Trust Board Meeting: Wednesday 11 March 2015
TB2015.36

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<tr>
<th>Title</th>
<th>2014 National NHS Staff Survey</th>
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<th>Board Lead(s)</th>
<th>Mark Power</th>
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# Executive Summary

1. All NHS trusts are mandated to participate in the annual National NHS Staff Survey. The 2014 Survey was conducted between October and December 2014 and the Trust is in receipt of the results.

2. Via an appointed Survey administrator, OUH is obliged to provide Survey questionnaires to a ‘Basic Sample’ of 850 staff. The Basic Sample is randomly selected from a full staff list and the sampling methodology ensures that the Sample is statistically representative of the workforce. Although the Trust elected to provide all substantive staff with the opportunity to complete and return a questionnaire, only the outcomes associated with the Basic Sample are reported on and published by NHS England. This paper is concerned with providing a summary of the nationally reported and benchmarked outcomes.

3. The Survey’s main themes and associated Key Findings are aligned to the Staff Pledges within the NHS Constitution. The paper summarises the Trust’s performance against the Survey’s 29 Key Findings and compares this performance with the 2013 Survey outcomes, and with the outcomes for all acute trusts.

4. For the majority of the Key Findings, there has been no change between the Trust’s 2013 and 2014 outcomes, but for three Key Findings the outcomes have worsened. The Trust’s staff engagement score is consistent with the previous year and is in the highest (best) 20% of all acute trusts.

5. The Survey outcomes have been disseminated within the clinical Divisions and corporate areas and activity is being undertaken to identify and address key issues of concern.

6. The Trust Board is asked to note this summary paper.
1. **Purpose**

1.1 The purpose of this paper is to provide the Trust Board with a summary of the local outcomes of the 2014 National NHS Staff Survey. The Survey was undertaken between the beginning of October and early December 2014.

1.2 The paper also highlights the planned activity associated with establishing a response plan which is focused on addressing the areas of concern arising from the Survey feedback.

2. **Introduction and Background**

2.1 The annual Staff Survey is a mandatory undertaking for all NHS trusts and the results are primarily intended for use by NHS organisations to help them review and improve staff experience so that staff can provide better patient care. The Care Quality Commission (CQC) uses the annual Survey results to monitor ongoing compliance with essential standards of quality and safety. All trusts are obliged to appoint an independent Survey administrator, which is responsible for selecting a minimum sample set of staff, coordinating the issue, collation and analysis of Survey questionnaires, and producing a full Survey report. The Survey administrator appointed by OUH is Picker Institute.

2.2 The Survey questionnaire covers five key themes relating to the working environment and individuals’ experience within the workplace, namely:

- ‘Your Personal Development’ - questions about the type and quality of the training, learning and development respondents have received and the type and quality of appraisals respondents have received.

- ‘Your Job’ - questions about the respondent’s experiences of working at their organisation and in the NHS, including: team working, involvement in decision making, job satisfaction and how engaged staff are in their jobs.

- ‘Your Managers’ - questions relating to immediate managers and senior managers, feedback from management, communication and support from management.

- ‘Your Organisation’ - questions relating to the organisation as a whole, including whether training is encouraged, whether staff would recommend treatment to their friends and family, and whether soap and paper towels are available when they are needed.

- ‘Your Health, Wellbeing and Safety at Work’ - questions about the impact of job role on health, pressure to come to work when feeling ill, witnessing incidents and errors, raising concerns at work, physical violence, and harassment/discrimination.
The questions associated with each of these themes are determined nationally, and consistency between the questions included in successive Surveys enables comparisons and trend analysis, year on year.

2.3 The minimum sample size for NHS trusts whose workforce exceeds 3,000 staff is 850, although organisations may elect to apply the Survey to more than this number. The minimum sample size (or ‘Basic Sample’) is ‘randomly’ selected from the full staff list (at 1 September 2014) by the Survey administrator. The random selection methodology is such that the Basic Sample is statistically representative of the entire substantive workforce.

2.4 In 2013, online surveys were introduced to allow staff to respond to the survey electronically. However, most organisations (including OUH) could not meet the criteria to use them due to gaps in coverage of staff email addresses. In order to address this issue, for the 2014 Survey it was possible to implement a mixed mode survey whereby those staff with email addresses completed the Survey online and paper questionnaires were sent to the remaining staff who do not have an active email address.

2.5 The results of the annual Survey are published by NHS England and used for national comparison and benchmarking. For this purpose only the responses from the Basic Sample (i.e. the randomly selected 850 staff) are taken into account. However, since the Basic Sample represents a relatively small section of the overall OUH workforce, for the past three years the Trust has elected to extend the Survey to all substantive members of staff. This provides for a greater level of confidence in the validity of the Survey outcomes; more effectively highlights key themes and better informs responses to particular areas of concern. The results of the extended local Survey are widely disseminated through divisional management structures as a focus for action.

3. Survey Report Structure

Link to NHS Constitution

3.1 The Survey report is structured around four of the seven pledges to staff associated with the NHS Constitution, published in March 2013, plus three additional themes:

- Staff Pledge 1: To provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities.

- Staff Pledge 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.

- Staff Pledge 3: To provide support and opportunities for staff to maintain their health, wellbeing and safety.
- Staff Pledge 4: To engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.

- Additional themes: Staff satisfaction; equality and diversity; patient experience measures.

**Key Findings**

3.2 Outcomes are presented in the form of 29 Key Findings. There are two types of Key Finding, namely percentage scores (i.e. percentage of staff giving a particular response to one, or a series of questions) and scale summary scores, which are calculated by converting staff responses to particular questions into scores. For each of the scale summary scores, the minimum score is always 1 and the maximum score is 5.

**Staff Engagement Measure**

3.3 An overall measure of staff engagement is calculated using the nine questions that make up three Key Findings (KFs) which relate to key aspects of staff involvement, advocacy and motivation, as follows:

- staff members’ perceived ability to contribute to improvements at work (KF 22);
- staff members’ willingness to recommend the Trust as a place to work or receive treatment (KF 24);
- extent to which staff feel motivated and engaged with their work (KF 25).

Possible scores range from 1 to 5, with 1 indicating that staff are poorly engaged with their work, their team and their organisation, and 5 indicating a highly engaged workforce.

**Link to CQUIN**

3.4 The score associated with one particular question under the ‘Your Organisation’ theme is related to CQUIN payments for acute trusts. This question asks staff to indicate the extent to which they agree with the statement: “If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation”. The same question also informs the outcome to KF 24 (see above), together with responses to the statements: “Care of patients/service users is my organisation’s top priority”, and “I would recommend my organisation as a place to work”.

4. **Summary of Outcomes - Published Report**

4.1 NHS England has published the 2014 National NHS Staff Survey reports for all trusts (i.e. relating to the Basic Sample). The national report outcomes are used for benchmarking, CQC monitoring and CQUIN assessment. Full reports, which can be accessed from: [www.nhsstaffsurveys.com](http://www.nhsstaffsurveys.com), provide detailed analysis of the Key Findings.
scores by directorate, occupational groups and demographic groups, and details of each question included in the core questionnaire.

4.2 OUH is also in receipt of the local full census report produced by the Trust’s Survey administrator, Picker Institute. The outcomes associated with both the national and local Survey reports (including the response rates) are broadly consistent and the local report has been shared with all clinical Divisions and corporate areas.

Response Rate

4.3 The response rate of 31% is 14% below the 2013 response rate, and is in the lowest 20% of acute trusts. This trend is also reflected in the average response rate for all trusts, which has reduced from 49% in 2013 to 42% in 2014.

Key Findings

4.4 With the exception of two Key Findings, which were included for the first time in the 2014 Survey, the report groups all of the Findings under their associated Staff Pledge and compares the 2014 outcomes with those of 2013. Also, all 29 Key Findings are ranked against the 2014 outcomes for all acute trusts. Against 24 of the Key Findings, there has been no change between the Trust’s 2013 and 2014 outcomes, and for three Key Findings the outcomes have worsened. When compared with all other acute trusts, the outcomes against the 29 Key Findings are as follows:

- highest (best) 20% for seven;
- better than average for ten;
- average for four;
- worse than average for four;
- lowest (worst) 20% for four.

Overall Staff Engagement

4.5 The Trust’s staff engagement score of 3.82 is consistent with the previous year (3.83) and is in the highest (best) 20% of all acute trusts.

Top Five Ranking Scores

4.6 The five Key Findings for which OUH compares most favourably with all other acute trusts are:

- staff motivation at work - highest (best) 20%;
- percentage of staff experiencing physical violence from staff in the last 12 months - lowest (best) 20%;
- percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver - highest (best) 20%;
- percentage of staff able to contribute towards improvements at work - highest (best) 20%;
- staff job satisfaction - highest (best) 20%
Bottom Five Ranking Scores

4.7 The five Key Findings for which OUH compares least favourably with all other acute trusts are:

- percentage of staff receiving job-relevant training, learning or development in the last 12 months - lowest (worst) 20%;
- percentage of staff reporting errors, near misses or incidents witnessed in the last month - lowest (worst) 20%;
- percentage of staff believing the Trust provides equal opportunities for career progression or promotion - lowest (worst) 20%;
- percentage of staff receiving health and safety training in the last 12 months - lowest (worst) 20%;
- percentage of staff appraised in the last 12 months.

Most Significant Deterioration

4.8 The three Key Findings where staff experiences have deteriorated since the 2013 Survey are:

- percentage of staff believing the Trust provides equal opportunities for career progression or promotion;
- percentage of staff receiving health and safety training in the last 12 months;
- percentage of staff receiving equality and diversity training in the last 12 months.

5. Responding to the Survey Outcomes

5.1 Full results of the 2014 National NHS Staff Survey, have been released to the organisation and further analysis of outcomes is being undertaken at Divisional, directorate, specialty and staff group level. This analysis is informing the development and implementation of a response plan that prioritises those key areas in which improvements need to be made, and which establishes appropriate actions and interventions. Divisional leads are tasked with sharing the results widely amongst staff groups, principally through Listening into Action events.

5.2 There is a direct correlation between the extent of engagement, motivation, competence and attitude of staff, and the quality of care they provide to patients and service users. The receipt of the 2014 national Inpatient Survey outcomes (expected in March) will provide an opportunity to compare and link the results of both Surveys, with the aim of prioritising those issues which require greatest focus.

5.3 Noting the frequency of the Staff Survey and therefore the limited timeframe in which to fully communicate the results, develop a response plan and demonstrate progress against key actions, it is proposed to concentrate on addressing the Key Findings associated with the Trust’s lowest ranking scores and areas in which there is the most significant deterioration between 2013 and 2014. In so doing, there is an increased likelihood that demonstrable improvements are made before the issue of the next Survey in September 2015.
6. **Recommendation**

6.1 The Trust Board is asked to note the summary of outcomes to the 2014 National NHS Staff Survey and the actions being taken to ensure the key areas of concern highlighted by OUH staff are addressed.

**Prepared and presented by:**

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