

'You matter, we care'

Board Meeting – Part 1	Date: 26 February 2014
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Title:	Results of the National NHS Staff Survey 2013
Item:	BD/13/340

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History:	ESEC – 23 January, ET – 14 February, SMT 19 February
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This report is for:	
Decision	X
Discussion	X
To Note	X

Executive Summary of key issues
<p>The paper summarises feedback from the 2013 annual staff survey. Information about Staff Survey Results from other organisations was received on 12 February allowing us to benchmark our results with those of other Mental Health/Learning Disability Trusts.</p> <p>Completed by 1704 members of staff (48.4% response rate), survey results provide important information about staff experience, satisfaction and perceptions of Trust priorities. Survey results are sensitive to current challenges such as uncertainty for staff in Bristol and corporate restructuring.</p> <p>A summary of the staff survey results is provided. Responses to 90% of questions show no significant change from last year. The overall score for staff engagement is 3.63 compared with the national average of 3.71, placing AWP in the lowest 20% of comparable Trusts.</p> <p>The most notable improvement compared with last year's feedback is a greater percentage of staff reporting that care of patients is the organisations top priority (80% of respondents compared with 75% last year). This indicates the Boards explicit commitment to quality as our organising principle is recognised.</p>

Six themes have been identified as requiring a Trust wide response;

Theme 1: Health, safety and wellbeing at work

Theme 2: Appraisals and Role Clarity

Theme 3: Staff do not feel valued

Theme 4: Senior Management communication and responsiveness

Theme 5: Bullying and harassment from service users, relatives, the public and staff

Theme 6: Lack of confidence in reporting of incidents and actions taken by the Trust in response

The following actions are recommended in response;

1. Combined Board/SMT Seminar - Staff Engagement (19 March 2014)
2. Identify Francis Report Interface issues and opportunities
3. Develop a Staff Engagement Strategy by May 2014.
4. Establish a Staff Engagement Management Group to coordinate activity and report to the Employment Strategy and Engagement Committee (ESEC).
5. Communications and engagement plan to ensure staff are informed of improvements.

Locality/ Specialist Delivery Units and Corporate Directorates will review their own results and indicate any local actions planned. Our aim is to provide a coordinated and robust action plan that blends a Trust wide response with local actions to improve staff experience and confidence in the organisation, the impact of which will be measured in 2014 staff survey results.

Recommendations:

1. Board is asked to note the findings of the 2013 Staff Survey.
2. Board is asked to approve the recommended actions.

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	
We will be future focussed	

1. Survey background and response rates

The 2013 National NHS Staff Survey was conducted by the Picker Institute on behalf of AWP between October and December 2013. AWP surveyed all employees for the first time and received 1704 responses from 3524 eligible staff (48.4%). In previous years we have achieved an average of 55% responses from the sample of 850 staff, making the results significantly more comprehensive this year.

Respondents answered 91 questions in the following categories:

- Your personal development
- Your job
- Your managers
- Your organisation
- Your health, well-being and safety at work
- Background information

The results from Picker are formatted in a different way from previous years and Picker identifies 'problem scores' for participating Trusts. These problem scores are an interpretation of the data made by the Picker Institute. Comparisons made within the Trust (internal benchmarks, historic comparisons) or between trusts for whom Picker also provide the survey (external benchmarks) are made using these scores.

2. Reports available

The results of the survey are provided through an Executive Summary, a full report and are also broken down by the LDUs and by Corporate Directorates. Smaller corporate directorates have been combined in order to ensure that the results were made available to us. The second level reports for Specialised and Secure services reflect the revised structure.

Full reports and locality reports are available upon request.

3. National results and publication

NHS England undertakes an analysis of results which are made public and therefore available to external organisations. This analysis includes benchmarking with all other mental health and learning disability trusts. It is based on a sample of 850 responses from AWP staff, which are presented under the headings of the NHS Constitution Staff Pledges.

NHS England survey results were released on 12 February. National data permits benchmarking with a wider group of Mental Health Trusts. Results are to be published on 25 February 2014.

To make national comparisons between organisations, 28 composite scores ('*Key Findings*') are derived from the original 91 survey questions plus an overall measure of staff engagement (derived from 3 key findings measures).

A comparison is provided of how composite scores/ key findings have changed since 2012 results (and in some cases 2011 results) and a comparison of how the AWP score compares with the national average for comparable organisations (mental health and learning disability trusts).

4. Overview of results

Survey results were analysed in three ways.

1. A thematic analysis of problem scores ranked in order of concern based on the census of all staff.
2. Response rates by Locality/ Specialist Delivery Unit or Corporate Function based on the census of all staff.
3. Consideration of key findings from the national survey data. In particular, the overall measure of staff engagement plus the five bottom ranking scores when compared with comparable organisations based on the NHS England analysis.

4.1. Thematic analysis of ranked scores

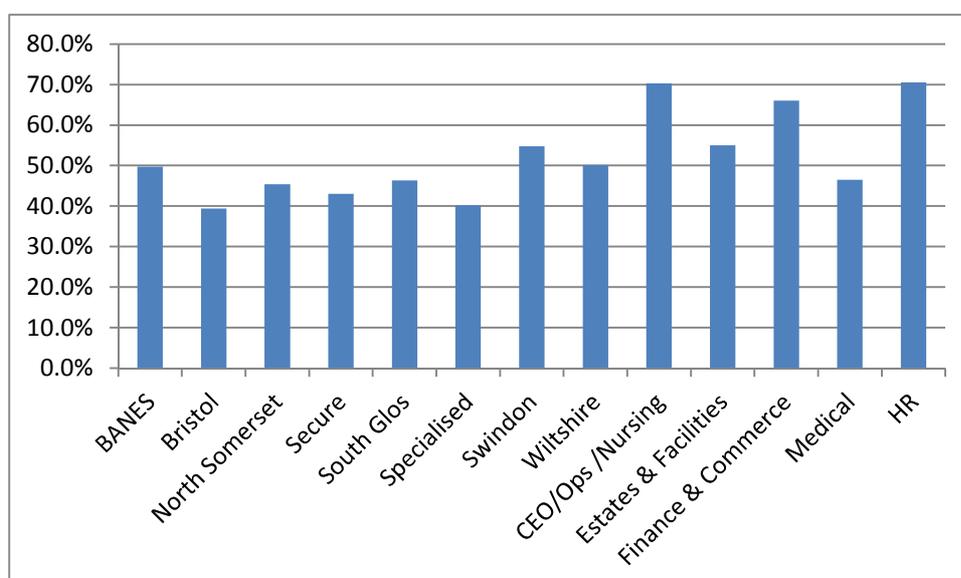
Of 91 survey questions, the scores showed no significant difference on 82 scores (90%). Of the remaining nine questions, two were significantly better and seven significantly worse.

The most notable improvement compared with last year's feedback is a greater percentage of staff reporting that care of patients is the organisations top priority (80% of respondents compared with 75% last year). This indicates the Boards explicit commitment to quality as our organising principle is recognised.

Problem scores are a simple summary measure used for comparison and to help to focus on areas of improvement. Six improvement themes were identified and are described in Section 5.

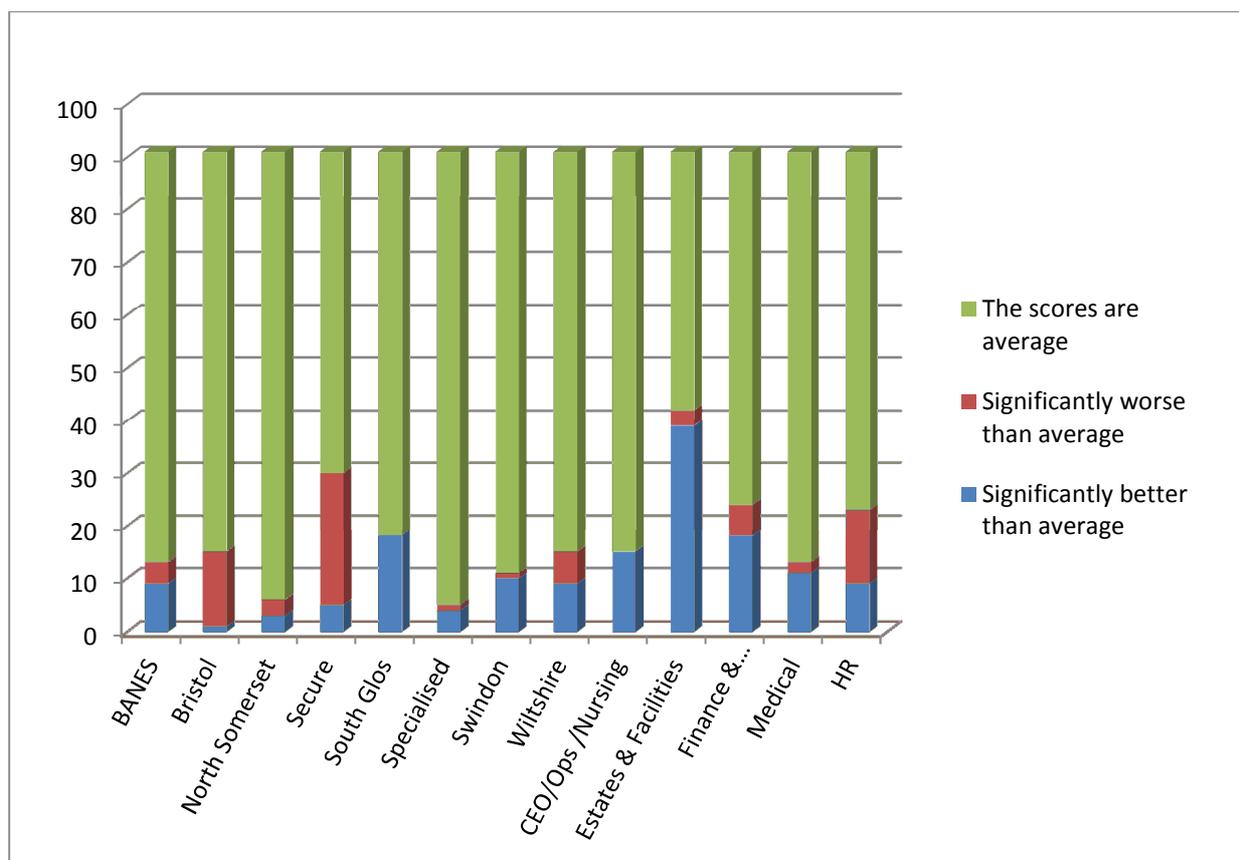
4.2. Response rates by LDU

The following chart shows the final response rates by LDU / Directorate



4.3. Comparative performance of localities

The chart below shows the number of questions where locality responses were average, significantly worse than average and significantly better than average for the 91 questions.



The chart indicates particularly positive feedback from staff in the estates and facilities department with a large number of questions receiving a significantly better response than the AWP average.

The impact of the recent restructure in HR is evident, as is the impact of the retendering process for Bristol Mental Health Services. Secure services have seen deteriorating scores reflecting known service related challenges.

Information has been provided to each Delivery Unit and Corporate Directorate to determine whether a bespoke local response is needed to address survey results in addition to Trust wide actions that are on going or planned.

4.4.NHS England Survey Results Analysis

NHS England analysis of results are presented as 28 key findings and an overall measure of staff engagement. AWP scores worse than average (compared with mental health and/ learning disability Trusts) on 19 of the 28 key findings, scores average on 4 key findings and above average on 5 key findings.

The overall score for staff engagement is 3.63 compared with the national average of 3.71, placing AWP in the lowest 20% of comparable Trusts. The top and bottom 5 scores are presented below.

Top 5 Ranking Scores

Key Finding	AWP	National Average
KF4: Effective Team working	3.93	3.83
KF5: % staff working extra hours	67%	71%
KF6: % staff receiving job- relevant training, learning or development in past 12 months	83%	82%
KF12: % staff saying hand washing materials available	57%	54%
KF22: % staff able to contribute towards improvement at work	73%	72%

Bottom 5 Ranking Scores – action recommended

Key Finding	AWP	National Average
KF18: % staff experiencing harassment, bullying or abuse from patients, relatives or members of the public	38%	30%
KF8: % having well-structured appraisals	36%	42%
KF1: % staff feeling satisfied with the quality of work and patient care they are able to deliver	69%	77%
KF24: Staff recommendation of the Trust as a place to work or receive treatment	3.37	3.55
KF7: % staff appraised in last 12 months	83%	87%

5. Improvement Priorities

The thematic analysis of ranked problem scores and national survey data have been considered and the following improvement themes determined.

Theme 1: Health, safety and wellbeing at work

Theme 2: Appraisals and Role Clarity

Theme 3: Staff do not feel valued

Theme 4: Senior Management communication and responsiveness

Theme 5: Bullying and harassment from service users, relatives, the public and staff

Theme 6: Lack of confidence in reporting of incidents and actions taken by the Trust in response

The above improvement themes will focus and align current/ planned actions and highlight areas that require additional focus.

6. Current or planned actions

Trust Board approved the Enabling Excellence Programme in September 2013. The following actions were identified as programme priorities and key to engaging, valuing and supporting staff and build a positive organisational culture;

- Leadership Development Programme and Conference (**Themes 4 and 5**)
- Enhanced approach to Rewards and Recognition (**Theme 3**)
- Health and wellbeing support for staff (**Theme 1**)

- Closing the gap: Back to the Floor/ Shadowing (**Theme 4**)
- Embedding and aligning Trust Strategy (**Theme 2**)
- Optimise Foundation Trust Membership/ staff compact (**Theme 3**)
- Trust wide staff engagement approach e.g. Listening into action (**Themes 3 and 4**)

In support of **theme 1**, our recently appointed Health and Wellbeing Manager is considering a benefits package to be made available to all AWP staff to provide additional financial incentives to complement salary. Greater support for staff health and wellbeing will be offered through our revised occupational health provision.

The Inpatient Staffing Levels project is using validated tools to determine safe and appropriate staffing levels and skill mix. It is intended to extend this project to consider staffing levels and skill mix in community teams. This approach will provide clarity about safe staffing levels.

In support of **theme 2**, The Trust maintains an active focus on supervision and appraisal via IQ, the Quality Huddle and quarterly performance reviews. A Task and Finish Group is revising the Supervision and Appraisal Policies and associated documentation for introduction in April 2014.

In support of **theme 3**, an enhanced approach to staff recognition will be launched in April 2014. Establishing an AWP Council of Governors later this year will provide an opportunity for staff to become a governor and directly influence the direction of the Trust.

In support of **theme 4**, Trust Board considered a deep dive risk review of risk IBP013, failure to create a positive culture, in November 2013. This report highlighted a significant number of approaches to developing positive staff engagement and therefore culture.

In response to **theme 5**, the Trust will build on work undertaken in the past year to identify the types of bullying and harassment experienced by staff and where this is taking place. We plan to use focus groups for further research and to identify barriers to reporting. Policy and guidance will be reviewed and the options for reporting will be reiterated to staff.

It is anticipated that the introduction of the explicit behaviours expected of staff, an improved appraisal system and 360 degree appraisals will help encourage staff to talk about and address these issues.

Actions relating to **theme 6** are covered in Francis Report Interface under 7.2.

Crucial to success is the effective coordination of multiple approaches to staff engagement, some of which are described above. To ensure coordination we will develop a Staff Engagement Strategy and monitor its impact closely.

The Staff Engagement Strategy will define engagement; describe the evidence base for effective engagement; map current staff engagement interventions and identify gaps that require additional focus; governance arrangements; and metrics.

7. Next Steps

The following actions were approved by SMT.

7.1. Board/ SMT Seminar - Staff Engagement (19 March 2014)

Staff survey results will be shared with Senior Leaders. Together we will consider current and planned engagement approaches, identify further actions and determine the right blend of Trust wide interventions and bespoke local interventions. An agreed approach that aligns effort and ensures a consistency of approach will change organisational culture.

7.2. Francis Report Interface

Staff Survey results will be cross-referenced with the actions detailed in the AWP response to the Francis Report (and related documents) to ensure interdependencies are understood and optimised.

7.3. Staff Engagement Strategy

As described above, AWP has a significant number of interventions that aim to engage, value and support staff. To achieve maximum impact of these initiatives coordination and ensure active monitoring we will develop a Staff Engagement Strategy by May 2014.

The Staff Engagement Strategy will be an enabling strategy for our second strategic priority, 'We will support and develop our staff.'

7.4. Establish Staff Engagement Management Group

We will introduce a Staff Engagement Management Group to coordinate activity, ensure implementation of the Staff Engagement Strategy and monitor progress against key performance indicators. This management group will report to the Employee Strategy and Engagement Committee.

The Programme Director – Development will have oversight of the Strategy and management group.

7.5. Communication Strategy

We will develop a communication and engagement plan to ensure staff are informed of initiatives to support and develop staff and that opportunities for engagement are maximised. A letter from the Chief Executive is to be sent to all staff describing staff survey results and reinforcing our commitment to improve staff experience. The letter to all staff will include a diagram that captures the key components of the Trust Strategy.

8. Summary

Staff survey results for 2013 are disappointing but not unexpected. Against a backdrop of global NHS pressures, scrutiny and criticism, our staff have experienced significant internal change during 2013 and some have experienced job uncertainty. This is reflected in survey results.

Clear themes emerge from survey feedback for which AWP has already taken action but more is required. We are committed to developing a united and coordinated approach that is owned by senior leaders across the organisation and propose actions to ensure this happens.

As a Board, we have committed to take a concerted focus on supporting and developing our staff and embedded this commitment in our strategy. The proposals in this paper, alongside actions set out in the organisational development programme (Enabling Excellence) and actions we have committed to take in response to the Francis Report, represent a robust and coordinated approach to improving staff experience.

9. Recommendations

9.1. Board is asked to note the findings of the 2013 Staff Survey.

9.2. Board is asked to approve recommended actions described above in section 7.