

## BOARD OF DIRECTORS MEETING (Open)

Date: 12<sup>th</sup> September 2018

Item Ref:

9

<b>TITLE OF PAPER</b>	Staff Survey 2017 update
<b>TO BE PRESENTED BY</b>	Dean Wilson, Director of Human Resources
<b>ACTION REQUIRED</b>	Trust Board members are required to receive the attached for information.
<b>OUTCOME</b>	To be noted at Trust Board
<b>TIMETABLE FOR DECISION</b>	No decision required.
<b>LINKS TO OTHER KEY REPORTS / DECISIONS</b>	Trust Vision, Strategic Framework and People Aim Workforce and OD Strategy
<b>STRATEGIC AIM STRATEGIC OBJECTIVE BAF RISK NUMBER &amp; DESCRIPTION</b>	Strategic Aim: People Strategic Objective: People A2/01-04 BAF Risk Number: A203, A204 BAF Risk Description: A203: Risk of disconnect between Trust values and operational delivery plus reputational risk from poor management practice. A204: Risk of low motivation and morale.
<b>LINKS TO NHS CONSTITUTION &amp; OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC</b>	NHS Pledge: Provide a high quality working environment for staff.
<b>IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT</b>	Staff recruitment, retention, motivation and engagement are crucial to support delivery and productivity. Insufficient action to address the feedback from the Staff Survey could impact financially and affect the quality of service delivery.
<b>CONSIDERATION OF LEGAL ISSUES</b>	Some employment legislation considerations.

<b>Author of Report</b>	Caroline Parry
<b>Designation</b>	Deputy Director of Human Resources
<b>Date of Report</b>	24 <sup>th</sup> July 2018

## SUMMARY REPORT

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**Report to: BOARD OF DIRECTORS**

**Date: 12<sup>th</sup> September 2018**

**Subject: Staff Survey 2017 update**

**Author: Caroline Parry, Deputy Director of Human Resources**

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### 1. Purpose

<i>For approval</i>	<i>For a collective decision</i>	<i>To report progress</i>	<i>To seek input from</i>	<i>For information</i>	<i>Other (Please state below)</i>
<b>X</b>		<b>X</b>		<b>X</b>	

Trust Board are required to receive this report, for information, following consideration by EDG 19<sup>th</sup> July 2018 and the Workforce and OD Committee on 31st July 2018.

The purpose of this paper is to provide an overview of the key outcomes of the 2017 Staff Survey and update on progress to date.

### 2. Summary

#### 2.1 Background

The Staff Survey is undertaken for the Trust by Quality Health. The report includes benchmarking comparisons with the 13 other mental health and learning disability organisations that contract with Quality Health to undertake the Staff Survey. A detailed report was provided by Quality Health in early February, highlighting the top and bottom five Key Findings. A report on the Quality Health Staff Survey results was presented to Board on the 14th March 2018.

The results of the Staff Survey are then published nationally by Picker, the co-ordinating centre, in a standardised format. The report published by Picker in March 2018, also included benchmark information, however this is against other all mental health / learning disability trusts in England. For this reason the top and bottom scores in terms of benchmarking may be different to the Quality Health report.

Picker suggest that organisations might look, as the starting point for local action, at the five Key Findings where the organisation compares least favourably with other mental

health / learning disability trusts in England and the five Key Findings where staff experiences have deteriorated since the 2016 survey.

## 2.2 Key results for SHSC

The national staff survey Picker report highlighted some differences in least favourable Key Findings due to the wider comparison with all mental health and learning disability organisations. As suggested above these are the areas that require the most focused consideration.

*The bottom five least favourable areas compared to other mental health / learning disability trusts in England in the national report for SHSC are:*

KF28.	Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month.
KF25.	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.
KF4.	Staff motivation at work.
KF32.	Effective use of patient / service user feedback.
KF3.	Percentage of staff agreeing that their role makes a difference to patients / service users. **

*The five areas where there has been deterioration since 2016 are:*

KF3.	Percentage of staff agreeing that their role makes a difference to patients / service users. **
KF2.	Staff satisfaction with the quality of work and care they are able to deliver.
KF17.	Percentage of staff feeling unwell due to work related stress in the last 12 months.
KF16.	Percentage of staff working extra hours*.
KF21.	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.

\* However KF16 is in the Top Five most favourable scores when compared to other Mental Health and Learning Disability trusts.

\*\* KF3 is found in both groups

## **2.3 Analysis of Key Findings**

### **Trends**

To support further consideration at a local level, the 9 key findings above were mapped over the past five years, including a comparison against the national average scores to explore and understand the differences. See Appendix 2 and page 7 of the report below for charts and narrative.

### **Narrative Report Review**

An analysis was also undertaken of the optional narrative comments provided by staff – many of these appeared to reflect the response of staff to recent change in the organisation and the impact of this on how staff feel and the impact on people using the organisations services.

## **2.4 Responding to the Staff Survey**

The analysis indicated that the types of issues highlighted in the nine KF's may not necessarily responded to robust performance management, as has been the case in the past where the trust has achieved outstanding improvements in staff survey results, for example improving rates of appraisal where the Trust is performing significantly above peer organisations. In addition trends in staff survey results and analysis of the associated narrative comments highlighted areas that may improve through a more sustained Organisational Development response.

For this reason it was agreed that a specific annual action plan was not necessarily the best response. Action was agreed reflecting a more systemic and embedded approach to responding to the 2017 staff survey results focused on development of an on-going organisational development approach embedded within the trust. Three areas have been focused on in terms of action:

1. To explore options used in other NHS organisations that have been shown to improve staff survey results based on an organisational development approach.
2. Review what action is already being undertaken that should support improvements in the areas highlighted in the staff survey and where are the gaps in specific actions.
3. To look at any hot spots highlighted in survey results, for example specific services that may require more detailed attention.

## 2.5 Progress to date

<p>To explore options used in other NHS organisations that have been shown to improve staff survey results based on an organisational development approach.</p>	<ul style="list-style-type: none"> <li>- The option of using <i>Listening into Action</i>, a model used in other trusts in the region is being explored. Initial discussions have taken place and further exploration of how this is used in mental health trusts is being reviewed.</li> <li>- An alternative Organisational Development option is also being explored through the Trusts contact with NHS Improvement (NHSI)</li> </ul>
<p>Review what action is already being undertaken that should support improvements in the areas highlighted in the staff survey and where are the gaps in specific actions.</p>	<ul style="list-style-type: none"> <li>- A Leadership Engagement Network has been established led by the Trust Chief Executive.</li> <li>- A Learning from Change event took place on the 22<sup>nd</sup> of May and follow up meetings are identifying action that needs to take place in response to the feedback from this event. A feedback report is due to be taken to the TOG in October</li> <li>- A gap analysis matrix has been developed that is currently being populated by services to specifically identify where action is being taken that potentially supports improvement in the staff survey. Once this is complete gaps will be identified. An example of a section of this template is provided for information in Appendix 1 the matrix also highlights the Trust top five best performance areas and why these may have improved.</li> <li>- The trust approach to Organisational Development resourcing is being reviewed.</li> </ul>
<p>Look at any hot spots highlighted in survey results, for example specific services that may require more detailed attention.</p>	<ul style="list-style-type: none"> <li>- The Quality Health Report results have been shared and discussed with senior managers at the Trust Management Group (TMG).</li> <li>- HR Business Partners' are starting work to support further local analysis of staff survey results through clinical networks.</li> </ul>

### **3. Next Steps**

The Staff Survey update was presented to the Workforce and OD Committee for assurance on 31/07/2018. Action set out above to continue with report for assurance to the Workforce and OD Committee

### **4. Required Actions**

Trust Board are required to receive this paper for information.

### **5. Monitoring Arrangements**

Via operational groups – EDG and HR Senior Management Team.

### **6. Contact Details**

Caroline Parry, Deputy Director of Human Resources

Tel: 0114 22 63626

[Caroline.Parry@shsc.nhs.uk](mailto:Caroline.Parry@shsc.nhs.uk)

## Staff Survey 2017 update – August 2018

### Background

The Staff Survey is undertaken for the Trust by Quality Health. The report includes benchmarking comparisons with the 13 other mental health and learning disability organisations that contract with Quality Health to undertake the Staff Survey. A detailed report was provided by Quality Health in early February, highlighting the top and bottom five Key Findings.

The results of the Staff Survey are then published nationally by Picker, the co-ordinating centre, in a standardised format. The report published by Picker in March 2018 benchmarks against all mental health / learning disability trusts in England. For this reason the top and bottom scores in terms of benchmarking may be different to the Quality Health report.

The NHS staff survey report is structured published by Picker identifies the five Key Findings where the organisation compares least favourably with other mental health / learning disability trusts in England and the five Key Findings where staff experiences have deteriorated since the 2016 survey and these are generally used by trusts as the starting point for local action.

### Key results for SHSC – Picker

The national staff survey highlighted some differences in least favourable Key Findings originally reported in March 2018 due to the wider comparison with all mental health and learning disability organisations.

**The five least favourable areas compared to other mental health / learning disability trusts in England in the national report for SHSC are:**

<b>KF28.</b>	The percentage of staff witnessing potentially harmful errors, near misses or incidents in last month.
<b>KF25.</b>	The percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.
<b>KF4.</b>	Staff motivation at work.
<b>KF32.</b>	The effective use of patient / service user feedback.
<b>KF3.</b>	The percentage of staff agreeing that their role makes a difference to patients / service users.**

**The five areas where there has been deterioration since 2016 are:**

<b>KF3.</b>	Percentage of staff agreeing that their role makes a difference to patients / service users. **
<b>KF2.</b>	Staff satisfaction with the quality of work and care they are able to deliver.
<b>KF17.</b>	Percentage of staff feeling unwell due to work related stress in the last 12 months.
<b>KF16.</b>	Percentage of staff working extra hours*.
<b>KF21.</b>	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.

\* Note however that KF16 is in the Top Five most favourable scores when compared to other Mental Health and Learning Disability trusts.

\*\* KF3 is found in both groups

These nine areas have therefore been the focus for looking at action to facilitate improvement.

**Analysis of Key Findings**

**Trends**

To support further consideration at a local level, the nine key findings above have been mapped over the past five years, including a comparison against the national average scores to explore and understand the differences. Below is a summary of the findings with graphs provided in Appendix 2.

<b>KF28.</b>	<p><b>The percentage of staff witnessing potentially harmful errors, near misses or incidents in last month.</b></p> <p>This KF has generally been in line with the national average which has remained relatively static between 2012 and 2017. The score for SHSC spiked in 2014 and the 2017 KF is another spike.</p>
<b>KF25.</b>	<p><b>The percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.</b></p> <p>There has been a trend upward for SHSC and nationally however the KF nationally at its lowest was 29% and highest 33% whereas for SHSC at its lowest this KF was 30% rising to its highest in 2017 of 38%. For BME staff the position appears worse although data has only been available since 2015 through the Workforce Race Equality Standard with the KF percentage for</p>

	BME staff in 2015 being 27% but rising to 41% in 2017 (more detailed reporting on the WRES is found in the WRES annual reporting)
<b>KF4.</b>	<b>Staff motivation at work.</b> SHSC have been below the national average since 2012 – this position appears to be worsening in 2017 whilst the national average score has improved.
<b>KF32.</b>	<b>The effective use of patient / service user feedback.</b> This has only been included since 2015. Since 2015 the Trust has been below the national average however in 2017 there appears to have been a large decrease in this KF score whilst the national average appears to be increasing generally.
<b>KF3.</b>	<b>The percentage of staff agreeing that their role makes a difference to patients / service users.</b> In 2012 91% of staff believed their role made a difference this has dropped to 82% in 2017. There has also been a decrease in this score nationally however SHSC have been dropped below the national average since 2015.
<b>KF3.</b>	<b>Percentage of staff agreeing that their role makes a difference to patients / service users.</b> In 2012 91% of staff believed their role made a difference, this dropped to 82% in 2017. There has also been a decrease in this score nationally however SHSC have been below the national average since 2015.
<b>KF2.</b>	<b>Staff satisfaction with the quality of work and care they are able to deliver.</b> The measure for KF2 staff satisfaction with the quality of work and care they are able to deliver has changed over time so figures were only reviewed from 2015. The Trust was around the national average in 2015 and 2016 but this has dropped significantly in 2017.
<b>KF17.</b>	<b>Percentage of staff feeling unwell due to work related stress in the last 12 months.</b> The national average, although high, has stayed relatively static over the last six years However for SHSC the score on this KF has fluctuated between 2011 and 2015 however from 2015 there has been what appears to be a significant increase to 51% of people responding to the staff survey saying that they have suffered from work related stress.
<b>KF16.</b>	<b>Percentage of staff working extra hours</b> SHSC has always scored well against other trusts in this KF with a big positive

	<p>difference between the national average and SHSC – In 2017 however the Trust percentage in this area has increased from 64% in 2016 to 70% in 2017 which although still below the average for other mental health and LD services is a big increase.</p>
<b>KF21.</b>	<p><b>Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.</b></p> <p>This is another KF that is also reported in the nationally through the WRES. For BME staff over the last three years the KF has improved from 67% in 2015 to 81% in 2017 and for the last two years the Trust has been above the national average for BME staff. In terms of the general KF which includes white and BME staff the Trust score has generally been in line with or slightly above the national average since 2012 but in 2017 has dipped below the national average to its lowest point at 81%.</p>

### **Narrative Report Review**

An analysis was also undertaken of the optional narrative comments provided by staff – many of these appeared to reflect the response of staff to recent change in the organisation and the impact of this on how staff feel and the impact on people using the organisations services.

### **Responding to the Staff Survey**

As the analysis summarised above indicates the types of issues highlighted in the 10 areas above are not necessarily areas that might responded to robust performance management, as has been the case in the past where the trust has achieved outstanding improvements in staff survey results, for example improving rates of appraisal where the Trust is performing significantly above peer organisations.

In addition trends in staff survey results and analysis of the associated narrative comments highlighted areas that may improve through more sustained Organisational Development response.

For this reason it was agreed that a specific annual action plan was not necessarily the best response.

The following action was therefore agreed reflecting a more systemic and embedded approach to responding to the 2017 staff survey results focused on an on-going organisational development approach embedded within the trust.

## Action

1. To explore options used in other NHS organisations that have been shown to improve staff survey results based on an organisational development approach.
2. Review what action is already being undertaken that should support improvements in the areas highlighted in the staff survey and where are the gaps in specific actions.
3. Look at any hot spots highlighted in survey results, for example specific services that may require more detailed attention.

## Progress to date

<p>To explore options used in other NHS organisations that have been shown to improve staff survey results based on an organisational development approach.</p>	<ul style="list-style-type: none"> <li>- The option of using <i>Listening into Action</i> a model used in other trusts in the region is being explored. Initial discussions have taken place and further exploration of how this is used in mental health trusts is being reviewed.</li> <li>- An alternative option is also being explored through Trusts contact with NHS Improvement (NHSI)</li> </ul>
<p>Review what action is already being undertaken that should support improvements in the areas highlighted in the staff survey and where are the gaps in specific actions.</p>	<ul style="list-style-type: none"> <li>- A Leadership Engagement Network has been established through the Trust Chief Executive.</li> <li>- A Learning from Change event took place on the 22<sup>nd</sup> of May and follow up meetings are identifying action that needs to take place in response to the feedback from this event. . A feedback report is due to be taken to the TOG in October</li> <li>- A gap analysis matrix has been developed that is currently being populated by services to specifically identify where action is being taken that potentially supports improvement in the staff survey. Once this is complete gaps will be identified. An example of a section of this template is provided for information in Appendix 1 the matrix also highlights the Trust top five best performance areas and why these may have improved.</li> <li>- The trust approach to Organisational Development resourcing is being reviewed.</li> </ul>

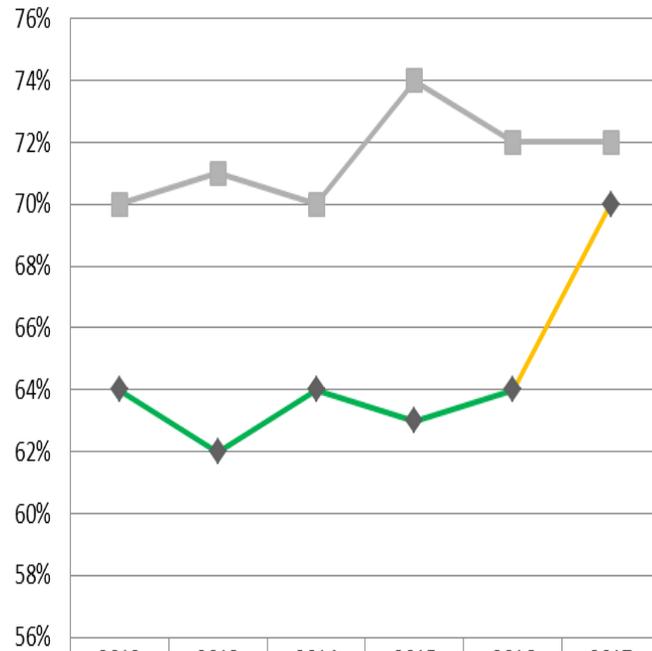
<p>Look at any hot spots highlighted in survey results, for example specific services that may require more detailed attention.</p>	<ul style="list-style-type: none"><li>- The Quality Health Report results have been shared and discussed with senior managers at the Trust Management Group (TMG).</li><li>- HR Business Partners' are starting work to support further local analysis of staff survey results through clinical networks.</li></ul>
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## Appendix 1 - Staff Survey gap Analysis Matrix – Example

PICKER REPORT TOP FIVE COMPARED TO OTHER MENTAL HEALTH TRUSTS	Quality Health Report? Significantly higher or lower	Narrative	What Action is Currently being taken that may be relevant to this KF	Conclusion/ Recommendation	Proposed lead area (if required)
<b>KF23 Percentage of staff experiencing physical violence from staff in last 12 months</b>	SHSC 2% Sector 3% (-0.55% (Not Sig))	This KF score is in the top five in both QH and Picker Reports. It is in the QH top five because of the improvement in this KF from 2016. There has been a <b>-1.92% significant improvement</b> from 2016 to 2017. It is in the Picker top five as benchmarked with the Picker benchmark group	Review had taken place by service and the results had been isolated to one incident. This probably accounts for this being in the bottom five rankings in 2015 and 2016 and the improvement in 2017.	Recommendation No further action required	
PICKER REPORT Bottom FIVE COMPARED TO OTHER MENTAL HEALTH TRUSTS	Quality Health Report? Significantly higher or lower	Narrative	What Action is Currently being taken that may be relevant to this KF	Conclusion/ Recommendation	Proposed lead area
<b>KF4.Staff motivation at work.</b>	<b>-0.19 Difference (negative)</b>	Staff motivation does not feature in the top five in the QH report and although it does feature in the QH report as a KF as worse than the QH benchmark group this is by a margin of -0.19 and is therefore not significantly worse compared to the QH benchmark group. The average for other MH/LD services has steadily improved whereas for SHSC there appears to be a steady deterioration.	<ul style="list-style-type: none"> <li>• Microsystems</li> <li>• Change management review</li> <li>• Leadership Engagement Network</li> </ul>	Share department staff survey results through HR Business Partners agree local action.	HR/Service Directors

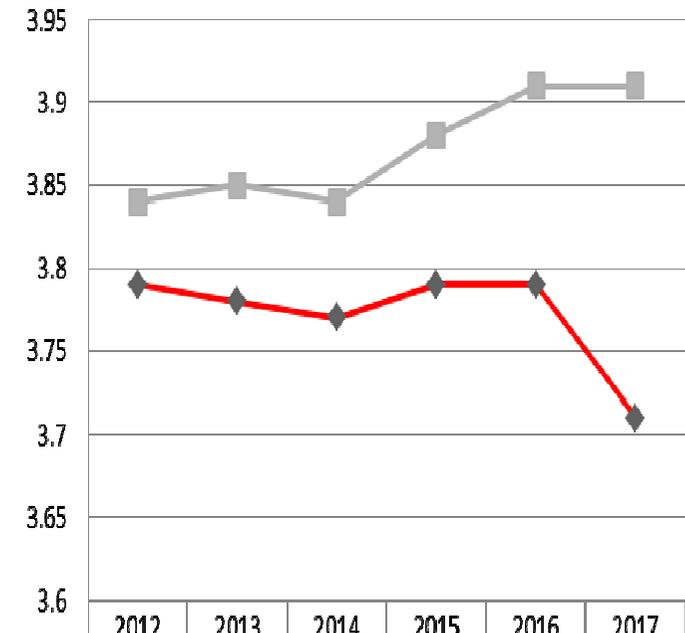
## Appendix 2 Staff Survey Trend Analysis

Chart 1 - KF16 % of Staff Working Extra Hours



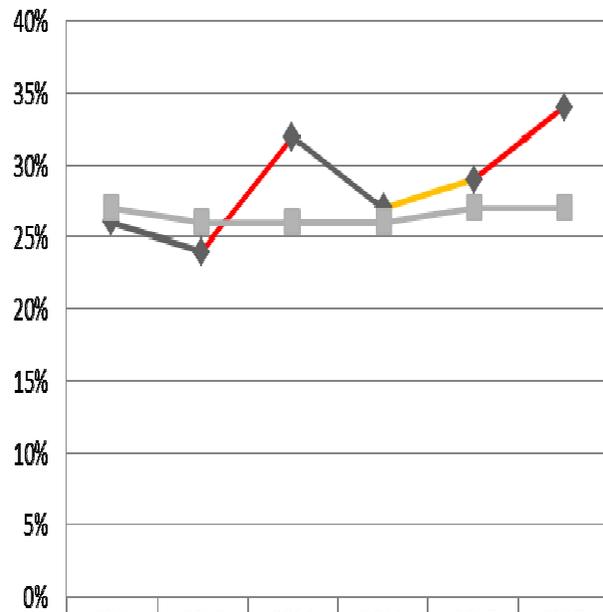
Trust	64%	62%	64%	63%	64%	70%
National Average for Mental Health	70%	71%	70%	74%	72%	72%

Chart 2 - KF4 Staff Motivation at Work



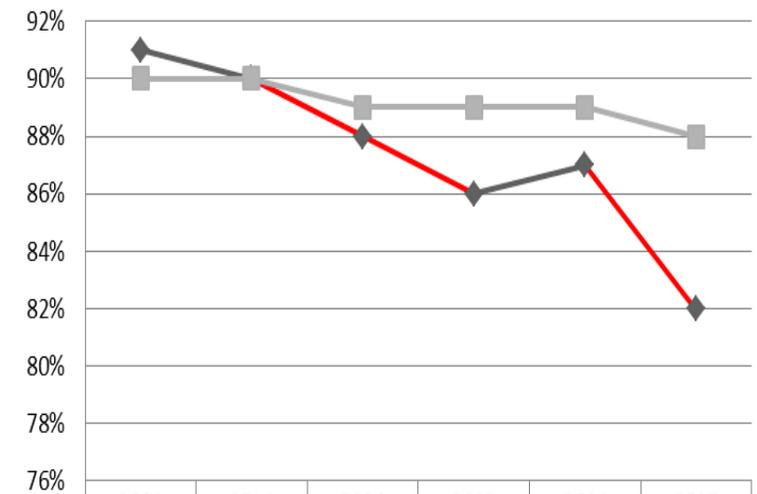
Trust	3.79	3.78	3.77	3.79	3.79	3.71
National Average for Mental Health	3.84	3.85	3.84	3.88	3.91	3.91

**Chart 3 - KF28 % Staff witnessing potentially harmful errors or near misses or Incidents In the last month**



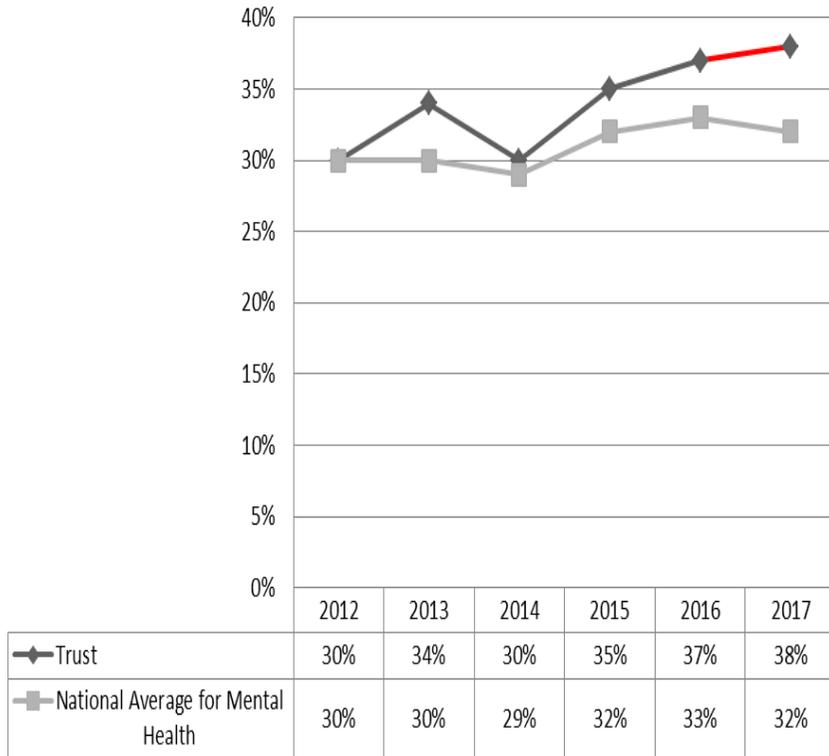
	2012	2013	2014	2015	2016	2017
Trust	26%	24%	32%	27%	29%	34%
National Average for Mental Health	27%	26%	26%	26%	27%	27%

**Chart 4 - KF3 % staff agreeing their role makes a difference to patients /service users**

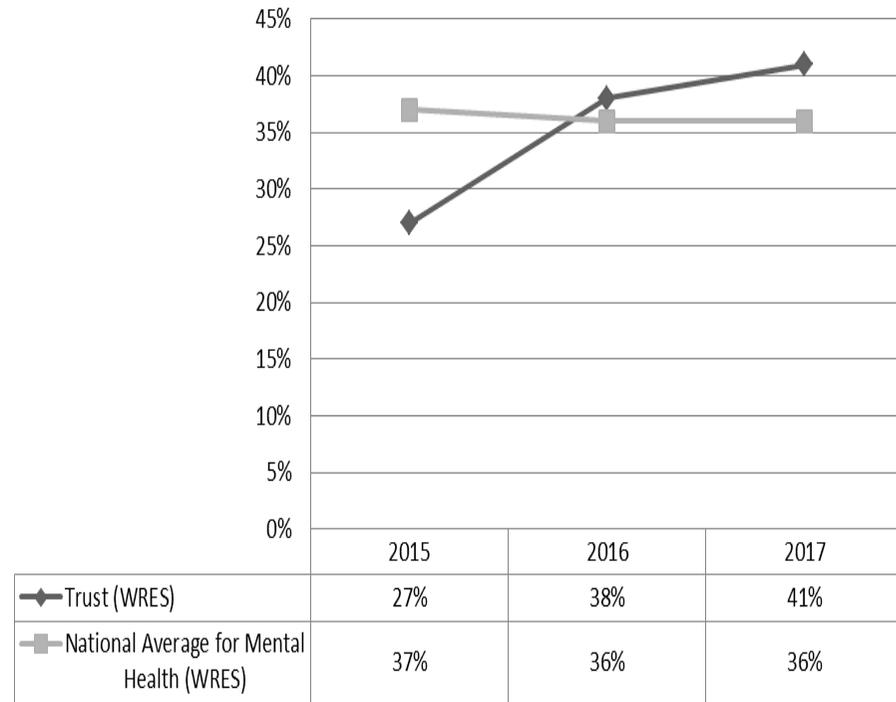


	2012	2013	2014	2015	2016	2017
Trust	91%	90%	88%	86%	87%	82%
National Average for Mental Health	90%	90%	89%	89%	89%	88%

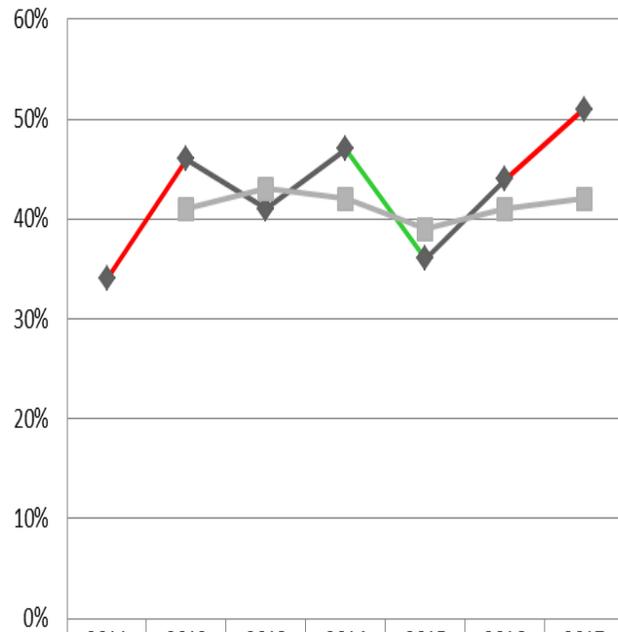
**Chart 5 - % staff experiencing harrassment, bullying or abuse from patients ,relatives or the public in the last 12 months**



**Chart 6 - Staff experiencing bullying or harrassment from patients /service users**

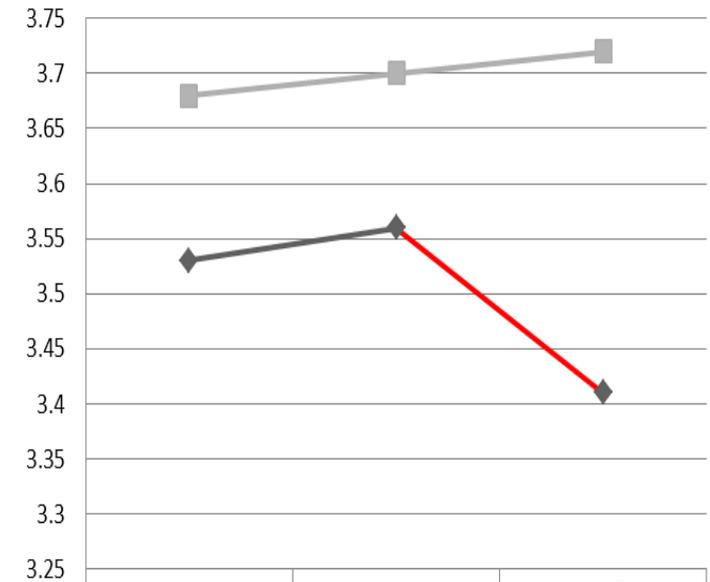


**Chart 7 - % staff feeling unwell due to work related stress in the last 12 months**



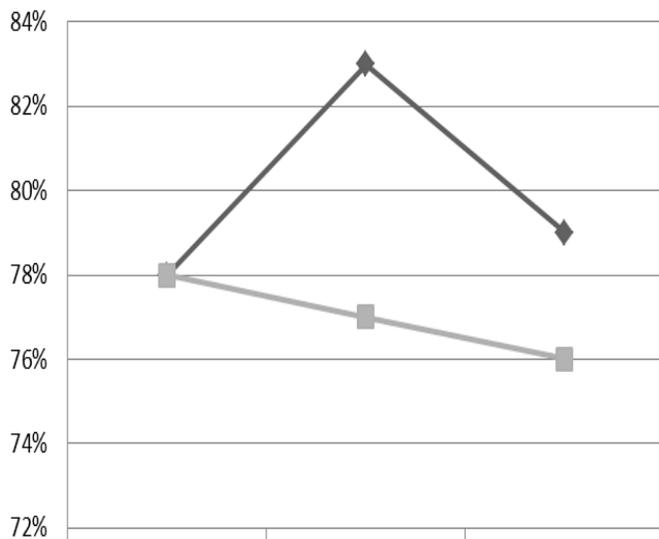
	2011	2012	2013	2014	2015	2016	2017
Trust	34%	46%	41%	47%	36%	44%	51%
National Average for Mental Health		41%	43%	42%	39%	41%	42%

**Chart 8 - Effective use of service user feedback**



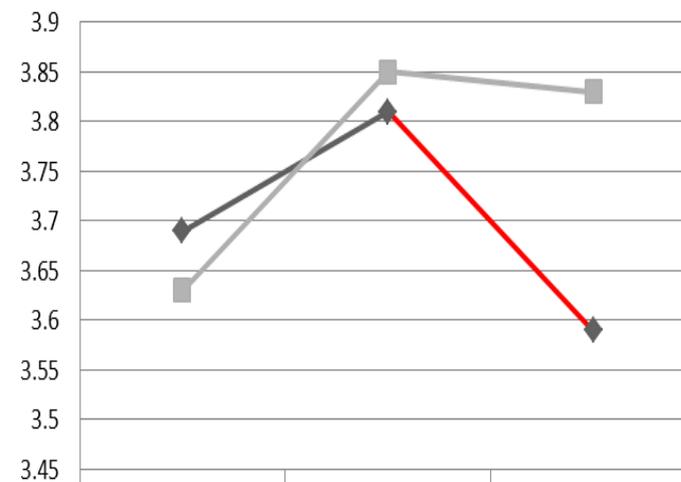
	2015	2016	2017
Trust	3.53	3.56	3.41
National Average for Mental Health	3.68	3.7	3.72

**Chart 9 - Staff satisfaction with the quality of work and care they are able to deliver 2012 to 2014**



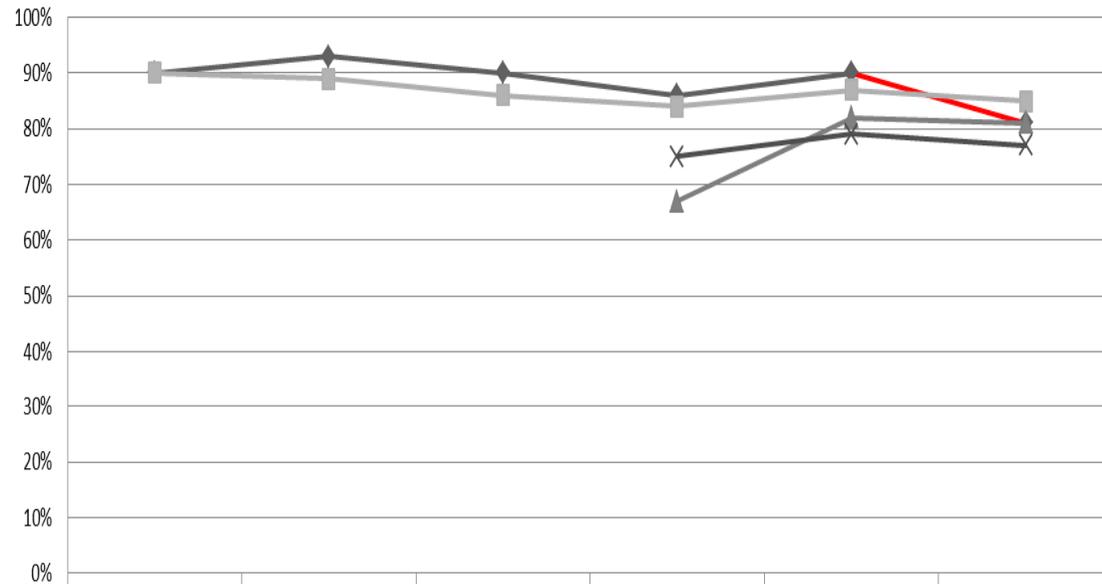
	2012	2013	2014
Trust	78%	83%	79%
National Average for Mental Health	78%	77%	76%

**2015 - 2017**



	2015	2016	2017
Trust	3.69	3.81	3.59
National Average for Mental Health	3.63	3.85	3.83

Chart 10 - Staff believing that the organisation provides equal opportunities for career progression or promotion



	2012	2013	2014	2015	2016	2017
◆ Trust	90%	93%	90%	86%	90%	81%
■ National Average for Mental Health	90%	89%	86%	84%	87%	85%
▲ Workforce Race Equality Standard (WRES) Trust				67%	82%	81%
✕ National Average for Mental Health (WRES)				75%	79%	77%