

Trust Board
27th March 2014

TITLE	National Staff Survey 2013
EXECUTIVE SUMMARY	<p>The results of the National NHS Staff Survey (NSS) 2013 were published by NHS England on 25th February 2014. The purpose of this paper is to:</p> <ul style="list-style-type: none"> • Remind the Board of the key headlines from the staff survey; • Describe the key priorities for Q1 &2 of 2014/15 Staff Experience and Culture Programme; and • Summarise the next steps.
ASSURANCE (Risk) / IMPLICATIONS	The workforce indicators are RAG rated and triangulated with the Trust Risk Register and Board Assurance Framework as required.
STAKEHOLDER / PATIENT IMPACT AND VIEWS	<p>The key workforce performance indicators relating to Staff Survey are reviewed at the:</p> <ul style="list-style-type: none"> • Board • Staff Experience & Culture Programme Board • IGAC <p>The engagement score has an impact on CQC ratings and CQUIN delivery.</p>
EQUALITY AND DIVERSITY ISSUES	Any particular equality and diversity issues highlighted by the staff survey will be picked up by the Staff Experience & Culture Programme Board and reviewed quarterly by the Equality & Diversity Steering Group, chaired by the Chief Executive.
LEGAL ISSUES	There are no specific legal issues which relate to the report
The Board is asked to:	Note and discuss the national staff survey results and approve the recommendation to continue the project management of this programme through the 2014/15 Staff Experience and Culture Programme infrastructure.
Submitted by:	Louise McKenzie, Director of Workforce Transformation
Date:	21 st March 2014
Decision:	For Approval.

National Staff Survey 2013

INTRODUCTION

1. The results of the National NHS Staff Survey (NSS) 2013 were published by NHS England on 25th February 2014. The survey is the eleventh national annual survey and is recognised as an important way of ensuring that the views of staff working in the NHS inform local improvements and input in to local and national assessments of quality, safety and delivery of the NHS Constitution.
2. The initial survey results (our performance in 2013 compared with previous years) was presented and discussed to Trust Board and the Workforce & OD Committee in January. Subsequently the Trust received a full & final report, including the national benchmark data, which have also been presented and discussed with the Council of Governors and the Workforce & OD Committee in March 2014.
3. The purpose of this paper is to:
 - Remind the Board of the key headlines from the staff survey.
 - Describe the key priorities for Q1 & 2 of 2014/15 Staff Experience and Culture Programme.
 - Summarise the next steps.

KEY HEADLINES

4. In total 1,259 staff (43.5% of the Trust's permanent workforce) responded to the survey. This was just below the 49% national average response rate for acute Trusts. The 91 questions in the survey are grouped into 28 Key Findings, which are used to describe and compare with ASPH results in 2012 and against other acute trusts nationally.
5. The Trust's performance in comparison to last year and in terms of our position against national benchmarks is set out in Appendix A.
6. The Trust's top ranking scores (percentage of staff suffering stress, physical violence, harassment & reporting of incidents) appear to show that on a day to day basis staff feel secure in their work environment, are in control and able to meet their daily demands. However, the Trust's bottom ranking scores (management support, harassment & bullying from staff, staff receiving training, job satisfaction, career progression) illustrate a perceived lack of support in their line manager relationships, work climate issues and their on-going job satisfaction & development.
7. The Staff Engagement score is a significant indicator for the Trust. The survey asks a range of questions to calculate the engagement score including questions around :
 - Contribution towards improvements at work.
 - F&F test – recommendation of the trust as a place to work or receive treatment.
 - Staff motivation at work.
8. Given the significance of this indicator it is reassuring to see that the Trust has improved its overall engagement score from 3.62 in 2012 (on a scale of 1-5), to 3.68 in 2013. In particular the Friends & Family test score has increased from 53.5% in 2012 to 62.19% in 2013. However it is important to note that the national average overall engagement score has also risen to 3.74 in 2013 and so our overall score still places us in the 'below average' category.

9. The general terms the results of the staff survey are disappointing. They describe a feel in the organisation where there is still a lot to do to make every member of staff feel valued and to have the best possible working environment. The results are an important barometer for the organisation, however we also need to be cognisant of other sources of feedback, which in some cases describe a different, more positive feel. Triangulating the staff survey with feedback we get from staff on a day to day basis, from the CEO Sounding Board, the interactive discussion Wall, the previous & future pulse surveys, reflections from the CQC inspection, and data from exit interviews is a start to understanding the whole picture.

KEY PRIORITIES FOR STAFF EXPERIENCE & CULTURE PROGRAMME 2014/15

10. During 2013 /14, the Trust developed and implemented a staff experience and culture programme in recognition of the need to set a refreshed 'cultural tone' for the Trust; and as an action plan from the 2012 NSS. The programme of work has focused on 4 key priorities – citizenship, leadership, teamwork, employee experience. Whilst the programme had only been operational for some 4 months before we started the 2013 staff survey process, it is clear that some of the activities have started to have an impact. In other areas it is clear that it will take a longer time to start to penetrate the organisational structures.
11. With this in mind it is recommended that the Trust will continue to manage the corporate work programme through the existing structure, supplementing this with additional workstreams around 'Developing People & Careers', and 'Embedding Values Based Behaviours'. The key actions for the first half of the year are described in Appendix B.
12. This is an ambitious programme with a number of programmes aimed at fundamentally changing how the organisational feels and resetting our expectations with leaders and our workforce as a whole. In particular:
- a. Improving our communication and engagement impact.
 - b. Embedding the new Values Based Behaviours in all aspects of the employment cycle – branding, recruitment, selection, induction, management training, appraisals, and performance management processes.
 - c. Improving the appraisal process – quality, as well as take up.
 - d. Improving management and leadership at all levels with the starting point being the new development programmes.
 - e. Improving our education, learning, and development offer.
 - f. Finding ways in which we can have regular direct dialogue and feedback with staff to understand, and seek to improve, staff morale.
 - g. Learning from others – looking at areas in the Trust and outside that perform well in relation to leadership and people management.

DIVISIONAL / DEPARTMENTAL SCORES

13. In the presentation to the Council of Governors / WOD Committee, the Trust has described the areas which performed well and the areas which require specific focus. The majority of the hot spot areas for the previous year remained relatively static in the 2013 results, with the exception of the Imaging department. A summary of the strong and poor performers is attached at Appendix C.
14. The Director of Workforce Transformation, Deputy Chief Executive & Chief Nurse will be working closely with the hotspot areas in order to develop local improvement plans and further engage with staff to address the detailed issues exposed by the staff survey.
15. The Board is asked to consider sponsoring a hot spot areas to provide further support to this work.

IMPLEMENTATION OF THE NATIONAL STAFF F&F QUARTERLY TEST.

16. From April 2014, NHS England is introducing the Staff Friends and Family Test (FFT) in all NHS trusts providing acute, community, ambulance and mental health services in England. NHS England's vision for Staff FFT is that all staff should have the opportunity to feedback their views on their organisation at least once per year. It is hoped that Staff FFT will help to promote a big cultural shift in the NHS, where staff have further opportunity and confidence to speak up, and where the views of staff are increasingly heard and are acted upon.
17. For the first year, NHS England has adopted a flexible approach to how organisations may implement the Staff FFT as they recognise the important in Trust's using the Staff FFT as an improvement tool that works at a local level. ASPH is working with a company called *We Love Surveys* to roll out the scheme, which will start in mid-May and run quarterly except during Q3 when the NSS is live.

CONCLUSION

18. The progress of this work programme and detailed discussions will be continued through the Trust's Workforce & OD Committee.
19. The Board is asked to:
 - Note the final assessment and summary of the 2013 staff survey results.
 - Approve the recommendation to continue the project management of this programme through the 2014/15 Staff Experience and Culture Programme infrastructure.
 - Support the programme of work and in particular the sponsorship of hot spot areas.

NSS 2013 RESULTS COMPARED TO 2012

IMPROVED SINCE 2012:

KF12. Hand washing materials being available. **X**
 KF24. Staff recommending the Trust as a place to work or receive treatment. **X**

REMAINED STATIC SINCE 2012:

KF1. Satisfaction with the quality of work and patient care they are able to deliver. **XX**
 KF2. Role makes a difference to patients. **X**
 KF3. Work pressure felt by staff. **X**
 KF4. Effective team working. **X**
 KF5. Staff working extra hours. **XX**
 KF6. Job relevant training, learning & development. **XX**
 KF7. Appraisals. ✓
 KF8. Well-structured appraisals. ✓
 KF9. Support from immediate manager. **XX**
 KF11. Staff suffering work-related stress. ✓✓
 KF13. Staff witnessing potentially harmful errors, near misses or incidents in the last month. ✓✓
 KF14. Reporting errors, near misses or incidents witnessed in that last month. ✓
 KF15. Fairness and effectiveness of incident reporting procedures. **XX**
 KF16. Staff experiencing physical violence from patients, relatives or the public. ✓✓
 KF17. Staff experiencing physical violence from staff. ✓✓
 KF18. Staff experiencing harassment, bullying or abuse from patients, relatives or the public. ✓
 KF19. Staff experiencing harassment, bullying or abuse from staff. **XX**
 KF20. Staff feeling pressure to attend work when unwell. **X**
 KF21. Good communication between senior management and staff. **X**
 KF22. Contributing to improvements at work. **X**
 KF23. Staff job satisfaction. **XX**
 KF25 Staff motivation at work. ✓
 KF27 Equal opportunities for career progression. **XX**
 KF28 Discrimination at work. **X**

DETERIORATED SINCE 2012:

KF10. Health & safety training. **X**
 KF26. Equality & diversity training. **X**

Key:	✓✓	Above Average & Top 20%
	✓	Average
	X	Below Average
	XX	Bottom 20%

[DRAFT] STAFF EXPERIENCE & CULTURE PROGRAMME PLAN 2014/15

WORKSTREAM	OBJECTIVE	ACTIVITY
To increase the citizenship of the organisation	To continue to use a variety of face to face and digital media to support the delivery of the Communication and Engagement Strategy and to improve our communication impact.	<ul style="list-style-type: none"> Continue to hold 6 weekly Chief Executive's Sounding Boards and use members to develop and implement new ideas directly. Consider further development of Exec, NED and senior management walkabouts. Implement Staff Governor walkabouts, SG mini pulse surveys and SG drop ins. Review and develop divisional briefings Promote social media at induction Continue to use the Wall as a mechanism to listen, engage, and develop & act on ideas. Review previous Walls and ensure there are actions against comments & ideas.
	To develop a strong, compelling and authentic organisational brand.	<ul style="list-style-type: none"> Share human interest stories (equality and diversity poster campaign). Link branding with engagement programme for clinical strategy and partnership with RSCH.
	To improve the staff morale through engagement and empowerment.	<ul style="list-style-type: none"> Identify ways in which we can have regular direct dialogue and feedback with staff to understand, and seek to improve, staff morale. Consider introducing a CEO fund for departments to present ideas on how they would improve staff morale within their work areas and bid for funding.
Enhancing values-based leadership	To roll out quality leadership and management programmes, incorporating our values-based behaviours, accessible for all levels of managers in the organisation	<ul style="list-style-type: none"> Launch leadership development programme for Bands 5 & 6. Design and launch leadership development programme for Bands 7 & 8. Deliver practical modules for Specialty Lead programme. Deliver new Consultants' Programme.
	To better align key personnel with the strategy and secure individual role clarity for leaders at all levels	<ul style="list-style-type: none"> Develop structure chart to reflect organisational design in clinical divisions.
	To strengthen the leadership "network"	<ul style="list-style-type: none"> Develop a senior leadership forum? (Development TEC group?)

		<ul style="list-style-type: none"> • Pair hotspot departmental leads with Board level sponsors. • Match all departmental leads with high performing area buddies (introduce at Development TEC). • Deliver Development TEC with high performing external speakers.
	To create a succession plan for clinical leaders in the Trust	<ul style="list-style-type: none"> • Complete the career pathway / talent management diagnostic with Hay.
Strengthening and empowering multi-disciplinary teams	To support teams to adopt team coaching as a way of working that focuses on improving performance, service improvement and innovation	<ul style="list-style-type: none"> • Continue to roll out team coaching. • Complete the training and accreditation process for the 1st cohort of internal coaches. • Design phase 3 of the coaching journey by developing an on line innovation and improvement hub.
	To encourage and support frontline-driven improvements	<ul style="list-style-type: none"> • Deliver outcomes from 'Be The Change' campaign. • Continue to work with the Wellness Committee to develop activities such as The Choir, and help secure funding for events.
Developing people and careers	To map career pathways across the Trust with associated training plans	<ul style="list-style-type: none"> • Map clinical office pathway. • Develop clinical office pathway training plan.
	To refresh and roll out a quality appraisal process, incorporating values-based behaviours	<ul style="list-style-type: none"> • Design new appraisal pro-forma. • Compile sample questions for appraisal. • Draft appraisal guidance to support policy.
	To implement a talent identification mechanism	<ul style="list-style-type: none"> • Consider implementation of a talent management process, linked to the annual appraisal.
Embedding values-based behaviours	To communicate values-based behaviours across the organisation	<ul style="list-style-type: none"> • Development TEC session on implementation of values-based behaviours – in particular as part of the appraisal process for bands 7 and above. • Update Values session at Induction to include an interactive session around values-based behaviours. • Make corporate compassion film with a focus on values and behaviours.
	To integrate values, behaviours and attitudes into recruitment and selection processes	<ul style="list-style-type: none"> • Integrate values-based behaviours into person specs. • Rewrite reference request form to include values-based behaviours.

	To develop effective interventions related to the values-based behaviours	TBC
	To make values-based behaviours an integral element of performance management & appraisal	<ul style="list-style-type: none"> • Redesign appraisal pro-forma to incorporate values-based behaviours. • Include values-based behaviours in appraisal training. • Consider on line tool to support managers in dealing with difficult behaviour appraisals and conversations.
Refreshing perception of the staff experience and a complete understanding of what the Trust offers	Implementation of 2014/15 Employee Promise:	<ul style="list-style-type: none"> • Hold health and wellbeing day. • Consider use of physiotherapy gym for staff fitness classes etc. • Hold OH walkabouts at Ashford. • Publicise Trust awards in Trophy cabinets at both sites. • Develop stronger feedback loop for incident reporting. • Launch values-based behaviours. • Other actions as per values-based leadership workstream. • Launch '<i>In Your Shoes</i>' shadowing programme. • Update TrustNet Community pages. • Include question in Staff Govenors walkabout survey re 1:1s and team meetings. • Create compliments boards where absent. • Install "WOW!" screensavers. • Review long service recognition. • Consider implementation of recognition scheme for good attendance. • Hold Learning at Work week.

SUMMARY OF DEPARTMENTAL RESULTS 2013

HIGH PERFORMERS

- **Health Informatics & Gastroenterology.** The results have shown that both of these teams have made significant progress in 20 questions or more, with more than a 50% response rate from both teams. Teams have described feeling valued and involved in making decisions, satisfaction with the appraisal & feedback systems and effectiveness of communications with senior management. The **Health Informatics** team scored their relationships with their line managers very highly. Further analysis of this with the teams will enable us to identify what makes these areas perform well.
- 74% of the **Workforce & OD Division** responded to the questionnaire, with 24 scores significantly better than other Divisions, citing good practice in the appraisal system, its values, immediate manager support and ability to influence decisions in their work area.
- **Hotel Services** (within Facilities). Over the past 12 months there has been a focus on training and appraisals for staff within Hotel Services. This has certainly influenced the 2013 results, with favourable comments from respondents about how such training has influenced them in providing a better patient experience. The appraisal process, team effectiveness, opportunities to get involved in decision-making and feelings that the senior management are responsive are all positive attributes of this service.

IMPROVING PERFORMANCE

- **Imaging.** During 2013, the Imaging department have put additional resources into tackling issues raised in the 2012 NSS. The focus of attention looked at work pressures and the underlying issues leading to a high level [more than twice the organisational average] of reports of discrimination from managers/team leaders or other colleagues. In 2013, they have scored significantly better in terms of staff engagement, expressing particular enthusiasm for their work. It appears that the team has benefited from the implementation of its staff survey action plan last year, which included a focus on training and appraisal development, although the latter requires more attention by the appraisers within the team. This year's respondents are more enthusiastic and feel valued by the organisation, which suggests that investment in them as a 'hotspot' has reaped benefits. It is noted that the response rate is down from 60% in 2012 to 41% in 2013, so the department need to take this into account.

HOTSPOTS REQUIRING SIGNIFICANT IMPROVEMENT

- **Trauma & Orthopaedics and Diagnostics & Therapeutics Division.** Results from this division indicate that staff are the most dissatisfied staff in the organisation although it should be noted that the response rate was below the organisational average (215 responses out of 549). The Division is significantly better than other Divisions on only 1 question and significantly worse on 21 questions. It also scored 'red' in nearly every element of the staff engagement score in terms of motivation, involvement and advocacy. Staff feedback refers to a need for improvement in terms of the effectiveness and helpfulness of their appraisals and a strong sense that their work is not valued. Other feedback points to being demotivated by a lack of staff and materials, not able to make improvements to their work, and do not feel able to do their job to a standard they are pleased with. They have particularly flagged up a lack of communication with senior management and relationship issues with team colleagues.
- **Therapists.** Of these 215 divisional respondents, 54 of them were therapists who said there was not enough staff in the organisation to allow them to do their job properly, there was a reduction in how satisfied they are with standards of care, and 28% would not recommend the Trust as a place to work compared to the 15% organisational average.

- **Pathology.** Following the NSS 2012 the Trust sought to understand the issues relating to the reconfiguration of services and the impact that this had had on team morale. In 2013, respondents have reiterated some concerns (illustrated by a poor engagement score) but it should be noted that there is an improving picture in terms of staff being able to meet the demands of the job, that more staff look forward to going to work, and an improved feeling of the value the organisation places.
- **Estates.** Almost all the 57 members of the Estates team filled in a questionnaire in 2013. Their responses were significantly worse than the organisational average in 21 out of the 91 questions and highlighted dissatisfaction in relation to training, appraisals and communication.
- **Pharmacy.** This department should be considered a new 'hotspot' as more than half of the staff indicates that things are significantly worse than 2012 in 16 areas. Work pressure appears to be affecting them as they do not feel there is enough staff to enable them to do their job properly and, as a result, they do not look forward to and have little enthusiasm for their work. They also feel that communication is ineffective with senior management and their appraisal system is lacking.
- Other areas that may need focussed attention include **Specialist Medicine & Critical Care.** Whilst there is a relatively small sample of respondents, the staff engagement scores are poor.