Trust Board Meeting in Public: Wednesday 12 July 2017
TB2017.70

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<th>Title</th>
<th>2016 NHS Staff Survey – Progress update on areas of concern – Bullying and harassment, quality of appraisals and health and wellbeing</th>
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<th>Board Lead(s)</th>
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Executive Summary

1. This paper provides the Trust Board (TB) with a progress update on the Staff Survey response plan which details how the trust will address the priority areas of bullying and harassment, quality of appraisals and health and wellbeing. Since the last TB report, further analysis has been undertaken on comparisons between staff groups on Employee Engagement Index (EEI), how we compare to similar trusts and the identification of ‘hot spots’ in our main areas of concern which is also presented.

2. The OUH EEI score has been steadily increasing since 2011 as a result of the successful ‘Values into Action’ work that was fuelled by the Francis Report requirements for culture change. Currently we are ranked above average when compared to other similar trusts and average when compared to the Shelford Group. Trusts performing in the quartile attribute much of their success to senior leadership commitment and values based approach. We continue to learn from these trusts.

3. Further analysis has revealed that we may have potential risks when looking at EEI score in Medical and Dental and Estates and Ancillary which report below average scores. There was a similar trend in when analysing banding with Medical and Bands 1-5 also reporting lower than trust average scores. Although recovery plans are in place, this needs to be closely monitored in the current climate where we are asking for cost savings. The highest EEI scores are reported at VSM level.

4. Significant progress has been made against the Staff Survey response plan in all the areas of concern which includes the development and imminent launch of the Dignity and Respect at Work Procedure, appointment of Freedom to Speak Up (FTSU) Lead Guardian, unconscious bias workshops and planning of a series of themed Values into Action conferences. The first of these will be themed Dignity and Respect at Work, led by Dame Fiona Caldicott, with the aim of developing a constructive action plan to encourage senior leaders to take responsibility for leading the changes to eradicate bullying and harassment.

   A major ‘Appraisal Review’ has been completed with a planned roll out for July which simplify the process and will integrate values assessment to drive culture change while we are also taking direct action to both promote the health and wellbeing offer and give line managers the tools to create a more healthy environment for their staff. The Values Based Appraisal (VBA) skills programme has been piloted and will be launched in July.

   Considerable effort has been made in the area of health and wellbeing including increasing our efforts on promoting the offer already available which will need expert advice from our Communication team. Workshops to provide skills for line managers to create a healthy work environment and leading edge techniques to build resilience are also in place. Using data to inform where corrective action needs to be taken and also to identify the potential root cause of issues is also planned.

5. There are a number of actions that still require further discussion and communication within the Staff Survey recovery plan which will be instrumental in enabling staff engagement to be the tool that also promotes culture change while improving quality and patient outcomes. This includes the establishment of a Staff Engagement Steering Group, recommendation for the introduction of EEI related targets alongside other performance targets as part of the overall performance regime to increase the probability that we will make the next step culture change required that the Francis Report envisaged.
6. The National NHS Trust Staff Survey will be launched in September. Our priority will be to improve the communication plan so that more senior leaders and line managers encourage their staff to complete the survey and also ensure that timely feedback is given to staff on the results, actions and progress on action.

**Recommendation**

7. The Board is asked to note the content of the paper and support further implementation of the Staff Survey response plan across all the actions.
1. **Introduction**

1.1 The purpose of this paper is to provide the Trust Board with a progress update on the Staff Survey response plan which details how the trust will address the areas of concern of bullying and harassment, quality of appraisals and health and wellbeing. Since the last TB report, further analysis has been undertaken on comparisons between staff groups on Employee Engagement Index (EEI), how we compare to similar trusts and the identification of ‘hot spots’ in our main areas of concern. These will also be covered in this paper.

1.2 The Staff Survey remains an important tool for OUH to drive performance as research undertaken by Kings Fund reveals that “data from the UK National Staff Survey reveal that staff engagement trumps all other measures as the best overall predictor of NHS organisations’ outcomes.’ It is the indicator that predicts patient mortality, care quality and financial performance…, patient satisfaction, and staff absenteeism, health and wellbeing.”

2. **Background and Context**

2.1 In March 2017, the Trust Board agreed to support the Staff Survey response plan to address three key priority areas. It was also agreed that the trust would focus on embedding OUH values and behaviours to deal with these through work programmes aimed at supporting divisional management teams and line managers.

2.2 Work has been taken place to execute this plan and action plans have been progressed locally which is positive. However, this has been less well communicated at a trust level, which being managed. As one of the key factors in effective staff engagement is communicating and demonstrating action, it is important that visible action is taken to address this issue across all levels. The three main areas of concern are interlinked and can potentially have an adverse impact on staff health and wellbeing, performance and OUH reputation.

2.3 Improved user-friendly reports have made it possible for line managers to use the Staff Survey results as a more effective management tool. Combined with more detailed analysis which allows greater visibility of ‘hot spots’ plus making use of national comparisons; the trust is able to focus resources where the greatest impact is required. An analysis of Staff Engagement follows in the next section.

3. **Staff Engagement Position**

3.1 As reported previously, the overall EEI score has been increasing steadily from 2011 which can be largely attributed to the significant investment undertaken by OUH on ‘Values into Action’ initiatives including Values Based Interviewing (VBI) and VBC in response to the Francis Report. This is represented overleaf.
Francis was an equal driving force for other trusts who have also been concentrating their efforts on improving these scores and OUH needs to compare itself in this context as well. OUH continue to perform above average within the wider NHS family and average in the Shelford Group. Trusts performing in the top quartile in this area attribute their success to senior leadership commitment and action with a strong linkage to patient experience. This learning is now being applied in OUH.

In reviewing trends across staff groups and bandings, Medical and Dental consistently report a below average EEI scoring lowest in staff groups with the exception of Estates and Ancillary. Deeper analysis indicates that Junior Doctors scores are lower than Consultants. Administrative and Clerical also report below average scores. There are recovery plans in place in these areas to improve employee engagement as there is an evidence base that suggests strong linkage between retention, performance, quality and, ultimately, patient outcomes. This will need to be closely monitored.

There is an upward trend in EEI scores with respect to banding where VSM scores report the highest EEI scores and Medical reporting the lowest score. Bands 1-5 also report lower than average EEI scores. It can be argued that VSM population, by default, has greater autonomy and decision making while this is not the case for other bands. There is also a correlation to the questions ‘communication between senior management and staff is effective’ and ‘senior managers try to involve staff in important decisions’. This suggests the need to concentrate even greater efforts at the senior leadership level in order to improve staff engagement. In addition there is an argument for introducing targets for senior leaders and line managers to improve EEI scores in conjunction with the ‘harder’ performance measures to build in a culture change indicator as part of overall performance regime.
4. **Progress of Responding to Main Areas of Concern**

4.1 There has been progress in a number of key top level actions which are outlined in the Staff Survey response plan. Analysis has also been undertaken for 'hot spots' for issues related to bullying and harassment ‘to directorate level. The most notable actions that are still being considered and moved forward are the establishment of a Staff Engagement Steering Group which will include senior leaders from the Clinical Services, Medical and Nursing Directorates and the setting of measurable targets for line managers to improve EEI scores plus main areas of concern highlighted in the Staff Survey.

**Bullying and Harassment**

4.2 There has been substantial work in this area which includes the development of the Dignity and Respect at Work Procedure shortly to be ratified, appointment of the Freedom to Speak Up Lead Guardian (FTSU), unconscious bias workshops, and raising awareness of Employee Assistance Programme (EAP) and also the launch of a series of themed Values into Action conference. The first of these will be themed ‘Dignity and Respect at Work’ launched by Dame Fiona Caldicott, Chairman on 19 July. The aim of the day is to launch a constructive action plan to encourage senior leaders to take responsibility for leading the changes within OUH to eradicate bullying and harassment.

4.3 More in-depth analysis of Staff Survey results identified ‘hot spots’ and a significant trust wide trend which directly involved staff experiencing what is considered, unacceptable behaviours from patients, relatives and the public. Similar trends can be seen in perceived bullying behaviour from line managers and colleagues. We are taking action such as initiatives such as ‘See it My Way’ where staff hear directly from patients about their experience, the scoping of a trust wide ‘de-escalation and conflict resolution ‘ skills development for line managers and their teams in identified ‘hot spot’ areas. Local action plans are also in place.

**Quality of Appraisals**

4.6 Equally, there has been great deal of effort and progress in the area of quality of appraisals. Although appraisal compliance was reported as increasing, a significant proportion on staff reported that they remained unclear what the organisation and team objectives were. In addition, OUH values and behaviours were not discussed. At a time when changing the culture and meeting extremely challenging targets is critical, this tool, arguably, was not being effectively used.

4.7 A joint project with OD and Engagement and Learning and Development undertook a comprehensive review of the appraisal process which included interviewing a cross section of over 250 employees, a previous review undertaken by KPMG and also benchmarking against NHS trusts that have ‘Good’ CQC and high appraisal compliance ratings and high performing private sector organisations. These organisations consistently used a values based approach in appraisals and other areas. Pilot workshops have also taken place. The final report is being finalised and early findings indicate the need to:-
• introduce an integrated values based element into the appraisal process to reinforce and strengthen a valued based culture
• improved user friendly templates and reporting process on LMS
• joint accountability of the continued appraisal process by the individual and line manager
• simplification of how targets/contributions are agreed and measured so that people can understand how their work helps deliver OUH objectives and
• skills development for line managers through tailored training
• drop in surgeries to support line managers themed ‘Conversation Cafes’
• implementation of Values Based Appraisal workshops from July

Health and Wellbeing

4.9 Health and wellbeing continues to be an area of intense focus across the NHS and our strategy is aligned to that of the public health priorities. As previously reported, despite a considerable investment in this area a significant proportion of staff still perceived that the organisation did not take positive action in this area. Some of this can be attributed to the lack of awareness of the offer that is available and there has been a concentrated effort, both trust wide and locally, to promote this. This will require even more support from OUH internal communications experts and is included in the action plan.

4.10 There have been other inroads which include providing line managers with the skills to create a more healthy workforce, resilience workshops targeting hot spots, using metrics to identify high risk areas and early work on analysis the implications of job planning and rostering in order to develop integrated solutions with divisions, OD and line managers. Occupational Health is also piloting leading edge techniques (Acceptance and Commitment Therapy- ACT) that aim to support people to build resilience reserves. The priority is to give line managers the tools to create a healthier workforce while taking corrective action that is evidence based.

5. Staff Survey 2017 – Next Steps

5.1 The launch of the 2017 Staff Survey will commence in late September which will be another opportunity to for staff voice to be heard and higher response rates would build a greater evidence base here. Best practice indicates that these increase as senior leaders and line managers personally encourage staff to complete surveys, give them the time to do this and communicate progress and action.

5.3 A detailed communication strategy is being developed by the OD and Communications Team as part of the Survey pre-launch communication, a series of posters at Trust and Divisional levels will highlight the principal actions taken as a consequence of the 2016 feedback, together with information emphasising the importance of participation in the Survey, and how the information is used and kept confidential. The introduction of an online intranet site for Staff Experience linked to Delivering Compassionate Excellence will also be used to share results and highlight actions taken on the staff survey and staff pulse survey.
6. **Summary**

6.1 OUH has continued to improve the EEI scores and when compared to other trusts, are ranked in the above average group which is positive. There are areas, however where EEI scores remain an issue, which include Medical and Dental and Bands 1 to 5. The former reports lower even when compared against other trust averages. This needs to be closely monitored and can potentially present a risk to the trust in the current climate of change and tight financial controls.

6.2 Progress has been made across all main areas of concern and a trust wide action plan is in place. Local plans are also in place and there is a need to agree and execute a number of key actions which need to be discussed more widely. This includes establishing a Staff Engagement Steering Group and the introduction of staff engagement related targets which will all increase the probability of culture change required that the Francis Report envisaged. A further update paper will follow in September, including Staff Pulse results and a detailed outline of the strategy for the implementation of the Staff Engagement Strategy which will include 2017 Staff Survey.

7. **Recommendation**

The Trust Board is asked to note the contents of this summary report, including the Staff Survey response plan and support the need to further communicate and support the Staff Survey response plan actions.

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