinical Compact</i>
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STAFF COMPACT

Organisation's Behaviours

Person & Patient-Centred Care

- Recognise and reward exceptional contributions to patient care and organisational goals
- Constructively challenge behaviours which are not aligned with organisational values
- Make decisions on the **basis of quality rather than just cost**

Releasing Ambition

- Support career development and professional satisfaction through appraisal of performance and behaviours
- Develop and nurture leadership potential through providing individual and team development opportunities throughout your medical career at SHFT
- **Ensure job planning is fair, equitable and constructed to release ambition**

Value through Innovation

- Create opportunities to participate in research and quality improvement activities
- **Clarify research priorities**
- **Provide a mechanism where innovative ideas can be shared**
- Strive to provide state-of-the-art technology to drive best patient care
- Provide clinicians with individual and service outcome data to facilitate continuous improvement

Forging Relationships

- Share information regarding strategic intent, organisational priorities and business decisions through **appropriately resourced** CSDs
- Demonstrate the value placed on the medical workforce by encouraging participation in organisational decision-making **by sharing financial Information to help with resource allocation**

- Treat all staff with respect, listen, communicate and promote a culture where talk and action are coherent and consistent

Valuing Achievement

- Recruit, retain, train and develop highly-talented medical staff
- Create an innovative and non-punitive culture which encourages success, learns from mistakes and credits good performance
- **Clearly communicate organisational goals to clarify team objectives**

Staff Behaviours

Person & Patient-Centred Care

- Practise quality medicine which ensures good patient, **carer and stakeholder** experience and improves outcomes
- Encourage patient, **carer and commissioner** involvement in care and treatment decisions
- Insist on seamless services and participate in quality improvement
- **Ensure that appraisal and revalidation are used to improve care**

Releasing Ambition

- Align professional goals with Trust objectives through annual PDP in line with your Divisional Business Plan
- Lead on changes which will deliver better quality care through integration and contribute to the reputation of the Trust
- Participate in and value Trust commitments to individual and team development, Trust appraisal processes and statutory/mandatory training

Value through Innovation

- Work with the organisation to develop clinical outcome measures relevant to your practice
- Participate in and/or lead innovative solutions to the benefit of patients by working with key departments in the Trust (Business Development, HR, Finance etc)
- Take responsibility for ensuring that money is spent wisely and unnecessary costs are removed

Forging Relationships

- Develop relationships internally with Clinical and Divisional Directors, CSDs, Area Directors and multi-disciplinary Team Members
- Collaborate with external partners **eg GPs, Police, Social Services**
- Treat all with respect, listen, communicate and participate in a culture where talk and action are coherent and consistent
- Constructively challenge organisational behaviours not aligned with organisational values through established Trust processes

Valuing Achievement

- Create a team environment which **injects fun**, nurtures potential and values individuals **and teams**
- Be a role model which inspires others to achieve best quality care
- **Support organisational leaders and eliminate 'them on the dark side' culture**

Southern Healthcare Foundation Trust

Leeds Teaching Hospitals Clinical Compact

Clinical Compact: managers will



Clinical Compact: doctors will

