

Staff Survey Results 2015

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Trust Board paper K

Executive Summary

Context

As part of CQC Standards the Trust is required to participate in the National Staff Survey on an annual basis. The results of this survey and those of the UHL Pulse Check are used to develop human resource and workforce strategies aimed at improving staff experience of working at UHL. The UHL Pulse Check is an important diagnostic for identifying what is driving or inhibiting staff engagement which is a cornerstone of the UHL Way.

Questions

1. What actions need to be taken at a Trust wide level to address the core themes?
2. How can we ensure that the right priorities are selected to demonstrate that we are listening to our staff?
3. How will we monitor our progress?

Conclusion

1. The Staff Survey results indicate that work around four key themes:

Accelerated Listening into Action
Improvements in local leadership and the management of well led teams
Implementing actions to remove day to day frustrations
Clarifying the Trust commitment to Quality.

Has improved the results overall particularly in relation to staff perceptions around the Trust commitment to quality, improvement in clarity of roles and responsibility and the effectiveness of team working.

3. The results of the National Staff Survey and Pulse Check results indicate that there is further work to do on enabling staff to influence change and improvements and ensure staff are aware of how they have contributed to improvement. We also have further work

to do to ensure staff have confidence in our reporting systems and are recognised for effort particularly at the local level.

4. There is also a need to focus of staff well being at work recognising that we need to support staff in building resilience to the pressures of work.

Input Sought

We would welcome the Trust Board's views on the results overall and accuracy of analysis and the identification of the core themes for action.

For Reference

Edit as appropriate:

1. The following **objectives** were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes]
Effective, integrated emergency care	[Not applicable]
Consistently meeting national access standards	[Not applicable]
Integrated care in partnership with others	[Not applicable]
Enhanced delivery in research, innovation & ed'	[Yes]
A caring, professional, engaged workforce	[Yes]
Clinically sustainable services with excellent facilities	[Yes]
Financially sustainable NHS organisation	[Yes]
Enabled by excellent IM&T	[Yes]

2. This matter relates to the following **governance** initiatives:

Organisational Risk Register	[Yes]
Board Assurance Framework	[Yes]

3. Related **Patient and Public Involvement** actions taken, or to be taken: Not applicable

4. Results of any **Equality Impact Assessment**, relating to this matter: Full equalities analysis has been undertaken and actions will be taken forward through the Equalities Action Plan

5. Scheduled date for the **next paper** on this topic: June 2016

6. Executive Summaries should not exceed **1page**. [My paper does comply]

7. Papers should not exceed **7 pages**. [My paper does comply]

REPORT TO: TRUST BOARD

DATE: 07 APRIL 2016

REPORT FROM: LOUISE TIBBERT, DIRECTOR OF WORKFORCE AND OD

REPORT BY: BINA KOTECHA DEPUTY DIRECTOR OF LEARNING AND OD,
LOUISE GALLAGHER, WORKFORCE DEVELOPMENT MANAGER
LINSEY MILNES, LISTENING INTO ACTION LEAD

SUBJECT: NATIONAL NHS STAFF SURVEY RESULTS 2015 AND UHL WAY PULSE CHECK

1.0 INTRODUCTION

- 1.1 This report updates on the actions from the 2014 National Survey Results and the outcomes of the 2015 National Staff Survey and the UHL Pulse Check Survey. The latter is an important compliment to the National Staff Survey as it identifies what is driving the levels of engagement that are apparent in the Staff Survey results. In addition the Trust conducted a well being at work survey which is currently being analysed and findings will in part inform the health and well being strategy together with the health and well being related findings in this report.
- 1.2 The 13th National Staff Survey was conducted between September and December 2015. The survey is conducted on behalf of NHS England and the results form a key part of the Care Quality Commission's assessment of the Trust in respect of its regulatory activities such as registration, the monitoring of on-going compliance and reviews.
- 1.3 The Pulse Check Survey was conducted on 25% of all staff via email and was launched in February 2016. This was conducted by Wrightington Wigan and Leigh who developed the Pulse Check as a result of extensive research into the drivers of staff engagement.

2.0 NATIONAL STAFF SURVEY: 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.

3.0 PARTICIPATION

- 3.1 Analysis by the Staff Survey Coordination Centre of the survey results is undertaken through a self-completed questionnaire. This year a sample of 850 staff were given the opportunity to complete the survey through paper based surveys and the Trust received 207 responses (25% response rate). This was below last year's official response rate of 33% and was in the lowest 20% of acute trusts.

4.0 STRUCTURE

- 4.1 The survey provides 32 Key Findings about working in the NHS at UHL 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 three additional

themes; equality and diversity, errors and incidents and patient experience measures. This year questions relating to Trust values have been incorporated into the main body of the survey.

5.0 ACTIONS ARISING FROM THE 2014 SURVEY

5.1 The results from the 2014 National Staff Survey were used to develop a series of actions under four key themes and this section gives an overview of how these have impacted on the overall results in appendix one.

Quality Branding and Messaging	Leadership / well led teams – Basic Expectations and Holding to Account
Removing Remove Day to Day Frustrations	Accelerated Listening into Action

5.2 The most impactful actions have been those relating to quality branding and messaging where we have seen such improvements as 8% more staff believing that care of patients is our top priority and an 8% improvement in individuals being happy with the standard of care if a friend or relative needed treatment. The National Staff Survey report published by the National Staff Survey Coordination describes these as organisational measures and the *unweighted* results from the last five years are published in the table below:

	2011	2012	2013	2014	2015 with average acute score
Staff recommendation of the organisation as a place to work or receive treatment	NA	3.44	3.51	3.49	3.68 (3.76)
Care of patients is top priority	46	57	65	64	72 (75)
Organisation acts on concerns raised by patients/service users	NA	67	64	67	75 (73)
I would recommend my organisation as a place to work or receive treatment	38	50	50	51	60 (61)
If friend or relative needed treatment, happy with standard of care	54	55	57	56	64 (70)

5.3 We are now above average compared to acute trusts for effective teamwork suggesting that our actions on accountability into action are improving staff perceptions. In addition 8% more staff are clear about their responsibilities and staff generally showing that they feel more recognised and valued by both managers and the organisation.

5.4 Although we are above the acute trust national average relating to satisfaction with responsibility and involvement, there is still a need to further embed Listening into Action as despite a 3% increase in the percentage of staff able to contribute to improvements in work, we remain in the lowest 20% of acute trusts.

6.0 2015 UHL RESULTS

6.1 Raw Data Results

6.1.1 In addition to the Key Findings results, the Trust receives the results of responses to individual questions that are asked in the survey. There are a number of improvements in specific results which are worthy of note and demonstrate where our actions are having a positive impact. Examples of improvements include:

- A 10% reduction in staff seeing incidents or near misses.
- More staff believing their appraisal led to clearer objectives and made them feel valued
- A 10% increase in the number of staff recommending the Trust as a place to work.

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

- A 3% increase in staff experiencing discrimination
- A 4% reduction in staff involvement in changes that affect their work area.

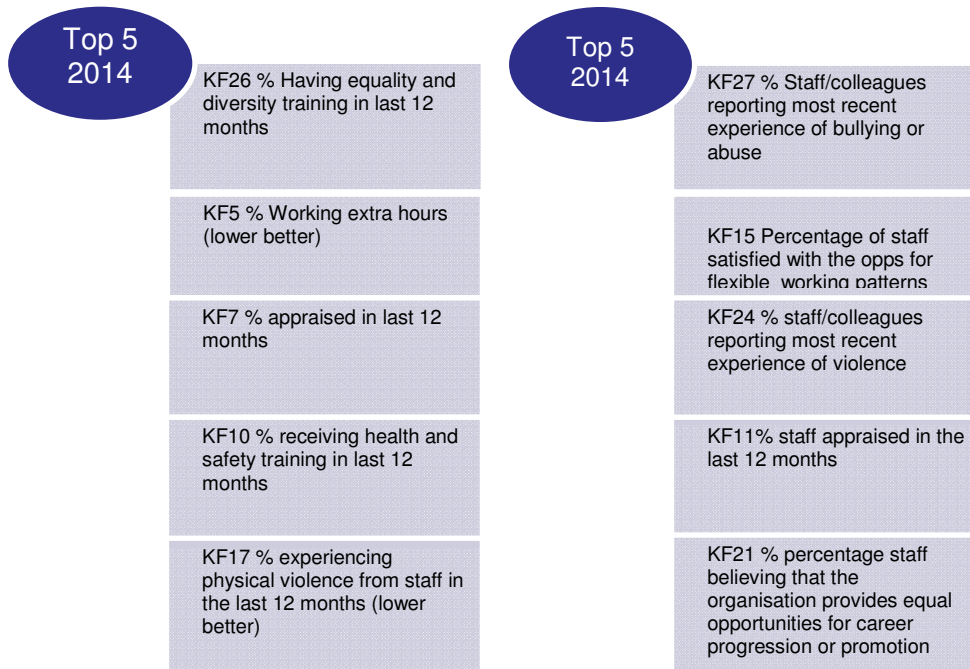
6.1.3 These results are significant in terms of providing the evidence to support our priority actions.

6.2 Key Findings Based on the 2015 National Staff Survey Results

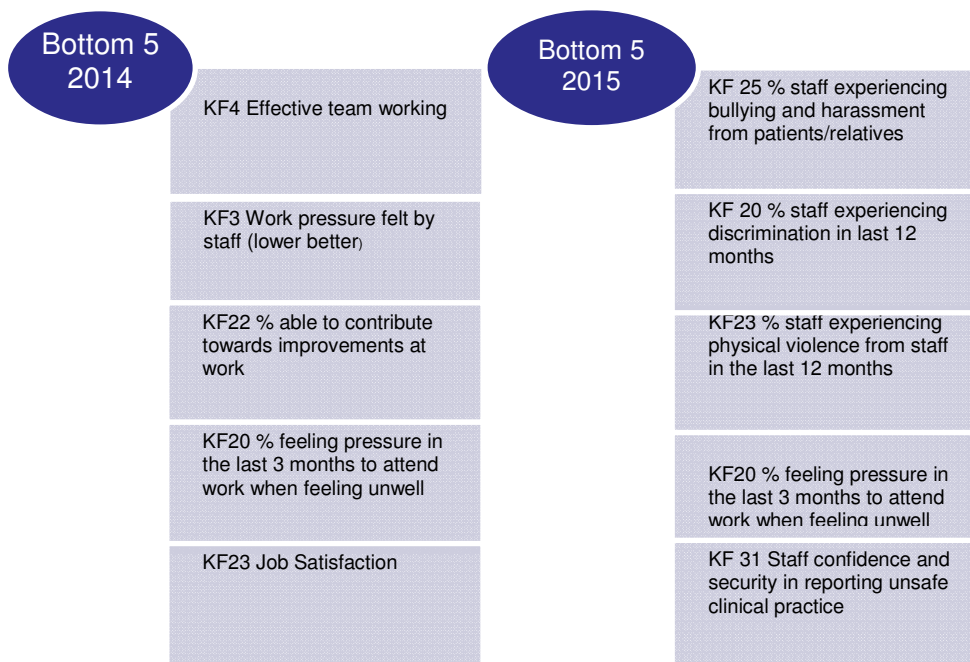
6.2.1 Appendix One summarises the National Staff Survey Key Findings Data comparing the data with 2013 and the 2014 and 2015 results. It should be noted that a number of key findings have been amended this year and therefore it is not possible to compare directly with previous year's results. This analysis highlights that the majority of results showed no statistically significant change, there were four results showing a statistically significant improvement (relating to staff motivation, staff satisfaction with responsibility, the percentage of staff believing that the organisation provides equal opportunities for career progression and promotion) and no results showing a deterioration.

6.2.2 Appendix One also highlights that our position relative to other Acute Trusts has improved in relation to Staff Pledge One (providing all staff with clear roles and responsibilities) with three results in the top 20% of acute trusts and two above average. The results are mixed for Staff Pledge Two (personal development and access to learning) where there have been significant improvement in quality of appraisal and disappointing results relating to the quality of non mandatory training. Staff Pledge Three (health and well being and violence and harassment) are again mixed with five factors in the top 20% and three in the lowest 20%, of particular concern are measures relating to bullying and harassment. The Trust is still challenged in finding ways to improve our position on the Staff Pledge relating to engagement and empowerment and mechanisms for addressing this will be progressed through the adoption of UHL Way and a forensic analysis of the behaviours needed to drive engagement (section 7). It is also concerning that the Trust has fallen into the lowest 20% of acute trusts in relation to experiences of discrimination. The fact that overall there is a perception of fairness in relation to career progression and promotion suggests this is related to specific incidents. The new area of finding is around errors and incidents and this needs to be a key Trust priority. Although there has been a decrease in the sighting of near misses and errors, we need to improve our position in respect of reporting and the effectiveness of that reporting.

6.2.3 The five Key Findings for which the Trust compares most favourably with other Acute Trusts are summarised below, also indicating changes since the 2014 survey:-



6.2.4 The five Key Findings for which the Trust compares least favourably with other Acute Trusts are summarised below, also indicating changes since the 2014 survey:-



These are key areas of focus for review, discussion and action planning. It is essential that this review links to 'Listening into Action', our work to embed the quality agenda and leadership interventions to improve teamwork. Our proposed actions are described in more detail in section 8.0 following a more detailed overview of the Pulse Check outcomes.

6.2.5 The table below shows how our relative position has changed since 2012.

Ranking	Number of Indicators 2012 (28)	Number of Indicators 2013 (28)	Number of Indicators 2014 (29)	Number of Indicators (32)
Best 20%	5	4	4	10
Above Average	9	3	1	6
Average	6	8	6	4
Below Average	6	7	14	4
Lowest 20%	2	6	4	8

6.2.6 Of those areas where the ranking has deteriorated, one factor consistently appears in the bottom five of the Trust's results this being pressure to attend work in the last three months when feeling unwell. This needs to be seen in the context of the Health and Wellbeing at Work Strategy and findings in the Pulse Check indicating that staff need to be supported in maintaining resilience at work (see 7 below).

6.3 Staff Engagement Scores

6.3.1 One of the most important scores in the Staff Survey is the overall staff engagement score which is a combined score of:

- Staff ability to contribute to improvements at work
- Staff recommendation of the trust as a place to work or receive treatment
- Staff motivation at work

The table below shows how these (unweighted) scores have changed between 2011 and 2015:

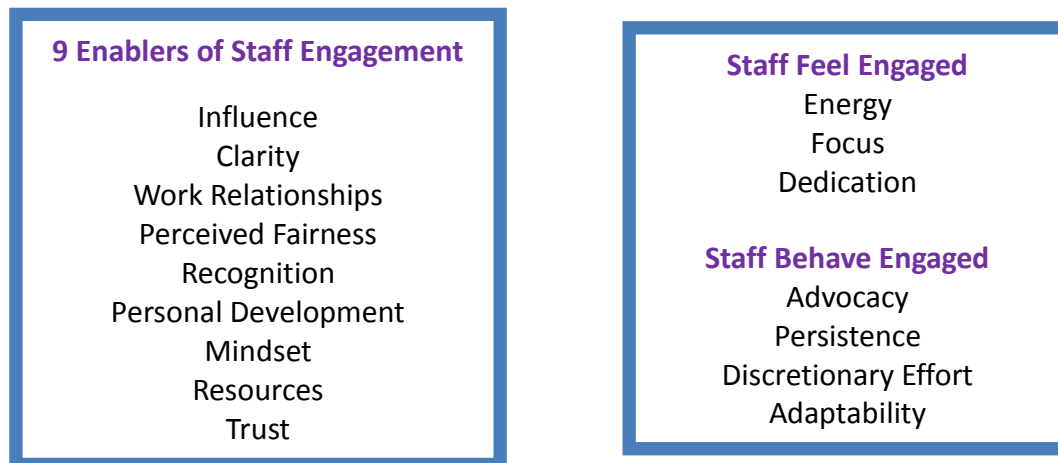
	2011	2012	2013	2014	2015
Overall Staff Engagement	3.52	3.66	3.67	3.65	3.77 (3.79)
Staff recommendation as a place to work/receive treatment	3.2	3.44	3.51	3.49	3.68 (3.76 Below Average)
Staff Motivation	3.79	3.86	3.83	3.83	4.02 (3.94 Best 20%)
Staff ability to contribute to improvements at work	62	71	68	65	67 (69, lowest 20%)

6.3.2 The change in 2015 was a statistically significant improvement and continues the overall improvement trajectory. In addition to the analysis of UHL's performance on Staff Engagement Scores since 2011 a comparison of unweighted scores has been made with 15 Benchmarked Acute Trusts for 2013, 2014 and 2015 (Appendix Two). This shows a much improved for UHL in relation to such trusts.

7.0 UHL Pulse Check Survey Results

7.1 In February 2016 the Trust introduced the new UHL Pulse Check. This should be seen as complimentary to the National Staff Survey with findings that are not only consistent but also indicate how we might improve our position. This is a 47 question survey that replaces the previous 15 question LiA Pulse Check that was used to survey the Organisation annually and incorporates the Friends and Family Test Scores. The UHL Pulse Check will survey 25% of the Trust every quarter with the aim of reviewing levels and trends across the organisation, identifying factors that may be enabling or inhibiting staff engagement. The UHL Pulse Check looks at nine contributing factors or enablers, of staff engagement and measures feelings and behaviours of staff that affect levels of engagement.

7.2 Staff engagement measures and findings;



7.3 The UHL Pulse Check was sent to 3183 members of staff, 25% of each CMG and 25% of all corporate directorates grouped together. 649 Pulse Checks were completed, giving a response rate of 20.4%.

7.4 The main aim of the survey is to review levels and trends of staff engagement across the organisation and identify the factors that may be enabling or inhibiting staff engagement. Overall the results of this Staff Engagement Quarterly Pulse Check indicate moderate levels of engagement within University Hospitals of Leicester. Appendix Three contains an analysis of these results and the equivalent indicator in the National Staff Survey together with reference to actions for improvement.

7.5 **Trust** refers to the extent that staff feel they have an appropriate level of responsibility, freedom to do their job and choose their own working methods, without feeling micromanaged. This was the highest scoring enabler for UHL, achieving a positive score of 4 out of 5, and is likely to be a key driver of engagement within the Trust.

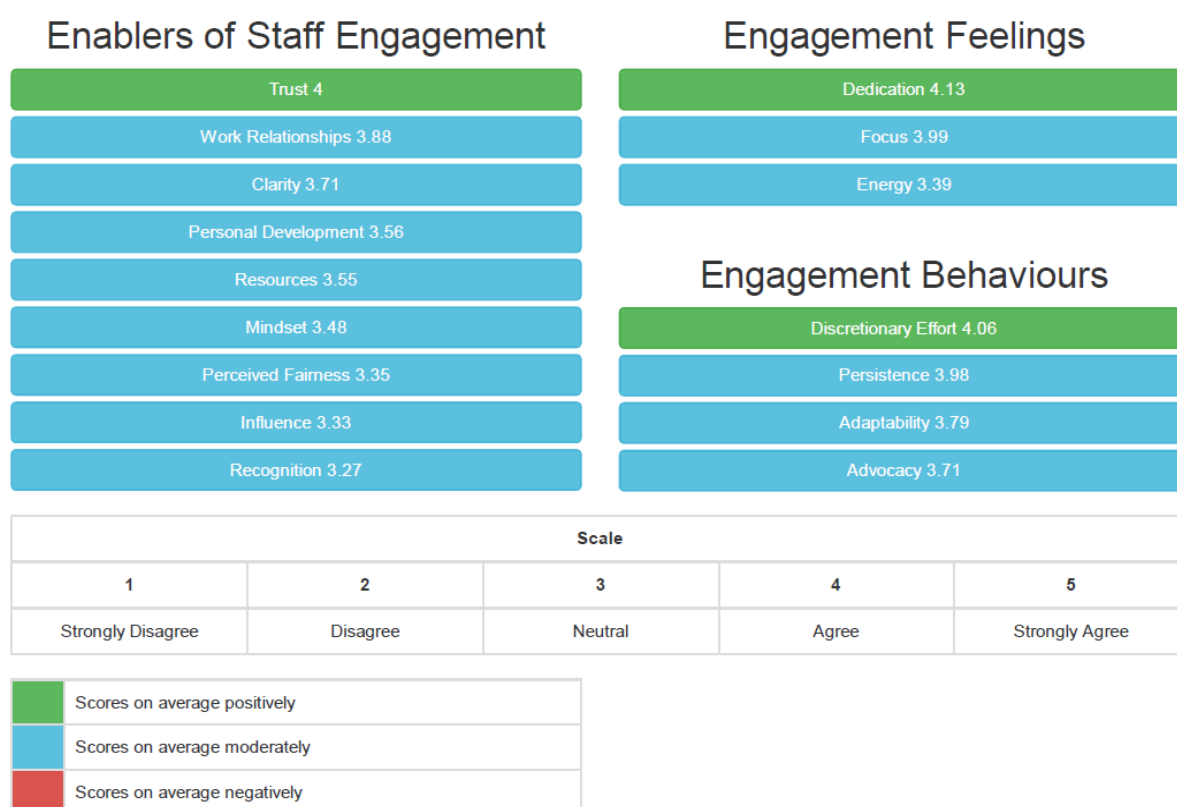
7.6 **Recognition** was the lowest scoring staff engagement enabler, achieving a score of 3.27 out of 5, indicating that staff only feel valued to some extent. Staff have indicated that they feel recognition from the organisation rather than their manager is the main area where improvements could be made, as this item scored considerably lower. ITAPS and Medical and Dental staff both scored significantly lower on recognition than the rest of the Trust. Several comments were made about the contract issues for Junior Doctors, and that staff didn't feel supported or valued in this issue by the top of the organisation.

7.7 **Mindset**, the extent that staff are encouraged to believe in themselves, believe in moving forwards, and have a positive state of mind achieved a moderate score. Medical and Dental staff

also demonstrated significantly lower mindset levels than the rest of the Trust, and a large number of staff commented about feeling unable to achieve their work objectives due to lack of staff and unrealistic levels of demand.

7.8 **Dedication** and **discretionary effort** both scored positively, and are the areas of engagement which are strengths for the Trust. However, **energy** is the lowest scoring engagement measure (3.39 out of 5), which suggests that staff may be displaying dedication and going the extra mile for the Trust at their own expense, indicating staff may be at high risk of burnout. Comments made by staff also suggest this, and therefore staff energy levels should be considered an area for improvement.

7.9 Results are based on a five point Likert scale and grouped under the Enablers, Feelings and Behaviours. The overarching findings are displayed below and indicate high levels of discretionary effort and dedication and poor results relating to influence and recognition.



8.0 Driving Actions to Improve Results

8.1 The results presented in this report indicate key trends. The results are generally more positive and there are more staff recommending the Trust as a place to work and improved perception that quality is a key commitment for the Trust. Team working is improved and there is greater clarity regarding roles and responsibilities. Taken collectively they indicate that the Trust has greater levels of motivation but needs to focus on more precise mechanisms for involving and engaging staff in change. In addition there is an overriding theme relating to reporting and feeling safe and confident in doing so in order to drive a safety culture in the organisation.

8.2 The Trust Board is asked to consider the below as a broad framework for actions to improve results based on the presentation attached as appendix three.

8.3 This broad framework for action encompasses how we intend to target our approach to improving staff engagement and thereby the quality of patient care

Ensuring Listening into Action is embedded at the local team level – taking more explicit action to enable influence and involvement in change and feedback on contributions	Targeted campaigns to encourage reporting of concerns and exemplify how feedback is used to improve patient care and safety
More extrinsic and intrinsic mechanisms for recognising staff and their contribution including real time recognition	Explicit support for the management of health and well being and enabling individuals to maintain their resilience

9.0 NEXT STEPS

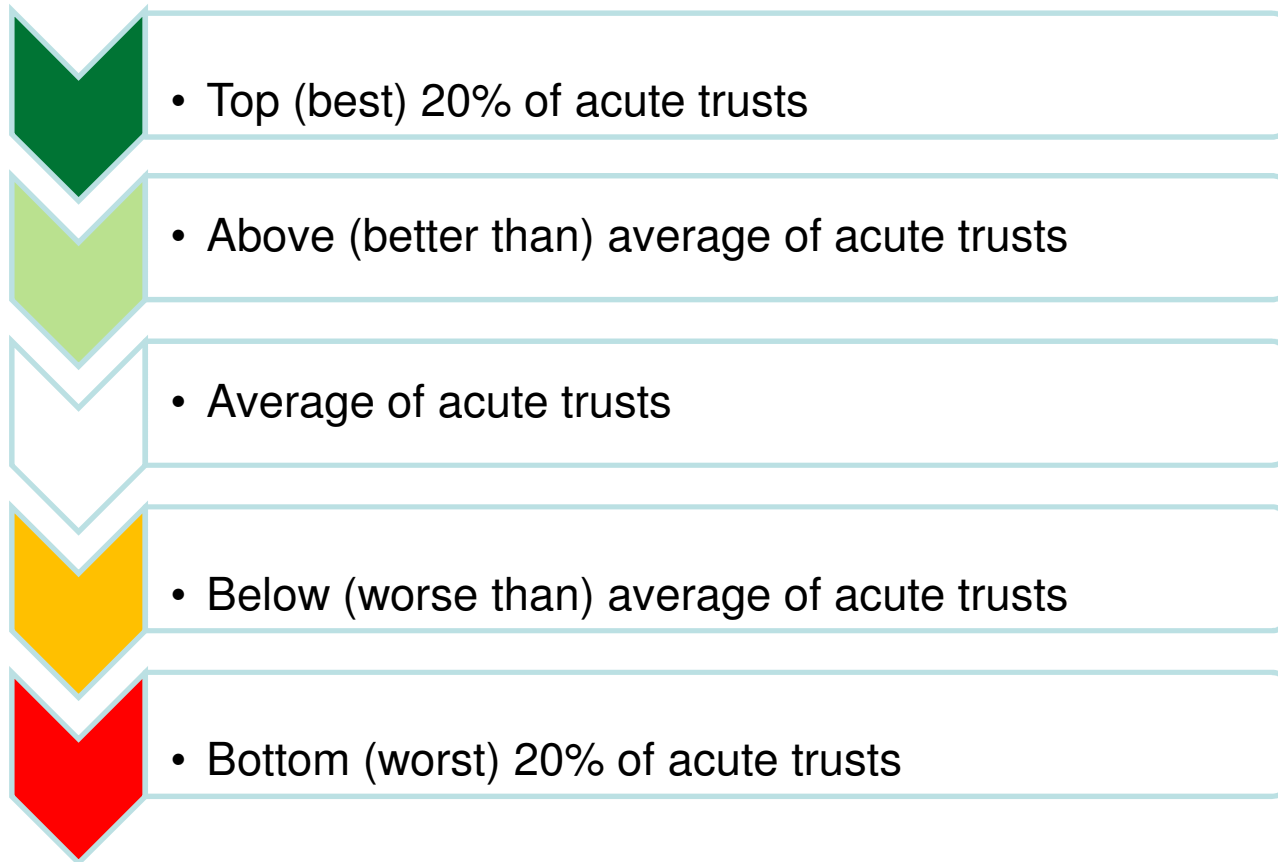
- 9.1 We will consider the areas for actions proposed and agree whether these address the findings and then develop more explicit actions.
- 9.2 By the end of June 2015, we will have a firmed up action plan for the Trust. Clinical Management Groups and Corporate Directorates will have actions for their own results.

10.0 RECOMMENDATIONS

10.1 The Trust Board is asked to:-

- Note the key messages from the analysis of the 2015 National Staff Survey results
- Discuss and approve the key areas for development
- Support the key areas for development which are proposed to make a step change in levels of engagement and satisfaction.

Appendix One Key to results comparisons



Key Factor: Staff Pledge 1 To provide all staff with clear roles responsibilities and rewarding jobs

KF 1 Staff recommendation of the organisation as a palce to work

KF2 Staff satisfaction with the quality of work and patient care they are able to deliver

KF 3 Percentage staff agreeing that their role makes a difference to patients/service users

KF 4 Staff motivation at work

2013 Change since last survey and ranking compared with other acute Trusts

No Change (3.53)
Below (worse than) average
Average for Acute 3.68

No Comparison with previous year

No Comparison with previous year

No Change (3.84)
Below (worse than) average
Average for Acute 3.86

2014 Change since last survey and ranking compared to other acute Trusts

No Change (3.51)
Below Average (worse than)
Average for Acute (3.6)

No Comparison with previous year

No Comparison with previous year

No change 3.83
Below worse than average
Average for acute 3.86

2015 Change since last survey and ranking compared to other acute Trusts

Increase 3.65
Below (worse than) average
Average for Acute 3.76

No comparison 3.95
Average
Average for Acute 3.93

No comparison - 92%
Highest (best) 20%
Average for Acute 90%

Increase (better than) 2014 – 4.02
Highest (best) 20%
Average for acute 3.94

Key Factor: Staff Pledge 1 To provide all staff with clear roles responsibilities and rewarding jobs

KF 5 Recognition and value of staff by managers and the organisation

KF8 Staff satisfaction with level of responsibility and involvement

KF 9 Effective Team Working

KF 14 Staff satisfaction with resourcing and support

2013 Change since last survey and ranking compared with other acute Trusts

No Comparison with Previous Year

No Comparison with previous year

No Comparison with previous year

No Comparison with previous year

2014 Change since last survey and ranking compared to other acute Trusts

No Comparison with Previous Year

No Comparison with previous year

No Comparison with previous year

No comparison with previous year

2015 Change since last survey and ranking compared to other acute Trusts

No comparison 3.48
Above (better than average)
Average for Acute 3.42

Increase (better than last year 3.95
Above (better than average)
Average for Acute 3.91

No comparison 3.75
Above (better than) average
Average for Acute 3.73

No comparison 3.3
Average
Average for acute 3.3

Key Factor: Staff Pledge 2 To provide all staff with personal development, access to appropriate education and training and line management support to enable them to fulfil potential

KF 10 Support from immediate managers

KF11 % appraised in last 12 months

KF 12
Quality of appraisals

KF 13 Quality of non mandatory training, learning or development

2013 Change since last survey and ranking compared with other acute Trusts

No Change 3.59
Below (worse than average)
Average for acute 3.64

No change 91%
Highest (best) 20%
Average for Acute Trusts 83%

No Comparison with previous year

No Comparison with previous year

2014 Change since last survey and ranking compared to other acute Trusts

No change 3.59
Below (worse than average)
Average for acute 3.65

No Change 93%
Highest (best) 20%
Average for Acute Trusts 84%

No Comparison with previous year

No comparison with previous year

2015 Change since last survey and ranking compared to other acute Trusts

No change 3.67
Below (worse than average)
Average for Acute 3.69

No Change 93%
Highest (best) 20%
Average for Acute 86%

No comparison 3.16
Above (better than) average
Average for acute 3.05

**No comparison 3.97
Lowest (worst) 20%
Average for acute 4.03**

Key Factor: Staff Pledge 3 To provide support and opportunities for staff to maintain their health well being and safety – Health and Well Being

KF 15 Percentage of staff satisfied with opportunities for flexible working patterns

KF16 % staff working extra hours

KF 17 Percentage of staff suffering work related stress

KF 18 Percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell

2013 Change since last survey and ranking compared with other acute Trusts

No comparison

No change 65%
Highest (best) 20%
Average for Acute Trusts 65%

No change 35%
Below (better than)average
Average for acute 37%

No change 31%
Lowest (worst) 20%
Average for acute 28%

2014 Change since last survey and ranking compared to other acute Trusts

No comparison

No Change 68%
Highest (best) 20%
Average for Acute Trusts 71%

No change 37%
Average
Average for Acute 37%

No change 31%
(recalibrated to 63%)
Lowest (worst) 20%
Average for acute 28%

2015 Change since last survey and ranking compared to other acute Trusts

No comparison - 56%
Highest (best) 20%
Average for Acute Trusts 49%

No Change 69%
Lowest (best) 20%
Average for Acute Trusts 72%

No change 32%
Below (better than) average
Average for acute Trusts 36%

No change 65%
Lowest (worst) 20%
Average for acute Trusts 59%

Key Factor: Staff Pledge 3 To provide support and opportunities for staff to maintain their health well being and safety – Health and Well Being/ Violence and Harassment

KF 19 Organisation and management interest in action on health and well being

KF22 Percentage of staff experiencing physical violence from patients or relatives or public in last 12 months

KF 23 Percentage of staff experiencing physical violence from staff in last 12 months

KF 24 Percentage of staff reporting most recent experience of violence

2013 Change since last survey and ranking compared with other acute Trusts

No comparison

No change 15%
Average
Average for Acute Trusts 14%

No change 2%
Average
Average for acute 2%

No comparison

2014 Change since last survey and ranking compared to other acute Trusts

No comparison

No Change 14%
Average
Average for Acute Trusts 14%

No change 2%
Below (better than) average
Average for Acute 3%

No comparison

2015 Change since last survey and ranking compared to other acute Trusts

No comparison 3.61
Above (better than) average
Average for Acute Trusts 3.57%

No Change 12%
Lowest (best) 20%
Average for Acute 14%

No change 3%
Highest (worst) 20%
Average for acute 2%

No change 66%
Highest (best)20%
Average for acute 53%

Key Factor: Staff Pledge 3 To provide support and opportunities for staff to maintain their health well being and safety –Violence and Harassment

KF 25 Percentage of staff experiencing harassment bullying or abuse from patients relatives or the public in the last 12 months

KF26 Percentage of staff experiencing harassment bullying or abuse from staff in last 12 months

KF 18 Percentage of staff reporting most recent experience of harassment bullying or abuse

2013 Change since last survey and ranking compared with other acute Trusts

No change 27%
Below (better than) average
Average fro acute Trusts 29%

No change 23%
Average
Average for Acute Trusts 24%

No comparison

2014 Change since last survey and ranking compared to other acute Trusts

No Change 28%
Average
Average for acute Trusts 29%

No Change 25%
Above (worse than)Average
Average for Acute Trusts 23%

No comparison

2015 Change since last survey and ranking compared to other acute Trusts

No change 33%
Highest (worst)20%
Average for Acute Trusts 28%

No Change 28%
Above (worse than) average
Average for Acute Trusts 26%

No change 47%
Highest (best)20%
Average for acute Trusts 37%

Key Factor: 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

KF 6
Percentage of staff reporting good communication between senior management and staff

KF 7
Percentage of staff able to contribute towards improvements at work

2013 Change since last survey and ranking compared with other acute Trusts

No change 26%
Below (worse than) average
Average for acute 29%

No change 68%
Average
Average for Acute Trusts 68%

2014 Change since last survey and ranking compared to other acute Trusts

No Change 28%
Below (worse than) average
Average for acute 30%

No Change 64%
Lowest (worst) 20%
Average for Acute Trusts 68%

2015 Change since last survey and ranking compared to other acute Trusts

No change 31%
Average
Average for Acute Trusts 32%

No Change 67%
Lowest (worst) 20%
Average for Acute 69%

Key Factor:
Additional Theme
Equality and
Diversity

KF 20
Percentage of
staff experiencing
discrimination at
work in last 12
months

KF21 Percentage
of staff believing
that the
organisation
provides equal
opportunities for
career
progression or
promotion

2013 Change
since last survey
and ranking
compared with
other acute
Trusts

No change 13%
Below (worse
than) average
Average for acute
Trusts 11%

No change 87%
Average
Average for Acute
Trusts 87%

2014 Change
since last survey
and ranking
compared to
other acute
Trusts

No Change 13%
Below (worse
than) average
Average for acute
Trusts 11%

No Change 87%
Average
Average for acute
Trusts 87%

2015 Change
since last survey
and ranking
compared to
other acute
Trusts

No change 15%
Highest (worst)
20%
Average for
acute Trusts 10%

Increase (better
than) 93%
Highest (best)
20%
Average for Acute
Trusts 87%

Key Factor
Additional Theme
Errors and
Incidents

KF 28 Percentage of staff witnessing potentially harmful errors near misses or incidents in last 12 months

KF 29 Percentage staff reporting errors or near misses or incidents witnessed in the last month

KF30 Fairness and effectiveness of reporting errors near misses and incidents

KF 31 Staff Confidence and security in reporting unsafe clinical practice

2013 Change since last survey and ranking compared with other acute Trusts

No change 37%
Highest (worst) 20%
Average for acute 33%

No change 87%
Lowest (worst) 20%
Average for Acute Trusts 90%

No comparison

No comparison

2014 Change since last survey and ranking compared to other acute Trusts

No change 33%
Average
Average for acute 34%

No Change 89%
Below (worse than) Average
Average for Acute Trusts 90%

No comparison

Calculated in 2015 as 3.53

2015 Change since last survey and ranking compared to other acute Trusts

No change 28%
Lowest (best) 20%
Average for Acute Trusts 31%

No Change 88%
Lowest (worst) 20%
Average for Acute 90%

No Comparison 3.65
Below (worse than) average
Average for acute 3.7

No change 3.52
Lowest (worst) 20%
Average for acute 3.62

Key Factor:
Additional Theme
Patient
Experience and
Overall
Engagement

KF 32
Effective use
of
patient/service
user feedback

**Overall
Engagement**

2013 Change
since last survey
and ranking
compared with
other acute
Trusts

No
comparison

No change
3.68
Below (worse
than)Average
Average for
Acute Trusts
3.74

2014 Change
since last survey
and ranking
compared to
other acute
Trusts

Calculated in
2015 as 3.59

No Change
3.64
Below (worse
than)Average
Average for
acute 3.74

2015 Change
since last survey
and ranking
compared to
other acute
Trusts

No change 3.68

Average

Average for
acute Trusts 3.7

Increase (better
than) 3.77

Below (worse
than) average

Average for Acute
3.79

Appendix Two – 15 Acute NHS Hospitals (Staff Engagement Scores for 2013 / 2014/2015 surveys)
 Note Unweighted Scores

	2013	2014	2015
University Hospitals of Leicester	3.68	3.64	3.78
Nottingham University Hospitals NHS Trust (RX1)	3.87	3.83	3.87
Pennine Acute Hospitals NHS Trust (RW6)	3.58	3.61	3.67
Sheffield Teaching Hospitals NHS Foundation Trust	3.71	3.81	3.74
Kings College Hospitals NHS Foundation Trust	3.96	3.78	3.81
Central Manchester University NHS Foundation Trust	3.76	3.76	3.88
Oxford University Hospitals NHS Trust	3.83	3.82	3.76
University College London Hospitals NHS Foundation Trust	3.91	3.87	3.85
Leeds Teaching Hospitals NHS Trust	3.61	3.65	3.74
Norfolk and Norwich University Hospitals NHS Foundation Trust	3.75	3.65	3.71
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	3.89	3.89	3.89
Barts Health NHS Trust	3.61	3.61	3.68
United Lincolnshire Hospitals NHS Trust	3.50	3.49	3.67
Imperial College Healthcare NHS Trust	3.77	3.76	3.74
Hull and East Yorkshire Hospitals NHS Trust	3.56	3.53	3.74
Heart of England NHS Foundation Trust	3.60	3.53	3.64

Acute Trusts Average score (2015) 3.80 (unweighted)



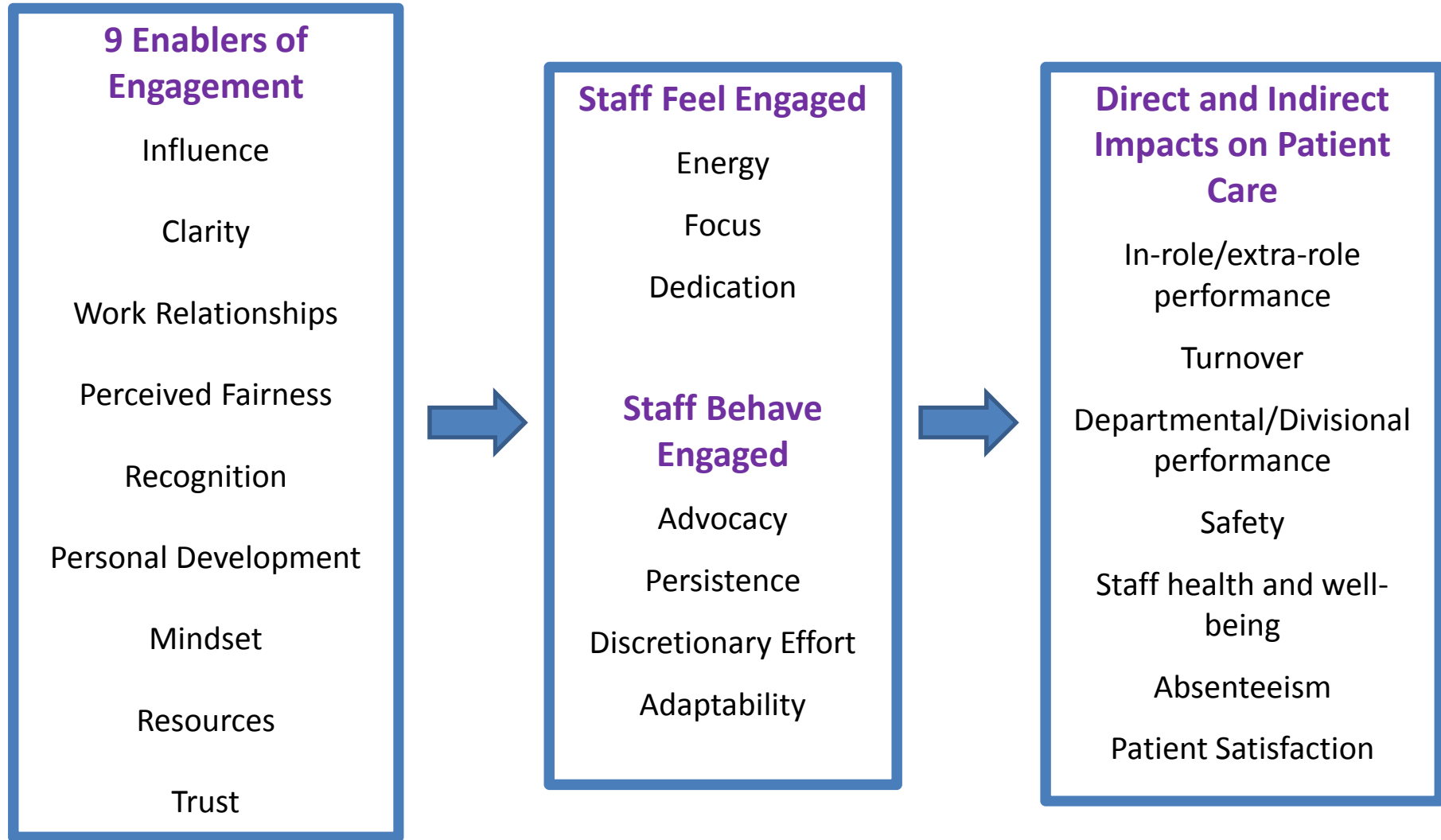
First Quarterly Pulse Check Results February 16

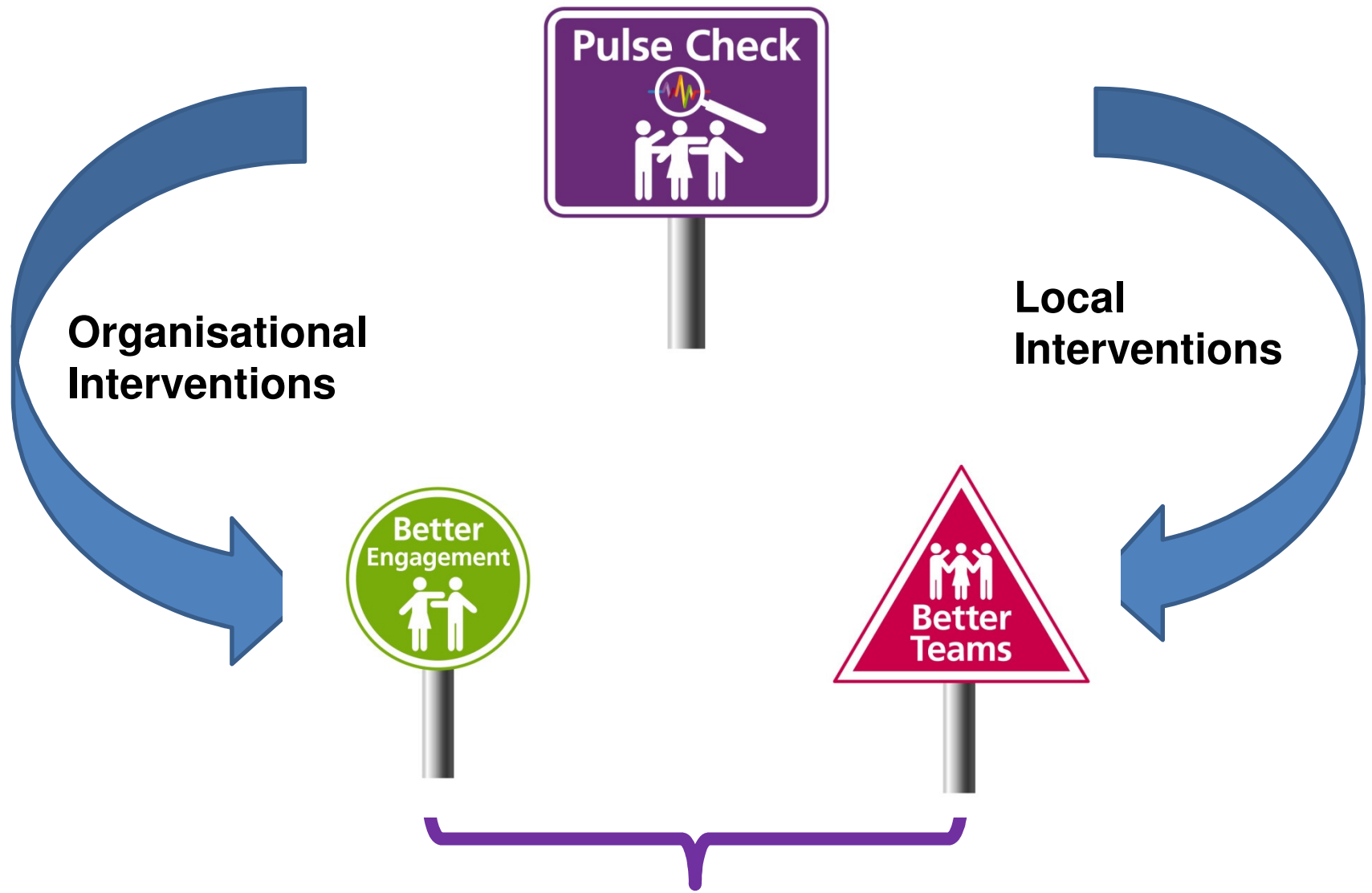
Nicole Ferguson

Head of Staff Engagement

Wrightington, Wigan and Leigh NHS FT

The Measures





Measure performance and patient care outcomes

Pulse Check Response Rate By Area (Feb 2016)

Alliance Elective Care: 13.0%

CHUGGS: 17.4%

Clinical Support and Imaging Services: 22.3%

Corporate Directorates: 38.0%

Emergency and Specialist Care: 18.9%

ITAPS: 19.4%

MSK and Specialist Surgery: 23.6%

RRCV: 13.5%

Women's and Children's: 18.6%



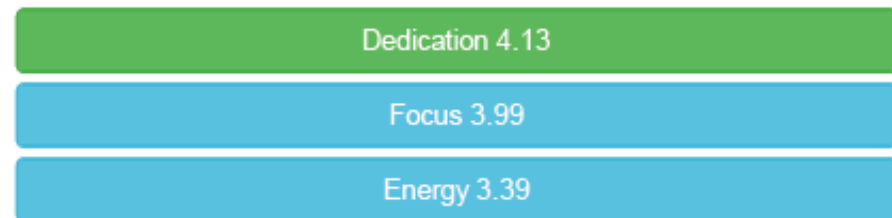
UHL First Quarter Results – February 2016

- 20.4% Response Rate

Enablers of Staff Engagement



Engagement Feelings



Engagement Behaviours



Scale				
1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

■	Scores on average positively
■	Scores on average moderately
■	Scores on average negatively

UHL First Quarter Results – Feb 16

The Bigger Picture

- First quarterly survey - moderate and good scores, with strengths and areas to improve.
- Some encouraging improvements in the National Staff Survey results. Potential to grow from good to great in the next 12 months if staff engagement is high on the agenda
- Consideration of National Staff Survey Results:
 - Pulse Survey can act as a useful predictor of National Staff Survey Results (some cross over)
 - Caution when benchmarking against other Trusts - national average can be low. To improve overall engagement, focus on improving raw scores.

Strengths

Enablers:

- **Trust** – Staff feel trusted and empowered (4 out of 5)
- *KF8 Staff satisfaction with level of responsibility and involvement: 3.95 (improved since 2014)*

Engagement:

- **Dedication**– Staff feel proud and committed to the Trust (4.13 out of 5)
- *KF 4 Staff motivation at work: 4.02 (improved since 2014)*
- **Discretionary Effort** – Staff go the extra mile for the Trust (4.06)
- The downside of discretionary effort = presenteeism: *KF 18 Percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell: 20% (bottom 20%).*
 - What do you believe has led to these strengths?
 - How will you continue to sustain these enablers of engagement?

Development Areas

- **Influence** (3.33 out of 5)
- *KF7. % able to contribute towards improvements at work: 67% (bottom 20%)*
 - How will you involve and listen to staff, and ensure their feedback and concerns are acted upon?
 - Corporate staff, and Healthcare Scientists do this well.
- **Recognition** – Recognition from the Trust (3.08 out of 5)
- *Recognition from managers 3.45 / KF5. Recognition and value of staff by managers and the organisation: 3.48 (above average)*
 - What mechanisms do you use to recognise staff? Intrinsic or extrinsic?
 - How effective are current mechanisms that influence staff feeling recognised?
 - Need for focus on ITAPS and Medical/Dental?

Development Areas: Improving Engagement

- **Advocacy** (3.71 out of 5)
 - *KF1. Staff recommendation of the organisation as a place to work or receive treatment: 3.65 (improved since 2014, but below national average).*
 - Strongest predictors of Advocacy = Mindset, Work Relationships, Perceived Fairness
- **Energy** (3.39 out of 5)
 - Continued on next slide....

Staff Well-being

Job Demands

- *KF 15 Percentage of staff satisfied with opportunities for flexible working patterns: 56% (top 20%)*
- *KF16 % staff working extra hours: 69% (top 20%)*

The Person

- *KF 17 Percentage of staff suffering work related stress: 32% (lower than average)*
- *KF 18 Percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell: 20% (bottom 20%)*
- *KF 19 Organisation and management interest in action on health and well being: 3.61 (above average)*
- Mindset: 3.48
- Energy: 3.39
- Discretionary Effort: 4.06 / Dedication: 4.13

- High engagement and low/moderate well-being leads to risk of burnout and sickness
- UHL may be at risk of presenteeism and burnout – what are sickness levels like?
- Difficult to sustain engagement into long-term
- Hard to take job demands away, but possible to implement person-centred interventions
- What mechanisms are in place to support staff health and wellbeing?

Hot Spots

- **Corporate Directorates**, respondents (n =106), results suggest they are more engaged than other Trust staff.
 - significantly higher on Clarity, Influence, Perceived Fairness and Recognition enablers
- **ITAPS** Division (n=69), results suggest they are less engaged than other Trust staff.
 - Significantly lower on Clarity, Influence, Recognition enablers and Adaptability, Advocacy and Discretionary Effort behaviours.
- **Less engaged staff groups:** Medical & Dental
 - Significantly lower on Clarity, Mindset, Recognition and Adaptability
 - Impact of Junior Doctors contract? Clarity – unclear of role, Mindset – unconfident in role and future, Recognition – not feeling valued, Adaptability – unable to accept the change
 - **BUT – Important to monitor trends over time**

Connections to Organisational Data

- **Sickness Data:**
 - Look for correlations
 - Mindset → Low Energy / High engagement → Sickness
 - What affects mindset?
 - Pressures/demands (low staffing, change)
 - Wellbeing (resilience, optimism, confidence)
- **Staff FFT / Patient FFT**
- **Hot spots groups/teams – look for:**
 - Errors, staffing levels, performance outcomes, patient feedback
 - Culture predictive of outcomes

Next Steps



- How are the results going to be fed back to staff? – supporting improvement of response rates
- Which areas of staff engagement need to be prioritised? How will this be achieved?
- What is your role in driving staff engagement forwards for University Hospitals Leicester?
- What will your role be in supporting the Better Teams Programme?