

BOARD MEETING

30 November 2017

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| Paper Title: | Staff Survey Results Update |
| Section: | Public |
| Lead Director: | Sandra Knight, Director of HR & OD |
| Paper Author: | Fiona Sherburn, Deputy Director of HR & OD |
| Agenda Item: | 9 |
| Presented For: | Assurance |
| Paper Category: | Quality |

Executive Summary:

1. Introduction and Focus of this Report

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. Therefore, the staff survey is an important means of providing workforce assurance and highlighting areas for improvement actions.

In March 2017 the Board received the 2016 Staff Survey results and the priorities for corporate action and leadership focus.

This paper provides:

- A reminder summary of the key findings for the 2016 Staff Survey.
- An update on the delivery and progress of the 2016 corporate action plan and local plans.
- An update on the current stage of implementation and areas for improvement in managing the 2017 survey results.

There are 32 key findings encompassed by the staff survey clustered around 9 themes. Appendix 1 (*please see separate document*) sets these out. The following key findings are particularly important as these are used to inform the staff engagement score. This score is also used by CQC as a barometer of the health of an organisation in their reviews and inspections. Staff engagement is crucial to delivering good quality services and co-producing solutions to the challenge of delivering increased access to high quality services within constrained finances.

- Key finding 1 (staff recommendation of the organisation as a place to work or receive treatment)
- Key finding 4 (staff motivation at work)
- Key finding 7 (percentage of staff able to contribute to improvements at work)

In March we reported that our staff engagement score for 2016 had deteriorated and was 3.76 compared to 3.84 in 2015 (scores range from 1-5, the higher the better).

Following discussion of the staff survey results the Executive Management Team and the Board decided the corporate focus should be on actions to improve staff engagement and identified a number of steps to address this at a corporate level including an increase in leadership visibility and the launch of the i-Care programme to elicit staff ideas for service improvements and income generation. In addition a range of further corporate actions to improve staff engagement were identified and agreed by the Board. Whilst many of the actions are still embedding and are ongoing, initial feedback and responses from staff indicate they are having a positive impact.

At both a Trust wide level and locally, progress in communicating the staff survey results and action planning are monitored on a quarterly basis by the Workforce Transformation Steering Group with HR Business Partners working with team leaders in business units and directorates to ensure staff feedback is elicited and agreed actions progressed to address results at that level.

The learning regarding sharing of results and ensuring local actions are progressed is important to improve the effectiveness of our approach in 2017 and subsequent years. The report identifies areas that require strengthening.

This year's NHS staff survey went live on Monday 9 October 2017. Again, this is a full census and so available to all eligible staff (employed 1 September 2017). The majority of staff received electronic versions of the survey with 161 paper copies going to staff in Estates and Hotel Services; these are staff who do not normally have access to a computer in their role. The survey closes on 1 December 2017. In future years the use of crowdsourcing will be explored to reach out further to all staff and accelerate the availability of feedback, action planning and impact assessment.

Recommendations:

Board is asked to note and comment on the following.

- All services have taken note of the staff survey results, shared information with staff and are working with them to design and implement a number of initiatives to improve staff engagement and address other issues that have emerged from the survey.
- A number of corporate actions focused on staff engagement have been implemented with initial indicators suggesting a positive impact as well as actions being taken to address other key findings. The 2017 survey results may provide an early indication of a shift in engagement.
- Work is ongoing within HR/OD to develop appropriate interventions that help improve management competence, capability and leadership and clarify expectations regarding the process and good practice in sharing the staff survey results and engaging with staff in action planning locally.
- It is proposed that the oversight arrangements (to ensure progress locally and corporately on sharing and addressing the issues from the 2016 staff survey), includes review at the monthly Business Unit Performance Meetings as part of the workforce section to ensure local momentum.
- Beyond 2017 the use of crowdsourcing will be explored to improve the reach and engagement of staff in the staff survey and in taking follow up actions.

Governance/Audit Trail:

| Meetings where this item has previously been discussed (please mark with an X): | | | | | | |
|--|---|---------------------------------------|--|------------------------------------|--|---|
| Audit Committee | | Quality & Safety Committee | | Remuneration Committee | | Finance, Business & Investment Committee |
| Executive Management Team | X | Directors | | Chair of Committee Meetings | | Mental Health Legislation Committee |
| Council of Governors | | | | | | |

| This report supports the achievement of the following strategic aims of the Trust: (please mark those that apply with an X): | |
|--|---|
| Quality and Workforce: to provide high quality, evidence-based services delivered by a diverse, motivated and engaged workforce | X |
| Integration and Partnerships: to be influential in the development and delivery of new models of care locally and more widely across West Yorkshire and Harrogate STP | |
| Sustainability and Growth: to maintain our financial viability whilst actively seeking appropriate new business opportunities | |

| This report supports the achievement of the following Regulatory Requirements: (please mark those that apply with an X): | |
|---|---|
| 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. | X |
| NHSI Single Oversight Framework | |

| Equality Impact Assessment : |
|--|
| Not required. The staff survey results themselves highlight potential areas of inequality which may result in changes to policies and plans that themselves then require an Equality Impact Assessment |

| Freedom of Information: |
|--|
| Publication Under Freedom of Information Act This paper has been made available under the Freedom of Information Act |

STAFF SURVEY RESULTS UPDATE

1. Introduction and Focus of this Report

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. Therefore, the staff survey is an important means of providing workforce assurance and highlighting areas for improvement actions.

This paper provides:

- A reminder summary of the key findings for the 2016 Staff Survey Results.
- An update on the delivery and progress of the 2016 corporate action plan and local plans.
- An update on the current stage of implementation and areas for improvement in managing the 2017 survey results.

2. Summary reminder of the 2016 Staff Survey Results

The Staff Survey is made up of 32 Key Findings clustered around themes (Appendix 1). In the 2016 Staff Survey, the Trust was better than average on 5 Key Findings, average on 13 and below average on 14. This was a significant deterioration on previous staff survey results.

Areas of best performance were around Trust action and management interest in staff health and well-being, the percentage of staff with in date appraisals, fairness and effectiveness of procedures for reporting errors, near misses and incidents, staff working extra hours and staff reporting good communications between senior management and staff.

Areas where the Trust's score fell the most compared to 2015 were the ability to contribute to improvements, motivation, satisfaction with responsibility and involvement, satisfaction with flexible working opportunities and effective team working. Many of these link to the overall staff engagement score

The following key findings are particularly important in informing the staff engagement score. This score is also used by the CQC in their reviews and inspections as a barometer of the health of the organisation – in particular key finding 1 in which a Trust cannot score below average to be eligible for an outstanding CQC rating.

- Key finding 1 (staff recommendation of the organisation as a place to work or receive treatment) Trust performance – average.
- Key finding 4 (staff motivation at work) Trust performance below average.
- Key finding 7 (percentage of staff able to contribute to improvements at work) Trust performance below average.

Our staff engagement score for 2016 had deteriorated and was 3.76 compared to 3.84 in 2015 (scores range from 1-5, the higher the better).

1388 staff completed the 2016 NHS staff questionnaire (50%). 212 (15%) of those chose to enter free text comments at the end of the survey, When the free text comments from staff were analysed many of them reflected concerns about the NHS in general and in particular the levels of funding however there were themes around management processes including lack of involvement

in change processes, differential approach to supporting agile working, managing sickness, supporting staffs' career progression and stress due to levels of staffing and increasing demands and a perception of an increased focus and emphasis on finances and targets.

The Board and Executive Management Team determined the main area of corporate focus should be staff engagement though many actions have also been taken to address the themes around staffing levels, flexibility, sickness management and the difference in perceptions between BME staff and the majority ethnic group around experiencing discrimination in the last 6 months, and the percentage of staff believing that the organisation provides equal opportunities for career progression or promotion. The board will be aware of the actions from the BME Diversity in Employment Strategy update paper discussed at the June Board meeting aimed at addressing these issues at a cultural level.

Business Unit and Directorate action planning has been progressed locally with the expectation that results will be shared and discussed by team leaders at team and service level and linked to their local staff survey results. Business Unit and Directorate level performance against the Staff Engagement Key Findings is set out in Appendix 2.

3. Update on Corporate Action Plan

The Executive Management Team and the Board have identified steps to address staff engagement at a corporate level including an increase in leadership visibility and the launch of the i-Care programme to elicit staff ideas for service improvements and income generation. The Quarter 2 Staff Briefings led by directors, were used as an opportunity to highlight the staff survey results and engage staff on proposed actions including the launch of i-Care.

An update on the actions is detailed below:

- **Board and Executive meetings to take place across Trust services**
These have been taking place and are scheduled at a variety of locations around the district for the rest of the year (2017/2018).
- **Refocus the Board Quality and Safety visits on staff experiences of working in the Trust**
A range of questions were devised and Board members briefed accordingly so that the focus of the visits is on exploring and understanding the issues that are impacting on staff at work.
- **Directors to work/hot-desk in Trust services to help increase visibility**
All Directors have worked in different locations and across different services.
- **Continuation of the Director led “what matters to you” conversations**
EMT staff briefings took place as mentioned in Q2 and updates have been made available through Nicola’s blog. The introduction of the Chat2Nicola confidential email address has been used and feedback indicates is being used and very well received.
- **Implementation of the newly launched iCare programme focussed on encouraging the free flow of ideas with follow up support to bring them to fruition**
Over 20 ideas from iCare are currently being progressed. These include a therapeutic and pop up café and a mental health training programme for young people.

- **Continued focus on implementing the staff health and wellbeing offers and services**
Increased publicity around the health and wellbeing offer – including a number of roadshows throughout the district to promote the programme. An evaluation of the Trust’s health and well-being offer and uptake is being conducted as part of the national pilot involvement with very positive feedback emerging at this early stage.
- **Planned programmes that encourage the development of a culture that embraces inclusivity and diversity**
Wave 4 of Engaging Leaders was launched in September with over 100 participants and Wave 3 of Moving Forward has just come to an end with a celebration event held in October 2017. Over 50% of participants on Moving Forward have accessed promotion or new development opportunities, some supported through Board member coaching and mentorship.

Recent funding has been received from the Leadership Academy to support the creation of diversity champions and work on culture at a local level as set out in previous board papers. In addition service and workforce redesign work focused on creating culturally responsive services is being progressed as a pilot in IAPT services and changes to the recruitment process to ensure skilled and diverse panels and managers and team leaders trained in cultural humility have been implemented.

In addition a new HR/OD toolkit is about to be launched through Connect to support managers, including how to engage with their staff. The toolkit will be supported by a two day training programme for managers, which will commence in November 2017.

A raft of further work is in progress to address some of the pressures linked to staff shortages and succession planning including expanding the number of apprentices, growing the staff bank and improving terms and conditions for bank workers, developing support staff and the newly qualified workforce through bespoke training that will facilitate progression. Further work is in progress to strengthen the absence management policy and associated training to support managers in dealing with sickness absence. Finally in response to Board concerns around the deterioration in scores since 2015 around staff reporting the most recent occurrence of violence, it was identified from further analysis that this increase linked to community physical health nursing staff. The Deputy Director for the service has led discussions with the staff resulting in measures to deliver improvements and provide further guidance and support to staff. The action plan is being monitored through health and safety forums.

It is early days in terms of assessing the impact of these initiatives however early feedback suggests they are being well received and gaining positive feedback from staff. The 2017 staff survey results will possibly give some indication of the beginnings of a shift in the extent to which staff feel engaged.

4. Update on Local Action plans

So far, all Business Units and Directorates have shared the results of the staff survey through briefings, team meetings and specific time outs. These meetings have enabled leaders and HRBPs to look at responses to the questions within each key finding to better understand specific areas to celebrate or develop. Whilst the focus hasn’t been on creating lengthy action plans it is important that there is progress locally to address the findings in conjunction with staff. Initially in some business units the results were only shared at business unit level and the detailed service level reports were not picked up by team leaders with their teams, this was rectified when it emerged that this was what had happened. For the coming year the expectations at team leader

level in terms of accessing, discussing and engaging with their staff on the results available at that granular level will be made clearer.

It is evident however that many of the Services have been proactive in sharing the results of the staff survey and have positively engaged with their teams on how to improve staff engagement and respond to the feedback.

For example:

- Specialist inpatients service managers have moved back into the services to become more visible and accessible.
- Children's services (LAC & YOT) have met with CCGs who have agreed to a full service review in the light of increasing numbers accessing the service.
- Estates (maintenance) have introduced safety huddles and include on-site contractors in these; regular 1:1s have now been established.

However there are some areas where the engagement with staff still falls short of the Trust's values and the approach adopted was tick box rather than meaningful.

In light of this the HR/OD directorate will provide this year targeted support to managers on how to facilitate effective conversations when the results of the NHS staff survey 2017 are available.

Reviewing the results by business unit and directorate it is clear that often the same functions appear every year in the highest performing lists and also in the worst performing despite a range of interventions to improve and support the latter. This links to leadership behavior and support. Whilst the responsibility to address this remains a senior leadership one, opportunities will be provided to share best practice and experiences of overcoming such challenges across teams.

5. On-going Monitoring

At both a Trust wide level and locally, progress against corporate and local actions is monitored on a quarterly basis by the Workforce Transformation Steering Group and through specific reports, such as this report to Board.

It is also proposed that progress at business unit and directorate level is discussed at the BUPM meetings as part of the review of their workforce performance indicators.

6. Update on the 2017 Staff Survey

This year's NHS staff survey went live on Monday 9 October 2017. Again, this was a full census so available to all eligible staff (employed 1 September 2017). The majority of staff received electronic versions of the survey with 161 paper copies going to staff in Estates and Hotel Services; these are staff who do not normally have access to a computer in their role.

Staff who received the electronic version of the staff survey will have received 6 reminders during the survey if they haven't completed the survey, with 2 reminder mailings for paper versions. This is in addition to internal communications encouraging completion of the survey, for example Nicola's blog.

The survey will close on 1 December 2017. Full results will be available towards the end of February 2018.

The Trust's completion rate as at 22 November is 45.9%; we are currently the best performing Trust for our bench-mark group for survey completion (MH/LD and Community) at this stage.

The Trust is currently procuring a crowdsourcing platform - a digital method of quickly engaging with staff on key issues which will enable the Trust to engage more regularly and in real time on key issues that matter to staff including checking in with staff on key areas emerging from the staff survey. There will also be the potential to run future staff surveys as mentioned, using this platform supporting a rapid turnaround of results to enable early action planning to address the issues.

7. Conclusion and Recommendation

Whilst we are at an early stage in embedding the actions in response to the 2016 staff survey, we have identified areas where we want to improve our approach to sharing results and agreeing actions, many steps have been taken to improve our performance, particularly around staff engagement and early indications are that these have been well-received by staff. The Trust continues to be faced by a number of significant challenges and our success in meeting these relies significantly on our ability to engage and involve our workforce in co-producing solutions. The actions taken to date provide a foundation for this and plans to further our engagement using crowd sourcing focused initially on the development of the organisation strategy, should accelerate our ability to make engagement a reality in every part of the organisation.

Board is asked to note and comment on the following.

- All services have taken note of the staff survey results, shared information with staff and have and are working with them to design and implement a number of initiatives to improve staff engagement and address other issues that have emerged from the survey.
- A number of corporate actions focused on staff engagement have been implemented with initial indicators suggesting a positive impact as well as actions being taken to address other key findings. The 2017 survey results may provide an early indication of a shift in engagement.
- Work is ongoing within HR/OD to develop appropriate interventions that help improve management competence, capability and leadership and clarify expectations regarding the process and good practice in sharing the staff survey results and engaging with staff in action planning locally.
- It is proposed that the oversight arrangements (to ensure progress locally and corporately on sharing and addressing the issues from the 2016 staff survey), include review at the monthly Business Unit Performance Meetings as part of the workforce section to ensure local momentum.
- Beyond 2017 the use of crowdsourcing will be explored to improve the reach and engagement of staff in the staff survey and in taking follow up actions.

Appendix 2

Key Finding KF1 : Staff recommendation of the organisation as a place to work or receive treatment

| Directorate | Score |
|---|-------|
| Trust Management | 4.12 |
| Human Resources | 4.03 |
| Service Governance | 3.88 |
| Specialist Services & Nursing | 3.81 |
| Adult Physical Health & Community Services | 3.79 |
| Children's Services | 3.78 |
| Specialist Inpatient Services, Dentistry & Administration | 3.71 |
| Medical & IM&T | 3.65 |
| Estates, Facilities & Finance | 3.58 |
| MH – Acute Inpatient & Community Service | 3.43 |
| | |
| National 2016 average for combined MH/LD and community trusts | 3.71 |
| | |
| Best 2016 score for combined MH/LD and community trusts | 3.93 |
| | |
| White staff | 3.67 |
| BAME staff | 3.78 |
| | |

On this indicator BAME staff scored above the organisational average whilst white staff scored the same as the organisational average.

Key Finding KF4 : Staff motivation at work

| Directorate | Score |
|---|-------|
| Service Governance | 4.22 |
| Specialist Services & Nursing | 4.09 |
| Adult Physical Health & Community Services | 4.05 |
| Children's Services | 4.04 |
| Trust Management | 4.00 |
| MH – Acute Inpatient & Community Service | 3.87 |
| Human Resources | 3.83 |
| Medical & IM&T | 3.83 |
| Estates, Facilities & Finance | 3.80 |
| Specialist Inpatient Services, Dentistry & Administration | 3.80 |
| | |
| National 2016 average for combined MH/LD and community trusts | 3.94 |
| | |
| Best 2016 score for combined MH/LD and community trusts | 4.06 |
| | |
| White staff | 3.91 |
| BAME staff | 4.05 |

On this indicator BAME staff scored above the organisational and national average whilst white staff scored just below the organisational average.

Key Finding KF7 : Percentage of staff able to contribute towards improvements at work

| Directorate | Score |
|---|--------------|
| Specialist Services & Nursing | 87% |
| Human Resources | 85% |
| Service Governance | 84% |
| Trust Management | 84% |
| Adult Physical Health & Community Services | 75% |
| Medical & IM&T | 69% |
| Specialist Inpatient Services, Dentistry & Administration | 69% |
| Children's Service | 66% |
| MH – Acute Inpatient & Community Service | 61% |
| Estates, Facilities & Finance | 55% |
| | |
| National 2016 average for combined MH/LD and community trusts | 74% |
| | |
| Best 2016 score for combined MH/LD and community trusts | 79% |
| | |
| White staff | 69% |
| BAME staff | 66% |
| | |

On this indicator BAME staff scored below the organisational average whilst white staff scored just above the organisational average