

# BOARD OF DIRECTORS

## Report

**Subject:** Analysis of the 2013 Staff Survey Results  
**Date:** 27<sup>th</sup> March 2014  
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**Lead Director:** Karen Fisher – Director Human resources

### Executive Summary

As reported to the Board last month the Trust has received the national staff survey outcomes for 2013. This report provides detail regarding the survey outcomes together with priority areas/actions in order to secure improvement.

The analysis considers Trust outcomes and required actions, comparison to national data and local acute Trusts.

### Recommendation

The Board of Directors is asked to note the content of the paper and the priority areas for action.

### Relevant Strategic Objectives (please mark in bold)

<b>Achieve the best patient experience</b>	Achieve financial sustainability
<b>Improve patient safety and provide high quality care</b>	Build successful relationships with external organisations and regulators.
<b>Attract, develop and motivate effective teams</b>	

<b>Links to the BAF and Corporate Risk Register</b>	
<b>Details of additional risks associated with this paper</b> ( <i>may include CQC Essential Standards, NHSLA, NHS Constitution</i> )	NHS Constitution
<b>Links to NHS Constitution</b>	
<b>Financial Implications/Impact</b>	Reduction in variable pay and improved attendance rates CQUIN Target
<b>Legal Implications/Impact</b>	
<b>Partnership working &amp; Public Engagement Implications/Impact</b>	

<b>Committees/groups where this item has been presented before</b>	
<b>Monitoring and Review</b>	Monitoring of the staff survey results and associated action plan through the OD and Workforce Committee
<b>Is a QIA required/been completed? If yes provide brief details</b>	

## Sherwood Forest Hospitals NHS Foundation Trust

Board of Directors – 27 March 2014

### 2013 NHS Staff Survey Analysis and Action

#### Background

The purpose of the paper is to provide a summary of the 2013 NHS Staff Survey results compared to:

- The national average for acute trusts in England;
- National trends;
- Other local trusts; and
- The Trust's 2012 Staff Survey results.

The annual NHS Staff Survey was undertaken between September and the beginning of December in 2013.

A total of 850 staff were surveyed from those staff surveyed, 47% responded compared to a response rate of 50% in 2012. The Trust's 2013 response rate is average for acute trusts in England.

There are two types of key findings – percentage scores and scale summary scores for which the minimum score is always 1 and the maximum is 5.

#### National Overview

Nationally the 2013 NHS Staff Survey results show an improvement in the majority of indicators, showing that despite these challenging times NHS staff continue to report that they are proud of the care they provide and are more able to contribute to improvement. Dean Royles, Chief Executive NHS England stated: "This positive movement in most indicators is not only a tribute to hard work at local level by staff and employers working with staff side colleagues, but also reassuring given the challenges that we are all facing."

The national results also show that staff are increasingly willing to recommend the NHS as a place to work or be treated. Almost two thirds of NHS staff would recommend the NHS as a place to work or for their friends or family to be treated.

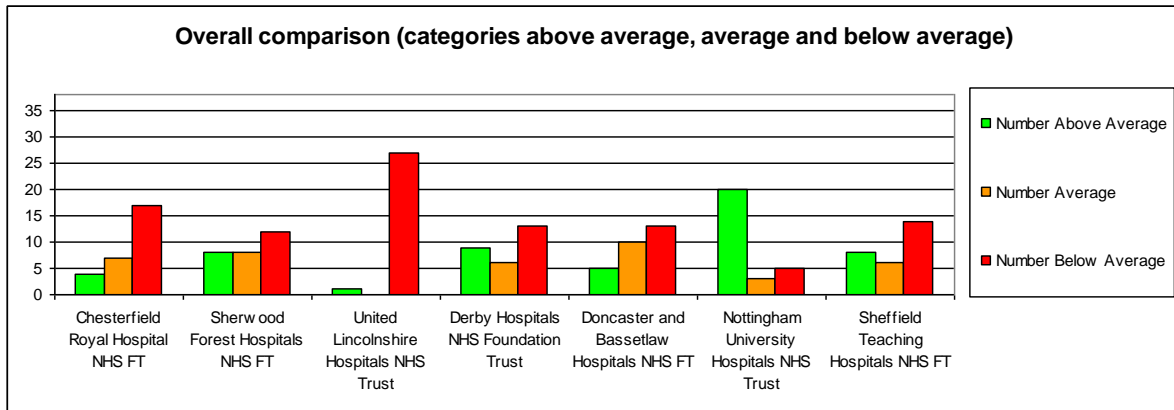
Nationally reported levels of violence, bullying and harassment remain high 38% of staff report high levels of stress and 27% reported pressure to attend work when unwell. The Trust is in the worst 20% of trusts in these areas.

Nationally levels of staff engagement have improved since 2012 from a national average of 3.68% to 3.74% in the current year.

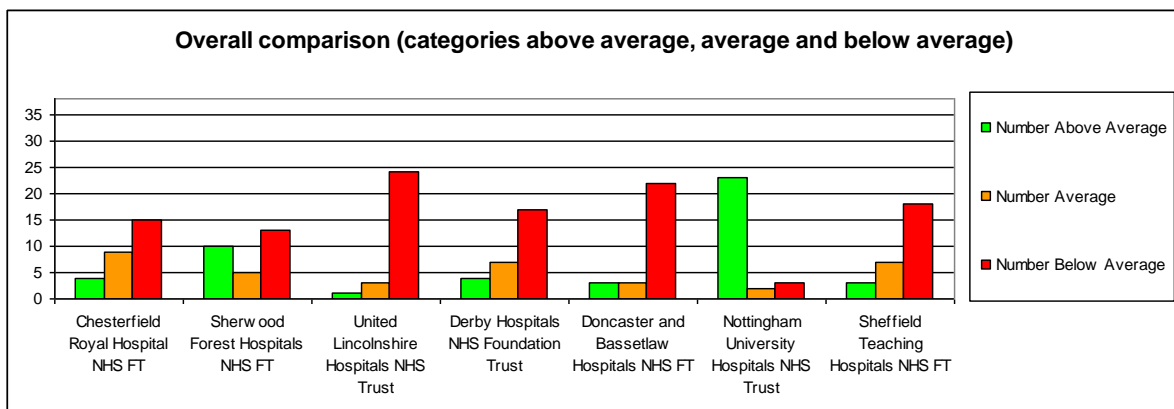
## Comparison with East Midlands Trusts

In order to help the Trust understand its relative position in relation to other local Acute Trusts an analysis has been undertaken as detailed below:

### Comparison to other local trusts for 2013



### Comparison to other local trusts for 2012



Sherwood Forest Hospital's staff survey results continue to be better than most other local trusts despite the slight deterioration in the Trust's results this year. We will engage with Nottingham University Hospitals NHS Trust to understand whether there are any lessons/activities that we can adopt within the Trust.

## Trust Analysis

The Trust receives data of staff survey outcomes from Quality Health who undertake the survey on behalf of the Trust. The summary report is attached for information. The analysis below is based on overall Trust outcomes, further analysis relating to Divisions is currently being reviewed.

### Summary comparison for the overall Trust results for 2012 and 2013

28 Key Findings	2012	2013
Best 20%	2 Areas	1 Area

<b>Better than average</b>	8 Areas	7 Areas
<b>Average</b>	5 Areas	8 Areas
<b>Worse than Average</b>	11 Areas	7 Areas
<b>Worst 20%</b>	2 Areas	5 Areas

### Changes from Previous Year

The following areas have improved since 2012:

- % of staff appraised in last 12 months by 9%; and
- staff recommendation of the trust as a place to work by 0.14.

However, staff experience has deteriorated significantly in relation to the % of staff feeling pressure in the last 3 months to attend work when feeling unwell (27% in 2012 increasing to 35% in 2013) and for 2013 the Trust ranks in the worst 20% of acute trusts in England.

### Overall staff engagement

This is an indicator that measures:

- ability to contribute to improvements (no change since 2012)
- willingness to recommend Trust as a place to work/receive treatment (better than 2012)
- Staff motivation at work (no change since 2012)

The summary Trust score is detailed below and identifies improvement from 2012.

Trust summary score 2012 – 3.65	Trust summary score 2013 – 3.75
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### Friends and Family Test

In 2013/14 the CQUIN was based on an improvement in KF 24 detailed below in which the Trust secured an improved position. The Trust ranking in this key finding area is average.

Key finding	Trust score	Trust score
	2012	2013
KF 24. Staff recommendation of the trust as a place to work or receive treatment.	3.48	3.62

## Appraisals

Nationally and within the Trust appraisals rates have improved with the Trust being above average for the percentage of staff appraised in the last 12 months and average for the percentage of staff having a well structured appraisal in the last 12 months. Analysis below by key finding is detailed below:

Key finding	Trust score 2012	Trust score 2013	National average score 2013
KF 7. % of staff appraised in last 12 months.	78%	87%	84%
KF 8. % of staff having well structured appraisals in last 12 months.	32%	38%	38%

There has been significant work over the last 12 months in order to secure improvements in appraisal completion rates. These have been reported to the board on a monthly basis and have been achieved as a result of improved data systems for managers and increased focus. Work will now progress on ensuring the quality of appraisals undertaken.

## Analysis of Highest and Lowest Ranking Scores

The survey data highlights the top and bottom 5 ranking scores for the Trust. These are detailed below:

### Top 5 ranking scores

- KF2. % of staff agreeing that their role makes a difference to patients. No significant change.

	2012	2013
Score	89%	93%
Ranking	Average	Top/Best 20%

- KF28. % of staff experiencing discrimination at work in the last 12 months. No significant change.

	2012	2013
Score	8%	9%
Ranking	Top/Best 20%	Better than average

- KF27. % of staff believing the trust provides equal opportunities for career progression or promotion. No significant change.

	2012	2013
Score	90%	91%
Ranking	Better than average	Better than average

- KF 12. % of staff saying hand washing materials are always available. No significant change.

	2012	2013
Score	64%	38%
Ranking	Better than average	Better than average

- KF 25. Staff motivation at work. No significant change.

	2012	2013
Score	3.82	3.90
Ranking	Below/worse than average	Better than average

### Bottom 5 ranking scores

- KF 20. % of staff feeling pressure in the last 3 months to attend work when feeling ill. Increase/worse than 2012.

	2012	2013
Score	27%	35%
Ranking	Below/better than average	Worst 20%

- KF16. % of staff experiencing physical violence from patients, relatives or the public in the last 12 months. No significant change.

	2012	2013
Score	17%	20%
Ranking	Above/worse than average	Worst 20%

- KF17. % of staff experiencing physical violence from staff in the last 12 months. No significant change.

	2012	2013
Score	3%	4%
Ranking	Average	Highest/worse 20%

- KF 21. % of staff reporting good communication between senior management and staff.

	2012	2013
Score	22%	23%
Ranking	Below/worse than average	Lowest/worst 20%

- KF 11. % of staff suffering work-related stress in the last 12 months. No significant change.

	2012	2013
Score	38%	40%
Ranking	Above/worse than average	Highest/worst 20%

### Activities Resulting from 2012 Staff Survey Outcomes

Significant areas of activity in response to last year's staff survey included:

- Appraisal – roll out of revised appraisal documentation and monthly monitoring of appraisal rates introduced. This has supported an increase in the appraisal rate and improved staff survey results for 2013.
- Set appropriate establishment levels – recruitment has increased significantly and work continues to recruit to full establishment.
- Communication and Culture – In Your Shoes events leading to 'Quality for All' and the development of the organisational development strategy. Although too late for the 2013 staff survey embedding this new vision as the Trust moves forward should see improvements in future years. Regular Trust wide interim staff surveys have been introduced as well as a new system for undertaking exit interviews.
- Staff perceptions regarding physical violence, harassment, bullying or abuse from patients, visitors and the public – whilst training and other action has been taken this continues to be a challenging area for the Trust. The compassionate care initiative should have a positive impact.
- Review the need for effective reporting – A review has been undertaken and a project lead appointed to review and improve the Datix incident reporting system.



## **Future Priorities**

When considering the 2013 NHS Staff Survey results it is important to note the context and the timing of survey completion. At the time the survey was conducted the Trust was going through a period of significant change and was facing considerable negative media attention.

The Trust recognises that despite this there are many positive outcomes identified within the survey, there are also a number of areas which require improvement. Consequently the Trust's action plan for 2014 will focus on:

- Appraisal – To continue to increase the appraisal rate whilst ensuring that all appraisals are of a high quality resulting in an effective PDP, identification of training needs and delivery of training opportunities. It is a priority to align the appraisal process to the refreshed Trust values.
- Violence, abuse, harassment and bullying – to reduce the instances where staff experience this from patients and relatives and staff.
- Work-related stress and work pressure – to reduce the % of staff experiencing work-related stress and/or work pressure.
- Communication – improving communication between senior managers and staff.
- Datix reporting – improve the effectiveness of data capture on Datix and improved reporting.

## **Action taken to date**

The 2013 Staff Survey results have been analysed overall and by; division, staff group, age and Equality and Inclusivity. This analysis has been shared with the HR Managers and Advisors, Divisional General Managers, Director of Operations and other senior managers including those leading relevant departments and committees. Accompanying the analysis was a request for each division/committee/department to identify 2 or 3 priority areas for action.

This approach will lead to the development of an action plan. The action plan will be closely aligned to the Trust's refreshed values - Quality for all. This action plan is due to be considered at the next meeting of the OD and Workforce Committee in April and will be presented to board within the quarterly Workforce Report in April.