

<b>Trust Board</b>	<b>Date:</b>	<b>29 March 2017</b>
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<b>Agenda item</b>	<b>Title</b>	<b>Executive Director lead and presenter</b>	<b>Report author</b>
<b>BD/16/275 a)</b>	<b>Staff Survey 2016 analysis</b>	<b>Director of Strategy</b>	<b>Director of Strategy OD Project Manager OD Coordinator</b>

<b>This report is for:</b>	
Decision	
Discussion	
To Note	X

**History**  
*Executive Team, Extended Executive Committee, Quality and Standards Committee*

<b>The following impacts have been identified and assessed within this report</b>	
Equality	X
Quality	X
Privacy	

**Executive summary of key issues**

This report provides an overview of the 2017 annual staff survey results presenting a Trust wide picture and an analysis of variation in staff experience by Locality and Corporate Directorate.

All substantive staff (n=3839) were invited to complete the staff survey and 1952 responded (50.8%).

The NHS England report compiles individual survey questions into 32 key findings grouped into 9 themes. Results enable internal benchmarking (how did we perform relative to 2015 results?) and external benchmarking (how did we perform relative to other Mental Health provider?) organisations.

**Summary of results**

**Compared with 2015 results:** 5 key findings improved and 27 remained unchanged.

**Compared with other Mental Health Providers:** 1 key finding was above the national average, 16 key findings were on a par with other providers and 15 were below the national average for mental health Trusts.

Results show significant variation in staff experience across Localities and Corporate Directorates.

Organisational culture, staff experience and wellbeing are prioritised in 2017/18 annual objectives described in the Annual Operating Plan presented to Board for approval this month. An organisational development programme is being scoped to systematically address staff engagement and culture. The organisational development programme will include a Staff Experience Action Plan to address Trust wide themes emerging from the staff survey as well as Local priorities. This programme of work will be sponsored by the Chief Executive.

The Staff Experience Action Plan will be presented to Quality and Standards Committee and Trust Board for approval in April 2017.

Trust Board is asked to note survey results and planned actions to improve staff experience and engagement.

## This report addresses these strategic priorities:

We will deliver the best care	x
We will support and develop our staff	x
We will continually improve what we do	x
We will use our resources wisely	x
We will be future focussed	x

## 1 Introduction

The Annual Staff Survey is a national requirement of all NHS Providers and results are considered a gauge of organisational culture.

Full Staff Survey Results were published by NHS England on 7 March. Staff Survey results have been shared with Locality Leaders, Executive Directors, Extended Executive Committee, Local Staff Experience Groups and Staff Side colleagues (Trust Consultative Group). Survey results have been communicated with AWP staff through an article on Ourspace.

Full survey results are available [here](#).

The NHS England report summarises individual survey question into 32 key findings which are categorised into 9 themes:

- Appraisals & support for development
- Equality & diversity
- Errors & near misses
- Health and wellbeing
- Job satisfaction
- Managers
- Patient care & experience
- Violence, harassment & bullying
- Working patterns

The purpose of this paper is to set out survey results, describe variation in reported staff experience by Locality and Corporate Directorate and provide a comparison of survey results with comparable providers.

An organisational development programme is being scoped to systematically address staff engagement and a Staff Experience Action Plan will address Trust wide themes emerging from the staff survey as well as Local priorities. The timetable and actions to develop this programme of work are described.

## 2 Staff Survey

### 2.1 Overview

The following information is presented for consideration by Trust Board:

- Staff survey response rate
- Staff engagement scores for 2016 and change over time
- Percentage of AWP key findings that are above, below or in line with the national MH average for 2016 and change over time
- Locality and Directorate performance on key findings (comparison with AWP average and the average for Mental Health Trusts)

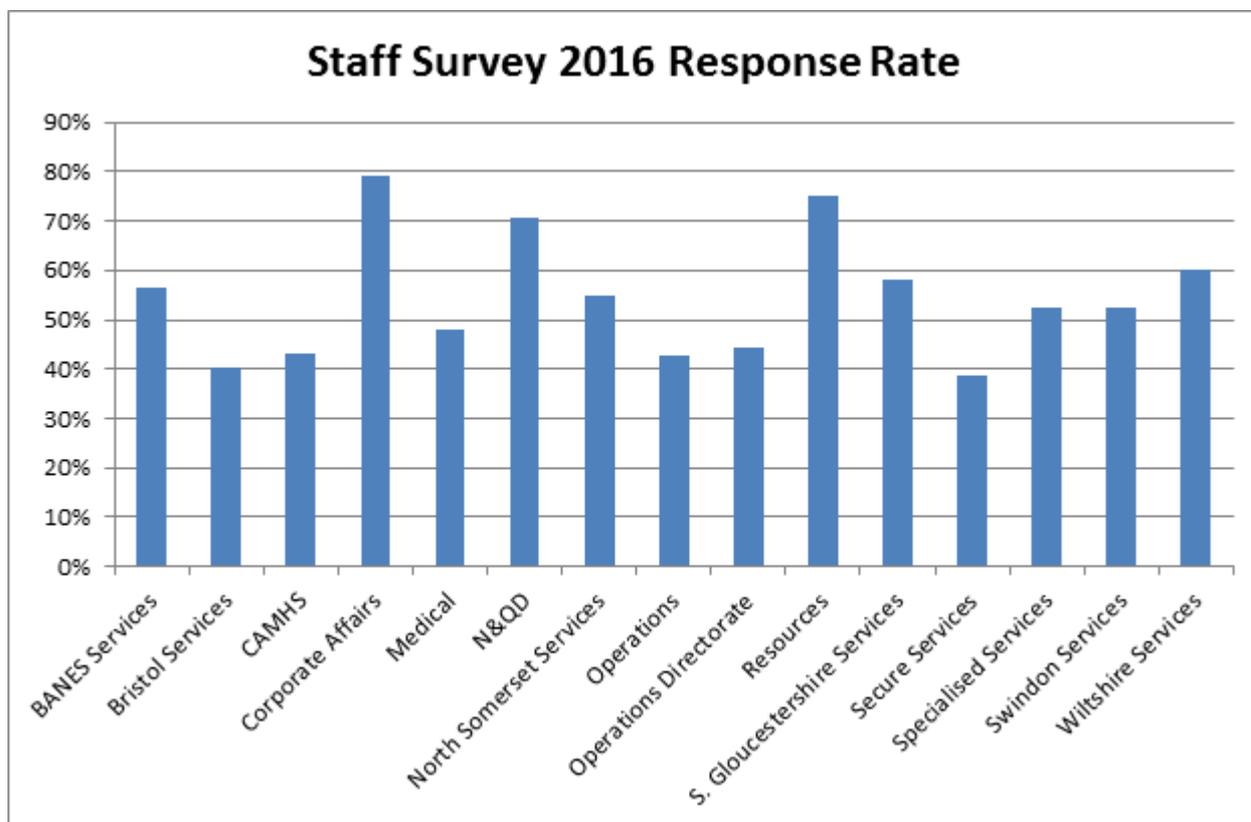
### 2.2 Response Rate

AWP takes a census approach to the staff survey and invites all substantive staff to complete the survey. The majority of staff received an invitation to complete the survey electronically whilst staff without regular access to computers received a paper copy. The survey is conducted by an independent provider and all information is anonymous. Staff receive encouragement to complete the survey through Trustwide

communication and Locality leadership teams. Regular feedback is received on completion rates throughout the survey period.

In AWP, 3,839 members of staff were invited to complete the survey and 1,952 responded (50.8%). The response rate in 2015 was 49.9%.

**Figure 1** describes response rate by locality and corporate directorate and is viewed as an indication of engagement.

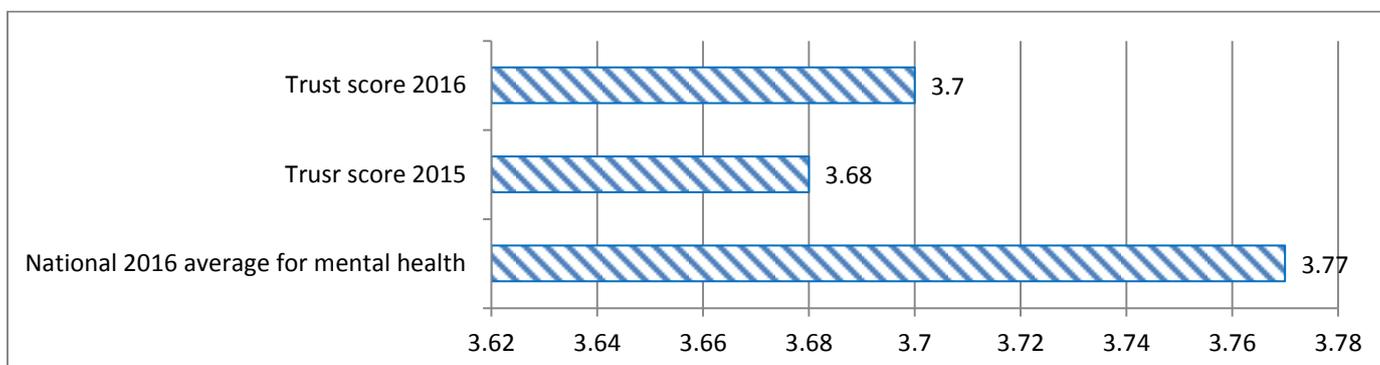


NB: Operations include Estates and Facilities Management, The Programme Management Office Team and Operations Management. The Operations Directorate is the Bank Office.

### 2.3 Staff Engagement

The Staff engagement score is calculated by combining the responses to several survey questions that ask about motivation at work, whether staff are able to suggest and implement improvements, and how prepared individuals are to speak positively about the organisation.

**Figure 2: Overall staff engagement 2016** (Scores range from 1 – 5; the higher the score the better)



**Figure 3: Historical comparison of staff engagement scores 2011 – 2015**

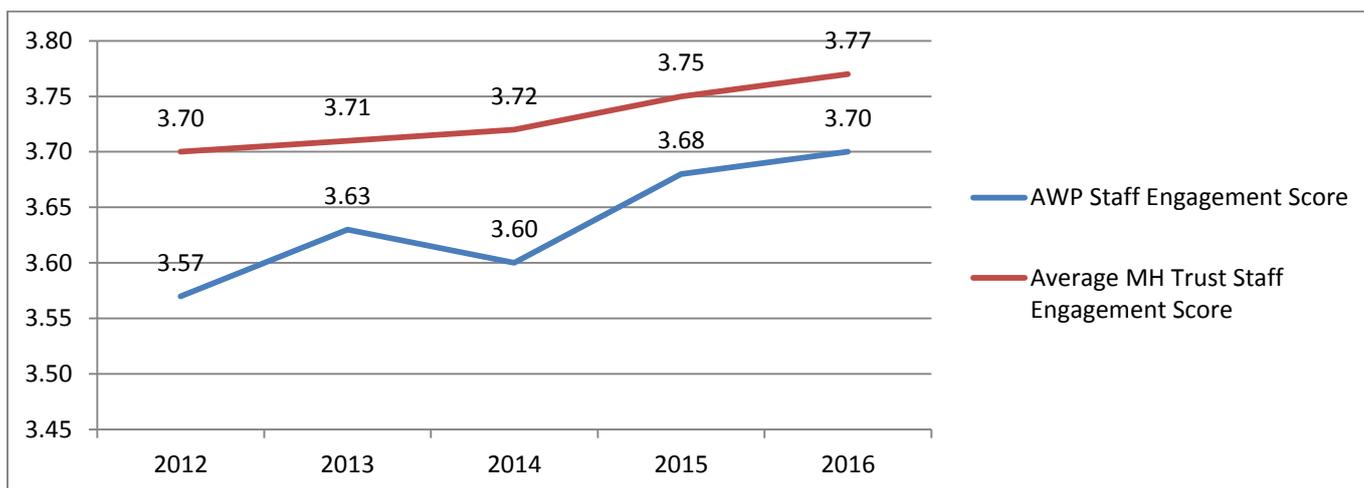


Figure 3 demonstrates a pattern of improvement in staff engagement over successive years. Although there is a small improvement in the staff engagement score from 2015 to 2016, the change is not significant. AWP staff engagement remains below the national average for Mental Health providers.

## 2.4 Key findings comparison

Appendix 1 provides a list of all 32 key findings and describes change in response compared with 2015 results and compares AWP 2016 results with those of comparable mental health providers.

### Change over time:

When compared with 2015 results; AWP results indicate improvement in five of the 32 key findings:

- Quality of non-mandatory training, learning or development
- Staff confidence and security in reporting unsafe clinical practice
- Staff satisfaction with level of responsibility and involvement
- Support from immediate managers
- Percentage reporting most recent experience of harassment, bullying or abuse

The remaining 27 indicators showed no significant change when compared with 2015 results.

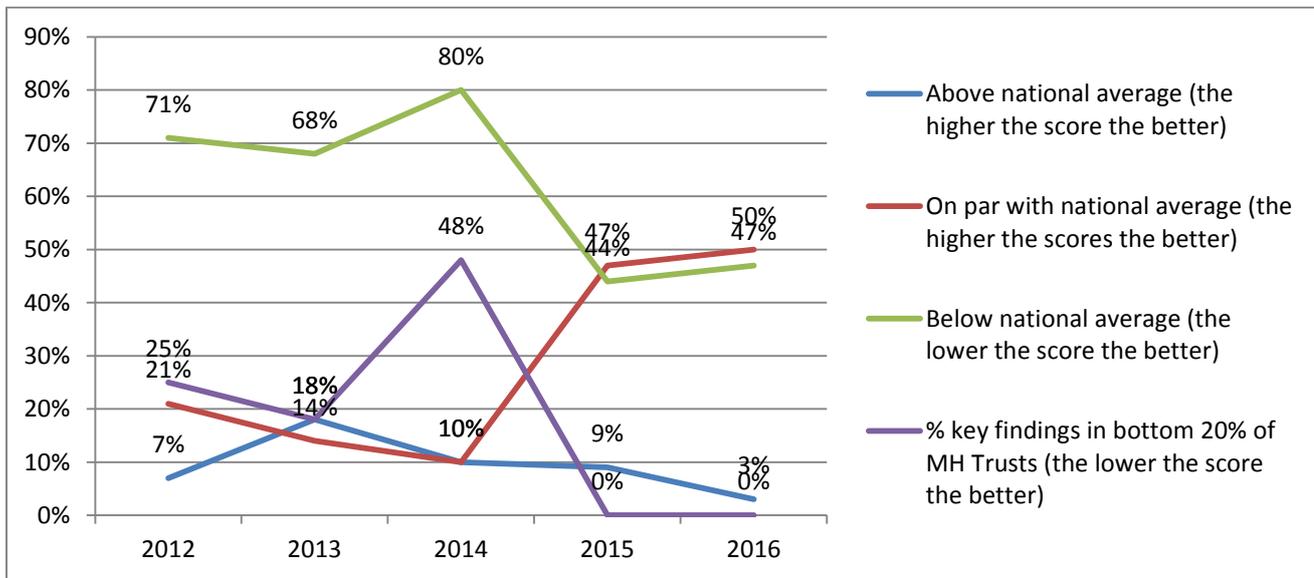
### In year Comparison with Mental Health Providers:

Of the 32 key findings, AWP compares with other Mental Health providers as follows:

- 1 (3%) key findings the Trust is **better than** the National 2015 average for MH Trusts.
- 16 (50%) key finding the Trust is **the same as** the National 2015 average for MH Trusts.
- 15 (47%) key finding the Trust is **lower than** the National 2015 average for MH Trusts.

Figure 4 presents a historical comparison of AWP key findings relative to other MH Trusts over a five year period.

**Figure 4: Benchmarked position with other MH Trusts 2012-2016**

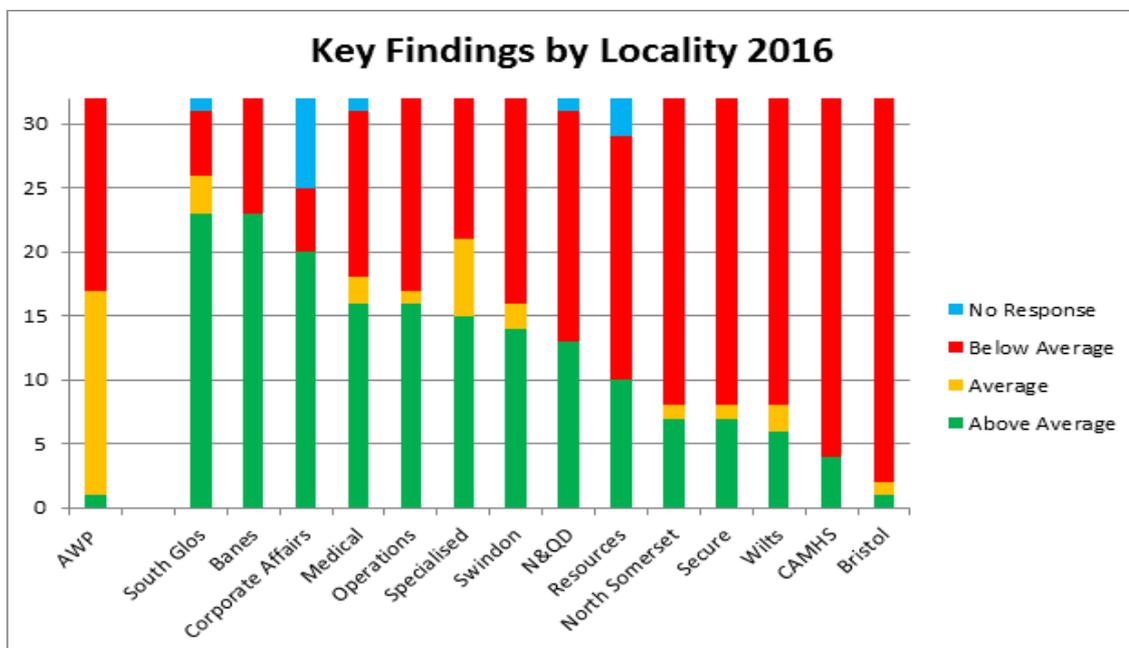


Following a favourable shift in 2015, whereby a greater proportion of key findings moved from being below average to being comparable with other mental health providers, there has been little movement in 2016.

## 2.5 Locality/ Corporate Directorate Performance

Appendix 2 compares Locality and Directorate key findings with the average score for mental health Trusts; results show considerable variation between Localities and Directorates.

Figure 5 summarises the information in appendix 2 and provides an ‘at a glance’ summary of the relative position of each locality/ directorate relative to the national MH average for each finding.



This graph clearly demonstrates variation in staff experience across Localities and corporate directorates and the need for a tailored response that responds to Trustwide and local themes.

### 3 Actions to Improve

Survey results demonstrate the need for a significant focus on staff engagement and culture and has been prioritised in 2017/18 annual objectives. Our immediate response to staff survey feedback is to develop a **Staff Experience Action Plan** that combines corporate (Trustwide) and locality actions.

The following actions have been identified as **corporate priorities** for the coming year and will be captured in the Staff Experience Action Plan.

<p>Improve access to training</p>	<p>Introduce Workforce Development Fund to encourage targeted and equitable allocation of training and management of internal conferences.</p> <p>Personal Development Plan: Introduce electronic form to capture development needs identified through appraisal (increase visibility of training offered and inform 'bottom up' training needs analysis)</p>
<p>Improve appraisal quality and experience</p>	<p>Appraisal and supervision training is in place and will be promoted focusing on the areas of poorest performance</p> <p>Executive Team has commissioned a review of appraisal system and will receive recommendations for improvement on 2 May</p> <p>Technical means of capturing Personal Development Plans (infopath form) generated as part of appraisal will inform learning and development provision. Launch on 1 April</p> <p>Strengthening questions about health and wellbeing in appraisal and supervision from 1 April.</p>
<p>Improve communication and responsiveness (Senior Leaders)</p>	<p>Locality Link Director</p> <p>15 Steps Visits</p> <p>Freedom to Speak Up Guardian</p> <p>Staff Experience Groups</p> <p>Develop Staff Handbook</p> <p>Enhance internal communication</p> <p>Staff Charter</p>
<p>Resources available to undertake role</p>	<p>Workforce Programme (recruitment, retention, staff experience)</p> <p>IT Transformation</p> <p>Estates Transformation</p> <p>Appointment of Human Resources Director (closing date 31 March)</p>

Localities have shared results with their teams and, together with their Local Staff Experience Group, are identifying local improvement priorities and actions for the coming year. The Trustwide Staff Experience Group, chaired by the Chief Executive, reviewed survey results on 20 March. The Quality Forum on 27 March provides a further opportunity to co-produce the Staff Experience Action Plan.

The Staff Experience Action Plan will be finalised in April. The timetable for reviewing and signing this plan off is as follows:

Strategic Workforce Group	3 April 2017
Executive Team	11 April 2017
Quality and Standards Committee	18 April 2017
Trust Board	26 April 2017

The corporate lead for the Staff Experience Action Plan is Katherine Dawson, Organisational Development Manager. Implementation of the plan will be monitored by the Strategic Workforce Group and reported to Board via the Quality and Standards Committee.

The Trust Board is committed to improving organisational culture as a priority in 2017/18. To realise this commitment, the Board and senior leaders from Local Delivery Units are giving detailed consideration to undertaking the Listening into Action Programme. The Listening into Action programme is an evidence-based approach to improving staff engagement that has been used in 160 NHS organisations with positive outcomes. The approach engages staff in identifying and delivering improvements that will benefit both service users and staff.

The Cultural Change Programme, including the Staff Experience Action Plan, will be sponsored by the Chief Executive.

## 4 Summary

The present paper provides a high level overview of the 2016 Staff Survey results. Results show limited improvement compared with 2015 and indicates significant improvement is still required. The Board has noted the importance of addressing staff engagement and improving the culture of our organisation; proposed annual objectives for 2017/18 reflect this priority.

The Staff Experience Action Plan will be co-produced with staff and the plan will be presented to Quality and Standards Committee and Trust Board for approval in April. In addition, an organisational development programme will be identified to systematically address and improve culture across the organisation.

Trust Board is asked to note Staff Survey results and actions being taken in response.

## Appendix 1: Summary of all Key Findings for Avon and Wiltshire Mental Health Partnership NHS Trust

### KEY

✓ Green = Positive finding, e.g. better than average, better than 2015.

! Red = Negative finding, e.g. worse than average, worse than 2015.

'Change since 2015 survey' indicates whether there has been a statistically significant change in the Key Finding since the 2015 survey.

-- Because of changes to the format of the survey questions this year, comparisons with the 2015 score are not possible.

\* For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

	Change since 2015 survey	Ranking, compared with all mental health in 2016
<b>Appraisals &amp; support for development</b>		
KF11. % appraised in last 12 mths	• No change	• Average
KF12. Quality of appraisals	• No change	! Below (worse than) average
KF13. Quality of non-mandatory training, learning or development	✓ Increase (better than 15)	! Below (worse than) average
<b>Equality &amp; diversity</b>		
* <i>KF20. % experiencing discrimination at work in last 12 mths</i>	• No change	• Average
KF21. % believing the organisation provides equal opportunities for career progression / promotion	• No change	! Below (worse than) average
<b>Errors &amp; incidents</b>		
* <i>KF28. % witnessing potentially harmful errors, near misses or incidents in last mth</i>	• No change	• Average
KF29. % reporting errors, near misses or incidents witnessed in last mth	• No change	! Below (worse than) average
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	• No change	• Average
KF31. Staff confidence and security in reporting unsafe clinical practice	✓ Increase (better than 15)	! Below (worse than) average
<b>Health and wellbeing</b>		
* <i>KF17. % feeling unwell due to work related stress in last 12 mths</i>	• No change	! Above (worse than) average
* <i>KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure</i>	• No change	• Average
KF19. Org and mgmt interest in and action on health and wellbeing	• No change	! Below (worse than) average
<b>Working patterns</b>		
KF15. % satisfied with the opportunities for flexible working patterns	• No change	• Average
* <i>KF16. % working extra hours</i>	• No change	• Average

<b>Job satisfaction</b>		
KF1. Staff recommendation of the organisation as a place to work or receive treatment	• No change	! Below (worse than) average
KF4. Staff motivation at work	• No change	• Average
KF7. % able to contribute towards improvements at work	• No change	• Average
KF8. Staff satisfaction with level of responsibility and involvement	✓ Increase (better than 15)	• Average
KF9. Effective team working	• No change	• Average
KF14. Staff satisfaction with resourcing and support	• No change	! Below (worse than) average
<b>Managers</b>		
KF5. Recognition and value of staff by managers and the organisation	• No change	• Average
KF6. % reporting good communication between senior management and staff	• No change	! Below (worse than) average
KF10. Support from immediate managers	✓ Increase (better than 15)	• Average
<b>Patient care &amp; experience</b>		
KF2. Staff satisfaction with the quality of work and care they are able to deliver	• No change	! Below (worse than) average
KF3. % agreeing that their role makes a difference to patients / service users	• No change	! Below (worse than) average
KF32. Effective use of patient / service user feedback	• No change	• Average
<b>Patient care &amp; experience</b>		
KF2. Staff satisfaction with the quality of work and care they are able to deliver	• No change	! Below (worse than) average
KF3. % agreeing that their role makes a difference to patients / service users	• No change	! Below (worse than) average
KF32. Effective use of patient / service user feedback	• No change	• Average
<b>Violence, harassment &amp; bullying</b>		
* KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths	• No change	• Average
* KF23. % experiencing physical violence from staff in last 12 mths	• No change	✓ Below (better than) average
KF24. % reporting most recent experience of violence	• No change	• Average
* KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths	• No change	! Above (worse than) average
* KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths	• No change	! Above (worse than) average
KF27. % reporting most recent experience of harassment, bullying or abuse	✓ Increase (better than 15)	! Below (worse than) average

## Appendix 2: Locality and Directorate Staff Survey Results – comparison with average MH position.

Locality/Directorate Performance			Directorate/LDU Positions against MH National Average														
Key Finding	MH Average 2016	AWP Average 2016	Banes	Bristol	CAMHS	Corporate Affairs	Medical	N&QD	North Somerset	Operations	Resources	Secure	South Glos	Specialised	Swindon	Wilts	
<b>Appraisal &amp; support for development</b>																	
KF11	89%	89%	99%	86%	72%	79%	86%	87%	92%	79%	85%	95%	93%	91%	93%	93%	
KF12	3.15	3.05	3.16	3.11	2.90	3.36	3.02	3.17	2.7	3.10	2.83	3.12	2.98	3.15	3.04	3.14	
KF13	4.06	3.97	4.05	3.92	3.64	-	4.06	3.99	4.07	3.8	3.82	3.99	4.10	3.96	3.90	4.02	
<b>Equality &amp; diversity</b>																	
KF20	14%	↓	15%	11%	19%	9%	7%	7%	11%	17%	9%	10%	31%	7%	14%	11%	19%
KF21	87%		82%	89%	80%	85%	75%	96%	67%	89%	86%	71%	80%	85%	88%	86%	78%
<b>Errors &amp; incidents</b>																	
KF28	27%	↓	28%	23%	43%	23%	8%	26%	16%	38%	17%	3%	41%	15%	27%	20%	38%
KF29	92%		91%	88%	91%	87%	-	100%	91%	92%	92%	-	93%	100%	88%	77%	95%
KF30	3.71		3.66	3.90	3.58	3.29	3.81	3.62	3.55	3.70	3.73	3.41	3.55	3.71	3.69	3.76	3.72
KF31	3.67		3.61	3.76	3.58	3.12	3.77	3.59	3.46	3.63	3.72	3.43	3.57	3.69	3.67	3.71	3.67
<b>Health &amp; wellbeing</b>																	
KF17	41%	↓	43%	33%	49%	58%	47%	34%	36%	53%	23%	36%	49%	39%	41%	41%	49%
KF18	55%	↓	55%	46%	57%	70%	47%	41%	60%	63%	50%	54%	64%	47%	49%	56%	54%
KF19	3.71		3.57	3.76	3.47	3.20	4.10	3.74	3.65	3.42	3.86	3.53	3.48	3.71	3.63	3.51	3.47
<b>Working patterns</b>																	
KF15	59%		57%	52%	62%	53%	64%	66%	71%	45%	57%	62%	52%	60%	57%	55%	51%
KF16	72%	↓	72%	76%	77%	73%	60%	71%	77%	81%	49%	65%	75%	72%	70%	64%	76%
<b>Job Satisfaction</b>																	
KF1	3.62		3.46	3.74	3.35	3.00	3.91	3.50	3.65	3.39	3.67	3.48	3.44	3.53	3.44	3.50	3.37
KF4	3.91		3.87	3.97	3.84	3.66	3.67	3.86	3.9	3.84	3.92	3.67	3.75	4.02	3.96	4.02	3.85
KF7	73%		74%	74%	71%	68%	93%	85%	79%	69%	70%	78%	76%	77%	81%	72%	66%
KF8	3.87		3.84	3.96	3.83	3.64	3.95	3.75	3.76	3.68	3.92	3.76	3.87	4.02	3.96	3.89	3.74
KF9	3.85		3.83	4.01	3.81	3.76	3.93	3.8	3.58	3.79	3.63	3.57	3.74	4.09	4.01	3.96	3.77
KF14	3.36		3.25	3.40	3.11	2.84	3.33	3.34	3.21	3.01	3.58	3.19	3.26	3.38	3.34	3.42	3.13
<b>Managers</b>																	
KF5	3.56		3.51	3.76	3.51	3.22	4.00	3.59	3.40	3.38	3.67	3.39	3.34	3.70	3.62	3.48	3.42
KF6	35%		29%	48%	32%	13%	40%	34%	24%	21%	32%	22%	24%	40%	28%	38%	22%
KF10	3.88		3.88	4.11	3.86	3.49	4.13	4.08	3.77	3.76	3.75	3.85	3.85	4.20	3.96	3.88	3.78
<b>Patient care &amp; experience</b>																	
KF2	3.85		3.75	3.87	3.64	3.15	-	3.72	3.89	3.62	4.00	3.53	3.90	3.96	3.84	3.88	3.63
KF3	89%		85%	85%	85%	81%	-	89%	93%	87%	85%	64%	85%	87%	93%	82%	84%
KF32	3.70		3.70	3.90	3.56	3.37	-	3.62	3.50	3.80	3.64	-	3.77	3.90	3.81	3.72	3.51
<b>Violence, harassment &amp; bullying</b>																	
KF22	21%	↓	20%	23%	33%	20%	0%	8%	4%	24%	14%	1%	34%	11%	10%	24%	31%
KF23	3%	↓	2%	1%	4%	1%	0%	0%	0%	2%	6%	0%	6%	0%	1%	1%	3%
KF24	93%		93%	89%	93%	85%	-	-	-	97%	79%	-	100%	-	80%	88%	99%
KF25	33%	↓	36%	43%	54%	40%	0%	26%	10%	49%	17%	3%	56%	32%	33%	38%	42%
KF26	22%	↓	25%	26%	29%	23%	13%	9%	31%	30%	23%	26%	40%	16%	19%	34%	23%
KF27	60%		56%	61%	57%	55%	-	24%	63%	62%	56%	30%	67%	46%	51%	46%	65%

**Coding:**

Red shading below MH national average

Grey shading In line with MH national average

Green shading above MH national average

 The lower the score the better

