

Trust Board Meeting in Public: Wednesday 9 March 2016
TB2016.32

Title	NHS Staff Survey 2015 - Outcomes Summary
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Status	For noting
History	First Paper - Presented to the Trust Board

Board Lead(s)	Mark Power Director of Organisational Development and Workforce			
Key purpose	Strategy	Assurance	Policy	Performance

Executive Summary

1. This paper provides a summary report of the outcomes relating to the 2015 NHS Staff Survey.
2. The NHS Staff Survey is conducted annually and all trusts are mandated to participate. The minimum requirement for large trusts is for a core sample of 850 staff to be surveyed. Consistent with previous years, OUH elected to conduct a full census survey, thereby providing the opportunity for all staff to participate and ensuring the outcomes to be as statistically relevant as possible. The Survey was conducted between September and November 2015 and 30% of staff participated by completing and submitting a detailed questionnaire.
3. When compared with the 2014 Survey outcomes, the 2015 results showed the Trust as being significantly better on 35 of the 60 questions, significantly worse on one question, and being no better or worse on 24 questions.
4. The overall staff engagement score, which assesses responses relating to the areas of staff advocacy, involvement and motivation, improved for the fifth successive year. Whilst 75% of staff affirm they would recommend the Trust to friends and family for the standard of care provided (above the average for acute trusts), fewer staff (60%) would recommend the Trust as a place to work.
5. For national reporting and comparison purposes, analysis of outcomes is limited to those responses relating to the 850 core sample. The outcomes arising from this small group of 243 respondents are slightly less favourable and provides for a lower staff engagement score.
6. The paper highlights those immediate actions and next steps being taken in response to the Staff Survey outcomes. This work is being led by the Organisational Development function, but will necessitate the strong involvement and leadership of all Divisional management teams.
7. Recommendation The Trust Board is asked to note the contents of the summary report and the actions being taken in response to the Staff Survey outcomes.

1. Purpose

1.1. The purpose of this paper is to provide the Trust Board with a summary of the outcomes arising from the 2015 NHS Staff Survey.

2. Background

2.1 The annual NHS Staff Survey is recognised as being an important means by which 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. The Survey covers five key themes relating to the working environment and individuals' experience within the workplace, namely:

- Personal Development
- The Job
- Immediate and Senior Managers
- The Organisation
- Personal Health, Wellbeing and Safety at Work

2.1. Participation in the annual NHS Staff Survey is mandatory for all trusts. The minimum requirement for OUH is to survey a statistically representative sample of the workforce consisting of 850 substantive employees. The sample group is selected by the Trust's independent Survey administrator (the Picker Institute) from a full staff list provided by the Trust each September. Outcome data arising from responses received from this same sample group is used for national benchmarking purposes and was made publically available on 23 February 2016.

2.2. Since a sample group of 850 employees represents less than eight per cent of the overall workforce, for the past three years OUH has elected to apply the opportunity to complete 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.

2.4 The 2015 Staff Survey was conducted between 28 September and 30 November. All substantively employed members of staff, and those holding honorary contracts, who were in post on 1 September 2015, received a Survey questionnaire via the Survey administrator. The Picker Institute was commissioned by a total of 64 acute trusts to undertake the 2015 Staff Survey. Prior to implementation, the Survey questionnaire was subject to extensive revision, with the aim of making it more relevant and useful for participating organisations. A total of 14 questions were removed and 11 new questions introduced. Furthermore, a number of updates were made to the question wording and response options.

3. Summary of Outcomes

3.1 The Trust is in receipt of a full outcomes report which presents the responses from all staff who participated in the Survey. The report provides data by main staff group and Division, which facilitates a detailed level of analysis and subsequent targeted responses. The following sections present a summary of outcomes relating

to the full census Survey, to which a total of 3,298 members of staff (i.e. approximately 30% of the workforce) responded. The Picker Institute reports the results using “problem scores”, which show the percentage of respondents who reported room for improvement (N.B: lower problem scores reflect an improvement in performance).

Response Rate

3.2 The 2015 response rate represents a 2% decrease against the previous year and is below the acute trust average. Response rates by Division and main staff group are detailed in tables 1 and 2, below.

Table 1: 2015 NHS Staff Survey Response Rates - By Division

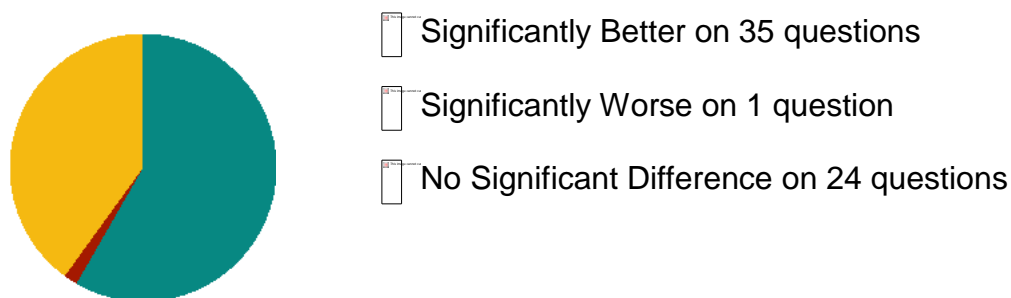
Division	2015 Response Rate	Eligible Staff	2014 Response Rate
Children's and Women's	25.5%	1,551	28.7%
Clinical Support Services	27.8%	2,071	30.1%
Corporate	44.3%	938	45.1%
Medicine Rehabilitation and Cardiac	25.5%	2,471	28.5%
Neurosciences, Orthopaedic, Trauma, Specialist Surgery	28.6%	1,790	29.4%
Operations and Service Improvement	30.5%	200	32.4%
Research & Development	45.9%	98	28.0%
Surgery and Oncology	33.1%	1,838	35.4%

Table 2: 2015 NHS Staff Survey Response Rates - By Main Staff Group

Main Staff Group	2015 Response Rate	Eligible Staff	2014 Response Rate
Additional Professional Scientific and Technical	34.6%	384	33.4%
Additional Clinical Services	22.0%	1748	24.4%
Administrative and Clerical	39.8%	2431	40.1%
Allied Health Professionals	35.2%	603	41.8%
Estates and Ancillary	33.7%	181	38.0%
Healthcare Scientists	30.5%	511	37.8%
Medical and Dental	22.5%	1666	23.6%
Nursing and Midwifery	27.8%	3629	30.1%

Movement in Scores

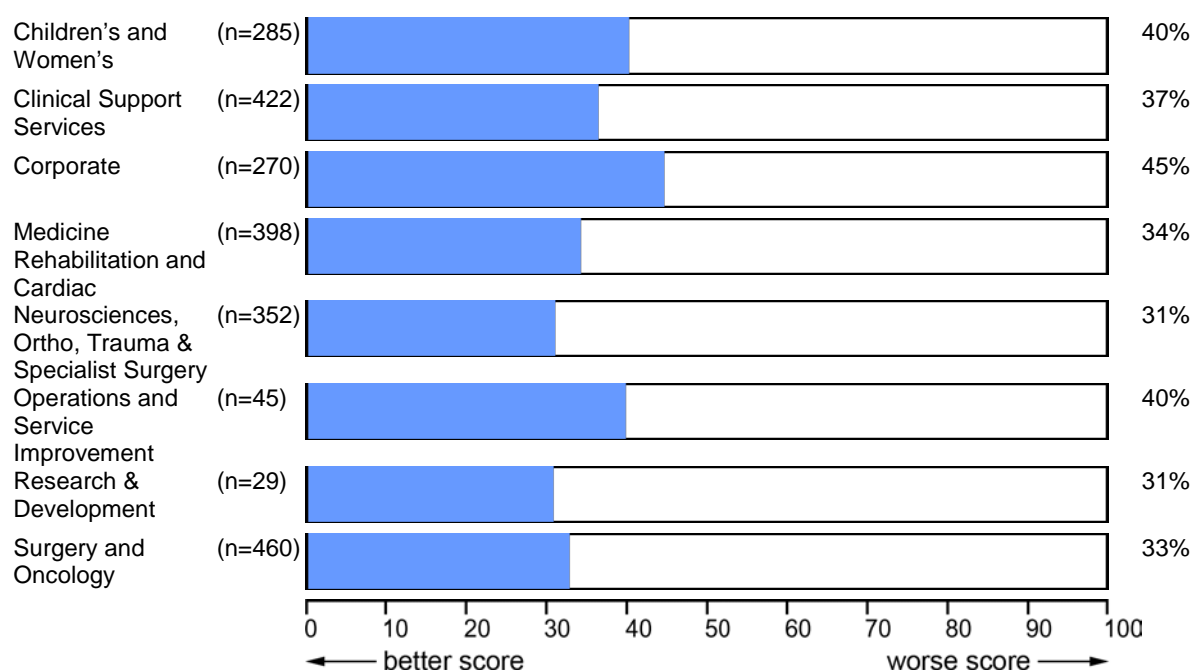
3.3 A total of 60 questions were used in both the 2014 and 2015 Surveys. The 2015 results compare relatively favourably with the previous year, as follows:



3.4 **Appendix 1** details the 35 questions where responses in 2015 are significantly better than those in 2014. Within the five Survey domain areas, questions relating to immediate managers, senior managers, feedback from management, communication and support from management show the greatest improvement. Improvement is also evident in responses associated with questions concerned with individuals' experience of team working, involvement in decision making, job satisfaction, and how engaged they feel in their respective roles.

3.5 The one question for which responses are significantly worse (i.e. $\geq 5\%$ difference) relates to training or development needs not being identified as part of the appraisal/performance review. Table 3, below, highlights, at Divisional level, the degree to which respondents agreed with this particular statement. A similar decline was evident across all trusts surveyed by the Picker Institute in 2014 and 2015.

Table 3: Training or Development Needs Not Identified Through Appraisal



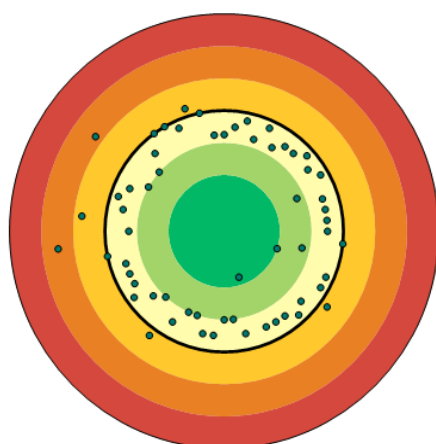
3.6 The historical changes for all questions illustrate a broadly positive result, as follows:



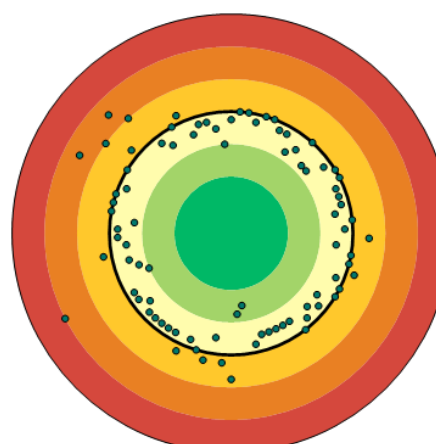
This score is considerably improved/better than average



This score is considerably worse than average/last year



Historical changes for all questions



Differences from the average for all 'Picker' acute trusts - All questions

Each dot indicates a score on a question The thick black line shows the base line, 0% change/difference	
In the first half of the report, Historical Changes, this is where there has been no change since the previous year on a question	
In the 2nd half of the report, this shows where the trust performance is the same as the 'Picker average for that question'	
	Worsened by more than 8% since last year / More than 8% worse than the 'Picker average'
	Worsened by 4%-8% since last year / Between 4-8% worse than the 'Picker average'
	Worsened by 0%-4% since last year / Between 0-4% worse than the 'Picker average'
	Improved by 0%-4% since last year / Between 0-4% better than the 'Picker average'
	Improved by up to 4%-8% since last year / Between 4-8% better than the 'Picker average'
	Improved by more than 8% since last year / More than 8% better than the 'Picker average'

3.7 Against the 'Picker average', which compares the scores of 64 acute trusts, OUH is significantly better than average against 34 questions and worse against 7. **Appendix 2** provides further detail by question type.

Staff Engagement Scores

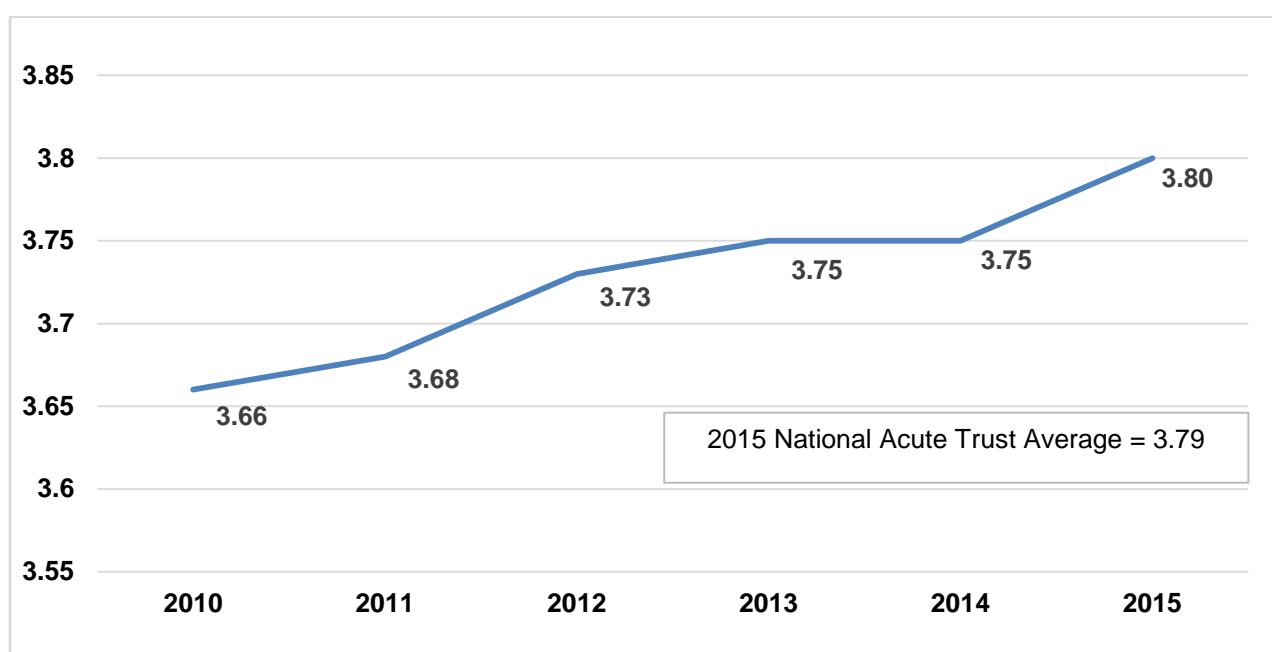
3.8 The Staff Survey also provides for an overall staff engagement score. This score is based on nine questions relating to three specific domains, namely 'advocacy', 'involvement' and 'motivation', as described in Table 4, below. Possible scores against each of the three domains range between one and five, and these are used to determine an overall staff engagement index score (with a maximum score of five). Table 4, overleaf, provides the descriptors, scores and summary commentary associated with each domain, together with the in-year movement in scores.

Table 4: Staff Engagement Domains and Scores

Domain	Scores and Commentary
Advocacy: willingness to recommend the trust as a place to work or receive treatment	3.77 out of 5 (75/100) - improved from 3.68 in 2014 Seventy six percent of staff agreed or strongly agreed that care of patients/service users is their organisation's top priority, and 60% said they would recommend their organisation as a place to work. When asked whether, if a friend or relative needed treatment, they would be happy with the standard of care provided by their organisation, 75% of staff agreed or strongly agreed.
Involvement: perceived ability to contribute to improvements at work	3.75 out of 5 (75/100) - improved from 3.70 in 2014 Seventy four percent of staff agreed or strongly agreed that there are frequent opportunities for them to show initiative in their role and 76% reported that they are able to make suggestions to improve the work of their team or department. A slightly lower proportion, 59% said they are able to make improvements happen in their area of work.
Motivation: extent to which staff feel motivated and engaged with their work	3.92 out of 5 (78/100) - improved from 3.85 in 2014 Over half of all staff (61%) report that they often or always look forward in going to work, with 75% of staff feeling enthusiastic about their job. Seventy seven percent of staff also felt that time passed quickly whilst they were at work.

3.9 The Trust overall staff engagement score of 3.8 reflects a continued upward trend across the five-year period 2010 to 2015, as follows:

Table 5: Staff Engagement Score - Trend 2010 to 2015



4. National Reporting

4.1 The minimum requirement for OUH is to survey a statistically representative sample of the workforce consisting of 850 substantive employees. This minimum core sample was identified at the outset of the Survey period and only those responses received from this sample, alone, have been used for the purposes of the determination and reporting of national benchmarking information. Within the 850 core sample, a total of 243 staff completed the Survey, representing a response rate of 30%. Other trusts may have elected to use the responses from their full census surveys, but this decision had to be taken before the receipt of any results.

4.2 National reporting centres on 32 'Key Findings', using data from trusts' current Survey outcomes and compares these with the previous year's outcomes. The Key Findings are presented under seven headings which align with the four staff pledges associated with the NHS Constitution, and three additional themes, namely: equality and diversity; errors and incidents, and patient experience measures. For 2015, the Key Findings were restructured in accordance with significant changes made to the Survey questionnaire.

4.3 Against this national reporting, and the much smaller number of respondents associated with the core sample, the most significant improvement has been made in the completion of annual appraisals, where 88% of staff confirm they have participated, against a national average of 86%. OUH is in the highest (best) 20% of acute trusts for staff feeling they are able to contribute towards improvements at work. In three areas, local responses place OUH in the lowest 20% of acute trusts, namely: staff motivation at work; quality of non-mandatory training, learning or development, and reporting errors, near misses or incidents. Across the remaining 31 Key Findings there is no statistically significant change compared with the 2014 outcomes.

4.4 With respect to the measure of staff engagement, responses from the smaller core sample provides for an overall score of 3.76, compared with 3.82 in 2014.

5. Immediate Actions and Next Steps

5.1 The outcomes of the annual Staff Survey are extremely useful in confirming how staff feel about their experiences at work, their working environment, their level of motivation and the degree to which they feel valued and involved in decision-making. Based upon the direct feedback provided by over 3,000 members of staff, it is evident that progress is being made across many areas and scores have improved against over half of the Survey questions. Similarly, the continued increase in the Trust's overall staff engagement score is positive. However, responses to a number of questions give rise to concern, not least those relating to the quality of annual appraisal.

5.2 The feedback provided via the Survey must be acknowledged and acted upon. Immediate actions and next steps include the following:

- analysis of the recently-received full Survey outcomes;

- cross-reference with other survey data (including staff Friends and Family Test; inpatient and PALS surveys; staff exit interviews; complaints) to further identify common themes and correlations;
- preparation for the internal publication and communication of the Survey outcomes;
- identification of key areas which require intervention at a Trust level;
- subsequent identification of problem areas at a Divisional/departmental level and actions to address these.

5.3 These actions will be led by the Organisational Development function, which will engage with and closely assist Divisional management teams in the development, communication and implementation of their responses. The work will be brought together and shared at a dedicated Listening into Action event in April. This event will provide an opportunity for cross-Divisional learning and support, and will also be used to determine a strategy to increase participation in the 2016 Staff Survey, across all areas and staff groups.

6. Recommendation

6.1 The Trust Board is asked to note the contents of this summary report and the immediate actions being taken in response to the 2015 NHS Staff Survey outcomes.

Appendices:

1. 2015 Staff Survey - Significant Improvement
2. 2015 Staff Survey - Comparison with 'Picker Average'

Principal Author:

Mark Power, Director of Organisational Development and Workforce

Main Contributor:

Hazel Murray, Interim Lead for Staff Engagement

Appendix 1: 2015 Staff Survey - Significant Improvement (lower scores are better)			
		2014	2015
2a	Never/rarely look forward to going to work	13 %	10 %
2b	Never/rarely enthusiastic about my job	7 %	5 %
3a	Do not always know what work responsibilities are	8 %	5 %
3b	Do not feel trusted to do my job	4 %	3 %
3c	Not able to do my job to a standard am pleased with	13 %	10 %
4a	Opportunities to show initiative infrequent in my role	12 %	10 %
4b	Not able to make suggestions to improve the work of my team/dept	11 %	9 %
4d	Not able to make improvements in my area of work	19 %	17 %
4g	Not enough staff at organisation to do my job properly	49 %	44 %
5b	Dissatisfied with support from immediate manager	18 %	16 %
5c	Dissatisfied with support from colleagues	7 %	5 %
5d	Dissatisfied with amount of responsibility given	10 %	8 %
5f	Dissatisfied with extent organisation values my work	32 %	27 %
5g	Dissatisfied with my level of pay	48 %	40 %
6b	Do not feel my role makes a difference to patients/service users	3 %	2 %
7a	Immediate manager does not encourage team working	13 %	11 %
7c	Immediate manager does not give clear feedback	21 %	19 %
7e	Immediate manager not supportive in personal crisis	10 %	8 %
7f	Immediate manager does not take a positive interest in my health & well-being	21 %	12 %
8a	Do not know who senior managers are	11 %	9 %
8b	Communication between senior management and staff is not effective	33 %	29 %
8c	Senior managers do not try to involve staff in important decisions	38 %	34 %
9d	In last 3 months, have come to work despite not feeling well enough to perform duties	58 %	54 %
9e	Felt pressure from manager to come to work despite not feeling well enough	29 %	25 %
11a	In last month, saw errors/near misses/incidents that could hurt staff	19 %	15 %
11b	In last month, saw errors/near misses/incidents that could hurt patients	30 %	27 %
13a	Do not know how to report unsafe clinical practice	7 %	5 %
13b	Would not feel secure raising concerns about unsafe clinical practice	11 %	9 %
13c	Would not feel confident that organisation would address concerns about unsafe clinical practice	13 %	11 %
15a	Harassment, bullying or abuse from patients/service users, their relatives or members of the public	26 %	23 %
16	Organisation does not act fairly: career progression	11 %	9 %
17b	Discrimination from manager / team leader or other colleagues	9 %	7 %
20a	No appraisal/KSF review in last 12 months	24 %	20 %
21a	Care of patients is not organisation's top priority	12 %	8 %
21b	Organisation does not act on concerns raised by patients/service users	7 %	5 %

Appendix 2: 2015 Staff Survey - Comparison with 'Picker Average' (lower scores are better)**Significantly Better**

		OUH	Average
2a	Never/rarely look forward to going to work	10 %	11 %
4c	Not involved in deciding changes that affect work	22 %	25 %
4d	Not able to make improvements in my area of work	17 %	19 %
4f	Do not have adequate materials, supplies and equipment to do my work	24 %	27 %
4g	Not enough staff at organisation to do my job properly	44 %	47 %
4h	Team members do not have a set of shared objectives	9 %	10 %
5c	Dissatisfied with support from colleagues	5 %	6 %
5d	Dissatisfied with amount of responsibility given	8 %	10 %
5h	Dissatisfied with opportunities for flexible working patterns	20 %	22 %
7d	Immediate manager does not ask for my opinion	22 %	24 %
7f	Immediate manager does not take a positive interest in my health & well-being	12 %	14 %
8b	Communication between senior management and staff is not effective	29 %	31 %
8c	Senior managers do not try to involve staff in important decisions	34 %	36 %
9a	Organisation does not take positive action on health and well-being	9 %	11 %
9d	In last 3 months, have come to work despite not feeling well enough to perform duties	54 %	60 %
9e	Felt pressure from manager to come to work despite not feeling well enough	25 %	30 %
11a	In last month, saw errors/near misses/incidents that could hurt staff	15 %	17 %
12a	Organisation does not treat fairly staff involved in errors	7 %	8 %
13b	Would not feel secure raising concerns about unsafe clinical practice	9 %	10 %
14a	Physical violence from patients/service users, their relatives or other members of the public	11 %	13 %
14b	Physical violence from managers	0 %	1 %
15a	Harassment, bullying or abuse from patients/service users, their relatives or members of the public	23 %	27 %
15b	Harassment, bullying or abuse from managers	12 %	15 %
15c	Harassment, bullying or abuse from other colleagues	18 %	20 %
16	Organisation does not act fairly: career progression	9 %	11 %
17a	Discrimination from patients / service users, their relatives or other members of the public	5 %	6 %
17b	Discrimination from manager / team leader or other colleagues	7 %	8 %
18a	No training, learning or development in the last 12 months	23 %	26 %
19	No mandatory training in the last 12 months	3 %	4 %
21a	Care of patients is not organisation's top priority	8 %	10 %
21d	If friend/relative needed treatment would not be happy with standard of care provided by organisation	7 %	9 %

22a	No patient/service user feedback collected within directorate/department	6 %	7 %
22c	Feedback from patients/service users is not used to make informed decisions within directorate/department	10 %	12 %
27b	Disability: organisation not made adequate adjustments(s) to enable employee to carry out work	11 %	15 %
Significantly Worse:			
		Trust	Average
9f	Felt pressure from colleagues to come to work despite not feeling well enough	26 %	23 %
12b	Organisation does not encourage reporting of errors	4 %	3 %
14d+	Last experience of physical violence not reported	42 %	34 %
20a	No appraisal/KSF review in last 12 months	20 %	14 %
20c	Clear work objectives not agreed during appraisal	20 %	16 %
20e	Appraisal/performance review: organisational values not discussed	30 %	24 %
20f	Appraisal/performance review: training, learning or development needs not identified	36 %	32 %