NHS
Bradford District Care
NHS Foundation Trust

BOARD MEETING

30 March 2017

Paper Title:	Staff Survey 2016
Section:	Public
Lead Director:	Sandra Knight
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Agenda Item:	**10**
Presented For:	Discussion

1. Purpose of this Report:

The purpose of this paper is to:

- Inform the Board of the results of the 2016 staff survey highlighting key issues and trends.
- Agree the priorities for corporate action and leadership.
- Explain the approach to communicating the results and engaging with staff locally.
- Set out key responsibilities and the mechanisms for monitoring and reviewing progress.
- Particular focus is given to the performance of the Trust in the thirty two key findings which provide a comparison against other similar Trusts nationally. The Board is asked to consider the report and to support the recommendations.

2. Summary of Key Points

The annual Staff Survey:

- Meets the national requirement that all Trusts undertake an annual staff survey and participate in national benchmarking of results in line with CQC registration requirements.
- Provides an opportunity to comply with best practice by being a good employer in listening to staff and taking action to improve working lives in line with our values and recognising the link between staff satisfaction and patient experience/outcomes.
- Provides a level of workforce assurance linked to the staff survey results, highlighting areas for improvement actions.
- This year the Trust's results when compared to 2015 and when benchmarked nationally against similar Trusts show deterioration in the key area of staff engagement, motivation and satisfaction.

The response to this year's survey results will concentrate on a small number of corporate actions focused predominantly on leadership visibility, engagement, appreciating staffs' efforts and contribution and encouraging their involvement and ideas at every level.

3. Board / Committee Consideration

- The Board is asked to consider if the areas identified for further action are the key priorities to focus on and whether the proposed approach of committing to a small number of corporate actions and concentrating efforts on improving board visibility and leadership presence at all levels is the right approach.

- The Board is asked to note that the Key Findings (summary scores for groups of questions which, when taken together, give more information about each area of interest) were previously structured around the NHS constitution staff pledges but are now structured around 9 themes:

  1. Appraisals and support for development
  2. Equality and diversity
  3. Errors and near misses
  4. Health and wellbeing
  5. Job satisfaction
  6. Managers
  7. Patient care and experience
  8. Violence, harassment and bullying
  9. Working patterns.

  This year there are 32 Key Findings

4. Financial Implications

None.

5. Legal Implications

None.

6. Assurance

	Assurance provided?
Board Assurance Framework	Yes
CQC Themes (see below)	Yes
NHSI Single Oversight Framework	Yes
Other (please specify):	

This paper provides assurance in relation to the following CQC Themes:

Safe:	People who use our services are protected from abuse and avoidable harm
Caring:	Staff involve people who use our services and treat them with compassion, kindness, dignity and respect
Responsive:	Services are organised to meet the needs of people who use our services
Effective:	Care, treatment and support achieves good outcomes, helps to maintain quality of life people who use our services and is based on the best

	available evidence.
Well led:	The leadership, management and governance of the organisation make sure it's providing high-quality care that is based around individual needs, encourages learning and innovation, and promotes an open and fair culture.

7. Previous Meetings/Committees Where the Report Has Been Considered:

Audit Committee		Quality & Safety Committee		Remuneration Committee		FB&I Committee	
Executive Management team	x	Directors Meeting		Chair of Committee's Meeting		MH Legislation Committee	

8. Risk Issues Identified for Discussion

The Staff Survey provides a barometer of staff engagement and when triangulated with other information identifies areas and issues of concern that require attention and action in order to address risks to quality, safety and patient experience and outcomes given the proven link between these and staff satisfaction, motivation and engagement. The 2016 Survey identifies deterioration in staff engagement and satisfaction which if left unaddressed challenge the Trust's ability to fully achieve its vision, values and strategic objectives. The staff engagement score is one of the elements used by the CQC in assessing the strength of an organisation.

9. Links to Strategic Drivers

Patient Experience	Quality	Value for Money	Relationships
Staff satisfaction and engagement are key to delivering high quality, values based care and research demonstrates it is directly associated with patient experience and outcomes. As our key resource, the engagement, satisfaction and health and well- being of the workforce are critical to optimal performance and enabling achievement of our vision and strategic objectives.			

10. Publication Under Freedom of Information Act:

This paper has been made available under the Freedom of Information Act

11. Recommendations:

That the Board:

- **receives and comments on the results of the 2016 Staff Survey,**
- **agrees and supports the areas for focus and action, and**
- **notes the process for communicating the results and reviewing progress.**

Staff Survey 2016

1. Background

Staff satisfaction and engagement are key to delivering high quality, values-based care and are directly associated with patient experience and outcomes. Staff are our key resource, the engagement, satisfaction and health and well-being of the workforce are critical to optimal performance and enabling achievement of our vision and strategic objectives. The staff survey is an important means of providing workforce assurance and highlighting areas for improvement actions.

The annual staff survey, conducted every year between September and November, is an important way of measuring staff satisfaction and is a requirement of all NHS organisations.

Research studies have demonstrated a direct correlation between staff satisfaction and patient experience and outcomes. The staff engagement score from the survey forms a key element of the CQC's measures linked to registration and provides a source of workforce assurance.

Picker administers the survey for the Trust to ensure governance and anonymity of responses.

Reports have been received which look at:

- **Key Findings Report**
  Key Findings: are based on the composite results of a number of questions, set nationally, which when combined give a result for a topic area e.g. motivation, satisfaction. The Key Findings are used to benchmark similar organisations nationally by the CQC. Results are expressed in one of two ways- either as a percentage score or on a scale of 1 to 5.

- **Staff Engagement Report**
  This report details the ten questions which make up the overall staff engagement score and compares business units, departments and directorates to the Trust average.

- **Locality Reports**
  Sixty five local service reports have been produced which provide a detailed report of the staff survey results at department / team level.

For performance benchmarking purposes the Trust has been placed nationally within the combined Mental Health/Learning Disabilities/Community sector.

2. Results

This year there are 32 Key Findings. Benchmark comparisons are expressed, as Better than Average, Average or Worse than Average .

The Trust is:

- Better than average on 5 Key Findings
- Average on 13 Key Findings
- Worse than average on 14 Key Findings

These results are based on a 50% response rate which is above average for Mental Health/Learning Disabilities/Community Trusts in England (which was 42%) though representing, a slight reduction in our response rate for 2015 which was 51%. For 2016 a census was used rather than a sample so all staff employed by the Trust had the opportunity to complete the questionnaire of which1, 388 staff did so. Most staff were able to complete the survey online which significantly reduced the cost of administering the survey. Some services such as Hotel Services and Estates were given paper based questionnaires. A census was also used in 2015.

Please refer to Appendix 1 *(attached)* Key Findings Summary Table for further information around the key findings and how the Trust has performed against other similar Trusts (categorised as combined Mental Health/Learning Disabilities/Community sector).

2.1 Areas where we compare most favourably

The combined mental health/learning disability and community trusts in England (of which there are 29) were placed in order from 1 (the top ranking score) to 29 (the bottom ranking score). For each of the 32 key findings, Bradford District Care NHS Foundation Trust's five highest ranking scores are as follows:

- KF19 Organisation and management interest in and action on health and wellbeing (Appraisals & support for development), 3.79 an increase from 3.78 in 2105, against an average of 3.74, the higher the score the better).

- KF11 Percentage of staff appraised in last 12 months (Appraisals & support for development), 94% the same score as in 2015 against an average of 92%.

- KF30 Fairness and effectiveness of procedures for reporting errors, near misses and incidents (Errors & incidents) 3.83 a decrease since last year's score of 3.87 but better than the average score for similar Trusts of 3.77.

- KF16 Percentage of staff working extra hours (Working patterns) 69% a decrease from 72% in 2015 against an average of 71% (the lower the score the better).

- KF6 Percentage of staff reporting good communication between senior management and staff (Managers) 36% remains the same as 2015 against an average of 35%.

In relation to staff engagement the overall score has reduced (3.75 compared to 3.84 in 2015), National Average is 3.80 (the higher the score the better) which makes us below average. The three key findings that make up the engagement score (KF1, 4 & 7) show that the Trust is average for one of them: staff recommendation of the organisation as a

place to work or receive treatment, and worse than average on the other two key findings, staff motivation at work and staff ability to contribute towards improvements at work.

2.2 Areas where we compare least favourably

- KF8 Staff satisfaction with level of responsibility and involvement (Job satisfaction) 3.82 a decrease from 3.89 in 2015 against an average of 3.90.

- KF7 Percentage of staff able to contribute towards improvements at work (Job satisfaction) 68% a decrease from 75% in 2015 against an average of 74%.

- KF17 Percentage of staff feeling unwell due to work related stress in the last 12 months (Health & Wellbeing) 44% an increase from 41% in 2015 against an average of 39%.

- KF10 Support from immediate managers (Managers) 3.80 a decrease from 3.84 in 2015 against an average of 3.88.

- KF24 Percentage of staff/colleagues reporting most recent experience of violence (Violence, harassment & bullying) 82% an increase from 74% in 2015 against an average of 88% (Updated KF not directly comparable with 2015).

2.3 Most significant deterioration since 2015

- KF15 Percentage of staff satisfied with the opportunities for flexible working pattern (Working Patterns) 57% a decrease from 63% in 2015 against an average of 58%.

- KF7 Percentage of staff able to contribute towards improvements at work (Job satisfaction) 68% a decrease from 75% in 2015 against an average of 74%.

- KF4 Staff motivation at work (Job satisfaction) 3.92 a decrease from 4.0 in 2015 against an average of 3.94.

- KF8 Staff satisfaction with level of responsibility and involvement (Job Satisfaction) 3.82 a decrease from 3.89 in 2015 against an average of 3.90.

- KF9 Effective team working (Job satisfaction) 3.81 a decrease from 3.89in 2015 against an average of 3.87.

3. Proposed Areas for Action

The results of the 2016 Staff Survey show a deterioration in the key areas associated with staff engagement. The Trust's performance in previous years, despite the levels of challenge in services, has been above average for staff engagement. There has been a number of specific factors that potentially have impacted this year including the consequences of Local Authority public health cuts that have resulted in the requirement for significant change and service redesign, the increased acuity and level of patient needs, shortages of qualified staff and the introduction of new technologies such as

e-rostering, however these only serve to demonstrate the importance of effective leadership at all levels to support and work with staff in meeting these challenges.

In the past corporate and local responses to the survey results have focused on sharing the results at a Trust wide level at the Board, Senior Managers briefing and by posting on the Connect website, whilst the results at a local level have been shared with teams by the HR Business Partners with local leadership. Effort has been focused on a number of corporate actions and local actions underpinned by further exploration and in depth analysis of the reasons underlying the staff survey results.

It is suggested that the factors underlying staffs' responses are already known through previous focus groups, surveys and feedback through consultations and meetings however further analysis is being done of the results at a more granular level to identify any trends. This year, as prompted by the Chief Executive's blog question "*If I asked you what had changed as a result of last year's staff survey, would you know"?* it is proposed that whilst local feedback and discussions on service level results should occur with any immediate issues addressed with staff, the main focus corporately and locally should be on a very small number of actions predominantly focused on increased leadership visibly and presence of leaders alongside staff, listening, communicating and appreciating staffs' contribution, seeking and responding to feedback and encouraging their ideas and solutions as we face the challenges together.

Some very pragmatic steps will include:

- Board and Executive meetings taking place in Trust services.
- Refocusing the Board Quality and Safety visits on staff experiences of working at the Trust.
- Directors working/hot desking in Trust services.
- Continuation of the Director led "what matters to you" conversations.
- Implementation of the newly launched iCare programme focused on encouraging the free flow of staff ideas with follow up support to bring them to fruition.

In addition, there will be a continued focus on implementing the staff health and wellbeing offers and services, improving team leader confidence and effectiveness and planned programmes that encourage the development of a culture that embraces inclusivity and diversity and that reflects the Trust's values.

4. Communication and Discussion of Results

The Trust wide results and proposed response will be communicated and discussed through:

- Annual Plan Director led presentations with potential further discussions in July
- Cascade from the Senior Manager's Briefing to staff teams across directorates and services
- Inclusion of the results at Trust wide and local level on Connect, sign-posted through e-Update
- Briefings and discussions with the unions, staff networks and governors through bespoke communications, meetings and through the Staff Partnership Forum to

ensure their contributions, engagement and support in responding to the staff survey results.

- The Chief Executive's Blog with opportunities to comment through the Chat2Nicola email address

At a local level, team and service results and the Trust's response will be presented by the team leaders supported by their HR Business Partners encouraging discussions through feedback and staff ideas.

5. Recommendations

That the Board:

- **receives and comments on the results of the 2016 Staff Survey,**
- **agrees and supports the areas for focus and action, and**
- **notes the process for communicating the results and reviewing progress.**