

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS

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| Report of: | Mrs Margot Johnson, Group Director of Workforce & OD |
| Paper prepared by: | Mrs Helen Farrington, Deputy Group Director of Workforce & OD |
| Date of paper: | 26 February 2018 |
| Subject: | 2017 Staff Survey |
| Purpose of Report: | <p>Indicate which by ✓</p> <ul style="list-style-type: none"> • Information to note • Support • Resolution • Approval |
| Consideration of Risk against Key Priorities | The national NHS Staff Survey results are the primary method by which we measure how well we support the well-being of our workforce and enable each member of our staff to reach their full potential. This is essential to maintaining improved organisational performance |
| Recommendations | Note the results and changes to our benchmarked performance since the 2016 survey. |
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1.0 Introduction and Background

- 1.1 This paper is the first of two briefings to the Board of Directors (BoD) on the 2017 national Staff Survey results. This initial summary report provides the Board with an immediate high level overview of the results we received on the 21st February. A more detailed analysis of the results by staff group and hospital site and/or division, including further information on national, Shelford and local trends will be completed after the embargo has been lifted on the 6th March and will be presented to the BoD at the April seminar.
- 1.2 The 2017 NHS Staff Survey results are based on staff in post and organisational structures as at 1st September 2017. Therefore, national reporting of the 2017 survey is for MFT's predecessor organisations: University Hospital of South Manchester (UHSM) and Central Manchester University Hospitals NHS Foundation Trust (CMFT).
- 1.3 The 2017 Staff Survey reports on 32 Key Findings, three of which contribute to an overall staff engagement score: recommendation of the organisation as a place to work/receive treatment; staff motivation at work; and contribution towards improvements at work. Most Key Finding scores are generated from responses to 2 or more questions.
- 1.4 National reporting for 2017 includes results by Hospital/Division, based on the organisational structure as at 1st September 2017.
- 1.5 The results are subject to final ratification and are under embargo until 10am on March 6th 2018, at which time that will be published nationally.
- 1.6 Where possible, combined MFT data has been calculated locally by weighting the individual scores for UHSM and CMFT, taking into account the total number of responses. This combined figure will not feature in any reporting of the 2017 Staff Survey results by the National Co-ordination Centre, which will be for 'UHSM' and 'CMFT'
- 1.7 The Staff Survey results include benchmarked data. In national reporting, the benchmarking group for 'UHSM' is 'acute trusts' and for 'CMFT' it is 'combined acute and community trusts'.

2.0 Response Rate

- 2.1 There were 7193 responses from the 19541 staff invited to complete the survey, giving a combined response rate of 36.8%. The average for the benchmark group 'combined acute and community trusts' was 43%. 831 staff completed the survey in 2016 across UHSM and CMFT, when a 'sample' was used, with response rates of 35% and 32% respectively.

3.0 Results – Benchmarking

- 3.1 For national benchmarking, results for the former CMFT are benchmarked against 'combined acute and community trusts'; for the former UHSM, 'acute trusts' is the benchmark group. There are generally only small differences in the scores between these two benchmark groups.

4.0 Results – Overall Staff Engagement

- 4.1 The overall staff engagement score for UHSM was 3.79 (unchanged from 2016), and 3.78 for CMFT (3.84 in 2016). For the combined acute and community benchmark group the average was 3.78.

4.1.1 The graph below shows the trends in overall staff engagement scores over the past three years:

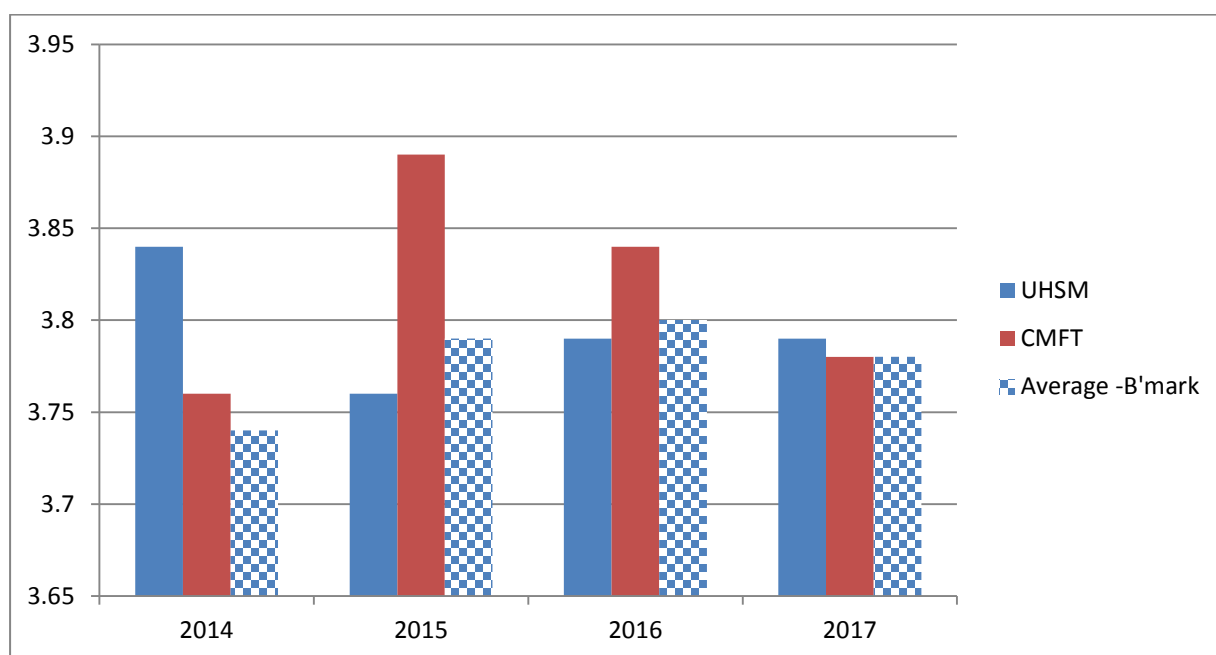


Chart 1: Overall staff engagement scores 2014-2017 and benchmark (combined A/C trusts)

4.1.2 Staff Engagement Score comparison with a sample of Trusts nationally

| Sample Trusts (National) | 2016 | 2017 | Change |
|--|------|------|--------|
| Guys and St Thomas' NHS FT | 4.03 | 3.99 | -0.04 |
| University College London Hospital NHS Trust | 3.89 | 3.88 | -0.01 |
| University Hospitals Birmingham NHS Trust | 3.9 | 3.88 | -0.02 |
| Cambridge University Hospital NHS Foundation Trust | 3.88 | 3.84 | -0.04 |
| Imperial College Healthcare NHS Trust | 3.81 | 3.84 | 0.03 |
| Sheffield Teaching Hospitals NHS Foundation Trust | 3.82 | 3.83 | 0.01 |
| University Hospital South Manchester NHS FT | 3.79 | 3.79 | 0 |
| National Benchmark for Acute Trusts | 3.84 | 3.79 | -0.05 |
| Central Manchester University Hospitals FT | 3.84 | 3.78 | -0.06 |
| Oxford University Hospitals NHS FT | 3.84 | 3.78 | -0.06 |
| Newcastle Upon Tyne Hospitals NHS Trust | 3.84 | 3.78 | -0.06 |

5.0 Results – Advocacy, Involvement and Motivation

- 5.1 The overall staff engagement scores is a composite of 3 'Key Findings' in the survey: advocacy, involvement and motivation. In turn, each key finding score is the composite of three questions. The table below shows the scores for 2017 and change since 2016:

| | UHSM | CMFT | MFT | Benchmark average |
|--------------------|--------------|--------------|------|-------------------|
| Advocacy | 3.84 (+0.04) | 3.75 (+0.02) | 3.77 | 3.75 |
| Involvement | 68% (+1%) | 68% (-8%) ** | 68% | 70% |
| Motivation | 3.89 (-0.01) | 3.90 (-0.08) | 3.90 | 3.91 |

** Reported as a statistically significant change

6.0 Results – Key Findings

- 6.1 There are 32 Key Findings in total. Overall, for the former UHSM, scores improved for 9 Key Findings (none statistically significant), and declined for 19 Key Findings (4 statistically significant).
- 6.2 Overall, for the former CMFT, scores improved for 5 Key Findings (none statistically significant), and declined for 25 Key Findings (4 statistically significant).
- 6.3 The Key Findings where there has been a statistically significant worsening of the scores across both CMFT and UHSM in 2017 are:
- % Believing the organisation provides equal opportunities for career progression/promotion (Both)
 - % Feeling unwell due to work-related stress in the past 12 months (Both)
 - % Working extra hours (UHSM)
 - % Experiencing harassment, bullying or abuse from staff in the past 12 months (UHSM)
 - % Able to contribute to improvements at work (CMFT)
 - Effective team working (CMFT).
- 6.4 For **overall staff engagement**, both result sets are ranked as **average**.
- 6.5 For CMFT, 5 Key Findings scored 'above (better than) average', 14 were 'average' and 13 were 'below (worse than) average'. For UHSM, 5 Key Findings were 'above average', 6 were 'average' and 21 were 'below average'.
- 6.6 The following Key Findings were **above (better than) average in both sets of results**:
- % Experiencing physical violence from patients, relatives or public in the last 12 months
 - % Experiencing harassment, bullying or abuse from patients, relatives of the public in the last 12 months.

- 6.7 The following Key Findings were **below (worse than) average in both sets of results:**
- Quality of appraisals
 - % Believing the organisation provides equal opportunities for career progression / promotion
 - % Feeling unwell due to work related stress in the last 12 months
 - Organisation and management interest in and action on health and well being
 - % Working extra hours
 - % Able to contribute towards improvements at work
 - Staff satisfaction with resourcing and support
 - Support from immediate managers
 - % Reporting most recent experience of harassment, bullying or abuse.
- 6.8 The following Key Findings were **above (better than) average in the CMFT results only:**
- Effective use of patient / service user feedback
 - % Appraised in the last 12 months
 - Fairness and effectiveness of procedures for reporting errors, near misses and incidents.
- 6.9 The following Key Findings were **above (better than) average in the UHSM results only:**
- Staff recommendation of the organisation as a place to work or receive treatment
 - % Agreeing that their role makes a difference to patients/service users
 - % Experiencing physical violence from staff in the last 12 months.
- 6.10 The following Key Findings were **below (worse than) average in the CMFT results only:**
- % Experiencing discrimination at work in the last 12 months
 - % Attending work in the last 3 months despite feeling unwell because they felt pressure
 - Staff satisfaction with the quality of work and care they are able to deliver
 - % Agreeing that their role makes a difference to patients/service users.
- 6.11 The following Key Findings were **below (worse than) average in the UHSM results only:**
- % Appraised in the last 12 months
 - Quality of non-mandatory training, learning or development
 - % Witnessing potentially harmful errors, near misses, incidents
 - % Reporting errors, near misses or incident witnessed in the last month
 - Staff confidence and security in reporting unsafe clinical practice
 - Staff motivation at work
 - Staff satisfaction with the level of responsibility and involvement
 - Effective team working
 - Recognition and value of staff by managers and the organisation
 - Effective use of patients/service user feedback
 - % Reporting most recent experience of violence
 - % Experiencing harassment, bullying or abuse from staff in the last 12 months.

6.12 Therefore, the following Key Findings have recorded **a statistically significant decline in the last 12 months and are also benchmarked as 'below average'**

- % Believing the organisation provides equal opportunities for career progression/promotion. (Both)
- % Feeling unwell due to work-related stress in the past 12 months. (Both)
- % Working extra hours. (UHSM)
- % Experiencing harassment, bullying or abuse from staff in the past 12 months. (UHSM)
- % Able to contribute to improvements at work. (CMFT)

7.0 Results – Areas of Divergence

7.1 As explained above, national reporting on the 2017 Staff Survey has been for 'UHSM' and 'CMFT', rather than for MFT. In respect of the Key Findings, the following are the greatest areas of divergence in results between the two former organisations. The three in bold are those key findings where the difference means that either CMFT or UHSM has been ranked below average or above average against the benchmark group for the same key finding.

- **% Agreeing that their role makes a difference to patients/service users** (UHSM better)
(UHSM 'above average'; CMFT 'below average')
- **Effective use of patient / service user feedback** (CMFT better)
(CMFT 'above average'; UHSM 'below average')
- **% Appraised in the last 12 months** (CMFT better)
(CMFT 'above average'; UHSM 'below average')
- % staff witnessing potentially harmful errors, near misses or incidents in the last month. (CMFT better)
- Staff confidence and security in reporting unsafe clinical practice. (CMFT better)
- % Staff experiencing physical violence from patients, relatives of the public in the last 12 months. (CMFT better)
- % Staff reporting / colleagues reporting most recent experience of violence. (CMFT better)
- Staff satisfaction with level of responsibility and involvement. (CMFT better)
- Organisation and management interest in and action on health and wellbeing. (UHSM better)
- Staff recommendation of the organisation as a place to work or receive treatment. (UHSM better)
- Staff satisfaction with the quality of work and care they are able to deliver. (UHSM better)

8.0 Free text comments

- 8.1 Around 1100 staff provided comments, a little less than 20% of the total number of staff who returned surveys. Whilst some staff only provided brief comments, a sizeable number wrote more extensive comments. A random selection of 30% of comments was reviewed in detail, although all were read. Where possible, staff comments were reviewed against the 5 cultural elements of the MFT Leadership and Culture Strategy
- 8.2 Positive comments received tended to coalesce around three main themes: good care to patients (goals and performance), supportive and caring line managers (support and compassion) and supportive and helpful colleagues (teamwork). This was the case whether the member of staff had worked previously at UHSM or CMFT.
- 8.3 Overall, the number of positive comments received was low when compared to total number of comments received (approx.10%, with around 10% neutral and 80% negative). The ratio of positive to negative comments was a little higher amongst former UHSM than former CMFT staff.
- 8.4 Negative comments were spread across a more diverse range of themes. There were, however, more dominant themes, such as demand v capacity, and workload, staffing and safety (goals and performance); health and wellbeing, stress and line manager behaviour, including bullying (support and compassion); reduction in support and funding for training and CPD (learning and innovation); and organisational priorities (vision and values).
- 8.5 Overall, there was a high degree of commonality across issues raised by former CMFT and former UHSM staff. There were perhaps three issues in particular that featured more frequently in the comments from former UHSM staff: staff being asked to work in unfamiliar areas; comments concerning pay, including disparity with colleagues at CMFT; and comments concerning the merger.
- 8.6 Generally, the issues raised by former CMFT staff in their comments were also to be found in those from former UHSM staff. However, there tended to be a greater frequency of comments in areas such as fairness in the application of workforce policies, communication and consultation.
- 8.7 One frequently cited source of complaint across both sites was the issue car parking, including car parking charges, lack of availability, perceived unfairness of access, and the condition of the car park at Wythenshawe.

9.0 Next steps

- 9.1 The embargo on the publication of the results will be lifted at 10am on 6th March 2018. A report on the 2017 Staff Survey results will be presented to the Joint Group Board of Directors in April, following further analysis and the development of an action plan to address Group-level priorities for staff engagement and staff experience in 2018-19. Hospital and Division-level results will be disseminated over the next two weeks and staff engagement scores are to be reflected in the next Accountability Oversight Framework reporting.