



PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	03 February 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Making a Difference – Customer Service Programme
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Director of Workforce & Organisational Development (OD)
SWYDDOG ADRODD: REPORTING OFFICERS:	Amanda Glanville – Head of Workforce Education & Development

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

This report is presented to the People, Organisational Development & Culture Committee (PODCC) to provide an update and assurance relating to the development of a customer service programme in order to develop excellent customer service across Hywel Dda University Health Board (HDdUHB).

Cefndir / Background

In response to the 2021/22 Planning Objective 1C - *design a training and development programme to build excellent customer service across the Health Board for all staff in public & patient facing roles for implementation from April 2021. This programme should learn from the best organisations in the world and use local assets and expertise where possible. The organisation's values should be at the heart of this programme*, the Education & Development Team have been requested to design a training programme to build excellent customer service across HDdUHB for all staff in public and patient facing roles. To create an evidenced-based programme, the exploration was planned to include:

- Identifying best practice within local, national and international organisations.
- Evaluate current customer service levels and identify areas for improvement.
- Discuss key findings with stakeholders and agree content of the programme.
- Design a fully engaging, accessible customer service package, incorporating best practice and embedding the values of HDdUHB.

Despite there being significant positive feedback in relation to staff attitude, 27% of complaints during November and December 2021 related to customer service. Staff attitude remains the primary cause of complaints in HDdUHB, reinforcing the requirement to design an exemplary customer service programme.

Asesiad / Assessment

The attached report provides a detailed account of what led to the development of the customer service programme, namely “Making a Difference”. The outcomes consider the impact COVID-19 has had on HDdUHB staff and incorporate learning from the Discovery Report. It provides an opportunity for staff, HDdUHB’s greatest asset, to feel valued, whilst having the opportunity to rest and reflect.

The overall content and style of delivery is included within the report, whilst providing an overview of the evidence collected through:

- Understanding the principles and benefits of good customer service.
- Identifying best practice within local, national and international organisations.
- Reviewing Improving Patient Experience reports.
- Internal questionnaires.
- Mystery observations.
- Task & Finish Group.

The report outlines the overall aims and objectives of the programme and identifies the need to focus on external and internal customer service, whilst recognising the need to support the individual needs of staff.

Evidence within the report outlines the need for our workforce to consider the wider context of customer service, including internal customer service and how individual levels of health, well-being and levels of engagement within their role can impact overall service levels.

Noteworthy features of the report include:

- ‘Making a Difference Programme’ is more than just a customer service programme, focussing on people, making them feel valued,
- Linking to the Discovery Report, it provides an opportunity for our staff to take half a day at the end of their programme, giving time for rest and reflection.
- It links to the findings of the Discovery Report, which recognises the contribution developing people has on the retention of our workforce.
- It is based on a face-to-face initial delivery model, using experiential and emotive learning.
- It provides employees with opportunities reinforce learning through extension activities, follow up contact and use of tools/resources.
- Attendees will receive a ‘Thank you for Making a Difference’ card, outlining the key messages of the day, along with a recording from an Executive Member, providing thanks for their contribution to supporting the Health Board.

This programme will require investment for staff to be away from their work workplace

- To allow staff to recover from the pandemic, as outlined in the discovery report.
- To Provide staff with the tools to look after themselves in the long term
- For embodiment of the strategic intention to put people at the heart of everything we do.

Additional financial commitment will also need to provide venues to create the right learning environment and provide a budget for resources, which would demonstrate that we value our workforce, whilst creating an opportunity to embed learning. This will need to be discussed with the Executive Team as part of a wider discussion on the priorities within HDdUHB’s agreed Planning Objectives and the Integrated Medium Term Plan (IMTP).

Argymhelliad / Recommendation

The People, Organisational Development & Culture Committee is asked to take assurance from the Making a Difference – Customer Service Programme report and:

- Note the progress that has been made in terms of the development towards the Customer Service Programme Planning Objective 1C, which has been achieved using evidence-based design.
- Support the implementation of the programme as outlined in the report, extending the scope of the delivery from staff in public and patient facing roles to include all staff, recognising the breadth of the programme and the impact internal customer service has on overall service delivery.
- Note that a new planning objective will be included as part of the 2022/23 strategic objectives focusing on implementation, delivery and measuring outcomes, with all members of staff to have completed the programme by September 2024. Assurance will also be maintained through regular PODCC updates.
- Note that further work will be undertaken in collaboration with the Patient Experience and Staff Experience Teams to embed/extend learning and identify further opportunities of evaluating the success of the programme.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.3 To provide assurance to the Board on the organisation's ability to create and manage strong, high performance, organisational culture arrangements.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.2 Communicating Effectively 7.1 Workforce 6.3 Listening and Learning from Feedback
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do 3. Striving to deliver and develop excellent services 4. The best health and wellbeing for our individuals, families and communities
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	Planning Objectives Discovery Report
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Overview presented to Director of Workforce & OD and Director of Nursing, Quality and Patient Experience Task & Finish Groups including Trade Union wider workforce, nursing, allied health professionals, medical, estates and patient experience, demonstrating the depth of consultation.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not applicable.
Ansawdd / Gofal Claf: Quality / Patient Care:	Improved customer service levels, positively impacting patient care.
Gweithlu: Workforce:	All staff have a role to play developing an exemplary customer service provision.
Risg: Risk:	Not applicable.
Cyfreithiol: Legal:	Equality Act 2010. Welsh Language Standards.
Enw Da: Reputational:	Improved reputation from improved customer service levels.
Gyfrinachedd: Privacy:	Not applicable.
Cydraddoldeb: Equality:	An Equality Impact Assessment has not been undertaken, although this is outlined in the report as a next step.

Making a Difference

January 2022



1.0 Introduction

Three of the Strategic Objectives of Hywel Dda University Health Board (HDdUHB) are centred around its people:

- Putting people at the heart of everything we do.
- Working together to be the best we can be.
- Striving to deliver and develop excellent customer service.

As part of the 2021/22 Strategic Objectives, the Education and Development Department was asked to design a training programme to build excellent customer service for all staff in public & patient facing roles. This programme was to be designed by learning from the best organisations in the world, using local assets and expertise. Understanding existing levels of customer service and identifying where this can be improved, allows the design of a truly bespoke programme, where organisational values are at the heart.

This report provides an evidence-based rationale for the design of the programme, using many sources:

- Understanding the principles and benefits of good customer service.
- Identifying best practice within local, national and international organisations.
- Patient Experience reports.
- Internal questionnaires.
- Mystery observations.
- Task & Finish Group.

The creation of this programme provides an opportunity to use the learning from the Discovery Report to support the workforce, providing opportunities to rest, recover and recuperate, whilst being away from their working environment and providing an opportunity to socially connect.

The HDdUHB workforce is part of our communities, whereby their families and friends are predominantly HDdUHB services users. With this in mind, there is a requirement to demonstrate how individual contributions can make a difference.

2.0 Why is customer service so important?

Customer service is the act of taking care of the customer's needs by providing and delivering professional, helpful, high-quality service and assistance before, during, and after the customer's requirements are met. Kind gestures and positive everyday interactions between staff and patients is key to providing great customer service.

Customer service expectations can be described as either desired or adequate. Desired level of service expectations is a state of service the customer desires to receive, whereas adequate level of customer expectation is the level of service the customer can only “accept” without being too satisfied with it. Where a customer’s desired level of customer service is not met, this is considered an inability to meet customer service needs. Meeting customer service standards therefore requires an individual or team to meet the needs and desires of any customer.

The key principles demonstrate the foundation of the customer service programme, which can be defined as:

- Organisational commitment to a customer service culture.
- Provision of clear, relevant and accessible information.
- Well trained, customer-focused staff.
- Good communication.
- Quick resolution of customers’ problems.
- Effective use of customer feedback to help resolve common problems.

The benefits of good customer service:

- Improves the overall patient experience, positively impacting patient care.
- Improves staff retention.
- Reinforces the company values and brand.
- Strengthens company culture and streamlines processes.
- Proactively addresses customer issues.
- Financial saving as a result of dealing with fewer complaints.

3.0 What did our evidence-based research tell us?

3.1 Identifying best practice within local, national and international organisations

To better understand the approaches that work well when implementing great customer service, the Team conducted a combination of desktop research and interviews with representatives of other large public and private sector organisations. Organisations researched included Bluestone National Park, Dyfed Powys Police, British Airways, Amazon and Cohen Brown Management Group. In addition, connections were made with other Health Boards to identify best-practice.

Examples of development programmes which resulted in good outcomes included those with:

- A suite of resources (as opposed to one off training sessions and/or pre-recorded content).
- Bespoke programmes designed *by* the organisation, *for* the organisation (as opposed to an 'off the shelf' training session).
- Easy to understand (and remember) guidance as to how to respond to issues/concerns.
- Engaging methods of delivery that resulted in a memorable experience for the learner.
- Case studies, using examples of good practice within their own organisation.
- Recognition for doing a great job.
- Ongoing reminders/refreshers to keep key messages at the forefront of people's minds.

A key take-away from all interactions was the success of the Bluestone National Park Package, including a technique employed to address customer complaints. The Bluestone model, referred to as the 'Glad, Sure, Sorry' technique, provides

staff with a simple yet effective approach, which will be outlined later in the report.

3.2 Improving patient experience reports

Service user feedback is important to the ongoing monitoring and continuous development of our services. On reviewing the 'Improving Patient Experience Reports' and working with the Patient Experience Team, it enabled the opportunity to be able to collate valuable data to inform content. Exemplar customer service can really make a difference. The graph detailed below (figure 1) provides data relating to November and December 2021. This outlines that the largest number of contacts received relates to staff attitude, demonstrating the lasting impressions that patients have when accessing care relates to interactions with staff. It also suggests that despite the outcomes that patients have from treatment, it is how they are made to feel when they are accessing the treatment that can make the difference between a positive or negative patient or carer experience.

Despite there being significant positive feedback in relation to staff attitude, 27% of complaints during November and December 2021 relate to customer service.

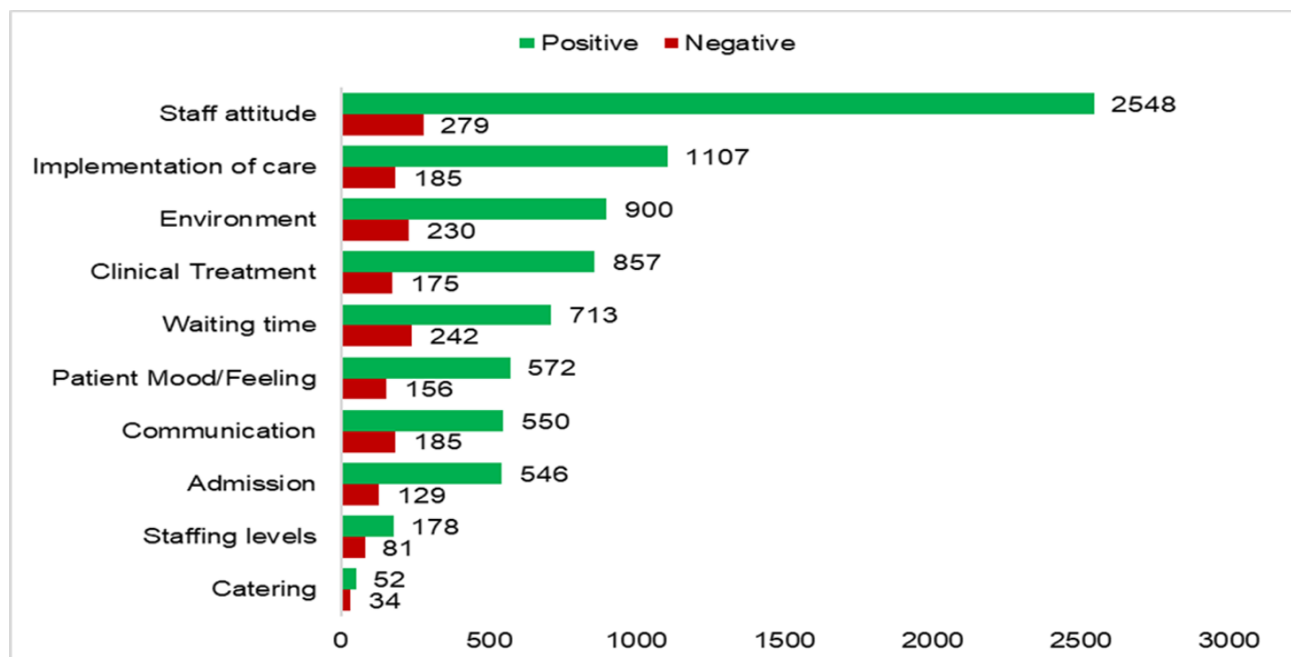


Figure 1: Number of positive and negative contacts by reason

Staff attitude is still the largest cause of complaints in HDdUHB, reinforcing the need to design an exemplary customer service programme.

3.3 Internal customer feedback

Feedback was sought from the workforce in relation to their perception of internal customer service. This identified key themes within the organisation as follows:

- Lack of ownership of a problem and blame culture.
- Rudeness and lack of tolerance for others.
- Conflicting pressures and deadlines.
- People are keen to pass on queries, rather than use this as an opportunity for information sharing.
- Different departments have different processes, making it difficult for collaborative working.
- Lack of understanding of other roles, situations and departments.
- Capacity to respond in a timely manner is often seen as poor service, however a lack of resources prevents this.
- Staff not having the correct knowledge to support the customers, i.e. who to contact/what department.
- Issues with IT systems, both user knowledge and capabilities of the systems, leading to frustration and conflict (Electronic Staff Record, Office 365, e-expenses, Oracle, etc.) especially for newly appointed staff.

“The look on your face, the tone of your voice, can change my entire view of the world. I may be here for a few days, just another face to you, but I’ll remember you for the rest of my life. It is not what you said, but how you said it that I’ll remember forever”

- Patient

3.4 Mystery observations

To understand the level of customer service from an impartial perspective, the Education and Development Team carried out several observations, working collaboratively with the Patient Experience Team. Findings provided a rich source of evidence to help inform programme content as summarised below:

What was good?

What is clear from the observations is that there is a significant difference between sites and individual departments/wards in relation to customer service and practices. Staff in some areas were welcoming, recognising the need to make a 'visitor' feel comfortable by introducing themselves and asking if they could be of help.

The impact of being made to feel welcome had such a positive effect on an existing member of staff, making them feel valued and cheerful. This reflects the aspiration for customer service levels across all areas within HDdUHB.

Other examples of good practice included:

- Staff going above and beyond to ensure excellent patient experience.
- Staff coming up with creative solutions to improve the patient experience.
- Meaningful interactions with patients resulting in heartfelt gratitude and appreciation.

'[anon] ward was the only ward in three whole days of shadowing where so many staff welcomed me, said hello and asked how I was etc. I made the ward sister aware of this as it was not something that I'd seen anywhere else and I was really grateful for it. This ward also had a wall display including positive quotes written by nurses. I thought this was a great idea and valuable to patients and their visitors to see such a positive ethos within the ward'

- Education & Development Team member

What was bad?

Observations of poor practice sometimes occurred between staff and patients, but mostly occurred between colleagues. Examples include:

- Doctor delivering bad news to patients without checking patient wellbeing, checking patient understanding or offering to answer any questions. This was then left to a non-registered staff member to deal with.
- Suggestions for service improvement being made by colleagues to management and management not responding or showing interest.
- Colleagues reporting a feeling of 'them and us' between teams.

Staff need to understand the impact of customers/ colleagues hearing private conversations and/or banter. This can be interpreted as being disrespectful and create an unhealthy or hostile work environment. Disrespect can cause the recipient to experience fear, anger, confusion and isolation.

Mystery observations also highlighted that when entering ward areas, there was minimal contact made by staff members, resulting in perceived lack of care.

Customers coming into HDdUHB are vulnerable and rely on the expertise, knowledge and skills of the staff. Poor experience of service can damage the customer and their family's perception of the overall quality of the care even when the clinical procedure went well.

"Even though I looked lost and in need of support, I did not receive it..."

...As an observer my overall thoughts were that of disappointment. Another experience encountered was that several staff would look down at me as they walked past, trying to read my name badge to see who I was rather than simply introducing themselves and asking my role. This made me feel awkward and not welcome."

...I observed lots of 'banter' type conversations happening with staff/colleagues which of course lightens their day. In one department, this was happening a lot in a very open and relatively quiet area and on two occasions I heard staff swear next to cubicles which had doors open and patients in beds."

- Education & Development Team member

3.5 Task & Finish Groups

A Task and Finish Group was set up to discuss all findings and identify key themes to support the design of the customer service programme. A series of meetings were held with invites sent to both clinical, medical and non-clinical departments, working collaboratively with the Patient Experience Team. Most of the general themes have been included in the design of the programme:

- Opportunities to link with existing campaigns including speaking up safely and 'Hello, my name is ...'.
- The values being embedded throughout the programme, underpinned by the Values Behaviour Framework.
- The need to identify ways that the programme can be linked with personal development and attendance encouraged through the Performance, Appraisal and Development Review (PADR) process.
- Fully bilingual programme, including all resources and delivery.
- Link with universities who deliver undergraduate clinical training to explore linking customer care into undergraduate programmes.
- Possibility of using third sector organisations to support delivery of customer care in the role play scenario.
- The need for this to be a HDdUHB. wide initiative for all professions.
- Identify ways of linking outcomes with recognition of good practice, linking in with other departments to avoid duplication, e.g.
 - 'Here to Care' badge for lanyard.
 - Publications on social media.
 - Feel good Friday.

In addition, the Task & Finish Groups identified possible ideas to inform content, with all included in either the main programme, or additional resources to reinforce learning.

These topics are identified below:



Potential challenges identified by the Task & Finish Groups

Despite the positivity of the Task & Finish Group, there were concerns in relation to challenges that may impact upon the success of the implementation. All concerns were recorded, and suggestions have been made to overcome these challenges. These include:

- **Organisational/departmental commitment due to time/cost**

Recognising the current culture of not releasing staff for training and lack of commitment due to cost or service pressures is seen as one of the biggest challenges relating to implementation. There will need to be significant investment in releasing clinical or patient facing staff, where locums, agency or bank staff will be needed.

What can we do?

- Delivery of this programme has been delayed, allowing for COVID-19/Winter/Staffing pressures to reduce.
- Education and Development Department to provide programmes outside the normal working hours to increase accessibility.
- Recognition that HDdUHB need to provide a financial commitment to release staff for training during their working hours.
- Provide courses in all counties, limiting the need for staff to travel.

- **Overcoming issues with the learning culture**

It was suggested that staff do not want to engage in training and that this will become a challenge as with mandatory core skills training.

What can we do?

- The 2021 Equitable Access to Training research (representing approx. 10% of the workforce) identified that only 13% of respondents did not feel that they required training within their role, with 40% of staff stating they did not have the opportunity to develop within HDdUHB. This

suggests that 87% of the workforce would like to access learning and development opportunities if this was offered.

- **Staff have previously attended customer service training or currently deliver exemplary customer service.**

Some staff may not identify issues with their own customer service or have previously attended training and therefore feel they would not need to attend or engage.

What can we do?

- The programme is being designed to be much more than a customer service programme, creating content that focusses on making a difference and supporting individuals to reach their full potential.
- Focus on differentiated activities, experiential learning and learning through feelings and emotions will encourage active participation.
- There is a need to recognise that changing the learning culture within HDdUHB will require perseverance and time to embed. With 87% of the workforce wishing to actively participate in training, this provides the opportunity for our workforce to become ambassadors and in turn, change the learning culture.

- **Staff reluctant to speak up**

When staff witness poor customer service, they will be reluctant to speak up for fear of being challenged. Speaking up supports the identification of poor customer services practices.

What can we do?

- Encouraging staff to speak up safely will be included as part of the training programme as well as how this can be achieved.
- The Education and Development Team are considering options to develop, as part of the Management Skills Programme, a Managing Customer Service Excellence module that empowers managers to raise levels of customer service within their area.

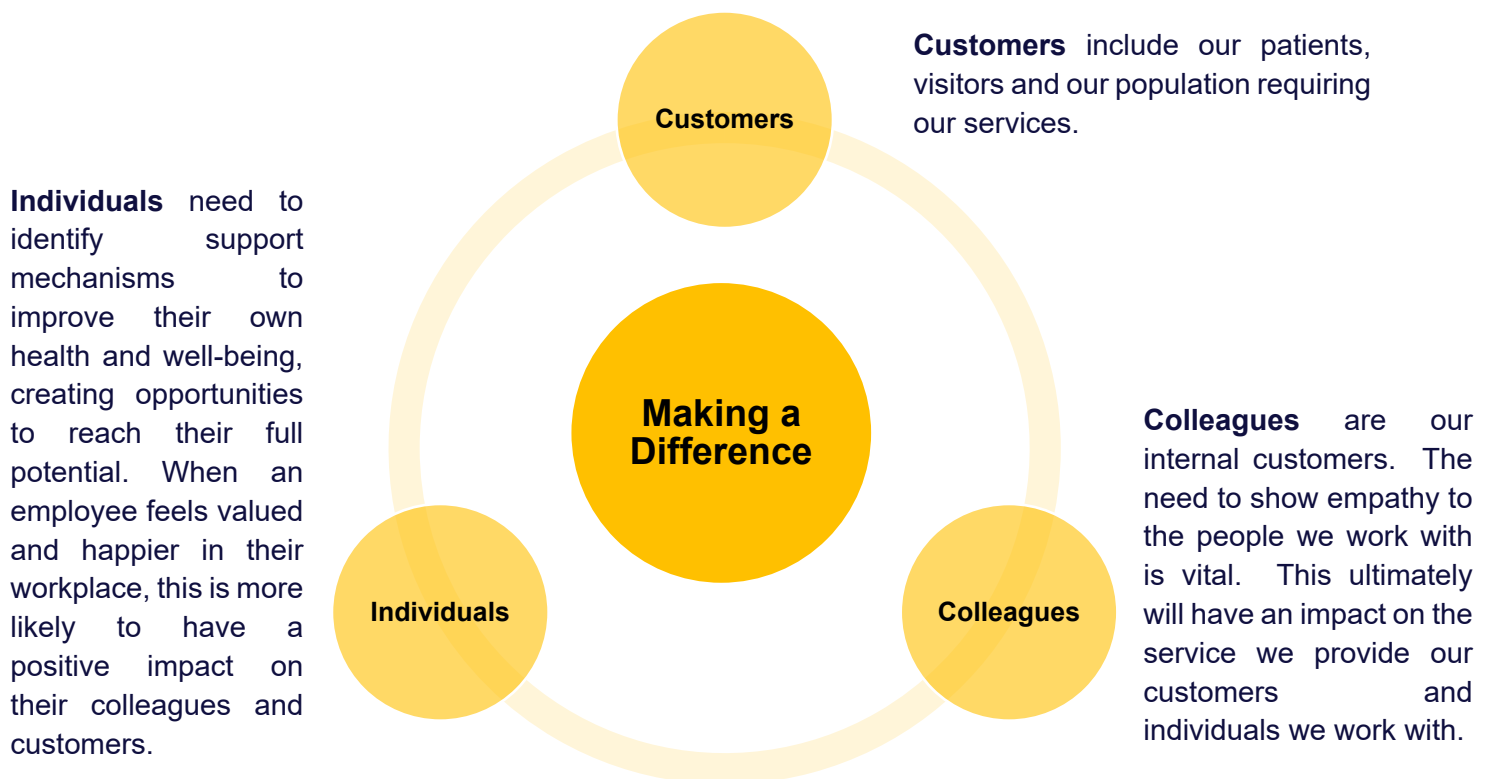
4.0 Rationale behind design and content

Following research undertaken, the consistent theme was the need to focus on developing a programme that would not only improve the overall customer satisfaction, but 'make a difference' to the workplace culture.

This included the need to:

- Treat patients as individuals, as identified in the Patient Experience Reports.
- Recognise colleagues as internal customers and equally as deserving of empathy and respect, to address concerns from observational activities.
- Enable and empower individuals to fulfil their potential, to address the needs and barriers identified via the internal survey.

This created the overall outline of the programme which focusses on people:



Making A Difference

Programme aim:

To cultivate a culture that strives to deliver an excellent experience for both our internal and external customers.

Programme outline:

- A workshop that provides a clear understanding of what great customer service looks like, providing tools to support staff to deliver exemplary customer service. This will be delivered using emotive and experiential learning techniques.
- Further opportunities to celebrate success and further embed key messages across HDdUHB.
- A suite of resources available at the point of need to ensure best practice is developed and/or maintained.

Workshop aim:

The aim of the workshop is to provide learners with the tools and skills to implement great customer service.

Workshop learning outcomes:

At the end of the workshop, learners should be able to:

1. Recognise who our internal and external customers are.
2. Demonstrate use of tools provided to enable delivery of great customer service.
3. Identify a variety of support mechanisms to promote health, well-being and empower individuals to fulfil their potential.

Programme Outline 1: A workshop that provides a clear understanding of what great customer service looks like, providing tools to support staff to deliver exemplary customer service, using emotive and experiential learning techniques.

The programme will commence with a face-to-face workshop, which will take place at locations across HDdUHB. The decision was made to deliver this workshop face-to-face for several reasons, including:

- The practical skills required to be developed will require a high degree of interaction utilising a variety of communication skills, which will be limited during online learning.
- Online learning should be limited to 1.5 - 2 hours at a time, which is insufficient time for this workshop.
- It is important that HDdUHB provides high quality face-to-face learning experiences for all its employees at all levels, not just for management teams (identified as part of the Equitable Access Research).
- HDdUHB must role model the delivery of excellent customer service by providing equitable access to learning at a variety of locations across the region.

Significant features of the workshop link to the findings of the Discovery Report and recognises the contribution developing people has on the retention of our workforce.

- To provide an opportunity for our staff to feel valued, it is proposed that these sessions are delivered away from HDdUHB, truly allowing attendees the opportunity to detach themselves from their working environment.
- To provide employees with an opportunity to absorb the key learning points from the workshop, they will be given time from their working day for rest and reflection, returning to work on their next working day. It is recognised that those attending via online platforms are likely to resume

work and not benefit from the opportunity to rest and reflect, which further reinforces the need to provide a face-to-face learning experience.

- Attendees will receive a 'Thank you for Making a Difference' card, outlining the key messages of the day, along with a recording from an Executive Member, providing thanks for their contribution to supporting HDdUHB.

Researching and defining the learner's needs are key components of designing something learners will engage with and benefit from. The content has been developed utilising feedback gleaned from a wide range of internal and external stakeholders during the research activities.

The content of the workshop will include information, guidance and multiple activities to develop and practice new customer service skills. A blended approach to learning is provided to maximise impact. We know that impactful learning is achieved through first-hand experience (Shackleton-Jones, 2019), the workshop has therefore been designed in such a way that it creates multiple opportunities for our participants to engage in meaningful and memorable activities.

Creating the conditions where someone cares about customer service can be achieved by story-telling. A significant advantage of case studies is that the learners are actively engaged in figuring out the principles by abstracting from the examples (BU Centre for Teaching and Learning, n.d.; Social Theory Applied, 2014). Therefore, case studies will be utilised to explore real experiences, which are far more valuable. To add richness and variety, these are presented in multiple formats such as videos and voice recollections, which also support learning.

Example of tools provided to support exemplary customer service

1. #hellomynameis...

The introduction of the #hellomynameis campaign commences as soon as delegates arrive at the venue, providing an opportunity to embed unconscious learning. This is identified as the initial stage to embedding truly person-centred, compassionate care. This campaign is also featured as part of the programme.



2. Four steps to building rapport

Patients or visitors are usually anxious or unwell due to the nature of their visit and it is important that the workforce understand this and the impact it can have on their behaviour.

The four steps to building rapport will provide staff with a step-by-step approach to making every contact count, covering fundamental principles of customer service.



3. Three steps to addressing a concern/complaint

Gaining an understanding of how to calm down an upset/angry customer or colleague is vital. Whether they are angry, frustrated or emotional, the “Glad, Sure, Sorry” technique (adapted from the Bluestone Way), demonstrates empathy and the commitment to find a solution.



Glad

Demonstrates genuine care:

*"I'm really **glad** you felt comfortable to come and talk to me about this"*



Sure

Demonstrates taking ownership:

*"I'm **sure** we can help you, let me look into it"*



Sorry

Recognising customers' expectations were not met:

*"I'm **sorry** that your experience hasn't been what you had hoped it would be"*

4. Making a Difference to individuals

The delivery of this element of the programme is focused on improving the individual's awareness of the resources and support available. Accessing information from a variety of sources can support social connectivity and increase sense of belonging. Staff will be provided resources to raise awareness of:

- Well-being resources and how to access them.
- Working in Confidence platform.
- Benefits available including the Blue Light Card, Hapi App.
- Access to Office 365 and where to get help.
- How to access learning and development opportunities, including what to do if you are struggling with ESR.
- How to access the Life-long Learning Fund.
- Speaking up safely and how to get help if you need to discuss concerns.

As this forms the end of the session, this will provide the facilitator to outline what is available and where staff would like to discuss this further, the facilitator will be able to further support, signpost or pass on details depending on situation.

Programme Outline 2: Create opportunities to celebrate success and further embed key messages across the Health Board.

Cultivating a culture that strives to deliver an excellent experience for both internal and external customers will not be achieved solely by a workshop.

To embed learning and celebrate success, e-engagement with learners approximately 10 to 12 weeks after the workshop will be undertaken to:

- a) Remind them of key learning points shared at the workshop.
- b) Signpost to additional resources available.
- c) Gather examples of their observations of great customer service.

These examples will be used to role model real-time examples of great customer service via internal and external media channels. Psychology Professor, Albert Bandura, believed that role models can impact behaviour. It is important to know that the theory recognised that people are more likely to replicate poor behaviour than good behaviour (Bandura, 1962). In the workplace, this can translate as 'breeding bad habits. Therefore, the emphasis on good role models is essential.

This exercise will contribute to embedding learning for those who have attended the workshop and also raise awareness of the workshop to those who are yet to attend. It will also inform on one element of our evaluation process covered later in this report.

Programme Outline 3: Provide a suite of resources available at the point of need to ensure best practice is developed and/or maintained.

During the design and development phase, consideration was given to the format of the learning resources to ensure a 'content dump' is avoided. It should be recognised that certain pieces of information may take longer to embed and that multiple opportunities to receive the same key messages are utilised. Therefore, a suite of resources will be required to achieve the long-term aim of the programme.

The development of these resources will take place concurrently with the evaluation of the programme to ensure what is produced, is of genuine use to our learners.

The demographic is an important consideration. Research highlighted the need to be mindful of the audience and ensure that the range of resources produced is accessible to all, and that if there are accessibility issues, that they are addressed immediately. For example, using a learning platform that requires high technical capability could be a barrier for some people.

Utilising the technological resources available to all employees would be advantageous. It would ensure physical accessibility and potentially provide the variety that people need. With the range of complementary and free applications available on Office 365 to every employee in HDdUHB, the Team will promote and encourage access to self-directed learning materials on our Intranet as and when it becomes available.

5.0 Implementation of the programme

Phase 1 – Implementation of the workshop

The programme will commence with a pilot of the face-to-face workshop in February and March 2022 with a view to going live with our wider audience in April 2022.

The pilot sessions will provide an opportunity to gather feedback from colleagues consisting of representation from Workforce and Organisational Development, Patient Experience and selected representation from wider services, recognising current workforce pressures.

The programme rollout will commence with porters and domestics and then widen participation to other patient facing roles, before reaching all staff groups within the Health Board. The recent equitable access to training research illustrated a lack of investment in training for facilities staff, who are consistently under-represented from development opportunities. Whilst engaging with this audience, there will be a concerted effort by the team to ‘upsell’ other learning and development activities available and provide a positive learning experience, which could in-turn improve participation rates going forward.

The programme will have bilingual marketing materials for promotion across the whole Health Board on a voluntary basis. The Education & Development Team will target specific groups across the Health Board, with the mandatory approach being a longer-term commitment to ensure full engagement. Targeted intervention will also be achieved through working with the Patient Experience Team, who will identify hotspots and make recommendations.

This programme will be introduced as an element of the mandatory Corporate Induction Programme, providing the new starter the opportunity to settle into their role, which is anticipated to be month five/six of employment. Attendance at the workshop itself, will be recorded on ESR to enable accurate reporting of progress towards metrics.

Phase 2 – Celebrating success

This will commence with our Pilot Group in May and June 2022. It is anticipated that during July 2022, examples of good practice will be gathered from our first cohort, primarily made up of porters and domestic staff.

The Education and Development Department will liaise with the Patient Experience and Staff Experience Teams to share feedback from our learners and to discuss how we celebrate success. This demonstrates the commitment to collaborative working and the ongoing implementation of the Making a Difference Programme.

Phase 3 – Providing a suite of resources

Equitable access to learning has been at the forefront in the development of the programme. All resources will be produced in an accessible format and as online access is developed, digital accessibility will also be maintained. Confirmation has been received from the Digital Transformation Team that all staff will have an email address and access to Office 365 from any personal devices they may own. Additionally, over 4,000 devices were deployed over the last 18 months to HDdUHB workplaces to improve digital access for our staff.

The vision is to provide a single point of access to an online platform where all staff can access all learning materials produced by the Education and Development Department, at point of need. This location will host supplementary information in relation to the Making a Difference Programme in the form of real-life case studies, video testimonials and additional tools to enable great customer service.

This phase will be implemented in line with the Digital Transformation Team's strategy for our department.

6.0 Embedding learning

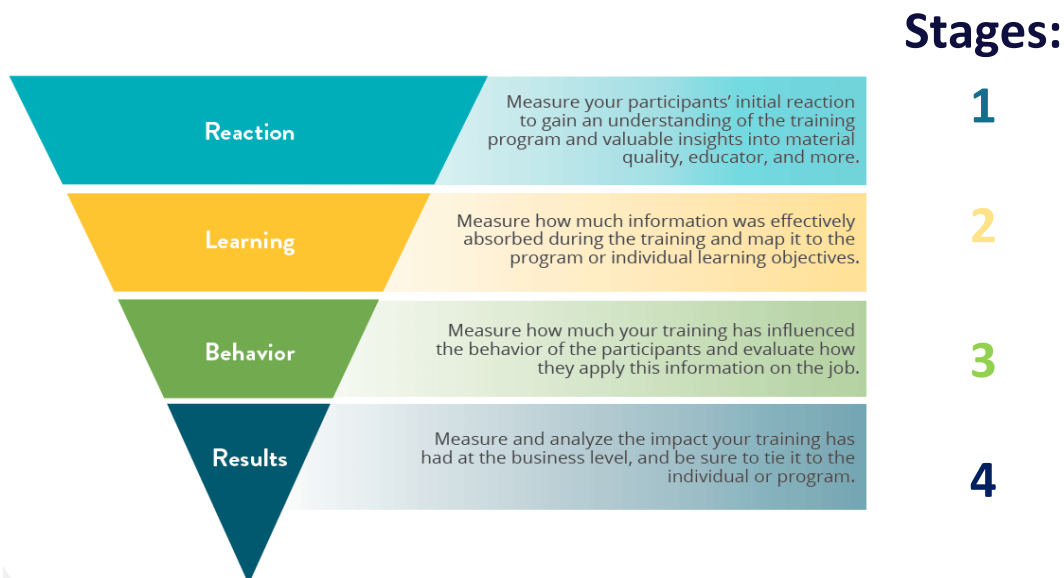
The opportunity to further embed key messages from the programme will be achieved through the purchase of merchandise for attendees of the workshop, including branded pens, mugs/water bottles, notepads, folders and trolley coins. Opportunities to source merchandise that is sustainable, locally sourced and have a genuine value to our attendees will be sought.

In a further bid to communicate the value which staff make to HDdUHB, a card will be presented to each attendee of the workshop on behalf of our Executive Team as mentioned earlier in the report.

Going forward, all new workshops and/or development programmes produced by the Education and Development Department, will contain elements of good practice in relation to customer service.

7.0 Evaluation of the programme

An evaluation will be fully developed using the Kirkpatrick Model, commonly used for evaluating the results of training and educational programmes. It takes into account all styles of training, both informal and formal over four stages (Kirkpatrick Partners, n.d.).



Source: The Kirkpatrick Model (image taken from Gakushu Training and Consulting.com)

Stage1: The evaluation will commence immediately after the first pilot session, where feedback in response to the workshop will be acted upon and 'tested' on the second pilot group. Any final adjustments will be undertaken in time for the rollout in April 2022. Ongoing feedback from cohorts will be utilised as part of continuous improvement.

Stage 2: Information will be gathered during re-engagement with learners and acted upon accordingly.

Stage 3 & 4: Will be undertaken in 12 months' time utilising information from learners, staff and colleagues across the directorates. Additionally, benchmark data will also be identified to measure distance travelled from before and after the implementation of the programme.

8.0 Financial Consideration

This programme will require investment for staff to be away from their work workplace for one day over a 2 ½ year period.

- This investment will allow staff to recover from the pandemic, as outlined in the discovery report.
- It will provide staff with the tools to look after themselves in the long term.
- Embodiment of the strategic intention to put people at the heart of everything we do.

There will also need to be financial commitment to provide venues to host these sessions, to create the right learning environment and maximise the learning experience.

A budget will be required to provide the resources, which would demonstrate that we value our workforce, whilst creating an opportunity to embed learning.

9.0 Conclusion & Next Steps

Although the original objective was to develop a customer service programme, the Making a Difference Programme is so much more and provides an opportunity to not only change the perception of the Education and Development Department to our workforce, but promote health, well-being and development of all staff.

This programme will allow the facilitators the opportunity to engage with workforce and where issues are identified that relate to culture, these will be reported to the OD Relationship Managers.

The development of the 'Making a Difference Programme' will evolve with greater opportunities to embed learning. The key actions to be undertaken are:

- Finalise Equality Impact Assessment to fine tune our current offering ensuring that it meets our accessibility standards.
- Translate all resources, factoring in Welsh delivery sessions in all counties prior to the initial launch.
- Deliver pilot workshops, followed by a full evaluation.
- Delivery schedule to be finalised, confirming venues.
- Develop a behaviour tool (in the context of customer service) providing a mechanism for staff to self-evaluate their levels of customer service and use in their supervision sessions.
- Continue to develop a robust evaluation strategy, which can be a model for future development programmes, including both qualitative and quantitative data.
- Consider the merits of providing a Managing Customer Service Excellence module as part of the new management development programme. The aim would be to empower managers to raise levels of customer service within their service.

This report will now be considered by the Director of Workforce & OD, the People and Organisational Development Culture Committee and the Executive Team.