

University Hospitals of Leicester NHS Trust

Trust Board Paper W

To:	Trust Board								
From:	Kate Bradley, Director of Human Resources								
Date:	25 April 2013								
CQC regulation:	Regulation 23 Outcome 14: Supporting Workers								
Title:	Organisational Development (OD) Plan Priorities – National NHS Staff Survey Measures (2015)								
Author/Responsible Director: Kate Bradley, Director of Human Resources and Bina Kotecha, Assistant Director of Learning and OD									
Purpose of the Report: To update the Trust Board on progress with defining National NHS Staff Survey measures (2015) relative to the Trust's Organisational Development Plan Priorities.									
The Report is provided to the Board for:									
<table border="1"> <tr> <td>Decision</td> <td></td> </tr> <tr> <td>Assurance</td> <td align="center">X</td> </tr> </table>	Decision		Assurance	X	<table border="1"> <tr> <td>Discussion</td> <td align="center">X</td> </tr> <tr> <td>Endorsement</td> <td></td> </tr> </table>	Discussion	X	Endorsement	
Decision									
Assurance	X								
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Summary / Key Points: A report was presented to the Trust Board on 28 March 2013, summarising analysis of 2012 staff survey results based on the 'full comparison report' compiled by the Care Quality Commission. A core theme within the full comparison report measures 'Staff Engagement'. This report provides a detailed breakdown by Directorate / Division / Clinical Business Unit against one of the three sub-dimensions of staff engagement i.e. Key Finding (KF) 24 'Staff recommendation of the Trust as a place to work or receive treatment'. As the survey was undertaken between October and December 2012, results are based on the former Trust structure. This paper also confirms the national survey targets for improvement and timeframes agreed with the senior leadership team, relative to the Trust's Organisational Development Plan Priorities.									
Recommendations: The Trust Board is asked to: <ul style="list-style-type: none"> Note the key messages from the detailed analysis of the 2012 national survey results Support the key areas for development, which will be monitored through the Organisational Development Plan. 									
Previously considered at another corporate UHL Committee? This report provides supplementary data, further to the NHS Staff Survey Update presented to the Trust Board on 28 March 2013.									

University Hospitals of Leicester NHS Trust

<p>Strategic Risk Register: Risk 3</p>	<p>Performance KPIs year to date: Appraisal Training attendance Sickness Absence Turnover rate</p>
<p>Resource Implications (eg Financial, HR): This work is led by the Director of Human Resources, working in collaboration with the Senior Human Resources Team and Divisional / Directorate Boards.</p> <p>The UHL Listening into Action (LiA) Sponsor Group will progress action planning against key items (that correlate with the 'Pulse Check' survey), as part of Trust wide LiA adoption.</p>	
<p>Assurance Implications: National NHS Staff Survey forms part of the annual Care Quality Commission (CQC) standards monitoring process.</p>	
<p>Patient and Public Involvement (PPI) Implications: Results to be reviewed in conjunction with patient survey to provide public statement of Trust performance.</p>	
<p>Stakeholder Engagement Implications: Detailed within the Organisational Development Plan under work stream 5 – 'Improve External Relationships and Working Partnerships'</p>	
<p>Equality Impact: Part of the analysis examines if there are response differences between staff groups pertaining to the nine protected characteristics</p>	
<p>Information exempt from Disclosure: No</p>	
<p>Requirement for further review? Monitor progress through the UHL Organisational Development Plan (2013/15).</p> <p>Improvements against key survey items (identified within the Staff Pulse Check) will specifically be monitored over the next 12 months by the UHL LiA Sponsor Group.</p>	

REPORT TO: Trust Board

DATE: 25 April 2013

REPORT FROM: Kate Bradley, Director of Human Resources

SUBJECT: Organisational Development (OD) Plan Priorities – National NHS Staff Survey Measures (2015)

1. Introduction

A report was presented to the Trust Board on 28 February 2013 which set out key priorities during 2013/14 and 2014/15 and supporting fundamental areas, for each of the six substantial work programmes of the OD Plan (2013/15) as summarised in Appendix 1. The report incorporated draft improvement targets for the NHS National Staff Attitude and Opinion Survey. This paper confirms the national survey targets for improvement and timeframes agreed with the senior leadership team, as shown in Appendix 2.

A report was presented to the Trust Board on 28 March 2013 to advise the Trust Board of the national staff survey results (2012) based on the full comparison report compiled by Quality Health. This paper provides a further breakdown of national survey results against key staff engagement elements. This paper also updates on the comparison between the 'staff and patient Net Promoter Score' (February 2013).

2. Organisational Development Plan – National Survey Measures (2015)

The NHS Staff Survey is conducted on behalf of the Care Quality Commission (CQC) and is recognised as an important way of ensuring that the views of staff working within the NHS inform local improvements.

As previously reported to the Trust Board, analysis by the CQC of the survey results is undertaken through a self-completed questionnaire by a random sample of staff selected from across the whole Trust. 1700 staff were selected to receive the survey and 840 completed responses were returned, giving a response rate of 52% (2012).

Appendix 2 highlights UHL performance based on the 2012 national staff survey results (February 2013) and incorporates a realistic improvement target to be delivered by December 2015 against the core survey questions closely aligned to the six work streams set out in the OD Plan (2013:15). In measuring year on year progress, questions can be linked to the former Staff Experience Eight Point Action Plan. In 2012 we have achieved the best score, in comparison to all Acute Trusts, against appraisal performance and have seen the largest local improvement in relation to Equality and Diversity Training. The targets set for 2015 are ambitious and ensure continuous improvement by aspiring to achieve 'upper quartile position' against all core questions (based on 2012 results, which are subject to change each year). 2015 Targets will be reviewed on an annual basis to support the Trust in achieving the upper quartile position for their peer groups against all relevant survey

University Hospitals of Leicester NHS Trust

items by December 2015.

Work is underway in setting improvement targets for 2013 and 2014 with Corporate Directorates, Divisions and Clinical Business Units, based on 2012 performance as illustrated in Appendix 3. A detailed breakdown has been provided by Clinical Business Unit in investigating variances in performance, identifying areas of best practice and setting area specific improvement targets. Local improvement action plans will be updated to reflect findings, in consultation with staff through existing engagement forums or groups.

Evidence suggests that the adoption of Listening into Action has had a positive impact on other National Pioneering Trusts, with an increase in positive response rates by up to 25% (at the end of the first year) against key national staff survey questions.

3. UHL Staff Survey Results 2012 for Key Finding (KF) 24

The staff survey responses for KF24 'Staff recommendation of the Trust as a place to work or receive treatment' can be seen as one measure of overall staff engagement. As previously reported to the Trust Board, whilst UHL's overall score has increased since 2011, it is still below average when compared to all Acute Trusts. An analysis across the East Midlands region illustrates that UHL's score is in the lower quartile in relation to its peer group, as shown in Appendix 4.

KF24 can be broken down into 2 questions: -

- I would recommend this organisation as a place to work; and
- If a friend or relative needed treatment I would be happy with the standard of care provided by the organisation.

On both these questions the Trust's overall scores have increased since 2011 as shown below, however these scores still remain below the average for all Acute Trusts. The table below also illustrates the future ambitious improvement target against these core questions.

KF24 Staff recommendation of the trust as a place to work or receive treatment	Trust 2011 Scores	Trust 2012 Scores	Average for Acute Trusts (2012)	Target (2015)
a) I would recommend this organisation as a place to work. (Agree/Strongly Agree)	38%	50%	55%	61%
b) If a friend or relative needed treatment I would be happy with the standard of care provided by the organisation. (Agree/Strongly Agree)	54%	55%	60%	66%

These results can be broken down further as illustrated in Appendix 5. In relation to the percentage of staff agreeing or strongly agreeing to the statement 'I would recommend this organisation as a place to work', an interesting picture emerges and it is clear that staff responses vary by Clinical Business Unit. Positive response rates are highest in Cardio, Renal, Critical Care (67%) and lowest in Pathology (13%). We note that the CRCC has exceeded the 2015 target and therefore we will work closely with the leadership team to share and transfer elements of best practice and agree on a future stretch target.

University Hospitals of Leicester NHS Trust

For the staff survey responses 'If a friend or relative needed treatment I would be happy with the standard of care provided by the organisation', Appendix 5 illustrates the percentage of staff agreeing or strongly agreeing. Again there is a wide variation across Clinical Business Units. The overall percentage of staff agreeing or strongly agreeing with the statement is again highest in CRCC (77%) with the lowest rates is in Theatres, Anaesthesia, Pain and Sleep Clinical Business Unit (29%).

The response to the question 'if a friend or relative needed treatment I would be happy with the standard of care provided by this organisation' can be used to create a Staff Net Promoter Score that can be compared to the Friends and Family Test (patient Net Promoter Score); Whilst there is a slight difference between the two questions, the results should be comparable. However we note that the Trust's patient score at 63.4% (February 2013) is higher than staff score, suggesting that the patients are more satisfied with the level of care that we can give to friends and family members than staff are.

4. Next Steps

Given there is a wide variation in the scores by Clinical Business Unit it will be valuable to explore area specific results in more depth. It is recognised that the response rates will impact on variations and may skew the data. Essentially working closely with engagement groups or forums, we need to understand key factors that have influenced positive or negative response rates.

Key next steps in the LiA process entail holding six LiA Events that the Chief Executive is hosting from the end of April and early May 2013. These Events are designed to give Trust staff a chance to share their views and ideas openly and have them captured and analysed.

Outputs from the LiA Events will be synthesised and grouped into key themes. These will be framed into a simple view of 'What Matters to Our Staff' to inform accelerated, big impact actions. It is expected that the adoption of LiA will result in marked improvements in future staff survey scores.

5. Recommendations

The Trust Board is asked to:

- Note the key messages from the analysis of the 2012 national survey results
- Approve national survey targets for improvements and suggested timeframes
- Support the key areas for development, which will be monitored through the Organisational Development Plan.

University Hospitals of Leicester NHS Trust

Appendix 1: Organisational Development Plan

Organisational Development Plan 2013-2015 - Summary

Caring at its best

Six Work Streams	2013	2014-15	On-going Fundamentals
1. Live our Values	<ul style="list-style-type: none"> Establish "Caring at its best" Support Team 	<ul style="list-style-type: none"> Continued delivery of "Caring at its best" training Trust wide 	<ul style="list-style-type: none"> Embed Values within Systems and Processes Continue 'Caring at its best' Awards
2. Improve Two-way Engagement	<ul style="list-style-type: none"> Embed Listening into Action Framework (LiA) Implement Medical Engagement Strategy Priorities 	<ul style="list-style-type: none"> Build on Health and Well Being and Resilience at Work Programmes 	<ul style="list-style-type: none"> Change Management
3. Strengthen Leadership	<ul style="list-style-type: none"> Implement Leadership and Management Standards Board, Exec and Senior Leadership Development 	<ul style="list-style-type: none"> Embed Inclusive Talent Management 	<ul style="list-style-type: none"> Leadership Development Skills development in Finance and Business Acumen Talent Profile for Senior Leaders
4. Enhance Workplace Learning	<ul style="list-style-type: none"> Statutory and Mandatory Training Implementation of Workforce Plans 	<ul style="list-style-type: none"> Build on training capacity and resources 	<ul style="list-style-type: none"> Improve Appraisal quality Training, education and development for all staff
5. Improve External Relationships and Workplace Partnerships	<ul style="list-style-type: none"> Develop Patient and Public Involvement Strategy Production of key guidance / toolkits 	<ul style="list-style-type: none"> Implement actions highlighted in PPI strategy 	<ul style="list-style-type: none"> Community Ambassador Programme Representative Membership Community Engagement and Representation
6. Encourage Creativity and Innovation	<ul style="list-style-type: none"> Produce a Service Improvement Strategy Skills development to drive forward service improvement 	<ul style="list-style-type: none"> Roll-out training, to enable a bottom-up approach towards service improvement 	<ul style="list-style-type: none"> Embedding Releasing Time to Care Build on Research and Development Implementation of Service Improvement Projects

University Hospitals of Leicester NHS Trust

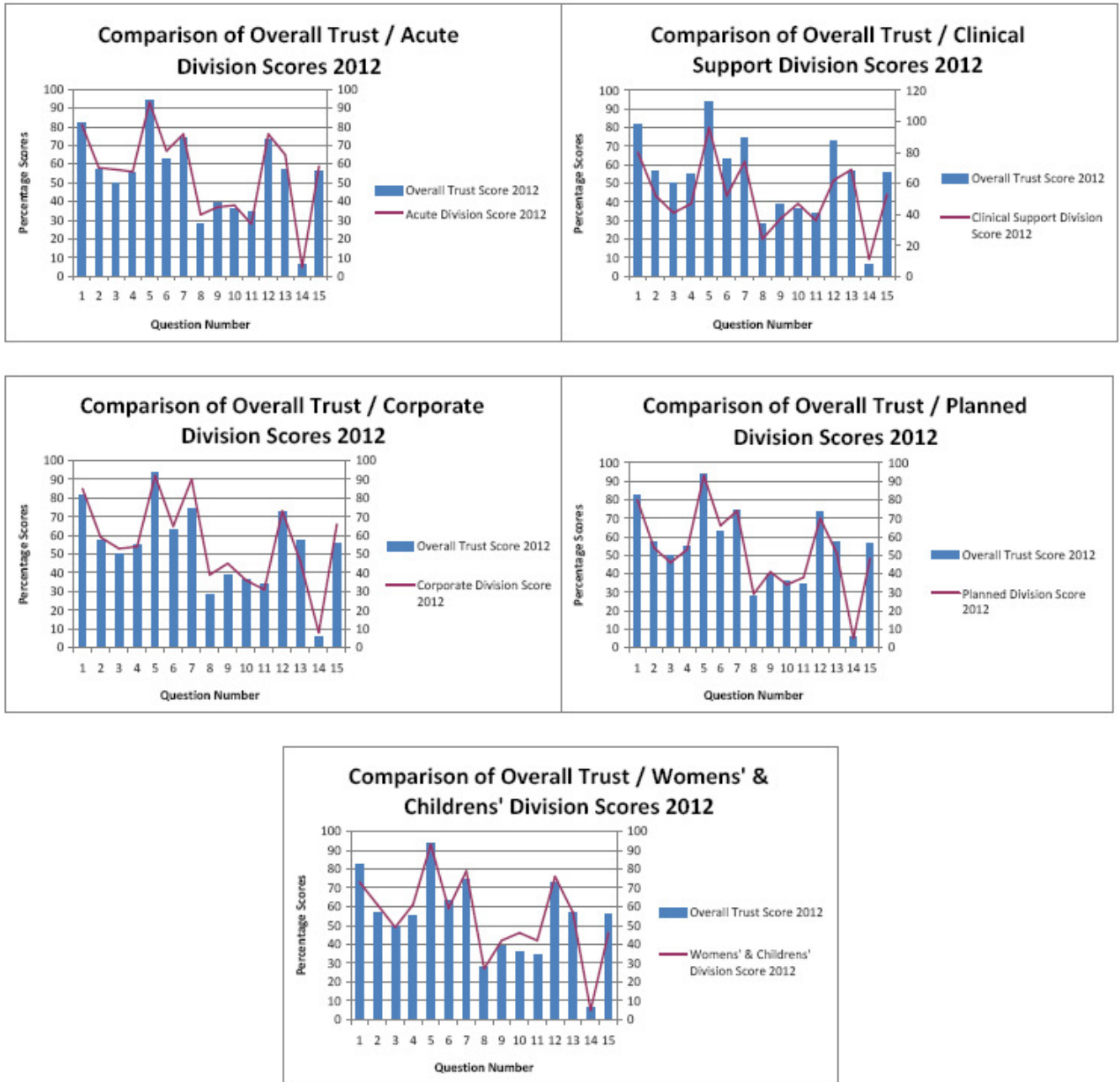
Appendix 2: UHL NHS National Staff Survey Improvement Targets Against 15 Core Questions (December 2015)

	2011 Scores	2012 Scores	Average for Acute Trust (2012)	Target (2013)	Target (2014)	Target (2015)
I am able to do my job to a standard I am personally pleased with. (Agree/Strongly Agree)	61%	82%	80%	84%	86%	88%
Care of patients/service users is my organisation's top priority. (Agree/Strongly Agree)	46%	57%	63%	63%	66%	69%
I would recommend this organisation as a place to work. (Agree/Strongly Agree)	38%	50%	55%	55%	58%	61%
If a friend or relative needed treatment I would be happy with the standard of care provided by the organisation. (Agree/Strongly Agree)	54%	55%	60%	60%	63%	66%
In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review (within last 12 months)	90%	94%	84%	95%	97%	100%
Did it leave you feeling that your work is valued by your organisation? (Yes)	53%	63%	60%	64%	67%	69%
I know who the senior managers are here. (Agree/Strongly Agree)	60%	74%	60%	76%	79%	81%
Communications between senior management and staff is effective. (Agree/Strongly Agree)	18%	28%	34%	34%	36%	40%
How satisfied are you with the extent to which the organisation values your work? (Satisfied/Very Satisfied)	24%	39%	40%	42%	46%	51%
Have you felt pressure from your manager to come to work? (Yes) * Deterioration	38%	36%	33%	33%	30%	25%
During the last 12 months have you felt unwell as a result of work related stress? (Yes) * Deterioration	29%	34%	27%	27%	24%	22%
There are frequent opportunities for me to show initiative in my role. (Agree/Strongly Agree)	60%	73%	69%	75%	79%	83%
Equality and diversity training (e.g. awareness of age, disability, gender, race, sexual orientation, religion) (within last 12 months)	38%	57%	55%	59%	61%	63%
In the last 12 months, have you personally experienced discrimination at work from your manager / team leader or colleagues?	6%	6%	8%	5%	4%	3%
I have adequate materials, supplies and equipment to do my work. (Agree/Strongly Agree)	49%	56%	56%	58%	60%	62%

UHL achieved best for all Acute Trusts	
Largest local improvements since the 2011 Survey	

University Hospitals of Leicester NHS Trust

Appendix 3: 2012 NHS National Staff Survey Scores by Division/Directorate against 15 Core Questions (included in Appendix 2)



University Hospitals of Leicester NHS Trust

Appendix 4 – Analysis of East Midland NHS National Survey Results (2012) for Key Finding 24

Key Finding 24. Staff recommendation of the trust as a place to work or receive treatment

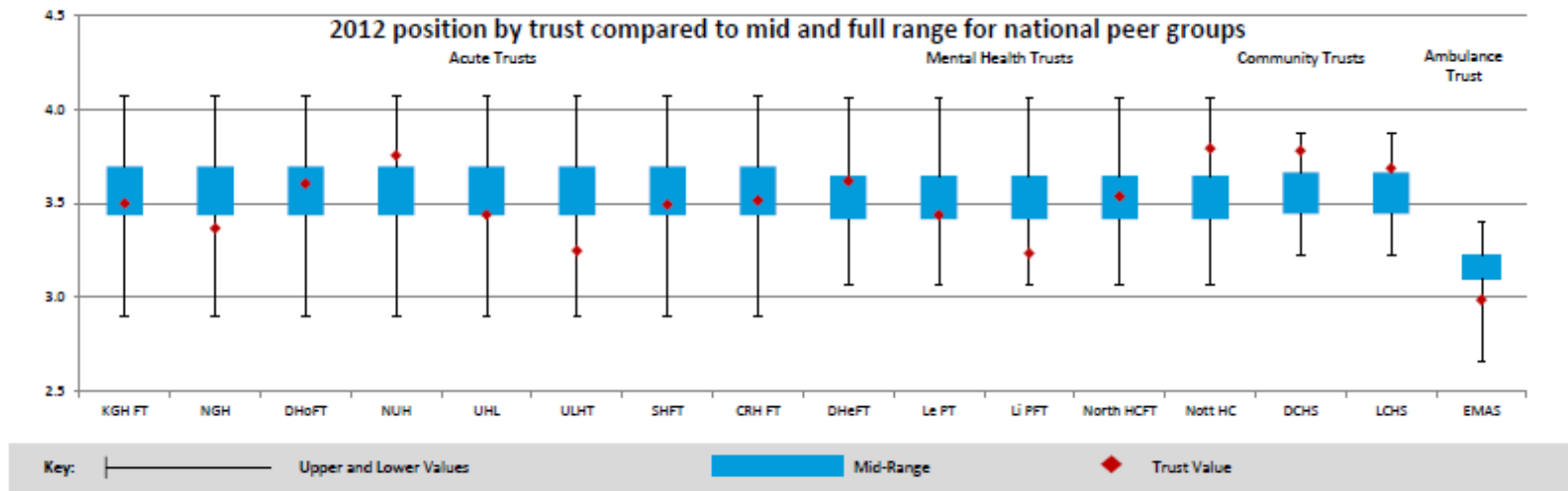
Trust	2012	Trend
Acute Trusts		
Kettering General Hospital NHS Foundation Trust	3.50	
Northampton General Hospital NHS Trust	3.37	
Derby Hospitals NHS Foundation Trust	3.60	
Nottingham University Hospitals NHS Trust	3.75	
University Hospitals of Leicester NHS Trust	3.44	
United Lincolnshire Hospitals NHS Trust	3.25	
Sherwood forest Hospitals NHS Foundation Trust	3.49	
Chesterfield Royal Hospital NHS Foundation Trust	3.51	
All Acute Trusts (National)	3.62	
Mental Health		
Derbyshire Healthcare NHS Foundation Trust	3.62	
Leicestershire Partnership NHS Trust	3.44	
Lincolnshire Partnership NHS Foundation Trust	3.23	
Northamptonshire Healthcare NHS Foundation Trust	3.54	
Nottinghamshire Healthcare NHS Trust	3.79	
All Mental Health Trusts (National)	3.52	
Other		
Derbyshire Community Health Services NHS Trust	3.78	
Lincolnshire Community Health Services NHS Trust	3.69	
East Midlands Ambulance Service NHS Trust	2.99	
All Trusts (National)	3.57	

Comments:

****NB This indicator is only comparable for four years****

The majority of trusts in the East Midlands have improved on this indicator over the past five years.

There are four East Midlands trusts in the upper and four in the lower quartiles for their peer groups, with Derbyshire Community Health Services being close to the highest score for their peer group.



University Hospitals of Leicester NHS Trust

Appendix 5 – Breakdown by Clinical Business Unit - NHS Staff Survey Key Finding KF24 (2012)

