

United Lincolnshire Hospitals

NHS Trust

To:	Trust Board
From:	Helen Nicholson , Assistant Director of Organisational Development
Date:	25/2/16
Healthcare standard	

Title:	2015 Staff Survey Results		
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Purpose of the Report: To provide The Trust Board with headlines from the 2015 Staff Survey, the Pulse Checks and plans for future staff engagement			
The Report is provided to the Board for:			
	Information		Assurance

Summary/Key Points:

The 2015 National Staff Survey was issued electronically to a sample of 850 ULHT staff between October and November 2014. Whilst acknowledging that the staff survey results could be higher, they are heading in the right direction. Since 2014, the scores have improved with staff saying that they are more motivated, better engaged and less likely to be stressed through work. The national staff survey is just one way in we seek the views of staff. We carry out a pulse check survey every quarter and in September we launched 'ULH Way' to engage and motivate staff in their teams, and our new CEO recently held listening events. Along with the national staff survey, we use these more detailed methods to identify areas where we can focus on improving the working lives of our staff and improving patient services.

The decision in 2015 was taken to take a smaller sample size and therefore the number of responses is lower than previous years.

Responsibility for staff engagement continues to be a priority agenda item for the Trust Board, the Executive Team and every manager in ULHT.

NHS STAFF SURVEY 2015

- There was a response rate of 33%, putting ULHT in worst 20% of Trusts nationally for response rate. In 2014 ULHT had a response rate of 40%, also in the worst 20%.
- In total 274 staff responded, approx. 4% of workforce.
- Responses came from Grantham (49) , Lincoln (135) and Pilgrim (80) sites
- The largest proportion of respondents (49) were adult/general nurses and the lowest was central/corporate functions (11).

NHS Staff Survey 2015 Results

There were a number of positive from the 2015 Staff Survey:

- The staff engagement score has increased from 3.48 to 3.68
- More staff than last year would recommend ULHT as a place to work or receive treatment. (from 3.29 to 3.53)
- Staff are more motivated than they were last year (from 3.70 to 3.89)

- More staff feel supported by their immediate manager (from 3.43 to 3.57)
- The proportion of staff being appraised has risen from 71% to 81%
- The percentage of staff reporting good communication between senior management and staff has risen from 19% to 25%.
- The percentage of staff suffering work related stress in the last 12 months has reduced from 38% to 30%
- The percentage of staff feeling pressure in the last 12 months to attend work when feeling unwell has reduced from 65% to 48%
- The percentage of staff experiencing discrimination at work has reduced from 12% to 7%.
- The percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month has reduced from 36% to 26%
- Staff confidence and security in reporting unsafe clinical practice has improved (from 3.39 to 3.53)

Staff Engagement

The overall staff engagement score has improved from 3.48 to 3.68. The national average for acute Trusts is 3.79. The highest score attained was 4.03. ULHT is in the worst 20% of acute Trusts for staff engagement. LCHS staff engagement score is 3.85, average in comparison with other community trusts. LPFT score was 3.62, worse than average in comparison with other mental health trusts.

Three questions make up the staff engagement score:

- Staff recommendation of the Trust as a place to work or receive treatment (improvement from 2014)
- Staff motivation at work (improvement from 2014)
- Staff ability to contribute towards improvements at work (no change from 2014)

Staff engagement score was:

- highest at Grantham and lowest at Lincoln
- highest for AHPs and lowest for Estates and Ancillary
- highest for those aged 31-40 and lowest for those aged 51+
- higher for women than men.

ULHT top 5 ranking scores: (compared with other acute Trusts)

- % staff experiencing physical violence from staff in last 12 months
- % staff feeling pressure in last 3 months to attend work when feeling unwell
- % staff experiencing discrimination at work in last 12 months
- % staff witnessing potentially harmful errors, near misses or incidents in last month
- % staff suffering work related stress in last 12 months

ULHT bottom 5 ranking scores: (compared with other acute Trusts)

- Organisation and management interest in and action on health and wellbeing
- % staff/colleagues reporting most recent experience of violence
- Staff satisfaction with level of responsibility and involvement
- Fairness and effectiveness of procedures for reporting errors, near misses and incidents
- % staff reporting errors, near misses or incidents witnessed in the last month

Largest local changes since 2014 survey:

- % staff experiencing physical violence from staff in last 12 months (from 3% to 0%)
- % staff feeling pressure in last 3 months to attend work when feeling unwell (from 65% to 48%)
- % staff witnessing potentially harmful errors, near misses or incidents in last month (from 36% to 26%)
- Staff motivation at work (from 3.70 to 3.89)
- % staff suffering work related stress in last 12 months (from 38% to 30%)

Changes since 2014 survey

Of the 22 Key Findings where there is a direct comparison with 2014,

- 12 show a statistically significant positive change
- 10 show no change
- 0 showed negative change

Compared with 2014 survey where there was a direct comparison with 2013 survey:

- 5 showed a statistically significant positive change
- 21 showed no change
- 1 showed a negative change

Key Findings

Of the 32 Key Findings:

- ULHT in worst 20% for 17 KFs
- ULHT worse than average in 3 KFs
- ULHT average in 3 KFs
- ULHT better than average in 2 KFs
- ULHT in best 20% in 7KFs (% working extra hours, % suffering work related stress, % feeling pressure in last 3 months to attend work when feeling unwell, % experiencing physical violence from staff, % experiencing harassment, bullying or abuse from patients, relatives or members of public, % experiencing discrimination at work in last 12 months, % witnessing potentially harmful errors, near misses or incidents in last month)

Compared to 2014: (29 Key findings)

- Worst 20% - 18 KFs
- Worse than average – 7 KFs
- Average – 3 KFs
- Better than average – 1 KF
- Best 20% - 0 KFs

STAFF ENGAGEMENT “THE ULH WAY”

The Trust has partnered with Wrightington, Wigan and Leigh (WWL) NHS Foundation Trust who developed a set of tools based on evidence of what makes a difference to how engaged staff are and how they feel and behave at work. The cost to the Trust for 2015/16 for training, access to materials, distribution and analysis of pulse checks etc was £20k. We are committed to a further £3k for 2016/17 but there is no contractual commitment beyond September 2016. Costs for 2017/18 would be in the region of £10k.

“The ULH” way consists of:

- A pulse check comprising 47 questions survey at Trust and team level to show what may be enabling or inhibiting staff engagement
- Training in staff engagement tools for teams

Results – Trust level

Two pulse checks were issued in September and December covering 50% of Trust staff using electronic and paper copies. The next will be issued in March. The return rate on the first was 33% (604 staff) and the second 22%, (414 staff) below the recommended 30%. Overall, the results from the December pulse check highlight that in general, engagement levels have been maintained across the Trust.

Staff dedication, discretionary effort and persistence were the positive scoring areas and staff energy and advocacy levels are the weakest areas of engagement.

Staff at Lincoln Hospital were significantly less likely to recommend the Trust than other sites. Staff in corporate/support services and medicine showed engagement scores significantly lower than the Trust norm while A&C roles also demonstrated significantly lower scoring scores.

Results from the first pulse check were shared with senior site managers and actions identified, some of which are underway. They were also shared with the Executive Team and the Executive Partnership Forum.

Results – Team Level

Nine teams volunteered to be part of the first wave to implement the WWL staff engagement tools. Representatives of each team had 2 days training from ULHT's staff engagement/OD team and are now working with their teams to implement action plans based on the analysis of their first team pulse check. The teams are:

- Occupational Therapy LCH
- Occupational Therapy PHB
- Carlton Coleby Ward, LCH
- Complaints
- Communications
- Health records, Grantham
- Ward 6, Grantham
- A&E LCH
- Radiographers, LCH

Next Steps

Clearly how we engage all our staff at ULHT needs to be a high priority for us for the next year and beyond. The evidence base is clear: **better staff engagement leads to better outcomes for patients.**

The evidence also shows that good appraisals are key to staff engagement. yet we are seeing a month on month drop in appraisal compliance from a high of 79% in August 2015 to the current figure of 67%. Actions are in place to identify key areas and managers are routinely contacted to make them aware of hot-spot areas.

We have an agreed set of values and behaviours but these are not known, embedded or lived across the Trust.

It is clear that we have to improve our staff engagement results further and this needs a re-invigorated strategy building on the pockets of good practice and utilising the highly motivated individuals and teams where successes have been achieved. Currently these successes are not fully shared or embedded across the Trust and the Strategy must ensure this happens.

Approaches such as Team Lincoln, Team Pilgrim etc and our overall approach to top-down and corporate e-mail based staff communications will be evaluated and plans put in place in line with results. We will be more innovative and embrace social media including Twitter, LinkedIn and Facebook. The recent success of the Facebook ULHT Nurses Together group, established by Sam McCarthy-Phull, one of our Clinical Education team, which now has 1800 members, (many non-nurses) has shown the power of this bottom-up approach with many staff sharing best practice, great appreciation and team work. We need to recognise and respond to the different ways that Generation Y, or Millennials, communicate and expect to

be communicated with.

We have brought together a number of existing strategies together into Our People Strategy to ensure that the good work that is in place is implemented in a cohesive, joined up way with clear measures of success. We have brought together those working on health and wellbeing, OD, HR, patient experience and staff engagement to start to work together in a new collaborative and targeted way using dashboards relating to all aspects of staff engagement and patient experience to learn from what's working well and where we need to target support. We will expand this to include Communications colleagues.

We are developing a Staff Engagement Strategy and Plan which is organisation-wide and embraces all aspects of staff engagement. This will be presented to the Workforce and OD Committee in May 2016. The King's Fund report (2015) on the six building blocks of staff engagement highlights the importance of senior leadership, leadership style and trust and commitment of every leader from the Board down to demonstrating consistent inclusive and supportive styles of behaviour. Our Staff Engagement plan will address all of these aspects in the round and, through their appraisal, every manager will be held accountable for their individual responsibilities for staff engagement. This can no longer be seen as the responsibility of the staff engagement team: this is everyone's priority.

As part of our strategy we will benchmark against other acute Trusts including Nottingham University Hospitals NHS Trust who set out expectations for their managers in KPIs including appraisals, well-being, feedback, visibility etc , and delivery of these form part of staff appraisal discussions with pay progression depending on successful delivery. We are developing a similar approach and will be taking a paper to the Executive Team so that managers can be held to account for their people management and leadership behaviours.

We will develop a leadership charter during the next quarter which clearly sets out what it means to be a great leader in ULHT and we will ensure that all our leadership strategy and management and leadership programmes support managers to develop these skills and behaviours. These behaviours and values will be embedded in all areas of our work and we will recruit against them.

This message, that we are genuinely committed to staff engagement, needs to be set out and sent out very clearly by the Board, and modelled in their behaviours by the Executive team. Managers will be developed and expected, through their appraisal and 1:1s, to continually embed our values and behaviours. . Staff will be given permission to challenge colleagues and managers when these are not displayed and appropriate action taken.

Summary

These approaches will be embedded in Our People Strategy and our values and behaviours will underpin our recruitment, induction, training, development and appraisals.

Staff engagement continues to be a risk and priority area for the Trust. We will ensure that our approach extends from one that is vested in discrete areas to a whole-Trust system approach to improving, and measuring that improvement, in staff engagement.

Recommendations:**Strategic Risk Register****Performance KPIs year to date****Resource Implications (eg Financial, HR)****Assurance Implications****Patient and Public Involvement (PPI) Implications****Equality Impact****Information exempt from Disclosure****Requirement for further review?**