

To:	Trust Board
From:	Kate Bradley, Director of Human Resources
Date:	27 February 2014

Title:	National NHS Staff Survey 2013 and LiA Pulse Check Report
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Purpose of the Report:

This paper advises the Trust Board of the annual national staff survey results based on the full comparison report compiled by the Care Quality Commission (CQC) and Listening into Action Pulse Check results. We also set out key next steps in continuing to improve the experience of staff at UHL.

The Report is provided to the Board for:

Decision		Discussion	X
Assurance	X	Endorsement	

Summary / Key Points:

We collect staff views and experiences of working at the Trust through the annual National Staff Survey and LiA Pulse Check to help improve the working lives of staff and the quality of care we provide. This analysis of results helps to identify if we are making sustainable change and to identify areas for improvement.

National Staff Survey

This report updates on the actions from the 2012 National Staff survey, 2013 National Survey Results, UHL local questions results (incorporated within the national survey) and Listening into Action Pulse Check results.

To facilitate the required level of organisational change from the 2012 national staff survey, we have set out an ambitious Organisational Development plan. The plan has been recently audited by PWC (Final report published in February 2014) and findings confirm that the Trust has implemented a strong OD Plan with clear alignment to the Strategic Direction of the Trust.

The National Staff Survey was open to all UHL staff between October and December 2013 and in total 3988 staff completed the survey giving an organisational response rate of 39%. This report details the responses from the 379 staff in the CQC random sample. Appendix One illustrates how the Trust has performed against the 15 questions which are specifically relevant to the Organisational Development Plan actions and provides a comparison with 79 other Acute Trusts who contract with Quality Health.

Overall National Staff Survey Key Findings indicate no change from the previous year with the exception of an increase in the number of staff having Equality and Diversity Training in 2013. We also note that change has not been sustained at the same pace as comparable organisations resulting in a downward trend in relation to overall rankings.

Staff engagement

A core theme within the full comparison report is the measurement of the 'Staff Engagement' score. The table below shows how UHL compares with other Acute Trusts on each of the three sub-dimensions of staff engagement, whether there has been a change since the 2011 and 2012 surveys and how the Trust's score compares to the average and best score for Acute Trusts. The Trust's overall 2013 score

for Staff Engagement is 3.68 (rated as below average ranking compared to average last year) and has increased from 3.66 in 2012. The 2013 national average score for Acute Trusts is 3.74.

2013 Overall Staff Engagement Scores								
	Trust 2011	Score	Trust 2012	Score	Trust 2013	Score	National Average Acute Trusts 2013	Best 2013 Acute Trusts
KF22 Percentage of staff able to contribute towards improvements at work	63%		70%		68%		68%	76%
KF24 Staff recommendation of the Trust as a place to work or receive treatment	3.24		3.46		3.53		3.68	4.25
KF25 Staff motivation at work	3.83		3.86		3.84		3.86	4.04

Findings based on the local questions provide reassurance in relation to senior manager communication and consistent demonstration of Trust values by immediate line managers and colleagues. Results show that the majority of respondents reported positively on receiving regular team briefings including the Chief Executive briefing and are positive about organisational communication about priorities and goals.

Listening into Action Pulse Check Survey

As illustrated in Appendix four and five UHL has completed 2 Pulse Check surveys since introducing Listening into Action (LiA) in April 2013. The first survey was undertaken in April 2013 at the start of the programme and the second survey was undertaken in January 2014. Survey Two responses are significantly more positive in 8 of 9 questions. It is worth noting that UHL has not only improved between surveys but is also reporting more positive scores in 13 of 15 questions when compared to the average scores of other NHS LiA organisations.

Continuing to Improve Staff Experience

We have set out key actions to continue to build on staff and team experiences including developing a high performing Board through implementing a tailored approach; providing team building development sessions for newly formed leadership teams; adopting an inclusive approach to strategic and business plan development and piloting new multi-professional development programmes such as ‘Leading Across Boundaries’. We will continue to improve levels of staff engagement through embedding Listening into Action and other key engagement programmes including the Clinical Senate. In particular over 2014/15 we will be running Listening Events in every ward and clinical department and will focus on improving mechanisms for raising staff concerns/incidents placing emphasis on building resilience into the organisation.

Recommendations:

The Trust Board is asked to:

- Note the key messages from the analysis of the 2013 National Staff Survey, the results of UHL local questions and LiA Pulse Check results
- Support the key areas for development, which will be monitored through the Organisational Development Plan and Listening into Action Programme of Work

2013-2015 Strategic Risk Register

Risk 3

Performance KPIs

Appraisal, Training attendance’ Sickness Absence and Turnover rate

Resource Implications (e.g. Financial, HR):

Allocation will be determined based on priorities identified by the Executive Workforce Board

The UHL Listening into Action Sponsor Group will progress action planning against key items (that correlate with the ‘Pulse Check’ survey) and integrate these into the UHL Listening into Action Framework adoption plan

Assurance Implications:

Forms part of the annual Care Quality Commission (CQC) standards monitoring process.

Patient and Public Involvement (PPI):

Results to be reviewed in conjunction with patient survey to provide public statement of Trust

performance.

Equality Impact:

Part of the analysis examines if there are response differences between staff groups pertaining to the nine protected characteristics

Information exempt from Disclosure: No

Requirement for further review?

Monitor progress through the UHL Organisational Development Plan (2013/15) by the Executive Workforce Board. Improvements against key survey items (identified within the Staff Pulse Check) will specifically be monitored over the next 12 months by the UHL Listening into Action Sponsor Group.

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REPORT TO: Trust Board

DATE: 27 February 2014

REPORT FROM: Kate Bradley - Director of Human Resources

REPORT BY: Bina Kotecha Assistant Director of Learning and OD
Louise Gallagher, Workforce Development Manager

SUBJECT: NATIONAL NHS STAFF SURVEY RESULTS 2013 AND LISTENING INTO ACTON PULSE CHECK REPORT

1.0 INTRODUCTION

This report updates on the actions from the 2012 National Staff survey, 2013 National Survey Results, UHL local questions results (incorporated within the national survey) and Listening into Action Pulse Check results.

The 11th National Staff Survey was conducted between September and December 2013. The survey is conducted on behalf of the Care Quality Commission (CQC) and the results form a key part of the Commission's assessment of the Trust in respect of its regulatory activities such as registration, the monitoring of on-going compliance and reviews. In January 2014, the Trust also conducted its second local Listening into Action Pulse Check Survey.

2.0 PURPOSE

2.1 The purpose of the National Staff Survey is to collect staff views about their experiences of working in their local NHS Trust. It provides Trusts with information about the views and experiences of its staff to help improve the working lives of staff and the quality of care for patients. Importantly, staff are asked a small number of key questions relating to their opinions regarding the standard of care provided at their place of work. The local Listening into Action Pulse Check Survey measures the impact of a new way of working and engaging with our staff and compliments the National Staff Survey by measuring 'real time' views and opinions.

3.0 PARTICIPATION

3.1 Analysis by the CQC of the survey results is undertaken through a self-completed questionnaire. This year all staff were given the opportunity to complete the survey through a combination of on line and paper based surveys and the Trust received 3988 responses (39% response rate). 379 of those responding formed part of the 850 CQC sample and the Trust had an official response rate of 46%.The majority of this report reflects the responses from these 379 respondents.

4.0 STRUCTURE

4.1 As illustrated in Appendix Two, the survey provides 28 Key Findings about working in the NHS derived from the responses to over 150 questions. The Key Findings are linked to, and provide information about progress against the four pledges to staff in the NHS Constitution together with two additional themes; Staff Satisfaction and Equality and Diversity. This year the Trust also asked a number of local questions relating to the cascade of information from Chief Executive Briefings and the demonstration of Trust values and behaviours by colleagues and managers.

5.0 ACTIONS ARISING FROM THE 2012 SURVEY

5.1 The results from the 2012 National Staff Survey saw a number of significant improvements in five areas including job satisfaction and staff recommendation of the Trust as a place to work or

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receive treatment. The results from the survey were progressed through the implementation of the Organisational Development Plan which recognised that there was still significant work to do to move into the top quartile of Acute Trusts nationally.

- 5.1 To facilitate this required level of organisational change we set out an ambitious Organisational Development (OD) Plan (2013/15) for UHL. Our OD Plan priorities are led through six substantial work streams:-
- Live our Values;
 - Improve Two-way Engagement;
 - Enhance Workplace Learning
 - Strengthen Leadership;
 - Improve External Relationships and Workplace Partnerships; and
 - Encourage Creativity and Innovation.
- 5.3 As shown in Appendix Three, for each work stream over 2013/14 we have implemented priorities that are designed to build on current strengths and address gaps to improve the organisational performance and culture of UHL. Quarterly progress updates have been provided to the Trust Board over 2013/14. The work streams have been aligned to UHL values and support building pride in our organisation.
- 5.4 A central enabler of delivering against the OD Plan has been adopting the 'Listening into Action (LiA)' approach across UHL. LiA has introduced a new and ambitious way of working and we have further empowered our staff to transform our hospitals to deliver "Caring at its best". As previously reported to the Board, key achievements of our first 12 Pioneering Teams and 10 Enabling our People (EoP) Schemes has raised the bar on the quality of care we provide to our patients, improving staff and patient experience (based on area specific results).
- 5.5 We have moved into Phase 4 of the LiA journey which means that we have started the process of 'embedding LiA as the way we do things at UHL'. A 'Pass It On event' on the 6 November 2013 celebrated the successes of our first teams and used their stories to inspire the next wave of Pioneer Teams and EoP Schemes. As previously reported to the Board, there is strong evidence to support that this pioneering approach has seen positive improvements in staff and patient experience results and a positive shift in organisational culture and leadership.
- 5.6 This year local polling has been replaced by LiA Pulse Checks. The questions shown in Appendix Four demonstrate that the questions are not identical to the National Staff Survey but do enable the Trust to track whether actions to improve staff engagement are working. As Listening into Action becomes more embedded in the organisation, the Trust anticipates improved National Staff Survey results.
- 6.0 **2013 UHL RESULTS**
- 6.1 **Raw Data Results**
- 6.1.1 As reported to the Executive Team in January 2013, generally the 'first cut' results of the 2013 national survey showed very little change from the results in 2012. There are a number of improvements in the results which are not captured in the CQC report which focuses on key findings. Examples of improvements from the detailed report include:
- A 3% increase in positive responses to the question: 'communication between senior management and staff is effective'

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- An 8% increase in positive responses to the question: the Trust's top priority is 'Care of Patients'
- A 6% increase in the percentage of staff receiving job relevant training, learning or development in the last 12 months.

6.1.2 There have equally been a number of slight deteriorations in results which include:

- A 4% decrease in staff knowing how to report fraud, malpractice or wrongdoing
- A 2% reduction in staff believing work is good for their health
- A 3% increase in staff agreeing that they have observed incidents/errors or near misses which could affect patients.

6.2 Key Findings Based on the 2013 CQC National Staff Survey Results

6.2.1 The CQC Key Findings Data (questions are grouped nationally into key areas, known as 'Key Findings') at Appendix Two clearly highlights that statistically with respect to twenty seven of the Key Findings the results at UHL have experienced 'no change'. We have seen an 'increase' against one Key Finding, with no areas of deterioration since the 2012 survey. The findings also highlight significant areas for review and action in a number of Key Findings.

6.2.2 The five Key Findings for which the Trust compares most favourably with other Acute Trusts are summarised below, also indicating changes since the 2011 and 2012 surveys and how the Trust's score compares to the average and best score for Acute Trusts:-

2013 TOP FIVE RANKING SCORES								
	Trust 2011	Score	Trust 2012	Score	Trust 2013	Score	National Average for Acute Trusts 2013	Best 2013 Acute Trusts
KF26 Percentage of staff having equality and diversity training in the last 12 months	38%		57%		76%		60%	84%
KF5 Percentage of staff working extra hours (lower better)	63%		67%		65%		70%	60%
KF7 Percentage of staff appraised in the last 12 months	90%		94%		91%		84%	97%
KF6 Percentage of staff receiving staff relevant training, learning or development in the last 12 months	New question		79%		84%		81%	87%
KF18 Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months (lower better)	New question		26%		27%		29%	19%

6.2.3 The five Key Findings for which the Trust compares least favourably with other Acute Trusts are summarised below, also indicating changes since the 2011 and 2012 surveys and how the Trust's score compares to the average and best score for Acute Trusts:-

2013 BOTTOM FIVE RANKING SCORES								
	Trust 2011	Score	Trust 2012	Score	Trust 2013	Score	National Average for Acute Trusts 2013	Best 2013 Acute Trusts
KF14 Percentage of staff reporting errors, near misses or incidents witnessed in the last month	96%		91%		87%		90%	97%
KF4 Effective team working	3.7		3.65		3.65		3.74	3.94
KF13 Percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month (lower better)	32%		32%		37%		33%	18%
KF20 Percentage of staff feeling pressure in the last 3 months to	28%		32%		31%		28%	20%

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attend work when feeling unwell (lower better)					
KF1 Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver	70%	77%	75%	79%	86%

These are key areas of focus for review, discussion and action planning. It is essential that this review links to the 'Listening into Action', patient survey work (aligned to the UHL Quality Commitment) that is being undertaken and any actions arising from the January 2014 CQC Inspection.

6.2.4 Although the results do not demonstrate statistically significant improvements or deteriorations, the Trust has slipped in a number of overall rankings in comparison to other Acute Trusts. This would suggest that where UHL has made no or limited changes, other Trusts have improved their position.

Ranking	Number of Indicators 2012	Number of Indicators 2013
Best 20%	5	4
Above Average	9	3
Average	6	8
Below Average	6	7
Lowest 20%	2	6

6.2.5 Of those areas where the ranking has deteriorated, there are four areas of particular note. The effective team working score has fallen from below average to the lowest 20% with scores moving from 3.7 (2011), 3.69 (2012) to 3.65 in 2013. The percentage of staff saying hand washing facilities are always available has moved from 57% (2011) to 57% (2012) and 51% in 2013. The percentage of staff reporting errors, near misses or incidents witnessed in the last month has deteriorated from above average to the lowest 20% with scores moving from 96% (2011) to 91% (2012) to 87% in 2013. The percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver has moved from below average to the lowest 20% with scores moving from 70% (2011), 77% (2012) and 75% in 2013.

6.2.6 Although these changes are not considered to be statistically significant, the possible reason for these changes and suggested actions to improve the scores are outlined in section 7.0.

6.3 Results from UHL Local Questions

6.3.1 For the first time this year, the Trust included a number of local questions, the results of which are shown in Appendix Two. These show a particularly pleasing set of results which are indicative of the priorities identified in the Organisational Development Plan (see section 3.0). Significant investment has been made this year to improve senior management communication and as a result 72% of staff receive a regular team briefing which includes information from the Chief Executive briefing and 61% agree that the organisation communicates clearly with staff about priorities and goals.

6.3.2 This year also saw the launch of the local leadership behaviours framework and as a result the additional questions relating to the Trust values have seen positive outcomes. 66% agree that their managers exhibit the Trust values and behaviours and 69% agree that colleagues exhibit the Trust values and behaviours.

6.4 The Listening into Action Pulse Check

6.4.1 In addition to the National Staff Survey, the Trust has also undertaken a second Listening into Action Pulse Check Survey in January 2014 following an initial pulse check survey in March 2013. This again presents a particularly pleasing set of results. Appendix Four demonstrates

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that, in contrast to the limited number of statistically significant changes in the National CQC Staff Survey results, the Listening into Action (LiA) pulse check saw significant improvements.

- 6.4.2 The most significant improvements in this survey relate to improvements in the provision of high quality services, recognition of staff for the contribution that they make and clarity in relation to roles. Pulse checks will continue to operate across the Trust in order to monitor the LiA impact.
- 6.4.3 Appendix Five provides an overview of the response rates to Survey One and Survey Two and compares UHL to the average score of other NHS LiA Organisations. UHL has more positive scores in 13 of 15 questions when compared to the average scores of other NHS LiA organisations. The only question which is not scoring higher than the average scores of comparator LiA organisations is Question 1: 'I feel happy and supported working in my team/department/service' with a -0.76% less positive score at Survey Two.
- 6.4.4 Please note that Question 8 changed between surveys and has at this point only been asked in Survey Two (January 2014). UHL Question 8 has scored 46.11% with 49.8% scored by comparator NHS LiA organisations.

7.0 Building On and Improving Staff Experience

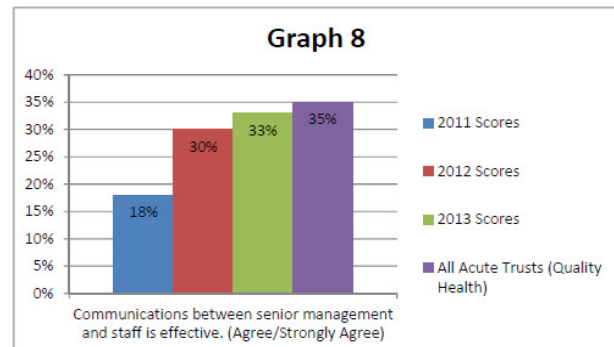
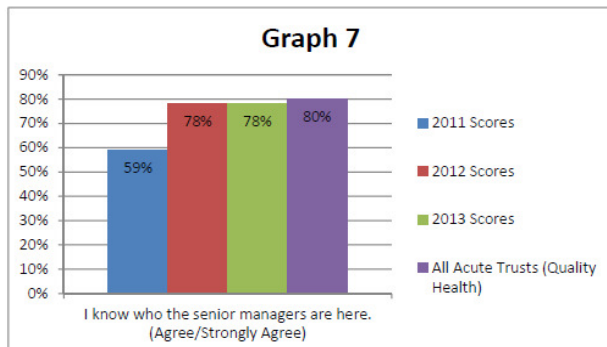
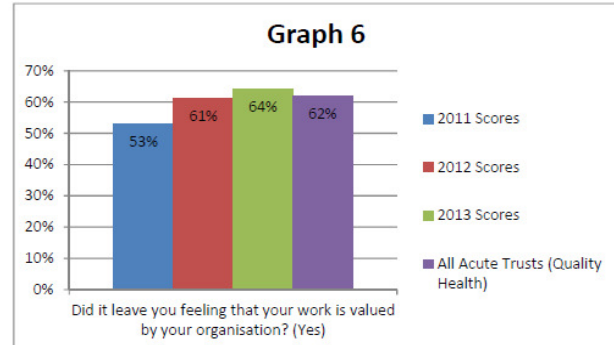
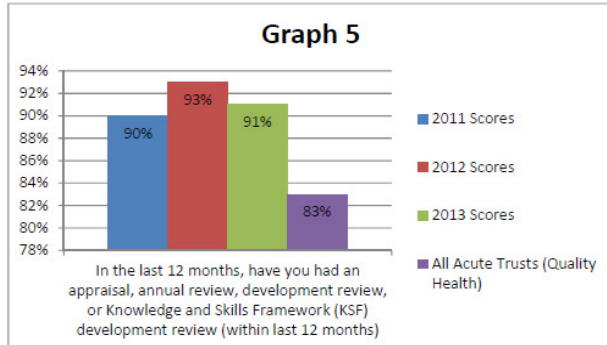
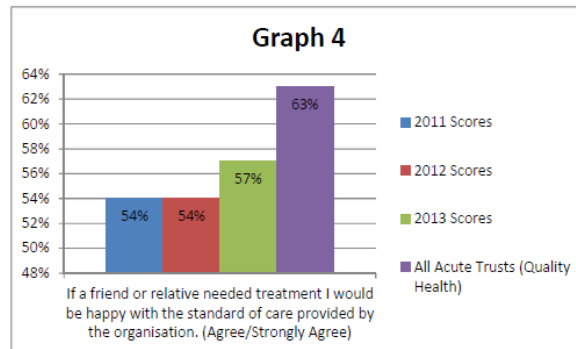
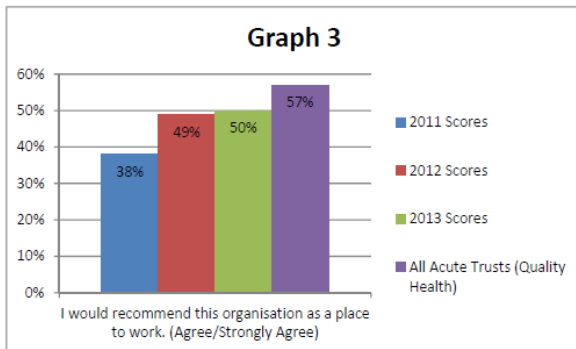
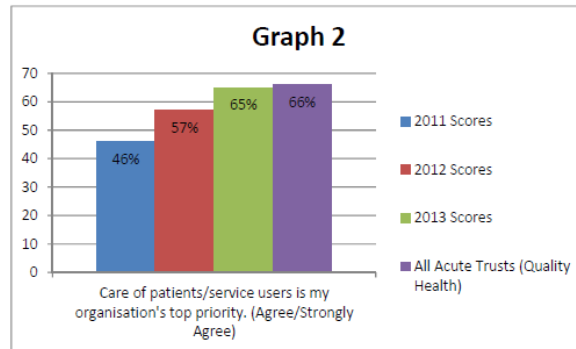
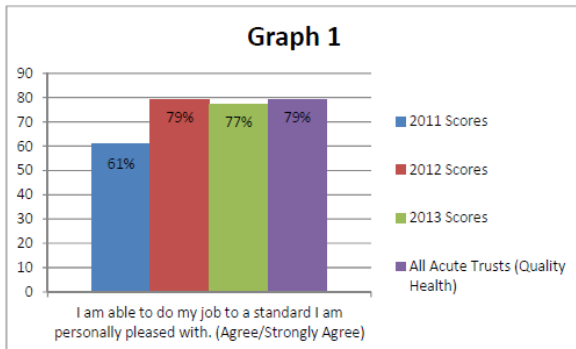
- 7.1 The results presented in this report are variable; taken collectively they indicate that the Trust's culture is moving in the right direction and that actions driven through the Organisational Development Plan are having a positive impact. At our recent Care Quality Commission Inspection (13-17 January 2014) we note that informal feedback from inspectors was very positive about the leadership of the Trust and cultural change.
- 7.2 We recognise that the scale and pace of organisational development in providing clear strategic direction, ensuring accountability and continuing to shape new cultures of quality, safety and stakeholder confidence requires strong leadership by a high performing Board. In 2014/15 we will work closely with 'Foresight Partnership' in implementing a tailored approach to developing a highly effective Board.
- 7.3 In September 2013, the Trust implemented a change programme to replace the Divisional structure with a structure comprising of seven Clinical Management Groups. This may have temporarily affected scores relating to teamwork and staff engagement given the recognised impact of organisational change. There have been a number of initiatives to support the development of teams and work has commenced on team building across the newly formed senior leadership teams, mapping out how teams will work together to achieve excellence. We are also adopting a more inclusive approach to strategic planning and business plan development. The intention is that this should support a multidisciplinary approach to service improvement and transformation.
- 7.4 Working in partnership with the regional Leadership Academy, we are participating in a pilot development programme titled 'Leading Across Boundaries' and have put together our first two clinically led multi-professional project teams to attend this development focussed on service and quality improvement (linked to Cancer Centre and Theatre Utilisation). Over 2014/15 we plan to expand on this approach to multi-professional team development focussing specifically on key Trust priorities including Emergency Care and seven day working.
- 7.5 A detailed overview of the results indicates generally lower scores from respondents from the Medical and Dental staff group. In 2013/14 there has been investment in providing further channels to engage and involve this staff group for example increased clinical leaders through the Clinical Management Group structure, the establishment of the Junior Doctors Committee and the Clinical Senate. It is anticipated this will impact on results for 2014. In addition we will continue to work in partnership with Momentum in providing Medical Leadership Development framed within the concept of task orientated thinking.

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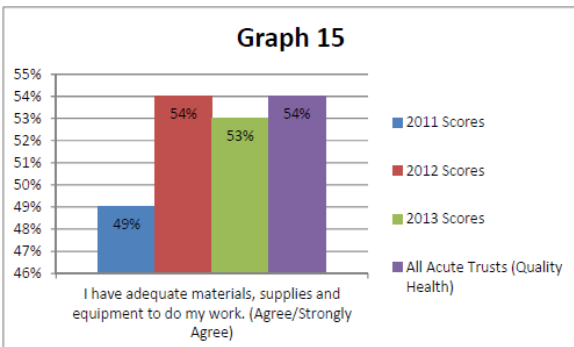
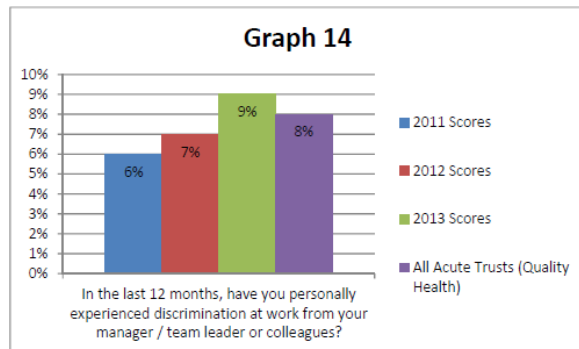
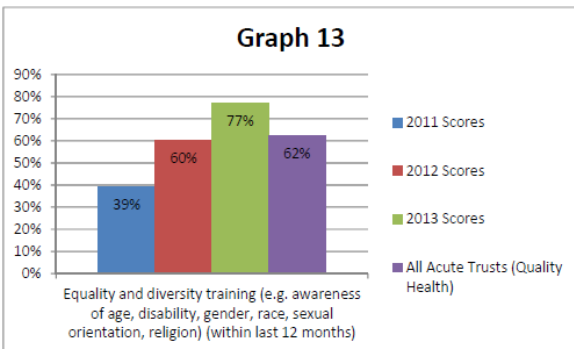
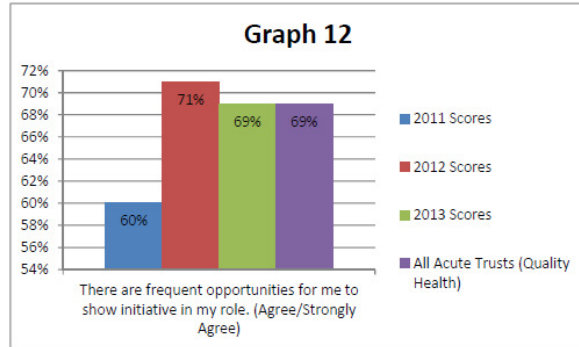
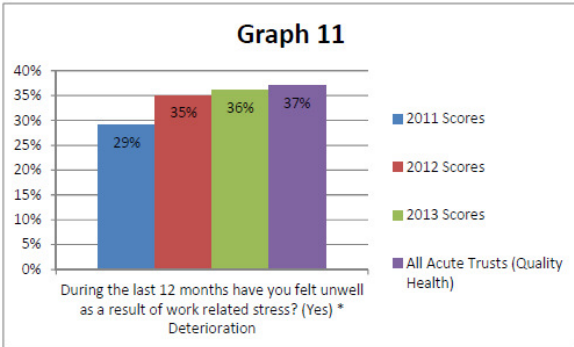
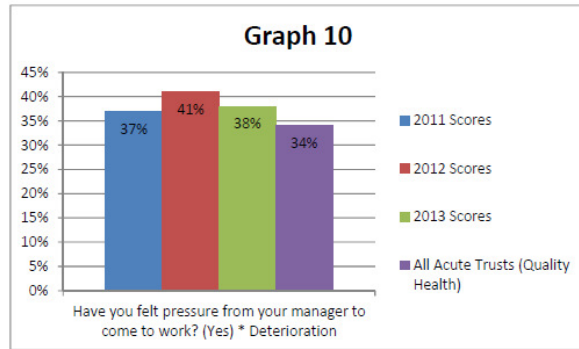
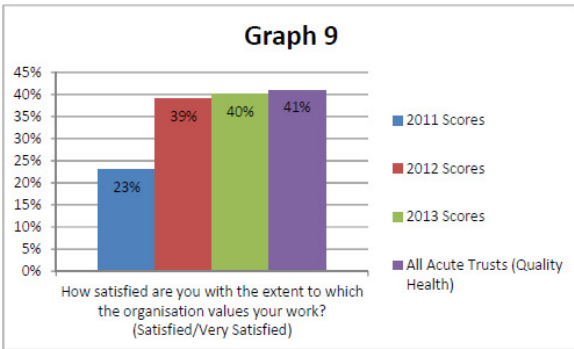
- 7.6 Listening into Action will continue to be embedded as a way of working as the Trust has already benefitted from significant improvements arising from the Enabling our People Schemes and Pioneering Project Teams. The majority of projects are directly focused on improvements in patient care, enabling and empowering staff to improve the patient experience.
- 7.7 The Trust's Reward and Recognition Strategy has recently been launched with an action plan focused on improving UHL as a place to work. This was developed during the autumn of 2013 and incorporated feedback from staff via two Listening Events.
- 7.8 The emotional resilience workshops delivered in partnership with Amica and Occupational Health have been very well evaluated in 2013 and sickness absence in the Trust for stress related illness for the past two quarters has reduced as a result of this training and other measures. Three further workshops are planned for 2014 hoping to reach around 200 staff. The workshops address the psychological elements of resilience with a focus on the management of stress and enhancing the development of resilient characteristics in the workplace.
- 7.9 There are a number of Key Findings scores which indicate the need to ensure that our Trust's policies on handling errors, near misses and incidents are transparent and effectively communicated to our staff. Particular emphasis will be placed on further developing a culture of transparency and openness. In progressing this over 2014/15 nursing leads are committed to running Listening Events in every ward and clinical department.
- 7.10 The Infection Prevention Team will undertake a detailed analysis of the findings relating to the availability of hand washing facilities in order to understand if this relates to specific areas of the Trust. In addition work will be undertaken in partnership with Interserve to ensure that focused attention is given to the replenishment of facilities.
- 7.11 The Organisational Development (OD) Plan will be refreshed for 2014/15 as a result of the outcome of staff feedback and will incorporate relevant CQC Findings.
- 8.0 **RECOMMENDATION**
- 8.1 The Trust Board is asked to:-
- Note the key messages from the analysis of the 2013 National Staff Survey results and Listening into Action Pulse Check results
 - Support the key areas for development which will be implemented through the Organisational Development Plan and Listening into Action Programme of Work.

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Appendix One: Raw Data National Staff Survey Results against the 15 questions relative to the Trust's OD Plan and former 8 Point Action Plan



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Appendix Two :CQC Published Key Findings and UHL Local Questions

3.3. Summary of all Key Findings for University Hospitals Of Leicester NHS Trust

	Change since 2012 survey	Ranking, compared with all acute trusts in 2013
KEY		
✓ Green = Positive finding, e.g. in the best 20% of acute trusts, better than average, better than 2012.		
! Red = Negative finding, e.g. in the worst 20% of acute trusts, worse than average, worse than 2012.		
'Change since 2012 survey' indicates whether there has been a statistically significant change in the Key Finding since the 2012 survey.		
-- Because of changes to the format of the survey questions this year, comparisons with the 2012 score are not possible.		
* For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in <i>italics</i> , the lower the score the better.		
STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs.		
KF1. % feeling satisfied with the quality of work and patient care they are able to deliver	• No change	! Lowest (worst) 20%
KF2. % agreeing that their role makes a difference to patients	• No change	• Average
* KF3. <i>Work pressure felt by staff</i>	• No change	! Above (worse than) average
KF4. Effective team working	• No change	! Lowest (worst) 20%
* KF5. <i>% working extra hours</i>	• No change	✓ Lowest (best) 20%
STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.		
KF6. % receiving job-relevant training, learning or development in last 12 mths	• No change	✓ Highest (best) 20%
KF7. % appraised in last 12 mths	• No change	✓ Highest (best) 20%
KF8. % having well structured appraisals in last 12 mths	• No change	✓ Above (better than) average
KF9. Support from immediate managers	• No change	! Below (worse than) average
STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.		
Occupational health and safety		
KF10. % receiving health and safety training in last 12 mths	• No change	• Average
* KF11. <i>% suffering work-related stress in last 12 mths</i>	• No change	✓ Below (better than) average
Infection control and hygiene		
KF12. % saying hand washing materials are always available	• No change	! Lowest (worst) 20%
Errors and incidents		
* KF13. <i>% witnessing potentially harmful errors, near misses or incidents in last mth</i>	• No change	! Highest (worst) 20%
KF14. % reporting errors, near misses or incidents witnessed in the last mth	• No change	! Lowest (worst) 20%
KF15. Fairness and effectiveness of incident reporting procedures	• No change	• Average

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	Change since 2012 survey	Ranking, compared with all acute trusts in 2013
Violence and harassment		
* KF16. % experiencing physical violence from patients, relatives or the public in last 12 mths	• No change	• Average
* KF17. % experiencing physical violence from staff in last 12 mths	• No change	• Average
* KF18. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths	• No change	✓ Below (better than) average
* KF19. % experiencing harassment, bullying or abuse from staff in last 12 mths	• No change	• Average
Health and well-being		
* KF20. % feeling pressure in last 3 mths to attend work when feeling unwell	• No change	! Highest (worst) 20%
STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services.		
KF21. % reporting good communication between senior management and staff	--	! Below (worse than) average
KF22. % able to contribute towards improvements at work	• No change	• Average
ADDITIONAL THEME: Staff satisfaction		
KF23. Staff job satisfaction	• No change	! Below (worse than) average
KF24. Staff recommendation of the trust as a place to work or receive treatment	• No change	! Below (worse than) average
KF25. Staff motivation at work	• No change	! Below (worse than) average
ADDITIONAL THEME: Equality and diversity		
KF26. % having equality and diversity training in last 12 mths	✓ Increase (better than 12)	✓ Highest (best) 20%
KF27. % believing the trust provides equal opportunities for career progression or promotion	• No change	• Average
* KF28. % experiencing discrimination at work in last 12 mths	• No change	! Above (worse than) average

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LOCAL QUESTIONS	Total	2012	Total	2013
L01a. Do you have a regular team meeting/briefing which includes information from the Chief Executive Briefing?				
Yes I receive regular and timely updates from the Chief Executive Briefing	0	0%	2545	72%
Yes I receive updates from the Chief Executive Briefing that are irregular	0	0%	457	13%
No I do not receive information from the Chief Executive Briefing	0	0%	512	15%
Missing	840		474	
L02a. I feel that our organisation communicates clearly with staff about priorities and goals.				
Strongly agree	0	0%	360	10%
Agree	0	0%	1793	51%
Neither agree nor disagree	0	0%	950	27%
Disagree	0	0%	333	9%
Strongly disagree	0	0%	101	3%
Missing	840		474	
L02b. Day to day issues and frustrations that get in my way are quickly identified and resolved.				
Strongly agree	0	0%	125	4%
Agree	0	0%	607	17%
Neither agree nor disagree	0	0%	1124	32%
Disagree	0	0%	1191	34%
Strongly disagree	0	0%	443	13%
Missing	840		498	
L03. Thinking about your line manager to what extent do you agree or disagree that they exhibit the Trust values and behaviours?				
Strongly agree	0	0%	711	20%
Agree	0	0%	1632	46%
Neither agree nor disagree	0	0%	833	24%
Disagree	0	0%	230	7%
Strongly disagree	0	0%	111	3%
Missing	840		471	
L04. Thinking about your colleagues to what extent do you agree or disagree that they exhibit the Trust values and behaviours?				
Strongly agree	0	0%	535	15%
Agree	0	0%	1915	54%
Neither agree nor disagree	0	0%	838	24%
Disagree	0	0%	180	5%
Strongly disagree	0	0%	51	1%
Missing	840		469	

Appendix Three

UHL Organisational Development Plan (updated September 2013)

Caring at its best

Six Work Streams	2013	2014-15	On-going Fundamentals
1. Live our Values	<ul style="list-style-type: none"> • Implement Putting People First / Cultural Shift Programme • Implement Values Based Recruitment 	<ul style="list-style-type: none"> • 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 • Achieve and maintain 'Excellent Employer' status
3. Strengthen Leadership	<ul style="list-style-type: none"> • Devise and implement Leadership Qualities and Behaviours • 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 and Enhance Workplace Capacity 	<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 • Recruitment and retention
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"> • Develop an Improvement and Innovation Framework (IIF) • Develop and implement a plan for building improvement capacity 	<ul style="list-style-type: none"> • Roll-out training, to enable a bottom-up approach towards improvement and innovation 	<ul style="list-style-type: none"> • Embedding Releasing Time to Care • Build on Research and Development • Implementation of Improvement and Innovation Framework

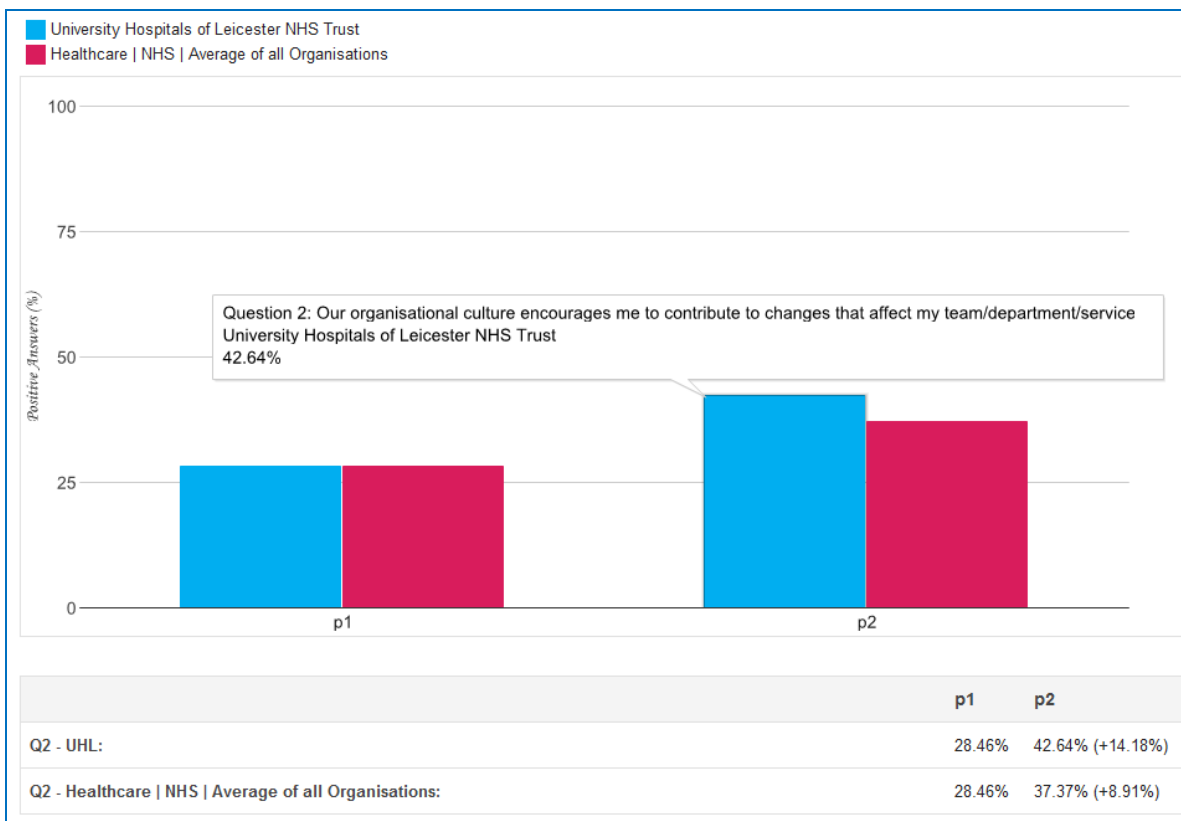
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Appendix Four: Listening into Action Pulse Check Results

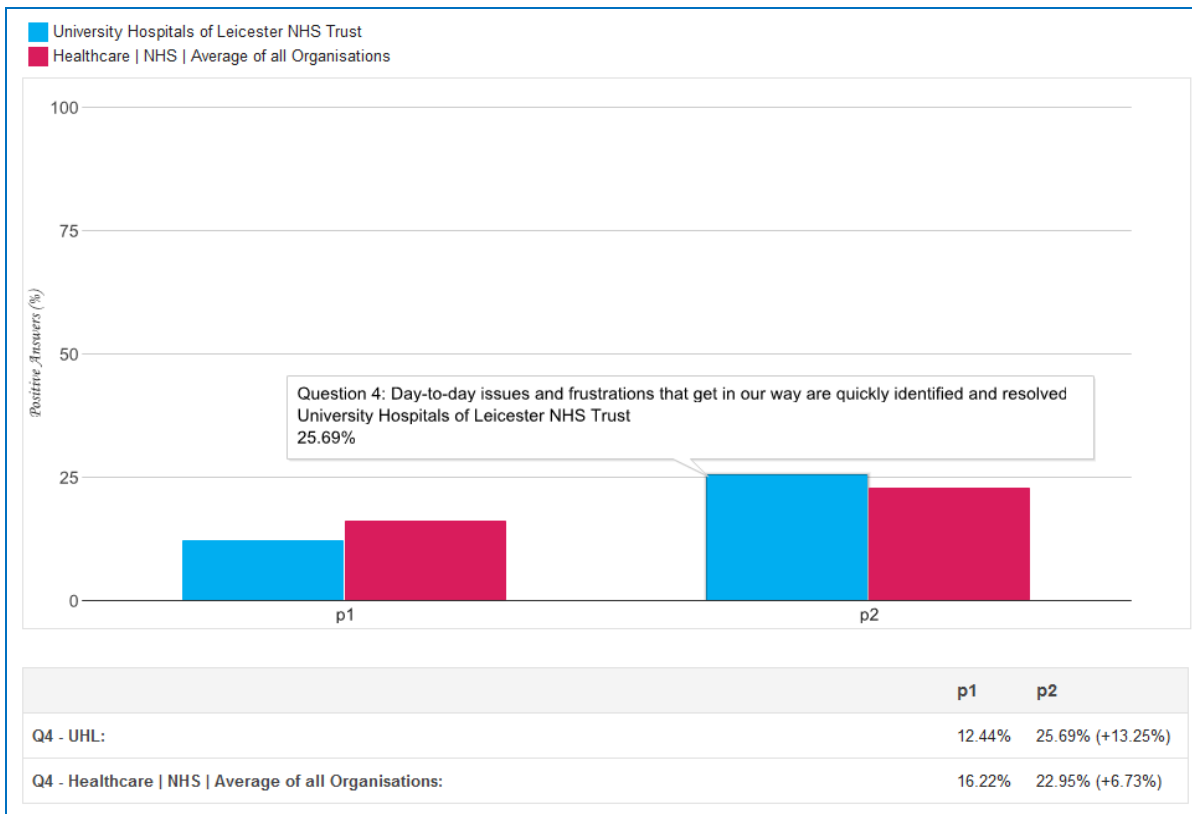
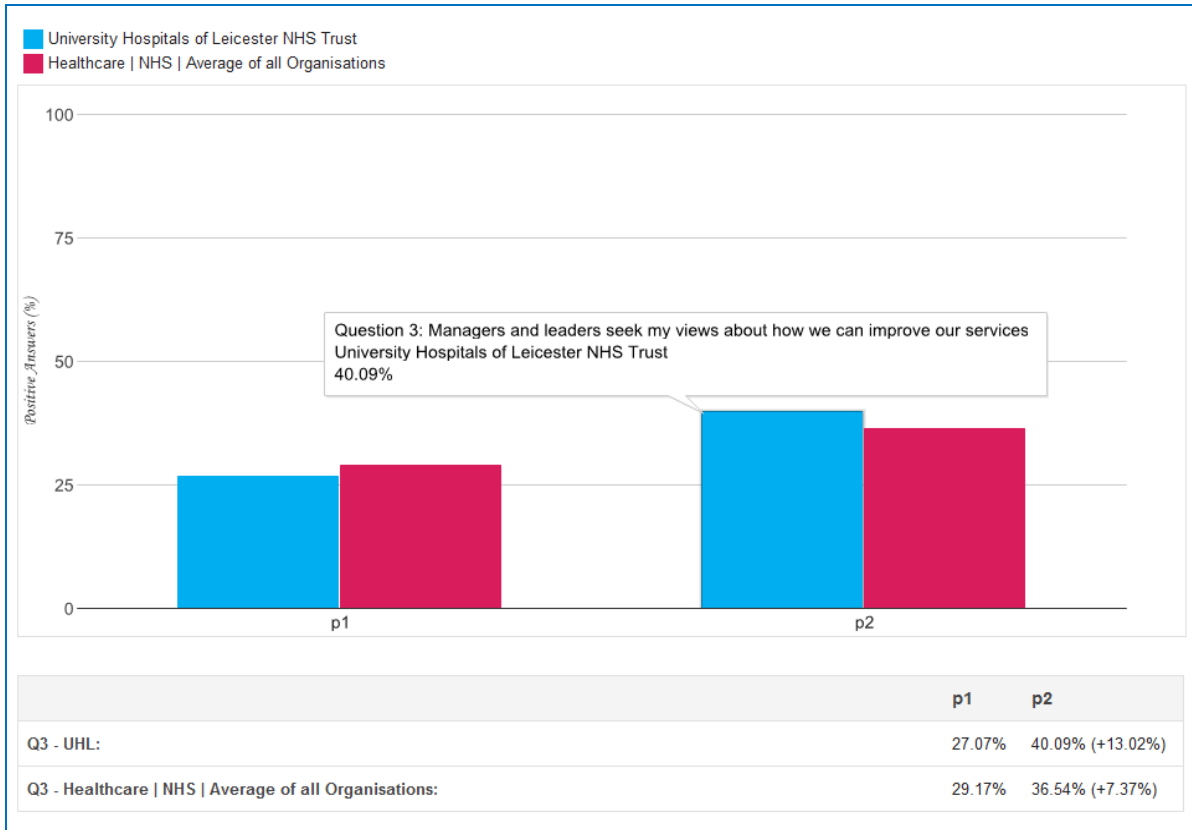
Pulse Check Questions	1st Pulse Check	2nd Pulse Check	Variance
I feel happy and supported working in my team/department/service	50.05%	49.82%	-0.23
Our organisational culture encourages me to contribute to changes that affect my team/department/service	28.46%	42.61%	+14.15
Managers and leaders seek my views about how we can improve our services	27.07%	40.08%	+13.01
Day-to-day issues and frustrations that get in our way are quickly identified and resolved	12.44%	25.59%	+13.15
I feel that our organisation communicates clearly with staff about its priorities and goals	28.25%	46.42%	+18.17
I believe we are providing high quality services to our patients/service users	30.09%	53.73%	+23.64
I feel valued for the contribution I make and the work I do	17.3%	43.1%	+25.8
I would recommend our Trust to my family and friends	-	46.19%	-
I understand how my role contributes to the wider organisational vision	41.28%	72.36%	+31.08
Communication between senior management and staff is effective	16.64%	36.24%	+19.6
I feel that the quality and safety of patient care is our organisation's top priority	-	52.85%	-
I feel able to prioritise patient care over other work	-	48.71%	-
Our organisational structures and processes support and enable me to do my job well	-	33.92%	-
Our work environment, facilities and systems enable me to do my job well	-	32.39%	-
This organisation supports me to develop and grow in my role	-	36.77%	-

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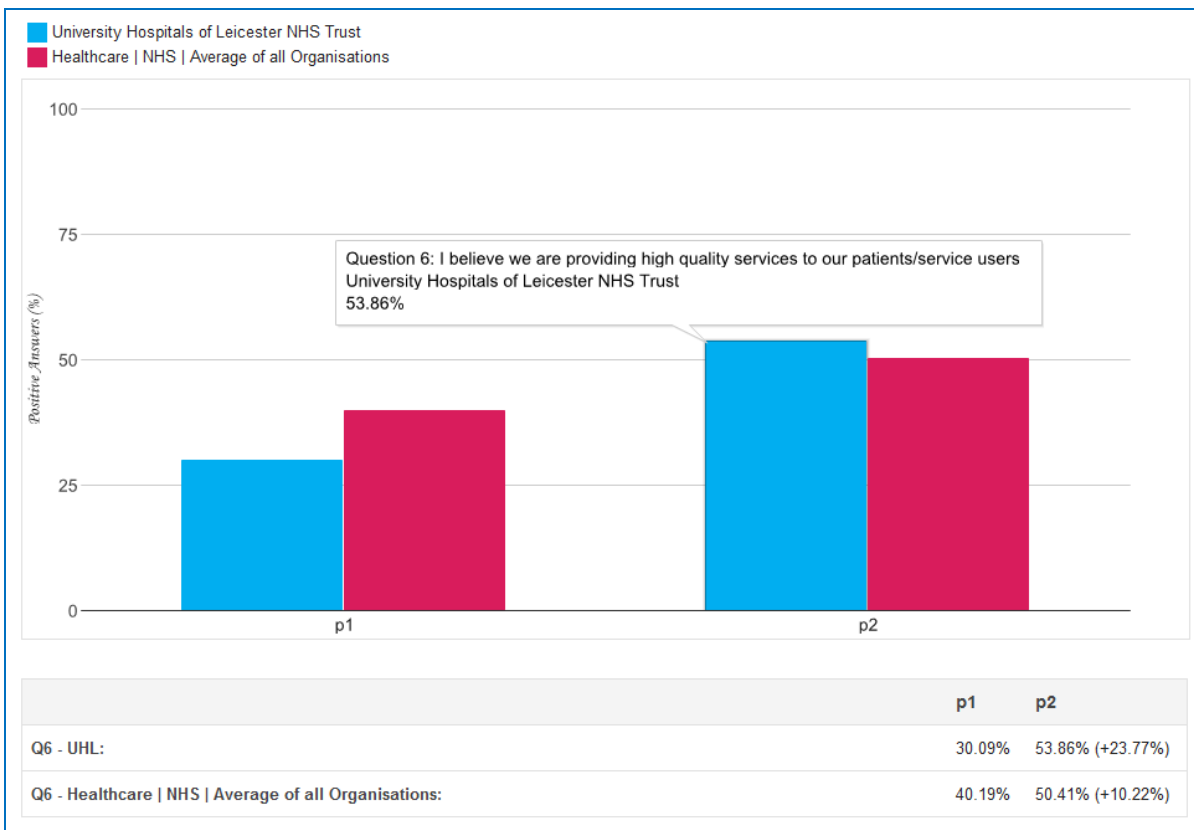
Appendix Five: UHL Pulse Check Survey – Survey One & Two Comparison between UHL and all LiA Organisations



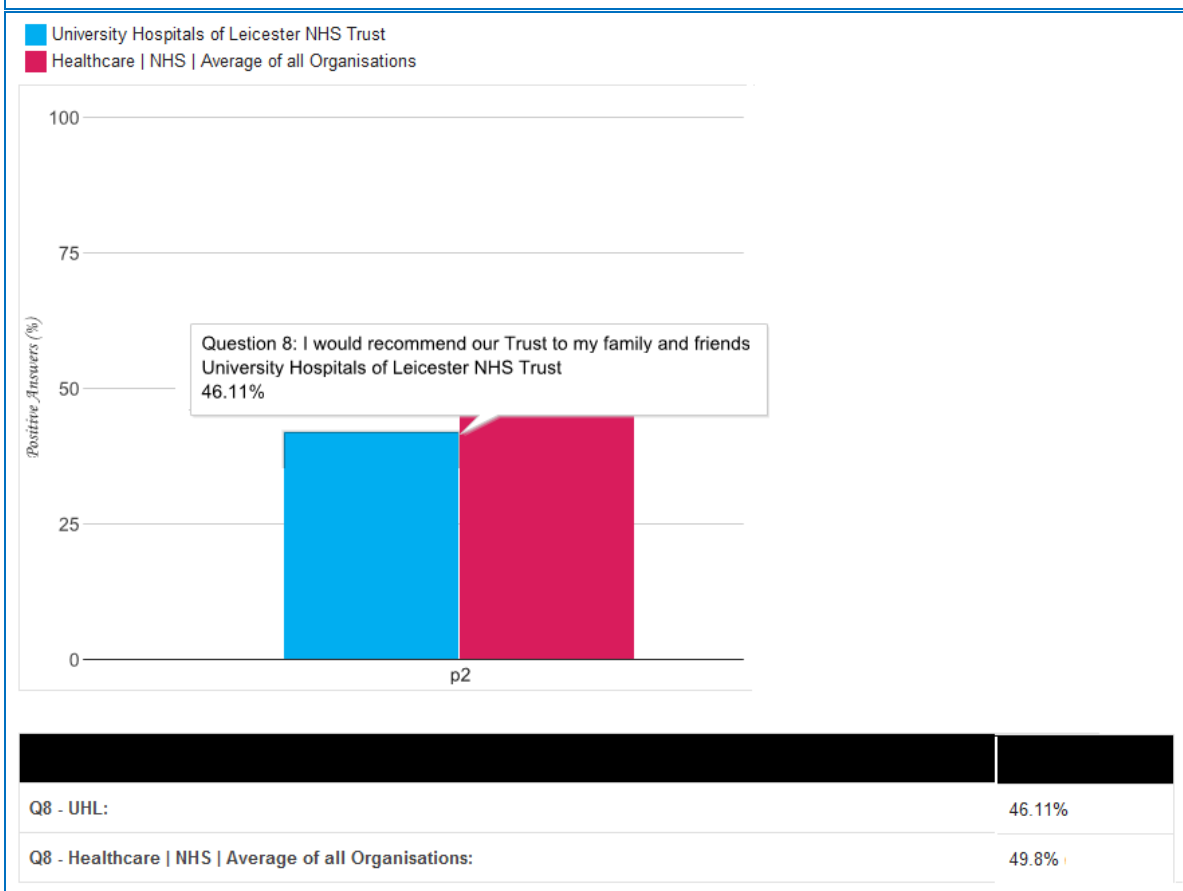
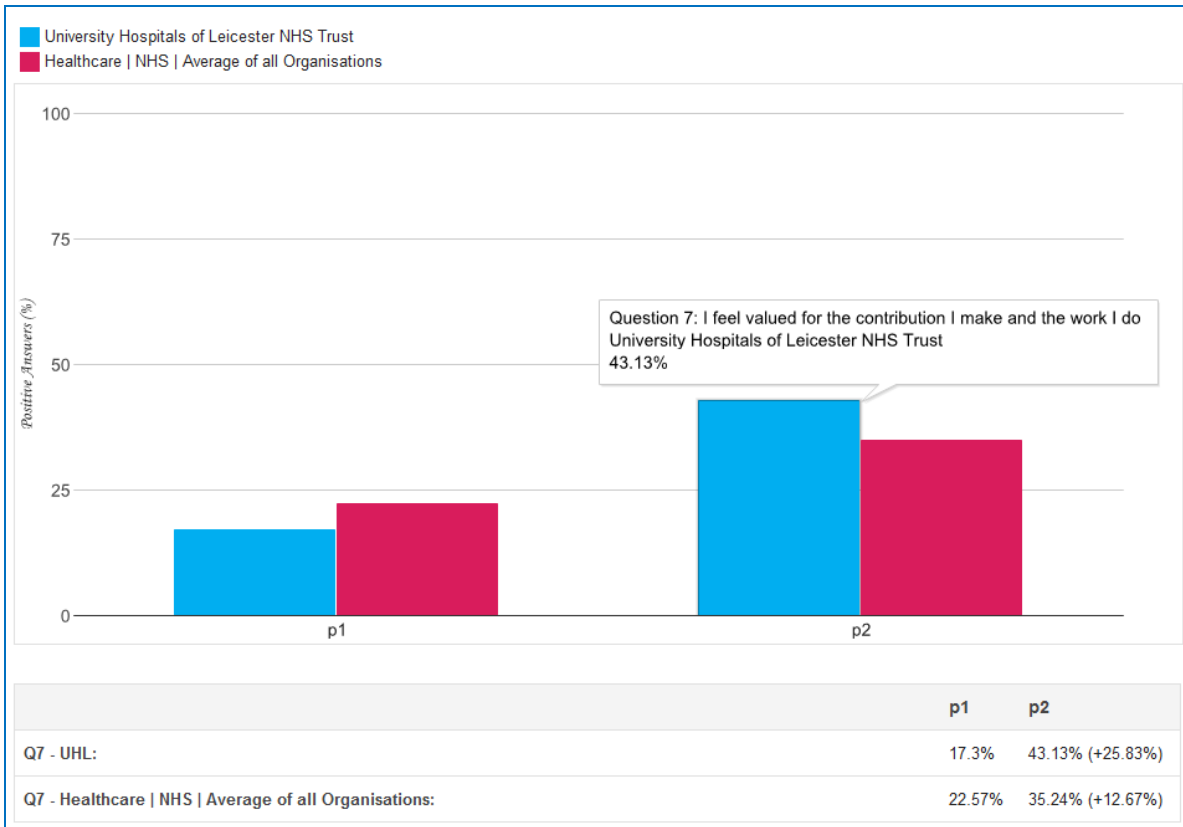
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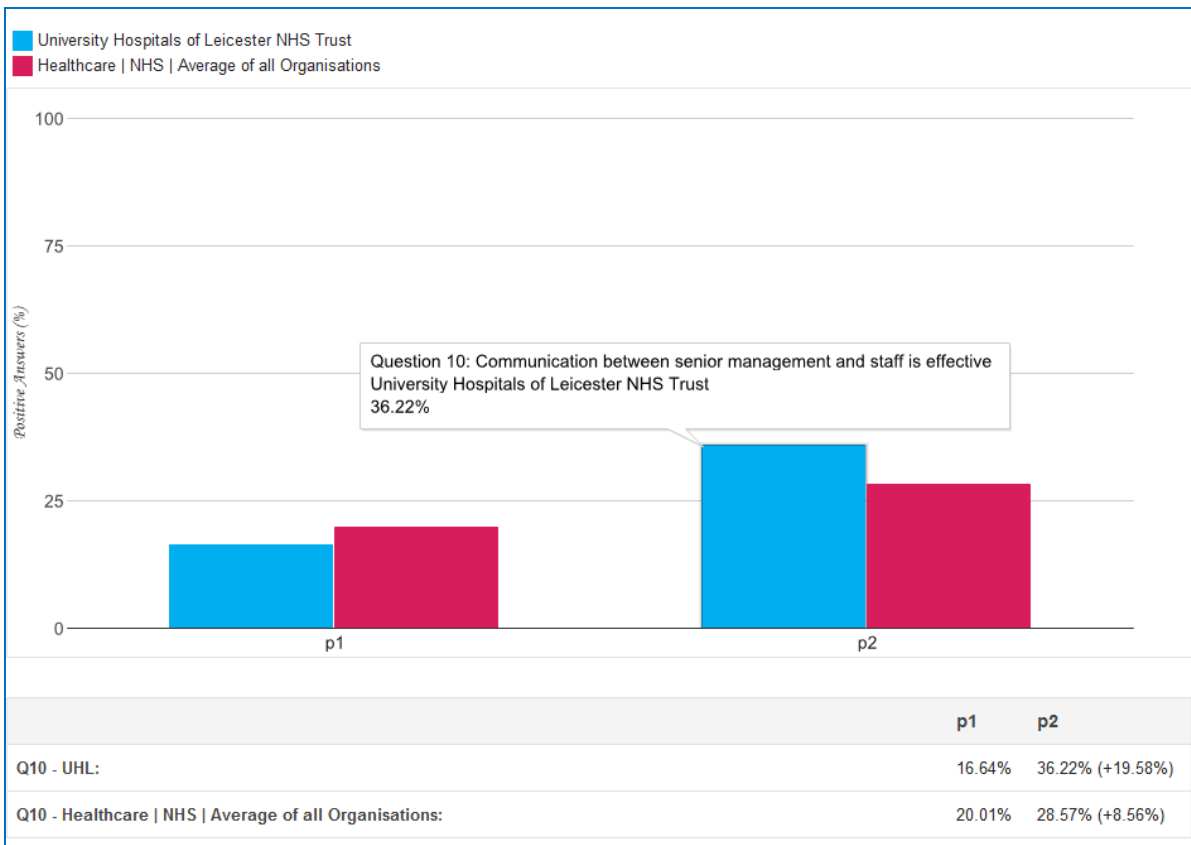
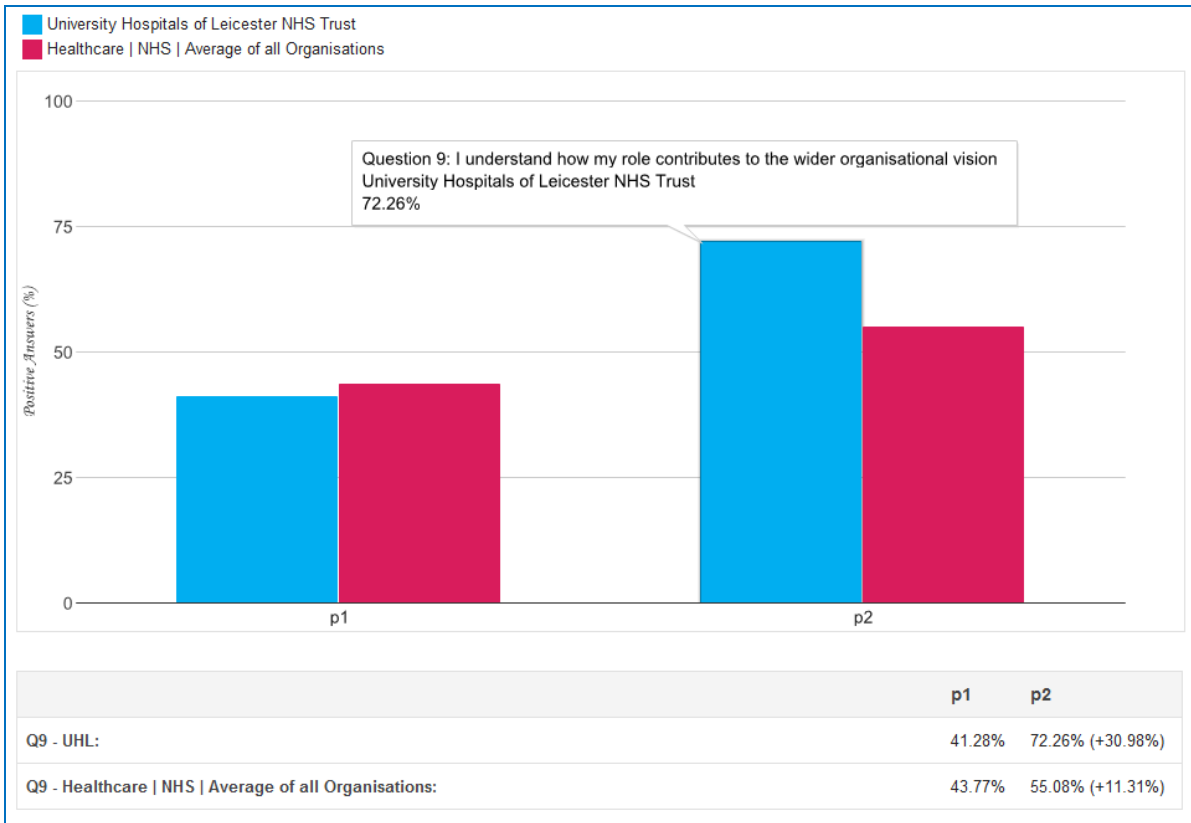
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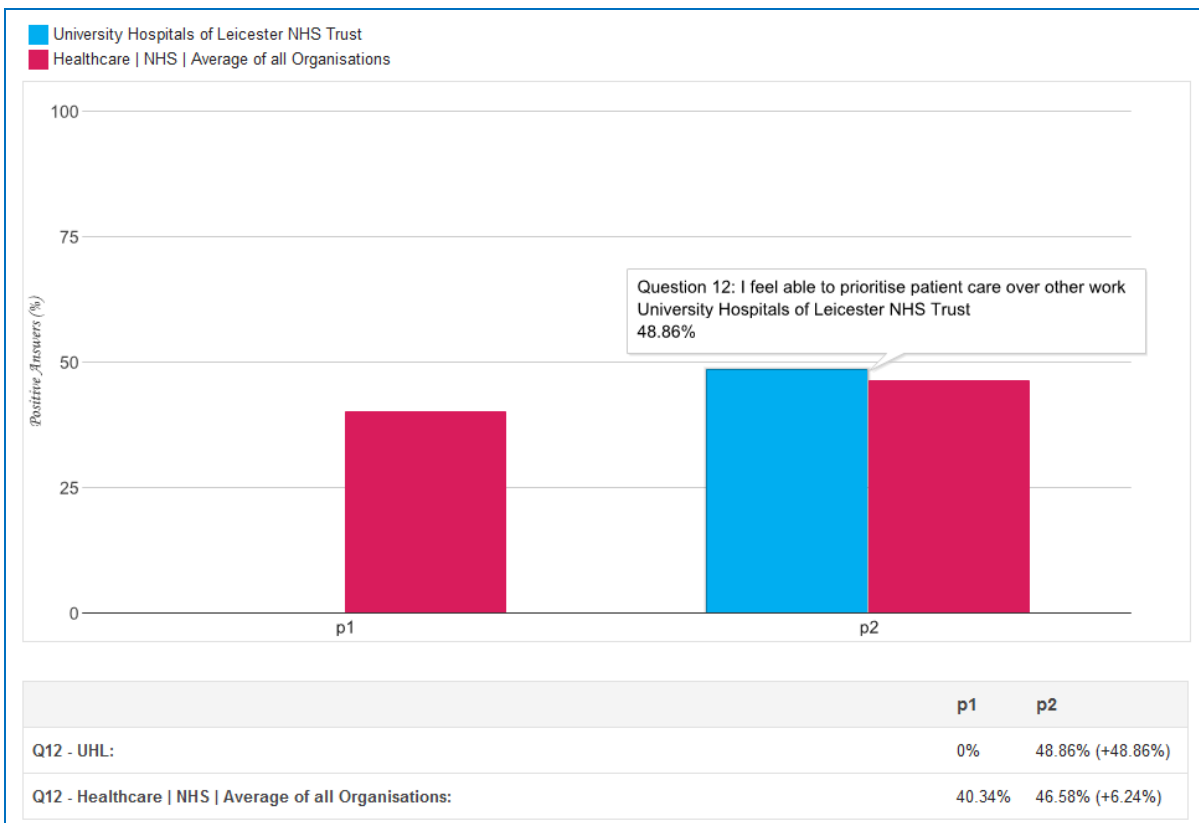
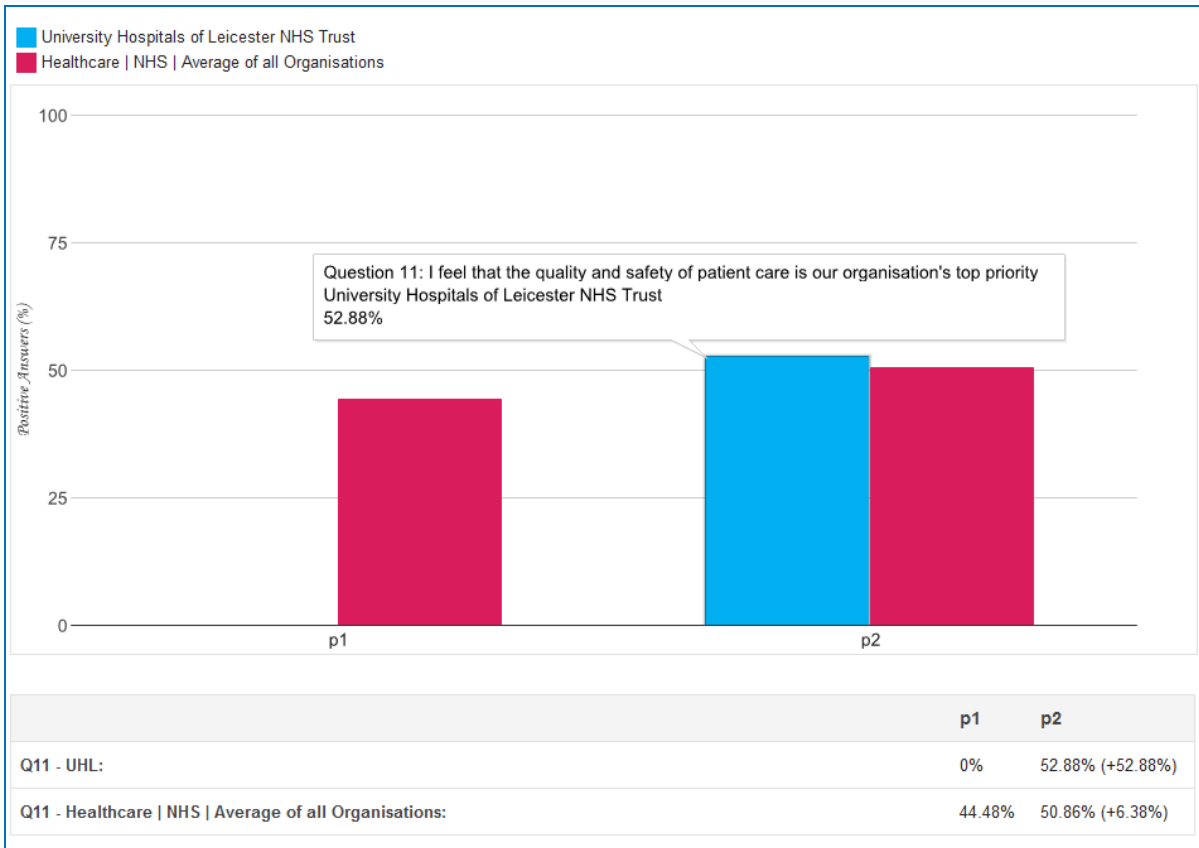
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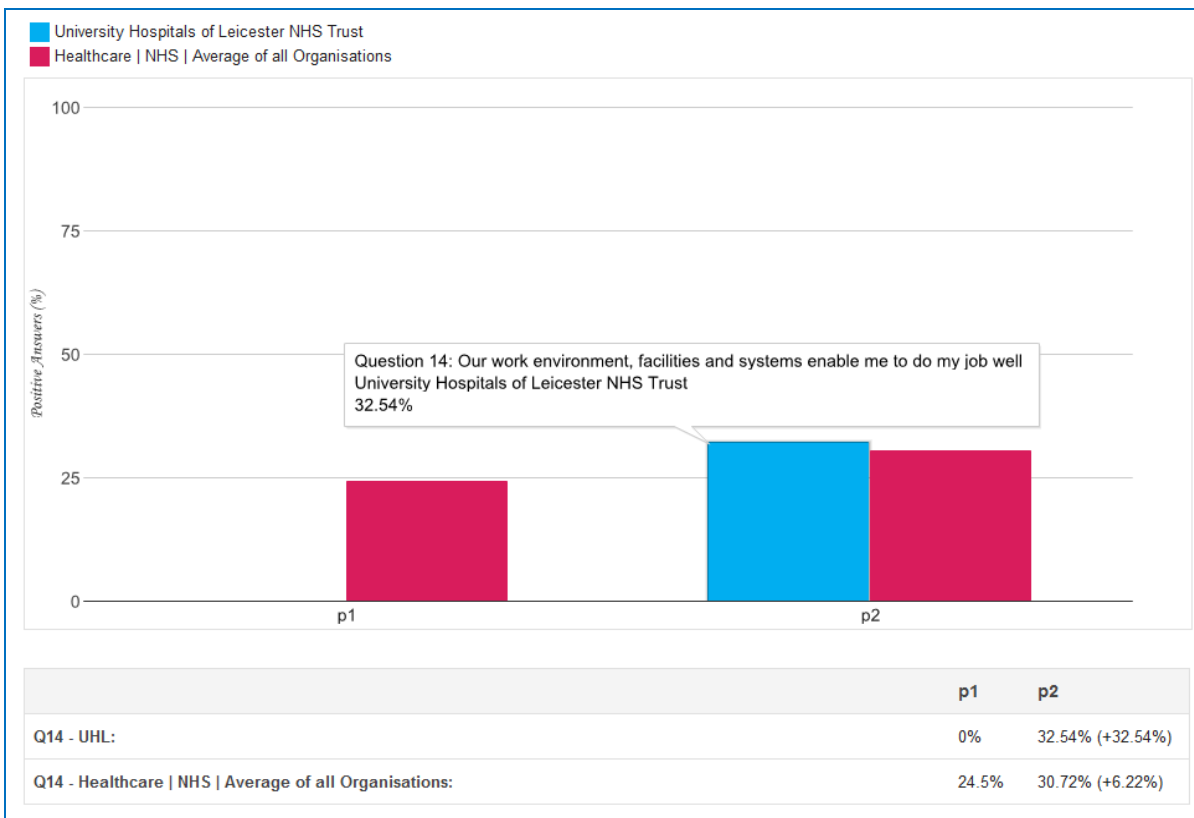
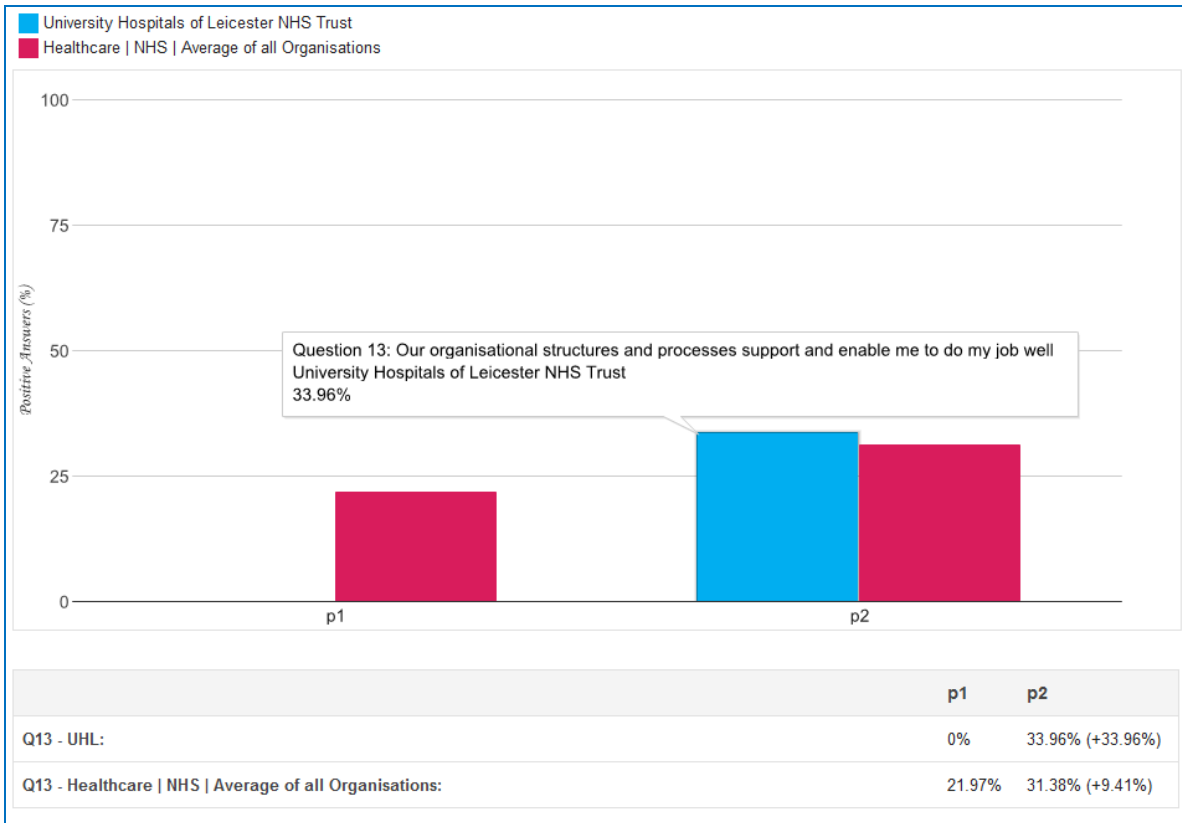
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