

NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS MEETING

Meeting Date: 23 March 2016

Title and Author of Paper: NHS Staff Survey Lisa Crichton-Jones

Paper for Debate, Decision or Information: Information

Key Points to Note:

This paper gives an overview of the results of the 2015 NHS Staff survey and updates on key corporate actions identified from the 2014 staff survey results.

Whilst referring to some administration issues with the survey contractor, Picker, results show an improving picture across a number of indicators and NTW fares better in many areas compared to other mental health and disability trusts.

More staff cite the care of patients as being our top priority and feeling safe to raise concerns and the results show improvements in the staff engagement score.

Areas of concern continue to be violence and aggression and in the reporting of harassment and bullying, although note the aforementioned administration issues which specifically relate to this indicator.

Our results seem to be in line with some of the national trends as reported by NHS Employers.

Towards the end of the paper, members can use the links to access full staff survey reports.

Outcome required:

To note

Introduction and Executive Summary

This paper gives an overview of the results of the 2015 NHS Staff Survey and updates on key corporate actions identified from the 2014 staff survey results. In 2015, the Trust chose again to survey all staff, using Picker as the survey contractor. 2700 staff took part in the survey with a response rate of 47% which is average for mental health/learning disability trusts in England.

There is a requirement to partake in the survey on an annual basis with questions clustered in the following groupings;

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

In addition to trust wide results, reports are also received for each operational group and corporate services function, with detailed reports on the engagement factor and free text comments submitted by staff.

Whilst the results show an improving picture across a number of indicators and whilst we fair better in many areas compared to other mental health and disability trusts unfortunately, there have been a number of administration issues with the survey contractor. We are disappointed with the level of service we have received due to predominately data accuracy issues, which we continue to explore with them. In the interim, results have been published and we are responding and reporting on these, taking the broad themes from both surveys.

The following from the CEO was the lead item in The Bulletin last week and can be taken as an Executive Summary of results;

“The National Staff Survey results for 2015 have just been released. I would like to thank everyone who took the time to complete the survey and am pleased to let you know that overall you are telling us that we are becoming a better place to work. It’s clear that some of the big pieces of work from this last year, particular our shared efforts on staff engagement, are starting to make a difference to you in your local work areas but of course there are some things which you tell us are of concern, so we need to continue to focus on these, working together to continuously improve.

In addition to the national survey sample results we have results from the all staff survey and this year the messages from both are very similar so we’ll be sharing the results and main messages in a collective way.

What's improved in the last year?

Patient Care. Most importantly, a greater number of you told us the care of patients is our top priority and you feel your role makes a difference to service users and carers with more of you reporting you can provide the care you aspire to. There were improvements in the number of you reporting you would feel safe to raise concerns about unsafe clinical practice and higher levels of confidence that the Trust would address these concerns. This is hopefully reflective of work with regards to raising concerns and the appointment of our Freedom to Speak Up Guardian. A greater number of you reported you would be happy with the standards of care provided if a friend/relative needed treatment.

Staff Engagement. More of you told us you are enthusiastic about your jobs and there are improvements in how many of you look forward to coming to work. More of you report being pleased with the standards to which you are able to do your job, your ability to show initiative and in making improvements in your area of work. You have told us there is better recognition for the work you do and good support from colleagues and it is pleasing that a greater number of you would recommend the Trust as a place to work with strong recognition of our work on health and wellbeing.

Staff Development. More of you have had the opportunity to have an appraisal during the last year and importantly, the quality of appraisal and the focus on our values is an improving picture too.

Where we need to continue our focus:

Violence and Aggression. We need to continue with the implementation of the Trust's Positive and Safe work as many of you report experiencing unacceptable levels of violence and aggression at work. Unfortunately, we haven't seen any significant improvements or changes in the results in this area for a few years and whilst we know we provide many specialist services and care for some acutely unwell patients, this results remains of concern to us.

Harassment and Bullying. Whilst the levels of harassment and bullying are lower than other comparable trusts, we need to look at how we prevent having any concerns on harassment and bullying in the first place but how if these do occur, you know how and are able to report these.

Staff Development and Support. Whilst it was pleasing to see improvements with regards to the quality of appraisals there needs to be a specific focus on how we can better identify training needs for staff and review some of the content of our statutory and mandatory training programme. We also need to ensure that those of us in management positions, at all levels, can do more to support staff in local areas of work which is perhaps reflective of the many changes arising from our transformation work.

Next steps

We will now be working to understand our results in greater detail across each of our clinical groups and corporate departments. A trust wide action plan will be developed but I want to encourage you all to get involved in looking at the results and making suggestions for further improvements in your local work areas. If you would like to find out more about the results overall, please contact Chris Rowlands for details and I would like to schedule some time at Speak Easy events to explore together our results in more detail.

In summary, we have a lot to be pleased about with our staff survey results, but we shouldn't be complacent. There are clear areas needing further improvement and whilst we generally perform above average, in comparison to many other mental health and disability providers, I am personally committed to driving forward and supporting further improvements so that over time we become the best NHS employer in the north east region. Should you wish to look at the detail, the trust wide reports can be accessed here.'

Friends and Family Test (FFT) Questions

The staff survey replaces the FFT in Quarter 3 each year and the responses for recommending the Trust as a place to work or receive treatment are as follow;

The scores presented below are un-weighted question level scores for questions Q21a, Q21b, Q21c and Q21d and the un-weighted score for Key Finding 1. The percentages for Q21a – Q21d are created by combining the responses for those who "Agree" and "Strongly Agree" compared to the total number of staff that responded to the question.

Q21a, Q21c and Q21d feed into Key Finding 1 "Staff recommendation of the organisation as a place to work or receive treatment".

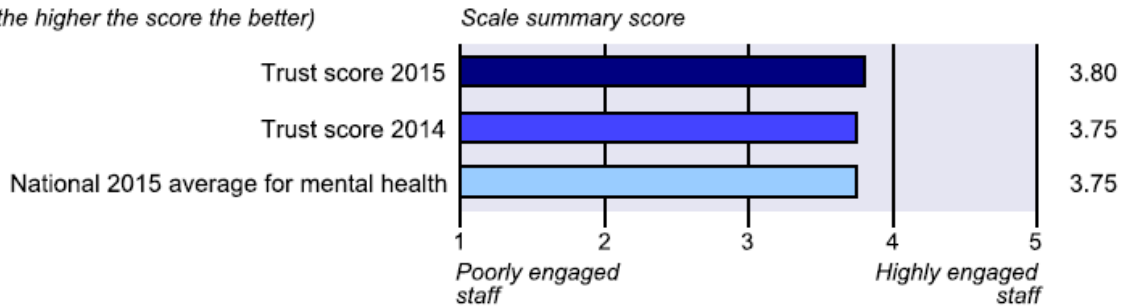
		Your Trust in 2015	Average (median) for mental health	Your Trust in 2014
Q21a	"Care of patients / service users is my organisation's top priority"	76%	70%	72%
Q21b	"My organisation acts on concerns raised by patients / service users"	79%	72%	76%
Q21c	"I would recommend my organisation as a place to work"	58%	56%	53%
Q21d	"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	65%	59%	61%
KF1.	Staff recommendation of the organisation as a place to work or receive treatment (Q21a, 21c-d)	3.71	3.66	3.64

Staff Engagement Scores

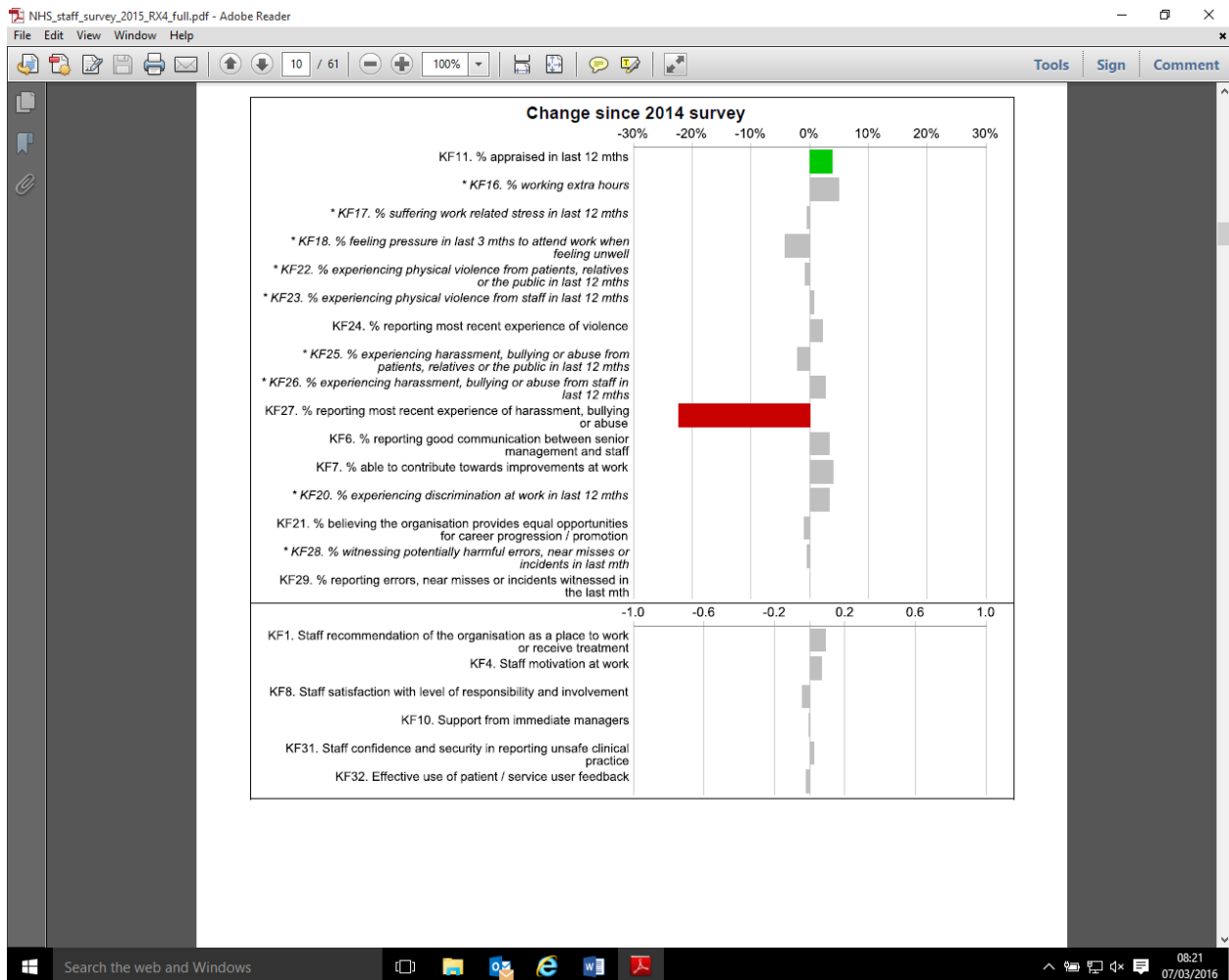
The Trust's overall engagement score has increased from 3.70 in 2013, to 3.75 in 2014 to 3.8 in 2015 (from a range of 1 indicating poor engagement to 5 indicating staff are highly engaged). This year's score is above (better than) average when compared to trusts of a similar type.

OVERALL STAFF ENGAGEMENT

(the higher the score the better)



Changes Since 2014 Survey



Where Staff Experience Has Improved Since the 2014 Survey

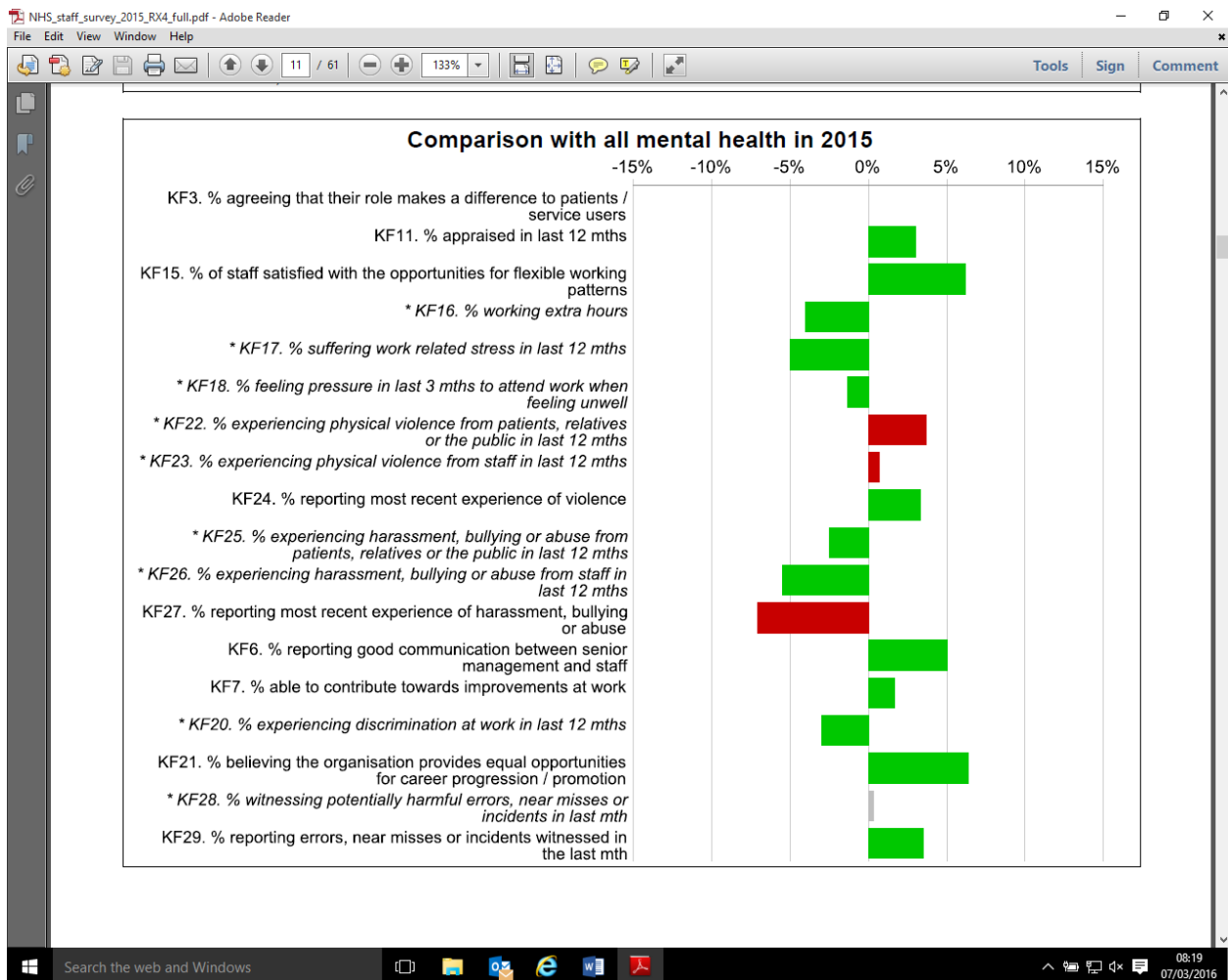
- KF11 - Percentage of staff appraised in last 12 months

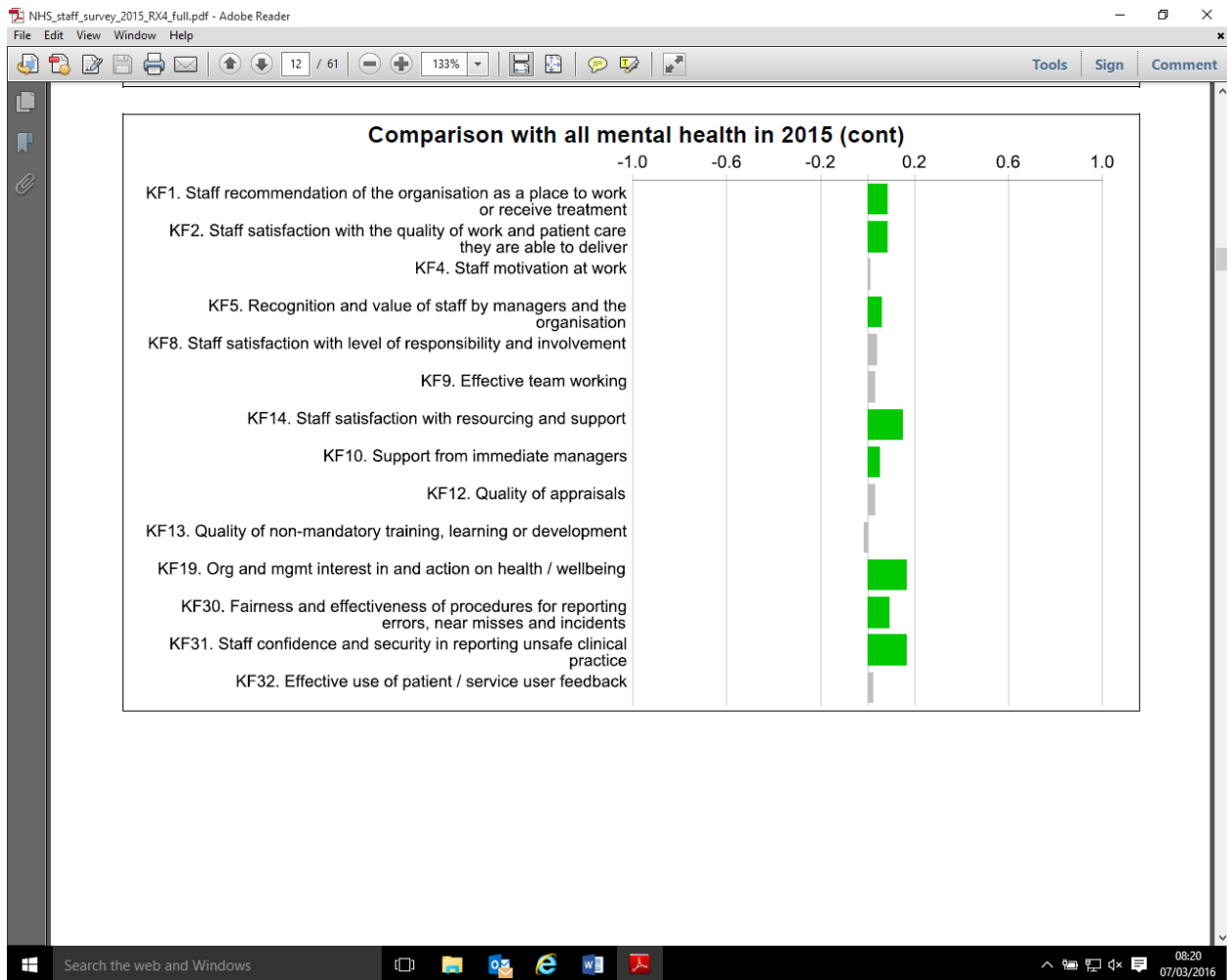
Where Staff Experience Has Deteriorated

- KF27- Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse

As referenced at the beginning of the paper with regards to data accuracy, we are specifically questioning the veracity KF27

Comparison with all Mental Health Trusts in 2015





Top and Bottom Ranking Scores Compared To Other Similar Trusts

Picker in presenting the findings highlight the five key findings for which the Trust compares most favourably with other mental health/learning disability trusts in England.

Top Five Ranking Scores are:

- KF26 - Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
- KF17 - Percentage of staff suffering work related stress in last 12 months
- KF14 - Staff satisfaction with resourcing and support
- KF21 - Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion
- KF31 - Staff confidence and security in reporting unsafe clinical practice

Picker highlight the five Key Findings for which the Trust compares least favourably with other mental health/learning disability trusts in England. It is suggested (by Picker) that these areas might be seen as a starting point for local action to improve as an employer.

Bottom Five Ranking Scores

- KF22 - Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months
- KF27 - Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse
- KF23 - Percentage of staff experiencing physical violence from staff in last 12 months
- KF13 - Quality of non-mandatory training, learning or development
- KF28 - Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month

National Levels Results

NHS Employers have published information relating to the national level results on their web page which can be accessed [here](#)

They report improved results overall in staff engagement, confidence in raising concerns, a mixed picture on health and wellbeing and worsening results on bullying and harassment, work pressures and staffing levels.

Actions

By way of reminder, the main corporate actions from 2014 are set out below;

Issues where the Trust had performed significantly below the Picker Average

Issue	Actions	Progress
Physical violence from patients/service users, their relatives or other members of the public	Explore Introduction of independent reporting system, Speak in Confidence or Draw the Line Campaign (NHS Employers)	Draw the line materials are being used and being incorporated into training. The benchmarking tool for Draw the Line has been completed and actions have taken place as a result of its completion. E.g. the rewrite of Whistleblowing Policy to become Raising Concerns was influenced by this work.
Organisation blames/punishes people involved in errors/near misses or incidents	Continuation and further promotion of the Don't Be a Spectator campaign, Speak out Safely, Explore Introduction of independent reporting system, Speak in Confidence / Draw the Line	Freedom to Speak Up Guardian appointed, recruiting a group of Freedom to Speak Up Champions. Raising Concerns policy implemented. Don't be a Spectator Campaign is being revamped as part of an approach to Bullying and Harassment. Draw the Line materials adopted.
Organisation does not treat fairly staff involved in errors	Continuation and further promotion of the Don't Be a Spectator campaign, Speak out Safely, Explore Introduction of independent reporting system, Speak in Confidence / Draw the Line	Freedom to Speak Up Guardian appointed, recruiting a group of Freedom to Speak Up Champions. Raising Concerns policy implemented. Don't be a Spectator Campaign is being revamped as part of an approach to Bullying and Harassment. Draw the Line materials adopted.
Never/rarely does time pass quickly when I am working	Examination of areas where this has been highlighted as an issue and develop engagement initiatives in those areas to mitigate	Speak Easy 2 feedback has led to Working Groups.

Issues with a long term trend as problem scores

Issue	Actions	Progress
<p>Put myself under pressure to come to work despite not feeling well enough</p> <p>In the last three months have come to work despite not feeling well enough to perform duties</p> <p>Felt unwell due to work related stress in the last 12 months</p> <p>Cannot meet conflicting demands on my time at work</p>	<p>Further promotion and development of IWL initiatives</p> <p>Take forwards HWB needs assessment to understand health needs of the workforce</p> <p>Campaign to lead up to coincide with Stress Awareness Day (4th November 2015)</p> <p>Promotion and use of NHS Employers guide for managers about managing mental health in the workplace</p> <p>Promote Care First Counselling and the Employee Assistance programme</p> <p>Need to develop a campaign style approach to the new Team Prevent Health and Wellbeing service</p>	<p>Proactive HWB work has continued.</p> <p>Review of sickness absence policy with staff side.</p> <p>Discussion at Speak Easy Groups.</p> <p>IWL campaign work included Stress Awareness Day. Promotion of other materials in monthly Health and Wellbeing bulletins.</p>
<p>Appraisal – left feeling work not valued</p> <p>Appraisal not helpful</p>	<p>Evaluate outcomes of new appraisal system</p>	<p>Commencing Feb 16</p>
<p>Senior managers do not try to involve staff in important decisions</p>	<p>Continuation of Speak Easy, initiation of Share Easy</p>	<p>Discussions in Speak Easy Groups.</p> <p>Management Skills programme up and running</p> <p>New leadership / management courses in commission</p> <p>Move to a devolved model of operation commencing</p> <p>Involving staff in development of new strategy</p>

<p>Last experience of harassment/bullying/abuse not reported</p>	<p>Explore Introduction of independent reporting system, Speak in Confidence Re-launch of Don't be a Spectator Campaign and use of Draw the Line Materials Evaluation of Management Skills Programme</p>	<p>Freedom to Speak Up Guardian appointed, recruiting a group of Freedom to Speak Up Champions. Raising Concerns policy implemented. Don't be a Spectator Campaign is being revamped as part of an approach to Bullying and Harassment. Draw the Line materials adopted.</p>
<p>Senior managers do not act on staff feedback</p>	<p>Continuation of Speak Easy, initiation of Share Easy</p>	<p>Discussions in Speak Easy Groups. Management Skills programme up and running New leadership / management courses in commission Move to a devolved model of operation commencing</p>
<p>Not enough staff at the organisation to do my job properly</p>	<p>Exploration of these issues – safer staffing levels reviewed monthly by senior nurses and Board. Skill mix reviews to be completed Free text suggests links to Transformation – needs to be picked up within Speak Easy and as an early Share Easy theme</p>	<p>Speak Easy discussions Examples of skill mix reviews and changes to establishments. Proactive recruitment campaigns Ongoing support for transformation Conversation items about external context</p>

It will be important to continue work on these areas, notably that of staff engagement. In addition, the following areas are identified as trust wide corporate actions from the 2015 results. These will be further explored at a future Speak Easy event and will be supported by local actions in groups to reflect their local results.

Issue	Proposed Action
Last experience of harassment/bullying/abuse not reported	Coordinated campaign of action, relaunching a number of initiatives under one banner. Work around induction, training and the importance of communications. Review of policy and
Appraisal: needs not identified	Targeted work on training needs identification and analysis
Violence and aggression	Implementation of work from Positive and Safe Group. Local review

Summary

There is a vast amount of data available relating to the staff survey and this paper sets out only the high level themes and some information relating to key indicators such as the FFT questions and staff engagement scores.

Additional reports can be accessed below:

NHS National Staff Survey – Summary

- [Summary Report](#)
- [Main Report](#)

Picker Local All Staff Survey – Summary

- [Summary Report](#)
- [Main Report](#)
- [Groups](#)
- [Engagement](#)

Whilst there is an improving picture and NTW fares better than other similar trusts across a number of indicators, there are not many statistically significant changes compared to the 2014 results.

Work needs to continue on the broad theme of engagement with additional focus on reducing violence and aggression and the reporting of harassment and bullying.

Operational and corporate areas are working through local reports with Groups providing assurance on progress through quarterly reporting to Q+P Committee and through the Accountability Framework meetings. CDT will oversee corporate actions with specific pieces of work commissioned through the Workforce Group and / or its sub committees.

Our concerns with regards to the current contractor will be followed through and we will begin to explore alternative survey providers for the 2016 survey.

Recommendation

The Board is asked to receive this report for information and note the work ongoing.