1. Purpose of Report (Including link to objectives)

The purpose of this paper is to present to Trust Board the results of the 2012 staff survey and to update the Board on the proposed approach to taking forward staff engagement during 2013/4.

2. Summary of Key Issues for Discussion

The response to the Staff Survey will be primarily focussed on the bottom 5 ranked Key Findings and the actions will be led by lead directors/managers as specified.

Additionally the staff survey provides a key measure of staff engagement. Staff engagement is the outcome of management strategies and engaging behaviours and requires a sustained and multi-dimensional approach to deliver improvements.

The issues that negatively impact on staff engagement are known and effort needs to focus on concrete actions to improve outcomes.

Enhanced arrangements will be put in place to take forward the staff engagement agenda for 2013/14.

3. Recommendations (Note, Approve, Discuss etc)

Trust Board are asked to note the results of the staff survey and endorse the proposed response.

4. Care Quality Commission Outcomes (which apply)

Outcomes 12,13,14

5. Legal / Regulatory Implications (NHSLA / Value for Money Conclusion etc)

Staff engagement is a feature of the recent Francis report. This programme of work supports NHSLA standard 2 ‘Learning from Experience’

6. NHS Constitution

This programme of work underpins delivery of the pledges to staff in the NHS Constitution.
7. **Risk (Threats or opportunities link to risk on register etc)**
   Failing to improve staff engagement will mean that patient care, organisational efficiency and recruitment and retention are not optimised.

8. **Resources Implications (Financial / staffing)**
   This programme should be delivered within existing resources unless pulse surveys are required or identified actions generate further resource requirements.

9. **Equality and Diversity**
   Further hotspot analysis on staff engagement will be undertaken to identify any particular gaps linked to those protected characteristics covered by the survey.

10. **Communication**
    Progress reports will be communicated via @RUH as staff survey actions are developed and delivered.

11. **References to previous reports**
    Trust Board seminar July 2012

12. **Freedom of Information**
    Public
APPENDIX 1

1.0 **Purpose**
The purpose of this paper is to present to Trust Board the results of the 2012 staff survey and to update the Board on the proposed approach to taking forward staff engagement during 2013/4.

2.0 **Background**
2.1 The NHS Staff Survey is undertaken each year to enable the Trust to review and improve the work experiences of staff so that they can provide better care to patients.

2.2 The results of the survey are also used by the Care Quality Commission (CQC) to review the compliance of the Trust against key standards which contribute to their monitoring and licensing decisions.

2.3 The survey was sent to a random sample of 850 Trust employees at the beginning of October 2012 and the Trust achieved a response rate of 56%, which is above average for acute trusts in England.

2.4 The survey results comprise 28 key findings, structured around the four pledges to staff in the NHS Constitution plus two additional themes: staff satisfaction and equality and diversity. The full results can be viewed at http://www.nhsstaffsurveys.com/cms/

3.0 **Key Issues**
The three key findings where staff experience *has improved* since 2011 are:

<table>
<thead>
<tr>
<th>Key Findings</th>
<th>2011</th>
<th>2012</th>
<th>Acute Average</th>
<th>Acute Best</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of staff able to contribute towards... (KF22)</td>
<td>60%</td>
<td>70%</td>
<td>68%</td>
<td>77%</td>
</tr>
<tr>
<td>Staff job satisfaction (KF23)</td>
<td>3.43</td>
<td>3.60</td>
<td>3.58</td>
<td>3.77</td>
</tr>
<tr>
<td>Percentage of staff appraised in last 12 months (KF7)</td>
<td>78%</td>
<td>84%</td>
<td>84%</td>
<td>94%</td>
</tr>
</tbody>
</table>

The five Key Findings where the trust compares *most favourably* with other acute trusts in England are:

<table>
<thead>
<tr>
<th>Key Findings</th>
<th>2011</th>
<th>2012</th>
<th>Acute Average</th>
<th>Acute Best</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of staff able to contribute towards... (KF22)</td>
<td>60%</td>
<td>70%</td>
<td>68%</td>
<td>77%</td>
</tr>
<tr>
<td>Percentage of staff agreeing that their role... (KF7)</td>
<td>88%</td>
<td>91%</td>
<td>89%</td>
<td>95%</td>
</tr>
</tbody>
</table>
The five key findings where the trust compares least favourably with other acute trusts in England are:

<table>
<thead>
<tr>
<th>Key Findings</th>
<th>2011</th>
<th>2012</th>
<th>Acute Average</th>
<th>Acute Best</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work pressure felt by staff (KF3)</td>
<td>-</td>
<td>3.32</td>
<td>3.08</td>
<td>2.74</td>
</tr>
<tr>
<td>Percentage of staff experiencing physical violence from patients, relatives or the public in the last 12 months (KF16)</td>
<td>-</td>
<td>20%</td>
<td>15%</td>
<td>7%</td>
</tr>
<tr>
<td>Fairness and effectiveness of incident reporting procedures (KF15)</td>
<td>3.36</td>
<td>3.37</td>
<td>3.50</td>
<td>3.69</td>
</tr>
<tr>
<td>Percentage of staff working extra hours (KF5)</td>
<td>63%</td>
<td>74%</td>
<td>70%</td>
<td>57%</td>
</tr>
<tr>
<td>Percentage of staff saying hand washing materials are always available (KF12)</td>
<td>64%</td>
<td>51%</td>
<td>60%</td>
<td>77%</td>
</tr>
</tbody>
</table>

It is proposed that during 13/14 concentration is given to developing actions to improve the bottom 5 ranked Key Finding scores as follows:

- KF 3 Work Pressure felt by staff & KF 5 Staff working extra hours-lead HR Director.
- KF16 Staff experiencing physical violence from patients, relatives or the public-lead Older People’s Matron and Head of Health & Safety.
- KF 15 Fairness and Effectiveness of the incident reporting procedure-lead Director of Nursing.
- KF 12 Staff saying hand-washing materials are always available-lead Director of Facilities.

The actions to address these areas will be built into “normal business” and reflect into relevant individual’s objectives for 13/14.
4.0 Staff engagement

4.1 The benefits of staff engagement have previously been presented to Trust Board, namely the ‘discretionary effort’ applied by staff who feel engaged and the benefits into patient care/safety. More recently the Francis Report has noted the importance of an organisational culture that is open and enabling and where clinicians are actively involved and engaged.

5.0 What do we mean by staff engagement?

5.1 Staff engagement is what staff experience (the outcome) of a range of management strategies\(^1\). The main drivers of staff engagement as investigated by the Kingston Employee Engagement Consortium Project reported by the Chartered Institute of Personnel and Development (CIPD) were:

- Meaningful work
- ‘voice’ being able to feed views upwards
- senior management communication style and vision
- supportive work environment
- person-job fit
- line management style

5.1 The research above found that the first two of these drivers were associated most strongly with staff engagement:

5.3 Further research by the Institute for Employment Studies\(^2\) noted that studies on staff engagement identified the line manager relationship as being critical and explored the characteristics of ‘engaging behaviours’.

6.0 Staff Engagement at RUH

6.1 Whilst our levels of sickness absence and staff turnover are indicators of (positive) staff engagement our primary measure of staff engagement derives from the Staff Survey. For 2012 our staff engagement score is 3.63 (5 high), an improvement on the 2011 score of 3.57 but still below the national average for acute Trusts of 3.69.

6.2 Our staff engagement score is a statistical calculation made up from the answers to 9 separate questions/statements in the survey. An analysis of the questions shows the largest negative difference between the Trust results and the average acute trust in relation to the statements:

- Care of patients / service users is my organisation's top priority
- I would recommend my organisation as a place to work

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\(^1\) May et al 2004 referenced in ‘Creating an Engaged Workforce’ CIPD Jan 2010

\(^2\) The Engaging Manager. Institute for Employment Studies (Robinson and Hayday 2009)
6.3 Analysis of other questions shows a combination of issues which need to be addressed linked to the pressure the organisation faces, the impact of its historical financial position and other challenges and more recent factors such as membership of the South West Pay, Terms and Conditions Consortium.

6.4 On a positive note there has been a substantial increase in the survey response showing that staff have been able to contribute to improvements at work. This is most likely related to the Blood Boiler /lean events introduced through the Transformation Programme.

7.0 **Proposed approach for 13/14**

The following key elements are being put in place for 13/14:

7.1 **Staff Engagement Steering Group**

7.2 **New AIMS** for our staff engagement programme have been reviewed and are proposed as:

- To support staff to contribute to improving patient experience.
- To enable staff to feel proud of and confident in the services they and their colleagues deliver such that staff to recommend the Trust as a place to receive quality care and treatment.
- To become an employer of choice such that staff recommend the Trust as a place to work.
- To support leaders and managers to create an environment where staff feel that their contribution and skills are valued.

7.3 **Data analysis of various data sources including the staff survey**

7.4 **Hotspot analysis of the staff survey to identify issues by staff group and division.**

This shows particular problems within Surgery division, Estates and Facilities and amongst Administrative and Clerical Staff.

7.5 **Directors and Divisional Manager Staff Engagement Objectives for 13/14.**

7.6 **Two new senior staff engagement champions for the administrative & clerical and scientific and technical staff groups**

7.7 **An extension to the training and development for managers and leaders in engaging behaviours and in the Listening into Action (LIA methodology).**

7.8 **Three key reference groups to be utilised to build and test more detailed actions- staff side, Transformation Programme change champions and staff governors.**
7.9 Adoption of the NHS Employers Staff Engagement Star as a framework for building the action plan (Appendix 2).

7.10 Early pieces of work are:

- To research and propose more effective communication methods, (using the best practice developed by Trusts that have achieved excellent results in the staff survey) - lead Head of Communications.

- To build a business case for a pilot intervention focused on enabling ward managers to become supernumerary-lead Assistant Director Nurse Workforce Development.

7.11 Communication plan to support the programme of action.

8.0 Recommendations
Trust Board are asked to note the staff survey results and the approach to staff engagement for 13/14 and discuss and endorse these proposals or propose alternative actions which can be achieved within the current resource base.
NHS Employers Staff Engagement Star

Delivering great management & leadership

Promoting a healthy & safe working environment

Ensuring every role counts

Supporting personal development & training

Enabling Involvement in decision making

Healthcare you can Trust