

To:	Trust Board
From:	Kate Bradley, Director of Human Resources
Date:	28 March 2013

Title: **National NHS Staff Survey 2012**

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Purpose of the Report:
To advise the Trust Board of the national staff survey results based on the full comparison report compiled by the Care Quality Commission.

The Report is provided to the Board for:

Decision		Discussion	X
Assurance	X	Endorsement	

Summary / Key Points:

A report was presented to the Trust Board (dated 31 January 2013) summarising analysis of the core (first cut) 2012 national staff survey results for UHL in comparison to the responses for 2011 specifically against the five areas identified for action. These were:-

- Your Personal Development
- Your Job
- Your Managers
- Your Organisation
- Your Health, Well Being and Safety at Work

This report sets out items in the survey where we have seen a significant change against last year's results based on the 'full comparison report' compiled by the Care Quality Commission as summarised in Appendix 1.

A core theme within the full comparison report measures 'Staff Engagement'. 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 survey and how the Trust's score compares to the average and best score for Acute Trusts. The Trust's overall 2012 score for Staff Engagement is 3.66 (rated as average ranking) and has increased from 3.52 in 2011.

2012 OVERALL STAFF ENGAGEMENT SCORES				
	Trust Score 2011	Trust Score 2012	National Average for Acute Trusts 2012	Best 2012 Acute Trusts
KF22. Percentage of staff able to contribute towards improvements at work	63%	70%	68%	77%
KF24. Staff recommendation of the Trust as a place to work or receive treatment	3.24	3.46	3.57	4.08
KF25. Staff motivation at work	3.83	3.86	3.84	4.05

Recommendations:

The Trust Board is asked to:

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

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2013-2015 Strategic Risk Register	Performance KPIs
Risk 3	Appraisal Training attendance Sickness Absence Turnover rate
Resource Implications (e.g. Financial, HR):	
Allocation will be determined based on priorities identified.	
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 (defined by a pre-set 'route map').	
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).	
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: 28 March 2013
REPORT FROM: Kate Bradley - Director of Human Resources
REPORT BY: Bina Kotecha – Assistant Director of Learning and OD
SUBJECT: NATIONAL NHS STAFF SURVEY RESULTS 2012

1.0 INTRODUCTION

1.1 The 10th national annual staff attitude and opinion survey was conducted between October and December 2012. 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.

2.0 PURPOSE

2.1 The purpose of the 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 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%.

4.0 STRUCTURE

4.1 As illustrated in Appendix 1, the survey provides 28 key findings about working in the NHS derived from the responses to 174 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.

5.0 KEY RESULTS FOR UHL

5.1 Actions Arising from the 2011 Survey

5.1.1 The results from the 2011 national staff survey saw some deterioration in the feedback from staff in a number of areas. The results were not altogether surprising given the difficult year the Trust experienced. In view of this feedback, we reviewed the Staff Engagement Eight Point Action Plan that had been put in place in 2010 and decided that we should continue to support its implementation as embedding the actions it set out still seemed relevant in the context of the results. The Staff Engagement Action Plan comprised of key improvement actions under the following headings:-

1. Values, behaviours and staff attitudes
2. Appraisal
3. Communication
4. Recognition and acknowledgement
5. Work/life balance and health and well-being
6. Opportunity to develop

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7. Equality and diversity training
8. Materials and equipment to do the job

5.1.2 The Staff Engagement Action Plan can be accessed from iNsite at the following address:

<http://moss.xuhltr.nhs.uk/websites/staffexperience/default.aspx>

5.1.3 In measuring levels of staff engagement the annual 2012-13 Local Staff Survey was conducted during May and June 2012 over a period of eight weeks. A report on the results of the local survey and update on progress against key staff experience improvement actions was presented to the Trust Board (report dated: 25 October 2012).

5.1.4 The local survey is undertaken through a self-completed questionnaire (on-line and paper version) and during the 2012-13 survey period we received a total of 4323 completed responses. Analysis of results of the 2012-13 survey demonstrated a decrease (between 1-8%) in positive response rates against each of the fifteen questions. Findings also illustrated that results of local polling were highly variable by Directorate, Division and Clinical Business Unit area. Following feedback of results (October 2012), local action plans have been co-created involving and empowering staff in bringing about changes, through 'Think Tanks', 'Staff Focus Groups' or 'Ward Based Meetings'. Local action plans will be evaluated at agreed intervals, adopting a "you said, we did" approach.

6.0 2011 UHL RESULTS

6.1 As reported to the Trust Board in January 2013, generally the 'first cut' results of the 2012 national survey showed some pleasing improvements more or less across the board. The results evidenced a positive shift in staff experience and indicated some improvement from the previous position reported, based on the local polling results. As reported to the Trust Board, the 'first cut' results were mapped against the Staff Engagement Eight Point Action Plan, as illustrated in Appendix 2. The results indicate that actions taken during 2012 have made a difference. The increased focus on patient quality, the production of the Strategic Direction, Clinical Strategy, the Quality Ambitions and revised Organisational Development Plan are likely to have contributed to improved results. Also the inclusive way in which these developments have been created involving staff and asking their opinions will have helped. Additionally, work that has been taking place in the Divisions and Corporate Directorates on developing new approaches to staff engagement will also have impacted positively to how staff are feeling about UHL.

7. KEY FINDINGS BASED ON THE CQC 2012 NATIONAL STAFF SURVEY REPORT

7.1 The CQC Key Findings Data (questions are grouped nationally into key areas, known as 'Key Findings') at Appendix 1 clearly highlights that statistically with respect to fourteen of the Key Findings the results at UHL have experienced 'no change'. We have seen an 'increase' against six Key Findings, with one area of deterioration since the 2011 survey (specific to Health and Safety training). The findings also highlight significant areas for review and action in a number of Key Findings.

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

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2012 TOP FIVE RANKING SCORES				
	Trust Score 2011	Trust Score 2012	National Average for Acute Trusts 2012	Best 2012 Acute Trusts
KF7. Percentage of staff appraised in last 12 months	90%	94%	84%	94%
KF18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	new question	26%	30%	19%
KF8. Percentage of staff having well structured appraisals in last 12 months	37%	42%	36%	48%
KF17. Percentage of staff experiencing physical violence from staff in last 12 months	new question	2%	3%	0%
KF11. Percentage of staff suffering work related stress in last 12 months	28%	34%	37%	28%

These reflect areas of focus detailed within the Trust's Staff Engagement Action Plan.

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

2012 BOTTOM FIVE RANKING SCORES				
	Trust Score 2011	Trust Score 2012	National Average for Acute Trusts 2012	Best 2012 Acute Trusts
KF21. Percentage of staff reporting good communication between senior management and staff	new question	22%	27%	44%
KF20. Percentage of staff feeling pressure in last 3 months to attend work when feeling unwell	28%	32%	29%	21%
KF24. Staff recommendation of the Trust as a place to work or receive treatment	3.24	3.46	3.57	4.00
KF6. Percentage of staff receiving job-relevant training, learning or development in last 12 months	new question	79%	81%	89%
KF12. Percentage of staff saying hand washing materials are always available	57%	57%	60%	77%

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

- 7.4 The largest change, where staff experiences have improved at UHL since the 2011 survey relates to the following five Key Finding areas:-

Largest Local Changes since the 2011 Survey - Staff Experience Improved		
	Trust Score 2011	Trust Score 2012
KF23. Staff job satisfaction	3.45	3.58
KF1. Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver	70%	77%
KF15. Fairness and effectiveness of incident reporting procedures	3.40	3.53
KF26. Percentage of staff having equality and diversity training in last 12 months	38%	57%
KF24. Staff recommendation of the trust as a place to work or receive treatment	3.24	3.46

This is a positive local result and improvement can be aligned to the Staff Engagement Action Plan. However we note that as shown in section 7.3 of this report, when compared with other Acute Trusts, the score for KF24 is worse than average.

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- 7.5 Our staff survey report shows that we have seen some deterioration against one Key Finding at UHL, since the 2011 survey, with respect to the percentage of staff receiving health and safety training in the last 12 months (reduced from 81% to 73%). This will be addressed as part of the Trust's Statutory and Mandatory Training review (key improvement actions agreed by Executive Team on 5 February 2013).
- 8.0 **NEXT STEPS**
- 8.1 The Organisational Development (OD) Plan builds on the Staff Engagement Action Plan and sets out a series of actions under its six key themes:-
- Live our values
 - Improve two-way engagement
 - Strengthen leadership
 - Enhance workplace learning
 - Improve external relationships and working partnerships
 - Encourage creativity and innovation
- 8.2 As reported to the Trust Board in February 2013, for each of the substantial work programmes, key priorities have been identified during 2013/14 and 2014/15 also supported by fundamental areas that are considered core. We have agreed a range of Staff Attitude and Opinion Survey result targets for the duration of the plan and are working back to set out targets for 2013/14 and 2014/15. The OD Plan will be fully integrated into Corporate, Divisional and CBU Plans with inclusion of reliable output measurements and effective on-going tracking of progress by senior teams.
- 8.3 The OD Plan highlights key priorities specific to improving appraisal quality as detailed within the 'Enhance Workplace Learning' substantial work programme. An appraisal quality audit has commenced in March 2013 with the results presented to the Trust Board as part of the Workforce and Organisational Development Report (June 2013) and other Senior Leadership Teams in agreeing 2013/14 improvement actions. To coincide with the 'Strengthening Leadership' substantial work programme and as reported to the Trust Board in February 2013, we have co-created Leadership and Management Standard that will be integral within the appraisal process and set clear expectation of "people managers".
- 8.4 As part of our 'Improve two-way engagement' work programme a series of actions have been set out to enhance Board, Executive and Senior Leadership Team engagement and involvement. A proposal to adopt the 'Listening into Action' approach at UHL was approved by the Trust Board (31 January 2013). This is an action orientated approach to engaging the right people in achieving quality outcomes. This pioneering approach has seen positive improvements in staff and patient experience results and a positive shift in organisational culture and leadership.
- 8.5 As agreed by the Executive Team on the 5 February, a new system 'OCB Media' will be introduced in 2013/14 to improve staff access to health and safety training and other elements of statutory and mandatory training, through the provision industry standard e-learning modules. The Executive Team have approved an investment of £56.5k to cover system set-up costs and a UHL Task and Finish Group will be established (March 2013) to agree on an implementation plan and quality outcome measures.
- 8.6 The Infection Prevention Control Team are working closely with Interserve FM and Deb Limited in improving Trust wide promotion of hand washing materials to correspond with actions agreed following a 2012 internal audit conducted in August. Audit findings illustrated overall 64.5% compliance with respect to availability of hand sanitisers in clinical areas.

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9.0 RECOMMENDATION

9.1 The Trust Board is asked to:-

- Note the key messages from the analysis of the 2012 national survey results
- Support the key areas for development which will be monitored through the Organisational Development Plan

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

KEY
✓ Green = Positive finding, e.g. in the best 20% of acute trusts, better than average, better than 2011.
! Red = Negative finding, e.g. in the worst 20% of acute trusts, worse than average, worse than 2011.
'Change since 2011 survey' indicates whether there has been a statistically significant change in the Key Finding since the 2011 survey.
– Because of changes to the format of the survey questions this year, comparisons with the 2011 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 asterix and in <i>italics</i> , the lower the score the better.

	Change since 2011 survey	Ranking, compared with all acute trusts in 2012
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	✓ Increase (better than 11)	! Below (worse than) average
KF2. % agreeing that their role makes a difference to patients	• No change	✓ Above (better than) average
* KF3. <i>Work pressure felt by staff</i>	–	! Above (worse than) average
KF4. Effective team working	• No change	! Below (worse than) average
* KF5. <i>% working extra hours</i>	• No change	✓ Below (better than) average
STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate training for their jobs, and line management support to succeed.		
KF6. % receiving job-relevant training, learning or development in last 12 mths	–	! Below (worse than) average
KF7. % appraised in last 12 mths	✓ Increase (better than 11)	✓ Highest (best) 20%
KF8. % having well structured appraisals in last 12 mths	• No change	✓ Highest (best) 20%
KF9. Support from immediate managers	• No change	• 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	! Decrease (worse than 11)	• Average
* KF11. <i>% suffering work-related stress in last 12 mths</i>	• No change	✓ Lowest (best) 20%
Infection control and hygiene		
KF12. % saying hand washing materials are always available	• No change	! Below (worse than) average
Errors and incidents		
* KF13. <i>% witnessing potentially harmful errors, near misses or incidents in last mth</i>	• No change	✓ Below (better than) average
KF14. % reporting errors, near misses or incidents witnessed in the last mth	• No change	✓ Above (better than) average
KF15. Fairness and effectiveness of incident reporting procedures	✓ Increase (better than 11)	✓ Above (better than) average

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3.4. Summary of all Key Findings for University Hospitals Of Leicester NHS Trust (cont)

	Change since 2011 survey	Ranking, compared with all acute trusts in 2012
Violence and harassment		
* KF16. % experiencing physical violence from patients, relatives or the public in last 12 mths	–	• Average
* KF17. % experiencing physical violence from staff in last 12 mths	–	✓ Lowest (best) 20%
* KF18. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths	–	✓ Lowest (best) 20%
* KF19. % experiencing harassment, bullying or abuse from staff in last 12 mths	–	✓ Below (better than) 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	–	! Lowest (worst) 20%
KF22. % able to contribute towards improvements at work	• No change	✓ Above (better than) average
ADDITIONAL THEME: Staff satisfaction		
KF23. Staff job satisfaction	✓ Increase (better than 11)	• Average
KF24. Staff recommendation of the trust as a place to work or receive treatment	✓ Increase (better than 11)	! Below (worse than) average
KF25. Staff motivation at work	• No change	✓ Above (better than) average
ADDITIONAL THEME: Equality and diversity		
KF26. % having equality and diversity training in last 12 mths	✓ Increase (better than 11)	• Average
KF27. % believing the trust provides equal opportunities for career progression or promotion	• No change	✓ Above (better than) average
* KF28. % experiencing discrimination at work in last 12 mths	• No change	• Average

STAFF SURVEY RESULTS 2012 MAPPED AGAINST STAFF ENGAGEMENT ACTION PLAN

◆ 2011 Scores ■ 2012 Scores ▲ All Acute Trusts (Quality Health)

