MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Group Executive Director of Workforce & Organisational Development
Paper prepared by:	Margot Johnson Group Executive Director of Workforce & Organisational Development Helen Farrington, Deputy Director of Workforce and Organisational Development
Date of paper:	May 2018
Subject:	Manchester University NHS Foundation Trust (MFT) Staff Survey Results 2017 Action Plan
Purpose of Report:	Indicate which by ✓ • 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:	The Group Board of Directors is asked to note the strengths and areas for improvement in the staff survey and approve the actions outlined on
Contact:	Name: Margot Johnson Group Executive Director of Workforce & Organisational Development Tel: 0161 276 4795

1.0 Background and Context

1.1 This paper is the final briefing to the Board of Directors (BoD) on the 2017 national Staff Survey results, following the initial presentation of the results in March 2018 and the more detailed report presented in April 2018. The purpose is to provide the Board of Directors with further detail on the plans in place to build on what we are doing well and address areas for development. A full summary of the data and benchmarks is available on request.

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). Just over 7,000 staff responded to this year's survey.

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.

1.4 The staff survey is the Trust's primary method by which we measure our culture, how well we lead and support the well-being of our workforce and enable each member to fulfil their potential. This can be best described as staff experience.

1.5 The culture we are aiming to create is described in the Manchester University NHS Foundation Trust (MFT) Leadership and Culture Strategy. The overall aim of the MFT Leadership and Culture strategy is to develop a compassionate, inclusive and high quality care culture that is underpinned by exemplary leadership and ensures the best outcomes for people; improving the health of our local population.

1.6 Successfully delivering this strategy will mean in 3 years' time we will have developed:

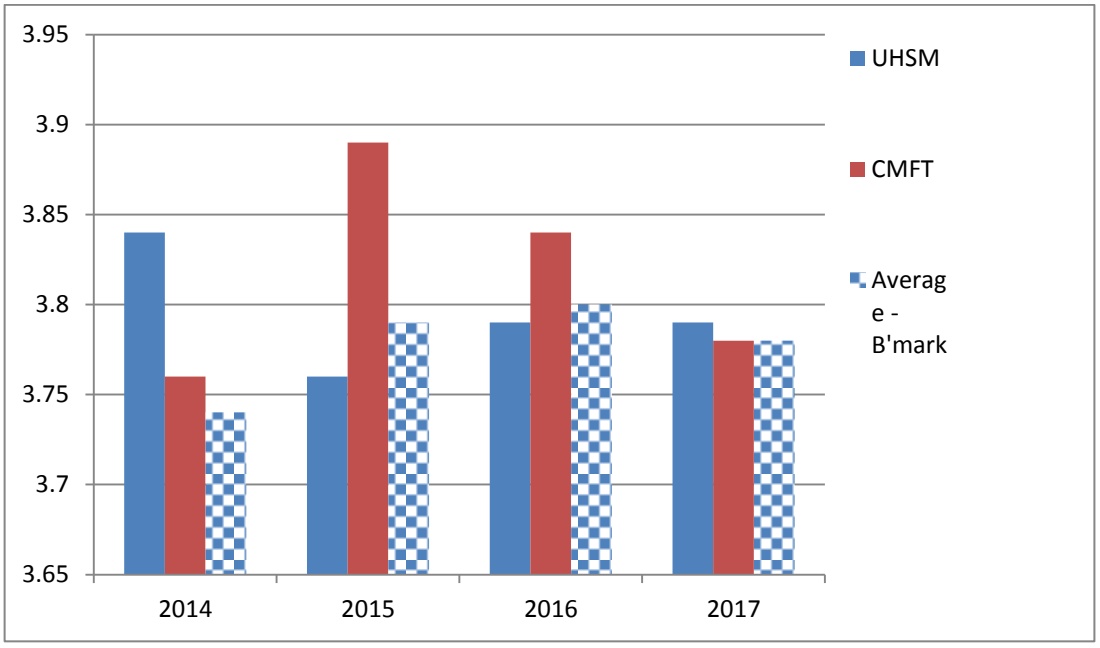
- a thriving, resilient, healthy and high performing Trust
- a learning organisation built for agility and adaptability
- an inspiring and shared vision focussed on quality that creates a sense of purpose, pride and belonging
- fully integrated cohesive teams who work effectively together, across other teams and organisations
- greater connectivity to and understanding of our communities to ensure better health outcomes
- staff who are willing and able to be leaders of change
- ownership and accountability for high quality care at all levels
- leadership practice and behaviours in line with the values and culture that are defined, shared and observed
- high levels of staff engagement
- as an employer of choice in Manchester and beyond
- evidence based practice in retaining, developing and acquiring staff required to deliver the vision.

2.0 Results Summary

2.1 Nationally there has been deterioration in the staff survey results and in fact the results have been described by NHS Employers as both 'challenging' and anticipated. It is suggested that staff are finding it more difficult to absorb greater work pressures and this is impacting on their experience at work. Nationally staff are less satisfied with the standard of care they are able to provide and they are feeling more stressed. This national picture is reflected in our own results. However, where nationally there have been improvements in staff feeling managers and organisations support their health and wellbeing this is not the case at MFT where the Trust falls below average in our benchmark group. Staff engagement at MFT however remains average.

2.2 The overall staff engagement score for UHSM was 3.79 (unchanged from 2016), and 3.78 for CMFT (3.84 in 2016). This means MFT is benchmarked nationally as average.

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



2.3 National Benchmarking – Shelford group

2.3.1 The table below shows how the Trust compares to our peers in the Shelford Group for our staff engagement score. We are now ranked 8th equal for staff engagement, compared with 7th for CMFT in 2016. Eight Shelford Group members saw a decline in their staff engagement score compared with 2017.

Shelford Group scores for staff engagement

Trust	2016	2017	Change
Guys and St. Thomas's	4.03	3.99	-0.04
Newcastle Upon Tyne Hospitals	3.97	3.91	-0.06
University College London Hospital	3.89	3.88	-0.01
University Hospitals Birmingham	3.90	3.88	-0.02
Cambridge University Hospitals	3.88	3.84	-0.04
Imperial College Healthcare	3.80	3.84	+0.04
Sheffield Teaching Hospitals	3.82	3.83	+0.01
University Hospital South Manchester FT	3.79	3.79	-
Central Manchester University Hospitals FT	3.84	3.78	-0.06
Oxford University Hospitals	3.87	3.78	-0.09
Kings College Hospital	3.74	3.72	-0.02

2.4 Regional Benchmarking- Greater Manchester Acute Trusts

2.4.1 The table below shows how the Trust compares to other NHS trusts in Greater Manchester for the overall staff engagement score. In 2016, CMFT was ranked 5th and UHSM 7th. 6 Trusts saw a decline in their overall staff engagement score.

Greater Manchester acute trust scores for staff engagement

Trust	2016	2017	Change
Wrightington, Wigan and Leigh NHS Foundation Trust	3.95	3.95	-
Tameside and Glossop Hospitals Integrated Care NHS Foundation Trust	3.95	3.89	-0.06
Bolton NHS Foundation Trust	3.87	3.86	-0.01
East Cheshire NHS Trust	3.86	3.83	-0.03
University Hospital South Manchester NHS Foundation Trust	**3.79**	**3.79**	**-**
Central Manchester University Hospitals NHS Foundation Trust	**3.84**	**3.78**	**-0.06**
Salford Royal NHS Foundation Trust	3.80	3.78	-0.02
Stockport NHS Trust	3.75	3.73	-0.02
Pennine Acute Hospitals NHS Foundation Trust	3.64	3.71	+0.07

2.5 Benchmarking with other merging Trusts

2.5.1 Research suggests that mergers have a negative impact on staff morale and engagement but this can be minimised if attention is paid to culture and developing the capabilities of people to lead and manage change. Section 3 outlines our plans some of which were introduced prior to the merger to mitigate against this risk. It is useful to compare our results to other Trusts which have merged recently.

2.5.2 The Royal Free London NHS Foundation Trust merged in July 2014 with Barnet and Chase Farm Hospital NHS Trust. The staff engagement score fell from 3.87 to 3.78 for that year. This is 0.09 deterioration on the previous year. They have made some improvement in the last 3 years. In 2017 the staff engagement score is 3.81

2.5.3 University Hospitals Birmingham NHS Foundation Trust and Heart of England NHS Foundation Trust merged on in April 2018. The staff survey closed in December and therefore the effects of the merger are unlikely to be reflected in the results. However both Trusts have seen deterioration in their staff engagement scores since 2016.

2.6 Where we are doing well

2.6.1 The top five ranked scores for legacy UHSM are:

- % staff agreeing that their role makes a difference to patients
- % staff experiencing physical violence from staff in the last 12 months
- % staff experiencing physical violence from patients, relatives or public in the last 12 months
- Staff recommendation of the Trust as a place to work or receive treatment
- % staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months

2.6.2 The top five ranked scores for legacy CMFT are:

- % staff experiencing physical violence from staff in the last 12 months
- % staff experiencing physical violence from patients, relatives or public in the last 12 months
- % staff appraised in the last 12 months
- Effective use of patient feedback
- Fairness and effectiveness of procedures for reporting errors, near misses and incidents.

2.7 Where we need to improve

2.7.1 There are a number of areas in which we need to focus attention over the next year.

2.7.2 The bottom ranked and most deteriorated scores for legacy UHSM

- Staff satisfaction with level of responsibility an involvement
- % staff appraised in the last 12 months
- % staff reporting most recent experience of violence
- % staff experiencing harassment, bullying or abuse from staff
- % staff reporting most recent experience of harassment, bullying or abuse
- % staff working extra hours
- % staff feeling unwell due to work related stress

2.7.3 The bottom ranked and most deteriorated scores for legacy CMFT

- Organisation and management interest in and action on health and wellbeing
- % staff agreeing that their role makes a difference to patients
- Quality of appraisals
- % staff believing the organisation provides equal opportunities for career progression or promotion
- % staff experiencing discrimination at work in the last 12 months
- % staff able to contribute towards improvements at work
- % staff feeling unwell due to work related stress
- Effective team working
- % staff believing the organisation provides equal opportunities for career progression or promotion

2.8 A number of recent publications have reported on a body of evidence linking staff experience to patient outcomes and experience. Direct links have been made for example between an overstretched workforce that is supplemented by temporary staff and quality of care.[1]

2.9 The staff survey indicators with the strongest association with sickness absence and agency spend are those relating to advocacy; support from managers, organisational interest in wellbeing; work related stress also featured.

2.10 MFT is below average for staff reporting support from immediate managers and organisation organisational interest in wellbeing and work related stress but remains average for staff recommending the Trust as a place to work and receive care.

2.11 Further research has been carried out on data collected from the staff survey and inpatient survey reporting there to be clear and strong associations between staff experience and how satisfied patients are. [2] Earlier research concluded that staff engagement (advocacy, motivation and involvement) have a direct impact on patient experience. The later research now suggests there are a further 8 key findings which have an impact. These include high work pressure (no longer a key finding in the staff survey), staff perceptions of unequal treatments and discrimination, witnessing errors and incidents and staff satisfaction with resourcing and support. The report also suggests having the right conditions to deliver patient care is about the absence of negative experiences e.g. being able to work effectively together in effective teams with well-designed jobs. The effects for BME staff specifically indicate that the extent to which an organisation values its minority staff is a good barometer of patient experience.

2.11.1 The overall staff engagement score for MFT is average and MFT is above average for 3 of the additional indicators:

- % agreeing that patient feedback is used to make informed decisions
- Fairness and effectiveness of procedures for reporting errors, near misses or incidents
- % staff experiencing physical violence from colleagues in last 12 months

2.11.2 MFT is average for 2 of the indicators:

- Staff satisfaction with resourcing and support
- % staff witnessing potentially harmful errors, near misses or incidents in last month

2.11.3 And MFT is below average/ deteriorated for 3 indicators:

- staff experiencing discrimination at work in last 12 months (below average)
- Effective team working
- % staff believing that the trust provides equal opportunities for career progression or promotion (below average)

[1] The Risks to care quality and staff wellbeing of an NHS system under pressure Picker/Kings Fund Jan 2018
[2] Links between staff experience and patient satisfaction: analysis of surveys from 2015 and 2015 NHS England Feb 2018

2.10 Based on these results the key areas group and hospital site level action plans need to address are:

- **Staff engagement** particularly supporting staff to implement improvements
- **Quality of Appraisals**
- **Effective Team-working**
- **Health and well-being**
- **Equal opportunities and experience of discrimination**

3.0 Actions for Improvement.

3.1 MFT Leadership and Culture Strategy

3.2 In line with our strategic priorities and in response to the last CQC inspection, previous staff surveys, pulse checks and more recently our cultural diagnostics the Board approved the MFT Leadership and Culture strategy in November 2017.

3.3 The strategy describes the kind of leadership and culture MFT needs to ensure and sustain high quality care and performance and sets out how this leadership and culture is developed, practised and maintained. It takes into account the research referenced in this report and outlines the guidance and plans for developing the cultural conditions needed for MFT to further develop a compassionate, inclusive and collective or distributed leadership culture.

3.4 The Leadership and Culture Strategy implementation plan details the Group level actions to address the improvements required across MFT.

3.5 Details of Group and Hospital site level plans can be found in Appendix I

4.0 For the 2018 Staff Survey our Goals are to:

- Improve the staff engagement score to ‘above average’ for combined acute and community trusts
- Improve scores for the 5 Key Findings where we are ‘below average’ for combined acute and community trusts (2.7above) and improve those where we have deteriorated
- To continue to maintain and improve scores for those key findings where we are doing well
- To have no Key Findings ‘below average’ for combined acute and community trusts

5.0 Recommendations

5.1 The Board of Directors are requested to note the strengths, improvements and areas for development.

5.2 Agree the actions outlined in section 3 and goals in section 4.

Appendix I

Group Level Actions for 2018/19

- Developing and embedding the MFT vision and Values and Behaviours
- Implementing and spread of the MFT 'Tackling Poor Behaviours Campaign'
- Continue to and where needed further develop leadership and change capability development for all staff
- Continue to build quality improvement capability through implementation of the Transformation Strategy
- Review and establish an appraisal process for MFT including an appraisal quality assessment
- Continue to assess staff engagement and culture through diagnostics and the quarterly pulse checks
- Develop and implement a high performing team framework
- Developing and promoting an range of opportunities and support for staff on wellbeing including the delivery of Schwartz rounds, and a 24hr employee assistance helpline
- Establish a MFT Equality & Diversity Strategy
- Roll out Diverse panels across MFT and deliver the Trust wide actions plans for the Workforce Race Equality Standard as well as the new Workforce Disability Equality Standard
- Continued roll out and embedding of What Matters to Me for staff and patients
- Development of MFT Bee Brilliant Quality Event which provides nurses and midwives the opportunity to celebrate good practice and develop improvements in line with the WMTM Patient Experience Programme Themes which include, Positive Communication, Leadership and Culture, Our Staff Matter (health and wellbeing).
- Development of Culture Survey, as part of the Trust's Accreditation programme, to provide ward/ departmental data for Ward Departmental Managers to identify areas for improvement at team level.

Hospital Specific Actions

Manchester Royal Eye Hospital (MREH) / University Dental Hospital of Manchester (UDHM)

- Establishment of a Health and Wellbeing (H&WB) Group with representatives from a variety of staff groups within the Hospital. The group will formulate the H&WB strategy for the Hospitals
- Working with the Admin and Clerical (A&C) staff group to improve engagement, development and inclusion. There will be dedicated A&C celebration days (one took place on 25th April), dedicated A&C ACE days and the adoption of the newly developed A&C career map within the hospitals
- Working with the Group ED&I inclusion team to develop local networks for BME staff. A local mentoring / shadowing scheme to be adopted to develop staff into more senior roles within the Hospital
- Staff survey groups within both hospitals established to include staff in developing the action plan to address our areas for development from the 2017/18 survey
- Development of local senior leadership walks based on the 15 steps principle
- Adopting the Affina Team Coaching model within the Hospitals. Developing a network of team coaches to work within the Hospitals to develop high performing teams

Clinical Scientific Services (CSS)

- CSS Staff Engagement Plan in place including Director and leadership visibility across the MCS, staff engagement events eg staff breakfast clubs and Time to Listen
- Focus on quality of appraisals with a refresh of communications across CSS MCS, and alignment of objectives.
- Expansion of apprenticeships
- Spread of Aston/Affina Team Journey Tools
- Bespoke Team development to support integration in targeted areas.
- Consistency of approach and promotion of EAP across CSS
- High level review of themes in absence management cases
- BME representatives on all band 7 plus recruitment panels, further promotion of Stepping Up, regular coverage of ED and I in CSS engagement activities
- Build on open and transparent culture as part of Affina and establishment of integrated services to ensure reporting and dealing with issues

Manchester Royal Infirmary (MRI)

- Develop and embed the new MRI Objectives through a values led, quality driven appraisal discussion for all staff including medical staff so everyone is aware of their role and contribution to our success.
- Implement a structured ‘Making a Difference - Sickness Improvement Plan’, with a focus on health and well-being of staff
- Develop and embed a culture of listening to staff through structured staff engagement events led locally by managers, including taking action on a range of additional feedback from staff e.g. Pulse Checks.
- Implement a framework for high performing teams, which is led and role modelled by the Hospital Management Team creating a cohesive culture and identity for MRI, including Director visibility, communication and engagement.

- Set up and deliver a local strategy and plans to address 'Representation and Inclusion' concerns and good practice, aligned to the new MFT Equality & Diversity Strategy.

Wythenshawe, Trafford, Withington & Altrincham (WTWA)

- Staff Engagement – To develop and implement a staff engagement strategy for WTWA to encompass the MFT vision and values.
- Quality of Appraisals – To coach managers to ensure quality appraisals take place on a regular basis for all staff.
- Team Effectiveness – To roll out the Affina OD High performing teams tool to support managers to ensure team and role clarity
- Health and Wellbeing – To deliver in collaboration with Employee Health and Wellbeing, develop and implement a WTWA Health and Wellbeing strategy.
- Equal Opportunities and Discrimination – Working in Partnership with the ED&I team and local staff groups, gain a greater understanding as to why staff feel discriminated in the workplace

St Marys Hospital (SMH)

- Review and develop our Engagement, Health & Wellbeing Action Plan and embed across the Managed Clinical Service
- Further develop staff engagement initiatives to focus on key areas of improvement identified via the 'What Matters to Me' and 'Caring for You' campaigns and via the staff survey and quarterly pulse checks
- Adopt the Affina Team Coaching model across the Managed Clinical Service - developing a network of team coaches to support the development of high performing teams
- Continue to ensure all staff across the Managed Clinical Service have a regular, high quality appraisal
- Ensure all staff continue to be able to actively contribute to service improvements and work to their full potential
- Working in Partnership with the ED&I team identify further actions to ensure our workforce reflects the communities we serve.

Royal Manchester Children's Hospital (RMCH)

Communications, Engagement and Events Plan in place including:

- Senior leadership walkabouts ensuring visibility of the senior management team, demonstrating to staff that their views are listened to and acted upon.
- Review RMCH annual awards and ensure there are established mechanisms in place for reward and recognition
- Promote the new hospital strapline, 'Our family caring for yours' to ensure there is a unifying purpose across RMCH with buy-in from staff
- Monthly staff and Consultant forums led by the Hospital CEO with a Q & A for staff to ask any questions they may have
- Hospital CEO/leadership Vlogs to introduce members of the senior leadership team, sharing key priorities and reflections on last month.
- Monthly hospital performance bulletin following on from the monthly staff forum
- Revamped staff newsletter, every 2 months, featuring staff achievements, feedback to questions, patient compliments and 'Meet the team' features.
- Quarterly focused initiatives and activities, the first one being aligned to 'What Matters to Me'
- Developing plans for an RMCH Family Day in July.

- Refocused social media approach, working with the Corporate Communications team.
- Introduction of the Affina Team Coaching model to develop high performing teams
- Review and refresh plans to improve appraisal and vacancy rates.