

From: Mason Fitzgerald, Director of Corporate Affairs

To: Council of Governors

Date: 23 March 2017

Subject: Staff engagement

# 1.0 Purpose of the Report

1.1 To provide the Council with a briefing on the Trust's results from the 2016 National Staff Survey, and the Trust's plans to further improve staff engagement.

### 2.0 Role of governors in relation to this item, and key points

- 2.1 The Council of Governors should review and scrutinise the Trust's overall performance in relation to staff engagement, as one of the Trust's strategic objectives is to improve staff engagement.
- 2.2 The staff governors discuss this issue regularly at their meetings, and request updates from the Trust on action being taken.

# 3.0 Background

- 3.1 The National Staff Survey has been carried out since 2002. It seeks to measure staff experience in the NHS, in order to provide opportunities for improvement, and comparative analysis with other NHS Trusts.
- 3.2 In 2015, the Trust won the Health Service Journal Best Places to Work award for mental health/community trusts, and also won the Health Service Journal staff engagement award.
- 3.3 The 2016 survey was conducted in October-November 2016. The results were published on 7 March 2016. The results will be presented to the April Trust Board meeting.

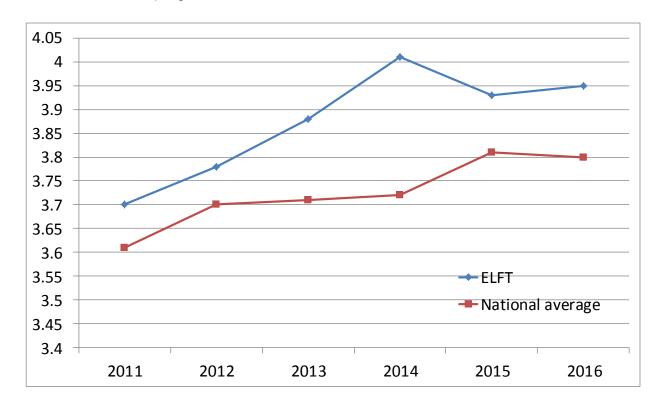
## 4.0 2016 results

- 4.1 The Trust's results for 2016 can be summarised as follows.
- 4.2 The Trust maintained its generally high scores. The Trust's score for the overall staff engagement indicator was 3.95 (with 5 being the maximum score), which places it 1<sup>st</sup> across mental health/community trusts (out of 57 Trusts).

4.3 The Trust's ranking over the least four years is therefore as follows:

Year:	National ranking:
2013	4 <sup>th</sup>
2014	1 <sup>st</sup> =
2015	4 <sup>th</sup> =
2016	1 <sup>st</sup>

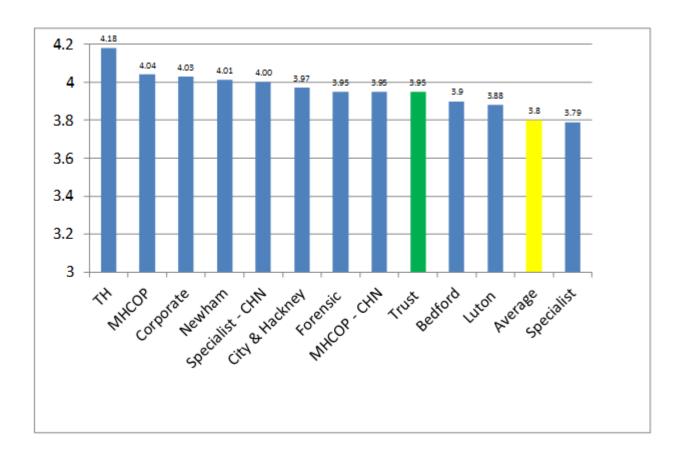
4.4 The Trust's progress over time is set out below:



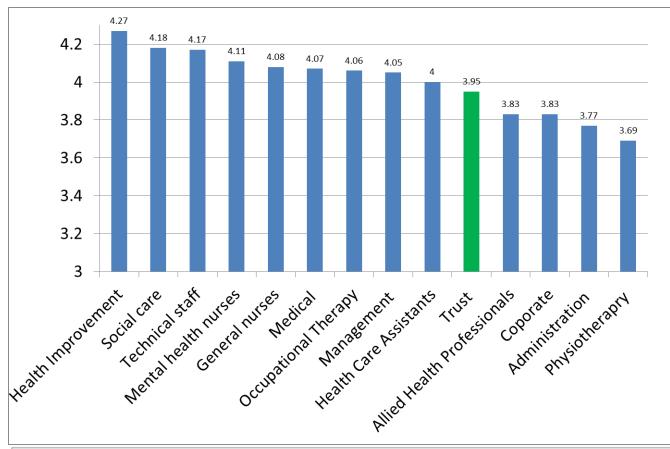
- 4.5 The Trust was able to gain a number of scores that were the best in the country for mental health and community providers, i.e.:
  - Staff recommending the Trust as a place to work or receive treatment
  - Staff satisfaction with the quality of work and care they are able to deliver
  - Percentage of staff agreeing that their role makes a difference to patients
  - Effective use of patient/service user feedback
  - Percentage of staff able to contribute towards improvements at work
  - Recognition and value of staff by managers and the Trust
  - · Communication with senior management
  - Quality of non-mandatory training, learning or development
  - Fairness and effectiveness of incident procedures
  - Staff satisfaction with resourcing and support

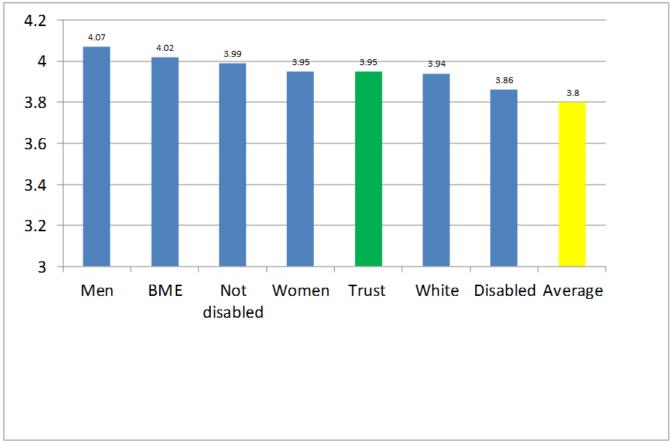
#### Agenda Item 5

- 4.6 In contrast there are areas where the Trust does less well, including levels of violence and aggression experienced by staff, and concerns about career progression and discrimination. These issues have recently been discussed at Trust Board and Council meetings, and the Trust is refreshing its action plans in these areas.
- 4.7 Analysis of results at different levels shows the variation that exists, which provides a further opportunity to improve staff experience. Examples of variation across directorates, professional groups and demographics are set out below.
- 4.8 These breakdowns results have been distributed in the Trust, and will be presented to the Trust Board, Service Delivery Board, Directorate Management Teams, professional groups and the Joint Staff Committee. Presentations will also be made to the staff equalities networks and other relevant forums, so that action plans can be refreshed.



## Agenda Item 5





# 5.0 The Trust's approach to improvement

- 5.1 The Trust's approach to improving staff experience and engagement can be summarised as follows:
  - Improvement action to focus on a small number issues most relevant to staff satisfaction, rather than a "deficit model" approach of trying to improve all indicators that are low and/or below the national average.
  - To link with existing workstreams/quality improvement project where appropriate, in order to avoid duplication of effort and maximise impact
  - Wide dissemination and consideration of results, so that improvement can also be planned and owned at a local level (directorate and team level, professional group etc.).
  - As a result of the above, the Trust has a small number (4) of areas as a framework for action. An example is set out below:

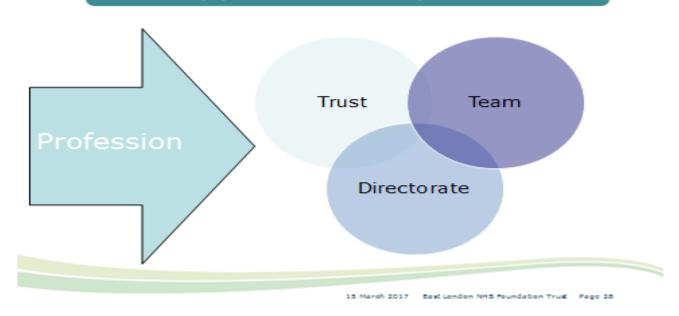
# Our approach to improvement

Theme:	Action:
Communication	Executive walkabouts - "what matters to you?"
Valuing staff	Creating a "thank you" culture
Team working	Time for team reflection
Fair treatment	Developing collective, inclusive leadership

15 March 2017 East London NHS Foundation Trust Page 2

5.2 As stated above, we promote ownership of the results and action planning at all levels of the Trust.

# Our approach to improvement



- 5.3 Further work is also being done to analyse results at team level, which provides a more detailed picture of staff experience locally.
- 5.4 A Quality Improvement Project Board has been recently set up, in order to consider how QI methodology can be used in this area. Two individual Quality Improvement projects have commenced in services, and the learning from these will inform the approach.
- 6.0 Action being requested
- 6.1 The Council of Governors is asked to **RECEIVE** and **NOTE** the report