

Agenda Item: Trust Board Paper J

TRUST BOARD – 2 April 2015

National Staff Survey Report

DIRECTOR:	Emma Stevens, Acting Director of Human Resources
AUTHORS:	Bina Kotecha, Assistant Director of Learning and Organisational Development Louise Gallagher, Workforce Development Manager
DATE:	2 April 2015
PURPOSE:	<p>This report provides highlights of the 12th National Staff Survey Results. The results show little significant change on the previous year with the exception of improvements in relation to completion of Statutory and Mandatory training. The framework for undertaking actions is proposed for discussion and agreement.</p> <p>The proposed recommendation is that actions are taken across the following broad areas in order to improve levels of staff engagement:</p> <ol style="list-style-type: none"> 1. Accelerated Listening into Action to enable staff to make contributions to changes and improvements at work 2. Improvements in local leadership and the management of well led teams including holding to account for the basics 3. Implementing actions to remove day to day frustrations 4. Clarifying the Trust commitment to Quality.
PREVIOUSLY CONSIDERED BY:	N/A
Objective(s) to which issue relates *	<input checked="" type="checkbox"/> 1. Safe, high quality, patient-centred healthcare <input type="checkbox"/> 2. An effective, joined up emergency care system <input checked="" type="checkbox"/> 3. Responsive services which people choose to use (secondary, specialised and tertiary care) <input type="checkbox"/> 4. Integrated care in partnership with others (secondary, specialised and tertiary care) <input type="checkbox"/> 5. Enhanced reputation in research, innovation and clinical education <input checked="" type="checkbox"/> 6. Delivering services through a caring, professional, passionate and valued workforce <input checked="" type="checkbox"/> 7. A clinically and financially sustainable NHS Foundation Trust <input type="checkbox"/> 8. Enabled by excellent IM&T
Please explain any Patient and Public Involvement actions taken or to be taken in relation to this matter:	Patient Survey data can be compared to Staff Survey data in order to highlight any potential issues.
Please explain the results of any Equality Impact assessment undertaken in relation to this matter:	Results by question are being analysed by the Equalities Team for each of the nine protected characteristic groups to ensure there is no disproportionate impact. Any areas of concerns will form part of the action plan.

Organisational Risk Register/ Board Assurance Framework *	<input type="checkbox"/> Organisational Risk Register <input checked="" type="checkbox"/> Board Assurance Framework <input type="checkbox"/> Not Featured
ACTION REQUIRED * For decision <input checked="" type="checkbox"/> For assurance <input checked="" type="checkbox"/> For information <input type="checkbox"/>	

- ♦ We treat people how we would like to be treated
- ♦ We do what we say we are going to do
- ♦ We focus on what matters most
- ♦ We are one team and we are best when we work together
- ♦ We are passionate and creative in our work

* tick applicable box

REPORT TO: TRUST BOARD

DATE: 2 APRIL 2015

REPORT FROM: EMMA STEVENS – ACTING DIRECTOR OF HUMAN RESOURCES

REPORT BY: BINA KOTECHA – ASSISTANT DIRECTOR OF LEARNING AND OD,
LOUISE GALLAGHER – WORKFORCE DEVELOPMENT MANAGER

SUBJECT: NATIONAL NHS STAFF SURVEY RESULTS 2014

1.0 INTRODUCTION

- 1.1 This report updates on the actions from the 2013 National Staff Survey, 2014 National Survey Results and UHL local questions results (incorporated within the national survey).
- 1.2 The 12th National Staff Survey was conducted between September and December 2014. The survey is conducted on behalf of NHS England and the results form a key part of the Care Quality Commission's assessment of the Trust in respect of its regulatory activities such as registration, the monitoring of on-going compliance and reviews.

2.0 PURPOSE

- 2.1 The purpose of the National Staff Survey is to collect staff views about their experiences of working in their local NHS Trust. It provides Trusts with information about the views and experiences of its staff to help improve the working lives of staff and the quality of care for patients. Importantly, staff are asked a small number of key questions relating to their opinions regarding the standard of care provided at their place of work.

3.0 PARTICIPATION

- 3.1 Analysis by the Staff Survey Coordination Centre of the survey results is undertaken through a self-completed questionnaire. This year all staff were given the opportunity to complete the survey through paper based surveys and the Trust received 3744 responses (33% response rate). This was below last year's official response rate of 46% and below the average national response rate which was 42%.

4.0 STRUCTURE

- 4.1 The survey provides 29 Key Findings about working in the NHS at UHL derived from the responses to over 150 questions. The Key Findings are linked to, and provide information about progress against the four pledges to staff in the NHS Constitution together with two additional themes; Staff Satisfaction and Equality and Diversity. Once again this year the Trust also asked a number of local questions relating to the cascade of information from Chief Executive Briefings and the demonstration of Trust values and behaviours by colleagues and managers.

5.0 ACTIONS ARISING FROM THE 2013 SURVEY

- 5.1 The results from the 2013 National Staff Survey were used to develop a series of actions described as 'Time to Act'. These included actions for the whole leadership community and corporate actions. These actions and their impact on the most relevant Key Finding score are illustrated in Appendix One.

5.2 The most impactful actions relate to the emphasis that was placed on appraisal and improving levels of statutory and mandatory in order to improve the levels and quality of reporting incidents. We have seen improved scores both in percentage terms and in our relative position compared to other acute trusts.

5.3 Actions to improve engagement, team working and involvement are longer term in nature and our early actions in this area have not yet started to impact in the way the Trust had predicted. Last year's significant improvement in Listening into Action Pulse Check results indicated that there was a reasonable expectation that there would have been an improvement and the reasons for this will be explored as part of this year's action plan.

6.0 2014 UHL RESULTS

6.1 Raw Data Results

6.1.1 In addition to the Key Findings results, the Trust receives the results of responses to individual questions that are asked in the survey. There are a number of improvements in specific results which are worthy of note and demonstrate where our actions are having a positive impact. Examples of improvements include:

- A 3% increase in positive responses to the question: 'I am able to deliver the patient care that I aspire to'
- Significant percentage increases in levels of staff completing health and safety, equality and diversity, infection control, information governance and good patient experience training
- A 3% increase in the percentage of staff agreeing that the organisation acts on concerns raised by patients or service users.

6.1.2 There have equally been a number of deteriorations in results which include:

- A 4% decrease in staff agreeing that as a result of the appraisal training, learning and development needs were identified
- A 9% reduction in staff agreeing that their manager supported them to receive the training, learning or development identified
- A 4% decrease in staff agreeing that they have adequate materials, supplies and equipment to do their work.

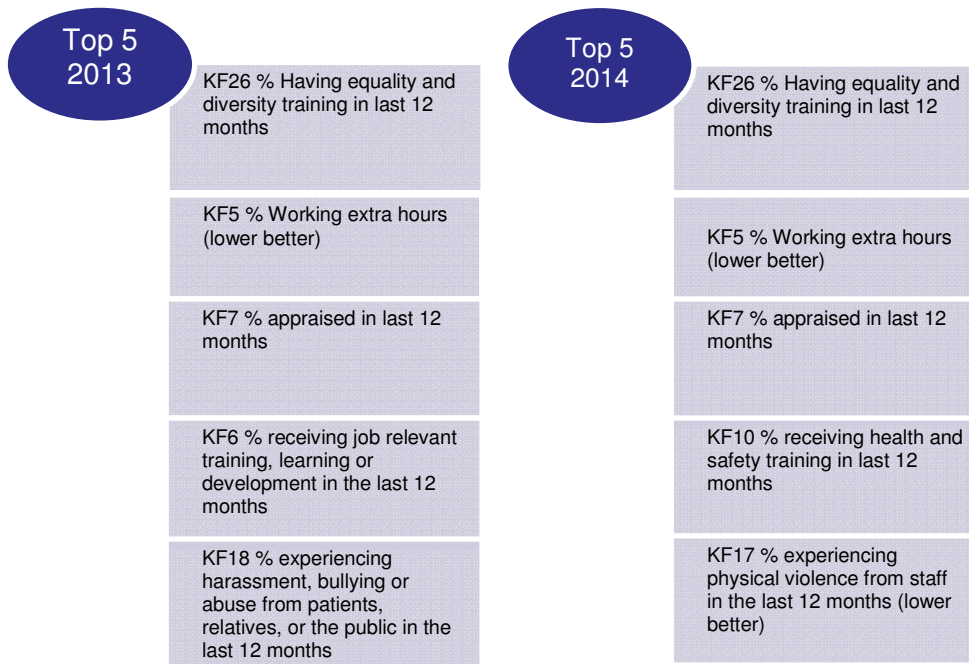
6.1.3 These results are significant in terms of providing the evidence to support our priority actions.

6.2 Key Findings Based on the 2014 National Staff Survey Results

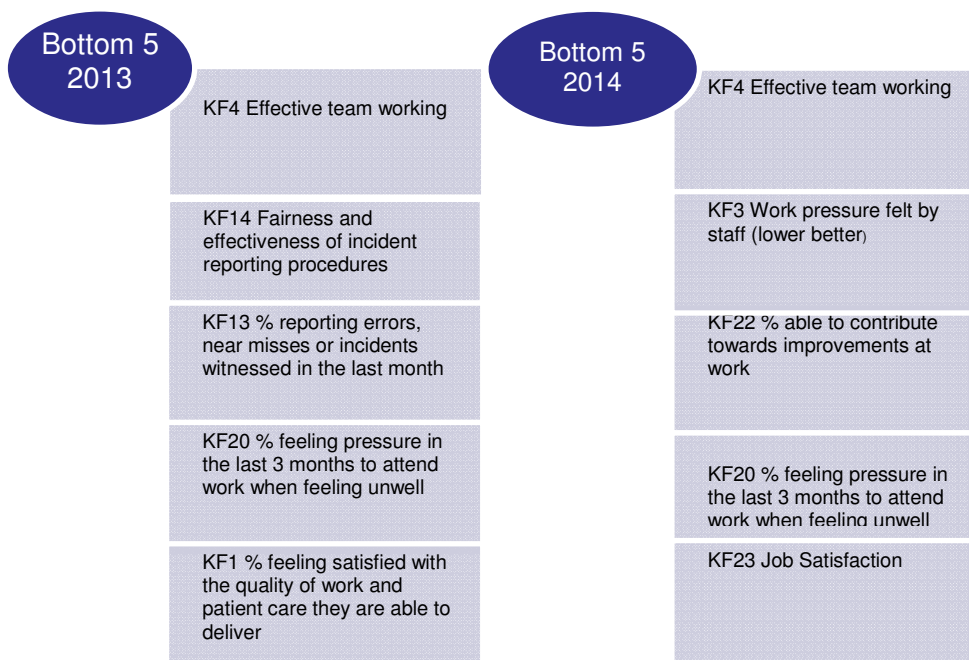
6.2.1 Appendix Two summarises the National Staff Survey Key Findings Data comparing the data with 2013 results. This analysis highlights that the majority of results showed no statistically significant change, there were two results showing a statistically significant improvement (health and safety and equality and diversity training) and one result showing a deterioration (staff receiving job relevant training).

6.2.2 Appendix Two also highlights that our position relative to other Acute Trusts has remained largely static in relation to Staff Pledge Four (engaging staff in decisions) and in the areas of equality and diversity. Our position has deteriorated in relation to Staff Pledges One and Two (clear roles and rewarding jobs and personal development). Results relating to health and well being have been mixed with improvements relating to the observation and reporting of incidents.

6.2.2 The five Key Findings for which the Trust compares most favourably with other Acute Trusts are summarised below, also indicating changes since the 2013 survey:-



6.2.3 The five Key Findings for which the Trust compares least favourably with other Acute Trusts are summarised below, also indicating changes since the 2013 survey:-



These are key areas of focus for review, discussion and action planning. It is essential that this review links to 'Listening into Action', our work to embed the quality agenda and leadership interventions to improve teamwork. Our proposed actions are described in more detail in section 8.0.

6.2.4 The table below shows how our relative position has changed since 2012.

Ranking	Number of Indicators 2012 (28)	Number of Indicators 2013 (28)	Number of Indicators 2014 (29)
Best 20%	5	4	4
Above Average	9	3	1
Average	6	8	6
Below Average	6	7	14
Lowest 20%	2	6	4

6.2.5 Of those areas where the ranking has deteriorated, two factors consistently appear in the bottom five of the Trust's results these being effective team working and pressure to attend work in the last three months when feeling unwell.

6.3 Staff Engagement Scores

6.3.1 One of the most important scores in the Staff Survey is the overall staff engagement score which is a combined score of:

- Staff ability to contribute to improvements at work
- Staff recommendation of the trust as a place to work or receive treatment
- Staff motivation at work

The table below shows how these scores have changed between 2011 and 2014:

	2011	2012	2013	2014
Overall Engagement	3.52	3.66	3.68	3.64

6.3.2 Although the change from 2013 to 2014 is not defined as statistically significant, it is disappointing given an overall trend towards improvement from 2011-2013. The questions which make up this score are principally focused on a staff member's experiences in their local workplace and for this reason our actions described in section 8.0 are focused on addressing this. In addition to the analysis of UHL's performance on Staff Engagement Scores since 2011 a comparison has been made with 15 Benchmarked Acute Trusts for 2013 and 2014 (Appendix Three)

6.3.3 The levels of Staff Engagement Scores are further reviewed in Key Factor 23 Staff Job Satisfaction which indicates that UHL in 2013 and 2014 has a below average score 3.54 compared to the average for Acute Trusts score 3.6

6.3.4 One of the principal advantages in surveying a full census of staff is that we are able to obtain results at a more granular local level i.e. Clinical Management Group and Corporate area. These results have been analysed and ranked and will be used to deliver more targeted local action as well as share best practice.

6.4 Results from UHL Local Questions

6.4.1 For the first time last year, the Trust included a number of local questions, the results of which are shown in Appendix Four. These results have remained largely static since last year which is disappointing as they represent specific areas where the Trust is trying to improve performance namely the quality of cascade of Chief Executive Briefings, the removal of day to day frustrations and assurances that our staff are exhibiting the trust values.

7.0 Other Survey Results

7.1 In March 2015 the Trust surveyed staff using the Pulse Check Survey (LiA). The results demonstrate a strong correlation with the results of the Staff Opinion Survey and the Staff Friends and Family Test which confirms that the proposed areas for action are consistent with the views of staff irrespective of the survey tool used. Appendix Five provides details of the annual Pulse Check Survey results since 2013.

7.2 The Pulse Check Survey was introduced at UHL in 2013 with 10 questions. The survey was repeated in 2014 with 9 of the original questions and 6 new questions. In 2015 the survey questions remain unchanged from the survey used in 2014. In 2015 responses improved in 8 questions, deteriorated in 3 questions and remained unchanged in 4 questions.

The 3 deteriorating questions were:

- Day to Day Frustrations that get in our way are quickly identified and resolved (↓2.19%)
- Communications between senior management and staff is effective (↓17.05%)
- Our organisational structure and processes supports and enables me to do my job well (↓14.01%)

The 8 improvement questions were:

- I understand how my role contributes to the wider organisational vision (↑29.76%)
- I feel able to prioritise patient care over other work (↑16.88%)
- I feel that the quality and safety of patient care is our organisation's top priority (↑6.5%)
- This organisation supports me to develop and grow in my role (↑4.93%)
- I would recommend the Trust to my family and friends (↑2.6%)
- I believe we are providing high quality services to our patient/service users (↑2.47%)
- I am happy and supported working in my team/department/service (↑2.38%)
- Our organisation culture encourages me to contribute to changes that affect my team/department/service (↑1.59%)

The unchanged scores were:

- Managers and leaders seek my views about how we can improve our services (↔%)
- I feel that our organisation communicates clearly with staff about its priorities and goals (↔%)
- I feel valued for the contribution I make and the work I do (↔%)
- Our work environment, facilities and systems enable me to do my job well (↔%)

7.3 In April 2014 the Trust commenced the national Staff Friends and Family Test (FFT). 3 surveys have now been completed. Quarter four results showed an increase in the number of staff that completed the survey (Including Alliance) of 1363 staff compared to last quarter's 1093. In Quarter Four (February 2015) there is a moderate increase in positive results for staff recommending the Trust as a place to receive treatment, however only a slight increase in staff recommending the Trust as a place to work.

% Positive Responses (Extremely Likely & Likely)	Quarter 1	Quarter 2	Quarter 4
Q1 Recommend family or friends for treatment?	68.29%	66.75%	71.3%
Q2 Recommend family or friends as a place to work?	53.65%	53.31%	54.8%

8.0 Driving Actions to Improve Results

8.1 The results presented in this report are variable; taken collectively they indicate that the Trust has improved in the fundamental basics such as statutory and mandatory training and appraisal and senior management communication but there is action required at a local level to enable staff to contribute to improvements in their local work area in order to improve levels of motivation and enthusiasm about attending work. Staff are committed to delivering a high quality of patient care and we need to remove factors and barriers that prevent them from doing so.

8.2 On 17 March 2015, the Executive Workforce Board held detailed discussions regarding the results. The framework described in 8.3 below indicates the broad approach that will be taken but ultimately specific actions will be shaped and formed at a local level through the involvement of staff.

8.3 Our broad framework for action encompasses how we intend to target our approach to improving staff engagement and thereby the quality of patient care:

Accelerated Classic Listening into Action (LiA)	Leadership / well led teams – Basic Expectations and Holding to Account
Removing Remove Day to Day Frustrations	Quality- Branding and Messaging

Each of the quadrants is not mutually exclusive for example we know Listening into Action aims to enable staff to feel empowered and have the tools to remove day to day frustrations. In so doing it enables effective teamwork both within and across teams.

8.3.1 Accelerated Classic Listening into Action (LiA)

We know from the Pulse Check results (Appendix Five) for each of the pioneering Listening into Action teams that the programme has a positive impact on involvement and empowerment. The spread of LiA has been rapid but relatively small numbers of the workforce of circa 10,000 have yet experienced the programme first hand and the Trust is therefore committed to accelerating the numbers of teams and programmes to ensure its principles become an embedded part of the way we do things at UHL. The Trust has developed a Year Three Plan which aims to spread LiA further, faster. Five work streams from year two will continue into year three and the number of teams supported within Classic LiA will increase from 12 to 20. In addition, three new work streams will be added which will include Involvement into Action (supporting the Patient and Public Engagement Strategy); Autonomous Teams (supporting the continued work of the Pathfinder programme at a local level) and specific engagement activities to support areas within the Quality Commitment.

8.3.2 Leadership and Well Led Teams (Basic Expectations and Holding to Account)

Creating the culture to enable engagement to happen effectively relies upon high quality local leadership. We have developed a set of leadership behaviours which are incorporated into appraisal paperwork but we need to do more. We are considering the adoption of the national NHS Healthcare Leadership Framework which will not only clarify basic leadership behaviours but also bring an accredited 360 degree tool. This will additionally be supported by a Crucial Accountability development programme and the launch of a series of 'Knowing your Business' e learning modules to support leaders in fundamental basics of practice including appraisal and effective meeting management. The new appraisal framework has been launched which will enable managers to establish clear roles and responsibilities and standards of behaviour and appropriately reward increments for performing against these criteria. Effective leadership and well led teams is centred on leaders being properly accountable for their leadership behaviours and for the impact their style and behaviour has on the workforce. Work will be undertaken to develop a set of key performance Indicators to measure and monitor leadership and Team Effectiveness.

8.3.3 Removing Day to Day Frustrations

Anecdotally and through the increasing numbers of staff forums and responses to the Lia Pulse Check Survey at UHL and Team level we know that there are frustrations such as availability of basic equipment and facilities that create a barrier to effective delivery of patient care. During 2015, we intend to create simple mechanisms for challenging practices and enabling staff to effect change. The first key action to address Day to Day Frustrations is to ask staff directly what gets in the way of them being able to deliver great care. We plan to use the re-launch of the 5

Year Plan staff events to ask staff for their views, and from this we will identify leads to work on the top 10 issues which frustrate staff. This work will compliment a Listening Event planned for June / July 2015 to look at frustrations associated with IM&T equipment and services and to start to prepare the organisation for the introduction of Electronic Patient Records.

8.3.4 Quality (Branding and Messaging)

It is recognised that the 'Quality Commitment' requires a refresh and rebranding in order that it is meaningful at the grass roots level. One of the most important indicators in the Staff Survey is 'Staff recommendation of the trust as a place to work or receive treatment' which is underpinned by a belief that patient care is the Trust's top priority. As part of the Quality Commitment, actions are underway to respond to the 'Freedom to Speak Up' recommendations. The Quality commitment will be re-branded as part of the 5 Year Plan with the aim of creating a simple message that enables staff to recognise that quality is at the heart of what we aim to do. An open and transparent culture is essential to delivery of high quality patient care and therefore work is underway to enable staff to easily and confidently raise their concerns both in respect of concerns regarding patient safety and concerns regarding their own working environment experiences. We aim to ensure indicators relating to bullying and harassment are better than the national average.

8.4 The Organisational Development (OD) Plan will be refreshed for 2015/16 as a result of the outcome of staff feedback.

9.0 NEXT STEPS

9.1 We will work through the Trust wide core actions under the framework outlined in 8.3.

9.2 The Clinical Management Groups and Corporate Directorates will hold focus groups before the end of May 2015 to review these core actions in the context of their local results.

9.3 By the end of June 2015, we will have a firmed up action plan for the Trust. Clinical Management Groups and Corporate Directorates may individually agree actions for their own results which will be in addition to the Trust wide plan.

10.0 RECOMMENDATIONS

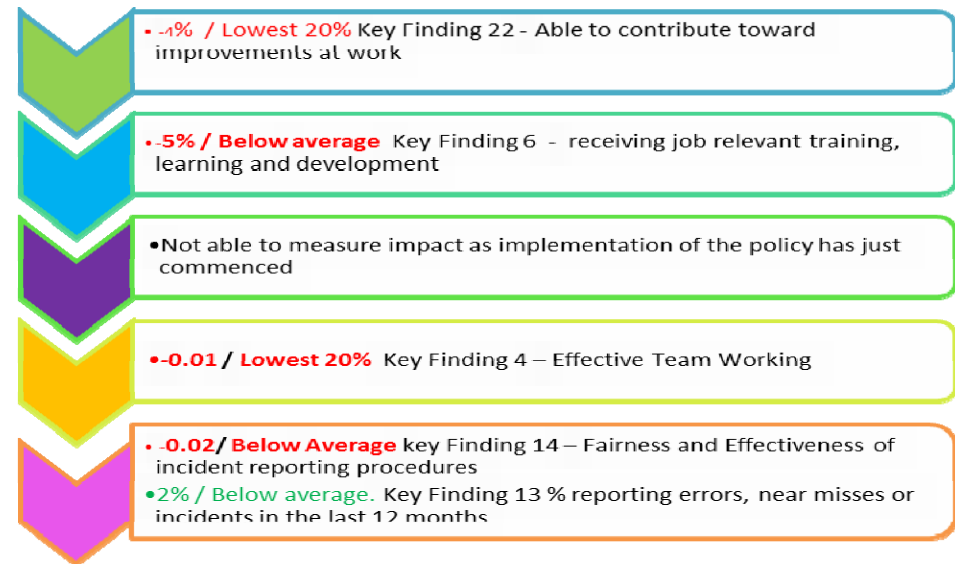
10.1 The Trust Board is asked to:-

- Note the key messages from the analysis of the 2014 National Staff Survey results
- Discuss and approve the key areas for development which are proposed to make a step change in levels of engagement and satisfaction.

Appendix One: Impact of 2013 Actions on 2014 Results

Time to Act: What we will do - Our top five 2014/15 priority actions:-

1	Continue the spread of 'Listening into Action' as a mechanism for making staff led improvements ... including a focus on training key clinical leads to enable the facilitation of 'Listening Events' within all ward and clinical department areas
2	Improve quality and access to learning, education and development with key focus on inclusive leadership development across all professions and all levels including the Trust Board
3	Improve the appraisal process to enhance quality, experience and align with pay progression
4	Facilitate team building across the newly formed CMGs and Services and support teams with mapping out how they will work together to achieve excellence
5	Maintain focus on recruitment and other key resources including incident reporting systems, essential to delivering safe high quality patient-centred care



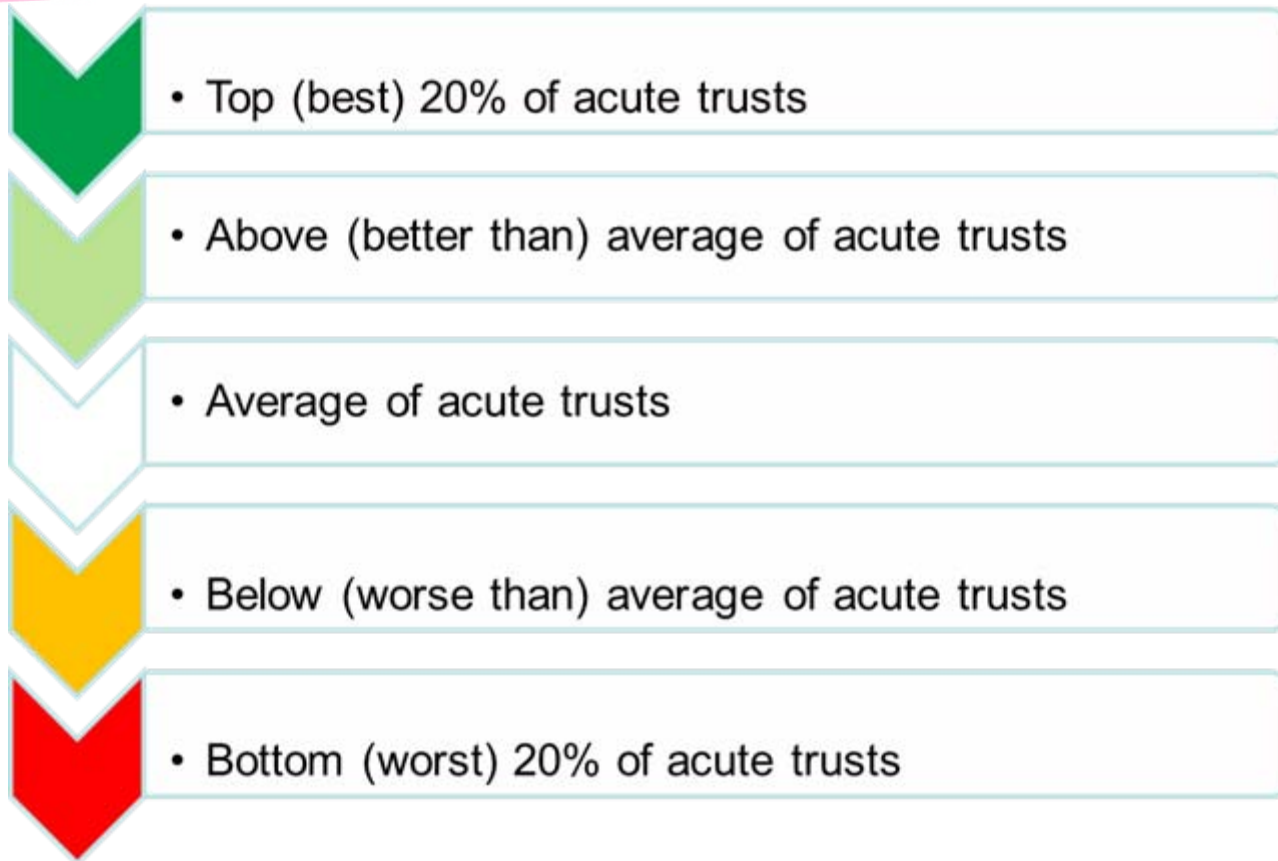
Time to Act: Top five 2014/15 priority actions for each of you:

1	Serve as ROLE MODELS, visibly demonstrating our Leadership Qualities and Behaviours in your daily work and actions <i>Your stories of what good looks like: Leadership Qualities and Behaviours (August 2013)</i>
2	Aim to ensure that all 100% of staff you are responsible for are having an appraisal that is valuable, productive and provides positive feedback <i>Have a look at our findings on how to improve appraisal quality Appraisal Quality Leaflet</i>
3	Be visible and continue to carryout regular 'Surgeries', 'Walkabouts', 'Think Tanks', 'Forums' or 'Listening Events' ... listen to and act on the voice of the front line to improve the quality of work and continue to raise the bar on patient care
4	Facilitate an informal conversation with your staff regarding any issue that they may have around work/life balance and work pressures at regular one to one meetings and particularly as part of the appraisal process
5	Set time aside for all 100% of staff you are responsible for to complete Statutory, Mandatory and Essential Training prioritising Resuscitation, Infection Prevention and Health and Safety (primarily focused on 'See it, Report it, Sort it')



Appendix Two: Summary of Key Findings Results

Key



One team shared values

Key Factor: Staff Pledge 1 Clear roles responsibilities and rewarding jobs

KF 1 % feeling satisfied with the quality of work and patient care they are able to deliver

KF 2 % agreeing that their role makes a difference to patients

KF3 Work pressure felt by staff (lower better)

KF4 Effective team working

KF 5 % Working extra hours (lower better)

2013 Change since last survey and ranking compared with other acute trusts

No Change (75%)
Lowest (worst 20%)
Average for Acute 79%

No Change (91%)
Average
Average for Acute 91%

No Change (3.13)
Above (worse than) average
Average for Acute 3.08

No change (3.65)
Lowest (worst) 20%
Average for Acute 3.75

No Change (65%)
Lowest (best) 20%
Average for Acute (65%)

2014 Change since last survey and ranking compared with other acute trusts

No Change (77%)
Below (worse than) average
Average for Acute 77%

No Change (90%)
Below (worse than) average
Average for Acute 91%

No Change (3.17)
Highest (worst) 20%
Average for Acute 3.07

No Change (3.67)
Lowest (worst 20%)
Average for Acute 3.74

No Change (68%)
Lowest (best) 20%
Average for Acute 71%

Key Factor: Staff Pledge 2 Personal Development, training and line management support

KF6 % receiving job relevant training, learning or development in the last 12 months

KF7 % appraised in last 12 months

KF8 % having well structured appraisals in last 12 months

KF9 Support from immediate managers

2013 Change since last survey and ranking compared with other acute Trusts

No Change (84%)
Highest (best) 20%
Average for Acute 81%

No Change (91%)
Highest (best) 20%
Average for Acute 84%

No Change (39%)
Above Average
Average for Acute 38%

No Change (3.59)
Below (worse than) average
Average for Acute 3.64

Uni

2014 Change since last survey and ranking compared to other acute Trusts

Decrease on 2013 (79%)
Below (worse than) average
Average for Acute 81%

No Change (93%)
Highest (best) 20%
Average for Acute 85%

No Change (39%)
Average
Average for Acute (38%)

No Change (3.59)
Below (worse than) average
Average for Acute 3.65

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Key Factor: Staff Pledge 3 – Support and opportunities for staff to maintain their health, wellbeing and safety

KF10 % receiving health and safety training in last 12 months

KF11 % suffering work related stress in last 12 months (lower better)

KF12 % witnessing potentially harmful errors (lower better)

KF13 % reporting errors, near misses or incidents witnessed in the last month

2013 Change since last survey and ranking compared with other acute Trusts

No Change (77%)
Average
Average for Acute (76%)

No Change (35%)
Below (better than) average
Average for Acute (37%)

No Change (37%)
Highest (worst) 20%
Average for Acute (33%)

No Change (87%)
Lowest (worst) 20%
Average for Acute (90%)

2014 Change since last survey and ranking compared to other acute Trusts

Increase (better than) 2013 (89%)
Highest (best) 20%
Average for Acute 77%

No Change (37%)
Average
Average for Acute (37%)

No Change (33%)
Average
Average for Acute (34%)

No Change (89%)
Below (worse than) average
Average for Acute 90%

Key Factor: Staff Pledge 3 Support and opportunities for staff to maintain their health, wellbeing and safety

KF14 Fairness and effectiveness of incident reporting procedures

KF15 % agreeing they would feel secure raising concerns about unsafe clinical practice

KF 16 % experiencing physical violence from patients, relatives or the public in the last 12 months (lower better)

KF17 % experiencing physical violence from staff in the last 12 months (lower better)

2013 Change since last survey and ranking compared with other acute Trusts

No Change (3.51)
Average
Average for Acute (3.51)

NA

No Change (15%)
Average
Average for Acute (15%)

No Change (2%)
Average
Average for Acute (2%)

Ur

2014 Change since last survey and ranking compared to other acute Trusts

No Change (3.49)
Below (worse than) average
Average for Acute 3.54

Below (worse than) average (65%)
Average for Acute 67%

No Change (14%)
Average
Average for Acute 14%

No Change (2%)
Below (better than average)
Average for Acute 3%

alu

Key Factor: Staff Pledge 3 – Support and opportunities for staff to maintain their health and well being

KF18 % experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months (lower better)

KF 19 % experiencing harassment, bullying or abuse from staff in the last 12 months (lower better)

KF20 % feeling pressure in the last 3 months to attend work when feeling unwell (lower better)

2013 Change since last survey and ranking compared with other acute Trusts

No Change (27%)
Below (better than) average
Average for Acute 29%

No Change (23%)
Average
Average for Acute 24%

No Change (31%)
Highest (worst) 20%
Average for Acute 28%

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2014 Change since last survey and ranking compared to other acute Trusts

No Change (28%)
Average
Average for Acute 29%

No Change (25%)
Above (worse than) average
Average for Acute 23%

No Change (31%)
Highest (worst) 20%
Average for Acute 26%

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Key Factor: Staff Pledge 4 Engage Staff in decisions and additional theme staff satisfaction

KF21 % reporting good communication between senior management and staff

KF22 % able to contribute towards improvements at work

KF23 Staff job satisfaction

KF24 Staff recommendation of the trust as a place work or receive treatment

KF 25 Staff motivation at work

2013 Change since last survey and ranking compared with other acute Trusts

No Change (26%)
Below (worse than) average
Average for Acute 29%

No Change (68%)
Average
Average for Acute 68%

No Change (3.58)
Below (worse than) average
Average for Acute 3.6

No Change (3.53)
Below (worse than) average
Average for Acute 3.68

No Change (3.84)
(Below (worse than average)
Average for Acute 3.86

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2014 Change since last survey and ranking compared to other acute Trusts

No Change (28%)
Below (worse than) average
Average for Acute 30%

No Change (64%)
Lowest (worst) 20%
Average for Acute 68%

No Change (3.54)
Below (worse than) average
Average for Acute 3.6

No Change (3.51)
Below (worse than) average
Average for Acute 3.67

No Change (3.83)
Below (worse than) average
Average for Acute 3.86

lu

Key Factor: Additional Theme Equality and Diversity and Patient Experience Measure and Overall Engagement

niv

2013 Change since last survey and ranking compared with other acute Trusts

2014 Change since last survey and ranking compared to other acute Trusts

KF 26 % Having equality and diversity training in last 12 months

Increase (76%)
Highest (best) 20%
Average for Acute 60%

Increase (83%)
Highest (best) 20%
Average for Acute 63%

KF 27 % believing the trust provides equal opportunities for career progression or promotion

No Change (88%)
Average
Average for Acute 88%

No Change (87%)
Average
Average for Acute (87%)

KF 28 % experiencing discrimination at work (lower better)

No Change (13%)
Below (worse than) average
Average for Acute 11%

No Change (13%)
Below (worse than) average
Average for acute 11%

KF29 % agreeing feedback from patient/service users is used to make informed decisions in their directorate/department

N/A

Below (worse than) average (51%)
Average for Acute 74%

Overall Engagement

No Change (3.68)
(Below (worse than average)
Average for Acute 3.74

No Change (3.64)
Below (worse than) average
Average for Acute 3.74

UE

Appendix Three – 16 Acute NHS Hospitals (Staff Engagement Scores for 2013 / 2014 surveys)

	2013	2014
University Hospitals of Leicester	3.68	3.64
Nottingham University Hospitals NHS Trust (RX1)	3.87	3.83
Pennine Acute Hospitals NHS Trust (RW6)	3.58	3.61
Sheffield Teaching Hospitals NHS Foundation Trust	3.71	3.81
Kings College Hospitals NHS Foundation Trust	3.96	3.78
Central Manchester University NHS Foundation Trust	3.76	3.76
Oxford University Hospitals NHS Trust	3.83	3.82
University College London Hospitals NHS Foundation Trust	3.91	3.87
Leeds Teaching Hospitals NHS Trust	3.61	3.65
Norfolk and Norwich University Hospitals NHS Foundation Trust	3.75	3.65
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	3.89	3.89
Barts Health NHS Trust	3.61	3.61
United Lincolnshire Hospitals NHS Trust	3.50	3.49
Imperial College Healthcare NHS Trust	3.77	3.76
Hull and East Yorkshire Hospitals NHS Trust	3.56	3.53
Heart of England NHS Foundation Trust	3.60	3.53

Acute Trusts Average score (2014) 3.74

Appendix Four: Results of Local Questions

Do you have a regular team meeting/briefing which includes information from the Chief Executive Briefing?

Yes I receive regular and timely updates from the Chief Executive Briefing.	2545	72%	2590	72%
Yes I receive updates from the Chief Executive Briefing that are irregular.	457	13%	422	12%
No I do not receive information from the Chief Executive Briefing.	512	15%	595	16%
Missing	474		137	

To what extent do you agree or disagree with the following statements?

I feel that our organisation communicates clearly with staff about priorities and goals.

Strongly agree	360	10%	389	11%
Agree	1793	51%	1812	49%
Neither agree nor disagree	950	27%	982	27%
Disagree	333	9%	392	11%
Strongly disagree	101	3%	106	3%
Missing	451		63	

Day to day issues and frustrations that get in my way are quickly identified and resolved.

Strongly agree	125	4%	129	4%
Agree	607	17%	626	17%
Neither agree nor disagree	1124	32%	1217	34%
Disagree	1191	34%	1175	32%
Strongly disagree	443	13%	474	13%
Missing	498		123	

Thinking about your line manager...

To what extent do you agree or disagree that they exhibit the Trust values and behaviours?

Strongly agree	711	20%	742	20%
Agree	1632	46%	1691	46%
Neither agree nor disagree	833	24%	832	23%
Disagree	230	7%	261	7%
Strongly disagree	111	3%	158	4%
Missing	471		60	

Thinking about your colleagues...

To what extent do you agree or disagree that they exhibit the Trust values and behaviours?

Strongly agree	535	15%	568	15%
Agree	1915	54%	2051	56%
Neither agree nor disagree	838	24%	838	23%
Disagree	180	5%	172	5%
Strongly disagree	51	1%	60	2%
Missing	469		55	

Appendix Five Pulse Check Survey Comparisons

Pulse Check Question Detail	March 2013	January 2014	March 2015
I feel happy and supported working in my team/department/service	50.5%	↔49.82%	↑ 52.2%
Our Organisation Culture encourages me to contribute to changes that affect my team/department/service	28.46%	↑ 42.61%	↑44.2%
Managers and leaders seek my views about how we can improve our services	27.07%	↑40.08%	↔40.9%
Day-to-day issues and frustrations that get in our way are quickly identified and resolved.	12.44%	↑ 25.59%	↓23.4%
I feel that our organisation communicates clearly with staff about its priorities and goals.	28.25%	↑46.42%	↔ 46.6%
I believe we are providing high quality services to our patients/service users	30.09%	↑53.73%	↑56.2%
I feel valued for the contribution I make and the work I do.	17.3%	↑43.01%	↔ 43%
I would recommend our Trust to my family and friends.	N/A	↑46.19%	↑48.7%
I understand how my role contributes to the wider organisational vision	16.64%	↑36.24%	↑66%
Communication between senior management and staff is effective	N/A	52.85%	↓35.8%
I feel that the quality and safety of patient care is our organisation's top priority.	N/A	48.71%	↑55.3%
I feel able to prioritise patient care over other work	N/A	33.92%	↑50.8%
Our Organisational structures and processes support and enable me to do my job well	N/A	48.71%	↓34.7%
Our work environment, facilities and systems enable me to do my job well.	N/A	32.39%	↔33%
This organisation supports me to develop and grow in my role.	N/A	36.77%	↑41.7%