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## Annual Staff Survey results 2017

<b>Presented by:</b>	Pat Campbell – Director of Human Resources	<b>Author:</b>	Lily Hurford – Assistant Director of HR and Head of Organisational Development
<b>Previously considered by:</b>	Executive Management Team and Workforce Committee		

Key points	Purpose:
1. A summary of the 2017 Annual NHS Staff Survey results are presented.	To discuss and note
2. The Board is asked to note the next steps	To discuss and note

Executive Summary:
<p>This paper provides an overview of the results for our 2017 NHS Staff Survey.</p> <p>This year's results tell a positive and interesting story, not just about our Trust, but how we compare with other acute trusts who are facing the same challenges.</p> <p>Staff engagement has started to move in a positive direction, with the number of staff who would recommend us as a place to work or receive treatment increasing significantly this year. This means more staff saying that the care of patients and service users is our Trust's top priority; they would recommend our Trust as a place to work and if a friend or relative needed treatment, they would be happy with the standard of care provided.</p> <p>Staff feel satisfied with the quality of care they give to patients and feel strongly that their role makes a difference to patients and service users. They feel supported by work colleagues and feel their managers encourage them to work as a team. This is really positive and reflects what we have heard our staff say over the last year, embodied in our values of caring and valuing people.</p> <p>Communication between staff and senior managers needs improving as does how we use patient and service user feedback. We also need to focus on reporting of violence and errors and incidents.</p> <p>Analysis of our survey results by protected characteristics show an overall worse experience for disabled staff in particular. We are taking this seriously and are committed to make sure action is taken, which will be overseen by the Diversity Work stream.</p> <p>Increasing staff engagement remains a priority in this year's action plan, which also addresses priority areas for improvement. Driving up engagement through bringing our values to life is the main focus of our Work as One initiative, getting everyone across the Trust working together to improve patient flow.</p>

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**Financial implications:**

No

**Regulatory relevance:**

**Monitor:**

Quality Governance Framework

**Equality  
Impact /  
Implications:**

Improving access for disabled people  
Improve the access and experience of BME patients and service users  
Improve access to services for people from Gypsy and Traveller Communities  
Reduce inequalities experienced by BME staff and job applicants  
Reduce inequalities experienced by staff  
Increase the diversity of boards and their understanding of equality issues

**Is there likely to be any impact on any of the protected characteristics?**  
(Age, Disability, Gender, Gender Reassignment, Pregnancy and Maternity, Race, Religion or Belief, Sexual Orientation, Health Inequalities, Human Rights)

Yes ☒ No ☐

If yes, what is the mitigation against this?

Positive impact in enabling the Trust to better meet the needs of different staff groups who have protected characteristics.

**Other:**

CQC Registration: Outcomes 1, 2, 4, 6, 12,14, 16, 17,

**Corporate  
Objective:**

*Reference to  
Corporate  
Objective(s)  
this paper  
relates to*

To be in the top 20% of NHS employers.  
To be a continually learning organisation.

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## **2017 NHS Staff Survey results**

### **1. Introduction**

- 1.1** This paper provides an overview of the results for our 2017 NHS Staff Survey.
- 1.2** The NHS Staff Survey helps us to review and improve staff experience; it measures staff engagement and well-being. Evidence shows there is a direct relationship between staff experience and the quality of patient care, which is why our results are important. The survey results are also considered by the Care Quality Commission (CQC) to monitor compliance with essential standards of quality and safety.
- 1.3** This year we opened the survey to all staff and 2023 staff took part, so we have a much larger representation of our workforce compared to last year, when 468 took part (from a sample size of 1250). Unfortunately despite our work to encourage staff to take part, our response rate of 35% puts us in the lowest 20% of Acute Trusts in England.
- 1.4** The NHS Staff Survey reports for our Trust, a summary of our engagement scores and Key Findings ranked against other acute trusts are in annex one (pages 8-10).

### **2. Summary**

- 2.1** This year's results tell a positive and interesting story, not just about our Trust, but how we compare with other acute trusts who are facing the same challenges. Staff engagement has started to move in a positive direction, with the number of staff who would recommend us as a place to work or receive treatment increasing significantly this year. This means more staff saying that the care of patients and service users is our Trust's top priority; they would recommend our Trust as a place to work and if a friend or relative needed treatment, they would be happy with the standard of care provided. (See page 8 for overall staff engagement scores).
- 2.2** Staff feel satisfied with the quality of care they give to patients and feel strongly that their role makes a difference to patients and service users. Staff know what their responsibilities are, feel trusted to do their job and do it to a standard they are pleased with. They feel supported by work colleagues and feel their managers encourage them to work as a team. This is really positive and reflects what we have heard our staff say over the last year, embodied in our values of caring and valuing people.
- 2.3** Where we don't do so well is the percentage of staff reporting the most recent experience of harassment, bullying or abuse, which has significantly reduced (yet is above average for other acute trusts). Communication between staff and senior managers still needs improving as does support from immediate manager; while both show slight increases, both are below average, along with percentage of staff reporting errors and near misses or incidents and those experiencing discrimination at work in the last 12 months. Although we have significantly improved our score for the effective use of patient and service user feedback, we are below average for acute trusts here as well.
- 2.4** Overall, despite all the challenges, we are 'holding our own' and maintaining our performance while for other acute trusts, performance appears to be dropping. This shows how resilient we are, the 'We are Bradford' spirit in action.
- 2.5** A detailed report on the results of the staff survey was presented to the Workforce Committee.

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### **3. Benchmarking**

- 3.1** National analysis of the staff survey carried out by the Survey Co-ordination Centre and NHS Employers show a fall in staff engagement for the first time since 2014; an increase in stress and violence; staff under pressure and strain and a fall in staff perception in the quality of care. Our Trust however shows an increase in staff engagement for the first time in four years, at 3.82 compared to the national average of 3.78. The national score for recommending as a place to work or receive treatment has gone down nationally; our score has significantly increased.
- 3.2** Areas which are moving forward nationally include line manager support, confidence in action on health and wellbeing and quality of appraisals. We need to improve in manager support however the other trends are reflected in our results.
- 3.3** Listening into Action produces a scatter map and league table based on staff survey data. We are ranked 39 out of 92 acute trusts, moving up the league table by 30 places compared to 2016. Our ranking places us in the best quadrant of the scatter map, with above average performance and a positive trend. Benchmarking data from the Association of UK University Hospitals, which includes only member organisations, shows we are ranked as 18 out of 34 acute trusts for top quartile scores and ranked 12 for improved scores. Benchmarking data for NHS Quest trusts is not available yet.
- 3.4** Our survey scores benchmarked against 93 other acute trusts show although of the 32 Key Findings 27 saw no significant change compared to our results last year, our performance compared to other acute trusts is more favourable this year, due to shifts in their performance. The national trend (for all NHS organisations) shows 11 Key Findings improved and 21 declined since 2016.
- 3.5** We made a significant improvement in performance in four of the Key Findings: the percentage experiencing harassment, bullying or abuse from patients, relative or the public; the percentage of staff appraised; staff recommending the Trust as a place to work and receive treatment and the effective use of patient feedback. Our performance significantly decreased in one area, the percentage reporting the most recent experience of harassment, bullying or abuse, which is concerning and is one of our action plan priorities.
- 3.6** We are in the top 20% of acute trusts in three areas – staff feeling unwell due to work related stress; staff satisfaction with the level of responsibility and involvement and the percentage reporting experience of physical violence from patients, relatives and the public. We are not in the bottom 20% of acute trusts for any area.
- 3.7** We are better than average in twelve areas including the number and quality of appraisals with both scores just short of being in the top 20%. Other areas included percentage working extra hours; motivation at work; contributions towards improvements; percentage experiencing and reporting bullying and harassment and effective team working.
- 3.8** Of the areas where we are below average compared to other acute trusts, themes that stand out include errors and incidents; support from immediate managers and communication between senior managers and staff.

### **4. Results by Protected Characteristics**

- 4.1** Analysis of our survey results by protected characteristics show worse scores overall for staff with a disability and for Lesbian, Gay, Bisexual and Transgender (LGBT) staff (although there were not enough responses in some questions to get a full picture for LGBT staff). Focus groups led by the Networks are taking place during May 2018 with staff to look at how best to address this.

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- 4.2** Black, Asian and Minority Ethnic staff report higher engagement than white staff, however report higher levels of discrimination. We are reviewing our BAME Action Plan to ensure that we are focussing on the right areas.
- 4.3** The Diversity Work stream is overseeing the work to address the outcomes of the staff survey. As a direct result of last year's survey feedback we have reviewed our Harassment and Bullying Policy, are introducing Staff Advocate Roles and are working with the Police and Bradford Hate Crime Alliance to set up a Hate Crime Reporting Centre in our Information Centre.

## **5. Summary of work during 2017/18**

- 5.1** Our new Clinical Service Strategy was launched last year, supported by a new People Strategy, setting clear direction for our work. Our refreshed Vision, Mission, Strategic Objectives and Values, together with a focus on appraisals and leadership during the year, aimed to make sure everyone understood, no matter what role they are in, how they are providing the highest quality of healthcare at all times.
- 5.2** Our Let's Talk campaign aimed at increasing staff engagement also launched last year and covered several strands of work, building on the importance of having effective conversations, engaging staff and giving them the opportunity to have their say and be listened to. Highlights included 'Let's Talk Live' events where staff raise concerns with the Chief Executive and a 'big conversation' with staff across the Trust, to make sure our values were still relevant and represented our Trust.

## **6. Performance against our 2016 action plan**

- 6.1** Our 2016 staff survey action plan had four priority areas: increasing staff engagement; patient care and experience; errors and incidents and violence, harassment and bullying.
- 6.2** Increasing staff engagement was our top priority for 2017/18. We have made a move in the right direction for staff engagement, from 'below average' last year to 'average' this year. Our score of 3.82 is on the threshold for 'better than average'; we missed out by a very small margin. This means we have made good progress in the first year in our target to be in the top 20% of NHS employers. We've seen a significant increase in the number of staff who would recommend us as a place to work or receive treatment. However staff engagement scores are lowest for staff with a disability and work is taking place to address this.
- 6.3** We have increased the effective use of patient / service user feedback and have reduced the percentage of staff experiencing harassment, bullying or abuse by patients, relatives or the public. Despite work on errors and incidents, there were no significant changes to responses here.
- 6.4** Details of our work during 2017/18 and our progress against the 2016 action plan were included in the report for the Workforce Committee.

## **7. Next steps**

- 7.1** Our staff survey results show where we have made improvements and it is important that we continue to build on the progress we have made during 2017/18; increasing staff engagement remains our top priority. An action plan to address this and areas where our performance has deteriorated or is worse than average for acute trusts has been approved by the Executive Management Team. Progress will

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be monitored throughout the year by the Education and Workforce Committee reporting to the Workforce Committee.

Lily Hurford  
Assistant Director of HR and Head of Organisational Development

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## **Annex one**

### **1. 2017 National NHS Staff Survey results**

[NHS\\_staff\\_survey\\_2017\\_RAE\\_full.pdf](#)

[NHS\\_staff\\_survey\\_2017\\_RAE\\_sum.pdf](#)

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## 2. Overall staff engagement

	Trust score 2017	Trust score 2016	Average acute trust score 2017	Significant change since last year?	Ranking compared to acute trusts 2017	Ranking compared to acute trusts 2016
<b>Overall staff engagement</b>	<b>3.82</b>	<b>3.75</b>	<b>3.79</b>	<b>No significant change</b>	<b>Average</b>	<b>Below, worse than average</b>
<b>KF1: Staff recommendation of the organisation as a place to work or receive treatment</b>	<b>3.75</b>	<b>3.65</b>	<b>3.75</b>	<b>Increase</b>	<b>Average</b>	<b>Below, worse than average</b>
Care of patients/service users is my organisation's top priority.	74%	70%	76%	Increase		
I would recommend my organisation as a place to work	61%	54%	61%	Increase		
If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation.	67%	64%	71%	Increase		
<b>KF4: Staff motivation at work</b>	<b>3.95</b>	<b>3.92</b>	<b>3.92</b>	<b>No change</b>	<b>Above, better than average</b>	<b>Below, worse than average</b>
I look forward to going to work.	60%	57%	58%	Increase		
I am enthusiastic when I am working.	76%	74%	74%	Increase		
Time passes quickly when I am working.	77%	77%	77%	Increase		
<b>KF7: Staff ability to contribute towards improvement at work</b>	<b>71%</b>	<b>69%</b>	<b>70%</b>	<b>No change</b>	<b>Above, better than average</b>	<b>Below, worse than average</b>
I am able to make suggestions to improve the work of my team/ department.	74%	75%	74%	Decrease		
There are frequent opportunities for me to show initiative in my role.	73%	73%	73%	No change		
I am able to make improvements happen in my area of work.	57%	53%	56%	Increase		



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### 3. Summary of all Key Findings

#### 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
<b>Appraisals &amp; support for development</b>		
KF11. % appraised in last 12 mths	✓ Increase (better than 16)	✓ 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	! Below (worse than) average
<b>Equality &amp; diversity</b>		
* <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	• Average
<b>Errors &amp; incidents</b>		
* <i>KF28. % witnessing potentially harmful errors, near misses or incidents in last mth</i>	• No change	✓ Below (better than) 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	• Average
<b>Health and wellbeing</b>		
* <i>KF17. % feeling unwell due to work related stress in last 12 mths</i>	• No change	✓ Lowest (best) 20%
* <i>KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure</i>	• No change	• Average
KF19. Org and mgmt interest in and action on health and wellbeing	• No change	• Average
<b>Working patterns</b>		
KF15. % satisfied with the opportunities for flexible working patterns	• No change	• Average
* <i>KF16. % working extra hours</i>	• No change	✓ Below (better than) average

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## Summary of all Key Findings (continued)

	Change since 2016 survey	Ranking, compared with all acute trusts in 2017
<b>Job satisfaction</b>		
KF1. Staff recommendation of the organisation as a place to work or receive treatment	✓ Increase (better than 16)	• Average
KF4. Staff motivation at work	• No change	✓ Above (better than) average
KF7. % able to contribute towards improvements at work	• No change	✓ Above (better than) average
KF8. Staff satisfaction with level of responsibility and involvement	• No change	✓ Highest (best) 20%
KF9. Effective team working	• No change	✓ Above (better than) average
KF14. Staff satisfaction with resourcing and support	• No change	✓ Above (better than) average
<b>Managers</b>		
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	! Below (worse than) average
<b>Patient care &amp; experience</b>		
KF2. Staff satisfaction with the quality of work and care they are able to deliver	• No change	✓ Above (better than) average
KF3. % agreeing that their role makes a difference to patients / service users	• No change	• Average
KF32. Effective use of patient / service user feedback	✓ Increase (better than 16)	! Below (worse than) average
<b>Violence, harassment &amp; bullying</b>		
* 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	✓ Highest (best) 20%
* KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths	✓ Decrease (better than 16)	• Average
* KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths	• No change	✓ Below (better than) average
KF27. % reporting most recent experience of harassment, bullying or abuse	! Decrease (worse than 16)	✓ Above (better than) average