

Report to:	Public Board of Directors	Agenda item:	12
Date of Meeting:	29 March 2017		

Title of Report:	Staff Survey Results
Status:	For Action/Approval
Board Sponsor:	Claire Buchanan, Director of HR
Author:	Victoria Downing-Burn Deputy Director of HR
Appendices	Appendix A: Issues Highlighted by the 2016 NHS Staff Survey Appendix B: RUH data: Comparison of 2016 Staff Survey Results by Trust, Division, and Staff Group Appendix C: RUH data: Staff Survey 2016 Values Summary Appendix D: RUH data: Annual Progress 2012-2016 Appendix E: National Data: Listening into Action 2017 Scatter map of Acute Trusts by key findings

1.	Executive Summary of the Report
<p>Purpose</p> <p>The purpose of the report is inform and update the Board of Directors of the outcomes from the national staff survey, conducted during autumn 2016 by Picker Institute Europe, across all 32 Key Findings (KF).</p> <p>The report also identifies key themes and areas for improvement that enable staff to experience work in the best way possible enabling them to ‘care, inspire and innovate’.</p> <p>Summary</p> <p>Overall the staff survey results for 2016 have remained stable particularly within the areas where the Trust is above average / top 20% of trusts (Appendix D). The results demonstrate the value the Trust places in its staff, despite the challenging operational issues faced over recent months.</p> <p>Comparing the Trust using national comparison data (Appendix E) it is pleasing to note that the Trust can be located in the favoured ‘right hand box’ revealing an overall positive internal set of improvements and a healthy number of ‘better than average’ key findings.</p> <p>A total of 2242 staff responded to the survey, which is 46% of the Trust and this is a higher rate than the national average responses for Acute Trusts.</p> <p>Our position since 2015</p> <p>Our Staff Engagement Score has increased (improved) since the 2015 Staff Survey</p>	

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and is now better than the average score for Acute Trusts.

This result is a combination of staff's views in the following areas:

- whether they would recommend the Trust as a place to work or receive treatment
- staff motivation at work
- staff's ability to contribute towards improvements at work.

Since 2015 more staff are reporting that they would recommend the Trust as a place to work.

Similarly there has been a small increase in the percentage of staff reporting that 'If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation'.

Improvements

From the other key findings there are a number that show improvements - as reported by staff - based on the survey responses in the past 12 months. These include:

- staff satisfaction with the quality of work and care they are able to deliver
- organisation and management interest in and action on health and wellbeing
- quality of appraisals
- good communications between senior managers and staff
- support from immediate managers
- recognition and value of staff by managers and the organisation
- satisfaction with resourcing and support

Deterioration

There are two areas where the reported experience is worse than the previous year. These are:

- Percentage of staff experiencing discrimination at work in the last 12 months
- Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion (however, for this indicator despite our own worsening position the Trust is 'better than average' and features in the best top 20% of all acute trusts).

Our position in comparison to other Acute Trusts in 2016

In a demanding environment, where emergency admissions are high and there continues to be delays in getting patients home safely, what the results show is that

both the trust and managers have worked well to support staff. The top five areas where the Trust compares favourably with other acute Trusts nationally include:

- Recognition and value of staff by managers and the organisation
- Percentage of staff appraised in the last 12 months
- Quality of appraisals
- Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months
- Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

The areas listed above show some strong links with the Trust's own improved position since 2015. This is reflected generally in staff's recommendation of the RUH as a place to work.

The five areas where the Trust compares least favourably to other Acute Trusts, and therefore requires some specific action and attention includes:

- Percentage of staff reporting errors, near misses or incidents witnessed in the last month
- Percentage of staff/colleagues reporting most recent experience of violence
- Staff confidence and security reporting unsafe clinical practice
- Fairness and effectiveness of procedures for reporting errors, near misses and incidents
- and, quality of non-mandatory training, learning or development.

Concluding comments

Since 2015 more staff have reported that they are satisfied with the quality of the work that they provide at the Trust, and in the past 12 months the number *and* quality of appraisals has improved.

Also reported, is that managers are showing interest in staff, and providing support to staff, through a number of methods including: recognition; health and wellbeing; via communications; and opportunities for career progression and promotion.

Overall the Trust has a number of key findings that reflect the positive impact of supportive management, good quality appraisals and a focus on health and wellbeing.

A review of the areas for improvements it is proposed that work focuses on four key areas, so that the Trust retains its attractiveness to staff and maintains high quality patient safety and experience. These recommendations are drawn from the detailed

analysis of the data from the survey a summary of which is provided in Appendix A:

1. **Equality and Diversity:** to tackle discrimination and improve opportunities for all staff in career progression/promotion
2. **Reporting:** to be improved across a number of areas including clinical incidents; errors, near misses and incidents of violence so that the Trust can respond to staff's needs and make interventions to further build confidence and use of the systems for recording, feedback and learning.
3. **Patient care and experience:** staff feel that they are not satisfied with the quality of care that they are able to deliver and there is scope to support staff and help to evidence how their role makes a difference to patients.
4. **Violence, harassment and bullying:** the staff experience remains unchanged since the previous year, and improvements in staff confidence and skills in these areas is required.

2. Recommendations

The Board of Directors is asked to note the results of the staff survey and support the improvements required.

3. Legal / Regulatory Implications

The Care Quality Commission will use the results from the staff survey to monitor ongoing compliance with essential standards of quality and safety.

4. Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc.)

Workforce risks associated with this report are monitored through Strategic Workforce Committee.

5. Resources Implications (Financial / staffing)

None.

6. Equality and Diversity

Further analysis of these results by the Equality & Diversity Committee will produce action plans to address any particular issues linked to those protected characteristics covered by the Equality Act 2010 and the Workforce Race Equality Standard.

7. References to previous reports

Staff Survey Results 2015

8. Freedom of Information

Public

Issues highlighted by the 2016 NHS Staff Survey

1. Introduction

- 1.1 This paper provides an overview of the key themes from the 2016 NHS Staff Survey of NHS staff at Royal United Hospitals Bath NHS Foundation Trust (RUH) which took place in autumn 2016.
- 1.2 The report structure follows that of the national survey results and is therefore different to previous years. It includes:
 - Staff engagement (Section 3.1)
 - 9 key staff survey themes (Section 3.2)
 - WRES (Workforce Race Equality Standard) (section 4)

2. Background

- 2.1 The staff survey report for the Trust focuses on 32 key areas (known as Key Findings). These Key Findings are mostly summary scores of groups of questions (101 in total) which, when taken together, give more information about each area of interest. The Key Findings are represented as either scores on a scale of one to five, or percentages.
- 2.2 As with previous years the staff survey questions used in 2015 and 2016 are not always the same and so the key findings are not wholly comparable.

The Key Findings in 2016 are structured around staff engagement and 9 key themes as per the list below. Previously the survey results have been built around the four pledges of the NHS as well as additional themes¹.

- Appraisals and support for development
- Equality and Diversity
- Errors and incidents
- Health and Well-being
- Working patterns
- Job satisfaction
- Managers
- Patient care and experience
- Violence, harassment and bullying

All staff at Royal United Hospitals Bath NHS Foundation Trust (RUH) were invited to complete a survey either online or by post and a total of 2242 responses were

¹ 'equality and diversity', 'errors and incidents' and 'patient experience measures'

received a response rate of 46%, which is above average for Acute Trusts in England.

3. Summary of Results

Details of the 32 Key Findings are contained within the 9 key theme areas. Overall the Trust has seen seven areas of improvement when comparing itself to last year. Across these areas of improvement three results position us as 'better than average', these are: quality of appraisals; recognition and value of staff by managers and the organisation, and support from immediate managers.

These three areas are complimentary, and in the future continued efforts to ensure that staff receive regular high quality appraisals and appropriate thankyou's in between, including the use of thanks box. Day-to-day support from managers is essential to staff regarding the RUH as a good place to work.

Many of the results from the 2016 survey show a stabilised position from 2015. A total of 23 areas remain unchanged which, during challenging times is a positive reflection on the organisation's efforts to do more 'for less'.

There are two areas where the Trust has a deteriorated position since the 2015 results. These are both related to Equality and Diversity and the percentage of staff believing the organisation provides equal opportunities for career progression. This is in the context of the Trust score being in the best 20% of Acute Trusts. However, the deteriorating position is related to the reported experienced given by Black and Minority Ethnic (BME) staff at the Trust.

These key finding forms part of the Workforce Race Equality Standard which is discussed later in the report.

3.1 Staff engagement

Employee engagement goes beyond motivation and simple job satisfaction. It can be seen as a combination of commitment to the organisation and its values and a willingness to help colleagues².

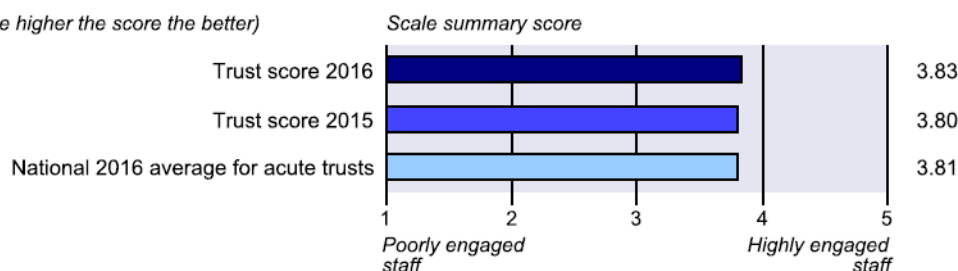
The staff survey results show that the RUH is better than average in the reported levels of staff engagement, in 2016. This result is also an improvement on last year's score.

² Chartered Institute of Personnel and Development

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OVERALL STAFF ENGAGEMENT

(the higher the score the better)



There are 3 key findings used to create the Staff Engagement score, which are shown below. It reveals that staff recommending the Trust as a place to work or receive treatment is better than average.

	Change since 2015 survey	Ranking, compared with all acute trusts
Overall Staff Engagement	• No Change	✓ Above (better than average)
Staff recommendation of the trust as a place to work or receive treatment (KF1) <i>(the extent to which staff think care of patients/service users is the Trust's top priority, would recommend their Trust to others as a place to work, and would be happy with the standard of care provided by the Trust if a friend or relative needed treatment.)</i>	• No change	✓ Above (better than average)
Staff motivation at work (KF4) <i>(the extent to which they look forward to going to work, and are enthusiastic about and absorbed in their jobs.)</i>	• No change	• Average
Staff ability to contribute towards improvements at work (KF7) <i>(the extent to which staff are able to make suggestions to improve the work of their team, have frequent opportunities to show initiative in their role, and are able to make improvements at work.)</i>	• No change	• Average

3.2 Summary of the 9 key themes

The following nine sections provided detail on the scoring and how it compares with previous years and/or what the key learning is for the Trust.

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3.2.1 Appraisals and support for development

Overall this is a positive result for the trust with the percentage of staff receiving an appraisal and the quality of appraisals being 'better than average'. Information from questions related to values (Appendix C) also show that the values of the organisation are being used in 74% of appraisals to some extent or more.

For many staff however the quality of non-mandatory training, learning or development is not as positive as it could be and the Trust is in the bottom 20% of Trusts for this area. Anecdotal information suggests that staff believe that they are not getting access to non-mandatory training and so further work is required to clarify the experience of staff.

3.2.2 Equality and diversity

This area presents the trust with some mixed results, which require further investigation and work to make improvements.

3.2.3 Staff experiencing discrimination

The percentage of staff experiencing discrimination at work in the past twelve months has increased, placing the Trust score as 'average'. The commitment within the Trust values to 'Everyone Matters' means that this area would benefit from further attention.

A brief analysis of the data shows that the two highest scoring groups of staff experiencing discrimination are additional clinical services and estates and facilities. Staff within the facilities directorate also report the highest level of discrimination. Also BME staff are nearly three times more likely to experience discrimination than white staff as reported by the survey; and men are more likely than women to experience discrimination by a factor of 3:2.

3.2.4 Staff believing that the organisation provides equal opportunities for career progression/promotion

Since 2015 the Trust has seen fewer staff believing that the organisation provides equal opportunities for career progression/promotion (worsening position). An analysis of the data shows that BME staff report the lowest in this area with only 68% positively reporting in comparison to 91% of white staff.

Despite this result, the overall ranking of the RUH in comparison to other Acute Trusts is that we are in the top 20%.

Equality, Diversity and Inclusion will feature significantly in future work plans.

3.2.5 Errors and incidents

This area has been highlighted as one of the key areas for actions plans this year.

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Over the past 12 months there has been no change in any of the four key findings, and in three areas the Trust is in the worst 20% of all Acute Trusts. These are:

- The percentage of staff reporting errors, near misses or incidents witnessed in the last month (FK29). The lowest reporting staff group is estates and ancillary at 76%, and the highest (best) reporting groups are AHPs at 95%, and medical and Dental at 94%
- Fairness and effectiveness of procedures for reporting errors, near misses and incidents (KF30). Additional clinical services staff group report the highest (more fair and effective).
- Staff confidence and security in reporting unsafe clinical practice (KF31). The group reporting the lowest confidence is estates & ancillary. The group reporting the highest confidence is additional and professional scientific and technical.

Across all of these key findings the one staff group that stands out as reporting the lowest are those staffed classified as disabled.

In the past 12 months there have been a number of activities that have been aimed at improving these findings such as the introduction of Freedom to Speak up Guardians and review of training in managing violence and aggression. It is possible that the impact of these interventions has yet to be felt by staff. However, more work is needed to embed a culture of learning.

3.2.6 Health and Wellbeing

The Trust has made a number of interventions under the banner of health and wellbeing, and offers: dedicated musculo skeletal support; access to counselling and other mental health sessions. It is currently working towards achieving accreditation under 'The Workplace Health and Wellbeing Charter'³, overseen by the Health and Wellbeing Steering Group.

The overall results in this area of work, measured by the survey, reveal that the Trust has made good progress in the level of interest that the organisation and management shows in health and wellbeing, with an improved score since 2015. The issue of stress remains of interest as there has been no change; and the percentage of staff attending work in the last three months despite feeling unwell because they felt pressured is worse than the average Trust.

The trust takes the health and wellbeing of staff very seriously and has committed to holding a dedicated health and wellbeing week offering information, activity and celebration in Q1 of 2017-18.

3.2.7 Working patterns

³ <http://www.wellbeingcharter.org.uk/index.php>

There has been no change in the two key findings under 'working patterns'. There is an average level of satisfaction for the opportunities for flexible working patterns, and the Trust is 'better than average' of Acute Trusts relating to the percentage of staff working extra hours.

According to the data, the employee most likely to report working extra hours would be a white male, working full-time, between 41-50 years of age.

3.2.8 Job satisfaction

Overall there has been little change in this area for staff, with a couple of exceptions.

This theme has six key findings and includes: staff recommending the Trust as a place to work; staff motivation; ability to contribute to improvements; level of responsibility and involvement; team working; and satisfaction with resourcing and support.

As previously reported, staff at the RUH state that 'they would recommend the organisation as a place to work or receive treatment'. This result puts the Trust in a 'better than average position'. The score since 2015 has increased (better) but it is not statistically significant. Staff aged between 16-30 years report the highest score, as do BME staff in comparison to their comparator groups.

'Staff satisfaction with resourcing and support' has improved since 2015 showing a positive report. Although this is a statistically significant result and it moves the Trust out of the bottom 20% of all Acute Trusts into the 'below average' category, it does so only just. There will be some specific actions for divisions where their scores are lower than the Trust average.

3.2.9 Managers

This area is a true highlight in the staff survey report with all three key findings improved since 2015, and all being statistically significant. With each area showing a result that is either average or better than average in comparison to others:

- The recognition and value of staff by managers and the organisation is better than average, above the median and very close to (0.02) the required score to be in the top 20% of trusts
- The support received from immediate managers is better than average, above the median and very close to (0.02) the required score to be in the top 20% of trusts
- The percentage of staff reporting good communication between senior management and staff is average

3.2.10 Patient care and experience

Since 2015 there has been some improvement and stabilisation in this area. Unfortunately the situation continues to require improvement.

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Although 'staff satisfaction with the quality of work and care that they are able to deliver' has improved since the last survey, and the improvement is significant, the score still places the Trust in the bottom 20% of Acute Trusts. Further improvement is required to ensure that this area of staff experience reflects that of the wider response related to the Trust being a recommended place to work and receive treatment. Particularly as the 'percentage of staff agreeing that their role makes a difference to patients/service users' has remained unchanged and positions the Trust as below average.

The 'effective use of patient/service user feedback' also remains unchanged, although the score has increased (improved) but not in a statistically significant way. Again the Trust is below average

3.2.11 Violence, harassment and bullying

Overall there have been no significant changes to the scores across the six key findings, although reported experiences of harassment and bullying (by staff and public/patients) has gone down very slightly.

The Trust is better than average (as our percentages are lower) for staff experiencing harassment, bullying or abuse from staff in the last 12 months, and we are on the threshold for being in the top (best) 20% of Trusts. The same experience from public/patients/relatives positions the trust as average.

The scores for staff experiencing physical violence (from staff/public/patients) has kept the Trust in a 'worse than average' position. Activities are already planned around training for staff, which should improve the reported experiences in the next 12-18 months (2018-19). The reporting of violence reflects the theme described in the 'errors and incidents' section, where the Trust results place us in the worst 20% of Acute Trusts, with a score that has got worse this year than in 2015.

Reporting is identified as a key theme for action, although the reporting of recent experiences of harassment, bullying or abuse is 'average'.

4. Workforce Race Equality Standard (WRES)

Out of 2242 staff responses to the survey, 91% recorded their ethnicity as white, and 9% as BME. This provides information from 202 individuals who self-report themselves to be BME.

Across the four areas that are used to inform the WRES there are two areas of particularly high differentiation that place BME staff in a reported disadvantaged position.

These are:

1. The 'percentage of staff believing that the organisation provides equal opportunities for career progression or promotion'.

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This is an area that has witnessed a differential between white respondents and BME respondents of 23% (91%:68%). This is compounded by the decline in reporting by BME staff since 2015 from 75% of BME staff believing that the organisation provides opportunities down to 68% in 2016. This is a significant worsening position for BME staff.

2. In the past 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?

BME staff are up to three times more likely to experience discrimination than white staff (ratio of 3:17).

The reasons for discrimination as reported are: ethnic background, followed by gender, age and disability.

The table below shows that BME staff report higher levels of harassment, bullying or abuse from staff than experienced (and reported) by white staff.

			Your Trust in 2016	Average (median) for acute trusts	Your Trust in 2015
KF25	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	28%	27%	30%
		BME	27%	26%	27%
KF26	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	23%	24%	24%
		BME	27%	27%	27%
KF21	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White	91%	88%	92%
		BME	68%	76%	75%
Q17b	In the 12 last months have you personally experienced discrimination at work from manager/team leader or other colleagues?	White	6%	6%	6%
		BME	17%	14%	18%

5. Our results, Our vision and Our values

The Trust has a vision 'to care, to innovate, to inspire' and this is important to both staff and patients.

Focusing on caring for staff to enable them to work to the best of their abilities in a meaningful way is critical to ensure that the vision is achieved.

Our staff values: Everyone Matters | Working Together | Making a Difference underpin how the trust aims to care for staff and deliver the vision. What emerges from this report is that there has been significant progress made in 'working together' with the relationships with and support from managers to staff showing good results.

Everyone Matters, concerning Equality, Diversity and Inclusion in this report clearly emerges as an area where there is much more than can be done. The trust needs to

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embrace difference in the workplace and to improve the lived experience of our BME staff.

What the results also show is that areas where staff can Make a Difference through reporting, to enable lessons to be learned, is not occurring regularly and reporting levels are low.

6. Next steps

A corporate Staff Survey Action Plan will be developed that will report progress to the Strategic Workforce Committee quarterly with a bi-annual report to the Board of Directors.

Actions relating to incidents of violence and aggression are currently reported to the Safer Staffing Group which is a sub-committee of the Health and Safety Committee, reporting to the Board of Directors. Actions relating to supporting staff in these areas such as training will also be reported to the Strategic Workforce Committee.

An analysis of the narrative / staff comments will be conducted to consider whether there are qualitative themes to be fed into the emerging action plans.

7. CQC Links

This survey information is primarily intended for use by the Trust to help review and improve staff experience.

It is important to note, however, that both NHS Improvement and the Care Quality Commission will use the results from the survey to monitor ongoing compliance with essential standards of quality and safety. The survey will also support accountability of the Secretary of State for Health to Parliament for delivery of the NHS Constitution.

5. Conclusion

It is important not to underestimate the impact of recent high levels of organisational change on our workforce. The work that has been undertaken with staff to create our new set of values is a crucial first step in addressing this challenge:

6. Recommendations

These staff survey results offer us a framework upon which to begin to build improvements in all aspects of staff experience and engagement.

It is proposed that a Staff Survey Working Group is convened to:

- review corporate and divisional themes
- develop the action plan detail and to gain divisional/medical/clinical engagement

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- to oversee the divisional plan shared learning and awareness of good practice to move from good to great
- to consider opportunities for links to existing work programmes and reporting

The divisions will also be supported by the HR Business Partners to formulate local action plans to support what they have identified as their three key areas of concern, as highlighted by these results.

It is recommended that the key Corporate areas for focus are:

1. **Equality and Diversity:** to tackle discrimination and improve opportunities for all staff in career progression/promotion
2. **Reporting:** to be improved across a number of areas including clinical incidents; errors, near misses and incidents of violence so that the Trust can respond to staff's needs and make interventions to further build confidence and use of the systems for recording, feedback and learning.
3. **Patient care and experience:** staff feel that they are not satisfied with the quality of care that they are able to deliver and there is scope to support staff and help to evidence how their role makes a difference to patients.
4. **Violence, harassment and bullying:** the staff experience remains unchanged since the previous year, and improvements in staff confidence and skills in these areas is required.

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