

Staff Survey Results 2011

Summary:

This was the ninth annual survey of NHS staff and all permanent SASH staff were asked about their experiences between October and December 2011. Of these staff just over 60% responded

This represented an excellent response rate which means that we can be very confident that the findings of the report are the views of the majority of our staff.

There has been little improvement in the overall results since 2010. Some of the key issues have changed position with improvements in the areas where there has been strong organisational focus (incident reporting, appraisals and PDRs and statutory and mandatory training). Some areas that were previously average have gone down (e.g. impact of health and well-being on ability to perform work) and some previously low have dropped further (e.g. staff engagement).

Improvements in the Trust scores can only be brought about by sustained engagement with the workforce at every level. This approach was endorsed by the Board in 2011 and we recommend that focus is maintained in the following areas:-

- Staff engagement
- Appraisal & PDP's
- Improving Leadership and Management Capability

With additional focus on;

- The overlap between the staff and patient surveys, supporting staff to deliver improved patient experience

The recommendations for the four organisational priority areas was approved by the Management Board on 23rd May 2012 with a request for a further paper to be presented in July identifying specific action plans to address the priority areas.

Action:	The Board is asked to note to report and action plan priority areas
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Reviewed & Approved by Management Board for Performance	23 rd May 2012
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Notes:

Trust objective: Become a sustainable, effective organisation

Legal: NHS Constitution- staff pledges

Regulation: CQC

Staff Survey Results 2011

Date	May 2012
Author	Sally Knight - Head of Equality & Engagement
Audience	Trust Board Members

Introduction

This was the ninth annual survey of NHS staff and all permanent SASH staff was asked about their experiences between October and December 2011. Of these staff just over 60% responded. The survey covered all occupational groups and 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, performance measurement, Registration and Operating Framework performance monitoring and to review and inform NHS policies.

The NHS Staff Survey results for Surrey and Sussex Healthcare NHS Trust (SASH)

Survey response rate

The overall response rate for the Trust was 60% which is in the best 20% when compared against other Acute Trusts. This was an increase on the 50% response rate achieved in 2009 when we last did a full census survey.

This represented an excellent response rate **which means that we can be very confident that the findings of the report are the views of the majority of our staff.**

Report format

The sample data is used by the Survey Coordination Centre (Picker Institute) and the Department of Health (DH) in their Benchmark Reports. In the 2011 reports there are 38 key findings and a measure of staff engagement, the same as in 2010. The DH 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 at the following link- www.nhsstaffsurveys.com

Benchmarked results

The results are **benchmark**ed against those from other Acute Trusts and categorised as bring in the highest 20%, above average, average, worse than average and lowest 20%. The following represent the main improvements / deteriorations since 2010:

- **There is one issue in the best 20% and where there has been a statistical improvement since 2010**

Percentage of staff reporting errors, near misses or incidents witnessed in the last month (98%)

This result shows that the Trust emphasis on Safety and Quality may be having an impact. However the percentage of staff witnessing potentially harmful errors, near misses or incidents in last month (44%) is high and puts us in the worst 20% for acute trusts. We need to continue to focus on safety and quality and work to prevent the incidents from occurring in the first place.

- **Two other issues that have improved statistically since 2010**

Percentage of staff appraised in the last 12 months (71%)

Percentage of staff having well structured appraisals in last 12 months (33%)

These are the other two key findings where staff experience has improved compared with 2010, however whilst we have improved compared to other acute trusts we remain in the bottom 20%. Our strategies for increasing compliance therefore must continue.

A well structured appraisal is the cornerstone of a high performing safe organisation which is why driving up compliance in the NHS has been so heavily championed and why we have prioritised actions within the Trust to improve in this area.

- **Top Four Ranking Scores**

These are the 4 key findings for which we compare most favourably with other acute trusts.

Percentage of staff reporting errors near misses or incidents witnessed in the last month (top 20%)

Percentage of staff having equality and diversity training in last 12 months

Percentage of staff receiving job-relevant training, learning or development in last 12 months

Trust commitment to work-life balance

The two training related ones show that the priority given to ensuring compliance with statutory and mandatory training has had an impact however whilst we compare favourably we are still average therefore we should continue with our actions to improve compliance.

- **15 issues in the worst 20% (Areas for improvement)**

Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver (68%)

Quality of job design (clear job content, feedback and staff involvement) (3.33)

Work pressure felt by staff (3.33)

Percentage of staff using flexible working options (57%)

Percentage of staff appraised in the last 12 months (71%)

Percentage of staff appraised with personal development plans in last 12 months (57%)

Percentage of staff suffering work-related injury in last 12 months (25%)

Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month (44%)

Fairness and effectiveness of procedures for reporting errors, near misses or incidents (3.35)

Percentage of staff experiencing physical violence from patients, relatives or the public in the last 12 months (11%)

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months (17%)

Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months (19%)

Perceptions of effective action from employer towards violence and harassment (3.40)

Impact of health and well-being on ability to perform work or daily activities (1.67)
Staff intention to leave jobs (2.78)

In the 2010 report there were 12 issues in this category indicating an overall deterioration in the results. Especially worrying is the increase in the percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months (14% 2010 to 19% 2011). Causal factors may be linked to the following key findings-

- **Key findings where the Trust has deteriorations (statistically significantly) since 2010**

Work pressure felt by staff (3.33)

Percentage of staff suffering work-related injury in last 12 months (25%)

Impact of health and well-being on ability to perform work or daily activities (1.67)

Staff intention to leave jobs (2.78)

Staff engagement

This measure has continued to assume a high priority for 2011. The DH report has a dedicated section to staff engagement at the front of the report.

- Overall staff engagement score is 3.52 the Trust is in the **lowest 20%** compared to other Acute Trusts; and there is no significant change on the 2010 score which was 3.56
- There are 3 sub-dimensions to employee engagement:
 - I. *Staff ability to contribute towards improvement at work – Trust score 57% (Worse than average and decrease on 2010 score of 60%)*
 - II. *Staff recommendation of the Trust as a place to work or receive treatment – Trust score 3.34 (Worse than average and decrease on 2010 score of 3.38)*
 - III. *Staff motivation at work – Trust score 3.78 (Worse than average and decrease on 2010 score of 3.80)*

Nationally there has been a drop in this particular measure linked to the uncertainty associated to the NHS reforms however it is probably the single most important area for the Trust to pay attention to as it has strong links to the quality of the patient experience.

Additional feedback from open staff meetings / focus groups

During April and May we have held five open staff meetings to discuss the staff survey results and collecting feedback and ideas. Focusing on the top and bottom results the following questions were asked of staff and their feedback has been summarised:

1. How can we reduce the number of errors near misses and incidents?
2. What more can we do to improve the appraisal and PDP process?
3. What can we do to reduce work related stress?
4. What do you think about the result that 87% of staff put themselves under pressure to come to work despite not feeling well enough?
5. How can we improve staff engagement?

Answers

1. To reduce errors, near misses and incidents-
Learning from experience, training leading to prevention, ensuring this learning is a long term process, more staff, reduce time pressures and increase capacity in the system.
2. To improve appraisal and PDR-
Review and tailor the paperwork, release of staff for training
3. To reduce work related stress
Increase capacity, publicise the support available for staff, take breaks.
4. Staff attending work when they are unwell
A variety of comments were put forward, discussion about whether this is a good thing or a bad thing, tends to be individual and best tackled at a local level. Improve management practice of sickness absence.
5. To improve staff engagement
*Actions and not just words are important; ideas should be followed through, Staff want to see the results of their feedback given.
Give staff the opportunities to say what's right and wrong and how to make improvements (feedback mechanisms).*

*Ensure engagement is a two way process and relationship.
Developing a 'listening culture'.*

Three main areas which motivate staff to come to work other than money are:
community at work, taking pride in your work and recognition of a good job done

Summary and recommendations for planning

Organisational planning

There has been little improvement in the overall results since 2010. Some of the key issues have changed position with improvements in the areas where there has been strong organisational focus (incident reporting, appraisals and PDRs and statutory and mandatory training). Some areas that were previously average have gone down (e.g. impact of health and well-being on ability to perform work) and some previously low have dropped further (e.g. staff engagement). Additionally staff identified specific requirements for corporate learning, listening and effective mechanisms for giving and receiving feedback.

Whilst the Staff Survey is administered and reported on by HR it is an organisational development tool for which strategic and long term actions are required. Improvements in the Trust scores can only be brought about by sustained engagement with the workforce at every level. This approach was endorsed by the Board in 2011 and we recommend that focus is maintained in the following areas:-

- Staff engagement
- Appraisal & PDPs
- Improving Leadership and Management Capability
With additional focus on the;
- The overlap between the staff and patient surveys, supporting staff to deliver improved patient experience

It is recommended that this approach is maintained and developed in 2012 to give time for change to be embedded across the Trust. Staff engagement should be regarded as a strategic process to deliver the desired changes and should have highest priority in the organisational action plans. The desired outcome is for both the staff and patient experience to improve.

Directorate and departmental planning

Individual Directorates and larger departments (more than 20 staff) have received individual reports for these areas. The reports identify how the areas compare against the organisation as a whole and are RAG rated. In addition the SHA had prepared similar Directorate / Occupational group reports with their conclusions.

Both the sets of reports have been forwarded to the HR Business Partners in each Directorate for them to discuss with their managers and develop local action plans for their priority areas.

These activities will provide support for the Organisational actions whilst also delivering change at a local level.

Timescales

The next NHS staff survey will be issued at the beginning of October so the timescales and progress for the action plans both organisational and local will extend into 2013 until achieved or developed further.

Proposals for Organisational actions to address key issues arising from the staff survey

As discussed earlier the following proposed Organisational action plan is a continuation and development on that agreed by the Trust Board in 2011. This reflects the continuing need to maintain and improve on the key areas for the Trust whilst supporting areas that have direct links to the patient experience.

If this approach is approved than more detailed action plans will be drawn up.

Priority Area	Action
1. Staff Engagement	<ul style="list-style-type: none"> • To develop or adopt a staff engagement framework / strategy and use to drive forward key priorities. • Staff receive regular face to face (where possible) feedback on progress, examples of staff suggestions into actions promoted widely, demonstrate staff ability to contribute to changes • Develop effective feedback mechanisms for two way communication • Promote good news stories of staff / service successes / patient experiences • 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
2. Appraisal and PDRs	<ul style="list-style-type: none"> • Review the paperwork and empower managers to tailor their practice. • Support staff and managers in developing high quality appraisal practice so the outcomes are meaningful, motivating and

	<p>effective for staff</p> <ul style="list-style-type: none"> • Demonstrate the links between personal performance and impact on patient care
3. Improving Leadership and Management capability	<ul style="list-style-type: none"> • Support staff and managers to attend Trust Leadership, management and customer care programmes, aligned to the Trust priorities and values • Reward and recognize improved practice, people management skills and staff initiatives to reduce stress and improve wellbeing
4. Links to Patient Experience	<ul style="list-style-type: none"> • Focus on organizational and local changes which will also impact on improved patient care • Monitor both staff and patient experience together (as appropriate, measures to be determined)