

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

CULTURAL REVIEW REFERENCE GROUP

Notes of the Cultural Review Reference Group

Tuesday 12 May 2023 10.30 -12.30pm

Microsoft Teams

MS Teams Attendance	Apologies
Roger Kline - Chair (RK)	Dr Achuthan Sajayan (AS)
Professor Mike Bewick (MB)	Dame Yve Buckland (YB)
Natasha Salmon (NS)	Jonathan Whitney (JW)
Ali Fisher (AF)	Dr Kumar
Professor Julian Bion (JB) (Left second half)	Bev Baker (BB)
Mehrunnisa Lalani (ML) (Joined second half)	Barry Panton (BP)
Ashar	
Veronica Morgan (VM)	
Lee Williams (LW)	
Randeep Kaur Kular (RKK)	
Ansar Mahmood (AM) (Joined second half)	
Professor Andy Whallett (AW)	
Giles Peel (GP)	
Cathi Shovlin(CS)	
Sheena Cumiskey (SC)	
Ravinder Sidhu (RS)	
Georgina Charles (GC)	
Mumina Aniga (MA)	
David Cockayne (DC)	

1. Welcome and Introductions

RK welcomed all to the meeting and noted apologies received due to meeting clashes and annual leave (AS, YB, JW, MG, SC, DC, GP, BB, BP).

2. Thevaluecircle (tvc): Launch of Survey

DC announced that the survey was launched on 5th May. RK and YB released a note to all staff asking them to join a series of listing groups across all sites. To date, 235 have registered to join across the Trust. These numbers are higher than projected at this stage.

Tvc have received questions of what else will be carried out as the groups are not equal across all sites.

24 hours ago, a second briefing was released to all staff inviting them to complete a short cultural questionnaire. An option was also offered of providing additional comments of free text. To date approximately 1100 responses and 200 free text comments sheets have been received. A Power BI intelligence engine is running on the back of the survey to draw further

analysis. A diverse set of reviews with a broad range of feelings and objectives are being received. A single area is not being highlighted and questions are neutral.

Additionally, RS and SC from tvc are on the following sites: GHH, SOL and BHH this week. They are walking around, talking to staff and reminding them to fill the survey and join the focus groups. During orientation, staff are pulling the team aside to confide in which is a positive sign. tvc are ensuring the team are diverse to appeal to all levels of staff wishing to share. Further updates will be provided as more numbers come in.

2.1. Items tvc would like the review group to consider:

DC stated that the tvc would like to get a broader spectrum around listening groups particularly with non-nursing staff including doctors, AHPs and Porters.

There is the question of how tvc appeals to these groups. One option would be to place posters with a QR code in areas where staff congregate. Tvc ask the question of whether this would work as they will not be able to control who completes the survey. It could potentially be forwarded on to people outside of the organisation. Any member of the public could also fill in the survey – is that a risk to the integrity of the resource?

It was mentioned that engaging with staff groups including porters and housekeepers is important as they are outside of the e-mail system. Some may not have e-mail addresses yet or have never accessed their accounts. During the Well-led Review, engagement from these groups was high by word of mouth and they did turn up in large numbers in the focus groups. They are less likely to complete the survey therefore, placing posters in their areas and restrooms would be good. However, in the Well-led Review, admin and secretarial input was low. In speaking to secretaries, many feel that this survey is similar to the staff survey carried out by the Trust. Many have stated that they delete these emails. To ensure a good response rate is achieved, tvc must continue to make clear that this is a different survey with a different purpose.

DC emphasised that questions are not replicated from the staff survey. Tvc is aware of the reluctance from staff in completing surveys.

Staff have stated that UHB have this notion of the IT system as perfect however, it is not and patients are possibly excluded. Group Members have encouraged staff to provide these opinions in the comment box.

2.2 Engaging specific staff groups:

The group spoke about the GMC Survey of Trainers and Trainees which is currently being carried out and could account for the low responses from doctors. One of the difficulties is surrounding how NHS England is now working with the Trust to support doctors' concerns. This is particularly around death by suicide and the ability of people to speak up when they may be experiencing mental health issues or other matters they find difficult to express. It was felt that people who probably need help the most are often less likely to talk. Also, there may be cultural issues or some staff may think that asking for help is seen as a sign of weakness.

DC will put SC and RS in touch with AW.

The importance of differentiating between this tvc survey and the UHB staff survey. People are suspicious of the staff survey report and some assume (wrongly) managers may be able to view comments. Also, the use of posters with QR codes would be helpful. The UHB

Communications team is active on Facebook and this may be another option to explore. Admin staff can be captured this way as they are often hesitant to share due to direct working relationships with managers.

DC mentioned that the tvC has been cautious of using social media however, if there is a possibility of posting RK's message with a link to the survey, this may be of help. There is apprehension as staff may feel that this is coming from the trust but provided there is clarity more responses can be received this way.

VM suggested that it may be useful to address staff during their handover period as there is a double layer of people here. As staff congregate together at this time.

During the quarterly staff survey, there was a 2% response rate therefore; staff may be feeling survey fatigue. QR codes have been placed on posters which were advertised in lifts and refreshment areas. AF will speak to Anthony about helping with this. Patients or non-UHB members completing the survey are not a risk UHB has yet encountered in the past.

There are Facebook groups with UHB staff only that are managed by the communications team. This may be an option to explore further with Anthony. It is difficult to differentiate this survey as the email sent out to all staff contains the UHB logo which makes people think it is coming directly from the Trust until the email is read further.

DC stated that the only other option would be for tvC to email all staff; however, this would have data protection issues.

NS suggested the Wellbeing Hub could be contacted as they develop good relationships with staff. They are able to approach staff that are away from their wards or areas. If someone was placed there, a wide range of responses could be collected. The Wellbeing Hub members also walk around wards with trolleys and this is another opportunity for them to advertise the work of the tvC. RKK mentioned that there are four Wellbeing Hubs across the Trust which are part of the inclusion team.

Also, the Staff Networks will have a series of meetings in the diary which tvC can possibly attend and emphasise that this is an independent review. RKK will be able to assist in setting these meetings up.

JB requested DC connect with the network of Speaking up Confidential Contacts to promote the survey. He also asked DC to send promotional materials to him. This will be used during the end of May as promotional work will be carried out across all 4 trusts on speaking up. Stands will be erected to hand out leaflets therefore; the survey could also be promoted here.

DC assured that the survey has no closing date as this stage. He said the results can be compared against the national survey although this particular survey was tailored against UHB. To benchmark against culture will be difficult however, evidence from other trusts can be used to benchmark feelings across different groups.

It was agreed that there will always be a group of people who will never feel comfortable speaking up. These staff members are often admin or secretarial and do not feel it is worth speaking up. MB emphasised that tvC need to provide them with a confidential option of providing feedback on not only their immediate supervisors but also on the atmosphere and culture of the organisation as a whole. MB also stated that it is important to present a balanced view as the press will always be hyper-critical. The review must show accountability for people who have exhibited wrong behaviours however, it is also important to convey the positive work at UHB too.

DC stated that tvc will need to take all the responses submitted and identify what this means for the future of UHB. There has to be movement to the work carried out.

RK stated that he and YB have identified that there is a preference amongst doctors to have at least one woman-only group as there were women staff who were uneasy with speaking about their issues within a mixed group. RK questioned if the responses can be broken down to identify demographics, men or women, BME and representation from the department or services.

DK responded that the survey and comments can be categorised into groups of people based on what they self-identify. He stated that it is too early to draw conclusions from specific groups other than grading or site. DK also mentioned that tvc waited until the bank holidays were over to launch the survey. Tvc will wait to see if response rates increase and if they decline then other options may need to be explored.

RK emphasised that there are many organised networks including the trade unions within the organisation that need to be contacted and is aware SC will be speaking to some chairs.

LW suggested it would be interesting to employ a group of 50 employees picked at random from the trust. This would allow tvc to see what the response rates are like and to also identify the types of responses that will be submitted. There are often two polar opposite groups of people who provide responses which consist of those who speak up and those who are positive. A random sample could be able to provide an idea of what the core thinking is.

LW stated that it takes a lot of courage to pull people aside and express their opinions and asked how feasible it might be for staff to request a personal meeting either via MS teams or directly. This may motivate others to come forwards and will help to identify specific themes or tropes within the trust. Staff may need to be directed to HR, Guardian or Unions however, this an alternative option to explore the culture of UHB in further detail.

DC stated that it will be challenge to take all individual thoughts from each staff member and map these opinions across the whole trust to provide strategic oversight and identify where the major challenges are and how we should address them.

ML asked if there is any scope of including those who have left the Trust and may want to share their experience. ML has been approached by one individual and there may be others who wish to share their valuable sentiments.

RK agreed with ML however, though there may be a capacity issue.

DC stated that a conversation with YB would be useful regarding this matter as DC has also received emails from individuals who wish to speak up.

SC reminded everyone of the terms of reference and how they included a review into staff who are currently within UHB. SC said it must be clear how the work links back into what tvc has been commissioned to do and this may need more reflection.

MB expressed that he has also been contacted and will provide SC next week with names to get in touch.

RK concluded the conversation and stated that he will send out a note following the meeting. RK will also have weekly meetings with SC and reference group members will be able to provide their opinions too.

DK thanked everyone for their time and emphasised the importance of tone, message and language which is very critical to the work carried out.

The value circle left the meeting at this point

It was stated that many staff are suspicious of the staff survey. The very low response rate makes it easy to identify members given the rules about not identifying categories of responses where there are less than 11 responses. Group members again expressed that some staff are reluctant to speak up in focus groups and would prefer to speak individually. The question will be how this can be achieved in terms of time and capacity. RK will flag up this concern and have a conversation with CS and YB.

RK concluded that he will summarise all concerns flagged up and send a note out. RK will also send a reminder to everyone if there is anything else they wish to express prior to his meeting with SC.

3. Minutes and matters arising

Previous Minutes:

- Previous meetings were agreed as a correct record

Publishing Minutes on the Intranet:

- It was agreed that although the names of all members within the reference group are public, the initials identifying members within the minutes will be removed to prevent people from feeling reluctant about voicing their opinions.
- It was expressed that there should be a separate intranet site for this group online.

Junior Doctor Representation:

- RK mentioned that he will speak to three junior doctors and we should have a junior doctor identified to attend the next meeting.

Therapies engagement:

- It was mentioned that therapies including AHP's often feel neglected during the reviews and further options of engaging these groups may need to be explored.

Recording Future meetings:

- It was requested for the meetings to be recorded however, there was general agreement across all members in the reference group that these meetings should not be recorded.

GMC Survey:

- It was stated that AW does receive feedback from the GMC survey if there are severe issues such as bullying or harassment. The final information arrives during the summer. Normal practise is to contact the Trust if there are severe concerns to request a response within two weeks. This is another source of information as the survey is carried out annually. It was stated that it would be ideal for this survey to finish before the trainers and trainees are approached again.
- Work is underway with the Associate Dean for Trainee Communications and the Well-being Associate Medical Director. exploring how the trust communicated with trainees and advertising the tvc survey and focus groups in the trainee newsletter or a letter to all doctors in the Trust. This would be helpful as it would provide an alternate way to express their concerns.

- RK followed up by saying that it would be useful for AW to provide an update on this work following the next two meetings.

Specific Specialties:

- It was stated if there will be a focus on specialty specific issues such as Maternity. Clinical staff are expressing negative sentiments and feel that a change within the culture will not occur. RK said that a meeting with Obstetrics and Gynaecology is taking place with senior management.
- CS mentioned that she will have a conversation with DC on how to address both cold and hot spots and how the organisation can address actions specific to both staff groups and at a service level.
- It was mentioned that agreed that the Strategic Projects team has received approval from the senior management team to flag maternity services as an area for review. It was also mentioned that data has been pulled from FTSUG, Network Chairs, Datix and the Fairness Reference Group. This can be provided.
- CS asked RKK to provide this information to map against the organisational heat map.
- It was expressed that in 2019, a maternity culture review was conducted as there were issues of bullying and racism. The perpetrator left the organisation however, no other actions were taken. Therefore, staff are very sceptical that change will take place following this review. It was emphasised that managers should address these issues head on and a policy of zero tolerance should be enforced.
- It was stated that a similar culture review was carried out in Haematology and the department also feel nothing was changed following this.
- RK and CS followed by stating these reviews will be provided to tvC.

Moving Forward:

- There was a general discussion about the need to ensure the tvC survey helped drive improvements in UHB culture in contrast to some previous localised surveys that had made little difference.
- That view was shared - what we tolerate as an organisation sets the culture of what's acceptable or what's not acceptable. It may be important to learn from other Trusts where positive change has taken place.
- It was mentioned that good work is taking place to address cultural issues
- It was stated that we must plan for the recovery phase in ensuring we democratise change and people feel confident about speaking up.
- It was mentioned that the Trust has an opportunity through the various reviews to assess our problems honestly. This group should prepare to position itself for when the report is completed and may wish to influence the implementation of its recommendations.
- It was felt useful to assess points both this reference group and tvC have touched on from Mike Giles Review.

Next Meeting

24th May 2023 13:00 – 15:00 In person but with Teams access