

BOARD MEETING**31 March 2016**

Paper Title:	Staff Survey 2015 Results
Section:	Public – Quality & Safety
Lead Director:	Sandra Knight, Director of HR & OD
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Agenda Item:	13
Presented for:	Discussion

1. Purpose of this Report:

The purpose of this paper is to inform the Board of the results of the NHS staff survey 2015 and the process for communication and action planning. 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**Key issues and requirements of this report:**

- To meet the national requirement that all Trusts undertake an annual staff survey and participate in national benchmarking of results in line with CQC registration requirements
- To comply with best practice as a good employer in listening to staff and taking action to improve working lives in line with our values, reputation as an employer and recognising the link between staff satisfaction and patient experience/outcomes
- To provide a level of workforce assurance linked to the staff survey results, highlighting areas for improvement actions

3. Board Consideration

The Board is asked to consider if the areas identified for further action are the key priorities to focus on.

Particular note is given to the fact that the questionnaire, key findings and benchmarking groups have all undergone substantial revision since the 2014 survey. Some of the key findings are not directly comparable to the key findings in 2014. Appendix 1 contains details of the key findings and their status in terms of comparability to 2014.

Key findings are mostly summary scores which, when taken together, give more information about each area of interest.

2015 saw the re-categorisation of Trusts. We now sit within combined Mental Health/Learning Disability and Community Trusts. As a result of this, the reporting on benchmarked results in top/bottom 20% is no longer available. Benchmark comparisons are expressed as Average, Better than Average or Worse than average.

4. Financial Implications

None

Revenue Capital

5. Legal Implications

None

6. Equality Impact Assessment

Not applicable

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

Audit Committee	<input type="checkbox"/>	Service Governance Committee	<input type="checkbox"/>	Remuneration Committee	<input type="checkbox"/>	Finance, Business & Investment Committee	<input type="checkbox"/>
Executive Management team	<input checked="" type="checkbox"/>	Directors Meeting	<input type="checkbox"/>	Chair Committee's Meeting	of	<input type="checkbox"/>	MH Legislation Committee <input type="checkbox"/>

8. Risk Issues Identified for Discussion

The Trust has performed well against the key findings and benchmarks favourably when compared to similar Trusts (combined mental health/learning disability and community trusts in England). Of the 32 key findings, the Trust is better than average in 16 of them when compared with all combined Mental Health/Learning Disability and Community Trusts and average in 14 of them; however it is worse in 2 of them:

- Percentage of staff experiencing discrimination at work in the last 12 months
- Percentage of staff believing the organisation provides equal opportunities for career progression

In addition whilst the Trust has scored better than average for organisation and management interest in and action on health and well-being, and although the percentage of staff suffering work related stress has reduced since 2014, there is one key finding, whilst average, that is directly comparable, that has deteriorated since 2014 – the percentage of staff working extra hours (an increase of 6%). In addition there has been no significant improvement in staff reporting that they have felt under pressure in the last 3 months to attend work when feeling unwell.

These areas will remain a focus for 2016/17 with a deeper analysis into the areas and staff groups in which these issues are most evident and work to further understand the underpinning factors as a precursor to more targeted corporate and local actions.

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:

- Receive and comment on the results of the 2015 staff survey,
- Agree and support the areas for corporate focus in relation to improvement planning and Action, and
- Note the processes for communicating the results, local action planning and progress monitoring.

Staff Survey 2015 Results Report

1. Purpose of the Report

The purpose of this report is to:

- Inform the Board of the results of the 2015 staff survey highlighting key issues and trends and also improvements in areas identified for action from the 2014 survey (where possible, taking into account the changes made to the questionnaire for 2015).
- Identify areas for corporate improvement actions.
- Explain the approach to communicating the results and agreeing the areas for priority action locally.
- Set out key responsibilities and the mechanism for monitoring and reporting progress.

2. 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 localities, departments and directorates to the Trust average.
- **Locality Reports**
Sixty two locality 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. ***This is the first year that this category has existed.***

3. Results

As a result of the re-categorisation of Trusts, reporting on benchmarked results in top/bottom 20% is no longer available. Benchmark comparisons are expressed as Average, Better than Average or Worse than average.

The Trust is:

- Better than average for sixteen out of thirty two key findings
- Average for fourteen key findings
- Worse than average for two key findings

These results are based on a 51% response rate which is above average for combined mental health/learning disabilities and community trusts in England. The Trust's response rate is higher than 2014 which was 47%. For 2015 a census was used rather than a sample so all staff employed by the Trust had the opportunity to complete the questionnaire of which 1,348 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 2014.

Please refer to Appendices 1 and 2 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) within the region.

3.1 Areas of strong performance

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:

- KF30 Fairness and effectiveness of procedures for reporting errors, near misses and incidents (3.87 compared to an average of 3.72, the higher the score the better), not comparable to 2014 results.
- KF15 Percentage of staff satisfied with the opportunities for flexible working patterns (63% compared to an average of 56%, the higher the score the better), not comparable to 2014 results.
- KF11 Percentage of staff appraised in last 12 months (94% compared to an average of 91%, the higher the score the better), directly comparable to 2014 (in which we were 89%).
- KF31 Staff confidence and security in reporting unsafe clinical practice (3.76 compared to an average of 3.70, the higher the score the better), updated and not directly comparable to 2014 results.
- KF23 Percentage of staff experiencing physical violence from staff in last 12 months (1% compared to an average of 2%, the lower the score the better), directly comparable to 2014 results (in which we were 2%).

In relation to staff engagement the overall score has improved (3.84 compared to 3.76 in 2014) which compares favourably to the National Average of 3.81 (the higher the score the better). The three key findings that make up the engagement score show that the Trust is better than average for two of them: staff motivation at work (an increase to 4.0 compared to 3.9 in 2014), staff ability to contribute towards improvements at work (an increase to 75% from 72% in 2014) and average for staff recommendation of the trust as a place to work or receive treatment; (despite this increasing from 3.62 in 2014 to 3.73 in 2015, the higher the score the better).

The greatest improvements since 2014 are in the four key findings;

- KF4 Staff motivation at work (an increase from 3.9 to 4, the higher the score the better).
- KF17 Percentage of staff suffering work related stress in last 12 months (a decrease from 45% to 41%, the lower the score the better).
- KF11 Percentage of staff appraised in last 12 months (an increase from 89% to 94%, the higher the score the better), also appears within the 5 highest ranking scores above.
- KF1 Staff recommendation of the organisation as a place to work or receive treatment (increase from 3.62 to 3.73, the higher the score the better).

3.2 Areas for improvement

The 5 key findings for which Bradford District Care NHS Foundation Trust compares least favourably are listed below:

It is worth noting that of these; only two are ranked worse than average when compared to MH/LD/community trusts in England (first two listed), the remaining three are ranked as average.

- KF20 Percentage of staff experiencing discrimination at work in the last 12 months (12% in 2015 compared to 11% in 2014, the lower score the better), directly comparable to 2014 results.
- KF21 Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion (85% in 2015 which is an improvement on 84% in 2014, the higher the score the better), directly comparable to 2014 results.
- KF10 Support from immediate managers (3.84 compared to a national average for combined trusts of 3.86, the higher the score the better), updated key finding and not directly comparable to 2014 results.
- KF2 Staff satisfaction with the quality of work and patient care they are able to deliver (3.83 compared to a national average for combined trusts of 3.89, the higher the score the better), not directly comparable to 2014 results.
- KF8 Staff satisfaction with level of responsibility and involvement (3.89 compared to a national average for combined trusts of 3.90, the higher the score the better); new key finding with newly calculated 2014 comparison (was 3.68 in 2014).

The one key finding (that is directly comparable) that has deteriorated since the 2014 survey is:

- KF16 Percentage of staff working extra hours (an increase from 65% in 2014 to 72% in 2015, the lower the score the better)

4. Proposed areas for corporate action:

It is clear from the survey results that there are many high scoring areas and also improvements that the Trust can be proud of. However the survey also provides important feedback on areas that the organisation needs to pay attention to if it is to look after the health and well-being of its workforce and thereby its patients.

In light of the feedback from staff it is proposed that corporately the Trust continues to focus on development interventions to address the following issues: -

Workplace stress and wellbeing

The Trust has scored better than average for KF19 (Organisation and management interest in and action on health/wellbeing). Although the percentage of staff suffering work related stress (KF16) reduced from 45% in 2014 to 41% in 2015, the percentage of staff working extra hours (KF16) increased from 64% in 2014 to 72% in 2015. There has been no significant improvement in KF18 with 57% of staff reporting that they have felt under pressure in the last 3 months to attend work when feeling unwell although this is Average when compared with other similar Trusts.

Corporate actions will continue to focus on supporting staff health and well-being.

The Employee Health and Wellbeing service has been delivered in-house from 1st June 2015 which has enabled closer working with the HR team and more flexibility to target key hotspots around sickness absence and areas reporting high levels of stress.

In relation to supporting staff who are experiencing stress the Trust has a wide range of support in place. This includes access to Workplace Options, the Trust's Employee Assistance Programme, which enables staff to access support 24/7 including counselling. Regular in-house workshops are delivered on building psychological resilience and managing stress. The Occupational Therapist, within the Occupational Health and Wellbeing team, provides one to one sessions for staff who are experiencing difficulties within the workplace which are causing stress. The Trust also has a number of Mental Health First Aiders (MHFA) who can provide support and signposting to staff around mental wellbeing issues.

The Trust has been recognised as an exemplar Trust around health and wellbeing and is implementing Simon Steven's health and wellbeing initiative for staff as one of 12 leading Trusts around the country. Funding from NHS England to support the initiative will enable staff to access talking therapies more readily. The Trust has delivered a number of introduction to mindfulness half day sessions. Following only two entries in e-update to promote the sessions they were all fully booked and with a waiting list. The feedback from the sessions has been excellent. The NHS England funding will enable further mindfulness sessions to be delivered to staff. In addition, a further Mindfulness + programme which incorporates mindfulness and acceptance and commitment training will take place this summer. The NHS England funding is also supporting a train the trainer programme for managers which incorporates creating a mentally healthy workplace and supportive management and leadership behaviours. Further investment has also been made in supporting staff's physical well-being including extending fast track access to psychotherapy, work based health checks for the over 40s and provision of weight management advice and exercise opportunities.

Also, all staff within the Trust has the opportunity to access a Mindfulness App subscription, free of charge for one year, provided by Headspace.

The Stress Management Policy has recently been rewritten and broadened out to include mental wellbeing. This has also included development of a more detailed stress risk assessment so that it is easier to identify causes of stress and also possible solutions.

During 2015 two HR Attendance Advisors were appointed to actively engage with operational managers to support both short and long term sickness absence, ensuring that all cases are appropriately managed and supported in a timely manner. In complex cases, case management review is undertaken with support from Employee Health and HR Business Partners.

The focus in 2016/17 will be on embedding and extending our approaches to supporting staff health and well-being.

The Trust needs to ensure that priorities for staff are clear through regular 1:1s and appraisals (which have increased from 89% in 2014 to 94% in 2015). Appraisal skills training will continue to be offered as both an open course and for specific teams.

Equality and Diversity (KF20 & KF21)

Two of the key findings for which we compared least favourably with other similar Trusts are 'percentage of staff believing that the organisation provides equal opportunities for career progression or promotion' and 'percentage of staff experiencing discrimination at work in last 12 months'. The Trust has an ambitious BME in Employment Strategy and action plan which are owned and led by the Board and senior leaders across the Trust.

The Moving Forward programme was successfully delivered to 10 staff during 2015. An eighteen week programme, covering 11 modules designed to tackle the barriers identified in the BME Career Progression Study carried out with BME staff within the Trust in 2013.

Wave 2 of the Moving Forward programme for BME staff will commence during 2016 and is being offered to 25 participants.

The staff networks continue to be engaged in the BME Diversity in Employment strategy and the principles of the strategy extended to other disadvantaged groups.

Members of the HR team attended a regional train the trainer programme for 'Manager as coach' which will be made available to managers during 2016, aiming to create an empowering culture for staff to actively seek out opportunities for development. Courses will continue to be run for Career Development/Preparing job applications and Interview skills.

It is planned to conduct a deep dive into the characteristics of the respondents to this set of questions in order to gain a better understanding of the issues and which staff groups or parts of the Trust are reporting dissatisfaction in those areas. This in turn will support targeted actions including a campaign to raise the importance of challenging discriminatory behaviours and mechanisms through which to raise concerns. The Culture Conversation meetings with directors will be a further opportunity to engage with staff on these particular issues.

Management, leadership and team leader development (KF10)

Managers and leaders are crucial in supporting staffs' health and well-being, development and career progression and creating a culture in which staff feel valued and in which discriminatory behaviours are challenged.

Although the score for KF10 'support from immediate managers' is not directly comparable to 2014, we score as 'average' against comparable trusts and it is important to continue the work that

has been set in motion in this area. Managers have a crucial role to play in leading and supporting staff particularly through complex change projects and uncertainty.

Wave 2 of Engaging Leaders will conclude in April 2016 with excellent initial evaluations of the programme. This programme focusses on building leadership capacity and capability, supporting a continued, positive culture shift towards authentic, engaging leadership which values difference, inclusion and partnership and challenges behaviours, attitudes and actions to deliver this.

A range of leadership and management development opportunities are available and described through the Leading for Excellence framework.

A team leader development programme is to be rolled out during 2016 which will support those new to team leading/managing to encourage their own and their team's development and will give insight to the notion of 'manager as coach' thus empowering staff to find their own solutions, develop their skills and behaviours. The programme will include a number of modules to include understanding management and leadership, self-development and supporting a team through change.

In addition to the new programmes detailed above 'Mentoring for Leadership' is being rolled out to build capacity within the Trust of trained mentors to support leadership at all levels.

Staff satisfaction (KF2 & KF8)

The support of the Deputy Directors is needed to give clear messages around the priorities for each service area and ways of working. Agile working is, in many areas, embedded into daily tasks and now it would be beneficial for a framework to be developed that gives clear guidance to staff around engagement, decision making and personal responsibility. A time out is planned with directors, deputies and heads of service, to agree the key expectations senior leaders have around behaviours and the conditions leaders need to create to support effective working relationships in a digital organisation.

The leadership and management programmes as detailed above will also support these initiatives.

5. Dissemination of results, local action planning and communication

The Trust wide results, corporate actions, and processes and timescales for communication and action planning at local level will be cascaded through the team briefing mechanisms and through e update and the intranet. The survey results will be shared with the Staff Partnership Forum members to gain their support in communicating the results and action planning.

Reports for each area have been shared with managers for direct feedback and discussion with staff and to jointly agree two or three actions that will make a difference using existing meeting structures. Deputy Directors will monitor and oversee this process.

Progress in communicating and action planning locally with staff will be supported by HR Business Partners and reviewed through the monthly Locality Performance meetings and through management supervision arrangements. Communication, development and implementation of a local action plan will be an expected part of team leaders' objectives for the coming year. Progress in implementing corporate actions will be through the Workforce Transformation Steering Group reporting to the Executive Management Team.

6. Recommendations and Next Steps

That the Board:

- Receive and comment on the results of the 2015 staff survey, noting in particular:

Where staff experience has improved

Improvement in staff engagement

Staff motivation at work

Percentage of staff suffering work related stress in last 12 months

Percentage of staff appraised in last 12 months

Staff recommendation of the organisation as a place to work or receive treatment

Where staff experience has deteriorated

Percentage of staff working extra hours

Where the Trust performs worse than average

Percentage of staff experiencing discrimination in the last 12 months

Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

- Agree and support the areas for corporate focus in relation to improvement planning and action
- Support the cascading of information within each Directorate and the compilation of local plans for improvement (two or three key actions)
- Note the processes for communicating the results

Appendix 1

BDCFT Key Findings Summary Table 2015



KF Comparisons
V3.xlsx

Appendix 2

Key Findings Performance Comparison Table 2015



KF Comparisons to
similar Trusts 2015.xls