

## TRUST BOARD

<b>Date of Meeting:</b> 17/04/2012	<b>Agenda Item No:</b> 8.2	<b>Enclosure:</b> 5
<b>Intended Outcome:</b>		
<b>For noting</b> ✓	<b>For information</b>	<b>For decision</b>
<b>Title of Report:</b> Staff Survey Results 2011		
<b>Aims:</b> This report provides the Board with a summary of the results from the 2011 Staff Survey and details the next steps to be taken to improve the results for future surveys.		
<b>Executive Summary:</b> This paper examines the results of the staff survey that was conducted in the Autumn of 2011. This paper builds on previous papers as many of the themes are similar. At a high level there is evidence to indicate that the Trust should work on several organisational development issues including employee engagement, communication and support from management, as well as concerns over incidents and incident reporting.		
<b>Specific implications and links to the Trust's Strategic Aims:</b>		
Ensure we provide high quality, safe and effective care for all our patients including meeting essential standards of safety and quality as set out by the CQC		
Develop a viable integrated clinical strategy for secondary care services which is sustainable and affordable		
Develop a new healthcare facility in West Cumbria that is fit for the 21st century		
Achieve sustainable financial balance through the delivery of the Trust's internal Cost Improvement Programme, securing a viable contract income from our GP commissioners and contributing to the system wide cost reductions		
To develop and implement a successful merger or acquisition plan that enables the Trust to become part of an existing NHS Foundation Trust		
<b>Recommendations:</b> The Board is asked to note the results of the survey and the actions that are being taken to improve future results.		
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**TRUST BOARD  
STAFF SURVEY RESULTS  
APRIL 2012**

**1. INTRODUCTION**

The Staff Opinion Survey commenced in 2003 and it is a requirement for all trusts to administer. The results of the survey form part of the Care Quality Commission's (formerly the Healthcare Commission) annual health check of NHS organisations which aims to ensure compliance with the Department of Health's core standards. There were a concerns arising out of the results of the staff survey. A high level action plan is being developed in conjunction with the Compliance Operational Group to address these issues.

The data collected is grouped around the NHS Constitution Staff Pledges:

Staff Pledge 1	to provide all staff with clear roles and responsibilities
Staff Pledge 2	to provide all staff with personal development and appropriate training
Staff Pledge 3	to provide support for staff to maintain their health, wellbeing and safety
Staff Pledge 4	to engage staff in decisions that affect them and the services they provide

In addition there are a number of additional themes that don't fit naturally into a specific Staff Pledge category and are covered at the end of the report.

**2. HEADLINES**

The Trust continue to score well for staff having to work additional hours (only 60% of staff against a national average of 65%); for the numbers of staff reporting errors, near misses or incidents witnessed in the last month (98% against a national average of 95%); for the number of staff using flexible working options (62% against a national average of 61%); and for the numbers of staff receiving equality and diversity training in the last 12 months (61% against a national average of 48%).

The Trust is equivalent to the national average for the number of staff witnessing potentially harmful errors, near misses or incidents in the last month (34%); the number of staff appraised with personal development plans in last 12 months (68%); and for the number of staff experiencing physical violence from staff in the last 12 months (1%).

The Trust has seen some improvement since last year in staff feeling that there is effective team working; and the numbers of staff believing that there are equal opportunities for career progression or promotion. Although this is an improvement, the scores for these factors are still ranking in the lowest 20% of scores for all acute trusts.

The Trust has deteriorated since last year in staff perceptions of staff agreeing that their role makes a difference to patients; feeling valued by work colleagues; quality of job design; work pressure felt by staff; Trust commitment to work-life balance; staff feeling that there are good opportunities to develop their potential at work; staff receiving job relevant training or learning and development; number of staff having well structured appraisals, number of staff suffering work-related injury or stress; staff perceptions of effective action being taken against violence and harassment; staff feeling pressure to attend work when feeling unwell; staff feeling that they are able to contribute towards improvements at work; job satisfaction; intention to leave jobs; and number of staff experiencing discrimination at work . The percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver is only 64% in 2011; this is a statistically significant drop from 71% in 2010.

The Trust scores badly (lowest score of all acute trusts) for support from immediate managers; number of staff reporting errors, near misses or incidents witnessed in the last month; communication between senior managers and staff; for the perceived effectiveness of incident reporting procedures; staff motivation at work; and for staff recommending the Trust as a place to work and a place to receive treatment.

### **3. STAFF PLEDGE 1 RESULTS**

This pledge concerns the Trust providing its entire staff with clear roles and responsibilities. There are 9 key areas in this section that can be compared to last year's survey. The Trust scores remain static in 6 of these areas. However, 3 key areas have deteriorated since 2010 (staff feeling satisfied with the quality of work and patient care they are able to deliver; work pressure felt by staff; and Trust commitment to work-life balance).

The Trust has 1 score in the top 20% of all acute trusts, namely staff having to work extra hours as mentioned above. This score has been in the top 20% for the last 5 surveys.

One key area (Staff using flexible working options) is comparable to the average score for all acute trusts.

The Trust scores poorly (bottom 20% of all acute trusts) for 7 out the 9 key areas, namely for the numbers of staff feeling satisfied with the quality of work and patient care they are able to deliver; staff agreeing that their role makes a difference to patients; feeling valued by work colleagues; quality of job design; work pressure felt by staff; effective team working; and the Trusts commitment to work-life balance.

#### **4. STAFF PLEDGE 2 RESULTS**

This pledge concerns our requirement to provide all staff with personal development and appropriate training. There are 6 key areas in this section and the Trust has remained static in 5 and deteriorated on 1 since 2010.

One key area (Number of staff appraised with personal development plans) is comparable to the average score for all acute trusts. However, we rate below average for number of staff receiving an appraisal in the last 12 months.

The Trust scores poorly (bottom 20% of all acute trusts) for 4 out the 6 key areas, namely, for staff feeling that there are good opportunities to develop their potential at work; staff receiving job-relevant training or learning and development; and staff feeling that they receive support from immediate managers. This last key area (staff feeling that they receive support from immediate manager) has deteriorated since last year and this trust is now ranking as the lowest score of all acute trusts.

#### **5. STAFF PLEDGE 3 RESULTS**

This pledge covers employee welfare, health and safety. There are 14 key areas in this section and the Trust has remained static in all of them.

Two key areas (Number of staff witnessing potentially harmful errors, near misses, or incidents; and number of staff experiencing physical violence from staff) are comparable to the average score for all acute trusts.

In 7 out of the 14 key areas the trust scores are worse than the average score for all acute trusts, but not so badly scored that they rate in the bottom 20%. These are: number of staff receiving health and safety training; number of staff suffering from work related injury; staff saying that hand-washing materials are always available; number of staff experiencing physical violence from patients, relatives, or the public; number of staff experiencing harassment, bullying, or abuse from patients, relatives, or the public; number of staff experiencing harassment, bullying, or abuse from other staff; and the impact of health and well-being on ability to perform work or daily activities.

The Trust scores poorly (bottom 20% of all acute trusts) for 5 out of the 14 key areas, these are: Staff suffering from work-related stress; number of staff reporting errors, near misses or incidents witnessed; fairness and effectiveness of incident reporting; perceptions of effective action being taken by the trust towards violence and harassment; and number of staff feeling pressure to attend work when feeling unwell. For 2 of these key areas (number of staff reporting errors, near misses or incidents witnessed and fairness and effectiveness of incident reporting) this trust now ranks as the lowest score of all acute trusts.

## **6. STAFF PLEDGE 4 RESULTS**

This pledge covers employee engagement. There are 2 key findings in this area and the Trust scores in the bottom 20% of NHS for both. The first key finding relates to the number of staff reporting good communication between senior managers and staff. Only 8% of staff said the Trust was good in this area, and this is now the lowest ranking score of all acute trusts. This is a drop from 12% last year and 16% in 2009, with the national average being 26%, and the best national score for acute trusts at 42%. The questions in this area relate to: visibility of senior managers; communication of senior managers with staff; senior managers involving staff in important decisions; senior managers encouraging staff to suggest new ideas for improvement; senior managers acting on staff feedback; and how well healthcare professionals and managers in non-clinical roles work well together. The second key finding relates specifically to how well staff feel able to contribute to improvements at work. Although 53% of staff answered positively (down from 54% last year) this is still in the bottom 20% for the NHS. The average for acute trusts is 61% with the best score at 77%.

## **7. ADDITIONAL THEMES – STAFF SATISFACTION**

There are 4 key findings in this area with the Trust being in the worst 20% of respondents for all areas. These areas cover: general job satisfaction; intention to leave; recommending the Trust as a place to work or receive treatment; and general motivation at work. The first 3 of these areas have remained static in comparison to last year's results; however there has been deterioration in staff motivation at work.

The trust also now ranks as the lowest scoring of all acute trusts for staff recommendation of the trust as a place to work, and staff motivation at work.

## **8. ADDITIONAL THEMES – EQUALITY & DIVERSITY**

There are 3 key findings in this area and the Trust has remained static in 2 and deteriorated on 1 since 2010.

Although the trust score has deteriorated for the number of employees receiving equality and diversity training (75% in 2010 to 61% in 2011), we are still ranking significantly higher than the national average of 48%. Only 86% of staff believes that the Trust provided equality of opportunity for career progression and promotion against the national average of 90%. Although 86% is high, it is our position relative to other trusts that puts us in the banding of 'worse than average'. 15% of staff have suffered discrimination at work in the last 12 months, compared to the national average for acute trusts of 13%.

## **9. RECOMMENDATION**

It cannot be denied that the results of this year's survey are generally negative, and although there has been an action plan in place in recent years

this has not been effective as year on year the results have shown no significant improvement.

Currently an action plan is being developed, which will work on how to change the previous action planning format to make it more effective in making a positive difference to staff. It is intended that staff will become involved in formulating this plan by attending team meetings across the Trust and gaining input from them to encourage, involve and engage them as much possible, as these are the people who are completing the survey.

The intention is to gauge from staff the 2-3 points that, if improved, would make the most difference to them, and also how they feel we could work to improve them. The responses may vary but we hope to gauge a core number of points that are most highlighted as those that would make the biggest difference to staff. This will then form the basis of an action plan which will hopefully have a bigger impact as it would then be addressing the core issues.

It is also intended that an intranet site will be created which will be dedicated to the Staff Survey. This central resource will include the results, the 'Key Factors' we need to improve on and information on what we are doing to achieve this. There will also be the facility for staff to input their ideas and suggestions on how they feel we can do this. Regular updates will also be included in the Trust Staff Briefs and a timetable for communications is also being compiled so that the process is transparent and staff can see what we are doing to try and make positive changes.

The Board is asked to note the staff survey results. Implementation of the action plan will be monitored by the Trust Compliance Group.

**Isla Edgar**  
**DEPUTY DIRECTOR OF HUMAN RESOURCES**