

Board of Directors' - Open

Date: 11th March 2020

Item Ref: 10

TITLE OF PAPER	The NHS Staff Experience Survey 2019
TO BE PRESENTED BY	Dean Wilson, Director of Human Resources
ACTION REQUIRED	The Board are asked to approve the proposals set out in this paper

OUTCOME	Approval of proposals
TIMETABLE FOR DECISION	5 th March 2020
LINKS TO OTHER KEY REPORTS / DECISIONS	Trust Vision, Strategic Framework and People Aim Workforce and OD Strategy, Staff Survey 2018
STRATEGIC AIM STRATEGIC OBJECTIVE BAF RISK NUMBER & DESCRIPTION	Strategic Aim: People Strategic Objective: People A2/01-04 BAF Risk Number: A204 BAF Risk Description: Risk of reduced productivity and service quality as a result of low morale and motivation The BAF will be considered in relation to identifying additional risks associated with the findings of the Staff Survey.
LINKS TO NHS CONSTITUTION /OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	NHS Pledge: Provide a high quality working environment for staff.
IMPLICATIONS FOR SERVICE DELIVERY & FINANCIAL IMPACT	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.
CONSIDERATION OF LEGAL ISSUES	None

Author of Report	Liz Johnson
Designation	Head of Equality and Inclusion
Date of Report	2 nd March 2020

Summary Report

1. Purpose

For approval	For assurance	For collective decision	To seek input	To report progress	For information	Other (Please state)
X	x					

The purpose of this paper is to provide information about the key findings of the Staff Survey 2019 and to seek the approval of the Board to the proposals about how to respond to these.

2. Summary

Background

The NHS Staff Experience Survey is undertaken annually and since 2018 focuses on the experience of staff in relation to a set of 'Themes'. The survey is undertaken by an external contractor for 2019 this was 'Quality Health'. The data collated by Quality Health is provided in raw format to SHSC and to a National Co-Ordinating Centre who collate the data by into Theme areas and publish reports against relevant benchmark groups, in the case of SHSC our benchmark group is Mental Health and Learning Disability Trusts (Appendix 1). In 2018 there were 10 Themes in 2019 an additional theme 'Team Working' was added. Each Theme is given a score of 1 to 10 with 1 always representing a negative position and 10 a positive position. Each theme score is based on a set of questions from the staff survey.

A report of progress following the 2018 staff experience survey was presented to EDG on the 5th of March 2020.

2019 Staff Survey

The 2019 Staff Survey took place between September and December 2019, as with recent previous years all Trust staff were given the opportunity to complete the survey rather than a sample. In 2019 a task and finish group was established one objectives was to improve the response rate to the survey. Action was undertaken including using a mixed method survey (email and paper), an incentive for completing the survey and targeted and consistent communications. In 2018 **36.3%** of staff completed the survey (837 people), in 2019 the response rate improved to **40%** (949 responses)

Results

Results of the staff survey are provided to the Trust in the following ways:

Quality Health Data

- Raw data from Quality Health comprising of the percentage score against each survey question compared to the previous year and compared to the other Mental Health and Learning Disability Trusts that Quality Health are the survey contractor for.
- Anonymised narrative comments provided by staff completing the survey.

National Report

- National reports consist of a 'Full' and 'Summary Report' of Theme areas, benchmarked against other Mental Health and Learning Disability Trusts and a 'Directorate' report that benchmarks by theme areas of the trust against the average for the Trust as a whole.
- For the 2019 survey the Trust added some bespoke additional questions, these are not part of the national reports but provide information about areas that the trust has identified as being particularly important to obtain more detailed feedback on about the experience of staff.

The national report is our official benchmarking report and is used to review our performance. The staff survey data used to produce this report is available from Quality Health is used to understand these findings in more detail.

2019 Results

The following table is taken from the 2019 staff experience survey benchmark report and is the main focus of the national report this compares our score out of ten against the average best and worst score for the benchmark group Mental Health/Learning Disability. The changes in survey results from 2018 to 2019 are noted in the national report as not being statistically significant. Changes down are very small but have moved some themes from average to below the average and above average to below the average from 2018 (see Appendix 2)



All theme areas are below the average for the benchmark group however three areas remain aligned with the worst score for the benchmark group and it is proposed that these three areas remain the focus for specific action.

- Quality of Appraisals
- Quality of Care and
- Safety Culture

Review of responses using data from the 'Directorate' report which compares responses from different services and corporate areas in the trust, with the organisations average, shows that there is variation across 'Directorate groups' (See Appendix 3).

- Crisis and Emergency Care has the most significant variation with all themes being below the organisations average in contrast to Scheduled & Planned Care where five theme areas were above the organisations average.
- Medical are above the organisations average in all areas.
- Clover Practice is above the organisations average in all but one theme although the number of responses to the survey were small.

It's proposed that a specific focus on Crisis and Emergency Care would be helpful.

Additional analysis has been completed. The most significant changes in terms of the percentage score against each question in each theme were related to the questions aligned to the theme **Quality of Care** and the theme **Safety Culture**. Quality of Care had improved by 10% points overall and Safety Culture had worsened by 10% points overall. This suggests that the action identified focussed on Quality improvement may be starting to impact.

As noted above local questions were also included in the survey. The reason for including these questions was to gain a more detailed understating of the experience of staff, and to produce a baseline that could provide specific evidence of progress in some key areas. Local questions focused on:

- Trust Values
- Staff Wellbeing
- Safety Culture
- Quality of Appraisals/PDR

Trust Values

98% of staff said they were aware of the trust values. 60% said managers demonstrated these values always or often and 31% sometimes. 67% said that colleagues demonstrated the values always or often and 30% sometimes. 78% said the Values were important to them.

Staff Wellbeing

Staff wellbeing question responses indicated that staff were aware of what was available if they were to experience work related stress and generally in most areas a high proportion of staff said they knew where to get information on wellbeing. Several areas provided low scores for environmental factors such as places for rest and food and catering facilities. Over 40% of those responded negatively to a question asking them if they took a lunch break and it appears that even in areas where the score was more positive in relation to access to food and catering lunch breaks were reportedly not taken.

Safety Culture

There appears to be a difference in the belief that there is a clear and effective system for reporting health and safety issues in the organisation and that there are sufficient measures in place to identify health and safety risks in our organisation. Significant numbers of people who responded to the survey believed that senior managers did not acknowledge mistakes.

Quality of PDR /Appraisal

Questions on PDR were included not only due to the low score on the 2018 staff survey on the theme quality of appraisals but also because feedback from staff engagement indicated that a number of staff appear to be concerned at lack of development and career opportunities. This appears to be reflected in responses to the local survey questions.

Responding to the Results of the Survey

A number of steps were taken in 2019 to improve the quality of the information that the staff survey provides with the aim that this would support engagement across the organisation in responding to the staff survey. The introduction nationally of themes has made the results of the survey more tangible and provided an opportunity to establish a much clearer approach to responding to the survey.

A Staff Survey Steering Group (Appendix 4) has now been established. The group will ensure that each theme area has an identified lead Directorate or individual and support structured engagement across corporate and service areas with action planned and implemented. The steering group is accountable to EDG and will report for assurance to WODC and QAC.

The group will be provided with detailed information about the experience of staff in different areas and will be supported to identify action and to inform action led in other Directorates in particular on the three priority areas identified above:

- Quality of Appraisals
- Quality of Care and
- Safety Culture

Reports to WODC and QAC will provide assurance that action identified is making a difference.

3. Next Steps

The Board are asked to approve a specific focus on the three key areas identified in this report and approve the establishment of the Staff Survey Steering group.

4. Required Actions

Trust Board are required to approve the proposals in this paper.

5. Monitoring Arrangements

Reports to EDG, Workforce and OD Committee and Quality Assurance Committee

6. Contact Details

Caroline Parry, Deputy Director of Human Resources
Tel: 0114 2263626
Caroline.Parry@shsc.nhs.uk

Liz Johnson
Head of Equality and Inclusion
Ext 16703
Liz.johnson@shsc.nhs.uk

Appendix 1 – Mental Health and Learning Disability Benchmark Group

- Isle of Wight NHS Trust (mental health sector)
- Leeds and York Partnership NHS Foundation Trust
- North Staffordshire Combined Healthcare NHS Trust
- Norfolk and Suffolk NHS Foundation Trust
- Tavistock and Portman NHS Foundation Trust
- Lincolnshire Partnership NHS Foundation Trust
- South West London and St George's Mental Health NHS Trust
- 2Gether NHS Foundation Trust
- Central and North West London NHS Foundation Trust
- South London and Maudsley NHS Foundation Trust
- Avon and Wiltshire Mental Health Partnership NHS Trust
- Hertfordshire Partnership University NHS Foundation Trust
- Devon Partnership NHS Trust
- Sussex Partnership NHS Foundation Trust
- Tees, Esk and Wear Valleys NHS Foundation Trust
- Northumberland, Tyne and Wear NHS Foundation Trust
- Birmingham and Solihull Mental Health NHS Foundation Trust
- Greater Manchester Mental Health NHS Foundation Trust
- Surrey and Borders Partnership NHS Foundation Trust
- Kent and Medway NHS and Social Care Partnership Trust
- Dudley and Walsall Mental Health Partnership NHS Trust
- Camden and Islington NHS Foundation Trust
- Sheffield Health and Social Care NHS Foundation Trust

Appendix 2 - Staff Survey Report Staff Survey Results 2018 - 2019

The changes in survey results from 2018 to 2019 are noted in the national report as not being statistically significant. Changes down are very small but have moved some themes from average to below the average and above average to below the average.

Theme	Narrative (ours)	2018 score	2019 Score	Average 2019	Worst score benchmark (19)	Best score benchmark (19)
Equality and Inclusion	This theme looks at if you think the organisation offers equal opportunity, if you have suffered discrimination from people who use services managers or colleagues and if you have had reasonable adjustments is you are disabled.	9.0	8.9	9.0	8.3	9.3
Health and Wellbeing	This theme looks at opportunity for flexible working, if you have suffered from musculoskeletal problems of stress due to work, if the organisation takes action to support your health and wellbeing and if you have come to work despite feeling so unwell you cannot perform your duties.	5.7	5.7	6.0	5.6	6.6
Immediate Manager	Looks at the amount of support and feedback you get form your manager. If they involve you in decisions, ask about your wellbeing, value your work and support you in accessing training and development	7.2	7.2	7.3	6.8	7.7
Morale	Looks at if you are involved in changes, if your colleagues respect you, if you have unrealistic time pressures, if you have a choice about how you do your work, if relationships at work are strained and if you are encouraged by your manager.	6.0	6.1	6.3	5.9	6.7

Quality of Appraisals	Looks at if your appraisal helped you do your job, if objectives were agreed and if it left you feeling your work was valued and also if the organisations values were discussed.	5.1	5.1	5.7	5.1	6.5
Quality of Care	Looks at if you are satisfied with the quality of care you are able to give, if you feel your role makes a difference and if the care you give is what you aspire to give.	6.6	6.9	7.4	6.9	7.8
Safe Environment Bullying and Harassment	Looks at how many times you have experienced bullying or harassment from managers, services users or colleagues in the last 12 months.	7.9	7.9	8.0	7.4	8.3
Safe Environment – Violence	Looks at how many times you have experienced physical violence from managers, services users or colleagues in the last 12 months.	9.3	9.3	9.3	8.8	9.5
Safety Culture	Looks at if you are treated fairly if you report an incident or near miss, if the organisation takes action as a result to make sure it does not happen again, if you get feedback on what has changed as a result of reported near misses and incidents. Also looks at if you feel safe to report incidents and near misses, that you are confident the organisation would address concerns and that the organisation responds to concerns raised by service users	6.2	6.1	6.8	6.1	7.2
Staff Engagement	Looks at if you are enthusiastic about going to work and your job, if time passes quickly, if there are opportunities to use your initiative, you can make suggestions for improvement in relation to your team or department and if you can make improvements happen in your area of work	6.7	6.7	7.0	6.5	7.5
Team Working	Looks at if the team has objectives and if the team meet to discuss the team effectiveness	6.8	6.7	7.0	6.5	7.3

Appendix 3 – Responses by Area and Variance

		Number of surveys sent	Number of Surveys returned	% Returned	Trust Average Variance (any theme more than one 0.1 point above or below the average for the Trust as a whole)
Central Clinical Services Management	Management Team Patient Safety - Nursing Ops Patient Safety Team External Clinical Psychology Contracts Psychology Management Regional Trainees Workplace Wellbeing Art Therapy Training Courses Intermediate Care Contract Therapy Management Team	207	91	44%	<p>Above Trust Average</p> <ul style="list-style-type: none"> • Equality & Diversity • Health & wellbeing • Immediate managers • Morale • Bullying & harassment • Safe environment Violence • Staff engagement <p>Below Trust Average</p> <ul style="list-style-type: none"> • Quality of Care
Crisis and Emergency Care	Acute 24 Hour Bed Based Services Alternative to Admission Dementia 24 Hour Bed Based Services ECT Suite Home Treatment Liaison Single Point of Access and Emotional Well Being Service Substance Misuse	794	222	28%	<p>Above Trust Average</p> <p><u>No areas above Trust average</u></p> <p>Below Trust Average</p> <ul style="list-style-type: none"> • Equality & diversity • Health & wellbeing • Immediate managers • Morale • Quality of appraisals • Quality of care • Bullying & harassment • Safe environment Violence • Safety culture • Staff engagement • Team working

<p>Scheduled & Planned Care</p>	<p>Primary Care Psychological Services Long Term Conditions Specialist Community Services Specialist Psychotherapy Service Adult Community Teams Community Learning Disability Teams Older Adult Community Teams Specialist 24 Hour Services</p>	<p>903</p>	<p>367</p>	<p>41%</p>	<p>Above Trust Average</p> <ul style="list-style-type: none"> • Immediate managers • Quality of appraisals • Quality of care • Safe environment Violence • Team working <p>Below Trust Average</p> <ul style="list-style-type: none"> • Health & wellbeing
<p>Clover Practice & GP's</p>	<p>Clover Practice & GP's</p>	<p>72</p>	<p>17</p>	<p>24%</p>	<p>Above Trust Average</p> <ul style="list-style-type: none"> • Equality & diversity • Health & wellbeing • Immediate managers • Morale • Quality of care • Bullying & harassment • Safe environment Violence • Safety culture • Staff engagement • Team working <p>Below Trust Average</p> <ul style="list-style-type: none"> • Bullying & harassment
<p>Medical</p>	<p>Chaplaincy & Spiritual Care Clinical Governance & Quality Medical Management Team Medical PGME Organisational Development Pharmacy Dept R&D Commercial R&D Core Smoking Cessation</p>	<p>176</p>	<p>94</p>	<p>53%</p>	<p>Above Trust Average</p> <ul style="list-style-type: none"> • Equality & diversity • Health & wellbeing • Immediate managers • Morale • Quality of appraisals • Bullying & harassment • Safe environment Violence • Staff engagement <p>Below Trust Average</p> <p><u>No areas below the Trust average</u></p>

Finance	Estates Services Facilities Management Soft Facilities Mgmt Serv Finance IT PMO	149	84	56%	<p>Above Trust Average</p> <ul style="list-style-type: none"> • Health & wellbeing • Bullying & harassment • Safe environment Violence <p>Below Trust Average</p> <ul style="list-style-type: none"> • Morale • Quality of appraisals • Safety culture • Team working
Human Resources	Bank Staffing Team HR Management HR Services Union Administration Training, Education & Dev	56	41	73%	<p>Above Trust Average</p> <ul style="list-style-type: none"> • Health & wellbeing • Morale • Bullying & harassment • Safe environment Violence • Safety culture • Staff engagement <p>Below Trust Average</p> <ul style="list-style-type: none"> • Equality & diversity • Quality of appraisals <p>Insufficient reponses received to report on the Quality of Care Theme</p>
Corporate Servs and Nursing, Professions & Care Standards	Nursing, Professions & Care Standards Corporate Governance Trust Executive & Admin Trust Executive Projects Strategy & Transformation	43	33	77%	<p>Above Trust Average</p> <ul style="list-style-type: none"> • Quality of appraisals • Safe environment Violence • Safety culture • Staff engagement <p>Below Trust Average</p> <ul style="list-style-type: none"> • Quality of care • Bullying & harassment • Team working



Terms of Reference

Name of Steering Group	Staff Survey Steering Group
Type of Committee	Steering Group

1.	Purpose of the Steering Group																						
	To coordinate planning of, and response to, the NHS Staff Survey across functions and services.																						
2.	Scope																						
	<p>The Steering group will be convened by the HR Directorate. It will have membership from key departments/ functions relevant to delivery of, and response to, the Staff Survey.</p> <p>All SHSC areas that need to respond to the results of the staff survey will be expected to provide a member for the steering group, who is able to take a lead in ensuring action is delivered locally in response to the staff survey results.</p> <p>The steering group membership and response framework will broadly cover the ten theme areas now reported on through the staff survey these are:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding-left: 20px;">Theme 1</td> <td>Equality, Diversity & Inclusion</td> </tr> <tr> <td style="padding-left: 20px;">Theme 2</td> <td>Health & Wellbeing</td> </tr> <tr> <td style="padding-left: 20px;">Theme 3</td> <td>Immediate Managers</td> </tr> <tr> <td style="padding-left: 20px;">Theme 4</td> <td>Moral</td> </tr> <tr> <td style="padding-left: 20px;">Theme 5</td> <td>Quality of appraisals</td> </tr> <tr> <td style="padding-left: 20px;">Theme 6</td> <td>Quality of Care</td> </tr> <tr> <td style="padding-left: 20px;">Theme 7</td> <td>Safe Environment Bullying & Harassment</td> </tr> <tr> <td style="padding-left: 20px;">Theme 8</td> <td>Safe Environment Violence</td> </tr> <tr> <td style="padding-left: 20px;">Theme 9</td> <td>Safety Culture</td> </tr> <tr> <td style="padding-left: 20px;">Theme 10</td> <td>Staff Engagement</td> </tr> <tr> <td style="padding-left: 20px;">Theme 11</td> <td>Team Working (added 2019)</td> </tr> </table>	Theme 1	Equality, Diversity & Inclusion	Theme 2	Health & Wellbeing	Theme 3	Immediate Managers	Theme 4	Moral	Theme 5	Quality of appraisals	Theme 6	Quality of Care	Theme 7	Safe Environment Bullying & Harassment	Theme 8	Safe Environment Violence	Theme 9	Safety Culture	Theme 10	Staff Engagement	Theme 11	Team Working (added 2019)
Theme 1	Equality, Diversity & Inclusion																						
Theme 2	Health & Wellbeing																						
Theme 3	Immediate Managers																						
Theme 4	Moral																						
Theme 5	Quality of appraisals																						
Theme 6	Quality of Care																						
Theme 7	Safe Environment Bullying & Harassment																						
Theme 8	Safe Environment Violence																						
Theme 9	Safety Culture																						
Theme 10	Staff Engagement																						
Theme 11	Team Working (added 2019)																						

3. Authority/Accountability

The Steering group will be accountable to EDG.

4. Objectives of The Steering Group

The Steering group will:

- (i) Ensure that there is a co-ordinated approach to the Annual NHS Staff Experience Survey on a practical level and in relation to staff engagement.
- (ii) Provide a clear structure and process for systemic co-ordination of responses to the results of the staff survey at a corporate and local service level.
- (iii) Provide assurance that action is being planned and taken in response to the Staff Survey.
- (iv) Provide assurance that action being taken is being reviewed for impact.
- (v) Provide co-ordination of results to services and teams and to EDG as agreed with the Director of HR.
- (vi) Co-ordinate communication with areas such as the Trust Management Group, Clinical Network Groups, Joint Consultative Forum and other key areas.

5. Membership

CORE GROUP – MONTHLY MEETINGS

Member	Focus
Deputy Director of HR (Chair)	<ul style="list-style-type: none"> • Health & Wellbeing • Quality of Appraisals
Head of Equality and Inclusion (Deputy Chair)	<ul style="list-style-type: none"> • Equality, Diversity & Inclusion • Operational Delivery of the Staff Survey
Head of Comms	<ul style="list-style-type: none"> • Provide advice on Communication and engagement regarding the Staff Survey
Listening Into Action Lead	<ul style="list-style-type: none"> • Ensure there is an interface with LiA
Director of OD	<ul style="list-style-type: none"> • Moral • Staff Engagement
HR Business Partner	<ul style="list-style-type: none"> • Safe Environment Bullying & Harassment
Director of Quality	<ul style="list-style-type: none"> • Quality of Care
Associate Director of Patient Safety	<ul style="list-style-type: none"> • Safety Culture • Safe Environment Violence
Director Scheduled and Planned	<ul style="list-style-type: none"> • Interface with Operations
Director Crisis and Emergency	<ul style="list-style-type: none"> • Interface with Operations
ESR Manager	<ul style="list-style-type: none"> • Data management of the Staff Survey

- All members will share responsibility for communicating regarding the staff survey within their area of responsibility.

	<ul style="list-style-type: none"> All members will provide an advisory function in relation to supporting the effective delivery of the staff survey. All members will provide feedback to a collated action log in respect to action being undertaken related to the results of the staff survey.
6.	<p>Representative attendees will attend Quarterly</p> <ul style="list-style-type: none"> Scheduled and Planned Care Named Contact Link to Scheduled and Planned Care Crisis and Emergency Care Named Contact Link to Crisis and Emergency Care Central Clinical Services Management - Named Contact (s) Link to Central Clinical Services Clover Practice & GP's - Named Contact Link to Clover Practice & GP's Medical - Named Contact Link to Medical Corporate Services - Named Contact (s) Link to Corporate Services Finance - Named Contact (s) Link to Finance
7.	<p>Meeting Arrangements, Frequency and Notice of Meetings</p> <ul style="list-style-type: none"> The steering group will be convened through the HR Directorate and will meet monthly. A request for an update on progress against the agreed action log will be made at the start of each month and this will be collated by the HR Directorate. In the months of March, June, September and December attendance will be extended to Directorate contacts.
8.	<p>Quorum</p> <ul style="list-style-type: none"> The meeting will be Quorate with three attendees.
9.	<p>Minutes and Reporting Arrangements</p> <ul style="list-style-type: none"> All members and attendees will receive notes of meetings. Reports on progress against the action log will be provided to EDG and to WODC and QAC for assurance. Notes of the meeting will be provided through the HR Directorate.
10.	<p>Reporting Groups</p> <p>N/A</p>
11.	<p>Meeting Effectiveness Review</p>

	To be reviewed at each meeting and annually	
12.	Review to be conducted by the Steering Group Chair	
	Date Steering Group established	January 2020
	Terms of Reference to be reviewed	January 2021
	Date of last review	N/A
	Date of next review	January 2021