

Report to:	Public Board of Directors	Agenda item:	13
Date of Meeting:	28 March 2018		

Title of Report:	Staff Survey Results
Status:	For Action/Approval
Board Sponsor:	Victoria Downing-Burn, Acting Director of People
Author:	Angela Hayday, Associate Director of Organisational & People Development
Appendices	Appendix A: 2017 National NHS Staff Survey, Brief summary of results from RUH NHS Foundation Trust Appendix B: RUH data - Comparison of 2017 Staff Survey Results by Trust Appendix C: RUH data - Comparison of 2017 Staff Survey Results by Division Appendix D: RUH data - Comparison of 2017 Staff Survey Results by Staff Group

1.	Executive Summary of the Report
<p>Purpose The purpose of the report is inform and update the Board of Directors of the outcomes from the national staff survey, conducted during autumn 2017 by Picker Institute Europe, across all 32 Key Findings (KF). The report also identifies key themes and areas for improvement that enable staff to provide the highest quality of care.</p> <p>Summary Overall the staff survey results for 2017 have remained stable.</p> <p>A total of 2279 staff responded to the survey, which is 45% of the trust and this is a higher rate than the national average responses (44%) for Acute trusts but a slight decline on last year's responses (46%).</p> <p>Our position since 2016 Our staff engagement score (3.81) remains just above the national average (3.79) for acute trusts.</p> <p>This result is a combination of staff's views in the following areas:</p> <ul style="list-style-type: none"> • 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. <p>Since 2017 there has been a slight decline in staff reporting they would recommend the trust as a place to work or receive treatment (KF1) from 3.83 to 3.80. However the trust remains above (better than) average for this ranking.</p>	

Author: Angela Hayday, Associate Director of Organisational & People Development Document Approved by: Victoria Downing-Burn, Acting Director of People	Date: 28 March 2018 Version: 1.0
Agenda Item: 13	Page 1 of 14

Similarly there has been a small decrease in staff motivation (KF4) from 3.94 to 3.91. The percentage of staff reporting they are able to contribute towards improvements at work (KF7) remains the same at 70%. The trust is ranked average on both of these findings.

Improvements

There are no statistically significant improvements this year.

Deterioration

There are two areas where the reported experience is a statistically significantly negative change than the previous year. These are:

- Percentage of staff satisfied with the opportunities for flexible working patterns (KF15)
- Staff satisfaction with the quality of work and care they are able to deliver (KF2)

Our position in comparison to other acute trusts in 2017

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:

- Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion (KF21)
- Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves (KF18)
- Percentage of staff feeling unwell due to work related stress in the last 12 months (KF17)
- Percentage of staff appraised in last 12 months (KF11)
- Quality of appraisals (KF12)

The five areas where the trust compares least favourably to other acute trusts, and therefore requires some specific action and attention includes:

- Staff satisfaction with the quality of work and care they are able to deliver (KF2)
- Percentage of staff satisfied with the opportunities for flexible working patterns (KF15)
- Staff confidence and security in reporting unsafe clinical practice (KF31)
- Quality of non-mandatory training, learning or development (KF13)
- Percentage of staff reporting errors, near misses or incidents witnessed in the last month (KF29)

Concluding comments

For the third year running many staff recommended the RUH as a place to work or to receive treatment, with an overall score better than the average acute trust. 77% agreed that patient care is the trust’s top priority.

Overall the trust rated on a par with most other trusts.

The trust has a number of key findings rated as above average; in the area of health and wellbeing, the percentage and quality of appraisals (KF12), and 89% of staff believe that the organisation provides equal opportunities for career progression or promotion (KF21).

The survey has also highlighted some areas for improvement, including the procedures and confidence among staff in reporting clinical practice, errors, near misses or incidents (KF28, KF29, KF30, KF31). The number of staff satisfied with opportunities for flexible working patterns (KF15) was down on 2016, as was staff satisfaction with the quality of work and care they are able to deliver (KF2).

A review of the areas for improvements it is proposed that work focuses on three key areas, so that the trust is attractive 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**.

It is proposed the corporate priorities address the three key themes where the trust is ranked below or worse than average for the majority of key findings within the theme. It is proposed our priorities are viewed through the lens of our values:

Everyone Matters:

- To improve opportunities for BME staff in career progression/promotion (KF21)
- To provide Prevention and Management of Violence and Aggression (from patients, relatives or the public) training for staff identified as high risk (KF22, KF25)

Working Together

- To reduce the percentage of staff experiencing violence, harassment, bullying or abuse from staff (KF23, KF26)
- To improve the overall experience of disabled staff

Making a Difference

- To understand and address the barriers which have a detrimental impact on staff confidence and security in reporting unsafe clinical practice (KF31)

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 2016	
8.	Freedom of Information
Public	

Issues highlighted by the 2017 NHS Staff Survey

1. Introduction

- 1.1 This paper provides an overview of the key themes from the 2017 NHS Staff Survey of NHS staff at Royal United Hospitals Bath NHS Foundation Trust (RUH) which took place in autumn 2017.
- 1.2 The report structure follows that of the national survey results and 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 The staff survey questions used in 2016 and 2017 are the same and can be directly compared.

The Key Findings in 2017 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 2279 responses were received a response rate of 45%, which is above average for acute trusts in England.

3. Summary of Results

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

Author: Angela Hayday, Associate Director of Organisational & People Development Document Approved by: Victoria Downing-Burn, Acting Director of People	Date: 28 March 2018 Version: 1.0
Agenda Item: 13	Page 5 of 14

Details of the 32 Key Findings are contained within the 9 key theme areas. Overall the trust has not seen any areas of improvement when comparing itself to last year.

There are two areas where the trust has a deteriorated position since the 2016 results; staff satisfaction with opportunities for flexible working patterns (KF15) and staff satisfaction with the quality of work and care they are able to deliver (KF2).

The trust has 9 key findings rated as above average, 9 rated as average and 14 rated as below average. The results from the 2017 survey demonstrate a steady state which, during challenging times, is a positive achievement.

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

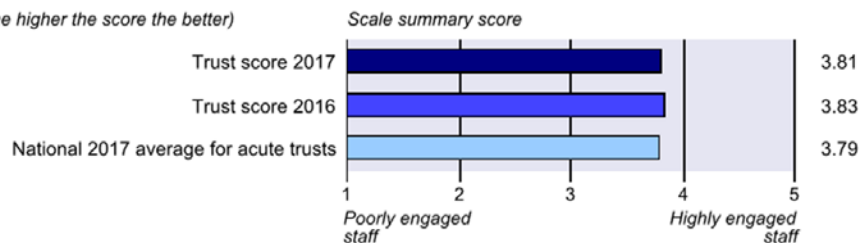
3.1 Staff engagement

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 average overall in the reported levels of staff engagement, in 2017. This score has deteriorated slightly since last year. It is important not to underestimate the impact of recent high levels of organisational change and operational pressures on our workforce.

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.

² Chartered Institute of Personnel and Development

	Change since 2016 survey	Ranking, compared with all acute trusts
OVERALL STAFF ENGAGEMENT	• No change	• Average
KF1. Staff recommendation of the trust as a place to work or receive treatment <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
KF4. Staff motivation at work <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
KF7. Staff ability to contribute towards improvements at work <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.

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 (KF11) and the quality of appraisals (KF12) being in our top five ranked scores

For many staff however the quality of non-mandatory training, learning or development (KF13) is not as positive as it could be and the trust is in the bottom 20% of trusts for this area. Analysis of different occupational groups, staff groups and directorates indicates the poorest scores are from those employed in bands 1 to 4 posts.

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 (KF20) has remained the same, placing the trust score as 'average'. The commitment within the trust values to 'Everyone Matters' means that this area would benefit from further attention.

Analysis of the data shows that the two highest scoring demographic groups experiencing discrimination is disabled staff and those from a BME background. Staff groups which experience high levels of discrimination are additional clinical services, estates and facilities and nursing and midwifery. Those working in nursing

and physiotherapy report significant levels of discrimination as do maintenance and facilities staff.

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

The trust has retained its position of being in the best 20% of acute trusts in relation to staff believing that the organisation provides equal opportunities for career progression/promotion (KF21). However an analysis of the data shows that BME staff report the lowest in this area with only 65% positively reporting in comparison to 91% of white staff. This is a worsening position for BME staff who scored 68% in 2016.

Equality, Diversity and Inclusion will feature significantly in future work plans and the trust has recently established a new post to lead this work.

3.2.5 Errors and incidents

Over the past 12 months there has been no change in any of the four key findings within the theme of errors and incidents:

- The percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month (KF28). The group witnessing the most was 42% of adult / general nurses and 49% of other registered nurses compared to an overall trust score of 30% (the lower the score the better). The trust has improved its position over a five year period (from 37% in 2013) but with little progress over the past three years.
- The percentage of staff reporting errors, near misses or incidents witnessed in the last month (KF29) has remained consistent at 89% over the past five years. The lowest (worst) reporting staff groups is estates and ancillary at 61% compared to 76% in 2016. The highest (best) reporting staff groups are Additional Professional Scientific at 95%.
- Fairness and effectiveness of procedures for reporting errors, near misses and incidents (KF30). The trust has made incremental improvements over a five year period from a score of 3.50 in 2013 to 3.65 in 2017 (the higher the better). Healthcare Scientists report the highest (more fair and effective) whilst Additional Professional Scientific and Technical report the worst (least fair and effective).
- Staff confidence and security in reporting unsafe clinical practice (KF31). The trust is in the worst 20% of all acute trusts for this finding and has made little progress over the past three years. The occupational group reporting the lowest confidence is physiotherapy. The occupational group reporting the highest confidence is general management.

Two of our bottom five ranked scores (KF29 & KF31) are related to errors and incidents.

Author: Angela Hayday, Associate Director of Organisational & People Development Document Approved by: Victoria Downing-Burn, Acting Director of People	Date: 28 March 2018 Version: 1.0
Agenda Item: 13	Page 8 of 14

Those with a BME background scored the lowest (worst) for reporting errors, near misses or incidents witnessed (KF29) with a score of 80% compared to the trust overall score of 89%. Across the remaining key findings the one staff group that stands out as reporting the lowest are those staffed classified as disabled.

Errors and incidents will continue to be a key area for action plans this year.

3.2.6 Health and Wellbeing

The issue of staff stress (KF17) remains of interest. The Trust scored better than average when compared to other acute trusts although the improvement over the past year is only small -from 35% to 34% (the lower the better).

The Trust is in the best 20% of acute trusts for staff attending work in the last three months despite feeling unwell because they felt pressured (KF18).

The Trust's position remained the same (average) for organisation and management interest in and action on health and wellbeing (KF19).

3.2.7 Working patterns

The Trust is in the lowest (worst) 20% for satisfaction with opportunities for flexible working patterns (KF15). The Trust has moved from 'better than average' last year to 'average' this year for the percentage of staff working extra hours (KF16).

According to the demographic data, those most likely to report working extra hours are men.

3.2.8 Job satisfaction

Overall there has been no change in this area for staff; however there are changes in the overall rankings.

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

Staff responses to KF1 i.e. 'they would recommend the organisation as a place to work or receive treatment' puts the trust in a 'better than average position'. The score since 2016 has remained the same. Staff aged between 16-30 years report the highest score, as do BME staff in comparison to their comparator groups.

The trust also ranked 'above (better than) average' for 'staff satisfaction with level of responsibility and involvement (KF8). This does not represent any change in score since 2016.

'Staff satisfaction with resourcing and support' (KF14) has not changed significantly since 2016 however this score means the trust is ranked as below (worse than)

Author: Angela Hayday, Associate Director of Organisational & People Development Document Approved by: Victoria Downing-Burn, Acting Director of People	Date: 28 March 2018 Version: 1.0
Agenda Item: 13	Page 9 of 14

average. There will be some specific actions for divisions where their scores are lower than the trust average.

3.2.9 Managers

Last year the trust made statistically significant improvements with each area showing a result that was either average or better than average in comparison to others. This year the trust maintained its scores but not all its rankings.

- The recognition and value of staff by managers and the organisation (KF5) is better than average which is the same ranking as last year.
- The percentage of staff reporting good communication between senior management and staff (KF6) ranked as ‘below (worse than) average’ compared to ‘average’ last year.
- The support received from immediate managers (KF10) is better than average which is the same ranking as last year.

3.2.10 Patient care and experience

Since 2016 there has been a worsening position within one key finding and no change in the other two key findings.

‘Staff satisfaction with the quality of work and care that they are able to deliver’ (KF2) has worsened since the last survey. This is a statistically significant negative change in the trust’s key findings. The score means the trust remains in the bottom 20% of acute trusts. Further improvement is required to ensure that 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’ (KF3) has remained unchanged and positions the trust as below average.

The percentage of staff ‘agreeing their role makes a difference to patients / service users’ (KF3) remains unchanged however the trust is ranked as ‘below (worse than) average’ for this key finding.

The ‘effective use of patient/service user feedback’ (KF32) also remains unchanged, although the score has decreased (worsened) but not in a statistically significant way. Again the trust is below average.

Patient care and experience is a key theme for action.

3.2.11 Violence, harassment and bullying

Overall there have been no significant changes to the scores across the six key findings. However the trust is ranked as worse than average for staff experience physical violence from staff (KF23), for experiencing harassment, bullying or abuse from patients, relatives or the public (KF25) and for reporting recent experience of violence (KF24). The results rank the trust us in the worst 20% of acute trusts.

Author: Angela Hayday, Associate Director of Organisational & People Development Document Approved by: Victoria Downing-Burn, Acting Director of People	Date: 28 March 2018 Version: 1.0
Agenda Item: 13	Page 10 of 14

Last year the trust was better than average for staff experiencing harassment, bullying or abuse from staff in the last 12 months (KF26). This year, despite no change in our overall score the trust is ranked as average for this key finding. The same experience from public/patients/relatives (KF25) positions the trust as average last year however this year the trust is above (worse than) average.

A new training course, Prevention and Management of Violence and Aggression (PMVA) has been piloted in target areas identified through last year’s staff survey. The training was delivered by AWP and the Joint Operational Mental Health group has recommended the training continues and is delivered by subject matter experts. An evaluation of how the training has been put into practice by participants indicates the PMVA training provides staff with the skills needed to manage situations of physical violence at work from patients / service users, their relatives and members of the public. The full impact will not be known until a higher percentage of staff in high risk areas have completed the training.

Violence, harassment and bullying will continue to be a key area for action plans this year.

4. Equality and Diversity

Alongside the Workforce Race Equality Scheme (WRES), NHS organisations use the Equality and Diversity Systems (EDS2) to help deliver on the Public Sector Equality Duty to review and improve their performance for people with characteristics protected by the Equality Act 2010.

BME Staff

Out of 2279 staff responses to the survey, 92% recorded their ethnicity as white, and 8% as BME. This provides information from 187 individuals who self-report as BME.

BME staff scored higher than white staff for 22 out of 32 key findings. Their scores were similar for 3 key findings and lower for 7 key findings.

Across the four areas used to inform the Workforce Race Equality Scheme (WRES) there are two key findings 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’. (KF21)
2. The percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months. (KF26)

The table below shows BME staff report higher levels of harassment, bullying or abuse from staff (KF26) than reported by white staff. BME staff report they experience much more discrimination at work from manager / team leader / colleagues than white staff. It also highlights a negative differential between white

Author: Angela Hayday, Associate Director of Organisational & People Development Document Approved by: Victoria Downing-Burn, Acting Director of People	Date: 28 March 2018 Version: 1.0
Agenda Item: 13	Page 11 of 14

respondents (91%) compared to BME respondents (65%) in relation to equal opportunities for career progression (KF21).

			Your Trust in 2017	Average (median) for acute trusts	Your Trust in 2016
KF25	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	28%	27%	28%
		BME	28%	28%	27%
KF26	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	24%	25%	23%
		BME	31%	27%	27%
KF21	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White	91%	87%	91%
		BME	65%	75%	68%
Q17b	In the 12 last months have you personally experienced discrimination at work from manager/team leader or other colleagues?	White	8%	7%	6%
		BME	19%	15%	17%

Disabled staff

Out of 2279 staff responses to the survey, 85% recorded themselves as not disabled, and 15% as disabled. This provides information from 329 individuals who self-report themselves as disabled.

In relation to other groups with characteristics protected by the Equality Act 2010 disabled staff is an area for focus. Disabled staff reported a lower score than the overall trust score for 24 out of 32 key findings.

1. Next steps

A corporate Staff Survey Action Plan will be developed that will report progress to the Strategic Workforce Committee quarterly with an 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.

6. 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.

7. Recommendations

7.1 It is proposed executive leads are identified for each corporate priority under the areas for focus.

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

- review corporate and divisional themes
- oversee action plans focusing on divisional and clinical engagement
- oversee the divisional plans, to share learning and good practice
- to consider opportunities for links to existing work programmes and reporting.

7.3 It is proposed HR Business Partners support divisions and departments to formulate local action plans to support three key areas of focus.

7.4 It is proposed the corporate areas identified address the staff survey findings through the lens of our values which represent our aspiration for the type of hospital we want to be.

7.5 It is proposed the corporate priorities address the three key themes where the trust is ranked below or worse than average for the majority of key findings within the theme:

- Errors and incidents
- Patient care and experience

Author: Angela Hayday, Associate Director of Organisational & People Development Document Approved by: Victoria Downing-Burn, Acting Director of People	Date: 28 March 2018 Version: 1.0
Agenda Item: 13	Page 13 of 14

- Violence, harassment and bullying

7.6 It is recommended key corporate priorities for focus are:

Everyone Matters:

- To improve opportunities for BME staff in career progression/promotion (KF21)
- To provide Prevention and Management of Violence and Aggression (from patients, relatives or the public) training for staff identified as high risk (KF22, KF25)

Working Together

- To reduce the percentage of staff experiencing violence, harassment, bullying or abuse from staff (KF23, KF26)
- To improve the overall experience of disabled staff

Making a Difference

- To understand and address the barriers which have a detrimental impact on staff confidence and security in reporting unsafe clinical practice (KF31)
- To develop an organisation wide approach which enables all staff to contribute towards improvements at work (KF7)

2017 National NHS staff survey

**Brief summary of results from Royal United Hospitals Bath NHS
Foundation Trust**

Table of Contents

1: Introduction to this report	3
2: Overall indicator of staff engagement for Royal United Hospitals Bath NHS Foundation Trust	5
3: Summary of 2017 Key Findings for Royal United Hospitals Bath NHS Foundation Trust	6
4: Full description of 2017 Key Findings for Royal United Hospitals Bath NHS Foundation Trust (including comparisons with the trust's 2016 survey and with other acute trusts)	15

1. Introduction to this report

This report presents the findings of the 2017 national NHS staff survey conducted in Royal United Hospitals Bath NHS Foundation Trust.

In section 2 of this report, we present an overall indicator of staff engagement. Full details of how this indicator was created can be found in the document ***Making sense of your staff survey data***, which can be downloaded from www.nhsstaffsurveys.com.

In sections 3 and 4 of this report, the findings of the questionnaire have been summarised and presented in the form of 32 Key Findings.

These sections of the report have been structured thematically so that Key Findings are grouped appropriately. There are nine themes within this report:

- Appraisals & support for development
- Equality & diversity
- Errors & incidents
- Health and wellbeing
- Working patterns
- Job satisfaction
- Managers
- Patient care & experience
- Violence, harassment & bullying

Please note, two Key Findings have had their calculation changed and there have been minor changes to the benchmarking groups for social enterprises since last year. For more detail on these changes, please see the ***Making sense of your staff survey data*** document.

As in previous years, there are two types of Key Finding:

- percentage scores, i.e. percentage of staff giving a particular response to one, or a series of, survey questions
- scale summary scores, calculated by converting staff responses to particular questions into scores. For each of these scale summary scores, the minimum score is always 1 and the maximum score is 5

A longer and more detailed report of the 2017 survey results for Royal United Hospitals Bath NHS Foundation Trust can be downloaded from: www.nhsstaffsurveys.com. This report provides detailed breakdowns of the Key Finding scores by directorate, occupational groups and demographic groups, and details of each question included in the core questionnaire.

Your Organisation

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

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

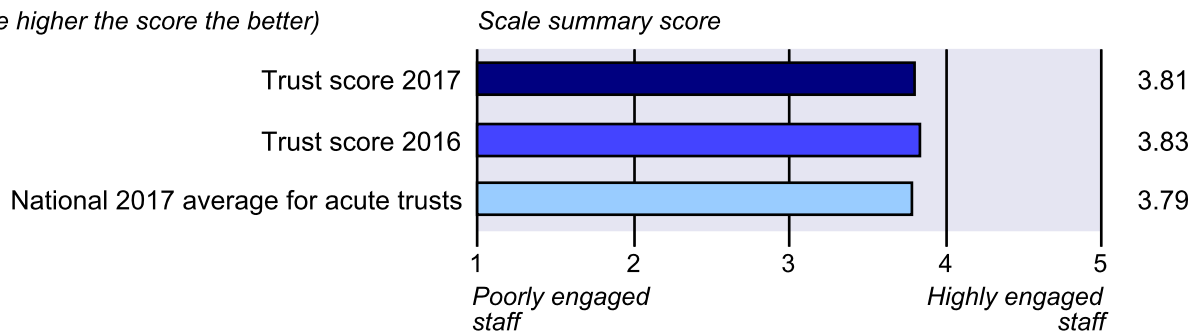
		Your Trust in 2017	Average (median) for acute trusts	Your Trust in 2016
Q21a	"Care of patients / service users is my organisation's top priority"	77%	76%	75%
Q21b	"My organisation acts on concerns raised by patients / service users"	70%	73%	72%
Q21c	"I would recommend my organisation as a place to work"	64%	61%	67%
Q21d	"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	75%	71%	76%
KF1.	Staff recommendation of the organisation as a place to work or receive treatment (Q21a, 21c-d)	3.80	3.76	3.83

2. Overall indicator of staff engagement for Royal United Hospitals Bath NHS Foundation Trust

The figure below shows how Royal United Hospitals Bath NHS Foundation Trust compares with other acute trusts on an overall indicator of staff engagement. Possible scores range from 1 to 5, with 1 indicating that staff are poorly engaged (with their work, their team and their trust) and 5 indicating that staff are highly engaged. The trust's score of 3.81 was average when compared with trusts of a similar type.

OVERALL STAFF ENGAGEMENT

(the higher the score the better)



This overall indicator of staff engagement has been calculated using the questions that make up Key Findings 1, 4 and 7. These Key Findings relate to the following aspects of staff engagement: staff members' perceived ability to contribute to improvements at work (Key Finding 7); their willingness to recommend the trust as a place to work or receive treatment (Key Finding 1); and the extent to which they feel motivated and engaged with their work (Key Finding 4).

The table below shows how Royal United Hospitals Bath NHS Foundation Trust compares with other acute trusts on each of the sub-dimensions of staff engagement, and whether there has been a significant change since the 2016 survey.

	Change since 2016 survey	Ranking, compared with all acute trusts
OVERALL STAFF ENGAGEMENT	• No change	• Average
KF1. Staff recommendation of the trust as a place to work or receive treatment <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
KF4. Staff motivation at work <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
KF7. Staff ability to contribute towards improvements at work <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

Full details of how the overall indicator of staff engagement was created can be found in the document ***Making sense of your staff survey data.***

3. Summary of 2017 Key Findings for Royal United Hospitals Bath NHS Foundation Trust

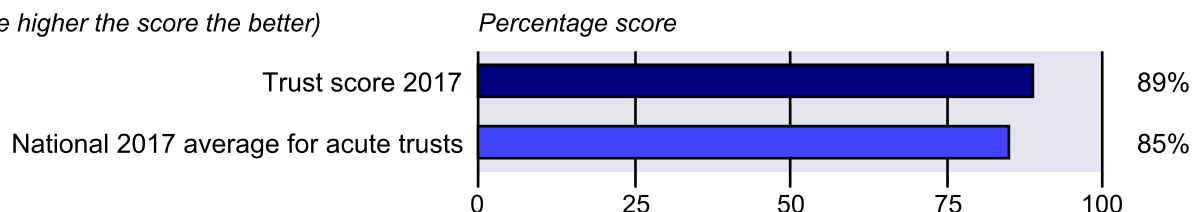
3.1 Top and Bottom Ranking Scores

This page highlights the five Key Findings for which Royal United Hospitals Bath NHS Foundation Trust compares most favourably with other acute trusts in England.

TOP FIVE RANKING SCORES

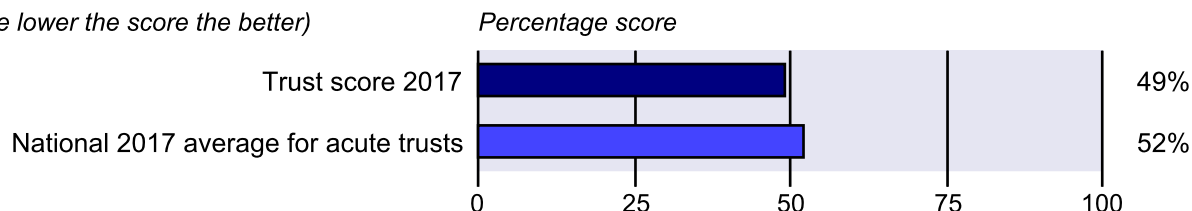
✓ KF21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

(the higher the score the better)



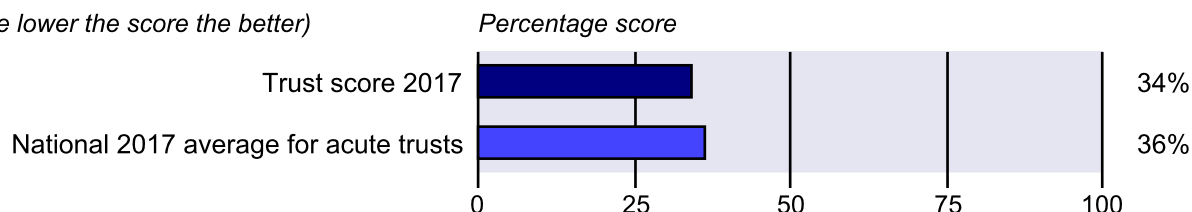
✓ KF18. Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves

(the lower the score the better)



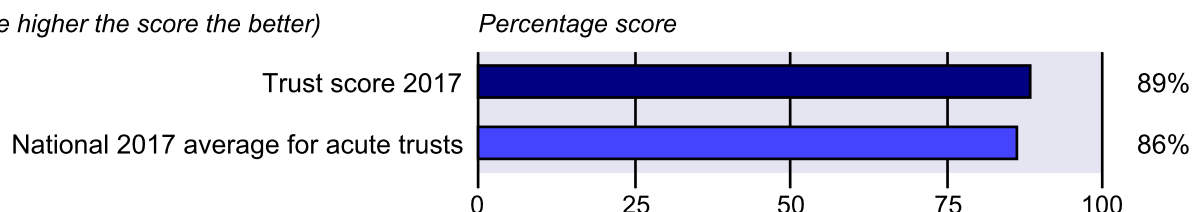
✓ KF17. Percentage of staff feeling unwell due to work related stress in the last 12 months

(the lower the score the better)



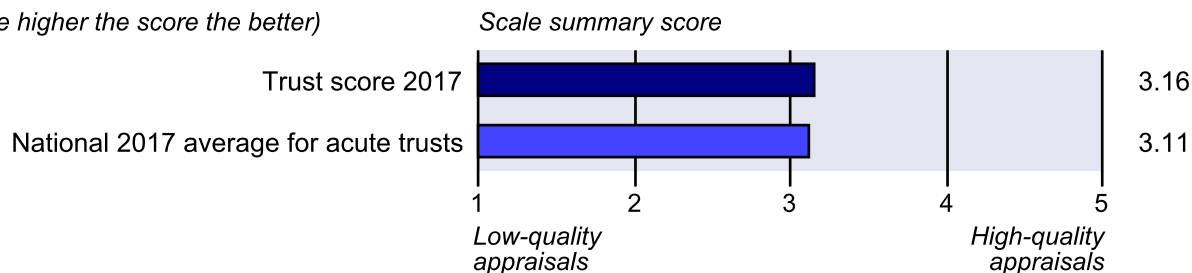
✓ KF11. Percentage of staff appraised in last 12 months

(the higher the score the better)



✓ KF12. Quality of appraisals

(the higher the score the better)



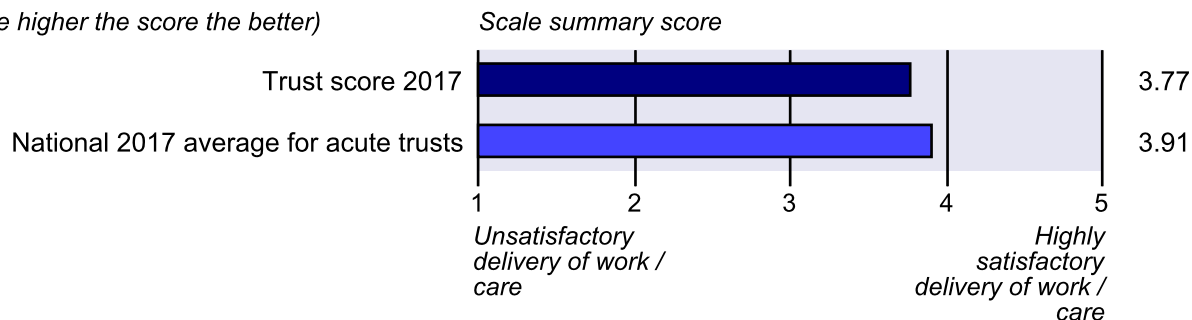
For each of the 32 Key Findings, the acute trusts in England were placed in order from 1 (the top ranking score) to 93 (the bottom ranking score). Royal United Hospitals Bath NHS Foundation Trust's five highest ranking scores are presented here, i.e. those for which the trust's Key Finding score is ranked closest to 1. Further details about this can be found in the document *Making sense of your staff survey data*.

This page highlights the five Key Findings for which Royal United Hospitals Bath NHS Foundation Trust compares least favourably with other acute trusts in England. It is suggested that these areas might be seen as a starting point for local action to improve as an employer.

BOTTOM FIVE RANKING SCORES

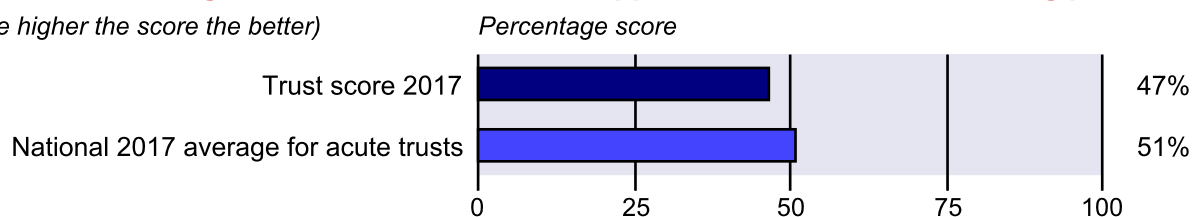
! KF2. Staff satisfaction with the quality of work and care they are able to deliver

(the higher the score the better)



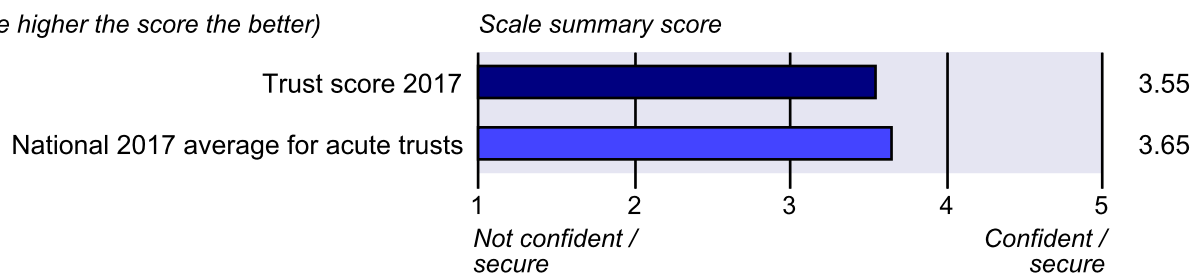
! KF15. Percentage of staff satisfied with the opportunities for flexible working patterns

(the higher the score the better)



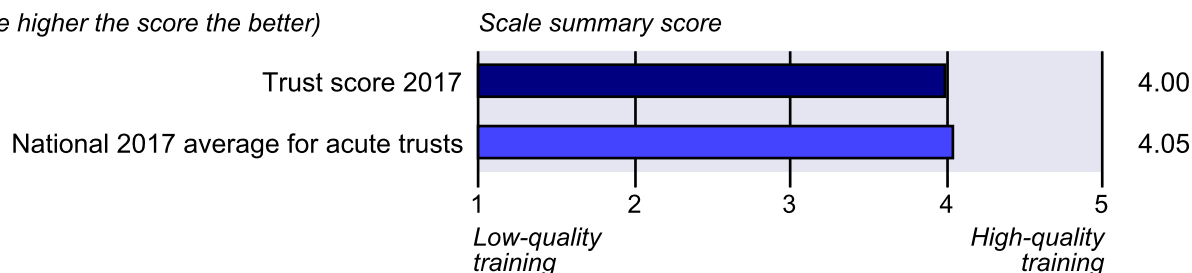
! KF31. Staff confidence and security in reporting unsafe clinical practice

(the higher the score the better)



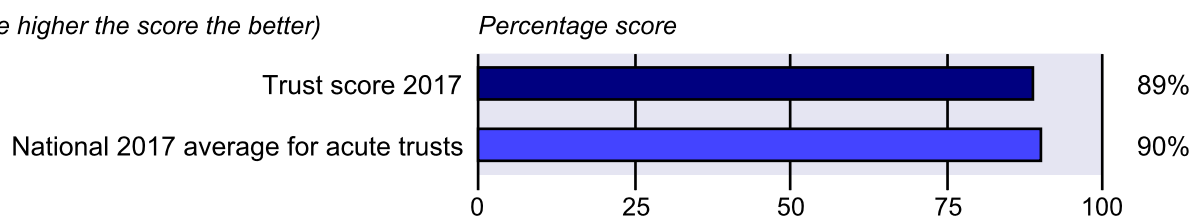
! KF13. Quality of non-mandatory training, learning or development

(the higher the score the better)



! KF29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month

(the higher the score the better)



For each of the 32 Key Findings, the acute trusts in England were placed in order from 1 (the top ranking score) to 93 (the bottom ranking score). Royal United Hospitals Bath NHS Foundation Trust's five lowest ranking scores are presented here, i.e. those for which the trust's Key Finding score is ranked closest to 93. Further details about this can be found in the document **Making sense of your staff survey data**.

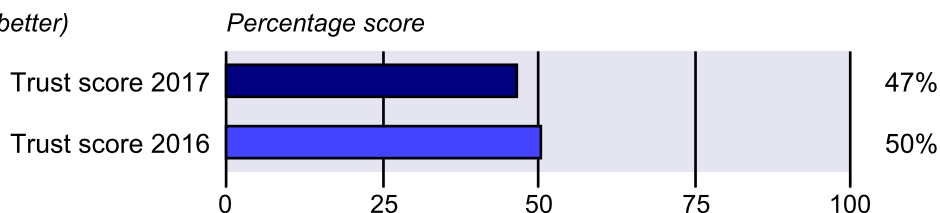
3.2 Largest Local Changes since the 2016 Survey

This page highlights the two Key Findings where staff experiences have deteriorated since the 2016 survey. It is suggested that these areas might be seen as a starting point for local action to improve as an employer.

WHERE STAFF EXPERIENCE HAS DETERIORATED

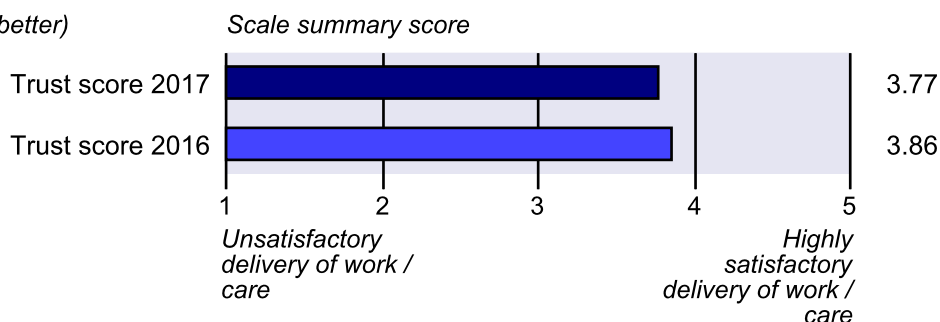
! KF15. Percentage of staff satisfied with the opportunities for flexible working patterns

(the higher the score the better)



! KF2. Staff satisfaction with the quality of work and care they are able to deliver

(the higher the score the better)



Because the Key Findings vary considerably in terms of subject matter and format (e.g. some are percentage scores, others are scale scores), a straightforward comparison of score changes is not the appropriate way to establish which Key Findings have deteriorated the most. Rather, the extent of 2016-2017 change for each Key Finding has been measured in relation to the national variation for that Key Finding. Further details about this can be found in the document *Making sense of your staff survey data*.

3.3. Summary of all Key Findings for Royal United Hospitals Bath NHS Foundation Trust

KEY

Green = Positive finding, e.g. there has been a statistically significant positive change in the Key Finding since the 2016 survey.

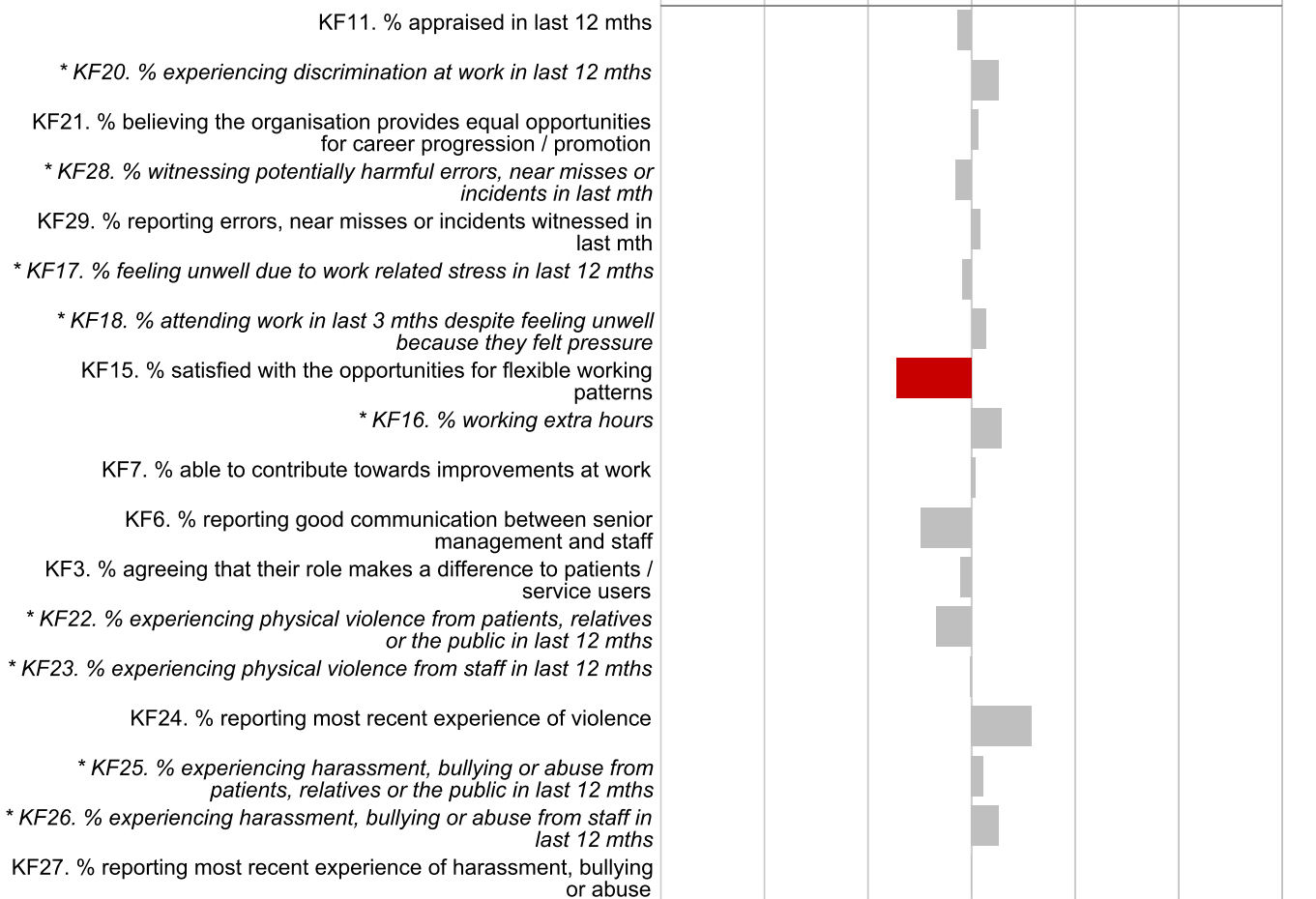
Red = Negative finding, e.g. there has been a statistically significant negative change in the Key Finding since the 2016 survey.

Grey = No change, e.g. there has been no statistically significant change in this Key Finding since the 2016 survey.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

Change since 2016 survey

-15% -10% -5% 0% 5% 10% 15%



3.3. Summary of all Key Findings for Royal United Hospitals Bath NHS Foundation Trust

KEY

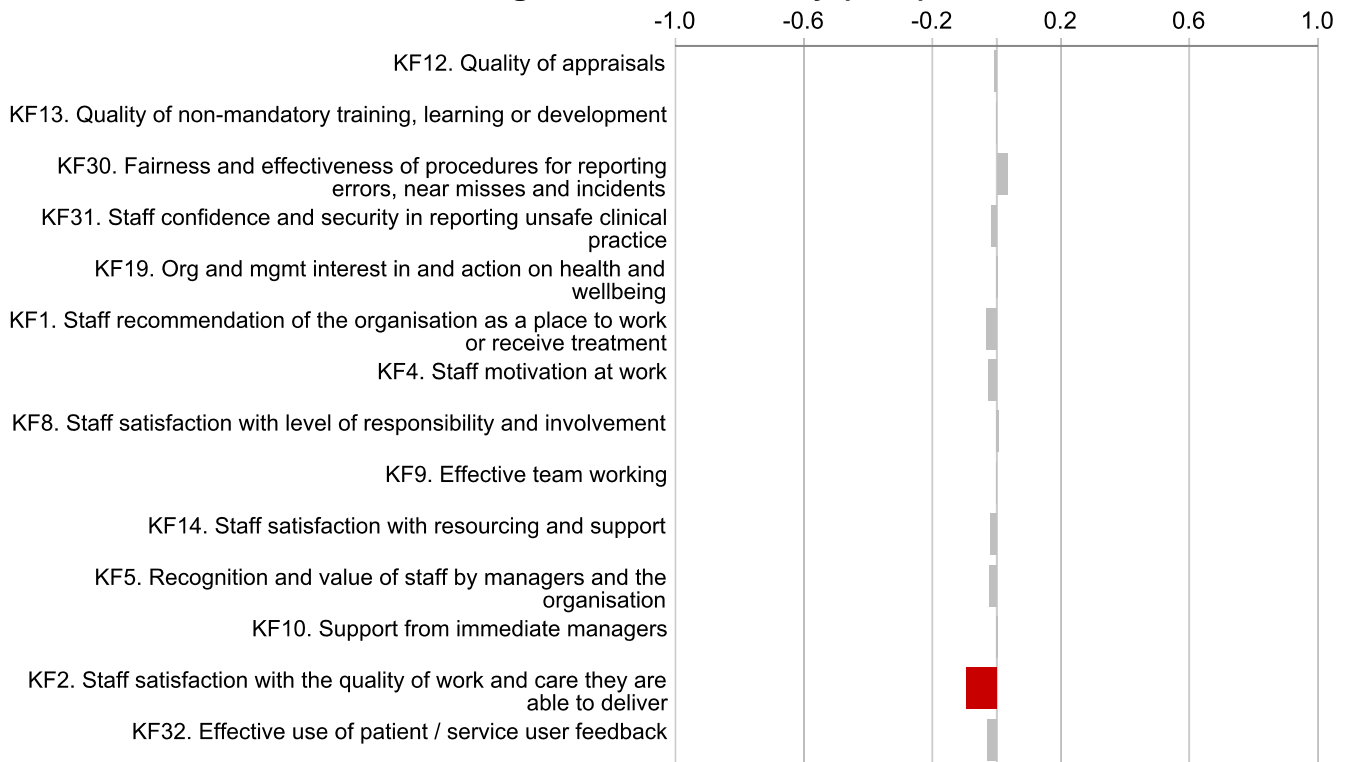
Green = Positive finding, e.g. there has been a statistically significant positive change in the Key Finding since the 2016 survey.

Red = Negative finding, e.g. there has been a statistically significant negative change in the Key Finding since the 2016 survey.

Grey = No change, e.g. there has been no statistically significant change in this Key Finding since the 2016 survey.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

Change since 2016 survey (cont)



3.3. Summary of all Key Findings for Royal United Hospitals Bath NHS Foundation Trust

KEY

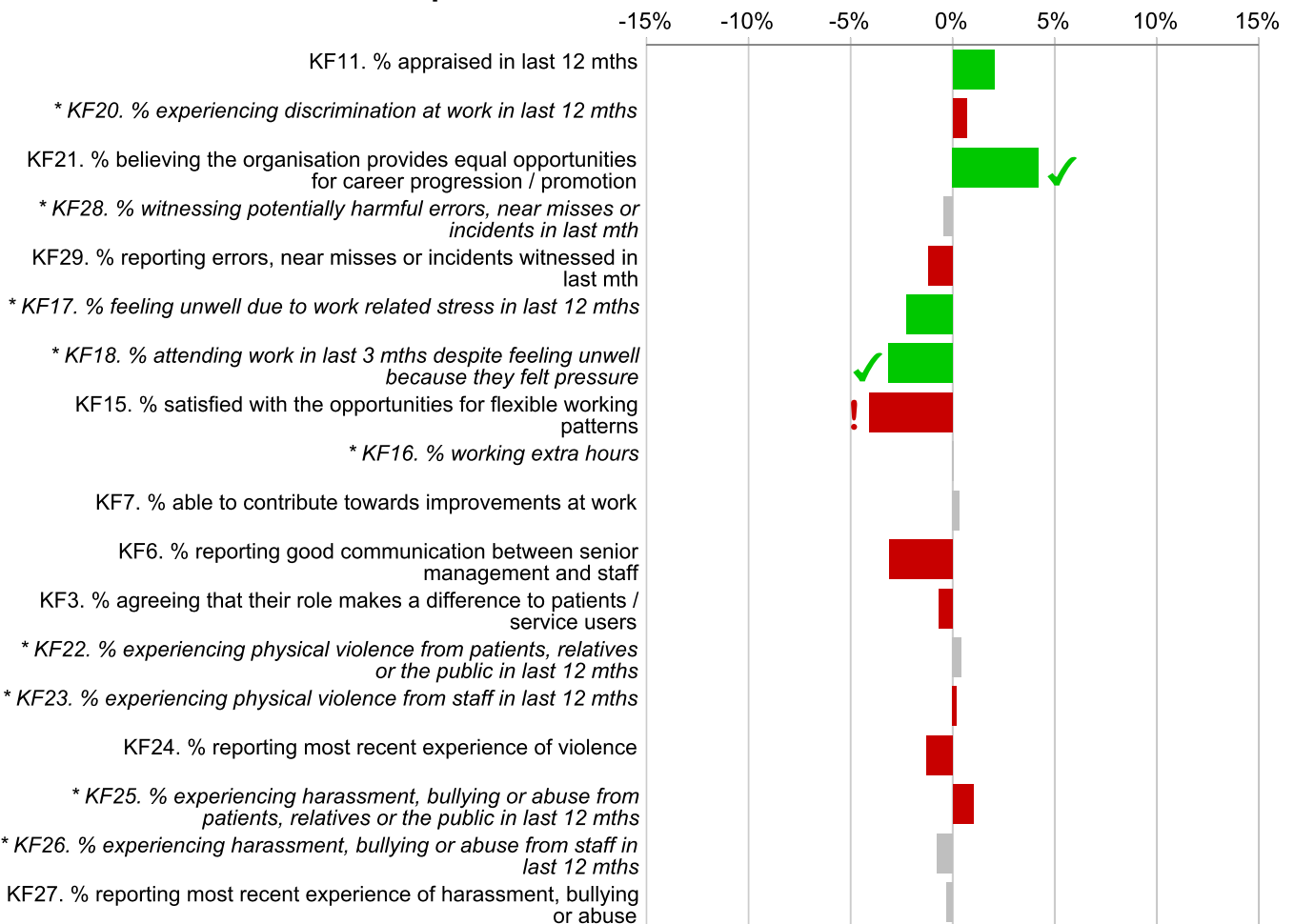
Green = Positive finding, e.g. better than average. If a ✓ is shown the score is in the best 20% of acute trusts

Red = Negative finding, i.e. worse than average. If a ! is shown the score is in the worst 20% of acute trusts.

Grey = Average.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

Comparison with all acute trusts in 2017



3.3. Summary of all Key Findings for Royal United Hospitals Bath NHS Foundation Trust

KEY

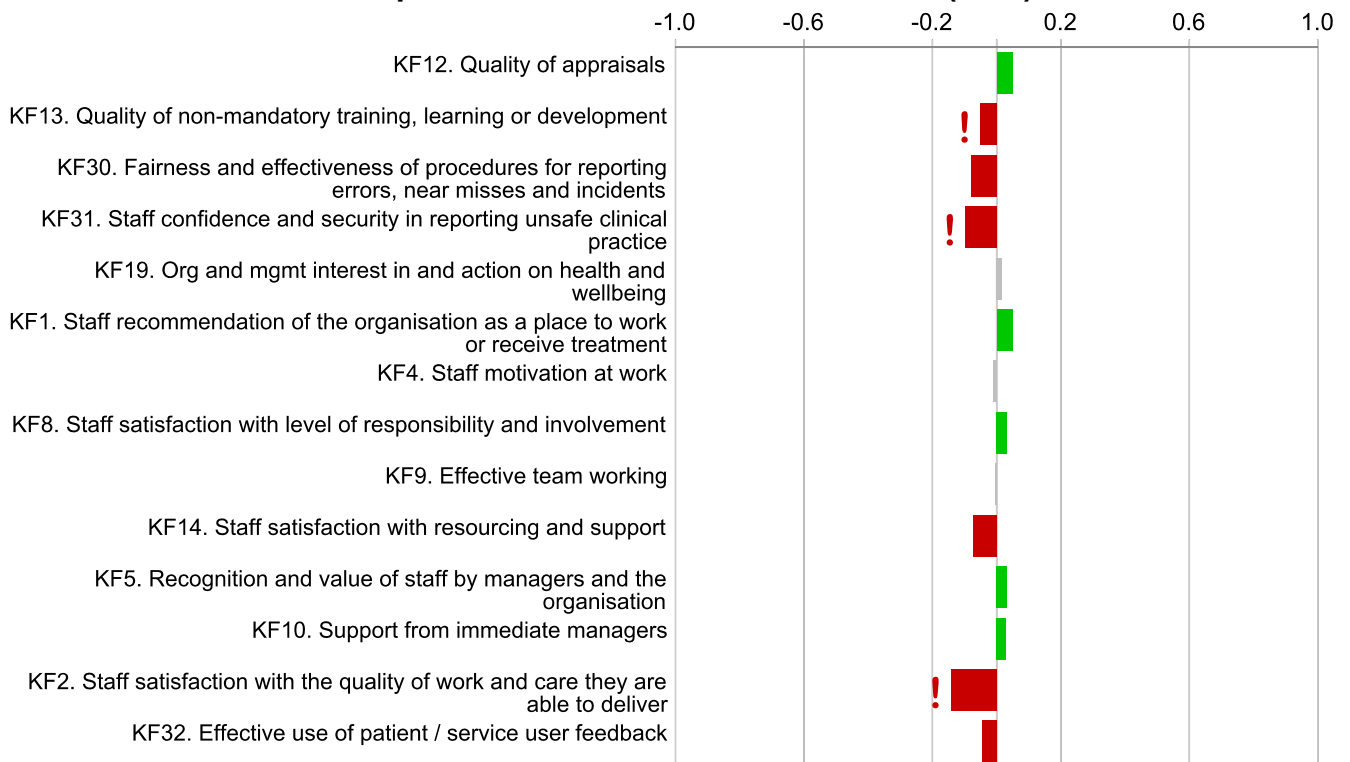
Green = Positive finding, e.g. better than average. If a ✓ is shown the score is in the best 20% of acute trusts

Red = Negative finding, i.e. worse than average. If a ! is shown the score is in the worst 20% of acute trusts.

Grey = Average.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

Comparison with all acute trusts in 2017 (cont)



3.4. Summary of all Key Findings for Royal United Hospitals Bath NHS Foundation Trust

KEY

✓ Green = Positive finding, e.g. in the best 20% of acute trusts, better than average, better than 2016.

! Red = Negative finding, e.g. in the worst 20% of acute trusts, worse than average, worse than 2016.

'Change since 2016 survey' indicates whether there has been a statistically significant change in the Key Finding since the 2016 survey.

-- No comparison to the 2016 data is possible.

* For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

	Change since 2016 survey	Ranking, compared with all acute trusts in 2017
Appraisals & support for development		
KF11. % appraised in last 12 mths	• No change	✓ Above (better than) average
KF12. Quality of appraisals	• No change	✓ Above (better than) average
KF13. Quality of non-mandatory training, learning or development	• No change	! Lowest (worst) 20%
Equality & diversity		
* <i>KF20. % experiencing discrimination at work in last 12 mths</i>	• No change	! Above (worse than) average
KF21. % believing the organisation provides equal opportunities for career progression / promotion	• No change	✓ Highest (best) 20%
Errors & incidents		
* <i>KF28. % witnessing potentially harmful errors, near misses or incidents in last mth</i>	• No change	• Average
KF29. % reporting errors, near misses or incidents witnessed in last mth	• No change	! Below (worse than) average
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	• No change	! Below (worse than) average
KF31. Staff confidence and security in reporting unsafe clinical practice	• No change	! Lowest (worst) 20%
Health and wellbeing		
* <i>KF17. % feeling unwell due to work related stress in last 12 mths</i>	• No change	✓ Below (better than) average
* <i>KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure</i>	• No change	✓ Lowest (best) 20%
KF19. Org and mgmt interest in and action on health and wellbeing	• No change	• Average
Working patterns		
KF15. % satisfied with the opportunities for flexible working patterns	! Decrease (worse than 16)	! Lowest (worst) 20%
* <i>KF16. % working extra hours</i>	• No change	• Average

3.4. Summary of all Key Findings for Royal United Hospitals Bath NHS Foundation Trust (cont)

	Change since 2016 survey	Ranking, compared with all acute trusts in 2017
Job satisfaction		
KF1. Staff recommendation of the organisation as a place to work or receive treatment	• No change	✓ Above (better than) average
KF4. Staff motivation at work	• No change	• Average
KF7. % able to contribute towards improvements at work	• No change	• Average
KF8. Staff satisfaction with level of responsibility and involvement	• No change	✓ Above (better than) average
KF9. Effective team working	• No change	• Average
KF14. Staff satisfaction with resourcing and support	• No change	! Below (worse than) average
Managers		
KF5. Recognition and value of staff by managers and the organisation	• No change	✓ Above (better than) average
KF6. % reporting good communication between senior management and staff	• No change	! Below (worse than) average
KF10. Support from immediate managers	• No change	✓ Above (better than) average
Patient care & experience		
KF2. Staff satisfaction with the quality of work and care they are able to deliver	! Decrease (worse than 16)	! Lowest (worst) 20%
KF3. % agreeing that their role makes a difference to patients / service users	• No change	! Below (worse than) average
KF32. Effective use of patient / service user feedback	• No change	! Below (worse than) average
Violence, harassment & bullying		
* KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths	• No change	• Average
* KF23. % experiencing physical violence from staff in last 12 mths	• No change	! Above (worse than) average
KF24. % reporting most recent experience of violence	• No change	! Below (worse than) average
* KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths	• No change	! Above (worse than) average
* KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths	• No change	• Average
KF27. % reporting most recent experience of harassment, bullying or abuse	• No change	• Average

4. Key Findings for Royal United Hospitals Bath NHS Foundation Trust

Royal United Hospitals Bath NHS Foundation Trust had 2279 staff take part in this survey. This is a response rate of 45%¹ which is average for acute trusts in England (44%), and compares with a response rate of 46% in this trust in the 2016 survey.

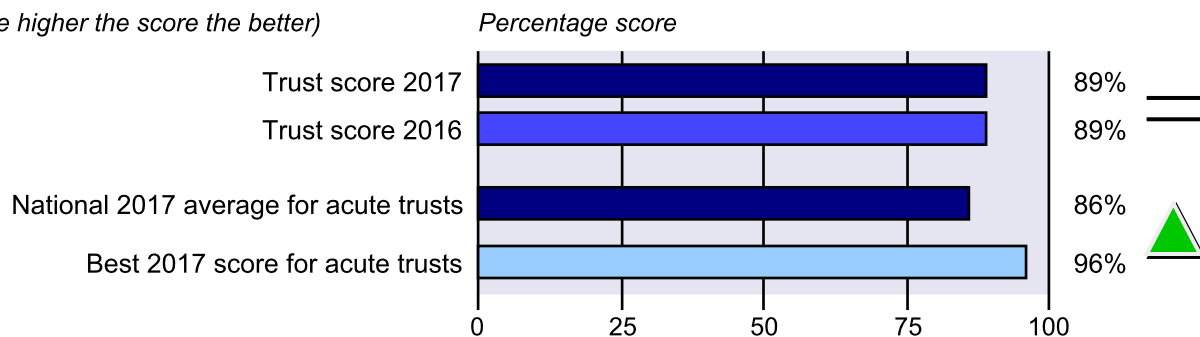
This section presents each of the 32 Key Findings, using data from the trust's 2017 survey, and compares these to other acute trusts in England and to the trust's performance in the 2016 survey. The findings are arranged under nine themes: appraisals and support for development, equality and diversity, errors and incidents, health and wellbeing, working patterns, job satisfaction, managers, patient care and experience, and violence, harassment and bullying.

Positive findings are indicated with a **green arrow** (e.g. where the trust is in the best 20% of trusts, or where the score has improved since 2016). **Negative findings** are highlighted with a **red arrow** (e.g. where the trust's score is in the worst 20% of trusts, or where the score is not as good as 2016). An equals sign indicates that there has been no change.

Appraisals & support for development

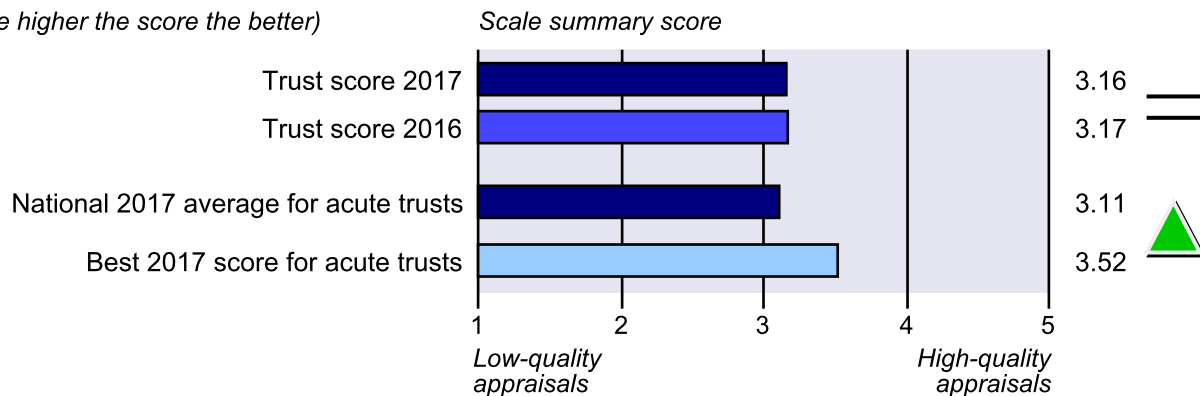
KEY FINDING 11. Percentage of staff appraised in last 12 months

(the higher the score the better)



KEY FINDING 12. Quality of appraisals

(the higher the score the better)

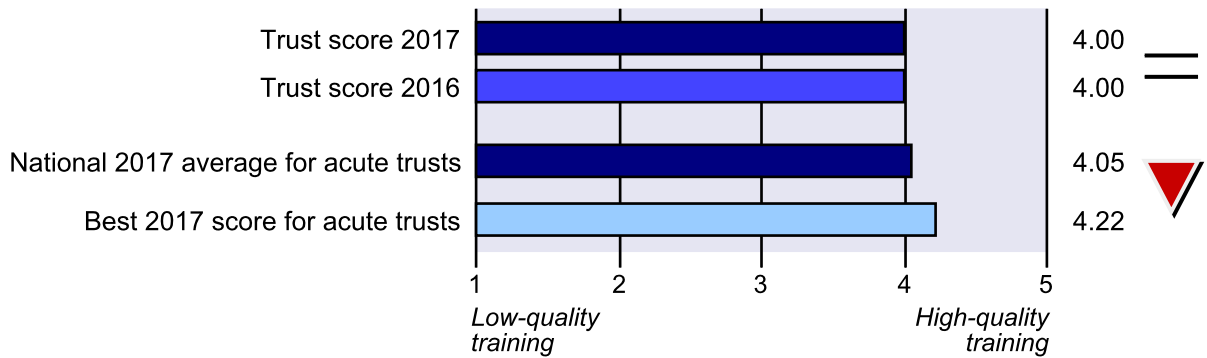


¹Questionnaires were sent to all 5061 staff eligible to receive the survey. This includes only staff employed directly by the trust (i.e. excluding staff working for external contractors). It excludes bank staff unless they are also employed directly elsewhere in the trust. When calculating the response rate, questionnaires could only be counted if they were received with their ID number intact, by the closing date.

KEY FINDING 13. Quality of non-mandatory training, learning or development

(the higher the score the better)

Scale summary score

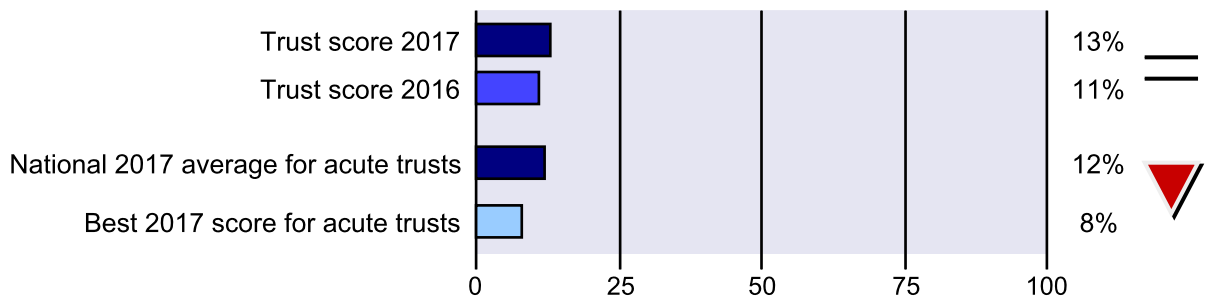


Equality & diversity

KEY FINDING 20. Percentage of staff experiencing discrimination at work in the last 12 months

(the lower the score the better)

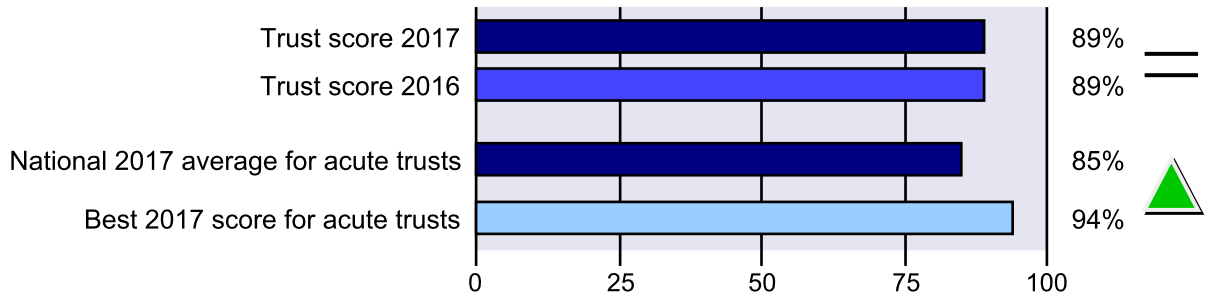
Percentage score



KEY FINDING 21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

(the higher the score the better)

Percentage score

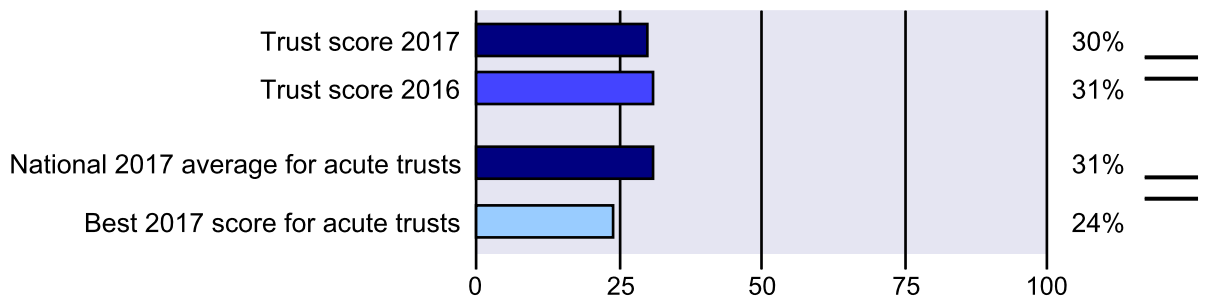


Errors & incidents

KEY FINDING 28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month

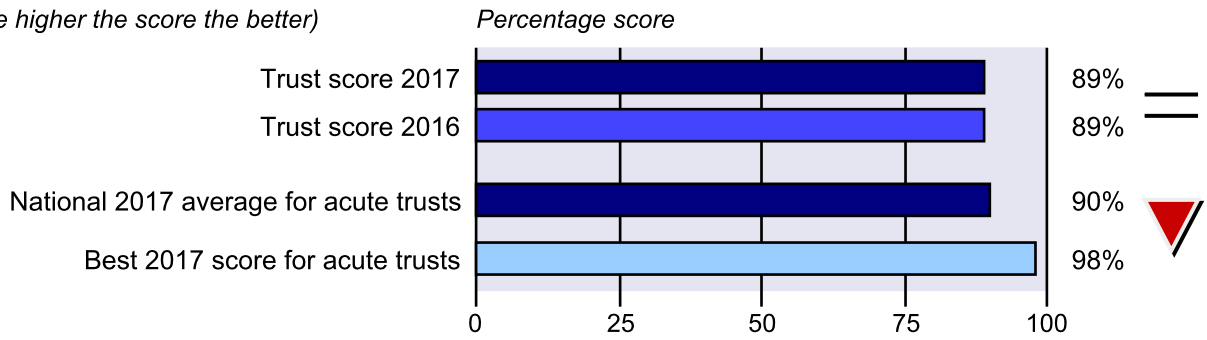
(the lower the score the better)

Percentage score



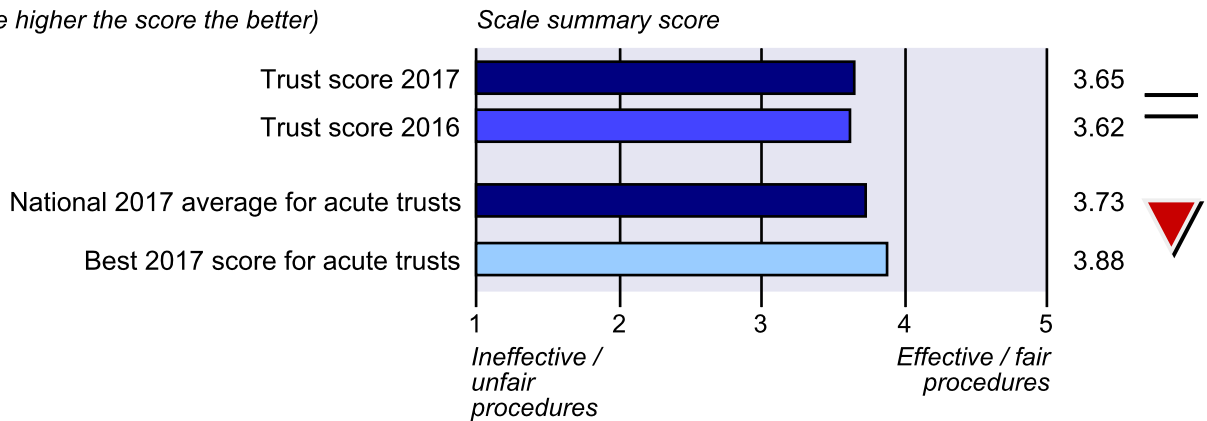
KEY FINDING 29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month

(the higher the score the better)



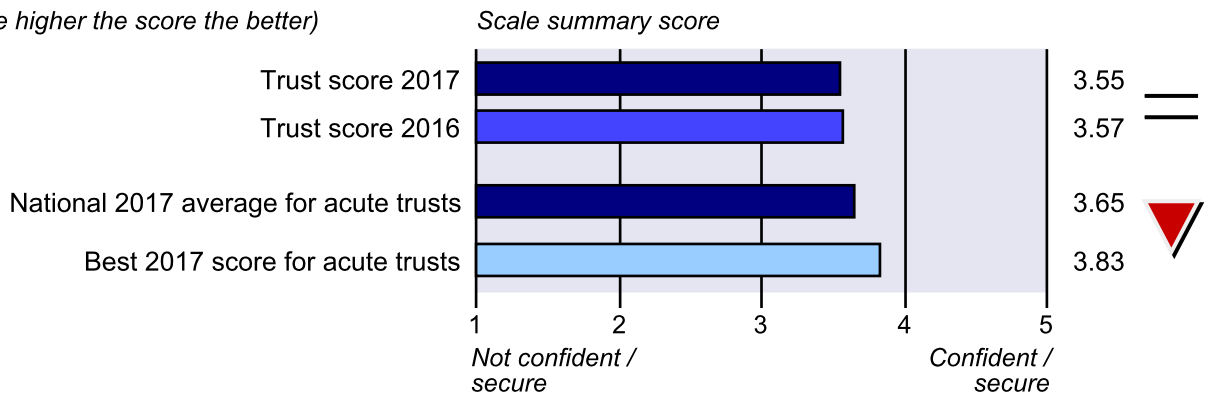
KEY FINDING 30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents

(the higher the score the better)



KEY FINDING 31. Staff confidence and security in reporting unsafe clinical practice

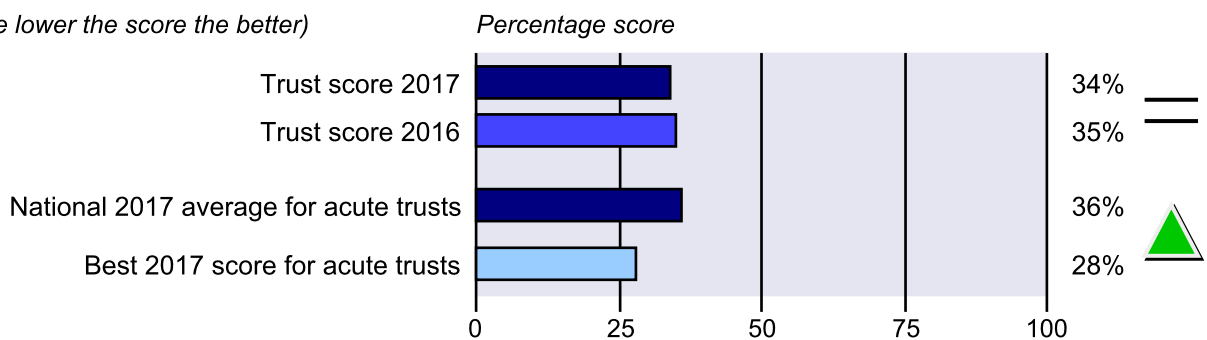
(the higher the score the better)



Health and wellbeing

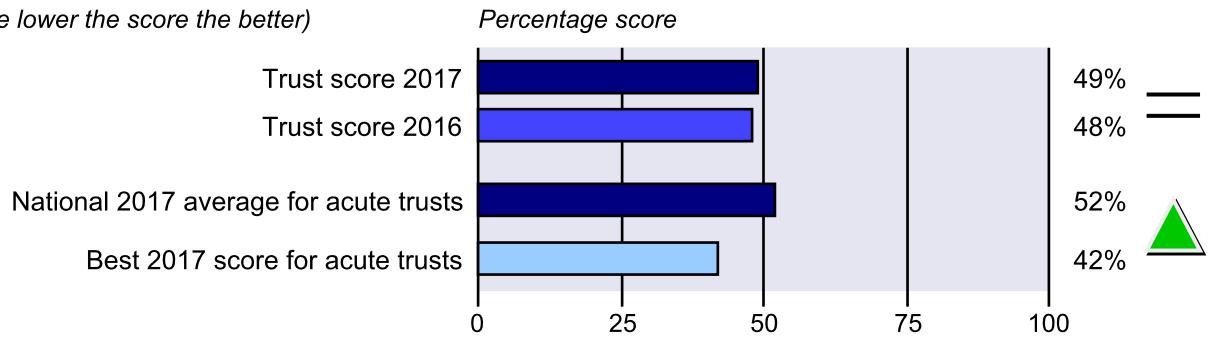
KEY FINDING 17. Percentage of staff feeling unwell due to work related stress in the last 12 months

(the lower the score the better)



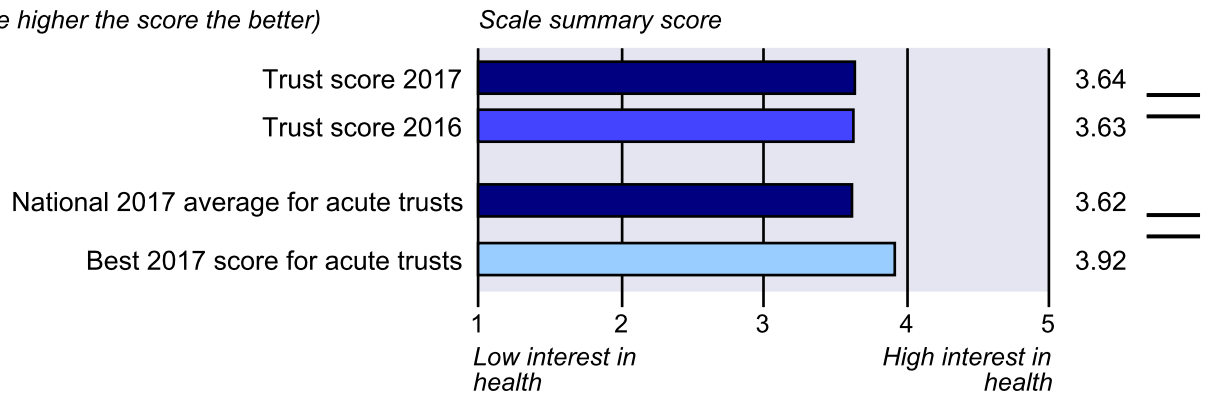
KEY FINDING 18. Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves

(the lower the score the better)



KEY FINDING 19. Organisation and management interest in and action on health and wellbeing

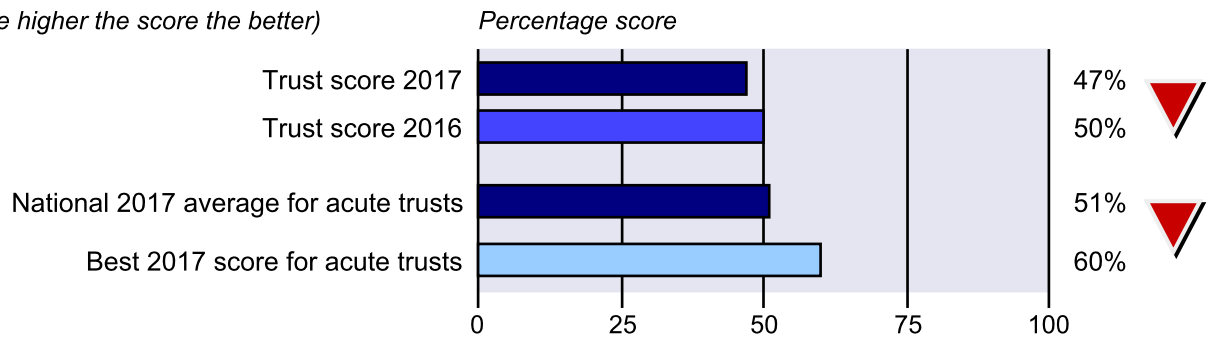
(the higher the score the better)



Working patterns

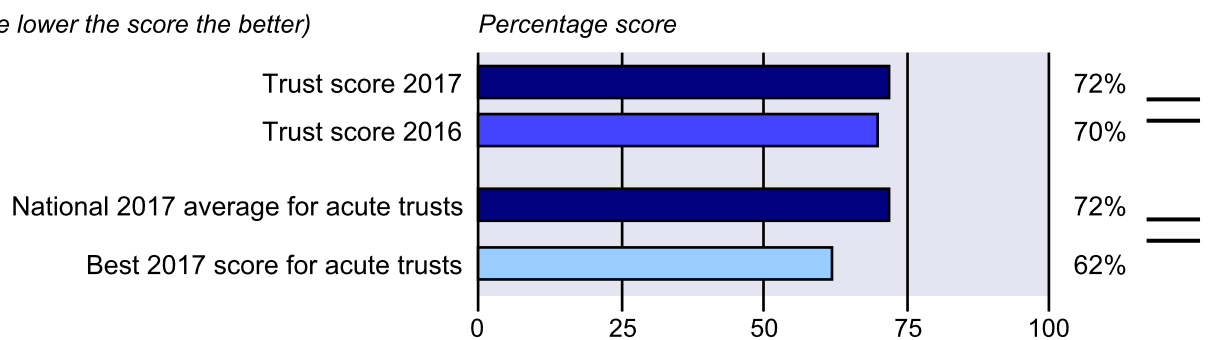
KEY FINDING 15. Percentage of staff satisfied with the opportunities for flexible working patterns

(the higher the score the better)



KEY FINDING 16. Percentage of staff working extra hours

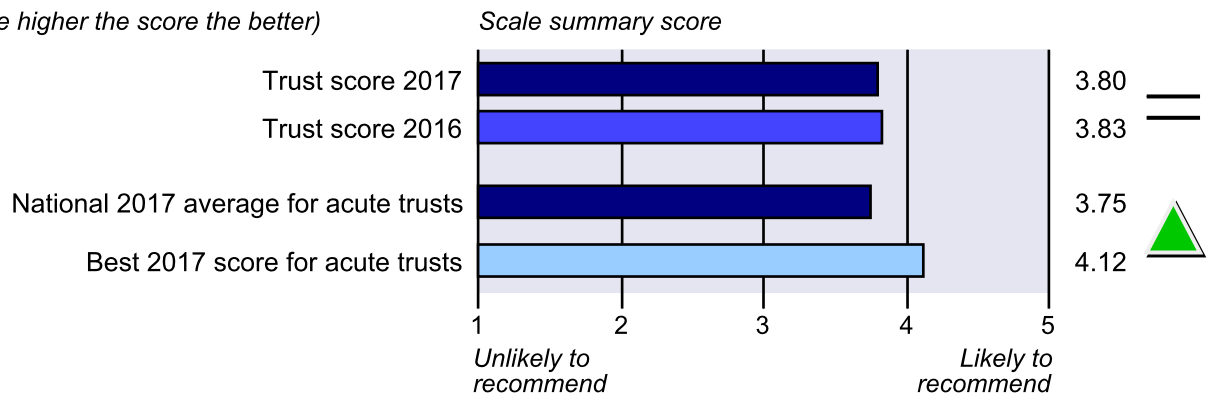
(the lower the score the better)



Job satisfaction

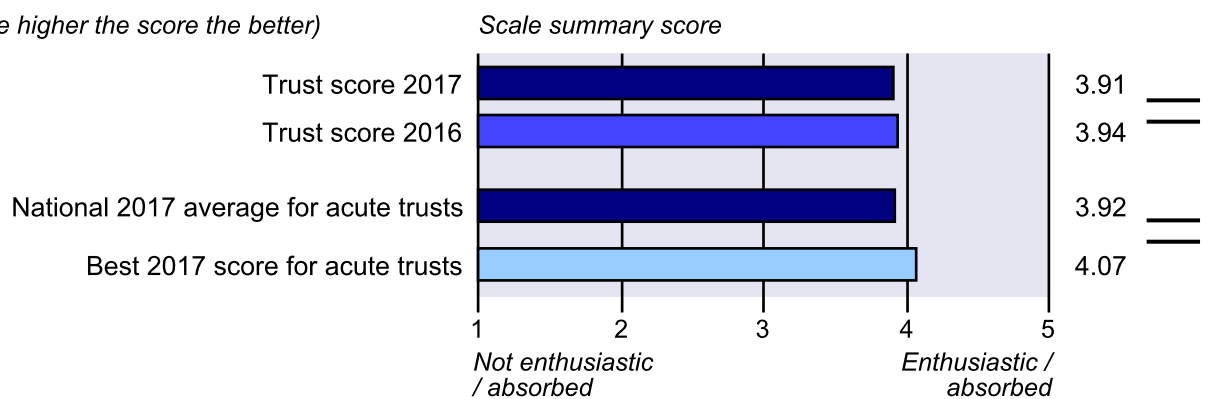
KEY FINDING 1. Staff recommendation of the organisation as a place to work or receive treatment

(the higher the score the better)



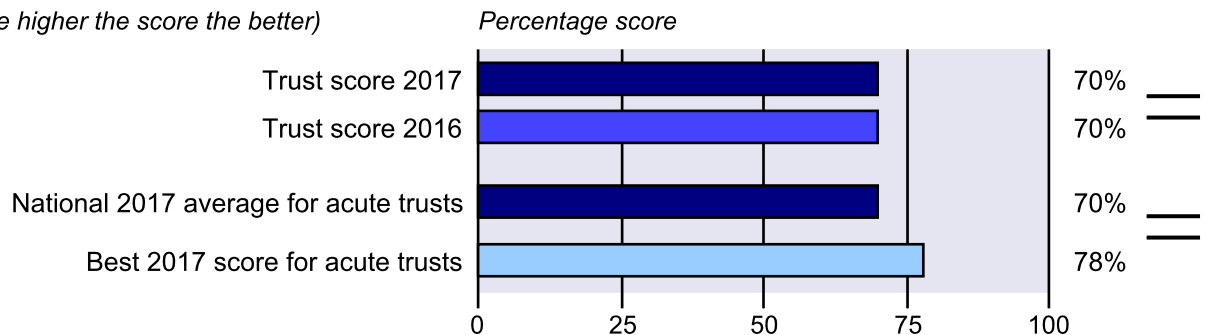
KEY FINDING 4. Staff motivation at work

(the higher the score the better)



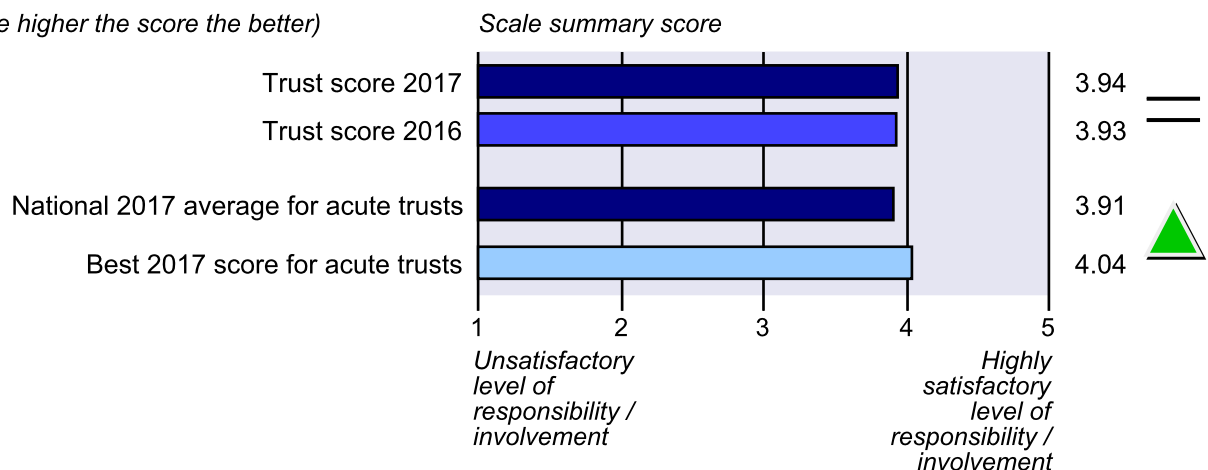
KEY FINDING 7. Percentage of staff able to contribute towards improvements at work

(the higher the score the better)



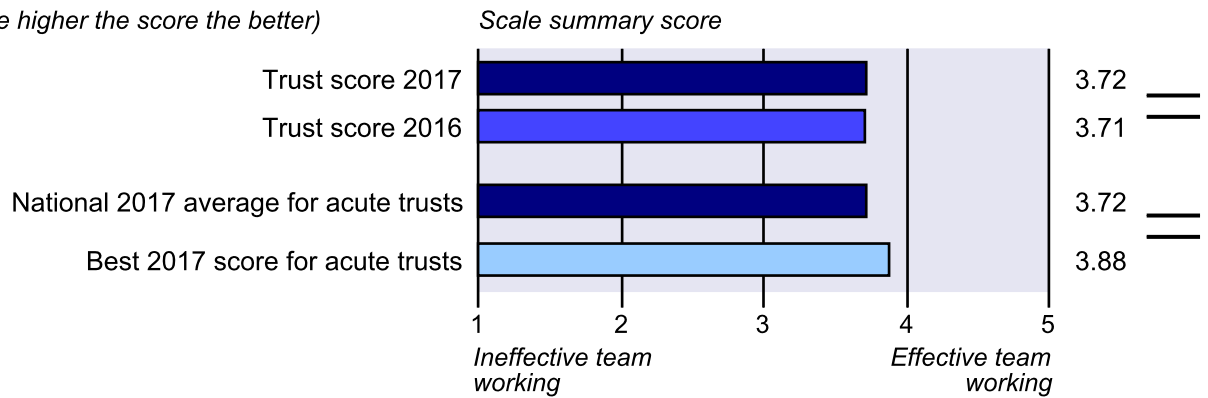
KEY FINDING 8. Staff satisfaction with level of responsibility and involvement

(the higher the score the better)



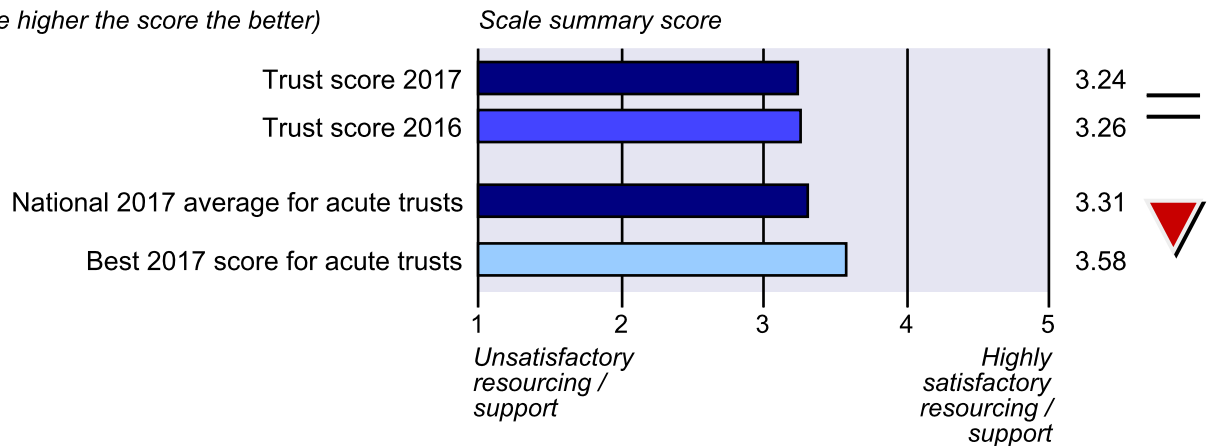
KEY FINDING 9. Effective team working

(the higher the score the better)



KEY FINDING 14. Staff satisfaction with resourcing and support

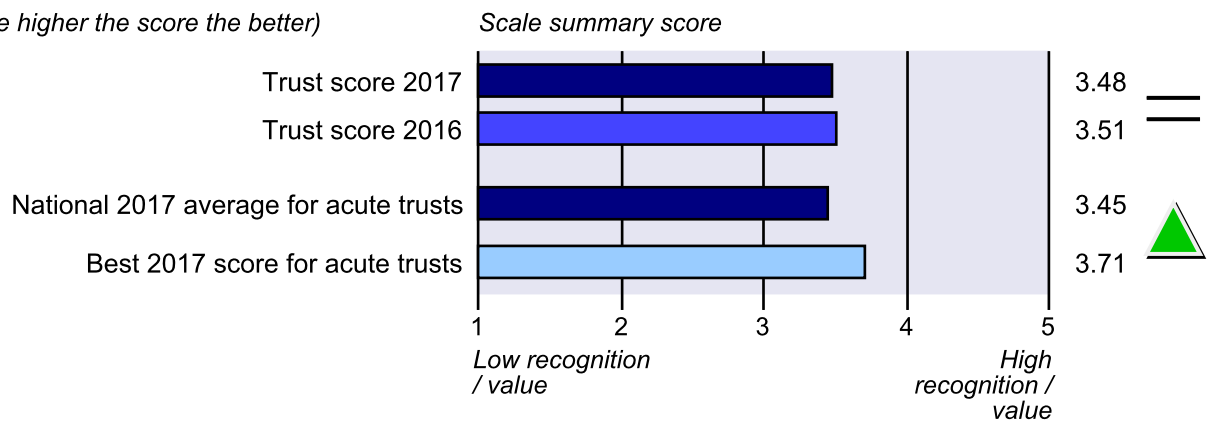
(the higher the score the better)



Managers

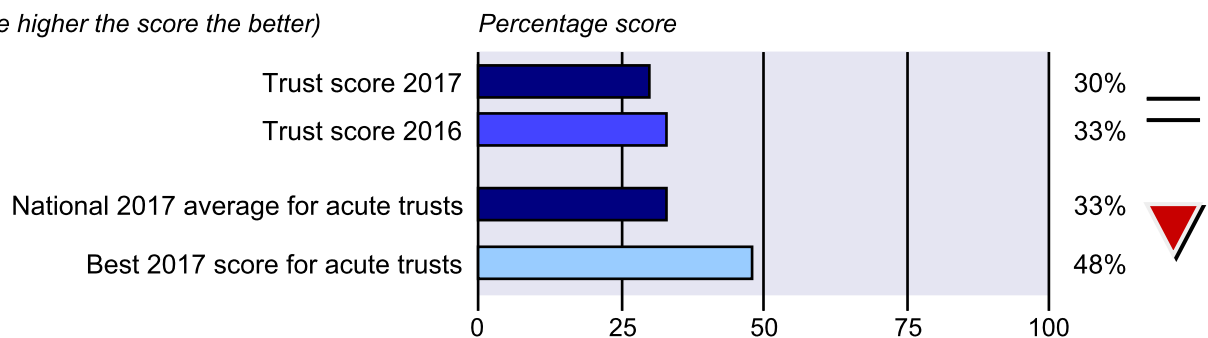
KEY FINDING 5. Recognition and value of staff by managers and the organisation

(the higher the score the better)



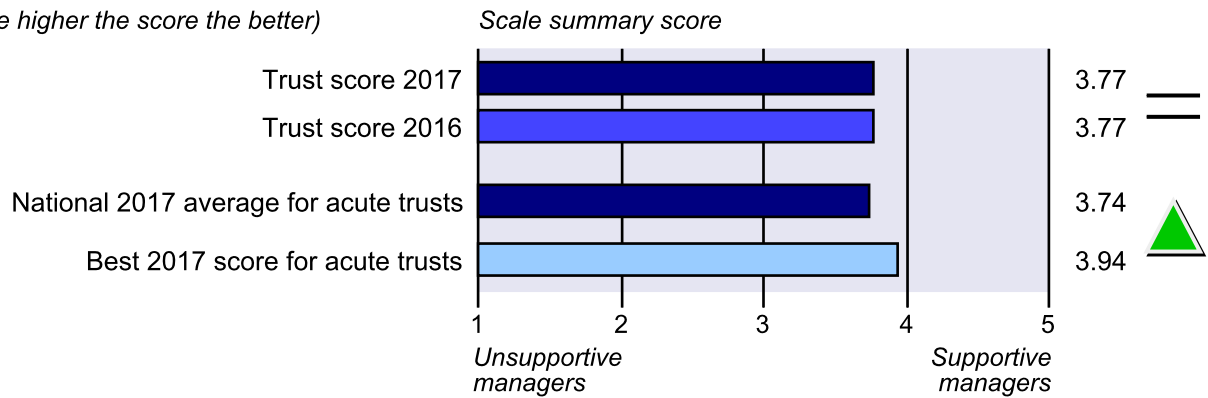
KEY FINDING 6. Percentage of staff reporting good communication between senior management and staff

(the higher the score the better)



KEY FINDING 10. Support from immediate managers

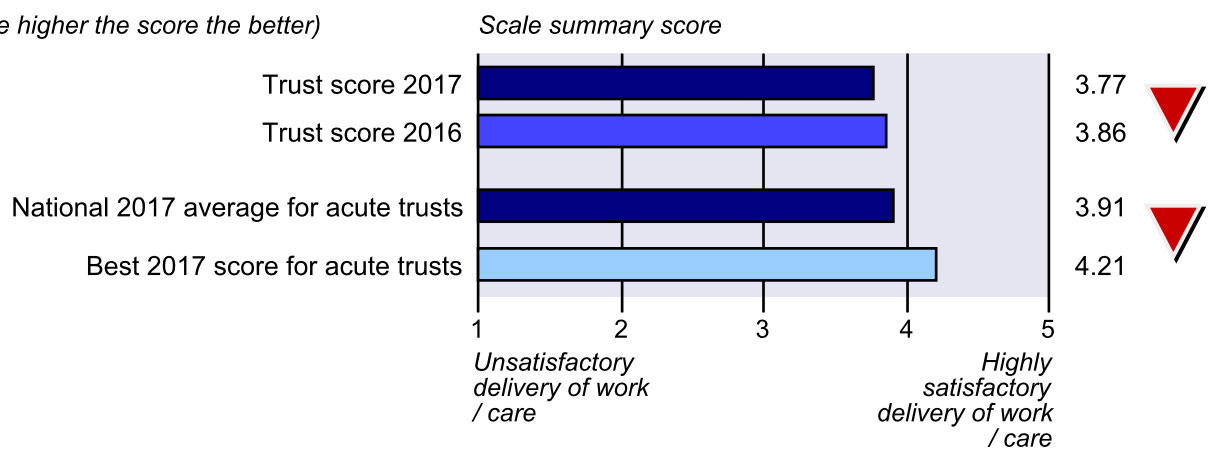
(the higher the score the better)



Patient care & experience

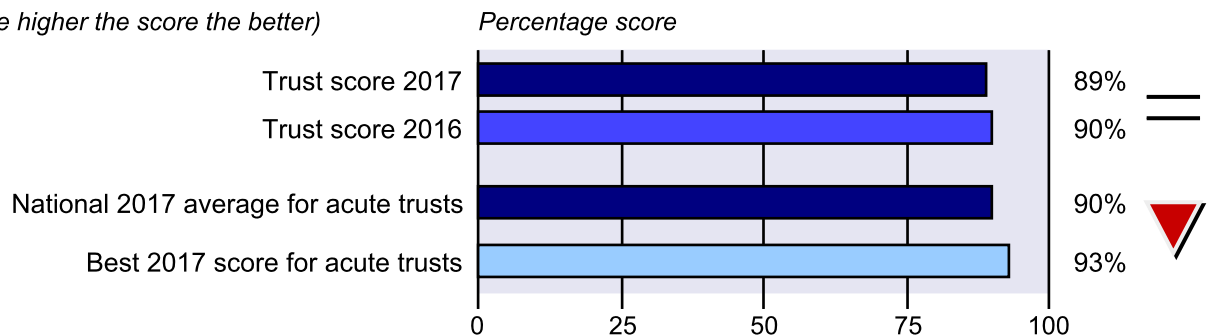
KEY FINDING 2. Staff satisfaction with the quality of work and care they are able to deliver

(the higher the score the better)



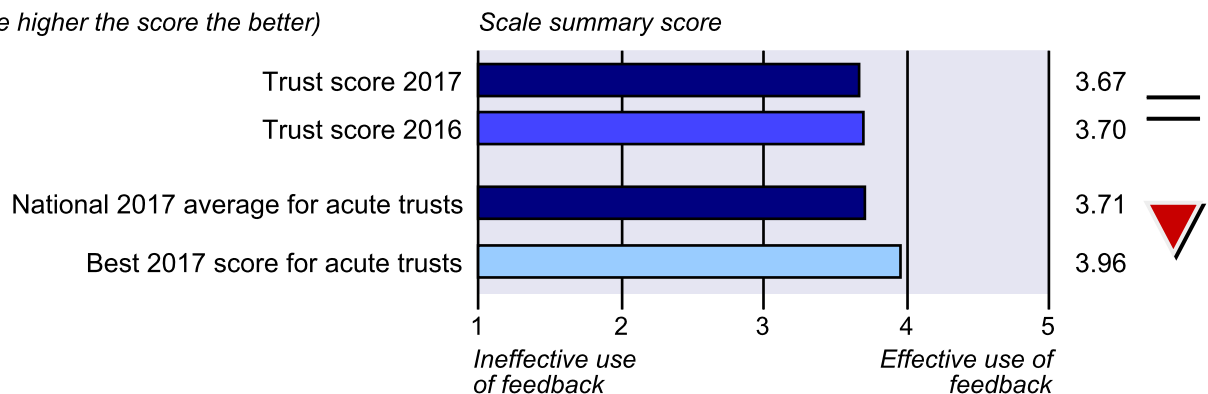
KEY FINDING 3. Percentage of staff agreeing that their role makes a difference to patients / service users

(the higher the score the better)



KEY FINDING 32. Effective use of patient / service user feedback

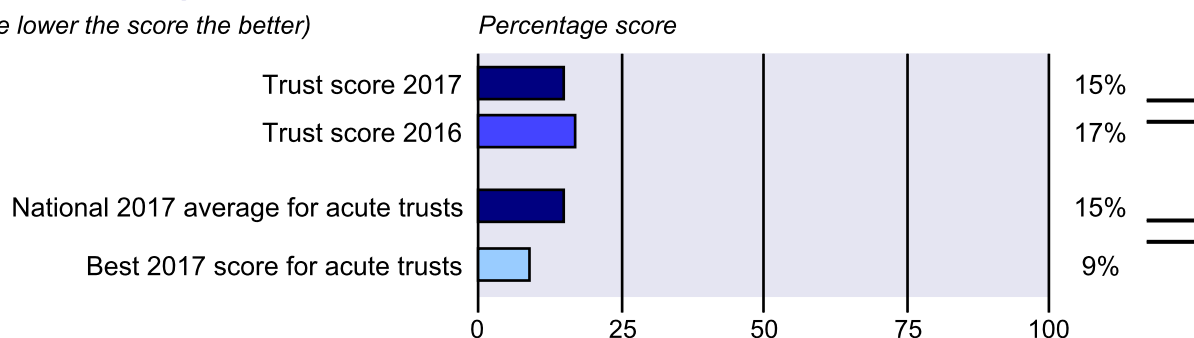
(the higher the score the better)



Violence, harassment & bullying

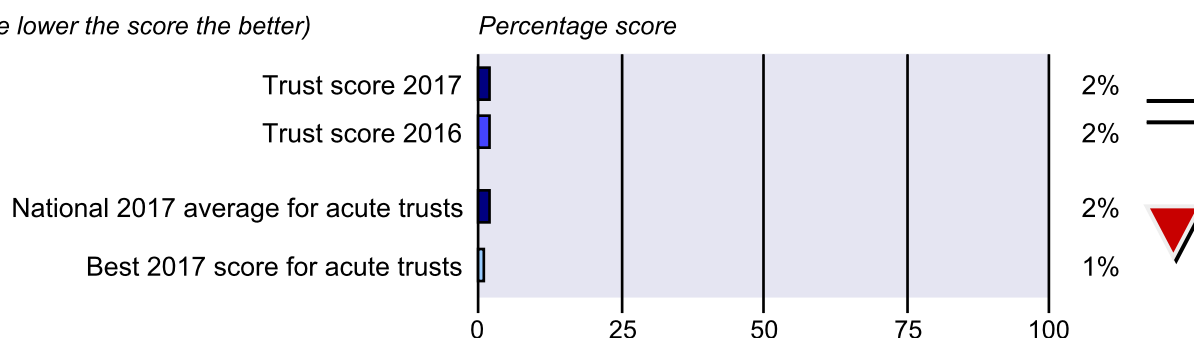
KEY FINDING 22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months

(the lower the score the better)



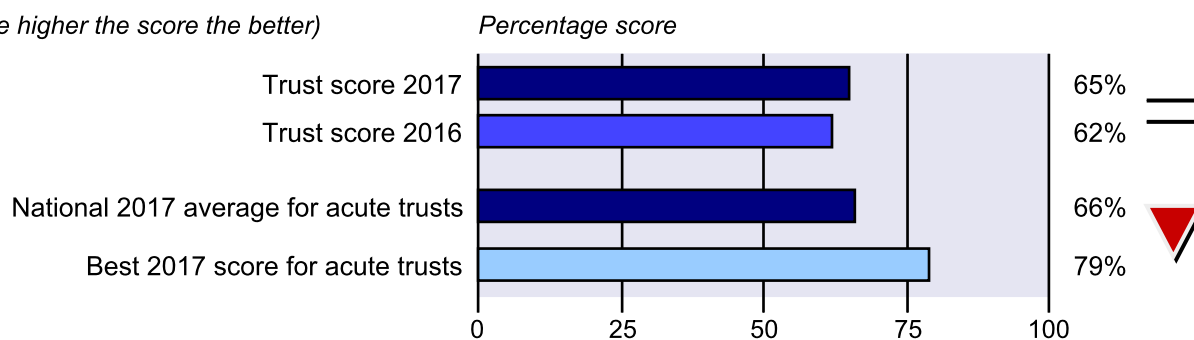
KEY FINDING 23. Percentage of staff experiencing physical violence from staff in last 12 months

(the lower the score the better)



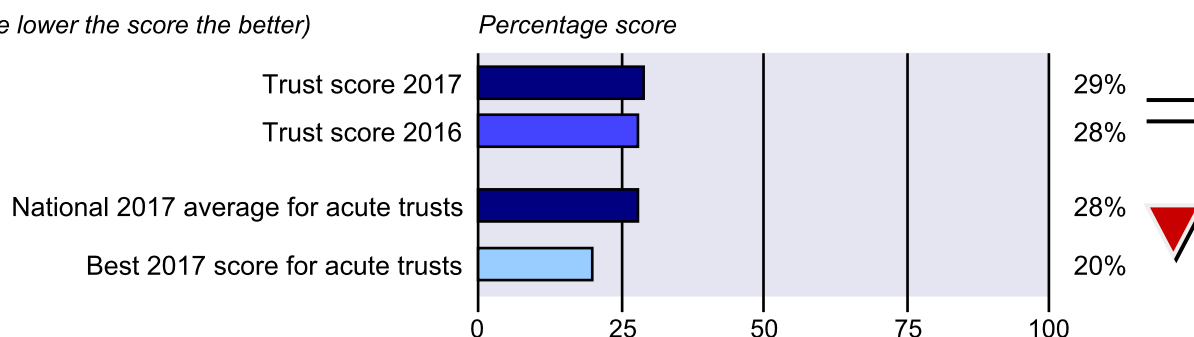
KEY FINDING 24. Percentage of staff / colleagues reporting most recent experience of violence

(the higher the score the better)



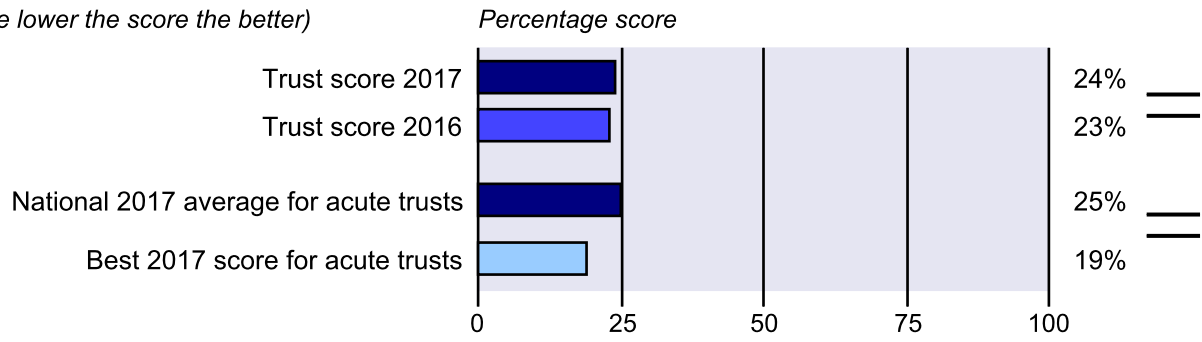
KEY FINDING 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

(the lower the score the better)



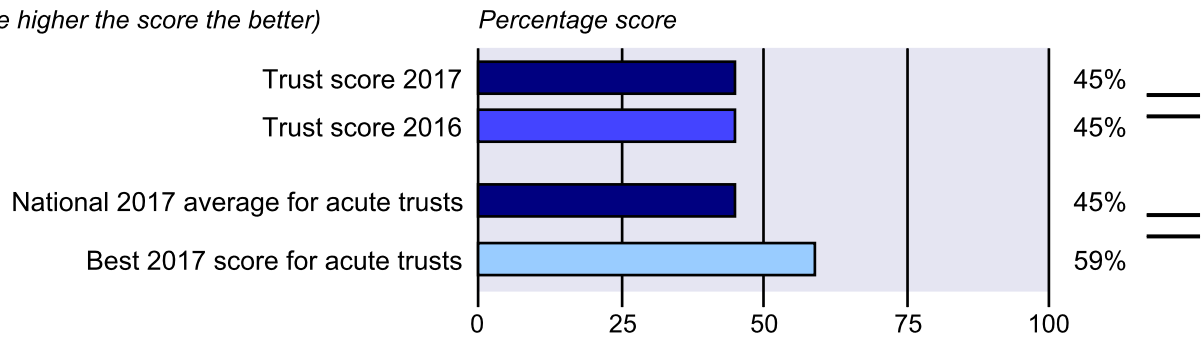
KEY FINDING 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

(the lower the score the better)



KEY FINDING 27. Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse

(the higher the score the better)



Appendix B: Comparison of 2017 Staff Survey Results by Trust

KEY:	Acute Trust Best 2016	Acute Trust Best 2017	Acute Trust Avrg 2016	Acute Trust Avrg 2017	RUH 2016	RUH 2017
Top 20%						
Above Average						
Average						
Below Average						
Bottom 20%						
Red writing = Bottom 20%						
Green writing = Top 20%						
Appraisals & Support for Development						
KF11. Percentage of staff appraised in last 12 months	95%	96%	87%	86%	89%	89%
KF12. Quality of appraisals	3.49	3.52	3.11	3.11	3.17	3.16
KF13. Quality of non-mandatory training, learning or development	4.17	4.22	4.05	4.05	4.00	4.00
Equality & Diversity						
KF20 Percentage of staff experiencing discrimination at work in the last 12 months	5%	8%	11%	12%	11%	13%
KF21 Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	95%	94%	87%	85%	89%	89%
Errors & Incidents						
KF28 Percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month	22%	24%	31%	31%	31%	30%
KF29 Percentage of staff reporting errors, near misses or incidents witnessed in the last month	95%	98%	90%	90%	89%	89%
KF30 Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.89	3.88	3.72	3.73	3.62	3.65
KF31 Staff confidence and security in reporting unsafe clinical practice	3.88	3.83	3.65	3.65	3.57	3.55
Health & Wellbeing						
KF17 Percentage of staff feeling unwell due to work related stress in the last 12 months	25%	28%	35%	36%	35%	34%
KF18 Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves	47%	42%	56%	52%	48%	49%
KF19 Organisation and management interest in and action on health and wellbeing	3.93	3.92	3.61	3.62	3.63	3.64
Working Patterns						
KF15 Percentage of staff satisfied with the opportunities for flexible working patterns	58%	60%	51%	51%	50%	47%
KF16 Percentage of staff working extra hours	61%	62%	72%	72%	70%	72%
Job Satisfaction						
KF1 Staff recommendation of the organisation as a place to work or receive treatment	4.1	4.12	3.76	3.75	3.83	3.8
KF4 Staff motivation at work	4.07	4.07	3.94	3.92	3.94	3.91
KF7 Percentage of staff able to contribute towards improvements at work	77%	78%	70%	70%	70%	70%
KF8 Staff satisfaction with level of responsibility and involvement	4.06	4.04	3.92	3.91	3.93	3.94
KF9 Effective team working	3.89	3.88	3.75	3.72	3.71	3.72
KF 14 Staff satisfaction with resourcing and support	3.67	3.58	3.33	3.31	3.26	3.24
Managers						
KF5 Recognition and value of staff by managers and the organisation	3.67	3.71	3.45	3.45	3.51	3.48
KF6 Percentage of staff reporting good communication between senior management and staff	46%	48%	33%	33%	33%	30%
KF10 Support from immediate managers	3.92	3.94	3.73	3.74	3.77	3.77
Patient Care & Experience						
KF2 Staff satisfaction with the quality of work and care they are able to deliver	4.28	4.21	3.96	3.91	3.86	3.77
KF3 Percentage of staff agreeing that their role makes a difference to patients/service users	94%	93%	90%	90%	90%	89%
KF32 Effective use of patient / service user feedback	3.97	3.96	3.72	3.71	3.70	3.67
Violence, Harassment & Bullying						
KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths	8%	9%	15%	15%	17%	15%
KF23 % experiencing physical violence from staff in the last 12 mths	0%	1%	2%	2%	2%	2%
KF24 % reporting most recent experience of violence	77%	79%	67%	66%	62%	65%
KF25 % staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	20%	20%	27%	28%	28%	29%
KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths	16%	19%	25%	25%	23%	24%
KF27. % reporting most recent experience of harassment, bullying or abuse	57%	59%	45%	45%	45%	45%

Appendix C: RUH data - Comparison of 2017 Staff Survey Results by Division

KEY:						
Green box = Division meets the threshold for the top 20%						
Red box = Division meets the threshold for the Bottom 20%						
Green writing = As a trust, finding sits in the top 20%						
Red writing = As a trust, finding sits in the bottom 20%						
	Corporate Division	Facilities Division	Medical Division	Research & Development	Surgical Division	Women & Children's Division
Appraisals & Support for Development						
KF11. Percentage of staff appraised in last 12 months	88%	82%	90%	84%	89%	90%
KF12. Quality of appraisals	3.21	3.24	3.16	3.39	3.09	3.17
KF13. Quality of non-mandatory training, learning or development	3.94	3.88	4.03	4.19	4.01	3.99
Equality & Diversity						
KF20 Percentage of staff experiencing discrimination at work in the last 12 months	9%	18%	13%	2%	15%	9%
KF21 Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	87%	83%	91%	88%	87%	94%
Errors & Incidents						
KF28 Percentage of staff witnessing potentially harmful errors, near misses or incidents in	13%	17%	36%	16%	32%	41%
KF29 Percentage of staff reporting errors, near misses or incidents witnessed in the last	91%	69%	89%		89%	94%
KF30 Fairness and effectiveness of procedures for reporting errors, near misses and	3.64	3.63	3.64	3.80	3.60	3.78
KF31 Staff confidence and security in reporting unsafe clinical practice	3.61	3.47	3.47	3.82	3.56	3.67
Health & Wellbeing						
KF17 Percentage of staff feeling unwell due to work related stress in the last 12 months	33%	33%	36%	25%	34%	33%
KF18 Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves	42%	42%	52%	41%	54%	49%
KF19 Organisation and management interest in and action on health and wellbeing	3.82	3.65	3.71	4.02	3.52	3.44
Working Patterns						
KF15 Percentage of staff satisfied with the opportunities for flexible working patterns	54%	52%	46%	70%	42%	42%
KF16 Percentage of staff working extra hours	68%	56%	76%	71%	70%	80%
Job Satisfaction						
KF1 Staff recommendation of the organisation as a place to work or receive treatment	3.92	3.74	3.80	4.08	3.73	3.83
KF4 Staff motivation at work	3.90	3.95	3.95	4.02	3.81	3.97
KF7 Percentage of staff able to contribute towards improvements at work	77%	57%	75%	87%	66%	68%
KF8 Staff satisfaction with level of responsibility and involvement	3.97	3.82	3.99	4.08	3.88	3.97
KF9 Effective team working	3.83	3.42	3.75	4.13	3.67	3.74
KF 14 Staff satisfaction with resourcing and support	3.4	3.35	3.15	3.76	3.21	3.16
Managers						
KF5 Recognition and value of staff by managers and the organisation	3.66	3.53	3.49	3.86	3.35	3.44
KF6 Percentage of staff reporting good communication between senior management and	40%	33%	26%	55%	26%	30%
KF10 Support from immediate managers	3.93	3.58	3.85	4.13	3.71	3.64
Patient Care & Experience						
KF2 Staff satisfaction with the quality of work and care they are able to deliver	3.77	3.99	3.71	4.13	3.79	3.67
KF3 Percentage of staff agreeing that their role makes a difference to patients/service users	84%	81%	93%	85%	90%	90%
KF32 Effective use of patient / service user feedback	3.86	3.48	3.73	3.67	3.52	3.72
Violence, Harassment & Bullying						
KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths	2%	9%	25%	5%	19%	6%
KF23 % experiencing physical violence from staff in the last 12 mths	1%	7%	2%	0	2%	1%
KF24 % reporting most recent experience of violence		57%	69%		63%	68%
KF25 % staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	9%	13%	41%	5%	32%	31%
KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths	26%	19%	24%	18%	28%	22%
KF27. % reporting most recent experience of harassment, bullying or abuse	45%	62%	40%		46%	48%

Appendix D: RUH data - Comparison of 2017 Staff Survey Results by Staff Group

KEY:														
Green box = Staff group meets the threshold for the top 20%														
Red box = Staff group meets the threshold for the Bottom 20%														
Green writing = As a trust, finding sits in the top 20%														
Red writing = As a trust, finding sits in the bottom 20%														
	Adult/General Nurses	Other Registered Nurses	Nursing/Healthcare Assistants	Medical/Dental	Occupational Therapy	Physiotherapy	Radiography	Other Allied Health Professionals	General Management	Other Scientific & Technical	Admin & Clerical	Central Functions / Corporate Services	Maintenance/Ancillary	
Appraisals & Support for Development														
KF11. Percentage of staff appraised in last 12 months	93	89	88	93	82	98	81	80	90	88	88	89	83	
KF12. Quality of appraisals	3.26	3.03	3.3	3.13	3.3	3.16	2.68	3.27	3.08	3.12	3	3.3	3.19	
KF13. Quality of non-mandatory training, learning or development	4.11	4.07	3.97	4.05	4.1	4.19	3.83	4.07	4.06	3.96	3.76	4.04	3.87	
Equality & Diversity														
KF20 Percentage of staff experiencing discrimination at work in the last 12 months	17	13	19	9	3	18	8	11	11	10	8	4	17	
KF21 Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	86	88	88	95	100	97	92	87	93	94	88	92	84	
Errors & Incidents														
KF28 Percentage of staff witnessing potentially harmful errors, near misses or	42	49	33	42	6	38	41	31	24	40	14	6	16	
KF29 Percentage of staff reporting errors, near misses or incidents witnessed in the	92	91	81	89		83	95	96	93	91	90		69	
KF30 Fairness and effectiveness of procedures for reporting errors, near misses and	3.59	3.73	3.68	3.68	3.74	3.59	3.88	3.59	3.75	3.72	3.63	3.69	3.65	
KF31 Staff confidence and security in reporting unsafe clinical practice	3.55	3.61	3.48	3.73	3.62	3.2	3.64	3.58	3.8	3.61	3.49	3.61	3.44	
Health & Wellbeing														
KF17 Percentage of staff feeling unwell due to work related stress in the last 12	38	41	36	31	32	50	27	29	44	30	32	27	30	
KF18 Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves	55	58	55	37	38	58	47	49	55	48	50	40	39	
KF19 Organisation and management interest in and action on health and wellbeing	3.53	3.28	3.63	3.6	3.85	3.77	3.61	3.69	3.73	3.6	3.78	3.97	3.63	
Working Patterns														
KF15 Percentage of staff satisfied with the opportunities for flexible working patterns	42	31	46	39	61	54	53	52	60	40	52	61	50	
KF16 Percentage of staff working extra hours	84	85	59	89	65	92	74	71	87	69	57	68	56	
Job Satisfaction														
KF1 Staff recommendation of the organisation as a place to work or receive treatment	3.64	3.62	3.73	3.96	3.89	3.87	3.95	3.79	3.86	3.92	3.88	4.08	3.76	
KF4 Staff motivation at work	3.94	3.94	3.92	3.95	4	3.98	3.89	3.95	3.86	3.76	3.87	3.93	3.93	
KF7 Percentage of staff able to contribute towards improvements at work	75	64	58	74	79	81	69	76	85	75	67	83	56	
KF8 Staff satisfaction with level of responsibility and involvement	3.97	3.92	3.92	4.1	3.96	4.07	3.9	3.91	3.88	3.92	3.88	4.08	3.81	
KF9 Effective team working	3.78	3.78	3.63	3.97	4	3.84	3.33	3.74	3.87	3.75	3.6	3.84	3.41	
KF 14 Staff satisfaction with resourcing and support	3.06	2.96	3.27	3.31	3.22	3.01	3.17	3.24	3.09	3.26	3.44	3.41	3.34	
Managers														
KF5 Recognition and value of staff by managers and the organisation	3.37	3.2	3.54	3.56	3.37	3.48	3.31	3.49	3.66	3.51	3.54	3.85	3.47	
KF6 Percentage of staff reporting good communication between senior management and staff	25	27	31	30	26	28	29	32	40	30	29	46	34	
KF10 Support from immediate managers	3.81	3.48	3.75	3.81	3.91	3.9	3.72	3.77	3.93	3.79	3.8	4.06	3.53	
Patient Care & Experience														
KF2 Staff satisfaction with the quality of work and care they are able to deliver	3.54	3.46	4.02	3.72	3.79	3.54	3.78	3.81	3.55	3.81	4.04	3.71	4.03	
KF3 Percentage of staff agreeing that their role makes a difference to patients/service users	90	91	95	96	94	98	98	93	88	88	84	81	82	
KF32 Effective use of patient / service user feedback	3.65	3.76	3.6	3.8	3.78	3.53	3.57	3.52	3.96	3.54	3.63	3.81	3.39	
Violence, Harassment & Bullying														
KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths	35	9	37	11	6	27	16	12	5	2	4	0	7	
KF23 % experiencing physical violence from staff in the last 12 mths	3	1	4	0	0	0	2	1	3	1	1	1	6	
KF24 % reporting most recent experience of violence	68	67	82	24		36					79		56	
KF25 % staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	43	32	40	34	36	48	39	29	15	20	24	3	12	
KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths	32	28	24	22	21	28	24	19	32	22	21	21	18	
KF27. % reporting most recent experience of harassment, bullying or abuse	45	44	62	18	73	17	28	36	45	50	50	56	67	