

**BMJ**



# Living our Values Report - 2015

How are we doing?

**Welcome to the 2015 report into our values, and how they influence, and are reflected in, the work we do.**

One of those values is transparency, and in this short booklet you will find an honest and open account of what has been working well, and where we believe we should try to improve in 2016.

Any questions or comments on what follows would be welcome: [tbrooks@bmj.com](mailto:tbrooks@bmj.com).

**Tim Brooks, CEO, BMJ**



## Living our Values

# How are we doing?

For the second consecutive year we are publicly sharing our progress on how we are upholding our commitment to our Values. We have invited Corporate Citizenship to scrutinise our report and [we openly welcome constructive feedback on what we are doing well and how we may improve](#).

## Reflections

The essence of our values date back to 1840 - BMJ has always epitomised independence, quality evidence, and pioneering medical journalism. The business has evolved, and in addition to our award winning journals (including our flagship journal The BMJ), we now have a well regarded portfolio of products and services - extending to clinical decision support, education and training, healthcare improvement programmes, international events (including awards for excellence in

healthcare), life-long career and recruitment support.

BMJ is now recognised as a global healthcare content business, accessible through a range of digital and non-digital channels.

We updated our Values two years ago to ensure they also encapsulated our dedication to: patient care; the users of our products and services; the complex needs of our diverse range of customers; and our talented employees. We are proud that our Values drive our business decisions and actions, rather than short-term profit gains that may conflict with what we stand for.

Through sharing knowledge and expertise, [campaigning](#) for better healthcare, supporting local communities (eg. through [our m-Health partnerships](#) and [Practical Approach to Care Kit](#) designed for low and middle income countries), raising funds for our chosen healthcare charities ([Changing Faces](#) and [The Stuart Low Trust](#)) - we are helping to create a healthier world.

## 2015 business highlights

- Launching new journals: BMJ Global health journal; BMJ's first Oncology Journal - ESMO Open; BMJ Open Sport and Exercise Medicine; Journal of Joint Disorders and Orthopaedic Sports Medicine (USA); Journal of Investigative Medicine (USA); Journal of Trauma Archives (USA); End of Life Journal partnership; our new journal in partnership with the Chinese Stroke Association - Stroke and Vascular Neurology; plus our Open Access portal in China.
- Incorporating our business in Beijing led by Yuyan Kong.
- Increasing our understanding of our users and customers and involving them in creating and evolving products - the new look [Student BMJ](#) (digital and print), a [new careers course finder](#), an enhanced Best Practice App, The BMJ print version (to name a few).
- Focussing our resources on the highest value impact for our users and customers and folding products that were no longer in demand eg. Best Health, Action Sets.
- Establishing a Customer Services call centre in Cardiff.
- Development of our BMJ Careers Fair - now BMJ Live.
- Launching our e-learning Research to Publication programme - helping clinical researchers and funders get results published quickly in peer reviewed journals. The programme is part of BMJ's commitment to building medical research capabilities around the world - particularly in emerging markets. We have launched a couple of free modules and expect the full programme to be available by the end of 2015. See [here](#) how BMJ are helping to build research to publication skills across the Kingdom of Saudi Arabia (KSA).
- Winning the [PPA "Business Magazine of the year"](#) - The BMJ. The judges said "An outstanding winner in this category."
- Winning the E-Learning Awards for our Quality Improvement Programme 'Most innovative new learning product' and 'Best online distance learning programme'.
- Celebrating 20 years of The BMJ being online and Dr Fiona Godlee's 10 year anniversary as Editor-in-Chief.
- Continuing our journey in campaigning for positive healthcare change - find out more [here](#).

# Embedding our Values during 2015

In November 2014 [DNVGL](#) independently reviewed our [Living our Values 2014 report](#) and issued [this](#) assessment and set of recommendations. We took the following actions:

- Introduced a 24/7 Whistleblowing hotline for staff (for the record, no call has yet been made to this hotline).
- Updated our internal and external policies to ensure alignment with our Values, making references to specific Values that underpin each policy.
- Further embedded our Values into our recruitment and induction processes. This includes a Values 'fit' assessment during interviews, induction leadership talks and Values materials, candidate booklet introducing the Values, more prominent reference to our values on the [BMJ LinkedIn job page](#).
- Incorporated Values 'gate' checkpoints into our Product Development Process, ensuring user input has been considered and product decisions are evidence based and transparent. We have also added a Values checkpoint to our internal business case sign-off process.
- Updated our corporate risk register to be transparent on how risks may impact our Values if not effectively mitigated.
- BMJ Marketing commissioned an independent Brand Perception Study (in partnership with [Shift Learning](#) and [Medlist](#)), asking specific Values-based

questions. Study participants included medical professionals included: doctors, medical students, nurses/allied healthcare professionals, librarians and researchers.

Based on the data, Shift Learning reported that: "*Values associated with the brand are generally highly positive and important to potential and actual customers. In particular, it is highly trusted- an important value*". [Summary](#).

- We asked our customers in our annual customer services survey how we are doing against each Value. Question results can be found [here](#).
- For the first time in July 2015, we conducted a staff survey seeking opinions about each of our individual Values. We had a 64% response rate. Significantly, for each individual value, 60-80% of people agreed or strongly agreed that "BMJ Values translate into my day to day actions within the organisation". Summary slide [here](#).
- In December 2014 we conducted our annual staff survey (using Lane4 High Performance Environment index). We asked people to rate the statement "BMJ Values are embedded in what we do" on a scale of 1-7 (7 being the highest). This statement scored 5.40/7.00. In contrast, in the 2013 survey we asked people to rate the statement "I understand the Values of BMJ" which scored (6.05/7.00). We changed the Values question in 2014 to reflect employee's progression from understanding them to embedding them.

# Embedding our Values during 2015

## Communicating our values internally

- We have a BMJ values Google+ community site for employees to share 'values in action' stories.
- Refresh of our values promotional material. Some employees even created their own values memorabilia, for example, our India team produced a 2015 BMJ values desktop calendar.
- Each edition of our monthly employee newsletter is themed with a different BMJ value.
- Our internal network of 25 values champions meet every 3 months to share progress and barriers.
- We invited staff to enter a competition to express how they see the values living at BMJ. Entries were required to be in a multi-media format (endorsing our Being Digital change initiative). Over 80 staff took part in the various entries. One team also involved our users. Here is the [winning video](#) and [runner up A](#) and [runner up B](#).

## Values Assurance Process 2015

- A company wide effort to capture 80+ pieces of values evidence for the 2015 values assurance process.
- Corporate Citizenship conducted 12 confidential interviews with representatives from across the business to gain qualitative insights into the effectiveness of the values. Corporate Citizenship reported back to us that "we heard a rich level of detail and engagement with the values. Whilst there were many overlapping themes, the viewpoints we heard were not homogenous. This, in itself, shows that the values apply to different people in different ways, showing that regardless of the person, the values can be relevant."

# How we live - Patients come first

Our overriding commitment is to help healthcare professionals do the best for patients and the public. A respect for patient safety, confidentiality and individual patient choice, underpins our culture, brand and behaviours.



Patients come first.

## What we did

One year on from launching The BMJ [patient partnership strategy](#) and having the honour of being the first medical journal to receive the Patients Included Certificate. Our first year review is [here](#). We now have over 300 patient reviewers and co-creators, helping us to understand real burdens and dangers within the healthcare industry. We have been driving the following changes:

- Asking authors of educational articles to co-produce their papers with patients and state the nature of their involvement.
- Requesting authors of research papers to state if and how they involved patients in setting the research question, the outcome measures, the design and implementation of the study, and the dissemination of its results.
- Embedding patient review of papers in our standard peer review processes. Readers are invited to help us in this initiative by extending this invitation to patients.
- Appointing patients and patient advocates to our editorial board, and Rosamund Snow as patient editor, to bring the patient's' perspective to discussions that are conducted by internal decision making committees. Rosamund launched a new article series, What your patient is thinking, in January 2015.
- Issued The BMJ Patient Spotlight edition [here](#), providing patient co-created articles and giving a truly international perspective
- [Patient supplement](#) of The BMJ (September) “What your patient is thinking”
- We clinically review all of our content to ensure patient safety. Patient safety procedures and internal governance processes are in place, including clinical risk incident management.
- BMJ supports and participates in the [Preventing Overdiagnosis conference](#). At the 2015 event Dr Fiona Godlee (*editor-in-chief The BMJ*) chaired a number of keynote sessions.
- We now include an individual patient’s perspective in our BMJ Case Reports, with patients describing how their condition has affected their life [here is an example](#). We always respect [patient confidentiality](#) and never print any personal medical details without consent.
- Video and case study of collaboration between Macmillan and BMJ to create the Cancer Decision Support Tool: Find out more [here](#) and [here](#).
- Patient safety training is part of our employee induction content.

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## More to do

- “Good start but more work is needed” is the annual statement agreed with our Patient Panel regarding our patient partnership progress. BMJ is developing its own policy in response to the recently launched **#PatientsIncluded** campaign, and next year will see us take a firm line in only supporting conferences that meet the criteria we set. We are also promoting initiatives such as [OpenNotes](#), as we believe full access to personal health records is a fundamental right, and an important contributor to patient safety, health literacy and the promotion of self care.
- Our aim for the [2016 International Forum on Quality and Safety in Healthcare](#) (Gothenburg Sweden) is to create a programme that has been truly co-designed with patients. The 2016 strategy will involve: 1. The appointment of a patient representative to the programme committee to directly input into the 2016 programme. 2. All local pre-Forum excursions and experience days will be co-designed with patients. 3. The theme of the conference will include the message 'In Partnership with Patients' to convey our co-produced programme.
- Patients Come First is perhaps one of the most difficult values for some employees to relate to in their roles, since BMJ's products are not used by patients. Most employees do, however, appreciate why we have this value and that the impact of what we do is ultimately improving the lives of patients. 76% of staff in our 2015 values survey said they “strongly agreed” that “I understand what the value *Patients come first* means for my role”.

# How we live - Knowledge for healthcare professionals and patients should be independent and unbiased

Our independence means everything to us and is vital for our products and services to be trusted.

## What we did

- We have [strict competing interests](#) policies for staff (and our non-executive board members), editors, [authors](#), and [reviewers](#). The BMJ was one of the first medical journals to seek declarations of competing interests from authors. Financial conflict of interests is our biggest concern. BMJ works towards a zero tolerance stand against Financial Conflict of Interests for clinical related content. Read Fiona Godlee's (*editor-in-chief The BMJ*) article from June 2015 "[Conflict of interest: forward not backward](#)" - responding to the recent controversy surrounding competing interests in medical publishing.
- We have worked over many months to bring together UK colleges, the BMA, the General Medical Council, and NHS England on a proposal for making it possible and mandatory for [UK doctors to declare their financial conflicts of interests](#). A proposal is now nearly finalised.
- We have extensively communicated our [anti-bribery and corruption policy](#) and implemented mandatory training for all employees.
- BMJ has strict and strictly enforced [sponsorship and advertising guidelines](#).
- The [BMJ Ethics committee](#) meet three times a year.
- In our 2015 customer services survey, customers scored this value the highest with a score of 4.45 out of 5.00.



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## More to do

- BMJ are sponsoring a randomised control trial [\*The effect of different financial competing interest statements on readers' perceptions of clinical educational articles.\*](#) Little is known about how authors' competing interests affect readers' trust in education articles, or which types of competing interest statements readers consider more tolerable. Building on our previous studies using research articles, we are conducting a randomised controlled trial to test the effects of a range of common competing interest statements in educational articles on readers' (practising doctors) perceptions of their interest in an article, their confidence in an article's conclusions, its perceived importance, and their likeliness to change practice.
- Demonstrate how we are enforcing our new conflict of interests zero tolerance policy for Editorials, Clinical Reviews and Practice articles.
- 83% of staff in our 2015 values survey said they “strongly agreed” that “I understand what the value *Knowledge for healthcare professionals should be independent and unbiased* means for my role”.



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# How we live - Evidence matters

We believe that high quality evidence and data drive better outcomes for patients.

Where good evidence is not available we strive to provide the very best clinical wisdom.

## What we did

Evidence and clinical wisdom - it's what makes us one of the world's most trusted knowledge providers. Wherever possible, clinical decision support content is evidence based. See [here](#) for our range of evidence based products.

- The BMJ Evidence Centre is fundamental to our operations; we have 52 members of staff working every week to monitor changes to the evidence and ensure those changes are reflected in our products, in addition to 1800 active external contributors.
- BMJ supports and reports on the global health improvement programme - the [Millennium Development Goals](#). In February 2015 BMJ hosted a networking and progress event, inviting world health leaders, students, policy makers, to discuss successes, barriers, and the development of sustainable future goals. The 2015 evidence based [progress report](#) was published in the Archives of Diseases in Childhood. Read The BMJ's [response](#) to the progress report.
- Our Editor-in-chief BMJ Open and Head of Research, Dr Trish Groves, spoke and chaired sessions at the [Global Forum of Research and Innovation for healthcare](#).

This event identifies solutions to the world's unmet health needs through research and innovation. BMJ continuously strive and campaign to ensure evidence based research is accessible quickly across the globe.

- The BMJ works in partnership with the Oxford Centre for Evidence Based Medicine to host the annual [Evidence Live](#) global event - closing the gap between evidence and clinical practice. You can see highlights from the 2015 forum [here](#).
- BMJ is a strong evidence-based publisher. We campaign against hidden clinical trial data - our [Open Data Campaign](#).

The BMJ no longer publishes any trial of drugs or devices where the authors do not commit to making the relevant anonymised patient level data available, upon reasonable request. The BMJ is the only major medical journal (to date) to take such a principled stand.



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- In 2015 BMJ has entered into a global joint venture with the University of Cape Town Knowledge Translation Unit to promulgate the use of KTU's [Practical Approach to Care Kit \(PACK\)](#): an easy-to-use, hard or soft-copy evidence-based resource for clinicians operating in low-resource environments, drawing evidence from BMJ's Evidence Centre.
- In February, an investigation by The BMJ uncovered evidence of the extraordinary extent to which key public health experts are involved with the sugar industry and related companies responsible for many of the products blamed for the obesity crisis through research grants, consultancy fees, and other forms of funding. Read our press release [here](#).
- A data driven organisation is one of our strategic projects agreed by our Board. We are focussed on improving the use of customer data to make evidence and value based decisions to meet customer and business needs. In 2015 we were independently assessed (for the second consecutive year) by DatalQ for our level of data maturity across our business. We were delighted that our overall data score had increased from 2014. Our Head of Data (David Hutchinson) was also shortlisted for the [DatalQ Talent Awards for Data Quality Programme Leader award](#).



Evidence matters

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We believe that high quality evidence and data drive better outcomes for patients. Where good evidence is not available we strive to provide the very best clinical wisdom.

## More to do

90% of staff in our 2015 values survey said they “strongly agreed” that “I understand what the value *Evidence Matters* means for my role”. We are always looking for ways to improve. We will continue to strive to disseminate real-time, accurate, and evidence based content, in addition to campaigning for evidence based healthcare decisions globally.

In our quest to become truly data-driven, we have set a 2017 target for our data maturity progression ie. to become an organisation “where data is managed as a strategic asset, well-developed processes exist; issues are prevented or corrected at source and best in class solution architecture is implemented. The focus is on continuous improvement”.

A large orange circle is positioned in the bottom right corner of the slide. Inside the circle, the text "Evidence matters" is written in white, sans-serif font.

Evidence matters

# How we live - Being transparent and open helps to create trust

We encourage open debate, comment, criticism, and correction. We declare our own interests and the interests of those who work with us. We will explain our decisions.

## What we did

BMJ is committed to transparency in everything we do. It underpins our culture. Our [transparency policy](#) brings together our policies and procedures that help us act as an ethical publisher.

- 2015 was a groundbreaking year for clinical trial data transparency. After many years of campaigning to mandate the release of trial data, BMJ together with other healthcare ‘transparency pioneers’, have been fundamental in driving [policy change and new transparency measures at the European Medicines Agency](#). May 2016 will see the introduction of the new European Union Clinical Trials Regulation - ensuring clinical information in clinical study reports will not be considered commercially confidential. Read more [here](#).

- The BMJ acted with openness and transparency in its handling and response to the 2013 BMJ Statins controversy, and the subsequent [2014 independent panel review](#). We are calling for the Statins trial data to be made available for patients and the public. Read more [here](#).
- From an internal perspective many decisions and new ways of working have been introduced at BMJ to build upon our culture of transparency. These include:
  - The publication of the minutes of our Executive Committee meetings to all staff
  - Complete transparency on how we prioritise our product technology expenditure and internal resource allocation against customer/user value. Each fortnight, product owners are invited to bring their case for development ...



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work to the Executive Committee and the work will be prioritised based upon a highest value first approach. The session is recorded and an unedited video is shared with all staff within an hour of the meeting to ensure decisions are transparent and understood.

- Our products have development roadmaps and KPI dashboards, openly shared with all staff to ensure transparency of product performance and future development
- Our BMJ Budget process ensures all areas of the company are financially reviewed and made transparent to the whole company through reporting and analysis; we set goals and assess BMJ's risks and opportunities in a transparent and open way
- We share our payscales with all staff at BMJ
- Our staff have access to a variety of digital and nondigital internal communication channels - our online Google+ community sites are a big success, with more than 80% of staff participation

- During 2015 we reorganised and refurbished our UK office space to become completely open plan, with designated areas for cross-departmental teams to come together. The office design effort was led by a team of staff and much input was gathered on people's preferences. We now have a much more open and community-feel atmosphere which we believe will foster greater trust.
- We consult with our staff committee and recognised unions, GMB and NUJ on all important staffing matters

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## More to do

88% of staff in our 2015 values survey said they “strongly agreed” that “I understand what the value *Being transparent and open creates trust* means for my role”.

We will continue to campaign for transparency and openness to support global healthcare. Being recognised as a trusted provider of content is extremely important to us - the lifeline of our business. We aim to continuously improve our levels of transparency, both externally and internally, although it may not always be possible to disclose information that could be commercially or legally sensitive or may pose a security risk to our staff.



Being transparent and open creates trust.

# How we live - Improving healthcare is difficult and requires courage

We support our staff, healthcare professionals and the public to challenge the status quo, speak out against wrongdoing and campaign for change.

## What we did

“Challenging healthcare convention is never easy, but it is essential we use our voice to improve the lives of patients worldwide”. Fiona Godlee, Editor-in-Chief, BMJ.

- The battle to eradicate corruption in healthcare continued this year. Following BMJ’s launch of an anti-corruption campaign in 2014 (sparked by a single article: [a personal view about the endemic culture of kickbacks to doctors in India](#)), there have been some positive steps forward. A couple of Doctors in India have since launched a network of ethical healthcare professionals to led on the necessary change. The network, which hopes to reach out to medical staff through its members’ personal contacts and a website, will take public stands on key issues in ethical and rational practice. Read more [here](#). It has become evident that corruption is a global issue and governments need to do more. The US and UK are not immune as Dr Fiona Godlee (editor-in-chief, The BMJ) explains in her January 2015 editorial [Medical corruption in the UK](#).

- [Campaigning for climate change](#). In June 2015 *The BMJ*’s editor in chief Fiona Godlee and former editor Richard Smith were among more than 50 senior doctors and academics to urge the Wellcome Trust to divest from fossil fuel companies. “Burning fossil fuels causes about seven million premature deaths from indoor and outdoor air pollution”, Fiona explains, while smog in Beijing and other major cities “is alerting the public and waking up our politicians in ways that the more invisible threat from carbon dioxide emissions has failed to do.” The Guardian newspaper published [this](#) article on the “do no harm” campaign.



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We support our staff, healthcare professionals and the public to challenge the status quo, speak out against wrongdoing and campaign for change.

- BMJ had the courage to continue to support the assisted dying bill even though our stance contradicted that of our owner, the BMA. The bill was defeated in the House of Commons in September.
- As already referenced, our [Open Data](#), [Patient Partnership](#), and [Too Much Medicine](#) campaigns remain close to our hearts as we continue towards the journey of improvement.
- In September 2015 The BMJ printed a study on the [Increased mortality associated with weekend hospital admission: a case for expanded seven day services?](#) Following this publication Fiona Godlee (editor-in chief, The BMJ) became very concerned with how the study was being publicly misrepresented by Jeremy Hunt (Health Secretary). The study was being referenced as evidence that understaffing was leading to excess deaths at weekends. See BBC News [coverage](#) and [The Independent](#).

There could not, perhaps, be a more graphic example of the need for courage than publicly confronting the Secretary of State for Health in England, where the control of the entire health system is in the hands of that minister.

- During November 2015 The BMJ hosted a conference inviting others to learn from our many years of experience in medical journalism: [Medical Investigative Journalism: Staying on the Cutting Edge](#). The programme included practical tools and techniques, addressed how to deal with barriers and challenges, inspired confidence and courage in tackling controversial and difficult healthcare issues.



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## More to do

75% of staff in our 2015 values survey said they “strongly agreed” that “I understand what the value *Improving healthcare is difficult and requires courage* means for my role”. Some members of staff not directly involved in campaigning for healthcare change, have sometimes reported this value is less relevant for them. We believe, however, that courage is important for everyone at BMJ. Operating as a commercial business with a desire to put healthcare first, can create a sense of pressure for staff - this requires courage, resilience, and empathy.

We are evolving our internal culture to become less risk averse, through encouraging experimentation with new ideas and improvement areas, and by empowering decision making, for example, product owners are empowered to create innovative product roadmaps and make decisions on how their products should be developed. This level of accountability is new for some and the change requires courage.



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# How we live - Do it well or not at all

We only make products and services of which we are proud.



Do it well or not at all

## What we did

- It has been almost two years since we transformed our technology teams to an agile product development model. It now takes the technology team on average only 10 weeks to build a new product, whereas previously it would have taken many months. We now rapidly prioritise development activities that bring customer and business value. Read [here](#) an interview with Sharon Cooper (Chief Technology Officer, BMJ) to find out how we are becoming “customer obsessed” enabled by business technology and accelerated product development.
- With the technology elements of product development working well, it was time to look at how the rest of the business needed to work to deliver great products to customers quickly. In June, therefore, we developed and launched an integrated and cross-departmental product development process, which starts with a customer driven value proposition, involves gathering customer/user input (*from concept stage through to prototyping, testing, and release*), ensures the provision of ongoing customer support, and the overall management of the product lifecycle based upon usability feedback and future value.
- As referenced at the beginning of this report, we are extremely proud to have been awarded and short-listed for a number of public accolades this year for product excellence.
- We launched an internal competition themed “less is more”, encouraging people to think about the things we should stop doing that are no longer of value. Teams came forward with great examples of where they had cut out irrelevance and demonstrated the benefits. [Here](#) is a video from the winning team - our Production Department. Our two runner up teams, Careers Team and Data and Analysis Team, also had great successes to share. Our Careers Team moved our advert order process from print to online. In doing so, they have reduced the number of printers in the department from 6 to 2, reduced the amount of paper they use by 0.25 tonnes, and have saved £11600 per year in maintenance and paper costs.
- Our Data and Analysis Team have reduced the average weekly volume of emails sent by BMJ to customers/users by 22% and have reduced the number of contacts receiving more than 5 emails per week by 4%, this was achieved by improving our marketing permissions data and unsubscribes processes. It means we can target our marketing more effectively, making it more relevant for users and customers.

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## More to do

We consider our processes to be lean and efficient, however, that should not prevent us from continually challenging ourselves to do things better and faster. Our aim is to eliminate duplication, keep our costs low, and improve our customer touchpoints and experience.

Some members of staff would like to see a greater link between decision making and our value “Do it well or not at all” and that it should be used more to get the organisation working towards the same priorities. We aim to address this in 2016. We believe the rigorous product performance monitoring now in place will add greater transparency and will enable more timely decisions based upon what is working and what is not.

In our 2015 customer services survey, customers score this value the lowest with a score of 4.07 out of 5.00.

84% of staff in our 2015 values survey said they “strongly agreed” that “I understand what the value *Do it well or not at all* means for my role”.



# How we live - What we do is better if users are involved

Our best means of ensuring excellence is to put users at the heart of what we do. Our users are experts in their own experiences. Their participation in the development of our products and services, adds richness, relevance and longevity.

## What we did

- We introduced two User Experience roles in 2015. These roles are based in our collaborative CoLab space at BMA House. CoLab is less about the physical space and more about the unique methodology we follow to gather user input, engage with user needs and their specific problems, test out concepts and co-create products. It is at the heart of our product development process (referenced under the value *Do it well or not at all*).
- Many products have evolved as a result of user and customer input during 2015. ie. The BMJ print, Student BMJ, our BMJ Learning Platform, BMJ Quality Forum, Best Practice, our Journals Network Project. Three BMJ products were deemed not to have a future as a result of extensive usability feedback, analysis of demand and the competition. CoLab promotes the concept of failing fast and dedicates time and effort into learning from failure. Over 300 external users participated in CoLab projects during 2015.
- CoLab insights are shared with our marketing teams and product owners to help shape future propositions and development.
- We gathered staff feedback on our performance appraisal process and have subsequently reduced the number of competencies we use in our performance management and selection processes from 52 to 7.



What we do is better if users are involved.

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## More to do

Create an internal database to house all user feedback, enabling fast and accurate insights to be accessed and utilised across the business.

Introduce and embed the CoLab methodology into our international hubs ie. US, India, China.

82% of staff in our 2015 values survey said they “strongly agreed” that “I understand what the value *What we do is better if users are involved* means for my role”.

What we do is better if  
users are involved.

# How we live - Serving our customers to the best of our ability helps to improve healthcare

If we understand the needs of our customers and our products and services are easy to apply in practice then we are more likely to succeed in our mission.

## What we did

- Our Data strategy progress is helping us to understand more about our customer behaviours and needs.
- We have transformed our customer services team during 2015. We now have an 8.00am - 6.00 pm customer contact centre based in Cardiff, which is better placed to serve our international customers. We are currently refreshing our customer service processes and procedures and continuous improvement champions are in place. The team have developed a charter and have included the values where appropriate.
- We have improved how we communicate internally on customer issues and we ensure there is one owner to see things through to resolution.
- Our customer services team are now involved in discussions on commercial planning and product development - they are arguably the closest team to the customer.



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## More to do

- We recognise that our customers are very diverse, have unique needs, and may experience us differently. We believe providing a fast, easy, relevant and responsive customer experience is key to our future success. In 2016 we aim to understand how we may improve the interactions our customers have with us throughout their entire experience and across various touch-points with BMJ.
- We are investing in customer technology - both the customer interface experience (eg. web chat) and also our back-end systems (eg. billing, customer reporting).
- New customer service KPI's and SLA's will be launched and communicated with our customers in January 2016.
- Evidence suggests that our customers and users would like to access relevant BMJ content, on demand, through mobile devices. In 2016 we will progress our content strategy and also our infrastructure to make it possible for content to be accessible across our product range on a needs basis.
- 82% of staff in our 2015 values survey said they “strongly agreed” that “I understand what the value *Serving our customers to the best of our ability helps to improve healthcare* means for my role”.
- In our 2015 Customer Services survey, the question “Staff are professional in their dealings with me” scored 5.89 out of 7.00. The average level of satisfaction across all attributes measured has increased from 5.24 in 2013 to 5.59 in 2015.



Serving our  
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improve healthcare

# How we live - We take pride in our people

We value and listen to the individuals and teams around the world who have chosen to work with us. We strive to create the right culture for ideas to flourish and we are committed to support staff development and rewarding success.

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## What we did

BMJ is committed to helping our people be the best that they can be. We invest in training and development and encourage cross-functional learning and career progression through our talent management framework.

- Our December 2014 staff survey had a 79% response rate and a 73% engagement score, an overall improvement on 2013.
- 82% of previous employees have said they would recommend BMJ as a great place to work to their friends. See our BMJ reviews on [Glassdoor.Com](https://www.glassdoor.com) the job review site.
- Our Board have approved a new profit related bonus scheme for all staff (effective 2016). This was proposed after extensive collaboration with our staff committee and unions representatives, focus groups and staff questionnaire. We believe staff should be rewarded when the company does well - everyone is a contributor to our success. Individual performance will continue to be recognised through the annual pay review process, our Star award scheme (staff nominate each other), promotional opportunities eg secondments, training.
- We conducted an equal pay audit and published the results internally. The audit showed there were not significant parity issues, however it resulted in an action plan to address some areas of improvement. We also ran diversity training sessions.
- 6 of secondments in 2015, including 3 international secondments. We have an online talent bank where staff can identify projects and development opportunities from across the business and put themselves forward for consideration.
- We launched a mentoring scheme for staff.
- We have given all employees free membership to *Lynda.com* - an extensive online course and video tutorial service.
- Institute of Leadership and Management accredited training programmes.
- 500 hours of training received by the end of 2015.
- Our job applicant process, induction process and content, and onboarding experience were reviewed and improved. We piloted these improvements with the 20 new members of staff in Cardiff.

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- There are a number of change champions across the business who have volunteered to help create change in areas they are passion about ie. Values Champions, Innovation Champions, Digital Champions, Google Adoption Champions, Continuous Improvement Champions. As previously mentioned, the new design and layout of the London offices were delegated to a group of volunteer staff.
- We take the health of our staff very seriously and in 2015 we extensively recognised Mental Health Awareness Week in May and Wellness Week in September. During these weeks we invited staff to get involved with activities such as meditation, fitness sessions, healthy eating talks, organised walks, stress management, resilience training, work-life balance discussions, financial awareness, managing absence and back to work sessions (understanding the triggers for illness), education sessions on our Employee Assistance Programme. We also offered free fruit throughout Wellness Week.
- We offer all employees a free subscription to *Headspace* (an online mindfulness/meditation service). 110 people (nearly a quarter of our staff) have signed up for this benefit.
- In October we held a technology Hack Event, whereby teams of BMJ developers chose from over 80 technology ideas that had been submitted by staff, and ‘hacked’ away solidly over the two day event - creating four fantastic prototypes. The Hack concluded with a judging panel awarding prizes. People from across the business were invited to watch the event and also attend the awards party. It was a great way for people learn about new technology, watch real time coding, and see innovation in practice. We will evolve some of the prototypes through our product development process.
- Time and time again people tell us that they love working at BMJ because of the people. Improving healthcare is a serious business, yet we always take time to celebrate and have fun - from pantomimes, to bake days, to Thursday night themed parties, to sporting activities, to band nights. Many of these events are also focussed on raising money for the two charities we have been supporting throughout 2015 ([Changing Faces](#) and [The Stuart Low Trust](#)).

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## More to do

In our commitment to be a great employer, we are partnering with [Best Companies](#) to help us measure, recognise, and improve employee engagement. The move to using the Best Companies staff survey will enable us to benchmark our scores within our sector. The setup of the survey will also allow us to use the data more effectively and we'll be able to share the results more quickly.

We will gather some exit interview statistics and report on what people like and dislike about working at BMJ.

Continue to promote and embrace diversity and gather more data on how we are doing this.

We will increase our Corporate Social Responsibility efforts and encourage staff to participate in our charity initiatives and community work.

77% of staff in our 2015 values survey said they “strongly agreed” that “I understand what the value *We take pride in our people* means for my role”. Note that some people may have interpreted this question as only relevant to managers of people.

# Living our Values: Overall Next Steps

BMJ welcomes recommendations from [Corporate Citizenship](#) on this report. An action plan will be developed to address areas of improvements identified.

Feedback from staff suggests that nine values are too many. Towards the end of 2016 we propose to re-validate the nine values and consider whether any need to be consolidated.

We will continue to make every effort to measure our progress against our values using both qualitative and quantifiable data and by establishing metrics we can systematically report against. Our goal is to develop a values scorecard. We will conduct the values survey again in 2016 and we will use the score to the question “I understand what the value (*Evidence Matters for example*) means for my role” as a baseline to improve.

