

TRUST BOARD PUBLIC – APRIL 2013

Agenda Item Number: 60/13
Enclosure Number: (8)

Subject:	National Staff Survey 2012 – Summary Outcomes
Prepared by: Sponsored by: Presented by:	Brenda Gould, HR Business Partner Tim Powell, Director of Workforce and Organisational Development Tim Powell, Director of Workforce and Organisational Development
Purpose of paper	Regular Reporting For Information / Awareness
Key points for Trust Board members	The Board is asked to note the outcomes of the 2012 Staff Survey and in particular: <ul style="list-style-type: none"> • Progress made since the 2011 Staff Survey and the actions that have been taken in the last 12 months. • Key areas for further improvement based on the 2012 Staff Survey Results. • Next steps in relation to the Listening into Action programme.
Options and decisions required <i>Clearly identify options that are to be considered and any decisions required</i>	None
Next steps / future actions: <i>Clearly identify what will follow the Trust Board's discussion</i>	Cascade of 2012 Staff Survey results to CoG and SMT followed by facilitated support sessions at CSC level.
Consideration of legal issues (including Equality Impact Assessment)?	None
Consideration of Public and Patient Involvement and Communications Implications?	None

NATIONAL STAFF SURVEY 2012 – SUMMARY OF OUTCOMES

1.0. PURPOSE

The purpose of this paper is to report the key outcomes of the 2012 National NHS Staff Survey conducted in Portsmouth Hospitals NHS Trust.

2.0. BACKGROUND

All healthcare Trusts are mandated to administer the Care Quality Commission (CQC) Annual National Staff Survey (NSS) amongst a sample of their workforce. This took place between September and December 2012. The NSS measures staff responses to a range of questions relating to different aspects of their working lives. The responses are presented within a report of 28 Key Findings, which are structured around the four pledges to staff contained with the NHS Constitution, plus 2 additional themes:

- Staff Pledge 1: To provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities (Key Findings 1 to 5).
- Staff Pledge 2: To provide all staff with personal development, access to appropriate training for their jobs and line management support to succeed (Key Findings 6 to 9).
- Staff Pledge 3: To provide support and opportunities for staff to maintain their health, well-being and safety (Key Findings 10 to 20).
- Staff Pledge 4: To engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families (Key Findings 21 to 22).
- Additional theme; Staff satisfaction (Key Findings 23 to 25).
- Additional theme; Equality and diversity (Key Findings 26 to 28).

The NSS outcomes provide a measure of the effectiveness of our people management and development practices, staff well-being interventions and overall staff satisfaction and engagement. There is a plethora of research which demonstrates a direct correlation between these measures and the overall quality of patient care and service provision, in that highly motivated, engaged and well developed staff will provide a higher quality of service to our patients.

The number of questions in the NSS reduced from 38 to 28 between 2011 and 2012. Comparisons of some scores between the 2 years are not therefore possible.

3.0. NATIONAL STAFF SURVEY ACTION PLANS 2011

NSS 2011 results were broken down by individual Clinical Service Centre and the Trust Corporate Functions (CSCs) in a league table format, allowing for a comparison to be made relative to other CSCs and the overall Trust results. CSCs, primarily via their HR Business Partners, then further investigated the results through face to face discussions with a random selection of staff. The rationale for this approach was to better understand the results so that subsequent action plans focused on the issues that mattered most to our staff. The common themes that arose from CSC action plans were as follows:

- Roll out team based working (Working Together for Patients; WT4P) across the Trust. WT4P has been relaunched within each CSC during 2012. This commenced with the most senior management teams and then via a cascade structure. There is still some work to do to embed all elements of team based working, especially at inpatient ward level. It is planned to include WT4P as a module within the “Productive Ward” audit tool to seek to address this issue.
- Increase the number of appraisals undertaken. The Trust target of 85% has been achieved in February 2013 for the first time this financial year. 6 of 11 CSCs have achieved the target and a further 3 CSCs have achieved over 80%.
- Enhance the quality of appraisals. HR Business Partners undertook quarterly audits of appraisal by CSC and fed back anonymised outcomes to relevant managers. While there has been some learning from this process, no major concerns were identified.
- Increase compliance with essential skills training. While the Trust target of 85% has not yet been achieved, performance has increased by 8.4% over the financial year, from 73.6% to 82%. 2 CSCs have achieved the target and a further 7 have achieved over 80%.
- Increase the visibility of senior managers and enhance communication through “back to the floor” visits, staff forums and newsletters. Staff forums recently commenced in Medicine, MSK and Surgery/Cancer CSCs. HR Business Partner and senior managers attend staff meetings in Emergency CSC. A quarterly newsletter has been relaunched in Medicine.

4.0. STAFF SURVEY OUTCOMES 2012

This summary of outcomes has been extracted from the NSS report provided by the CQC.

460 staff at Portsmouth Hospitals NHS Trust (PHT) took part in this survey. This is a response rate of 56%, which is above average for acute Trusts in England. This compares with a response rate for PHT of 63% in 2011 and of 59% in 2010.

The table below shows PHT’s ranking against all acute Trusts in both 2012 and 2011. The RAG rating in the 2012 column shows whether our ranking has improved (green), stayed the same (amber) or deteriorated (red) between the 2011 and 2012 results. In the final column, the table shows the 2012 raw results for PHT as compared with PHT raw results for 2011, with a RAG rating identifying where there has been a statistically significant improvement/deterioration, as measured by the CQC.

Title	Description	Ranking - acute Trusts 2012	Ranking – acute Trusts 2011 (*1 see below)	PHT change in score/rating since last survey (*2 see below)
Response rate	460 staff responses = 56%	Better than average	Best 20%	↓ 63% to 56%
Key Finding (KF) 1	Staff feeling satisfied with quality of work/patient care able to deliver	Worst 20%	Worst 20%	→ 70% (acute Trust average = 78%)
KF 2	Staff agreeing their role makes a difference to patients	Worse than average	Worse than average	→ 88.8% (acute Trust average = 89.4%)

Title	Description	Ranking - acute Trusts 2012	Ranking – acute Trusts 2011 (*1 see below)	PHT change in score/rating since last survey (*2 see below)
KF 3	<i>Work pressure felt by staff</i>	Worst 20%	–	2012 PHT score = 3.22 scale score (acute Trust avg 3.08)
KF 4	Effective team working	Average	Best 20%	↓ 3.76 to 3.71 scale score
KF5	<i>Staff working extra hours</i>	Best 20%	Best 20%	↑ 55% to 63% (acute Trust average 70%)
KF6	Receiving job-relevant training, learning or development in last 12 months	Worse than average	–	2012 PHT score = 80% (acute Trust average 81%)
KF7	Staff appraised in last 12 months	Better than average	Better than average	↑ 83% to 87%
KF8	Well-structured appraisals in last 12 months	Average	Better than average	↓ 37% to 34%
KF9	Support from immediate managers	Average	Better than average	↑ 3.6 to 3.62
KF10	Staff receiving health and safety training in last 12 months	Best 20%	Worse than average	↑ 81% to 84%
KF11	<i>Staff suffering work-related stress in last 12 months</i>	Average	Best 20%	↑ 21% to 38%
KF12	Staff saying hand-washing materials always available	Better than average	Best 20%	↓ 74% to 64% (acute Trust avg 60%)
KF13	<i>Staff witnessing potentially harmful errors, near misses or incidents in last month</i>	Worse than average	Better than average	↑ 31% to 37% (acute Trust avg 34%)
KF14	Staff reporting errors, near misses or incidents witnessed last month	Better than average	Best 20%	↓ 99% to 90%

Title	Description	Ranking - acute Trusts 2012	Ranking – acute Trusts 2011 (*1 see below)	PHT change in score/rating since last survey (*2 see below)
KF15	Fairness and effectiveness of incident reporting procedures	Best 20%	Best 20%	↑ 3.54 to 3.59 scale score
KF16	<i>Staff experiencing physical violence from patients, relatives or public in last 12 months</i>	Worse than average	–	2012 PHT score 17% (acute Trust average 15%)
KF17	<i>Staff experiencing physical violence from staff in last 12 months</i>	Worse than average	–	2012 PHT score 3% (acute Trust average 2.98%)
KF18	<i>Staff experiencing harassment, bullying or abuse from patients, relatives or public in last 12 months</i>	Better than average	–	2012 PHT score 27% (acute Trust average 30%)
KF19	<i>Staff experiencing harassment, bullying or abuse from staff in last 12 months</i>	Average	–	2012 PHT score 25%
KF20	<i>Staff feeling pressure in last 3 months to attend work when feeling unwell</i>	Worst 20%	Average	↑ 23% to 34% (acute Trust average 29%)
KF21	Staff reporting good communication between senior management and staff	Worse than average	–	2012 PHT score 24% (acute Trust avg 27%)
KF22	Staff able to contribute towards improvements at work	Worse than average	Average	↑ 63% to 64% (acute Trust avg 68%)
KF23	Staff job satisfaction	Worse than average	Average	↑ 3.47 to 3.53 scale score (acute Trust avg 3.58)

Title	Description	Ranking - acute Trusts 2012	Ranking – acute Trusts 2011 (*1 see below)	PHT change in score/rating since last survey (*2 see below)
KF24	Staff recommendation of the Trust as a place to work or receive treatment	Worse than average	Worse than average	↓ 3.43 to 3.42 scale score (acute Trust average 3.57)
KF25	Staff motivation at work	Worst 20%	Worse than average	↓ 3.79 to 3.74 scale score (acute Trust average 3.84)
KF26	Staff having equality and diversity training	Better than average	Average	↑ 47% to 65% (acute Trust average 55%)
KF27	Staff believing the Trust provides equal opportunities for career progression or promotion	Average	Average	↓ 90% to 88%
KF28	Staff experiencing discrimination at work in last 12 months	Better than average	Best 20%	→ 9% (acute Trust average 11%)
	Overall staff engagement (see section 7)	Worst 20%	Worse than average	↑ 3.57 to 3.59 scale score (acute Trust avg 3.69)

*1 – Due to change in questions since 2011, some scores cannot be compared (shown as – in 2011 column)

*2 – RAG rated only where deemed to be statistically significant as measured by CQC. An increase or decrease in score in itself may not be statistically significant.

5. Analysis of Findings compared to PHT NSS 2011

5.1. For each of the 23 key findings that can be compared with 2011:

- 8 have improved raw scores from the 2011 NSS
- 3 scores have remained unchanged from the 2011 NSS
- 12 scores have deteriorated from the 2011 NSS
- 1 of the scores that improved was deemed to be statistically significant, as measured by the CQC (Equality & diversity training, 47% to 65%).

- 5 of the scores that deteriorated were deemed to be statistically significant, as measured by the CQC:
 - Staff working extra hours (55% to 63%)
 - Staff suffering work-related stress in last 12 months (21% to 38%)
 - Staff saying hand-washing materials always available (74% to 64%)
 - Staff reporting errors, near misses or incidents in last month (99% to 90%)
 - Staff feeling pressure in last 3 months to attend work when feeling unwell (23% to 34%)

6.0. Analysis of findings compared to other Acute Trusts in 2012

6.1. For each of the 28 key findings, response rate and overall engagement, the Trust was ranked as follows:

- Best 20% in three key findings
- Better than average in seven key findings
- Average in six key findings
- Worse than average in nine key findings
- Worst 20% in five key findings

6.2. The most favourable key findings when compared with other acute Trusts were:

- Percentage of staff working extra hours (Trust score 63%, acute Trust average 70%)
- Percentage of staff receiving health and safety training in the last 12 months (Trust score 84%, acute Trust average 74%)
- Fairness and effectiveness of reporting procedures (Trust scale score 3.59, acute Trust average 3.5)
- Staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months (Trust score 27%, acute Trust average 30%)
- Percentage of staff appraised in the last 12 months (Trust score 87%, acute Trust average 84%)

6.3. The least favourable key findings when compared with other acute Trusts were:

- Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver (Trust score 70%, acute Trust average 78%)
- Percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell (Trust score 34%, acute Trust average 29%)
- Work pressure felt by staff (Trust scale score 3.22, acute Trust average 3.08)
- Staff motivation at work (Trust scale score 3.74, acute Trust average 3.84)
- Staff able to contribute to improvements at work (Trust score 64%, acute Trust average 68%)

7.0. Overall Staff Engagement

The overall indicator of staff engagement is calculated using the questions that make up key findings 22 (staff ability to contribute to improvements at work), 24 (their willingness to recommend the Trust as a place to work or receive treatment) and 25 (the extent to which they feel motivated).

The PHT score in 2012 was 3.59, the same score as in 2011. However, as other Trusts improved their score in this area, PHT moved from worse than average to the worst 20% of Trusts.

8.0. Conclusion

There has clearly been a drop in PHT 2012 performance when compared to PHT results in 2011, and also in comparison with other acute Trusts in 2012. Even where PHT performance has improved between 2011 and 2012, our ranking with other acute Trusts has worsened in some areas. This is because acute Trusts as a whole have made greater improvements than PHT. This applies to the following findings:

- Key finding 9 - support from immediate managers
- Key finding 22 - staff able to contribute to improvements at work
- Key finding 23 – staff job satisfaction
- Overall staff engagement

The themes from the survey are similar to last year in that the Trust has performed best against staff pledges 2 and 3, namely, personal development, access to job-relevant training and line management support, and providing support and opportunities for staff to improve their health, well-being and safety, plus the additional theme of equality and diversity.

9.0. Next steps

- 9.1. Analyse, present and communicate survey findings by CSC.
- 9.2. CSCs to further consult with a selection of their staff to identify the key actions that need to be undertaken in order to make PHT a great place to work and learn.
- 9.3. CSC action plans to be developed and submitted to June Trust Board.
- 9.4. CSC action plans to be reviewed at performance reviews with EMT.
- 9.5. CSC feedback on action plans and deployment to be presented to Trust Board.
- 9.6. Roll out of the Listening into Action programme.

10.0 Listening into Action

10.1. Background and Introduction

Working with the organisation Optimise and coinciding with the 2012 National Staff Survey (NSS) results, the Trust launched Listening into Action (LiA). This is about achieving a *fundamental shift* in the way we work and lead, putting clinicians and staff at the centre of change for the benefit of our patients, our staff and the Trust as a whole.

LiA has met with great success in other NHS organisations. It is all about:

- Connecting and bringing people together
- Empowering clinicians and staff to get on and make the changes we all want to see
- Collaborating to come up with good ideas and then quickly turning them into action
- Celebrating our successes and using our stories to inspire others

- Sharing ownership and responsibility for improving care for our patients and working lives for ourselves.

LiA has been tried, tested and proven to work with 50 pilot Trusts, 9 early adopter and 17 current 'National Pioneer' Trusts – PHT is part of wave 3. It is based on evidence that motivated, engaged staff deliver better care for patients. Trusts who participated in the first wave, commencing in May 2012, saw a significant increase in their 2012 NSS results specifically on key questions: Recommendation of the Trust as a place to work and receive treatment (KF24), satisfied with the work and patient care they are able to deliver (KF1), effective communication (KF21) and that their role makes a difference (KF2). LiA will fundamentally shift how we approach change through a combination of top level commitment and by giving staff 'permission' to make change happen and cut through all the usual reasons why not.

10.2 How it works

There are 4 phases to get traction within a 12 month period.

10.2.1 Phase 1

Phase 1 is about committing to a new way of working through the set-up of a sponsor group to align key influencers around where we are, where we are going, and the importance of engaging and empowering staff. This is underpinned by a commitment to cut through all the usual reasons why not. During this phase the LiA staff pulse survey is conducted to identify the benchmark of how staff are feeling, coinciding with a focused and compelling communications campaign to give a sense of something different in the air.

10.2.2 Phase 2

Phase 2 is about engaging staff around what matters. This involves a round of high profile Chief Executive led 2 hour staff conversations to share where we are going and why this is important and to listen to what really matters and what gets in the way. The information collated provides the best insight ever to inform strategy and organisation wide quick wins and enabling our people schemes with approximately 400 staff already feeling listening to and valued. In turn this creates a pull for teams (wards, department, pathways) to adopt LiA for themselves to engage all the right people around the outcomes they want to see.

10.2.3 Phase 3

Phase 3 moves into mobilising and empowering teams to drive change through the establishment of the first 10 pioneer teams which fuels wider spread with enabling people schemes accelerated to positively impact and enable the organisation. Managers are supporting teams and helping to unblock the way which encourages the surfacing of nuggets who are champions for a new way of working. Phase 3 will deliver improved morale and staff feeling they have permission to act which will start the culture shift through widespread adoption of LiA.

10.2.4 Phase 4

Embedding LiA as 'the way we do things around here'. Spread from first 10 to next 20 teams through a pass it on event which is just the beginning as it becomes self-perpetuating. A network of champions is formed who support the infrastructure of LiA to ensure no going back. An on-going adjustment of organisational processes and systems to enable rather than disable this new way of working with evidence-base of tangible improvements to patients experience, safety, quality, working life for staff and organisational performance.

10.3 Progress to date

A sponsor group has been formed comprising a small multidisciplinary group of people who are committed and passionate about making a success of LiA and who, between them, have the ability to influence all key staff groups across the organisation. The sponsor group meets every two weeks and is personally hosted by the Chief Executive to lead navigation of the journey, make decisions and do everything possible to cut through all the usual reasons why not and plan for sustainability.

The communications campaign commenced on Friday 8 March 2013 via the Chief Executives weekly message which was dedicated to LiA. It launched the commencement of the staff pulse survey containing ten key questions which will be closed during the first week of April 2013 in order for analysis to be undertaken ahead of the staff 'big conversation' events.

Six Staff Conversations will be held during the end of April through to mid May 2013 to which staff will be personally selected to attend. This is a chance for a mix of around 400 staff at all levels and roles to get together and talk openly about what really matters to them, what gets in their way, and what we should prioritise changing together for the benefit of our patients and ourselves. The absolute focus of this - and the actions which will follow - is to support and enable individuals and teams to do the very best for our patients and their families, in a way which makes us all feel proud.

10.4 Focus and objectives

The absolute focus and required outcomes of LiA at PHT have been identified by the sponsor group as the following:

For staff to be

- **All working together taking responsibility for patient care**
- **Proud to work here and to recommend the Trust as a place to have treatment**
- **Living the values, through values based employment**

This will be delivered through using LiA as a practical vehicle to help enable our vision. Embedding a systematic and sustainable way of engaging and empowering staff around all our major challenges, and moving to a new way of working where all the right people commonly join forces to focus on ambitious outcomes and take collective ownership of making them happen.

10.5 Summary

This is a new and exciting initiative; it is a different approach to anything we have ever done in the past that is timely and appropriate in light of the recent Francis report and recommendations. Positive action **will** follow, with direct involvement from the staff, empowered to make it happen. The work we will be doing through LiA will be innovative and will bring about real change by ensuring any barriers to this will be removed to 'unblock the way'.