

Trust Board Meeting in Public: Wednesday 8 March 2017

TB2017.35

Title	2016 NHS Staff Survey 2016 - Summary Report
--------------	--

Status	For Noting and Support
History	Presented to the Trust Board, only

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 2016 NHS Staff Survey. It also proposes that, in responding to staff feedback, actions and interventions should be focused in a small number of key areas.
2. The NHS Staff Survey is conducted annually and all trusts are mandated to participate. The minimum requirement for large trusts is for a minimum sample set of 1,250 substantive staff to be surveyed. Consistent with recent previous years, OUH elected to conduct a full census survey, thereby providing the opportunity for all staff to participate. The Survey was conducted between late September and early December 2016 and the overall response rate was 39%. Across the Divisions, response rates varied from 28% to 58%.
3. When compared with the 2015 Survey outcomes, the 2016 results showed the Trust as being significantly better on 19 of the 88 questions. For national reporting and benchmarking purposes, a total of 32 'Key Findings' are considered. Against the majority of Key Findings there was little variation in the 2016 outcomes when compared with the previous year.
4. The overall staff engagement score ('employee engagement index'), which assesses responses relating to the areas of staff advocacy, involvement and motivation, improved for the fifth successive year.
5. The report proposes that, in acknowledging and responding to staff feedback, actions should be associated with three main themes, namely: staff health and wellbeing; bullying and harassment; and staff appraisal. Associated work has already commenced, which aims to continue building on the successful 'Values into Action' platform.
6. This work is being led by the Organisational Development team, but will necessitate the full involvement, leadership and commitment of all senior managers. Implementation and progress will be monitored via the Trust Management Executive.
7. The Trust Board is asked to note the contents of this report and support its recommendations.

1. Purpose

1.1 The purpose of this paper is to provide the Trust Board with a summary of the outcomes arising from the 2016 NHS Staff Survey, which was open between the end of September and early December. The paper also highlights a number of key areas upon which, it is proposed, the Trust should focus in response to staff feedback. Associated actions and interventions will aim to make improvements that directly impact upon staff engagement and the workplace environment, and thereby also the quality of care delivery and patient experience.

1.2 Work in developing a more comprehensive Survey response plan is being led by the Interim Head of Organisational Development (Ruta Baines). The response plan will be received and managed via the Trust Management Executive, and the Trust Board updated on principal actions and progress, accordingly.

2. Background and Context

2.1 Recognised as being an important intervention in supporting the delivery of the NHS Constitution., the annual Staff Survey is a mandatory undertaking for all NHS trusts. The Survey results are primarily intended for use by local organisations to help them review and improve staff experience, which is accepted as having a direct impact on the quality of care and the patient experience. The Care Quality Commission (CQC) uses the annual Survey results to monitor on-going compliance with essential standards of quality and safety. Used effectively, Survey data are also of value in developing the 'employee voice', alongside the patient voice, and in supporting the delivery of the Trust's quality priorities

2.2 All trusts are obliged to appoint an independent Survey administrator, which is responsible for selecting a minimum sample set of staff, co-ordinating the issue, collation and analysis of Survey questionnaires, and producing a full Survey report. The Survey administrator appointed by OUH is Picker Institute Europe. The Survey questionnaire covers five key themes relating to the working environment and individuals' experience within the workplace, namely:

- 'Your Job'
- 'Your Managers'
- 'Your Health, Wellbeing and Safety'
- 'Your Personal Development'
- 'Your Organisation'

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 requirement for OUH, and other trusts of a similar size, is to survey a statistically representative sample of the workforce consisting of 1,250 substantive employees. The minimum sample set is 'randomly' selected from the full staff list (at 1 September in any given year) by the Survey administrator. The random selection methodology is such that the sample set is statistically representative of the entire substantive workforce. The data set from all NHS trusts arising from this minimum sample group (only) informs the national benchmarking, which is made public on a specified date

each year. National data relating to the 2016 Staff Survey is to be released on 7 March 2017.

2.4 Since the minimum sample set represents approximately eleven per cent of the total OUH workforce, consistent with previous years the 2016 Survey was extended 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 and as a platform to improve staff engagement and continue to build on the 'Values into Action' programme initiated in 2011.

3. Summary of Outcomes

3.1 The Trust is in receipt of a full Staff Survey report, which includes presentation of the responses by main staff group and Division. Responses are also reported in greater detail by 'localities' (directorates) and these data are being provided to all respective divisional management teams. An Executive Summary of findings presented by the Survey provider is provided at **Appendix 1**.

3.2 Complementing the detailed main report, a revised local 'at a glance' reporting format has been developed by the Organisational Development (OD) team. This is intended to enable divisional teams to use the outcomes from the Staff Survey more quickly and effectively, and therefore make it a more useful tool in identifying and communicating key themes and actions. **Appendix 2** provides the Trust-level 'at a glance' summary report, which covers all the main Survey themes.

3.3 Broadly, the results are encouraging, in that they demonstrate an overall continued upward trend. Compared with 2015, the Trust-level response rate improved by 8% to reach 37.5%. Response rates varied by Division, with the Surgery and Oncology Division achieving 58% (an increase of 25% compared to the previous year), and the Children's and Women's Division 28% (no change from 2015). The successful increase in responses achieved by the Surgery and Oncology Division reflects the concentrated and combined focus demonstrated by the management teams in raising awareness of the importance of the annual Survey and in encouraging all eligible staff to participate.

'Significant' Improvements

3.4 Across the 88 Survey questions, 'significant' improvement was achieved in 19 areas (a two per cent change is deemed to be statistically significant). A number of positive emerging themes include:

Quality of Care - More staff (84% against 82% in 2015) reported that they were satisfied with the quality of care they provided to patients and service users, and 83% stated that the training they had received helped them to improve the patient/service user experience. These particular outcomes are consistent with the above average scores arising from the Staff Friends and Family Test.

Errors and Incidents - A total of 94% of respondents confirmed an improvement in receiving feedback and fair treatment in response to reported errors and incidents. This suggests that practices in this area are continuing to have a positive impact on building

employee trust levels as the organisation learns from reported errors and incidents.

Appraisals - More staff (82% against 80% in 2015) reported that they had received an appraisal in the previous 12 months, which included discussing and agreeing future objectives.

Staff Engagement

3.5 The Survey outcomes provide for an overall staff engagement score, which is referred to by the main regulatory bodies as the 'Employee Engagement Index' (EEI) score. The score is the product of the combined responses to nine particular questions relating to three specific domains, namely 'advocacy', 'involvement' and 'motivation'. Responses to the 2016 Survey provided for a Trust EEI score of 3.84 (out of a maximum score of 5.0), reflecting a continued upward trend across the six-year period from 2011, as follows:

Year	2011	2012	2013	2014	2015	2016
EEI Score	3.68	3.73	3.75	3.75	3.80	3.84

3.6 This is statistically significant and suggests that investment in the 'Values into Action' initiatives, such as Values Based Interviewing (VBI), Values Based Conversations (VBC) and, most recently, Delivering Compassionate Care (DCC), have made, and continue to make, a positive impact on organisational culture.

4. Responding to Main Areas of Concern

4.1 Based upon discussion arising from the presentation of the preliminary Survey results to the Workforce Committee, three key themes have been identified as requiring Trust-level and local attention in 2017/18, namely: staff health and wellbeing; bullying and harassment, and staff appraisals.

Staff Health and Wellbeing

4.2 Despite continued investment in the provision and expansion of occupational health and wellbeing services over recent years, two thirds of staff considered that the organisation is not taking sufficient positive action in this area. This is consistent with an increase in the percentage of staff who reported that they routinely work beyond their contracted hours, and a rise in the number of staff being treated for musculoskeletal problems.

4.3 In response, the Centre for Occupational Health and Wellbeing (COHWB) will continue to develop and implement initiatives that are consistent with the Trust's commitment to the NHS Healthy Workforce Programme, and which also support the achievement of specific 'commissioning for quality and innovation' (CQUIN) criteria. These include: the provision of support across musculoskeletal health, mental health, and physical activities; the uptake of flu vaccinations by frontline healthcare staff; and ensuring the food and drink provided and sold on the Trust's various sites promotes healthy

choices. Further work will be undertaken to ensure maximum benefit is being derived from the reporting and data analysis available through the FirstCare management system, and to raise awareness amongst the workforce of the range of support and assistance available to individuals and teams.

Bullying and Harassment

4.4 Survey outcomes related to perceived bullying and harassment are of concern, with 12% of respondents reporting that they have experienced harassment, bullying or abuse from their manager on at least one occasion, and 18% suggesting they have suffered similar treatment by colleagues. Further, 11% of staff experienced physical violence from patients, relatives or other members of the public in the last year, whilst 25% experienced some form of harassment, bullying or abuse on at least one occasion by these same groups.

4.5 Early national Survey results indicate that OUH is not an 'outlier', but that bullying and harassment continues to be an issue across the whole of the NHS. Bullying, harassment, discrimination and victimisation are inconsistent with OUH values and desired behaviours. Consistent with these values, and with a widespread desire to identify and robustly tackle inappropriate behaviour, the OD team will lead a further 'Values in Action' work programme aimed at supporting divisional management teams and line managers in associated Trust-level and more specific local activity. A Bullying and Harassment Working Group will manage the implementation of a number of key initiatives, to include:

- provision of awareness training for staff and line managers (to include unconscious bias);
- implementation of guidance for staff who experience harassment, bullying or abuse by patients or visitors;
- provision of a series of staff conferences, commencing in May 2017, entitled 'Bullying and Harassment in a Modern NHS' (to cover current issues, such as the role of social media in bullying, how to handle bullying behaviour exhibited by patients and visitors, and the impact of the European Union referendum vote);
- further local surveying; and
- appointment of Freedom to Speak Up Guardians from March 2017.

Staff Appraisals

4.6 Contemporary research and associated literature highlights the importance of regular appraisal activity in the context of staff engagement and motivation, and the improving the overall patient experience. Whilst the Staff Survey outcomes indicate an increase in the number of staff participating in an appraisal, almost two thirds of respondents stated that the appraisal discussion did not include the agreement of clear objectives, and did not help them to improve their performance. Furthermore, values and behaviours were not consistently discussed. Therefore, an opportunity exists to more effectively use the appraisal process to reinforce the importance of the Trust's values and positive behaviours, and to align personal and team objectives with key operational and strategic goals.

4.7 In response, key interventions will include the full implementation of new 'Values into Action' appraisal training for line managers and senior leaders, aimed at improving the quality of appraisal activity, combined with the provision of audio-visual guidance and

instruction relating to effective objective-setting. Concurrently, the existing appraisal process, including recording, is to be re-evaluated and improved.

Staff Engagement

4.8 Further work is being undertaken by the OD team in order to gain a better appreciation of the causes and effects of local staff engagement, and to produce better 'real-time' analysis which can be quickly acted upon. This work, which will include the use of more regular, concise and targeted survey interventions, is centred on establishing a simple model based upon a framework of recognised 'enablers of engagement, such as influence; clarity; work relationships; perceived fairness; personal development; recognition; resources, and trust.

5. National Reporting

5.1 Within the 1,250 minimum sample set (referred to in paragraph 2.3, above) a total of 467 staff completed the Survey, representing a response rate of 39%. For the purposes of national reporting and benchmarking, the outcomes associated with the respondents within the minimum sample set are measured against 32 'Key Findings'. 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.

5.2 Whilst the national benchmarking data have yet to be made public, comparisons with other trusts for whom the Picker Institute is also the Survey provider show that OUH is in the highest (best) 20% of acute trusts in the following areas:

- staff feeling satisfied with their ability to meet conflicting demands on their time;
- the adequacy of supplies and resources;
- staffing levels; and
- support received from colleagues and managers.

5.3 In two areas, local responses place OUH in the lowest 20% of acute trusts, namely: appraisal, and the *reporting* of violence, bullying, harassment and abuse (not the *prevalence*). Across the remaining Key Findings there is no statistically significant change compared with the 2015 outcomes.

5.4 With respect to the measure of staff engagement, responses from the minimum sample set provides for an overall score of 3.87 out of 5, compared with 3.76 in 2015. This score places OUH above the national average, which is 3.81.

5.5 Benchmarking comparison published on 7 March 2017 will allow for further analysis.

6. Summary

6.1 The 2016 NHS Staff Survey outcomes demonstrate improvement in a number of areas when compared with the previous year. Similarly, the Trust achieved a better overall response rate. For the sixth consecutive year the Trust's Staff Engagement score has increased. Whilst this is encouraging, staff feedback also highlighted some particular areas of concern, which must be recognised, better understood and effectively addressed.

6.2 The feedback provided via the Survey must be acknowledged and seen to be acted upon. Rather than attempt to respond to every aspect of the Staff Survey outcomes through the development of a complicated and over-ambitious 'action plan', divisional management teams support the intention to concentrate on making improvements in three key areas, namely: staff health and wellbeing; bullying and harassment; and staff appraisal. These are all highly influential factors in the context of staff motivation and satisfaction, and organisational culture. Building on the familiar and successful 'Values into Action' platform, the associated work is being led by the OD team, and the implementation of associated actions and initiatives will require the full involvement and commitment of all senior managers.

7. Recommendation

The Trust Board is asked to note the contents of this summary report and support the proposal to focus Trust-level and local responses in addressing the three highlighted themes.

Appendices:

1. 2016 Staff Survey - OUH Executive Summary Report
2. 2016 Staff Survey - 'At a Glance' Summary

Mark Power

Director of Organisational Development and Workforce

Main Contributors:

Ruta Baines, Interim Head of OD and Engagement
Hazel Murray, OD Consultant