

2010 STAFF SURVEY

For: Note and acceptance

Summary: The 2011 NHS Staff Survey priorities and action plan determined by Staff Wellbeing Group have been approved by the Management Board for Quality & Risk.

Action: The Board is asked to: note the 2011 Staff Survey priorities and action plan.

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Notes:

Trust objective:	Please list number and statement this paper relates to: Develop an effective organisation
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Legal:	What are the legal considerations and implications linked to this item? Please name relevant act Not applicable
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Regulation:	What aspect of regulation applies and what are the outcome implications? This applies to <u>any</u> regulatory body – key regulators include: Care Quality Commission, MHRA, NPSA & Audit Commission CQC
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2010 Staff Survey

Date	26 May 2011
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Department	Human Resources
Audience	Trust Board Members

1. Introduction and National perspective

This was the eighth annual survey of NHS staff and approximately 306,000 NHS staff was asked about their experiences between October and December 2010. Of these staff, 54% responded. The survey covered all occupational groups, from doctors and nurses to clerical workers, and from radiographers to clinical psychologists. They were asked a broad range of questions seeking their experiences of, or opinions on, matters such as appraisals, training, job satisfaction, line management, work-related stress, experience of violence and abusive behaviour, and making a difference to patients.

The results enable trusts to review and improve the work experiences of their staff to provide better care to patients.

The results of the survey will be used to:

- inform patients and the public of each trust's results
- feed our regulatory activities such as the monitoring of ongoing compliance and reviews

The Department of Health will also use the results to inform commissioning, service improvement and performance measurement, and to review and inform NHS policies.

2. The NHS Staff Survey results for Surrey and Sussex Healthcare NHS Trust (SaSH)

- **Survey response rate**

Between October and December 2010, Surrey and Sussex Healthcare NHS Trust (SaSH) undertook the NHS National Staff Survey for a sample (800) of its staff. The survey period followed a time in the organisation of significant and extensive upheaval related to reorganisation and it was expected that this would be reflected in the survey results.

The overall response rate for the Trust was 43% which is in the worst 20% when compared against other Acute Trusts. This was a decrease on the 50%

response rate achieved the previous year (which was a full census survey) but is an improvement on the sample survey in 2008 (38%).

This is a disappointing but understandable response to the survey illustrating low morale and motivation to engage with the survey. Also when a “sample” is used it is more difficult to get the whole organisation focused on a survey that only a minority of the staff receive.

- **Report format**

The sample data is used by the Survey Advice Centre (Aston University) and the Care Quality Commission (CQC) in their Benchmark Reports. In the 2010 reports there are 38 key findings (a decrease from the 40 in 2009) and a measure of staff engagement.

The CQC reports present the data under the four Staff Pledges and two additional themes of Staff Satisfaction and Equality and Diversity

The reports and a summary briefing note of national findings are found on the CQC website at the following link-

<http://www.cqc.org.uk/aboutcqc/howwedoit/engagingwithproviders/nhssaffsurveys.cfm>

- **Staff Survey summary results for SaSH**

Staff engagement

This measure has assumed a higher priority for 2010. The CQC report has a dedicated section to staff engagement at the front of the report rather than being one of the last reports in 2009.

Overall staff engagement score in 2010 is 3.56 (2009 score was 3.52)

The Trust is **worse than average** compared to other Acute Trusts.

There are 3 sub-dimensions to employee engagement:

- Staff ability to contribute towards improvement at work – Trust score 60% (**worse than average**)
- Staff recommendation of the Trust as a place to work or receive treatment – Trust score 3.38 (**worse than average**)
- Staff motivation at work – Trust score 3.80 (**worse than average**)

When **benchmarked** against the results for other Acute Trusts there is again little change from 2009 when SASH was in the worst 20% of Trusts for areas needing improvement-

- **One** issue in the **best 20%**
(% of staff feeling pressure to attend work when feeling unwell in last 3 months (21%))
- **Two** issues were **better than average**

(% experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months (14%) and
% experiencing harassment, bullying or abuse from staff in last 12 months (14%)

- **12 issues in the worst 20% (Areas for improvement)**
(% of staff feeling valued by their work colleagues (73%)
Effective team working (3.60)
% of staff feeling there are good opportunities to develop their potential at work (36%)
% of staff appraised in the last 12 months (57%)
% of staff having well structured appraisals in last 12 months (23%)
% of staff appraised with personal development plans in last 12 months (49%)
% of staff having health and safety training in last 12 month (68%)
Fairness and effectiveness of procedures for reporting errors, near misses or incidents (3.32)
% of staff experiencing physical violence from staff in last 12 months (3%)
Perceptions of effective action from employer towards violence and harassment (3.46)
% of staff reporting good communication between senior management and staff (20%)
% of staff believing trust provides equal opportunities for career progression or promotion (82%)

When **compared** against our results in 2009 there is broadly little change in the results for 2010

- 5 issues **improved** since 2009
Quality of job design (clear job content, feedback and staff involvement) (3.35)
Work pressure felt by staff (3.15)
Impact of health and well-being on ability to perform work or daily activities (1.56)
Percentage of staff able to contribute towards improvements at work (60%)
Staff recommendation of the trust as a place to work or receive treatment (3.38)
- 22 Issues have stayed the same since 2009
- 4 issues **deteriorated significantly** since 2009
% of staff appraised in the last 12 months (57%)
% of staff appraised with personal development plans in last 12 months (49%)
Staff motivation at work (3.80)
Percentage of staff having equality and diversity training in last 12 months (42%)

- (7 issues not asked about in 2009)

The Top 10 questions reported by staff as the most important for the organization to address:

1. Senior managers here try to involve staff in important decisions
2. On the whole, the different parts of the Trust communicate effectively with each other
3. There is enough staff at this Trust for me to do my job properly.
4. Communication between senior management and staff is effective.
5. I do not have time to carry out all my work.
6. How satisfied are you with each of the following aspects of your job? My level of pay.
7. There are opportunities for me to progress in my job
8. We are informed about errors, near misses and incidents that happen in the Trust
9. Senior managers encourage staff to suggest new ideas for improving services.
10. I cannot meet all the conflicting demands on my time at work.

Summary of the results and recommendations for planning

- We have 3 good news results- B&H and pressure to attend work when unwell.
- 22 areas have not changed since 2009 and 5 have improved statistically.
- Therefore some improvement but not enough to take us out of below average for acute Trusts.
- Need to focus on a few high priority areas linked to organisational goals and values
- The staff indicate that communication, involvement and availability of resources are most important to them.
- Also progression in the job and specific communication about incidents that happen in the workplace
- Use staff engagement as a strategy to gain improvement, ensure it is built into all changes.

3. Rationale for selection of four recommended priority areas for 2011 staff survey action plan

The staff survey data has provided a wealth of information of what staff need and want from the Trust. The four recommended priority areas have been distilled from what is important to them and where we need to develop. In addition, the organisation has identified a clear focus on Quality, Safety and improving the Patient Experience. Many of the staff survey key findings have direct links to patient care and of these the following are the most compelling-

3.1 Staff Engagement

As mentioned previously, there are 3 sub-dimensions to employee engagement:

- Staff ability to contribute towards improvement at work
- Staff recommendation of the Trust as a place to work or receive treatment
- Staff motivation at work

As the slide details motivated and involved staff will be best placed to inform service improvement and re-design. The desire to be involved in decision making must not be underestimated; involvement will stimulate motivation which in turn may encourage more involvement and overall engagement with the business of the Trust.

Employee Engagement

“Motivated and involved staff are better placed to know what is working well and how to improve services for the benefit of patients and the public”

Extract from ‘Experience, satisfaction, and engagement’ section of the NHS Operating Framework



Therefore the first recommended priority for the Trust is to pay significant attention to engaging with staff as a principle or working ideal in all significant areas of change or development via improved communication processes.

3.2 Appraisal and Personal Development Plans (PDPs)

- % of staff appraised in the last 12 months (57%)
- % of staff having well structured appraisals in last 12 months (23%)
- % of staff appraised with personal development plans in last 12 months (49%)

Research evidence is clear that effective appraisals deliver better patient outcomes-

“a hospital which appraises 20% more staff and trains 20% more appraisers is likely to have 1,090 fewer deaths per 100,000 admissions” (Carol Bottrill and Michael West 2002)

For this reason the second recommended priority should be increasing the number of staff with well structured appraisals and PDRs, targeting a minimum of 20%

increase across the Trust and with specific local and directorate action plans identifying their own priority staff groups and targets.

3.3 Improving Leadership and Management capability

The top 10 questions ranked by importance by the staff completing the 2010 indicated a greater involvement of staff and their senior managers in decision making, communication and gathering ideas for service improvements. They were also concerned about staffing and resources to enable staff to do their job as well as they would like to. Tying in with the need for regular, high quality performance management discussions, team working and recognition for good work we have the major elements which contribute to excellence in staff leadership and management.

For these reasons the third recommended priority should be a focus on developing the leadership and management capability within the Trust. It is recognised that to be a senior manager you only need to be one level of seniority above a line manager and therefore the capability will need to be developed at all relevant positions in the organisation. This will require a tiered approach to the organisational development plan.

3.4 Staff Development in role and career progression

Another of the areas of great importance to staff was the feeling there are good opportunities to develop their potential at work and that the trust provides equal opportunities for career progression or promotion. Again this area ties in with the personal development planning aspects of good performance management however it is sufficiently important to itemise it as a priority for the Trust.

For this reason the fourth recommended priority is on the aspects of development in the job, development of the job and development out and into another job. This will encompass personal and job related training, career progression and promotion all of which need to be in an environment which promotes widening of access and equality of opportunity.

The four recommended priority areas will form the basis of the Staff Survey action plan following approval of the proposal by the organisation. Detailed local and directorate action plans will be developed to support this. HR will be responsible for facilitating the processes, guidance materials and appropriate monitoring. The line and senior managers in every department and speciality

will be responsible for implementing and embedding the processes and practices in to the workplace and their culture.

4. Activities highlighted in the staff survey and that will be addressed in separate action plans or working groups

There are many initiatives, action plans and working groups already attending to items highlighted in the staff survey. In order to conserve resources, avoid duplication and recognize good work already underway, the following identifies where this will happen in the Trust.

4.1 Improving the safety culture

% of staff having health and safety training in last 12 month (68%) **(Health & Safety Committee)**

Fairness and effectiveness of procedures for reporting errors, near misses or incidents (3.32) **(Risk work plan / HSE action plan)**

Perceptions of effective action from employer towards violence and harassment (3.46) **(Violence and Aggression Group)**

Analysis of the national staff survey data has demonstrated the Trusts who have high levels of health and safety training for staff also have high levels of patient satisfaction. It appears that the confidence of patients increases when they see staff working in an environment where there is a strong safety culture.

For staff, the perception of fair and effective reporting procedures and subsequent effective actions are significant in their positive reporting in the staff survey.

4.2 Infection Control and Hygiene

% of staff saying hand washing materials are always available (66%) **(IPCAS group)**

66% of staff at the trust said that hand washing materials, such as hot water, soap and paper towels, or alcohol rubs, are always available to staff, patients or service users, and visitors to the trust.

- The trust's score was average when compared with trusts of a similar type.
- It has not changed significantly since the 2009 survey when the trust scored 66%.

The best 2010 score for Acute Trusts is 80%

Whilst this links to improving the safety culture it is worth promoting as an item in its own right. Once again the Trusts that are in the top 20% for having hand washing materials always available, have higher levels of patient satisfaction. It is probably the culture of safety driven by visible and consistent use of hand washing materials which again drives the perception of good hygiene held by patients

5. Staff survey action plan and Wellbeing Group governance

The staff survey action plan will be implemented by the Wellbeing group which is now chaired by the Director of Communications. It is suggested that this group will deliver this as a project under the Organisational Development work stream as part of the Trust's Transformation Programme. In addition, reports on progress will be submitted quarterly to the Management Board for Quality & Risk. The Wellbeing group will seek assurance from the following groups that the staff survey issues are being attended to-

- Violence and Aggression Group
- IPCAS group
- Health and Safety Committee
- Risk work plan / HSE action plan

6. Conclusions

The results of the NHS Staff Survey 2010 have shown limited improvement over the results for 2009. In the majority of areas the Trust is at or below average for Acute Trusts. Good news is limited, however given the environment in which the staff were working in last year the results were predictable.

For 2011, we recommend that the Trust focuses on four priority areas, which reflect the important areas for change as indicated by the staff. In addition they support the Trusts objectives and values and will have a demonstrable impact on the patient experience for quality and risk.

The focus will have a direct positive impact on the staff and their working conditions, increasing their ability to contribute towards improvement at work. This in turn may improve motivation and encourage staff to recommend the Trust as a place to work or receive treatment.

The action plan will assist in making these changes happen and whilst it is for the next 12 months it will put down foundations for significant change in the longer future.

Sally Knight

On behalf of the Staff Survey and Wellbeing Group

4th April 2011

5. Organisational Staff Survey Action Plan

Priority Area	Action	Target	Responsibility HR	Responsibility Specialty / department
<p>1. Staff Engagement</p>	<p>i. To develop a practice of staff engagement in the early stages of service or policy development or change eg Business plans, proposals and policy documentation templates incorporate a staff engagement section to detail activity and outcomes</p> <p>ii. Staff receive regular face to face (where possible) feedback on progress and examples of staff suggestions into actions promoted widely.</p> <p>iii. Promote good news stories of staff / service successes. Proactively manage Trust issues with media and staff. Staff recommendation of the Trust as a place to work or receive treatment is a desired outcome</p>	<p>Document templates amended as appropriate, practice adopted and recognized. July and ongoing</p> <p>Practice adopted and promoted from May onwards</p> <p>Weekly / monthly staff bulletins, staff meetings etc. Ongoing.</p>	<p>Facilitate process when appropriate</p>	<p>Specialty and departmental heads and leads to implement staff engagement activities where appropriate.</p>

Priority Area	Action	Target	Responsibility HR	Responsibility Specialty/ department
<p>2. Appraisal and PDRs</p>	<ul style="list-style-type: none"> i. Introduce of appraisal champions to be point of contact for appraisal. ii. Model workforce data in relation to appraisal & PDRs that accurately reflects establishments in service and enables more accurate reporting. iii. Refresh appraisal training to ensure training is more hands on. This training will also form part of the Essentials of Management programme which will be piloted in May 2011. iv. Promote electronic reporting of appraisal. v. Managers held accountable to comply with Mandatory Appraisal scheme. 	<p>Appoint appraisal champions in all services by March 2012.</p> <p>To complete by August 2011</p> <p>Refresh complete by June 2011</p> <p>Ongoing</p> <p>December 2011</p>	<p>Engage with staff and managers to communicate and facilitate process</p>	<p>The Department to nominate appraisal champions and ensure time allowed for activity</p> <p>Nominate and support appropriate staff to attend. Monitor effectiveness of appraisal discussions</p> <p>Report completion of appraisal discussions using electronic format</p>

Priority Area	Action	Target	Responsibility HR	Responsibility Specialty / department
3. Improving Leadership and Management capability	i. Commission Trust Board Development Programme.	April 2011		Board Chairman
	ii. Develop and launch management development programme.	May 2011	Develop, communicate and implement programme across Trust	Support appropriate staff to attend.
	iii. Launch of senior leadership development programme to support the organizational transformation agenda.	April 2011	Evaluate effectiveness of training through transformational programme	
4. Staff Development in role and career progression	i. Undertake Trust wide training needs exercise	May 2011	Implement exercise.	Release staff and provide data as requested
	ii. Contract and commission education and training that meets the professions specific developmental needs of clinical and non clinical staff	Ongoing dependent on workforce requirements	Manage commissioning based on organizational need, communicate to the organisation	

	<p>iii. Enable individual staff to access external education and training opportunities.</p> <p>iv. Establish a mentoring and coaching programme to support career development and progression</p> <p>v. Monitor staff application and success for development activities and promotion by equality data to identify areas where equality of opportunity needs to be promoted or positive action taken</p>	<p>Ongoing</p> <p>September 2011</p> <p>Implement May</p>	<p>Develop and facilitate implementation</p> <p>Collect, monitor and analyse workforce data. Provide recommendations to managers to enable equality of opportunity or positive action where necessary.</p>	<p>Monitor effectiveness of Staff development by Appraisal/ PDP and ongoing supervision.</p> <p>To ensure equality of opportunity exists for all staff for development / career progression and promotion. Use transparent and fair decision making processes</p>
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APPENDIX 1

NATIONAL RESULTS

The 2010 survey reports 38 key findings about working in the NHS. 13 of these findings show improvement from last year's survey, eight have deteriorated and 10 have remained the same.

- **Appraisals, training and development**

Seventy-seven per cent of staff received an appraisal or development review, up from 69% in 2009, but only 34% felt their appraisal or review was well structured, (31% in 2009). Despite high levels of training, only 35% of staff felt they had good opportunities to progress at work, against 40% in 2009.

- **Staff as advocates**

Nearly two-thirds (64%) of respondents said they would be happy with the standard of care provided by their trust if a relative or friend needed treatment (compared with 62% in 2009), and over half (53%) said they would recommend their trust as a place to work (55% in 2009).

- **Making a difference to patients**

Ninety per cent of staff felt that their role ultimately made a difference to patients, and 87% were satisfied with the quality of care they personally gave. Both these figures were unchanged from 2009.

- **Violence and abuse**

8% of staff overall reported experiencing physical violence from patients, relatives or other members of the public, while 15% said they had been subjected to bullying, harassment and abuse. The figures on violence were higher for front-line staff (12%), particularly workers in ambulance trusts (18%) and mental health trusts (15%). Bullying, harassment and abuse from patients and relatives were also more prevalent among front-line staff (18%) and much worse for ambulance workers (27%). Fifteen per cent of all staff had experienced bullying, harassment and abuse from their line manager or other colleagues.

- **Hygiene**

There has been a slight reduction in the proportion of staff who said that hot water, soap and paper towels or alcohol rubs were always available when they needed them – down to 68% from 71% in 2009. Twenty five percent said that they were available most of the time, compared with 23% previously. Sixty per cent said that hand-washing materials were always available to patients (63% in 2009) and 22% that they were available most of the time (previously 21%).

- **Errors, near misses and incidents**

32% of staff said they had seen at least one error, “near miss” or incident that could have hurt staff or patients in the last month (compared with 33% in 2009). Of front-line staff, 42% said that they had witnessed at least one such adverse event in the last month (43% in 2009).

- **Staff turnover**

There had been a slight increase in the proportion of staff who said they intended to leave their employer. 29% of all the respondents, compared with 28% in 2009, said they often felt like leaving their trust; 21% (20% in 2009) said they would probably look for another job in the next year; and 15% (14% in 2009) said they would leave as soon as they could find another job.