

To:	Trust Board
From:	Martin Rayson, Director of Human Resources and Organisational Development
Date:	29 th March 2018

Title:	Staff Engagement – 2017 National Staff Survey Results & Action
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Responsible Director: Martin Rayson, Director of Human Resources and Organisational Development

Purpose of the Report:
 There is a regular agenda item on staff engagement, recognizing the strong links between staff engagement and the patient experience. The report summarises the results from the 2017 National Staff Survey and outlines the action being taken as a consequence.

The Report is provided to the Board for:

Decision		Discussion	✓
Assurance	✓	Information	✓

Summary/Key Points:
 The 2017 national NHS staff survey has recently been published. Generally the results across the NHS are poorer in 2017 than in the previous year. However for most of the questions in the survey, the ULHT score has declined more sharply. There are a number of themes that have been identified from the data and the free-text answers to some questions. Overall the results demonstrate a decline in staff morale, which is not unexpected, but must be addressed.

The paper outlines the proposed response to each theme. We are seeking to identify additional actions we can take, in particular the “quick wins” that will demonstrate momentum around change. We are working with staff to do so and we have also shared the Directorate-level results and have asked each Director to work with staff to identify local actions they will take.

Recommendations:
 The Board are asked to note the results from the survey, the significant workforce morale issues that are identified and comment on the actions being taken as a consequence.

Strategic Risk Register The risk around staff engagement forms part of the Integrated Strategic Risk Register and Board Assurance Framework.	Performance KPIs year to date The People Strategy identifies key targets to improve engagement.
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Resource Implications (e.g. Financial, HR)
 The response to the staff survey will be managed within existing resources.

Assurance Implications
 The Workforce & OD Committee have reviewed the results and actions being taken in some detail to provide assurance against the strategic risk relating to engagement

<p>Patient and Public Involvement (PPI) Implications There is ongoing engagement activity with staff around the staff survey results.</p>
<p>Equality Impact The survey results are being reviewed to determine whether there are any particular issues from an equality and diversity point of view.</p>
<p>Information exempt from Disclosure – Yes</p>
<p>Requirement for further review? Yes</p>

1. Purpose of the Report

- 1.1 There is a regular report to Trust Board on staff engagement. In this report we focus on the results of the 2017 National Staff Survey, one of the main mechanisms (but not the only mechanism) by which we test the temperature of the organisation and understand the issues of concern to our staff.

2. Key Points – Summary of Results

- 2.1 In summary the staff survey results were as follows:

- Response rate increased to 45% - people keen to tell us what they think
- Two scores only increased:
 - Had mandatory training in the last 12 months
 - Had appraisal in the last 12 months
- Remaining scores have gone down, including:
 - Care of patients is the organisation’s top priority
 - Satisfied with the extent the organisation values my work
 - Able to provide the care I aspire to
 - Would feel secure raising concerns about unsafe clinical practice
 - Organisation and management interest in and action on health and wellbeing
 - Recognition and value of staff by managers and the organisation
- Results summed up by score for “recommend ULHT as a place to work”
 - 2017 – 45%
 - 2016 - 55%
 - UK average - 60%
- Results are disappointing but not surprising

- 2.2 The Workforce & OD Committee have discussed the results in some detail on two occasions.

3. Key Points – National Results

- 3.1 NHS Employers have analysed the national picture and report that the results show a sector under strain. Staff report that they are working under more pressure and feel less able to deliver a good quality service. They feel less enthusiastic about their jobs and more dissatisfied with pay. Across a range of indicators, they report worse experience than in 2016, although scores are still higher than in 2014. Some progress has been made in some areas such as increased support from managers and more confidence that the organisation takes action on health and wellbeing.

- 3.2 There were some clear trends across the survey. Indicators linked to staff assessment of quality and experience of work reflected the intense pressures on the NHS. There were mixed results for staff engagement and health and wellbeing. There were positive trends in results for measures of people management, for example on appraisal and the role of line managers.
- 3.3 ULHT survey scores have, generally, dropped more sharply than those for the NHS as a whole and the acute sector. ULHT’s engagement score is 3.63, a drop from 3.75 in 2016. This puts the Trust in the “worst 20%” category. The average for acute trusts is 3.79.

4. Key Points – Themes & Planned Actions

- 4.1 The table below sets out the key themes from the survey . We received the data from the survey at the end of 2017. There has been though an embargo on publishing the results until 6th March. However we have used both the data and the significant quantity of free text within the survey to identify themes and the actions that we are already or plan to take to tackle these themes and the issues for staff that underpin them. The table also includes some of the key questions that remain to be addressed.

Theme	Action Planned/Proposed
<p>Lack of hope among staff and a real belief that ULHT can get to a better place</p>	<ul style="list-style-type: none"> • 2021 provides a positive narrative for the future – new vision & ambitions agreed and communicated • Further 2021 communication and engagement plan in development • Values relaunched as part of 2021, with staff charter to bring values to life • <i>More actions will be taken as part of 2021 engagement plan, including a “big conversation” around the survey results</i>
<p>Believe ULHT is not focused on patient safety, but on finance Not as a consequence able to deliver the care that they aspire to</p>	<ul style="list-style-type: none"> • 2021 launch with key messages about quality and finance and new vision “Excellence in Rural Healthcare” • Joined the patient experience team with the OD team to ensure we are fully patient centric in our approach • Quality Improvement Programme to introduce quality improvement techniques – 200 staff being trained • 2021 People Reference Groups to build in key messages to discuss and debate to resolve and build ideas - starting in March • Planning to run a “FAB” campaign around what we doing to improve patient care <p>How do we build a belief that we can increase quality and reduce cost at the same time? How do we manage difficult decisions with staff?</p>
<p>Not confident in raising issues (believe there may be consequences if they do) and that action will be taken as a consequence of raising issues</p>	<ul style="list-style-type: none"> • New SI process in place • Freedom to Speak Up Guardian role publicised • Need to do more, particularly focusing on the feedback loop, so staff see action as a result of concerns raised • Training and education for risk and SI process and use of Datix – linked to local management and assurance • Will be part of leadership training – new programme beginning in April <p><i>Link to Appraisal key questions – have you raised concerns and how has that made you feel?</i></p> <p>How do we promote the role of the Freedom To Speak Up</p>

	Guardian?
<p>Concerns about staffing levels and their impact on patient safety – probably links to the issue of “not being listened to” (problem of responding to concerns which are fundamentally about the financial or staffing position) – not just a ward issue</p>	<ul style="list-style-type: none"> • Recruitment strategies and plans in place for medical staff and nursing – yet to have as much impact as we would wish • <i>Further comms linking cost and quality being planned</i> <p>How do we get across what we are doing to tackle core problems around staffing etc.?</p>
<p>Staff do not feel valued – lack of recognition (feedback at all), although issue of “value” goes deeper than that</p>	<ul style="list-style-type: none"> • <i>Work to develop the “employment brand” or “offer” to staff just beginning</i> • <i>Review of benefits package underway – what can we add? How can we differentiate the offer to different groups? How do we increase awareness and value placed on it?</i> • <i>New approach to recognition, from “thank-you” to staff awards close to sign-off – to be launched in the spring</i> • <i>Need to do further analysis to identify the differences between staff who are engaged/feel valued and those who do not. Can we identify the things that are making the biggest difference to the engaged group and focus on those factors to build a common sense of feeling engaged/valued?</i> • <i>Potential for career days for our own staff</i> • <i>Publicise where people have progressed their careers in ULHT</i>
<p>Staff do not believe the Trust is concerned about their well-being – do not feel supported; pressure leads to bullying behaviour</p>	<ul style="list-style-type: none"> • Significant investment already in mental health first aid and mindfulness. More is planned, including a conference around staff well-being • <i>Need to promote our well-being offer – some staff recognise better than many others. Exploring options to use HEE money to extend well-being options (big focus of Morecambe Bay)</i> • <i>Link to the staff charter – bullying not acceptable</i> • <i>Potential of pre-exit questionnaires – how do we capture and respond to the concerns of staff before they decide to leave and thereby help make them stay?</i>
<p>Engagement of staff with change – lack of opportunity to shape change; feel that it is imposed – at local, as well as Trust level</p>	<ul style="list-style-type: none"> • 2021 launch and visits to all parts of the Trust – to be repeated in March/April • 2021 Improvement Methodology launched – opportunity for staff to get involved in change – link to promoting these improvements through a promotional catalogue of case studies • <i>Staff reference groups to be set up linked to each 2021 programme</i> • <i>2021 Big Conversations to engage staff around the key issues in honest conversations and generate key issues to further discuss in the People Reference Groups, with regular feedback of key issues into the 2021 Newsletter</i>
<p>Quality of management: Inconsistent Do not listen Quality of appraisal Lack of two-way communications Favouritism/consistent use of processes Avoidance of difficult conversations Managers themselves feel</p>	<ul style="list-style-type: none"> • Expectations of managers set out in staff charter/behavioural framework • Two day management programme nearly complete – 200 attendees • <i>Leadership programme to be launched in April 18</i> • <i>Management assessment/development centre to run in spring 18</i> • <i>New individual performance management system (appraisal) to be introduced in April 18 – will be training for managers in how to use system to promote performance, but to support staff</i> <p>How can we ensure managers are fulfilling their responsibility – role of appraisal? How can we ensure managers feel more supported – coaching programme/action learning sets?</p>

<p>pressurised</p>	
<p>Limited development opportunities to enable staff to grow</p>	<ul style="list-style-type: none"> • Talent Academy work to create development pathways for staff (particularly staff joining the Trust) • <i>Work planned to better define our development offer for establishment members of staff to assist in recruitment and retention</i> • <i>Need to get across significant spend on training in Trust</i>
<p>Trust remains silo-based – three sites; lack of collaboration between teams; does not feel like “one workforce”</p>	<ul style="list-style-type: none"> • Review of induction underway – corporate induction, local induction and induction of temporary staff covered • <i>Medical engagement work, as a response to the medical engagement scale and this survey is being developed.</i> • <i>Explore option to have a “one day in the life off” – a shadowing of different areas of the Trust</i> <p>A long-standing issue. We have yet to resolve the “One Trust, several sites” issue. How so we make that inevitable sense of belonging to a location a strength, rather than a weakness?</p>
<p>Behaviours of staff members to each other do not reflect the values – people are not consistently kind to one another e.g. when people are asked to work on different wards</p>	<ul style="list-style-type: none"> • Launch of staff charter and behavioural framework • Use of “special measures” for teams in distress e.g. Urology • <i>Work to promote the values and charter planned e.g. focus on a value a month – help to create a shared language and means for greater mutual accountability</i> • <i>Embed charter in key workforce processes e.g. recruitment, performance management</i> • <i>Further campaigns around zero tolerance of bullying.</i>
<p>Lack of effective two-way communications: Visibility of senior managers Corporate comms not having impact Sense of not being interested in people’s views Lack of comms from middle managers – face to face time in particular</p>	<ul style="list-style-type: none"> • Executive & Non-Executive 2021 briefings (followed other face-to-face conversations led by Staff Engagement Group earlier in year) • Team brief introduced as part of suite of communications tools • Request for staff ideas has generated over 500 responses – will be feeding back how we are responding to them through a new 2021 Newsletter <p>Team brief cascade not effective – how do we address? Focus on why core messages are not getting across</p>

4.2 We do not propose to have a specific staff survey action plan, as many of these themes need to be addressed through the 2021 Strategy and the workforce programme within it (the People Strategy, currently being addressed is the 2021 workforce programme).

4.3 What we are planning though is to respond to staff openly and honestly about the results and what we are planning to do as a result and to identify the quick wins that we can take to tackle some of the issues they have identified. This is explored in more detail below.

5. Key Points – Next Steps

5.1 It is important that there is ownership of the survey results beyond the Board. We have undertaken a number of “big conversations” with staff on each site to review the results. We have focused in particular on the issue of staff health and well-being and also to gather ideas on the “quick wins” that will demonstrate momentum in tackling the themes emerging.

- 5.2 There are a number of quick wins already in hand:
- New peer to peer recognition scheme
 - Increased visibility of executives and non-executives
 - Focused communication around the big issues for staff e.g. how concerns about staffing are raised/why staff are moved at the last minute on wards (but how we can make it a better experience)
 - Promoting the quality improvement projects that are underway – what teams locally are doing to improve patient experience
 - Promoting where we have learnt from experiences and SI process is working well e.g. Women and Children
 - 2021 ideas scheme - gives people opportunities to change things
 - ULHT commitment to training in 18/19 including the launch of our new leadership offer and providing ipads for work areas

We will review other ideas that have come forward from staffside and senior leadership forum in the next few weeks.

- 5.3 All staff have received a letter summarising the results of the survey (along with a link to the full report), highlighting what we are already doing and asking them what they think we could also do.
- 5.4 The results of the Staff Survey have been shared and discussed with CMB. Each Clinical Directors (CDs) and Executive Directors (EDs) have been issued with their Directorate level reports and asked to work with their Heads of Nursing and General Managers or Deputies to engage staff in identifying their top three areas they are going to work on. It is key that staff feel that they have been listened to and that changes are made which make ULHT feel like a better place for them to work. CMB will hold CDs and EDs accountable for their response and for demonstrating improvements achieved with and through staff.
- 5.5 We are looking at introducing a dashboard of performance indicators, through which we can visually demonstrate progress against the issues and themes above, that we can display across the organisation.