

<b>To:</b>	<b>Trust Board</b>
<b>From:</b>	Helen Nicholson, Head of Organisational Development
<b>Date:</b>	2 <sup>nd</sup> April 2019

<b>Title:</b>	<b>2018 National Staff Survey</b>
---------------	-----------------------------------

**Responsible Director:** Martin Rayson, Director of Human Resources and Organisational Development

**Purpose of the Report:**

The Trust has received details of the results of the 2018 National Staff Survey, with comparative information with other Acute Trusts. The paper is presented to appraise the Board of the results, the key issues within it and to give assurance around the actions being taken as a consequence.

**The Report is provided to the Board for:**

Decision		Discussion	✓
Assurance	✓	Information	

**Summary/Key Points:**

The results of the 2018 are disappointing. The decline in staff morale evident in the 2017 staff survey results (following the Trust being placed in double special measures) has continued into 2018. Whilst nationally average scores have flat-lined, the ULHT scores have generally declined. There has been some small improvements in scores around safety and the profile of our values, which is positive, given this is where we have focused attention. The fact that participation rates have remained high (at the national average) is also positive.

Results are disappointing and analysis of the free text responses that sit alongside the data (which has yet to be fully completed) gives an indication of the issues underpinning the general decline in scores and the low morale:

- Impact of staffing gaps
- Perceived focus on targets and finances, rather than patient care
- Lack of concern for the health and wellbeing of staff
- Inconsistency amongst line manager practice
- The impact of things like the new car-parking system

The increase in experience of bullying and discrimination are particular issues requiring attention and we will be working with our staff networks to understand the reasons why people are scoring on these questions in the way that they do.

We will build our response into the refresh of the People Strategy, which is currently underway. The revised version and annual plan will be signed off by the Workforce Committee at its next meeting. We

Agenda Item 11.2

<p>have discussed these results with our Senior Leadership Forum, the Workforce Oversight Group and the Partnership Forum with staffside. The results are published on the intranet for all staff to view.</p> <p>The key focus in the People Strategy will be:</p> <ul style="list-style-type: none"> <li>- Improving the staffing position (and without progress on this morale may be difficult to shift)</li> <li>- Ensuring our staff believe that their desire to provide excellent patient care is facilitated by the Trust and its leadership and not inhibited by it</li> <li>- Reviewing again our approach to leadership development, ensuring the right leadership style is embedded in the new Trust Operating Model structure and issues of inconsistency are addressed.</li> </ul> <p>The survey results are poorer in Pilgrim, where our greatest staffing challenges lie. There are minor differences between staff groups, although BME staff are more positive overall. There are significant difference between Directorates (and results are only available on a Directorate and not Divisional basis). We will be putting great emphasis on developing a response at a Divisional level, as we see it as a great opportunity for Divisional Triumverate Leadership Teams to engage with their new groups of staff and co-create actions to tackle some of the issues the survey throws up.</p>	
<p><b>Recommendations:</b> The Board are asked to note the report. The Workforce Committee will report back through its Assurance Report on progress in developing the response to the survey, recognising the links to True North priorities.</p>	
<p><b>Strategic Risk Register</b> Links to Strategy Risk around staff engagement</p>	<p><b>Performance KPIs year to date</b> Reflects decline in Friends and Family Test scores – recommend ULHT as a place to work and receive treatment.</p>
<p><b>Resource Implications (e.g. Financial, HR)</b> The Trust will be investing additionally to support our ability to recruit new staff, support retention initiatives and particularly to address medical engagement issues.</p>	
<p><b>Assurance Implications</b> The evidence is that the Board cannot be assured around having a workforce which is motivated and engaged.</p>	
<p><b>Patient and Public Involvement (PPI) Implications</b> The link between staff and patient experience is recognised.</p>	
<p><b>Equality Impact</b> There are issues of concern from an inclusion perspective in the results (around levels of discrimination). We will be working specifically to understand and address those issues.</p>	
<p><b>Information exempt from Disclosure – No</b></p>	
<p><b>Requirement for further review?</b> Through Workforce Committee</p>	