

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

STAFF ENGAGEMENT EXECUTIVE GROUP

TUESDAY 17 DECEMBER 2013

Present:

Mark Gwilliam, Director of HR & OD (Chair)
 Rhian Bishop, Staff Engagement Lead
 Mandy Yates, Nurse Director, SYRS
 David Lyon, Staff Side Representative
 Karen Barnard, Deputy Director of HR & OD
 Steve Burgin, Head of Health & Wellbeing/Occupational Health Business Manager
 Chris Monk, Staff Governor/Head of Clinical Engineering
 Tracey Harding, Informatics Director
 Frank Edenborough, Staff Governor/Consultant Physician
 Kirsty Woodbridge, IT Staff Engagement Lead

In Attendance:

Joy Spotswood (minute taker)

ACTION

1. Welcome and Apologies

Mark welcomed everyone to the meeting and noted the following apologies:-

Kevin O'Regan, Linda Crofts, Julie Phelan, Michael Harper and Penny Brooks.

2. Minutes of the Previous Meeting

The minutes of the meeting held on 10 October 2013 were accepted as a true record.

3. Matters Arising

PROUD Values

Pay Slips

Rhian Bishop confirmed the note due to be attached to pay slips promoting the PROUD values would now be delayed until February as information regarding e-expenses had to take priority.

Promoting PROUD Values

Frank Edenborough raised concern that many clinicians were not fully aware of the PROUD values as the information had not been filtered down from the top. Mark Gwilliam expressed concern as leaflets and posters had been circulated widely around the Trust promoting the PROUD values together with information both within the Link magazine and communication updates.

It was acknowledged that as PROUD appraisals were launched at the same time as the PROUD values, staff tended to link the values specifically with appraisals, rather than as two separate issues.

Mark Gwilliam confirmed that PROUD values are now to be linked into future policies and are included within the staff induction programme.

Rhian Bishop highlighted there was still more work to be done, particularly for clinical staff, however, it was acknowledged that some directorates were more proactive in promoting PROUD values than others.

The group considered ways of further promoting the values around the Trust, particularly for clinicians, and it was suggested using the front page of ICE as many clinicians had access to this facility. There was also the suggestion of using messaging and specially adapted screen savers. Tracey Harding agreed to look into both these suggestions and would report back at the next meeting.

TH

Karen Barnard also made a suggestion of promoting 1 value each month for 5 months. Mark asked Karen to liaise with Julie Phelan and Rhian Bishop with a view to taking this forward.

KB/RB/JP

Staff Appraisals

Frank Edenborough raised concern about the quality of appraisals as people felt it was more a box ticking exercise rather than for the benefit of the staff which David Lyon concurred with.

Mark Gwilliam confirmed that the appraisal rate is currently at 74.2% for non-medical staff with the Trust needing to achieve a 95% target by the end of the financial year. In view of this, it was acknowledged the quality of appraisals may be affected this year, however, following the transition period, adjustments should be made to ensure good quality appraisals are undertaken to benefit both staff and managers during 2014/15.

4. Staff Survey Review

The response rate from this year's survey was 55.5% compared to 52 % from last year, however as this year's survey was sent out to all staff, compared to just 5,000 staff last year, it would provide better feedback for the Trust. The lowest directorate response rate was 30% from Community Services, with the highest being 95% from the Chief Executive's office.

Rhian Bishop reported there were over a 1,000 members of staff who were not eligible to complete the survey (as per national guidance), these included staff on maternity leave, those suspended from duty, staff on long term sick and bank & agency staff. Concern was raised as to why these members of staff were excluded from completing the survey. Rhian had raised this point at the last national meeting and NHS England were going to review this at the next meeting in March. Rhian agreed to update the group after this.

RB

Rhian also confirmed she had just received the raw data from this year's Staff Survey results, and would be sending out reports to the individual directorates as they are received. Rhian also agreed to bring back a summary of the benchmarked findings for the next meeting, however, it was pointed out that this document may be embargoed until March 2014.

RB

Internal Distribution of Surveys

As agreed at the last meeting, Rhian provided the group with an after action review following the distribution of this year's staff survey. The survey had been distributed via the internal postal system rather than to staffs' home addresses. Rhian confirmed that this had created significant problems logistically in getting the surveys out to people due to the poor quality location information in ESR. Consequently many staff had experienced delays in receiving their surveys, particularly Community Staff, and in some cases did not receive their survey at all, as their details were out of date which had resulted in complaints from staff. This resulted in more reminders having to be sent out, which added to the cost and created an extra workload for Rhian, all the staff engagement leads and other staff who were having to send the surveys out.

The response rates had been tracked during the survey and it showed that internal distribution had a negative impact on the response rates for the Community Services care group and hosted medical staff in particular. At the Staff Engagement Leads forum in November, the

leads had queried whether it really was cost effective to distribute the surveys internally given the time it had taken for senior staff across the Trust to distribute and requested that sending to home addresses is considered for some staff groups next time.

Mark thanked Rhian for all her hard work during this period together with the Communications team and Rhian asked to put on record her personal thanks to the Lee Bethell In the ESR team for all his hard work in trying to track staff down and the Portering and transport staff.

The group acknowledged that due to the current climate it was not possible to send out future surveys directly to all staffs' home addresses due to the costs involved, however, they did recognise the need to look at other alternatives. The best solution was via email, however, before this could be actioned the Trust needed to guarantee that 99% of their staff had active email addresses entered on ESR. As many ancillary and clinical staff did not have active email accounts, this would involve further investment, however, as NHS England are working towards all questionnaires/staff surveys being completed on line within the next 2 years, it was acknowledged that this was something the Trust needed to address. It was also pointed out that many clinical staff did not access their email accounts due to the lack of access to computers in clinical areas Tracey Harding agreed to look into this and report back to the next meeting.

TH

Mark requested that Rhian produce a plan to improve 2014 Staff Survey response rate.

RB

The NHS staff survey is currently being piloted on line in a number of Trusts including UCLH and the online response rates will be compared to the paper surveys. At the midpoint of the survey the online response rate was much lower due to concerns about confidentiality. Rhian agreed to feedback the findings once they were available.

RB

5. **Friends & Family Test**

NHS England will be asking employees to complete a Friends and Family questionnaire every quarter, despite concerns put forward that this would have a detrimental effect on the staff survey completion rates. The questions due to be put forward to staff will be; "would they recommend the Trust to their friends and family as a place for treatment" and "would they recommend the Trust as a place to work" as well as 2 free text questions seeking improvements.

The first questionnaire is due to be sent out during the first quarter ie. 1 April – 30 June 2014. The guidance is likely to be more prescriptive than originally thought and may involve a tracking system.

Whilst the Trust will have the choice on the preferred format for sending out the questionnaires, ie, paper or electronic and whether we utilise the services of Capita to assist us or undertake the work ourselves. If questionnaires have to be tracked, we would have no option but to use Capita until we have an email address for all staff in ESR.

Rhian raised concern that during Quarter 3 staff will be required to complete the Friends and Family Test as well as the Staff Survey and this would probably have a negative effect on response rates for the staff survey. She also felt that NHS England were not comparing us against like for like Trusts and therefore this would not show a true comparison, e.g UCLH don't employ clinical staff whereas STHFT do, which could impact on the responses for these questions. A CQUIN payment is likely to be attached to the staff FFT. Unlike the current staff survey questions the staff FFT will be using a net promoter score and only 'extremely likely' scores will count.

KB

The suggestion was made to see if these concerns could be raised via the Shelford Group as possibly they would have more influence. Karen Barnard was due to have a conference call with the Shelford HR Directors and agreed to raise this issue with them.

Mark and Rhian were due to meet outside of the meeting to produce a paper for TEG to appraise them of the situation.

RB

Rhian was due to attend a further meeting with NHS England and would update the Staff Engagement Executive group at the next meeting.

6. **Team Working**

Following previous Staff Survey results, team working has scored low on several occasions and TEG have asked for this to be put as an agenda item at a future TEG meeting to look at what can be done to improve team working. However, Rhian pointed out that the staff survey results do not indicate a problem with team working per se but is to do with the low number of teams who meet regularly to review their performance. Steve Burgin suggested that this is to do with the culture of the Trust.

As a result of this, Mark has asked for a subgroup of the Staff Engagement Executive Group to be set up which should include a nursing, medical and corporate representative along with Karen Barnard and Rhian Bishop, with a view to improving team working and effectiveness across the Trust. Karen to feedback at the next meeting.

KB

7. **Trust Staff Engagement Action Plan**

All the actions were ongoing and a further update would be provided at the next meeting.

8. **Any Other Business**

Values Champions

Due to the large Staff Engagement agenda, it was suggested using champions to assist Staff Engagement Leads. Rhian agreed to raise this at the next Staff Engagement Leads meeting to obtain their views.

RB

Staff Engagement Leads Minutes

A copy of the minutes from the last Staff Engagement Leads meeting would be included for information on the next agenda.

RB/JS

TEG Time Out – Listening Into Action

Mark informed the group that a TEG Time Out, entitled “Listening into Action” would be held on the 8 January. A company called Optimise has been commissioned by the Trust to work with us to promote staff engagement. This would involve focussing on 10 clinical areas and 5 corporate areas.

Sir Andrew Cash will be leading on this, linking it into the Corporate Strategy. The purpose of the Time Out is to identify the Listening into Action leads and identify how this will be taken forward. A major communications exercise will take place during January/February and therefore this will be placed on the agenda for future Staff Engagement Executive Group meetings.

9. **Items for Discussion at Next Meeting**

- Staff Survey Results
- Friends and Family Update
- Team Working
- Listening into Action

10. **Date and Time of Next Meeting**

The date and time of the next meeting will take place on **Friday 28 February at 10.00 am, in the NGH Boardroom.**