

ITEM: 09/141
Doc: 04

Meeting: Trust Board
Date: 18 November 2009

Title: **Staff engagement**

Executive Summary: It is essential the Trust has active engagement with and from its workforce. Engaged employees are more likely to act as organisational advocates than disengaged employees and can play a powerful role in promoting the Trust as an employer of choice. Based on research of what makes the difference to staff, our Staff engagement policy has five strands which are:

- 1 Employee involvement in decision-making
Key actions includes:
Introduction of a Partnership Agreement with staff representatives
Engagement with clinical working groups in relation to Healthcare for London
- 2 Staff briefings and information
Key actions includes:
Review NHS constitution and Employment Promise with staff
Remind managers of importance of 2-way briefing
- 3 Ability to do your job well and develop your job
Key actions includes:
Review and re-launch the staff achievement awards and long service awards
All staff to undertake appraisal
review and re-launch staff induction programme in conjunction with 3 other neighbouring trusts
- 4 Dignity and respect at work
Key actions includes:
Development of coaching skills workshops for managers/supervisors in partnership with staff representatives and Royal National Orthopaedic Hospital
Review recently introduced internal mediation service
- 5 Staff health and wellbeing
Key actions includes:
Develop local health and wellbeing strategy as part of NHS London "GO LONDON!" initiatives

These five strands will be underpinned by the Whittington Employment Promise and the staff survey used as a measure of improvement. This policy will be fully discussed with staff representatives and their input incorporated into this policy prior to its wide dissemination.

Action: For discussion

Report from: Margaret Boltwood, Director of Human Resources

<p><u>Compliance with Healthcare Commission Core/Developmental Standards</u></p> <p>Lead: Director of Nursing & Clinical Development</p>	<p><u>Reference:</u> C7b, C8b, C7e, C11b, C11c</p>
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Engaging with our staff

Context

The Whittington, as part of the NHS, is facing considerable change in the future due to the significant economic downturn. It is therefore essential at this time that the Trust has active engagement with and from its workforce. In 2008 the Trust developed, with staff involvement, an Employment Promise (see attached). This Promise was distributed to all staff; made available to prospective job applicants and at local induction.

Engaged employees are more likely to act as organisational advocates than disengaged employees and can play a powerful role in promoting the Trust as an employer of choice. This is a similar approach as the net promoter score for patients recommending our clinical services.

This paper sets out the next steps to enhancing our engagement with staff.

So what is employee engagement?

The Chartered Institute of Personnel & Development (CIPD) defines it as:

“a combination of commitment to the organisation and its values plus a willingness to help out colleagues (organisational citizenship). It goes beyond job satisfaction and is not simply motivation. Engagement is something the employee has to offer: it cannot be ‘required’ as part of the employment contract. “

What elements are important in engaging with staff?

There is no definitive, all-purpose list of engagement ‘drivers’. However, recent CIPD research into employee attitudes found that the main drivers of employee engagement were:

- having opportunities to feed your views upwards
- feeling well-informed about what is happening in the organisation
- believing that your manager is committed to your organisation.
- work-life balance

Similarly the Institute of Employment Studies (IES) has concluded that the main driver of engagement is a sense of feeling valued and involved. The main components of this are said to be:

- involvement in decision-making
- freedom to voice ideas, to which managers listen
- feeling enabled to perform well
- having opportunities to develop the job
- feeling the organisation is concerned for employees’ health and well-being.

From these two research publications there are some important themes coming through particularly relevant during times of change, for example

- Involvement in decision-making as well as being kept informed
- Feeling managers listen to their views and are committed to this organisation

Different approaches to enhancing staff engagement at the Whittington

There are five strands to our employee engagement approach with our Employment Promise overarching all of them.

Whittington Employment Promise				
Employee involvement in decision-making	Staff briefings and information	Ability to do your job well and develop your job	Dignity and respect at work	Staff Health and wellbeing

1. Employment Promise

In 2008 the Trust developed with staff an Employment Promise which aimed at strengthening and clarifying the psychological contract between the Whittington and its employees.

The psychological contract is distinct from the legal employment contract of terms and conditions of service. The latter is a legal document, which is devised solely by the employer, with the employee having contributed very little to it – except by their acceptance of its contents. Whereas the aim of the Employment Promise is to strengthen this psychological employee relationship within the Trust, to encourage greater commitment and thereby willingness to “go that extra mile” to make the difference in the services provided to our patients and visitors. This clearly links also to the delivery of the Whittington’s Service Promise and to enhancing our reputation as local employer of choice.

The promises from the Trust to a member of staff and what the hospital can expect from the member of staff cover the following:

- Dignity at work
- Security and welfare
- Work-life balance
- Communication and staff involvement
- Training and development

The Employment Promise does therefore cover many of the aspects highlighted by research into staff engagement. The full Employment Promise is attached.

Action: *Remind staff of the Employment Promise and review its contents with them*
Lead: *Margaret Boltwood (Neil Edgar)*
Timescale: *by 30 January 2010*

2. Employee involvement in decision-making

Partnership agreement

Over the past year the Trust has been developing with staff representatives a Partnership Agreement to strengthen partnership working in the Trust. This work is now reaching its conclusion and was ratified by the Executive Committee on 10 November 2009. The key aims of that Agreement are:

- A commitment to developing the national partnership agreement
- A commitment to working together to deliver high quality services
- A mutual respect of the rights of the trust and of staff side to represent their legitimate interests
- A commitment to ensuring the long-term success of the hospital – linked to retaining and developing staff
- Provide constructive comments on emerging policy at a formative stage thereby increasing effectiveness of implementation
- Contribute and/or negotiate ideas on the workforce implications of developing policy and implementation to maximize mutual benefits
- Promote effective communications between all key stakeholders

This Agreement will establish a Partnership Group which will then replace the current Joint Staff Consultative Committee.

Staff Survey

It should also be recognised that the annual staff survey – now in its seventh year – also gives staff the chance to contribute views to how the organisation is run. It is important to note that actions have been taken as a direct result of the survey and these actions have been communicated to staff to show them that their views do matter, hopefully thus increasing their sense of engagement

In addition, the survey tool called Survey Monkey can be tailored to assess staff views on particular issues such as changes within their departments. It has already been utilised as an employee satisfaction measure, within the therapies department, where during 2008/2009 the department was undergoing significant organisational change. Staff were involved in developing some of the questions asked and had access to the results. Participation rates were high.

Action: *Following JCC in October 2009, Executive Committee to ratify Partnership Agreement*

Lead: *Margaret Boltwood*

Timescale: *by 30 November 2009 (completed)*

Action: *Publicise Partnership Agreement*

Lead: *Staff side/Neil Edgar*

Timescale: *to be confirmed*

Action: *Publicise results of staff attitude survey*

Lead: *Margaret Boltwood (Neil Edgar)*

Timescale: *Once results made public (estimate March 2010)*

Action: *Draw up and carry out action plan arising from staff survey – ensuring actions taken are fed back to staff based on the survey results*

Lead: *Margaret Boltwood (Neil Edgar)*

Timescale: *Once results public (estimate April 2010)*

Action: *Use local surveys to assess staff views on particular issues or changes*

Lead: *Ruth Pattison*

Timescale: *TBC*

Clinical groups

With the implementation of Healthcare for London Strategy the NHS in London is entering a period of organisation and service review. Staff will be kept informed of the wider London developments and the implications for change at the Whittington Hospital.

Action: *Continue clinical working group engagement and publicise outcomes*

Lead: *Fiona Elliott*

Timescale: *ongoing*

3. Staff briefings and information

There is a regular briefing by the Chief Executive each month which provides an opportunity for any member of staff to attend. However in reality the attendees are usually managers who should then brief on to their staff. There is an excellent opportunity within the CEO's briefing to remind managers of their responsibility to do this and the reasons why. They should also be encouraged to make the briefing two way with their staff and to discuss other departmental issues too, if this is not common practice.

Information is also available from Link, the Intranet and the Trust's website. As part of the communications launch of the NHS constitution, the opportunity could be taken to ask staff for their views on how they would like to be kept informed of issues affecting the Trust. A staff graffiti board in the staff dining room could be used again as a way of getting their ideas and feedback.

The chairman's forum which will be launched in November intends to facilitate the exchanging of ideas between staff across the hospital, identify and arrange, where suitable, a series of subsequent forums to help staff communicate directly within their

departments and to raise staff awareness of the chairman by encouraging the use of the internet as a two way communication channel.

As a follow up to last year's staff survey, a series of focus groups were held during summer 2009 to seek their views on the trust. The outcome of those focus groups is attached as Appendix 1. The themes resonate with the strands identified for the Staff Engagement Policy.

Action: *Remind managers of their responsibility to brief their staff and to make the briefing two way, including departmental information*

Lead: *Rob Larkman*

Timescale: *5 November 2009 (completed)*

Action: *Review the NHS constitution staff rights together with the Whittington Employment Promise with staff*

Lead: *Margaret Boltwood (Neil Edgar)*

Timescale: *by 30 January 2010*

4. Ability to do your job well and develop your job

There are, of course, many different elements which may contribute to this for example:

- Working environment
- Equipment
- Training and education
- Recognition and appreciation

Working environment

The trust recognises the contribution the environment makes to the sense of well being of staff. Over the past few years we have aimed to improve both direct patient care areas and staff support areas with investment as part of the trust capital plan. Staff related projects are undertaken every year and if there is an area that has been neglected, or needs improvement then staff are encouraged to raise this with their manager.

Equipment

Medical and non-medical equipment is seen as key to effective performance of staff in delivering patient care. The trust runs a capital programme that seeks to invest in replacement and new pieces of equipment. Computers and peripherals are renewed and refreshed on a 3-year cycle and over £1m is invested in medical equipment annually. .

Training and education

Research¹ shows that induction is key to not only staff retention but can also make significant positive contribution to an employees' productivity and absence rate ie to their engagement.

¹ O C Tanner/NHSEmployers briefing no.68 November 2009

The Trust has a policy that all staff should be annually appraised and have a personal development plan in place. Last year by the end of October 2009, 96% of staff had completed appraisals in place.

This year managers and staff are again being reminded and encouraged to ensure appraisals and personal development plans are in place. At present at least 60% of staff have recorded having an appraisal but this is likely to be an under recording at this stage. It is essential that individuals are able to fulfil their personal development plans thus increasing individuals' ability to contribute to the overall performance of their clinical service or department.

Recognition and appreciation

Whittington annual achievement awards recognise both outstanding individuals and teams. Financial awards are given to both the individual and the group whom the judging panel consider to have made the most outstanding contribution to the work of the Whittington in the past year.

The Long Service and Retirement awards and parties used to be held to celebrate loyalty and commitment to the hospital and to show the hospital's appreciation of its staff. It is recommended that these are reintroduced.

Action: *Remind staff and managers to complete an annual appraisal*

Lead: *Margaret Boltwood (Lisa Smith)*

Timescale: *by 30 November 2009*

Action: *Review and re-launch the staff achievement awards and long service awards*

Lead: *Deborah Goodhart (Margaret Boltwood)*

Timescale: *by 31 January 2010*

Action: *Review and re-launch staff induction programme in conjunction with 3 other neighbouring trusts*

Lead: *Margaret Boltwood (Lisa Smith)*

Timescale: *by 28 February 2010*

5. Dignity and respect at work

It goes without saying that it is not acceptable to treat staff without respect. Disrespect can soon turn to bullying and all the problems that brings with it. There are also potential pitfalls with discrimination. Recent staff survey results have placed the Trust in the worst 20% of acute Trusts from staff views of levels of bullying in the workplace.

Action: *Development of coaching skills workshops for managers and supervisors in partnership with staff representatives and RNOH (NHS London partnership funding)*

Lead: *Margaret Boltwood (Ruth Pattison)*

Timescale: *Work commenced – workshops to be delivered in autumn 2010*

Action: *Review effectiveness of recently introduced internal mediation service, to compliment Oasis*

Lead: *Margaret Boltwood (Ruth Pattison)*

Timescale: *by March 2010*

6. Health & wellbeing

There are many activities and strands of work across the Trust which contributes to the health and wellbeing of staff. For example:

- Health and work centre services
- Oasis services
- Sickness absence management guidelines
- Health and safety training and inspections
- Carers leave and related leave options
- Flexible working
- Exercise and activity

A Health & Wellbeing strategy is currently being developed following a successful bid by the Whittington to NHS London "GO LONDON!" which is part of building a legacy from the London Olympics.

Once this is agreed it will form a part of this overall employee engagement strategy.

Action: *Develop a local Health and wellbeing strategy for agreement by the Executive Committee*

Lead: *Margaret Boltwood (Joanne Bronte)*

Timescale: *by end January 2010*

Evaluation

The key to assessing the effectiveness of this employee engagement policy will be through the results of the annual staff survey with particular emphasis on the following key questions:

- *Senior managers here try to involve staff in key decisions*
- *Communication between senior management and staff is effective*
- *Senior managers encourage staff to suggest ideas for improving services*
- *My trust communicates clearly with staff about what it is trying to achieve*
- *I know how my role contributes to what my trust is trying to achieve*
- *Senior managers act on staff feedback*

The section in the staff survey on staff health and wellbeing will also be used as a measure of improvement.

The Whittington Hospital
Staff survey: Outcomes of staff focus groups

Following on from last year's staff attitude survey, it was agreed that a number of focus groups would be held to discuss issues coming out of the survey. Nine groups in total were held during the summer.

Discussions

To link in with the issues arising from the staff survey the focus group facilitators concentrated on the following topics:

- *Bullying and Harassment*
- *Appraisal*
- *Hand Hygiene*
- *Attitudes to filling in the survey*

Facilitators also discussed the *Whittington Employment Promise* to check both whether staff were aware of it and whether it was relevant to their working here.

What People Said and What We Might do

Key findings: Bullying and Harassment:

1. Groups did feel that it had become less of an issue although it had not disappeared – and most were aware of who to go to/what support mechanisms were in place. Although facilities staff were less aware of support available.
2. Staff with patient/ visitor contact felt that they were expected to put up with unacceptable behaviour from patients and visitors as part of the job

Key actions: Bullying and Harassment

Actions	Lead	Timescale
Re-advertise mediation service/managing stress course	Director of Human Resources	By October 2009 completed
Staff and visitors to be made aware that unacceptable behaviour towards staff will not be tolerated	Director of Nursing and Clinical Development	Work to commence October 2009

Key findings: Appraisal

1. Most people reported having had an appraisal last year. There were, however, some people who felt that the appraisal had not been meaningful.
2. The majority of people complained about the electronic KSF system – although many were not aware that a decision had been taken by the hospital that a paper-based system could be used

Key actions: Appraisal

Action	Lead	Timescale
Managers to ensure appraisals meaningful - with meaningful PDPs and objective setting.	All directors	On-going
All staff and managers to be aware that electronic KSF tool now voluntary and that a paper based system can be used. Paperwork to be re-circulated	Director of Human Resources	By October 2009 (completed)– and again in April 2010 at start of appraisal period

One of the main issues coming out of the focus groups was that staff said they were not aware of what had been done to improve things following the survey results. They felt, therefore, that their views were not listened to and that it was therefore not really worth completing the survey.

Overall Staff Survey actions:

Action	Lead	Timescale
E-mail campaign during survey period to remind staff of what they said in previous surveys and what was done to address concerns Letter from director of HR in all survey packs outlining actions taken over past year directly linked to survey results	Director of Human Resources	During survey period (October-December 2009) Commenced Completed
Better “badging” of initiatives and actions following survey to get message across that work is direct result of survey results Regular <i>Link</i> articles on survey aftermath	All Directors	Following survey period and on-going

Key findings: Whittington Employment Promise

Comments that were made on the promise include:

- Probably about 50% of attendees remembered getting a copy of the Promise – either through payslips or when they joined the hospital.
- In terms communication there was a view that too much happened via e-mail
- Again on communication a large number of people felt very uncertain in the current climate. They felt that they were not receiving enough information from managers on what was really happening. Rumours were rife around the hospital.
- Most people were aware of the Chief Executive briefing but did not feel they could attend due to work pressure or felt they could not ask managers if they could attend
- There seemed to be a very positive response to work life balance with many people saying they worked patterns they themselves had chosen – or other people saying they would find it quite easy to approach their manager to ask for a change in hours
- Although training and development was seen as a good thing, people thought that the opportunities to go on training had deteriorated
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Key outcomes: Whittington Employment Promise

Action	Lead	Timescale
All staff to get another copy of Employment Promise by E-mail	Director of Human Resources	November 2009
Managers to ensure more face-to-face communication.	All Directors	On-going
Training provision and uptake to be examined to see if there are issues of less available/staff having to do in own time.	All directors	On-going

There were also some specific comments which have been referred to the appropriate director.