Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

TRUST BOARD
31ST March 2016

Agenda item number	5.4	
Title of paper	National Staff Survey 2015 – Next Steps	
Confidential	N	
Suitable for public access	Y	
Papers which this particular paper relates to?	*n/a*	
Strategic objective(s):		
Best outcomes	Y	• Strengthening safety culture.
Excellent experience	Y	• Improved staff experience
Skilled & motivated teams	Y	To meet the following corporate aims: • To have the right organisational culture. • A clear sense of citizenship and engagement. • Training and development and career pathways that get the best from people and teams.
Top productivity		
ASPH value(s):		
Patients first	Y	Links to all values and the Values Based Behaviour matrix
Personal responsibility	Y	
Passion for excellence	Y	
Pride in our team	Y	
Executive summary	The 2015 National Staff Survey results were published on 23rd February 2016, with the results illustrating a very gradually improving picture over the longer term, and a disappointing backwards step from a positive set of results in 2014. There are two clear priorities arising from analysis of the long term picture for ASPH. This paper identifies these priorities, describe the challenge, and set out – at a high level – the interventions proposed. The priorities include: 1. A strategic intent and programme of work to optimise our leadership infrastructure and capability; and 2. A programme of work to improve perceptions amongst staff that they are encouraged to speak up about concerns, and improvements made in the processes we use to report, investigate and feedback to staff on concerns raised.	

Recommendation:	The Board is asked to agree the priorities described, actively sponsor and where appropriate role model the supporting behaviours to ensure delivery of the activities described.	
Specific issues checklist:		
Quality and safety issues	Y	Particularly in relation to strengthening our safety culture
Patient impact issues?	Y	
Employee issues?	Y	Staff experience and morale
Other stakeholder issues?	Y	External benchmarking and perception of employee experience
Equality & diversity issues?	Y	In relation to perceptions of unfair treatment
Finance issues?	Y	Improvements in HWB questions in the National Staff Survey are including in 2016/17 CQUINs
Legal issues?	N	
Risk issues? Link to relevant BAF item number if so	Y	BAF Item No – 3.1 If the Trust was unable to recruit and retain high calibre staff would lead to lack of skilled and motivated teams.
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Presented by Director name/role	Louise McKenzie, Director of Workforce Transformation	
Date	24 March 2016	
Board action	Approve	

NATIONAL STAFF SURVEY 2015: NEXT STEPS
TRUST BOARD MARCH 2016

1.1 The 2015 National Staff Survey results were published on 23rd February 2016. The results illustrate only a very gradually improving picture over the longer term, and a disappointing backwards step from a positive set of results in 2014, with 7 out of 32 Key Findings having deteriorated, and 23 Key Findings continuing to sit below the national average. Although the evidence is that shifting culture and perceptions is a slow process, our position relative to local and national peers is less than ideal, and the Survey highlights some particular concerns.

1.2 Whilst our teams across the Trust have been taking time over the last four weeks to understand, share and begin to respond to their departmental results, in particularly working with members of Team Brief to share examples of good practice in areas we want to see improvements in. At the same time we have been iteratively developing our corporate plan to tackle those broader organisational challenges.

1.3 We have made good progress with this, and begin our 2016/17 business year with two clear priorities and a comprehensive, well supported programme of interventions to address them.

1.4 This paper will identify these priorities, describe the challenge, and set out – at a high level – the interventions proposed.

2 PRIORITY NUMBER ONE: TO OPTIMISE OUR LEADERSHIP INFRASTRUCTURE AND CAPABILITY

2.1 Analysis of eight years' worth of National Staff Survey scores at Ashford and St. Peter's Hospitals shows that an improved score around support from line managers is the strongest predictor of overall improvements in the Survey. We know that if we improve these results, other results will follow. We also know that strong distributive leadership has been shown academically, and anecdotally at ASPH, to be pivotal to achieving success with a wide range of other strategic objectives – including, not least, quality improvement and transformation.

2.2 This year, staff responded to each of the Survey questions relating to support from their immediate managers less favourably than is normal nationally:

Survey indicator	ASPH score	National avg
Immediate manager does not give clear feedback	23%	19%
Immediate manager does not value my work	16%	11%
Immediate manager is not supportive in a personal crisis	15%	9%
Immediate manager cannot be relied upon to help with tasks	19%	14%

2.3 In fact, leadership and management capability is an historical area of concern, and, as such, has over the last 5 – 10 years seen reasonable levels of investment, for example including most recently our collective leadership programme (Team ASPH), an integrated leadership development programme for clinical leaders delivered with Hay Group, the New Consultants' programme also delivered with Hay Group, our ILM accredited programmes, and locally

developed management skills training through Managers' Toolkit (now the Core People Management Programme), as well as supporting staff enrolled on the national Leadership Academy programmes.

2.4 For a number of individuals, these programmes have had a considerable impact, but embedding leadership and management skills more broadly, and developing the sort of consistency in leadership style that builds trust, psychological safety and culture across the Trust has proven to be a challenge, in particular in relation to our first time management levels (Band 5/6).

2.5 It is likely that this, in part, reflects the highly pressurised environments in which many of our managers and leaders are working, meaning that learning can be difficult to sustain, reactive behaviour can go unchecked, and habits can be quickly ingrained. But recent conversations with our teams have also highlighted some gaps in what we have termed our "leadership infrastructure" – our processes for appointing, on-boarding, assessing, connecting, supporting and developing our leaders.

2.6 Our recently drafted Leadership and Talent Management Strategy (to be signed off by Workforce and OD Committee on 29th March) brings together all of these processes in a coherent way, and with the intention that they should be sustained and unchanged for a period of time, allowing for greater stability and consistency of style across our leaders and managers. Over the next 12 months, it is proposed that this will include:

i) Piloting a leadership-focused assessment centre as part of the selection process for key leadership posts, including extending the use of the Lumina Spark psychometric.

ii) Implementing an annual talent review cycle to ensure succession plans are in place for key leadership posts, and development plans in place for progressing leaders.

iii) Introducing a revised 360 tool as a mandatory element of annual appraisals for leaders at 8b and above.

iv) Introducing "Managers' Induction" for all first time managers, or managers new to the organisation.

v) Delivering Core People Management Skills training to ensure junior managers have a basic management skill set which includes engaging, listening to, challenging and supporting their teams, as well as context-specific skills around, for example, recruitment, appraisal, wellbeing conversations, and Quality Improvement.

vi) Establishing an internal coaching network for leaders and managers.

vii) Launching a Leadership Lectures series as an opportunity for leaders across the organisation to hear and reflect on ideas presented by inspiring speakers from outside Ashford and St. Peter's and healthcare.

viii) Delivering a series of leadership behaviour conversations for TEC-level leaders, encouraging peer coaching and challenge.
ix) Refreshing the Board development plan for 2016/17 – for example including a sessions on managing workplace bullying and harassment.

PRIORITY NUMBER TWO: TO IMPROVE PERCEPTIONS AMONGST STAFF THAT THEY ARE ENCOURAGED TO SPEAK UP ABOUT CONCERNS

2.7 Freedom to speak up was one of the key recommendations of the Francis Report, and perceptions around this are widely acknowledged as an indication of a healthy safety culture.

2.8 We determined in 2013 that the early focus of our Culture Programme needed to be to create a sense of openness and transparency, by removing barriers to communication. As a result of deliberate efforts by our senior leaders, and of interventions including increased use of social media, the introduction of the CE Sounding Board, the virtual Wall and the Be The Change campaign, staff now report good levels of communication with senior managers (29% problem score against 31% national average).

2.9 But these improvements do not appear to have translated into improvements in confidence to speak up with concerns:

Survey indicator	ASPH score	National avg
Last error/near miss/incident seen that could hurt staff and/or patients/service users not reported	9%	6%
Last experience of harassment/bullying/abuse not reported	78%	58%
Would not feel secure raising concerns	17%	10%
Would not feel confident that organisation would address concerns	16%	12%

2.10 It would be fair to assume a link here with our leadership capability, perhaps particularly in the middle of the organisation. However, there are a number of activities that we propose, delivered as a programme alongside building our leadership infrastructure and capability, and in partnership with Quality, Improvement and WOD teams, would shift perceptions in this area. These include:

i) Improving the visibility of our online “Lessons Learned” log, which details Serious Incidents and outcomes of investigations by division.

ii) Appointing a Freedom to Speak Up Guardian, as both a champion for staff having freedom to speak up, and as a means of raising concerns which offers staff an alternative to escalating through their management hierarchy.

iii) Reviewing internal processes around raising concerns, so that staff have sight of a single, streamlined escalation process which applies consistently regardless of the nature of their concern (i.e., whether it relates directly to patient safety or not).

iv) Introducing the “Speaking Up” message at corporate Induction to familiarise new staff with this process and our expectations.

v) Providing ad hoc development sessions around how to effectively raise concerns.

vi) Delivering targeted training on the Datix reporting system to staff groups where knowing how to report concerns appears to be a problem.

vii) Improving feedback functionality of the Datix reporting system.

viii) Asking divisions to review their clinical governance infrastructures, in particular ensuring that they provide a point of contact for individuals wishing to raise concerns, an open and transparent “listening” forum for discussion and resolution of concerns, and an effective feedback loop on learning and action taken.

ix) Delivering further targeted Root Cause Analysis training to support investigating managers with thorough, system-focused investigation of errors, near misses and incidents.

x) Delivering “Coaching for Improvement” training initially across Quality, Human Resources and Service Improvement functions to facilitate the central teams to whom concerns are often raised with responding in a supportive, improvement focused way.

xi) Finally, to run a messaging campaign around raising concerns as a professional obligation, linked to “Together We Care”.

4.1 The results of the National Staff Survey continue to serve as one barometer of organisational culture, and offer a useful sense check in relation to the way that our workforce have responded to some significant organisational challenges over the last year. So although there are clearly some themes of concern, and although the pace of our improvements might be frustrating, it is promising that we have in previous years achieved improvements through targeted interventions.

4.2 The Board is asked to agree the priorities discussed, to actively sponsor the activities described and to regularly review progress throughout the coming year.

March 2016