

Board of Directors (Public)

Item 4.1

Subject: National Staff Survey Results 2015
Date of meeting: 26 January 2016
Prepared by: Sarah Dixon – HR & Education Analyst
Presented by: Debbie Herring - Director of Strategy & Organisational Development

BAF Ref	Impact on BAF Risk Rating?
7	None

1. Executive Summary

This report summarises the findings from the 2015 National Staff Survey, carried out by Picker Institute Europe, on behalf of Liverpool Heart and Chest NHS Foundation Trust. The Picker Institute was commissioned by 64 acute trusts to undertake the Staff Survey 2015 and the findings compare the LHCH results with the other 63 Trusts. The NHS England Staff Survey report is due for publication in February 2016 and this will show how our results compare across the whole of the NHS.

A total of 1380 LHCH staff were eligible to complete the survey (this included staff on maternity leave) and 819 returned a completed questionnaire, giving a response rate of 59.3%. The average response rate for the 64 'Picker' acute trusts was only 38.0%. Local intelligence suggests that our response rate is significantly higher than our neighbouring Trusts.

The NHS England Staff Survey report is due for publication in February 2016 and this will show how our results compare across the whole of the NHS.

2. Background

The National Staff Survey is an annual study, first run in 2003, and is required by NHS England for all NHS trusts in England. Trusts' have the option to survey a basis sample of staff or to use an extended sample. It has been the practice in LHCH for some years to survey all staff. The Picker Institute is one of two organisations licensed to run the survey and they were commissioned by 64 acute trusts, including LHCH.

For previous surveys the Trust has opted for a paper questionnaire due to limitations with email addresses, however for the 2015 survey we were in a position to opt for an online survey. The survey was undertaken between September and December 2015. Staff were sent an email directly with a link to the survey and there were three follow up reminders for non-responders. The Picker Institute ran a free phone helpline for staff who had any queries or concerns about the survey. Staff

wishing to opt-out of the survey could do so by returning the questionnaire blank, or by calling the free phone helpline.

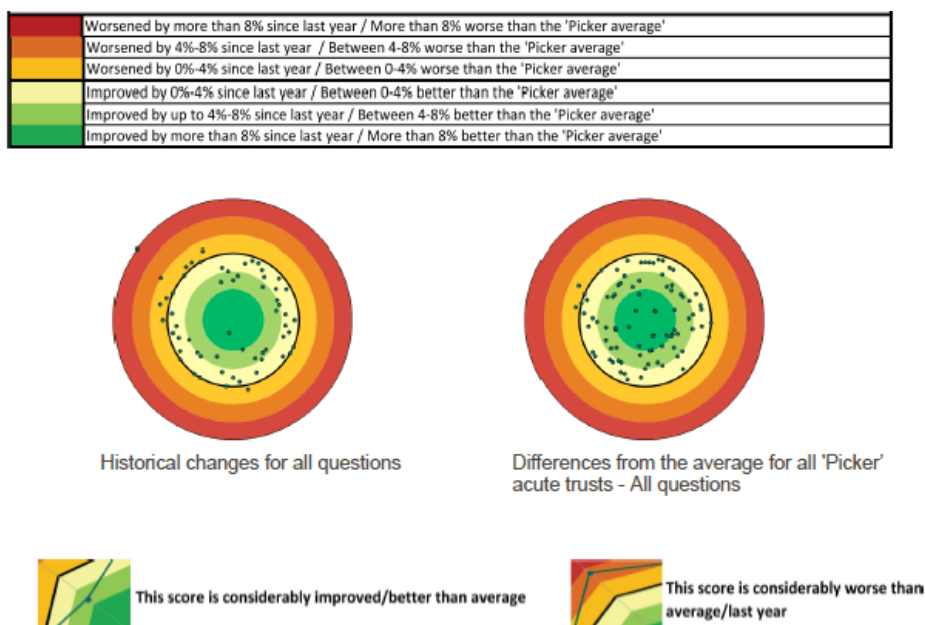
The questionnaire used for the Staff Survey 2015 was developed by the NHS Survey Advice Centre, based at Picker Institute Europe. This year there was a large overhaul of the questionnaire, so many of the questions are new or not comparable with previous years.

3. Results

The initial results received from the survey compare LHCH to the average of the 64 Trusts who engaged the Picker Institute:-

Results at a glance

The charts below show at a glance how the Trust has either improved or worsened. Each dot indicates a score on a question, the thick black line shows the base line, 0% change/difference. The first chart shows historical changes, this is only available where the question was also asked the previous year. The second chart shows the Trust performance against the Picker acute Trust average.



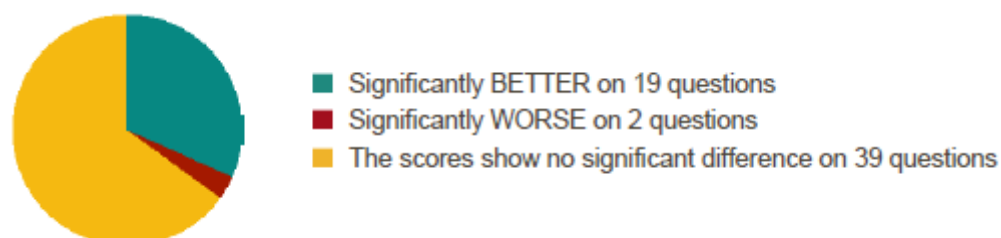
Staff Engagement

Initial reports show that overall engagement is up to 4.02 from 3.92 in 2014, all three domains that make up the engagement score have shown an improvement in 2015 as detailed in the table below.

	2010	2011	2012	2013	2014	2015
Involvement	3.54	3.59	3.71	3.77	3.74	3.84
Advocacy	4.01	4.05	4.15	4.22	4.15	4.18
Motivation	3.79	3.87	3.86	3.91	3.89	4.05
Engagement	3.78	3.84	3.91	3.97	3.92	4.02

How have we improved since 2014?

A total of 60 questions were used in both the 2014 and 2015 surveys.



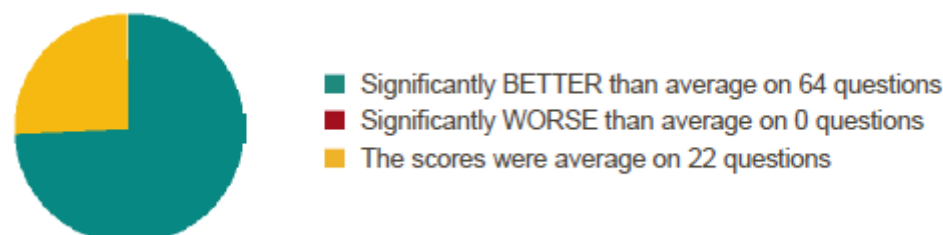
The two areas highlighted as being significantly worse are;

		(Low scores are better)	
		2014	2015
20a	No appraisal/KSF review in last 12 months	12 %	16 %
20f	Appraisal/performance review: training, learning or development needs not identified	20 %	32 %

The 19 areas that show signification improvement are;

		(Low scores are better)	
		2014	2015
2a	Never/rarely look forward to going to work	15 %	9 %
2b	Never/rarely enthusiastic about my job	8 %	3 %
2c	Never/rarely does time pass quickly when I am working	4 %	2 %
4a	Opportunities to show initiative infrequent in my role	12 %	9 %
4b	Not able to make suggestions to improve the work of my team/dept	13 %	8 %
5b	Dissatisfied with support from immediate manager	14 %	9 %
5c	Dissatisfied with support from colleagues	7 %	4 %
5e	Dissatisfied with opportunities to use skills	11 %	8 %
7a	Immediate manager does not encourage team working	10 %	5 %
7b	Immediate manager cannot be counted upon to help with tasks	11 %	6 %
7c	Immediate manager does not give clear feedback	15 %	11 %
7d	Immediate manager does not ask for my opinion	20 %	15 %
7f	Immediate manager does not take a positive interest in my health & well-being	16 %	8 %
9d	In last 3 months, have come to work despite not feeling well enough to perform duties	64 %	52 %
9e	Felt pressure from manager to come to work despite not feeling well enough	31 %	25 %
11a	In last month, saw errors/near misses/incidents that could hurt staff	14 %	10 %
11b	In last month, saw errors/near misses/incidents that could hurt patients	21 %	17 %
13b	Would not feel secure raising concerns about unsafe clinical practice	11 %	7 %
22b	Do not receive regular updates on patient/service user feedback in my directorate/department	16 %	10 %

In this year's survey, a comparison can be drawn between LHCH and the average for all 'Picker' acute trusts on a total of 86 questions.



4. Comments

Each year staff are given the opportunity to provide free text comments alongside the formal staff survey. Under CQC instructions, free text comments provided by survey respondents are not anonymised. This means words identifying any trust staff or other individual's names that respondents have chosen to include are not removed by the survey contractor. This will apply to all national and voluntary surveys.

This year LHCH received a much larger number of comments than has previously been recorded with 107 (13 % of respondents) staff leaving a free text comment. A brief analysis of comments are shown below, further work will be undertaken in the coming month to fully analyse comments.

Comment breakdown;

Positive	25%	<ul style="list-style-type: none">• Good line managers• Working within teams/departments• Patient focussed
Negative	47%	<ul style="list-style-type: none">• Concern about staffing levels across clinical areas• Staff feeling unhappy being moved between wards to cover gaps in rosters• Lack of progression/development opportunities

Both positive and negative	28%
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5. Next Steps

Further analysis on the survey results and reporting will be available from February onwards, including Division and Department breakdowns. Following on from the Culture Survey, neutral facilitators will be used to meet with staff in eligible department areas to feedback survey results and provide support with the development of action plans once the detailed reports are made available in February.

6. Recommendations

The Board are asked to note the contents of this report.