

**EXECUTIVE SUMMARY**  
**REPORT TO THE BOARD OF DIRECTORS**  
**HELD ON 29<sup>th</sup> MARCH 2022**

<b>Subject</b>	PROUD Behaviours
<b>Supporting TEG Member</b>	Kirsten Major, Chief Executive
<b>Author</b>	Paula Ward, Organisational Development Director Caroline Eadson, Head of Quality Improvement & Leadership Development Paul Griffiths, Deputy Director, Organisational Development
<b>Status<sup>1</sup></b>	Debate and Approve

**PURPOSE OF THE REPORT**

To provide an update on the creation of our organisational PROUD Behaviours including details of the consultation, the draft framework of PROUD Behaviours and plans for launch and implementation.

**KEY POINTS**

- A comprehensive slide deck is appended to this paper which provides the draft PROUD Behaviours framework, the process by which they were created and plans for launch and implementation.
- A total of 6,845 interactions were used as part of the consultation and this was through a wide variety of methods including existing and new sources of information.
- Efforts were made to ensure input from patients and staff from a wide variety of roles, Directorates, and backgrounds.
- The data were analysed and themed around PROUD Values into Behaviours that we expect and don't expect to see and from this a draft framework of PROUD Behaviours has been co-created.
- Further consultation on the draft set of PROUD Behaviours has taken place through seeking feedback from the Trust Executive Group, Management Board Briefing, as well as topic experts in areas such as Human Resources, Learning and Development and Patient and Healthcare Governance.
- We are confident that the PROUD Behaviours presented in this paper reflects the additional consultation that has taken place.
- The PROUD Behaviours framework was discussed at TEG on 12/01/2022 and 02/03/2022 with feedback from TEG members incorporated into the Behaviour framework presented in this paper.
- Once the PROUD Behaviours are finalised, plans for implementation will be enacted to help embed PROUD Behaviours across STHFT, with initial plans for implementation described in this paper.

**IMPLICATIONS**

<b>AIM OF THE STHFT CORPORATE STRATEGY 2017-2020</b>		<b>TICK AS APPROPRIATE</b>
1	Deliver the Best Clinical Outcomes	✓
2	Provide Patient Centred Services	✓
3	Employ Caring and Cared for Staff	✓
4	Spend Public Money Wisely	✓
5	Deliver Excellent Research, Education & Innovation	✓
6	Create a Sustainable Organisation	✓

**RECOMMENDATIONS**

For the Board of Directors to debate the work to date and provide feedback on the draft set of PROUD Behaviours and approve the plans to finalise, launch, and implement PROUD Behaviours. The Board of Directors are then asked to receive the final version of our PROUD Behaviours for approval at the May Board of Directors meeting.

**APPROVAL PROCESS**

<b>Meeting</b>	<b>Date</b>	<b>Approved Y/N</b>
Board of Directors	29/03/2022	

<sup>1</sup> Status:  
A = Approval  
A = Approval & Requiring Board Approval  
D = Debate  
N = Note

<sup>2</sup> Against the six aims of the STHFT Corporate Strategy 'Making a Difference – The next Chapter 2022-27'

## 1. Overview

This paper provides an overview of progress with creating a framework of PROUD Behaviours for Sheffield Teaching Hospitals (STHFT). Appendix one provides a set of slides which detail:

- The consultation period, the number and range of people involved (slides 2-5)
- The key themes arising from the consultation (slides 6-14)
- The draft PROUD Behaviours framework created from the themes (slides 15-20)
- Lenses through which the framework has been viewed and refined (slides 21-23)
- Examples of how the behaviours could be expanded on during implementation (slides 24-28)
- The roadmap to implementation (slides 29-32)

## 2. Consultation and Themes

There was a total of 6,845 interactions as part of the consultation and this was through a wide variety of methods including surveys, focus groups, fora, meetings, networks, plus using existing data sources (e.g., NHS staff survey, People Pulse, patient complaints and compliments). Monitoring data was collected where possible and reviewed throughout to seek input from a diverse range of patients and staff across different roles, directorates, and protected characteristics. This led to targeted work to seek views from groups where representation was low. The data were analysed and themed around PROUD Values into Behaviours that people expect to see and behaviours they don't expect to see.

## 3. PROUD Behaviours Framework

Following analysis and theming, a draft set of PROUD Behaviours was created. Associated with each PROUD Value there is a list of behaviours that we expect to see at STHFT and those we don't expect to see. The initial draft framework of PROUD Behaviours was developed and presented to TEG on 12/01/2022 and feedback was provided by TEG members to help refine the behaviour framework. Further consultation has taken place with key stakeholders across the organisation to further refine and improve the behaviour framework. This additional consultation has been with:

- Management Board Briefing
- Human Resources
- Learning and Development
- Patient and Healthcare Governance
- Patient First Group
- PROUD Forum
- Freedom to Speak Up Guardian Group
- Healthwatch
- Staff Side and Partnership Forum
- Medical Directors office
- Human Factors Leads
- People Strategy Programme Board
- STH Staff Network Groups

The additional consultation led to further refinement of the PROUD Behaviour framework. This was presented to TEG on 02/03/2022 with some further minor amendments made following TEG feedback and the latest version is presented as follows:

# Patient First

Ensure that the people we serve are at the heart of all that we do

We expect to see	We don't expect to see
Staff who introduce themselves and their role and say 'hello' in a friendly manner.	Patients being ignored, feeling like a nuisance, or spoken about as if they are not there.
Patients treated as partners in their care, and staff going the 'extra mile' to help patients.	A lack of communication or explanation to patients, families or carers about what is happening.
Kindness and care with attention paid to individual needs.	Feedback from patients, families or carers not listened to or acted upon.
Patients treated with dignity and their care is discussed with them.	People treated unfairly because of their culture, gender, religion, age, race, sexual orientation or disability.
Compassion shown to patients at all times, through listening and understanding.	Loud, inappropriate and irrelevant conversations within earshot of patients.

# Respect

Be kind, respectful to everyone and value diversity

We expect to see	We don't expect to see
Openness, honesty, and saying sorry when needed.	Unnecessary hierarchy, treating each other unfairly because of grade.
People treated fairly and paying attention to individual needs.	Aggressive, bullying behaviour that intimidates.
Listening, encouragement and support shown to others with compassion.	People being rude, unkind, or disrespectful.
People treated with dignity and respect regardless of their culture, religion, age, race, sexual orientation or disability and value everyone's contribution.	A lack of willingness to address poor behaviour.
An inclusive leader who trusts and ensures the whole team are involved.	Undermining behaviour and devaluing the efforts of others.

# Ownership

Celebrate our successes, learn continuously and ensure we improve

We expect to see	We don't expect to see
People treat mistakes as an opportunity to learn.	Unwillingness to change or develop.
Politeness <u>at all times</u> and getting the basics right such as appearance in line with the dress code policy and displaying an ID badge.	People being quick to apportion blame and judgement on others when things go wrong.
Behaviour that is consistent, even when people are busy.	Ineffective communication with colleagues, patients, families or carers.
Prioritisation of the health and wellbeing of all our people, <u>at all times</u> .	People who don't take responsibility.
Ambitious goals, realistic plans to achieve them and clarity over who will do what.	Problems that are dismissed, ignored or avoided instead of being recognised, assessed and addressed.

# Unity

Work in partnership and value the roles of others

We expect to see	We don't expect to see
Trusting and supportive behaviour to colleagues <u>at all times</u> .	A lack of openness and transparency.
Kind and caring behaviour to each other, paying attention to individual needs.	People being self-important, failing to listen and being disinterested in others.
Encouragement for others on the team and working together in the spirit of continuous improvement.	People being left behind if things haven't gone well.
People who ensure others get the support and help needed to do a great job.	Work left for others to do.
People who work to create a healthy and productive working environment.	Gossiping about colleagues.

## Delivery

Be efficient, effective and accountable for our actions

We expect to see	We don't expect to see
Leaders who inspire the team and ensure that work is shared out in a fair and even way.	Communication by any method that is ineffective, confusing, unclear or hard to understand.
Staff who go out of their way to help make a difference.	Failure to take reasonable steps to meet patient needs and expectations.
Patient safety as a priority <u>at all times</u> with systems and processes designed to support this with the team.	Cynicism and pessimism.
Staff stepping up to tackle challenging tasks head on, through effective and efficient work.	Wasteful practice or ineffective use of resources.
People setting clear expectations for individuals and teams and reviewing progress against these.	Lack of attention to the things that matter and make a difference, behaving with apathy and complacency.

### 4. Feedback on Implementation

Through the consultation feedback has been provided on the implementation and launch of the framework, with some clear themes emerging for consideration and action. A summary of these is as follows:

- The PROUD Behaviours launch will need a comprehensive and wide-ranging communication programme to support effective embedding throughout STHFT, with the support and expertise of the STHFT Communications Team being crucial to this.
- How this is launched and implemented will be critical to successfully embedding PROUD Behaviours, emphasising the responsibility of all staff to demonstrate PROUD Behaviours.

- Staff will need to be supported and empowered to challenge or escalate where behaviours we don't expect to see are observed.
- There needs to be recognition that some staff may have difficulty always being able to display all the behaviours all the time, for example those with autism or mental health disabilities such as depression or anxiety which can impede communication with staff and patients.
- Integration with STHFT policy will be important to ensure that PROUD Behaviours is consistent with such expectations outlined in relevant policy documents (e.g., Acceptable Behaviour at Work)
- Over time the behaviours can be integrated into and support recruitment processes, so that employees have a clear indication of the behaviours expected when working for STHFT.
- Once finalised the behaviours should be integrated into existing and new training programmes for example Central Induction, LEAD and Human Factors.

## 5. Finalise and Implementation

The PROUD Behaviours will be finalised as follows:

- 29/03/2022 – Present to Board of Directors for discussion and feedback
- April 2022 – Create the final version of PROUD Behaviours based on Board of Directors feedback and any other stakeholder feedback from the additional consultation phase.
- 11/05/2022 – Presentation of final version of PROUD Behaviours to TEG for approval
- 24/05/2022 – Presentation of final version of PROUD Behaviours to Board of Directors for final approval before commencing implementation in June 2022.

For the behaviours to become embedded at STHFT, it will be important to be intentional about how this is done. Further work and planning for implementation will take place during April and May 2022 and a summary of proposals is as follows at this stage:

- PROUD Behaviours are launched during a week in June 2022 where a number of events take place to promote PROUD Behaviours using visits by Executive and Care Group leads to all areas (using approaches like Give it a Go week and the People Strategy Launch).
- The launch week will be supplemented with promotional materials and gifts for staff.
- The launch week will be planned in conjunction with the STHFT Communications Team making use of multiple methods of communication to achieve widespread reach.
- PROUD Behaviours will be shared and described as part of Corporate Induction.
- An implementation pack will be created as part of the launch with activities, examples and exercises for teams and individuals to undertake that will help them think about the behaviours they do routinely and those they may need to work on.
- PROUD Behaviours will be embedded through training and development programmes, so where there is a development need for behaviours, there is a supportive programme.
- PROUD Behaviours to be included as part of the line management one-to-ones, our appraisal processes and integrated into recruitment.
- For PROUD Behaviours to be used as part of ways to give thanks – e.g., Thank You Awards.
- That a phased implementation approach is taken with a focus on staff during phase one (June to September 2022) moving to patients in phase two (September to December 2022).

Embedding a set of PROUD Behaviours will take time, patience, support, and challenge to become part of the way people work across STHFT. These initial steps will begin this process of embedding and will be built upon, developed, and executed through 2022/23.

## 6. Conclusion

Over the past nine months, a comprehensive and far-reaching consultation has enabled thousands of contributions to co-create the draft PROUD Behaviours with our colleagues and our patients. Further consultation and discussion are enabling the behaviours framework to be finalised prior to launch. The Board of Directors are asked to debate the work to date and provide feedback on the draft set of PROUD Behaviours and approve the proposed steps to, finalise, launch, and implement PROUD Behaviours. The Board of Directors will then receive the final version of our PROUD Behaviours for approval at the May Board of Directors meeting.

# PROUD Behaviours

Data sources, outputs, draft framework, & next steps  
March 2022

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# Data sources & outputs

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# Process of engagement

Discussion groups - Spinal Injuries  
Face to face & virtual  
Paper surveys - Facilities  
Surveys -STH Digital

Central, open access  
Patient First Group  
Grand round  
Maternity services  
PROUD Forum  
Existing meetings

Community groups  
Community site visits  
Staff networks

**People Pulse & NHS Staff Survey**

**PROUD Behaviours Survey**

**Pilot phase – July/Aug 2021**

**Discussion groups**

**Focussed interaction**

Additional questions added  
Verbatim comments analysed

Posters and flyers  
FFT  
Volunteers with iPads and paper  
Staff, patients, carers, relatives

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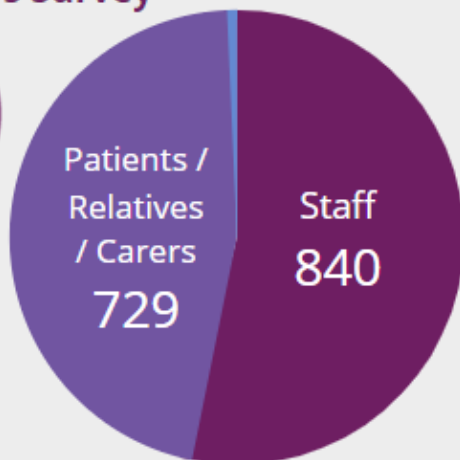


# Summary of numbers

## PROUD Behaviours Survey

**1580**

total  
responses



## People Pulse Survey



**1317**

People Pulse  
Survey  
responses

+

**202**

additional  
verbatim  
responses

## Discussion groups

**21**

central discussion groups  
took place



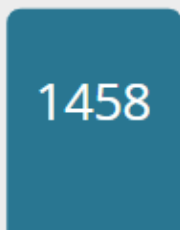
**183**

colleagues  
attended

## NHS Staff Survey

**3363**

verbatim  
responses related  
to behaviour



What went  
well



Lessons  
learned

## Patient complaints / concerns / complements

**200**

relevant to behaviours



**Grand total: 6845**



# Monitoring data

Monitoring data was collected from around 2600 participants (staff and patients), looking at Role, Directorate, Age, Gender, Ethnic Origin, Religion, Disability and Sexual Orientation . A summary is as follows:

- **Role:** Input from staff across over 30 professional groups, with the following groups being highest; Administrative and Managerial, Allied health professional, Consultant medical staff, Estates, Facilities, Healthcare Scientists, Registered Nurse and Support Workers.
- **Directorate:** Input from every Clinical and Corporate Directorate, with a median of 53 staff inputting from each (range 10 – 114)
- **Age:** Participants ranged in age from 18 to over 71 years old. When split into 5 year groups, there were over 100 participants from each age group with the highest being 50-54 (505 participants), 55-59 (335 participants) and 45-49 (332 participants).
- **Gender:** 72% of participants were Female, 24% Male, 0.2% Non-binary and 3.6% preferring not to state. A further 0.2% identified as Transgender, or as having a Transgender history.
- **Ethnic Origin:** 88% of participants selected White British as the ethnic origin, a further 8% selecting a range of 16 ethnic origins including, Asian or Asian British, Black or Black British, Mixed white and black and Mixed White and Asian as the highest. A further 4% preferred not to state.
- **Disability:** 18% of participants stated they had a Disability, 78% stated not, with the 4% preferring not to state. Of those stating they had a disability, 35% have a long-term condition, 34% a physical impairment 16% a mental health condition, 8% a sensory impairment and 5% a learning disability.
- **Religion:** 47% of participants stated they were Christian, 22% stated no religion, 13% stated atheism, 8% preferring not to say and the remaining 10% split across nine other options with Islam, Hinduism and Buddhism being the highest.
- **Sexual Orientation:** 84% of participants stated they were Heterosexual, 3% stated Gay/Lesbian, 2% stated Bisexual, 1% other and 10% preferring not to state.

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# Pilot Data

**120** staff through surveys and focus groups  
3 teams; Spinal Injuries, Facilities and STHFT Digital

We Like	We Don't Like
Honest, kindness and care	When people are undermined
Compassion for patients and staff	Hierarchy that gets in the way
Respecting everyone and being inclusive	Bullying and aggressive behaviour
Going over and above to help make a difference	Disrespecting people and roles
Supporting each other and asking 'how can I help you?'	Rudeness
Putting the patient first always	Barriers to making improvements
Working as a team to innovate	Not able to meet patient needs and expectation
Having clear shared goals to work towards	
Taking responsibility for development	

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# People Pulse

Category	% of total comments*	Correlation to themes
Patient First	10% (84 comments)	“patient”, “safety / PPE”
Respect	3% (22 comments)	Fairness on “home” (working)
Ownership	5% (39 comments)	“communication”, “home” (working)
Unity	2% (20 comments)	“leadership”
Deliver	4% (37 comments)	“home” (working), “communication”, “management”



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# Discussion Groups - Likes

Snapshot of key themes identified by **183** colleagues

Open Access Focus Groups, PROUD forum, Grand Round, Patient First Group

## Patient First

Involving patients in their own care

Offering a service that is individualised

Going the extra mile to help patients

## Respect

Listen, encourage and support other colleagues

Showing compassion to both patients and staff

Being open and respectful to different views, beliefs and styles

## Ownership

Treating mistakes as a learning / training exercise

Allowing some freedom

Making effort to help others learn too

## Unity

Making an effort to make colleagues feel valued

Utilising everyone's skillsets

Creating a healthy working environment

## Deliver

Not shying away from difficult tasks or situations

Deliver on follow up service too

Be present and alert

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# Discussion Groups - Dislikes

Snapshot of key themes identified by **183** colleagues

Open Access Focus Groups, PROUD forum, Grand Round, Patient First Group

## Patient First

## Respect

## Ownership

## Unity

## Deliver

Ignorance  
towards  
patients

Gossiping

Unwillingness  
to change or  
develop

Devaluing the  
roles of others

Never following  
through on  
promises /  
actions

'Us over them'  
attitude

Undervaluing  
bad behaviour

Blaming others

Leaving work  
for others to do

Ineffective  
communication

Professional  
identity getting  
in the way of  
excellent  
patient care

Lack of  
willingness to  
call out bad  
behaviour

Holding others  
back

Lack of  
openness /  
transparency

Pessimism

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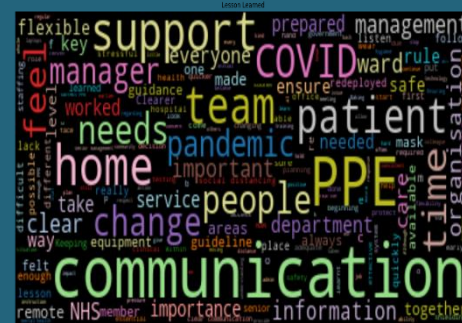


# NHS Staff Survey Comments

## “What Worked Well?” comments



## “Lessons Learned?” comments



Category	% of total comments	Correlation to themes
Patient First	16% (691 comments)	“patient”
Respect	1% (56 comments)	N/A
Ownership	5% (205 comments)	“safety / PPE”
Unity	6% (256 comments)	“team”
Deliver	6% (250 comments)	“home” (working), “remote”, “flexible”, “flexibility”, “MS Teams”

There were a total of 4305 comments in Staff Survey - “What Worked Well?”

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Category	% of total comments	Correlation to themes
Patient First	20% (919 comments)	"listening" "safety / PPE" "communication"
Respect	4% (170 comments)	"listening"
Ownership	7% (327 comments)	"listening", "communication"
Unity	4% (175 comments)	"listening"
Deliver	7% (314 comments)	"listening", "home" (working), "communication" "safety / PPE"

There were a total of 4596 comments in Staff Survey - “Lessons Learned?”





# PROUD Behaviours Survey - Staff

Rank	Behaviours staff LIKE to see	%
1	Always honest, open and says sorry when needed	70%
2	Treats everyone with respect at all times	66%
3	Trusting and supportive to colleagues	63%
4	Treats people with dignity and respect regardless of their culture, religion, age, race, sexual orientation or disability and value everyone's contribution	57%
5	Is kind and caring to colleagues paying attention to individual needs	50%
6	An inclusive leader who ensures the whole team are involved	49%
7	Takes responsibility when things go wrong and learns from this	43%
8	Understands that we work in a diverse environment and pays attention to different needs so that everyone is treated fairly	40%
9	Always challenges inappropriate behaviour	37%
10	Leads the team and also takes a fair share of the workload	36%

**840 staff**

Data showing the top 10 responses

Rank	Behaviours staff LEAST LIKE to see	%
1	Aggressive, bullying behaviour that intimidates	78%
2	Rude and disrespectful to colleagues	76%
3	Undermines and devalues the efforts of others	71%
4	Doesn't take responsibility and assumes someone else will	57%
5	Quick to apportion blame and judgement on others	52%
6	Resistant to change and inflexible	49%
7	Dismissive of others questions, concerns, feelings and beliefs	49%
8	Uses hierarchy to exclude others	46%
9	Fails to listen and consider feedback from patients, families, carers and staff	44%
10	Gossips about colleagues	41%

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# PROUD Behaviours Survey – Staff comments

**840** staff members

287 staff comments on 'Like' and 295 staff comments on 'Don't like'

Like	Don't like
Kindness and respect	Using hospital jargon that excludes patients
Treating patients as equals	Patient blaming
Listening, encouraging and supporting colleagues	Being unkind and unapproachable
Inclusivity	Treating lower banded staff disrespectfully – unnecessary use of hierarchy
Respecting different cultures / backgrounds	Lack of thanks for hard work
Diversity	Intolerance of different views or approaches
Being realistic	'Leaving people behind' if things haven't gone well
Team working	Apathy and complacency
Leadership	Dishonesty
Good communication	When no time is given to new starters



# PROUD Behaviours Survey - Patients

**740** patients / carers / relatives / other

Data showing the top 10 responses

Rank	Behaviours patients LIKE to see from staff	%
1	Is kind and caring	70%
2	Communicates well with patients, carers and colleagues	67%
3	Pays attention to individual needs	55%
4	Treats everyone with respect at all times	51%
5	Always introduces themselves and their role	50%
6	Smiles, makes eye contact and says hello to staff and patients	48%
7	Treats people with dignity and respect regardless of their culture, religion, age, race, sexual orientation or disability	43%
8	Polite to everyone at all times	39%
9	Behaves consistently, even when busy	38%
10	Always honest, open and says sorry when needed	33%

Rank	Behaviours patients LEAST LIKE to see from staff	%
1	Does not communicate effectively with colleagues, patients, families or carers	27%
2	Holds inappropriate conversations within earshot of patients and families	21%
3	Speaks in front of patients as if they are not there	19%
4	Doesn't pay attention to the things that matter	18%
5	Avoids problems	18%
6	Gives contradicting information	18%
7	Rude and disrespectful to colleagues and patients	17%
8	Fails to listen and consider feedback from patients, families, carers and staff	14%
9	Dismissive of others questions, concerns, feelings and beliefs	11%
10	Doesn't take responsibility	11%

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# PROUD Behaviours Survey – Patient Comments

**740** patients / carers / relatives / other

524 comments on 'Like' and 386 comments on 'Don't like'

We Like	We Don't Like
When staff go over and above to meet my needs	When patients are treated like numbers
Listening, holding my hand and reassuring	No introductions or explanations about what is happening
Asking 'How am I feeling' and listening to me	Being looked down on because of race and colour
Caring for me at my pace	Failing to involve me in my care
Letting me ask questions, taking time to listen and reassure my when I am scared	Disturbing sleep with non-work related chat
Polite, respectful and courteous staff	Not apologising for long waits due to someone else being late
Saying sorry when things go wrong	Hearing staff discussing me
A happy helpful knowledgeable team	Being told I'm 'just anxious'
Professional appearance and competent committed staff	When staff seem too busy to help and make you feel invisible

# PROUD Behaviours Draft Framework

Data analysed and themed to create the draft framework



# Patient First

Ensure that the people we serve are at the heart of all that we do

We expect to see	We don't expect to see
Staff who introduce themselves and their role and say 'hello' in a friendly manner.	Patients being ignored, feeling like a nuisance, or spoken about as if they are not there.
Patients treated as partners in their care, and staff going the 'extra mile' to help patients.	A lack of communication or explanation to patients, families or carers about what is happening.
Kindness and care with attention paid to individual needs.	Feedback from patients, families or carers not listened to or acted upon.
Patients treated with dignity and their care is discussed with them.	People treated unfairly because of their culture, gender, religion, age, race, sexual orientation or disability.
Compassion shown to patients at all times, through listening and understanding.	Loud, inappropriate and irrelevant conversations within earshot of patients.

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# Respect

Be kind, respectful to everyone and value diversity

We expect to see	We don't expect to see
Openness, honesty, and saying sorry when needed.	Unnecessary hierarchy, treating each other unfairly because of grade.
People treated fairly and paying attention to individual needs.	Aggressive, bullying behaviour that intimidates.
Listening, encouragement and support shown to others with compassion.	People being rude, unkind, or disrespectful.
People treated with dignity and respect regardless of their culture, religion, age, race, sexual orientation or disability and value everyone's contribution.	A lack of willingness to address poor behaviour.
An inclusive leader who trusts and ensures the whole team are involved.	Undermining behaviour and devaluing the efforts of others.

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# Ownership

Celebrate our successes, learn continuously and ensure we improve

We expect to see	We don't expect to see
People treat mistakes as an opportunity to learn.	Unwillingness to change or develop.
Politeness at all times and getting the basics right such as appearance in line with the dress code policy and displaying an ID badge.	People being quick to apportion blame and judgement on others when things go wrong.
Behaviour that is consistent, even when people are busy.	Ineffective communication with colleagues, patients, families or carers.
Prioritisation of the health and wellbeing of all our people, at all times.	People who don't take responsibility.
Ambitious goals, realistic plans to achieve them and clarity over who will do what.	Problems that are dismissed, ignored or avoided instead of being recognised, assessed and addressed.



# Unity

Work in partnership and value the roles of others

We expect to see	We don't expect to see
Trusting and supportive behaviour to colleagues at all times.	A lack of openness and transparency.
Kind and caring behaviour to each other, paying attention to individual needs.	People being self-important, failing to listen and being disinterested in others.
Encouragement for others on the team and working together in the spirit of continuous improvement.	People being left behind if things haven't gone well.
People who ensure others get the support and help needed to do a great job.	Work left for others to do.
People who work to create a healthy and productive working environment.	Gossiping about colleagues.



# Delivery

Be efficient, effective and accountable for our actions

We expect to see	We don't expect to see
Leaders who inspire the team and ensure that work is shared out in a fair and even way.	Communication by any method that is ineffective, confusing, unclear or hard to understand.
Staff who go out of their way to help make a difference.	Failure to take reasonable steps to meet patient needs and expectations.
Patient safety as a priority at all times with systems and processes designed to support this with the team.	Cynicism and pessimism.
Staff stepping up to tackle challenging tasks head on, through effective and efficient work.	Wasteful practice or ineffective use of resources.
People setting clear expectations for individuals and teams and reviewing progress against these.	Lack of attention to the things that matter and make a difference, behaving with apathy and complacency.

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# Lenses, using the framework and implementation

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# Lenses to view the framework

- **Equality, Diversity and Inclusion (EDI)**
  - The EDI team are ensuring the framework is aligned with the EDI strategy, and consistent with other documents for example the STHFT Race Equality Charter.
- **Patient Safety**
  - We must ensure this framework is consistent with our overarching ambition of safety, to prevent never events and serious incidents. This has involved alignment to Human Factors work and discussions have taken place with colleagues in Patient and Healthcare Governance leading work on patient safety.
- **Compassion and Kindness**
  - It is important that this framework shares our ambition of kindness and compassion in all we do, and further work is taking place with the HR staff engagement and LEAD teams to check consistency in language and framing.
- **Professional Standards**
  - Leaders across professional groups have been asked to check the framework is not contradictory to any professional standards that colleagues are bound by.
- **Human Resources (HR)**
  - Work is taking place with HR colleagues to ensure the PROUD Behaviours framework supports and enhances applicable policies, processes and procedures, as well as all aspects of education.

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# Using the framework

- The intention is for one overarching framework of behaviours and for this then to be supported by examples of the behaviours in action in different scenarios, for example staff to staff, staff to patients, patients to staff and patients with other patients.
- Whilst the entire framework will describe the behaviours that staff should display to demonstrate PROUD values, some of the behaviours would also be applicable for patients, and then examples in the implementation process will describe this.



# Patient First – behaviour examples we like to see

## Patient First

“Caring starts with connecting. When we’re busy and have lots to do it’s easy to think we don’t have time to spend a few extra seconds introducing yourself to a patient and their family, and letting them know your job role and how you will be involved in their care. Being present, personable and friendly can make a real difference in putting patients first”

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# Respect – behaviour examples we like to see

## Respect

“Being open, honest and saying sorry when needed. I have apologised to a colleague when I have made a mistake, but have also had patients apologise to me when they have snapped or been rude. Taking the time to admit mistakes, being honest about why it happened, and apologising allows us all to understand and move on”

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# Ownership – behaviour examples we like to see

## Ownership

“Getting the basics right can make a real difference to teamwork and patient care. Abiding by the dress code policy, having your ID badge on display and being polite to staff and patients makes all of our jobs that little bit easier”

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# Unity – behaviour examples we like to see

## Unity

“Having kind and caring colleagues, being encouraged in my role and people taking the time to ask how I am has made me better at my job. I feel supported to be the best I can be in role and can help patients better as I feel like part of the team”

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# Delivery – behaviour examples we like to see

## Delivery

“Working as a team to go over and above and all taking a fair share of our workload, means that patient safety is prioritised and patient care is improved. It also helps team morale, as we are not avoiding tasks and we come together to deliver”

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# Roadmap to implementation

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# Roadmap to implementation 2022

## January/February:

Further consultation has taken place with key stakeholders across STH to further refine and improve the behaviours framework.

*Management Board Briefing, Healthwatch, HR, Staff Side and Partnership Forum, Learning and Development, Medical Directors Office, Patient and Healthcare Governance, Human Factors Leads*

## 1st March:

Draft framework to Staffside meeting

## 2nd March:

Update to Trust Executive Group and review feedback



JAN

FEB

MAR

APR

## February:

Bulletin to all staff with thanks for consultation contributions and to share key themes that have emerged

## 29th March:

Draft framework to Board of Directors for discussion

## March/April:

Bulletin to all staff presenting draft framework that was shared with our Board

## March/April:

Create comms materials and PROUD Pack for implementation. Pack to include how to 'health check' behaviours in a team as a starting point and then suggested ways of enhancing behaviours we like to see and addressing those we don't



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# Roadmap to implementation 2022

**24th May:**  
Final approval to be  
sought at Board of  
Directors' Meeting



MAY

JUN

JUL

AUG

SEP

## June-September: Implementation phase one - Staff focus

Produce video to be  
used for multiple  
purposes

**Launch in June through a number of  
events during a PROUD week**

Make links to policies such as  
Acceptable Behaviour at Work policy

Share PROUD Pack through LEAD: Managers'  
Update and LEAD: New Managers' Programme

Pull out elements of the framework at  
all Job Specific Essential Training and  
LEAD Programmes

Share framework at Central Induction,  
preceptorship, and profession specific  
training programmes

Position the framework to  
compliment the appraisal  
process

PROUD week with merchandise

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# Roadmap to implementation 2022



SEP

OCT

NOV

DEC

September-December:

## Implementation phase two - Patient focus

When our colleagues have familiarity with the framework, everyone will be better placed to help make it work for patients, too.

Phase two will include adjustments and additions to materials already produced to make relevant and accessible for our patients, carers, relatives and visitors to our sites.

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