NHS Staff Survey 2014 Workshop
Trust Case study presentations
Part 1

- South West London & St George’s Mental Health NHS Trust
- Lincolnshire Community Health Services NHS Trust

London 4th February 2014
Creating ambition, raising the bar
Motivation & Job Satisfaction

- Dissatisfied with my level of pay
- Dissatisfied with extent organisation values my work
- Dissatisfied with opportunities to use skills
- Dissatisfied with amount of responsibility given
- Dissatisfied with support from colleagues
- Dissatisfied with freedom to choose own work method

- Never/rarely look forward to going to work
- Never/rarely enthusiastic about my job
- Never/rarely does time pass quickly when I am working
- Would not recommend organisation as place to work
- Dissatisfied with recognition for good work
- Dissatisfied with support from immediate manager
‘Significant improvements’

- 8a: Dissatisfied with recognition for good work
- 8c: Dissatisfied with freedom to choose own work method
- 8e: Dissatisfied with amount of responsibility given
“We’re adults, treat us like ones”

• 2012:
  – Poor Staff Survey Results
  – Instability at Board level
  – CQC concerns
Listening into Action

To fundamentally shift how we work and lead, putting staff - who know the most - at the centre of change
“LiA is a priority for both myself and the organisation. I want all staff to feel empowered to contribute to the changes that help improve the quality of our services”
David Bradley: Chief Executive
The LiA Process

Staff Conversations:
1. What gets in the way?
2. What changes would have the biggest, positive impact?
3. What practical steps should we take together

Enabling Our People Schemes
Pioneer Teams
Quick Wins
LiA Sponsor Group
Reaching out across the Trust

• 500 staff attending Staff Conversations
• 35 Pioneer Teams
• 12 Enabling our People Schemes
What have we done?

• Responding to the LiA Conversations:
  – Employee of the Month
  – Staff Gym
  – Staff use of mobile phones
  – Staff football tournament
  – Back to the Floor
  – ‘What’s gone well?’

• Supporting Teams to make the changes they want:
  – ‘Permission to act’

• Engaging with staff on significant change:
  – Transformation Programmes
  – Staff are the experts
What have we done?

• Using LiA to respond to the Staff Survey:
  – Tell us how to make it right
  – Sponsor Group oversees our response
• Engaging with staff on significant change:
  – ‘not just here for the nice things….’
  – Transformation Programmes
  – Staff are the experts
What have we done?

• Leadership and Management Programmes:
  – Open Door
  – Positive People Management
  – Paired Learning
“Staff also felt the **CEO was keen to engage** with staff and listen to their ideas, for example, through the ‘**Listening into Action**’ initiative.”

Chief Inspector of Hospitals: June 2014
Creating ambition, raising the bar

Any questions?
“Communication between senior management and staff is not effective”,

Dusty Millar and Kerry Swift
‘Where we were’

- Sickness Levels: 5.77%
- Patient Facing Time: 21%
- Cultural Barometer: 21%
- Appraisal rates: 85%
- Stakeholder Feedback: 39%
- Staff Survey: 39%
“Where we were cont....’

“Senior Managers are only interested in figures, ticking boxes, meeting targets and patient is hardly ever mentioned”

“The Senior Management exist as a separate organisation to the shop-floor staff”

“Communication from Senior Management is unacceptable and inconsistent”
‘A Road-map to Success’

- Time 2 Care Engagement 2014
- 15/16 BAU
- Time 2 Care Engagement Event 2014
- QIPP 14/15
- Time for Patient - 2013
- QIPP 13/14

Putting you first is at the heart of everything we do.
‘Making Success More Likely’

Your Engagement Matters

Your Performance Matters

You Matter

Your Attendance Matters

QIPP

time2care

www.lincolnshirecommunityhealthservices.nhs.uk
Your Engagement Matters

- ‘Staff Conferences’
- ‘BU Roadshows’
- ‘Back to the Floor’
- T2C Listening Events
- Induction/MT

- CEO Weekly email
- ‘Ask’ Andrew
- Team Brief
- Monthly ‘live’ teleconf

- Staff Survey
- Cultural Barometer
- Staff Friends & Family
- ‘You said, we did’

Putting you first is at the heart of everything we do

www.lincolnshirecommunityhealthservices.nhs.uk
Your Performance Matter

New Appraisal
Staff Charter

Focus on Capability

Celebrating Success Awards

Putting you first is at the heart of everything we do

www.lincolnshirecommunityhealthservices.nhs.uk
Your Attendance Matters

New Policy/Procedure
‘Shift from sickness to attendance’

Managers Toolkit
Trained all Managers

Metrics
Embed in BU

www.lincolnshirecommunityhealthservices.nhs.uk
You Matter

High Performing Teams

Develop 7 Programme

Workforce and Transformation Restructure
### ‘Where we are now’

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Sickness Levels</td>
<td>4.71%</td>
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<tr>
<td>Patient Facing Time</td>
<td>42%</td>
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<tr>
<td>Cultural Barometer</td>
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<tr>
<td>Appraisal rates</td>
<td>94%</td>
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<tr>
<td>Stakeholder Feedback</td>
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<tr>
<td>Staff Survey</td>
<td>26%</td>
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</table>
Communication within the company is really bad according this report.

And why wasn’t I told about this?
NHS Staff Survey 2014 Workshop Trust Case study presentations Part 2

- Bolton NHS Foundation Trust
- North West Ambulance Service NHS Trust

Manchester 9th February 2014
Staff Survey results - how did we improve them?

Nigel Moloney, Workforce Transformation Manager
2012/13 Trust was in ‘Turnaround’ ... and the headlines

Felt bad for many staff, including Divisional and corporate areas

Engagement score went below average (we were performing reasonably well in 2011 and 2012)

So we looked at the 2013 results and set about our Action Plan
In March 2014 we developed our action plan
Kept it simple – with a focus on the big things
High work stress and lower rates of advocacy
Acuity and Dependency levels/staffing reviews
Look at areas for concern in our Board Assurance Heatmap
Focus on improving day-to-day communications

Ensuring we worked with Mental Wellbeing services (part of our occupational health service) to reach service areas that need support

Recognising staff achievement, including Employee of the Month and the Staff Awards night.

Staff FFT – used the results and shared them with Divisions
LINKS BETWEEN ENGAGEMENT AND ATTENDANCE (BASED ON 2013 RESULTS)
WHAT THE 2014 SURVEY TOLD US

- Improvement not achieved by ‘initiatives’ but a stable executive team providing consistent leadership
- Not everything will improve immediately
- Trust Leadership took the results from 2013 seriously
- Need to undertake more detailed work in some areas - including focus groups
North West Ambulance Service
NHS Trust

Staff Survey results
Appraisals

Challenges:

- Undertaking appraisals in a dispersed workforce
- Majority of staff operational and away from base
- Managers and Staff not always appreciate the value – too busy!
## 2013 Results

<table>
<thead>
<tr>
<th></th>
<th>Trust</th>
<th>Average</th>
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<tbody>
<tr>
<td>3b</td>
<td>Appraisal/review not helpful in improving how do job</td>
<td>70%</td>
</tr>
<tr>
<td>3c</td>
<td>Clear work objectives not agreed during appraisal Trust</td>
<td>47%</td>
</tr>
<tr>
<td>3d</td>
<td>Appraisal/performance review: left feeling work not valued</td>
<td>65%</td>
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Delivering the right care, at the right time, in the right place
2014 Results

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<th></th>
<th>2013</th>
<th>2014</th>
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</table>
Issues

- Paperwork was long and confusing
- Many staff either not having a regular appraisal
- Many appraisals done as a ‘paper exercise’
- Managers not recognising the value of appraisals
What we did

- Developed a Performance Appraisal Policy and Procedure
  - Followed changes to AfC
  - Focussed on recognition of what staff did rather than pay progression
  - Managers given performance assessment criteria for 100% of staff within team have a high quality annual appraisal

Delivering the right care, at the right time, in the right place
Implementation

- Management and staff side implementation group
  - Developed guidance for appraisers and appraisees
  - Linked to Trust and NHS values
  - Designed supporting materials
  - Undertook implementation workshops
Ongoing review

- Quality audits of paperwork undertaken
- Recently reviewed paperwork to simplify process
- Drop in sessions for staff and managers
- Monthly dashboard reports

Delivering the right care, at the right time, in the right place
Any questions?

Delivering the right care, at the right time, in the right place
Picker Staff Survey Results

• Looking forward to going to work
• My role makes a difference

Presentation by:

Dr Julie Gripton, Deputy Director Head of Multiprofessional Education
Kate Roberts, HR Business Partner
Summer 2013

The Care Quality Commission reported Medway Foundation NHS Trust as Inadequate and put the Trust in Special Measures.

They identified the following:

Respecting and involving people who use services — Action needed
Care and welfare of people who use services — Action needed
Management of medicines — Action needed
Staffing Numbers — Enforcement action taken
Supporting workers — Enforcement action taken
Assessing and monitoring the quality of Service provision — Enforcement action taken
Worst A&E waiting times in England, low morale, staff cuts...

Scathing report highlights failings in hospital care
The Voice of Medway

What we need is quality care – not targets

The Keogh Report which casts a devastating light onto 14 hospitals, including Medway, isn't actually about death, even though it was prompted by the high levels of mortality at those trusts. It's about care and standards.

Its findings will be a chilling vindication for the hundreds of families who have previously thought that more could have been done for their loved ones. Even before this week's publication, we already knew that Medway's death rate was more than 200 over expected levels.

But it has come too late for them. If we are to get anything positive out of this appalling episode of mismanagement and poor medical standards, then our focus has to be on the living.

In order to do this, however, people high up in the senior management and on the board should go. While we shouldn't get drawn into a blame game people should be accountable and held responsible, even though many directors have left.

Did the proposed merger with the Dartford trust sideline senior officials from the day job? While public meetings were being held and the concept of an NHS 'superpower' enthusiastically sold, patients were dying on understaffed units right under the noses of highly-paid executives.

Yet, as the Keogh report identified, no one was in charge of finding out the root cause of the high death rate.

Health secretary Jeremy Hunt raised the political stakes by putting the blame squarely at the door of the last Labour government.

That's badly disputed by the opposition but what is known is that Medway staff privately are finding at so much political interference. One manager said this week: “When will they leave us alone to get on with it?”

But in making this a political issue, that means that we require our MPs to show much more of an interest in what's going on. We need them to be asking the awkward questions.

More encouraging than their rather bland joint statement issued this week, was that of Medway Healthwatch, the new watchdog body. It's reaction was considered, detailed, constructive and well-thought out.

But our patients need all sides batting for them to ensure that quality, care and compassion is at the heart of everything.
Damning report into hospital death rates
Damning report puts hospital in special measures
Closure of hospital after snap inspection

Hospital must make immediate improvements

August 2014

Urgent
Hospital hit list shame after a failure to thrive
Medway NHS Foundation Trust at risk of being dissolved

08 August 2014
by Jenni Horn
jhorn@thekmgroup.co.uk

Medway Maritime is the only hospital in the country staying in special measures indefinitely after a review — putting the trust at risk of being dissolved.

The Keogh review into death rates, published this week, reveals 10 of the 11 trusts in special measures have made good progress but Medway is failing to make
July 2014, 2nd CQC report, Result Inadequate

<table>
<thead>
<tr>
<th>Service</th>
<th>Safe</th>
<th>Effective</th>
<th>Caring</th>
<th>Responsive</th>
<th>Well-led</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;E</td>
<td>Inadequate</td>
<td>Not rated</td>
<td>Requires improvement</td>
<td>Inadequate</td>
<td>Inadequate</td>
<td>Inadequate</td>
</tr>
<tr>
<td>Medical care</td>
<td>Requires improvement</td>
<td>Requires improvement</td>
<td>Good</td>
<td>Requires improvement</td>
<td>Requires improvement</td>
<td>Requires improvement</td>
</tr>
<tr>
<td>Surgery</td>
<td>Inadequate</td>
<td>Requires improvement</td>
<td>Good</td>
<td>Inadequate</td>
<td>Requires improvement</td>
<td>Inadequate</td>
</tr>
<tr>
<td>Critical care</td>
<td>Requires improvement</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Maternity &amp; Family planning</td>
<td>Requires improvement</td>
<td>Requires improvement</td>
<td>Good</td>
<td>Good</td>
<td>Requires improvement</td>
<td>Requires improvement</td>
</tr>
<tr>
<td>Children &amp; young people</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>End of life care</td>
<td>Requires improvement</td>
<td>Requires improvement</td>
<td>Good</td>
<td>Requires improvement</td>
<td>Requires improvement</td>
<td>Requires improvement</td>
</tr>
<tr>
<td>Outpatients</td>
<td>Good</td>
<td>Not rated</td>
<td>Good</td>
<td>Requires improvement</td>
<td>Requires improvement</td>
<td>Requires improvement</td>
</tr>
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</table>

Overall: Inadequate
During the Summer 2014

University Hospital Birmingham Foundation Trust partnered with us for 12 weeks to identify and recommend what we would need to do, to improve our services. They acknowledged:

- The value of the staff and their contribution
- That the hospital was critical within the local health economy
- That portfolio accountability was needed to ensure staff fully understood their roles and the part that they play
So how did we motivate our employees to want to come to work and feel that they made a difference during this turbulent time?
WOW achievements 2014

Patients awarding and recognising employees

• Total NHS nominations (2287)
• Medway had the highest number of nominations (904)
• Highest number of certificates awarded (560)
• National Winner and Finalist
  – WOW! That’s Really Special, Debbie Newman, Midwife
  – Most Inspiring Front Liner (public sector), Chris Quinn, Ward Clerk, Acute Medical Unit

N.B. 3850 employees patient facing, 23% of our employees nominated
Our nominees said...

Winston McNeish
Housekeeping

‘I am very honoured and grateful to have been blessed to be given this award. I would like to thank you from the bottom of my heart’
David Hutchinson
Clinical lead plaster theatre

‘WOW is exactly how it makes you feel when you receive one. It is heart-warming to think that little bit of extra care, that little laugh and that bit of friendly banter is felt in return by the people who take their time to nominate us. Even despite all the negative press that MMH receive, people do care about all our hard work and effort and are pleased with their care and treatment.

It makes us as an individual and more importantly a team very proud and honoured to be part of team Medway’
Circle of Concern, Circle of Influence

Psychological Turning Point

• Staff realised that the hospital was not going to be shut down
• They focussed on their roles
• Stopped worrying about the ‘revolving door’ of executives
• Focussed on how they could contribute and make a difference to their role and their team.
• Permanent local Chair appointed
What else did the staff survey tell us?

<table>
<thead>
<tr>
<th>Our staff are loyal</th>
<th>72% came to work despite feeling unwell (Avg 62%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>87% put pressure on self to come to work despite feeling unwell (Avg 33%)</td>
</tr>
<tr>
<td>Quality appraisals matter</td>
<td>61% appraisal helpful in doing job more effectively (Avg 56%)</td>
</tr>
<tr>
<td></td>
<td>82% objectives agreed during appraisal (Avg 79%)</td>
</tr>
<tr>
<td></td>
<td>65% feel work valued (Avg 63%)</td>
</tr>
<tr>
<td></td>
<td>90% supported by line manager to receive training, learning and development (Avg 87%)</td>
</tr>
<tr>
<td>Improved teamworking matters</td>
<td>91% of line managers encourage teamworking (Avg 87%)</td>
</tr>
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</table>
Since then...

- Emergency Department village announced, Paediatric Emergency Department open
- PAS launched
- WIRED, L&D IT system launched
- IT infrastructure reviewed and development plan completed
- CQC action plan embedded
- Communications re-energised
Stabilisation

• Recruited great quality local leaders and exec members who have taken a back to basics approach
• Back to the floor approach
• Leaders listening and clarifying the way forward
• We have senior leaders who are challenging and supportive, and are clear about what needs to be achieved
• Restructuring of leadership and divisional teams
• Clarity of roles and where they start and stop
Engagement

• Schwartz Rounds – launched April 2014
• Patient Safety Programme
• Trust Newsletters
• Communication from our leaders across all staffing groups
• Engagement with local health community to ensure safe running of Emergency Department
Nurturing Community

• Medway has always had a great community spirit, it is a community hospital, for the community, served by the community.

• Our challenge is to make quality improvements with our employees, challenging and supporting them and getting everyone to see how they can be better at what they do.
Thanks for Listening

Any Questions?

Contact: julie.gripton@medway.nhs.uk
kate.roberts@medway.nhs.uk
Staff Opinion Survey 2014
Date: 11th February 2015
Name: Jo Bradshaw
Response rate of 28.8% (780 respondents)
79.8% of which were from front line staff (including EOC and PTS)

Our comparison group - 5 ambulance trusts used Picker for SOS 2014
Average response rate: 36.7%
Since 2013:
Significantly better on 15 questions
Significantly worse on 4 questions

Compared to other Ambulance Trusts:
Significantly better on 36 questions
Significantly worse on 6 questions
Two Key Improvements

‘Care of patients/service users is not organisation’s top priority’

‘If friend/relative needed treatment would not be happy with standard of care provided by organisation’
Two Key Improvements

‘Care of patients/service users is not organisations top priority’

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<th>2014</th>
<th>Improvement %</th>
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<tbody>
<tr>
<td>Trust</td>
<td>49%</td>
<td>38%</td>
<td>11%</td>
</tr>
<tr>
<td>Ambulance Average</td>
<td>39%</td>
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</table>
Two Key Improvements

‘If friend/relative needed treatment would not be happy with standard of care provided by organisation’

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<tr>
<td></td>
<td>21%</td>
<td>14%</td>
<td>7%</td>
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</table>

Trust: 14%
Ambulance Average: 17%
Understanding our organisation at the end of 2013

Risk Summit October 2013
- Failing performance
- Serious incidents
- Healthwatch concerns
- Concern over governance arrangements

Challenging Environment
- Executive Team in period of transition
- Pressure from external stakeholders
- Staff Low Morale
- Lack of resources (Ambulances and Staff)
- Rota/shift issues
- Winter pressures

CQC Inspection January 2014
- Failed on 4 out of 6 Outcomes
Why the Improvement Since 2013?

- New Permanent Executive Team
- Senior Leadership Team established
- Focus on Better Patient Care
- Improvements to Clinical Assessment
- 24/7 reporting line for SUI
- Listening to patients

- Enhanced Governance Arrangements
- Recruitment campaign
- Safer Ambulance Checklist
- Listening into Action
- Communications
Summary

• All of these reasons impact on staff’s perception about the organisation’s priorities and confidence to give quality care.

• No one initiative has contributed to the improvements seen at EMAS but there has definitely been a significant culture change and greater focus on better patient care brought about through the identified changes.