

Title	Staff Opinion Survey Results 2015			
Meeting	Board of Directors			
Date	29 March 2016			
Executive Summary				
<p>Attached is a highlights summary of the results of the South Tyneside Foundation Trust Staff Opinion Survey, based on surveys completed by staff between September and November 2015, organised by an external survey organiser and published by the NHS in February 2016.</p> <p>The response rate is 36%, compared with 44% in 2014, which we were aware of but is disappointing – though it is noted that the national response rate was also 36%.</p> <p>This summary report highlights our top 5 and bottom 5 performance factors, areas where there has been an improvement or deterioration since 2014 and also a review of those issues, which formed the basis of our 2015/16 action plan.</p> <p>Reference is also made to the unexpected publication of the “Learning from Mistakes” league table, which uses some of the Staff Opinion Survey results as a source for assessing league position.</p> <p>All of the factors form the basis of a targeted 2016/17 action plan which is also attached.</p>				
Recommendation				
Members are recommended to note and comment on the contents of the report and to approve the action plan.				
Report Author	Mr I H Frame			
Executive Director/ Sponsor	Mr I H Frame			
Purpose of paper	Information	x	Discussion	x
	Decision	x	Assurance	x
	Specific action			
Recommended following approval at:				
Implications	Staffing		x	
	Finance		x	
	Legal			
	Public engagement			
	Partnership		x	
	Communication		x	
	Equality & Diversity		x	
	Clinical		x	
	Patient Safety		x	

Risk assessment and mitigation (include risk register reference if appropriate)	
Link to STFT Business Plan	
Link to CQC outcome	12, 13, 14
Link to Board Assurance Framework	8.2
Link to Strategic Risk Register	

REPORT TO THE BOARD OF DIRECTORS

2015 NATIONAL NHS STAFF SURVEY

The results of the 2015 National NHS Staff Survey, based on staff questionnaires sent to all Trust staff between September and November 2015, have recently been published. Please find below some key highlights from this year's report:-

1 Response Rate

2014	2015	National Average
44%	36%	36%

Comment Disappointing response rate compared with last year, despite identical promotion. Local rate reflects national rate and also replicates low response rates to Staff, Family & Friends Surveys. I would suggest that this reflects survey fatigue but also that we (and the whole NHS) can do more to demonstrate how the responses received are listened to and responded to.

With such a low response rate, I would caution against reading too much into all subjects and instead concentrate action on those areas where the results are significantly better or worse than national average or Trust 2014 results.

2 The Staff Family and Friends Questions

	2014	2015	National
(i) "I would recommend my organisation as a place to work"	57%	56%	58%
(ii) "I would recommend our services for treatment for my family or friends"	63%	62%	68%

Comment Very little difference to last year's scores, but below national average, particularly for recommendations for our services. Interestingly the satisfaction rate when these questions are asked through the national survey, is always lower than the locally organised quarterly surveys, which average 70% satisfaction (though response rates are very low).

3. Our Top 5 (best) Scores

	<u>2014</u>	<u>2015</u>	<u>National</u>
(i) % of staff witnessing potentially harmful errors (low is good)	21%	20%	29%
(ii) % of staff experiencing physical violence from patients and relatives (low is good)	7%	8%	14%
(iii) % of staff experiencing bullying and harassment from patients and relatives (low is good).	21%	21%	27%
(iv) Interest taken by Trust in staff health and well-being (scale of 0-5, high is good)	N/A	3.73	3.59
(v) % of staff working extra hours (low is good)	63%	66%	72%

Comment: Most of our figures have changed little since 2014, but are significantly better than national average. Factors (ii) and (iii) reflects on the very positive inspection report we recently received regarding our security arrangements, and factor (iv) reflects on our very pro-active Well-being team.

4. Our Bottom 5 (worst) Scores

	<u>2014</u>	<u>2015</u>	<u>National</u>
(i) % of staff satisfied with opportunities for flexible working (high good)	N/A	44%	50%
(ii) % of staff able to contribute towards improvements in their work (high is good)	67%	65%	71%
(iii) Staff satisfaction with level of responsibility and involvement in work (0-5, high good)	3.83	3.81	3.93
(iv) % of staff reporting their most recent experience of violence (high good)	53%	48%	52%
(v) % of staff appraised in last			

12 months (high good)	83%	81%	86%
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Comment: It is surprising that the % of staff satisfied with opportunities for flexible working is low, as the perception amongst many managers is that we are perhaps too flexible. Below average scores on level of contribution to improvements etc. is also disappointing, as this is seen as one of the key benefits of PERFORM.

5. Overview of Performance against National Average for all 32 Key Performance Factors

	<u>2014</u>	<u>2015</u>
Better than national average		11
Worse than national average		9
Average		12

6. Statistically Significant Changes Since 2014

There are two such changes, both unfortunately relating to a deterioration:-

	<u>2014</u>	<u>2015</u>	<u>National</u>
(i) % of staff who feel that there is equality of opportunities for all staff in career progression and promotion.	89%	85%	87%

	<u>2014</u>	<u>2015</u>	<u>National</u>
(ii) Staff confidence in reporting unsafe clinical practices	3.75	3.67	3.75

7. Spotlight on Workforce Race Equality Standard

It is concerning to note that the percentage of staff who have experienced bullying and harassment from other staff is 22% from white staff (same as last year), but 51% from BME staff (29% last year). This could be partly attributable to a known grievance case, though interestingly the number of BME staff who feel that they have been discriminated against in 2015 fell from 18% to 13% compared with 2014.

8. Our Action Plan Areas Highlighted in 2014

	<u>2014</u>	<u>2015</u>	<u>National</u>
• Appraisal within last 12 months	83%	81%	86%
• Staff on staff bullying and harassment	22%	24%	24%
• Staff attending work when they			

felt unwell (presenteeism) 55% 54% 58%

9. Additional Trust Questions

We added an additional 5 local questions, to the standard national ones, but are yet to receive the results from our survey organisers.

10. Learning From Mistakes League

Notification was received late on 8th March 2016, that a new "New Learning from Mistakes" league table would be published on the 9th March 2016. The calculation to determine where in the league table, Trusts would be placed, was four of the Staff Opinion Survey's key factors used as follows:-

	<u>Trust</u>	<u>National</u>
KF30 Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.74	3.71
KF31 Staff confidence and feeling secure in reporting unsafe clinical practice	3.67	3.65
KF7 % of staff able to contribute towards Improvements in work	65%	71%
KF26 % of staff experiencing harassment, bullying or abuse from staff in last 12 months	24%	24%

Comment: Despite the Trust performing better than the national average for two of these factors and equal to national average on one more, the fact that KF7 is significantly below national average, together with other factors included in the National Reporting and Learning System, ensures we appear at the lower end of the league table. Assuming this league table is to be repeated in 2017, we should therefore place some emphasis in this year's action plan on improving the scores for these factors.

Anyone wishing to read the full document themselves, can do so by downloading www.nhsstaffsurveys.com

Mr Ian H Frame
Executive Director of Personnel & Development

10 March 2016

Choose

STAFF OPINION SURVEY 2015 – ACTION PLAN

OBJECTIVE	ACTION(S)	EXEC LEAD	LEADS	COMMENCE	COMPLETE
1. To increase staff response rate to 16/17 questionnaire	<ul style="list-style-type: none"> Communicate results of 15/16 survey Produce you said/we did material Open sessions, together with unions to promote values and security of questionnaire Reminders and follow-ups during survey period 	IHF	Carole Thatcher (CT) Angela Dodds (AD)	April 2016	Nov. 2016
2. Target activity in any areas which are particularly "sore thumb"	Analyse data to identify any 'sore thumb' areas	IHF	AD	March 16	31 st March 2016
	Draw up action plan and report to Exec Board	Relevant Director	AD and CT	April 16	May 16
	Undertake activity	As above	As above	May 16	Nov 16
	Report outcome to Exec Board	As above	As above	-	Jan 17

OBJECTIVE	ACTION(S)	EXEC LEAD	LEADS	COMMENCE	COMPLETE
3. All Trust teams aware of the performance and action taken	<ul style="list-style-type: none"> Provision of team reports by request Action plans agreed Action assessed for improvement 	IHF	AD	March 16	April 16
4. Improve staff satisfaction to recommend STFT as a place to work, and a place to receive treatment. Target: 80% satisfaction	<ul style="list-style-type: none"> Talk or visit Trusts in North East who have higher scores Report back with recommendations for us to adopt, to Exec Board 	IHF	AD/CT	April 16	May 16
5. Increase staff satisfaction with being able to contribute towards improvements in their work Target: 75% + satisfaction Top 25% in Learning from Mistakes table	<ul style="list-style-type: none"> As above 	IHF	AD/CT	April 16	May 16
6. Restore previous good performance in percentage of staff reporting incidents of violence; reporting unsafe clinical practices	<ul style="list-style-type: none"> Promotional activity re. the value of reporting incidents of violence Promotional and reassurance activity about reporting unsafe clinical practice 	IHF	Andy Kane/Glenn Mattinson	May 16	July 16
7. Reduce the % of BME staff who have experienced bullying and harassment from other staff Target < 20%	<ul style="list-style-type: none"> Focus groups with BME staff 	BB/SW	Louise Burn/Asst MD	May 16	July 16
	<ul style="list-style-type: none"> Focus groups with BME staff 	IHF	Sonia Atkinson/Mandy White	--	July 16

OBJECTIVE	ACTION(S)	EXEC LEAD	LEADS	COMMENCE	COMPLETE
	<ul style="list-style-type: none"> • Ensure full compliance with Equality and Bullying/Harassment training • Promote Bullying/Harassment Listeners 	IHF	As above	April 16	March 17
8. Full (95%) compliance with staff receiving appraisal every 12 months	<ul style="list-style-type: none"> • Communicate new appraisal system • And Policy when agreed • Introduce sanctions for non-compliance • Monitor medical compliance 	IHF	Viv Lund (VL)	March 16	March 16
9. Reduce staff on staff bullying and harassment Target <15%	<ul style="list-style-type: none"> • Ensure compliance with Bullying and Harassment training • Promote Bullying/Harassment Listeners • Implement action arising from the Well-Being Project 	IHF	VL	March 16	May 16
10. Reduce % of staff feeling they suffer from work-related stress Target: <30%		IHF	IHF	March 16	April 16
		SW	SW	April 16	March 17
		As Per Action 7	As Per Action 7	As Per Action 7	As Per Action 7
		As Per Action 7	As Per Action 7	As Per Action 7	As Per Action 7
		IHF	Andy Kane (AK)	March 16	Dec 16

	<ul style="list-style-type: none"> • Increase attendance at stress awareness training • Manage the many significant changes, sensitively and fairly • Pro-active support by Well-being team 	IHF	AK	April 16	Mar 17
		ALL	AK	On-going	
		IHF	AK	As required	

Ian H Frame
 Executive Director of Personnel & Development

10th March 2016