

To:	Trust Board										
From:	Kate Bradley, Director of Human Resources										
Date:	5 th April 2012										
Title:	National NHS Staff Survey 2011										
Author/Responsible Director: Kate Bradley, Director of Human Resources											
Presented by: Emma Stevens, Deputy Director of HR											
Purpose of the Report: To advise the Board of the national staff survey results undertaken between October and December 2011, to assess the impact of interventions made based on the 2010 survey results, specifically the Eight Point Staff Experience Action Plan and to set out the actions now to be taken as a result of the feedback given.											
The Report is provided to the Board for:											
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Summary / Key Points: The report summarises analysis of the 2011 national staff survey results for UHL in comparison to the responses for 2010 and other Acute Trusts nationally.											
The comparison data and information on changes for UHL across the NHS is compiled by the Care Quality Commission (CQC) and the Trust is benchmarked against other Acute Trusts nationally.											
Recommendations: The key areas suggested for the development of action to be noted together with the proposal to bring a detailed plan to the Trust Board meeting in May.											
Previously considered at another corporate UHL Committee?											
Yes – Finance and Performance Committee on 25 January 2012 and Workforce and Organisational Development Committee on 26 March 2012											
Strategic Risk Register		Performance KPIs									
Relates to risks 8, 13, 14, 15, 18		Appraisal									
		Training attendance									
		Sickness Absence									
		Turnover rate									
Resource Implications (e.g. Financial, HR): Allocation will be determined based on priorities identified. The UHL Staff Engagement Group will progress action planning and integrate these into the UHL Organisational Development Plan.											
Assurance Implications: Forms part of the annual Care Quality Commission (CQC) standards monitoring process.											
Patient and Public Involvement (PPI): Results to be reviewed in conjunction with the patient survey to provide public statement of Trust performance and they will also be examined by the Patient Adviser, who is a member of the Workforce and Organisational Development Committee.											

Equality Impact: Part of the analysis examines if there are response differences between staff groups pertaining to the nine protected characteristics

Information exempt from Disclosure: No

Requirement for further review? Further paper with detailed action plan to be brought to the May Trust Board for discussion, assurance and endorsement.

UNIVERSITY HOSPITALS LEICESTER NHS TRUST

REPORT TO: Trust Board

DATE: 5th April 2012

REPORT FROM: Kate Bradley - Director of Human Resources

REPORT PRESENTED BY: Emma Stevens, Deputy Director of Human Resources

SUBJECT: NATIONAL STAFF SURVEY

1.0 INTRODUCTION

1.1 The 9th national annual staff attitude and opinion survey was conducted between October and December 2011. The survey is conducted on behalf of the Care Quality Commission (CQC) and the results form a key part of the Commission's assessment of the Trust in respect of its regulatory activities such as registration, the monitoring of ongoing compliance and reviews.

2.0 PURPOSE

2.1 The purpose of the survey is to collect views from staff about their experiences of working in their local NHS Trust. It provides Trusts with information about the views and experiences of employees to help improve the working lives of staff and the quality of care for patients. Importantly, staff are also asked a small number of key questions relating to their opinions regarding the standard of care provided at their place of work.

3.0 PARTICIPATION

3.1 The survey is undertaken through a self completed questionnaire by a random sample of staff selected from across the whole Trust. 850 staff, were selected to receive the survey and 388 completed responses (3% of Trust employees) were returned, giving a response rate of 46%.

3.2 The response rate was 6% less than last year and 19% lower than 2009.

4.0 STRUCTURE

4.1 The survey provides 38 key findings about working in the NHS derived from the responses to 174 questions. The key findings are linked to, and provide information about progress against the four pledges to staff in the NHS Constitution together with two additional themes; Staff Satisfaction and Equality and Diversity.

5.0 ACTIONS ARISING FROM THE 2010 SURVEY

5.1 Based on the 2010 survey results, which saw a plateauing of results following some significant improvements in 2009, (on the back of the work around the 'Big Conversation'), we developed the Staff Experience Eight Point Action Plan, (See **Appendix 1**). This plan was also based on the results from local staff polling which commenced in January 2011. The plan provides a framework and set out clearly actions and expectations for managers and members of staff. The eight points were based on feedback from the 2010 survey and the content, if implemented, was designed to improve the experience staff had of working at UHL.

6.0 2011 UHL RESULTS

6.1 This year we have not observed a significant improvement in many areas and have seen a noticeable deterioration in some. The full comparison data made available from the Care Quality Commission (CQC) will be used to further analyse the relative position for UHL in terms of areas of improvement or deterioration and appropriate priority areas for 2011/12. A summary of the results is available at **Appendix 2**.

7. KEY FINDINGS

7.1 The key findings data at **Appendix 2** clearly highlights that although statistically the results at UHL have largely experienced 'no change' there are significant areas for review and action in a number of key findings. Questions are grouped nationally into key areas, known as 'Key Findings'.

7.2 The four Key Findings for which the Trust compares most favourably with other Acute Trusts were:-

- KF12 – Percentage of staff appraised in last 12 months
- KF14 – Percentage of staff appraised with personal development plans in the last 12 months
- KF23 – Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months
- KF3 – Percentage of staff feeling valued by their work colleagues

This reflects the ongoing priority given to appraisals with staff which has resulted in a steady rise over recent months and the latest figure of 95% in February

7.3 The four Key Findings for which the Trust compares least favourably are:-

- KF34 – Staff recommendation of the Trust as a place to work or receive treatment
- KF30 – Percentage of staff reporting good communication between senior management and staff
- KF1 – Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver
- KF27 – Perceptions of effective action from employer towards violence and harassment

These are key areas of focus for review, discussion and action planning. It is essential that this review links to the patient survey work and action planning that is being undertaken.

- 7.4 The largest change since the 2010 survey relates to KF36, the percentage of staff stating that they have had equality and diversity training in the last 12 months has increased by 10%. A new programme has been delivered across the Trust in the last year and the plan is to progress E-Learning more in this area.

8.0 **SUMMARY**

- 8.1 Set in the context of a year during which the Trust has made headlines for financial deficit; the risk of not paying staff; the poor care of elderly patients and job losses for A&C grades it is perhaps not surprising that there has been a significant reaction from staff. It is apparent for example from Ask the Boss comments and other message boards, that there is a feeling amongst staff that management are to blame for the deficits and that insufficient staffing is a significant contributing factor to perceptions of poor quality care.

- 8.2 Overall, the survey responses indicate that there is still much work to be done to improve the way in which we work together to enhance the quality of care we provide to our patients. Notwithstanding this, we do know that in many areas we are providing high quality patient care. We can clearly do more to involve staff in decision-making and suggesting new ideas for service improvement, consultation about changes, provision of feedback, communication between senior managers and staff and making staff feel that their contribution is valued. Together with Divisional Management Teams, we need to focus on a clear set of priorities building on the progress made during the last 12 months.

9.0 **NEXT STEPS**

- 9.1 The view of the Executive Team is that we do not need another action plan to respond to the messages in the survey but we do need to reinvigorate and increase the perceived importance of the Staff Experience Eight Point Action Plan.

The content of the Eight Point Plan will be updated to provide more context with emphasis on links to patient care, and for managers the need to respond to the feedback from Local Staff Polling.

- 9.2 Work completed by the Chief Operating Officer/Chief Nurse has indicated that across the population of managers (from CBU to operational level) there has not been a consistent objective set related to improving the levels of staff engagement or satisfaction. In some instances a manager may have a target related to sickness absence management or appraisal but this was not universal. It is proposed that each manager, (including ward manager, medical lead, head of service) has an objective set for 2012/13 related to the implementation of the 'Let's Keep Talking' Eight Point Action Plan.

- 9.3 Building on the work facilitated by Deloitte, the Executive Team discussed a refreshed Organisational Development Plan that will enable and facilitate the implementation of the strategy. The content of the plan will be discussed with a group of key opinion-formers to develop further the content.

9.4 A specific facilitated session for Trust Board members will take place in April to review the national staff survey results in detail. This session will support the action planning to improve results across the key findings areas highlighted in **Appendix 2**.

10.0 **RECOMMENDATIONS**

- Note the key messages from the analysis of 2011 results in relation to areas identified as priorities for 2011/12;
- Note the significance of the national staff survey results as indicators of organisational capability and engagement and
- A further report will be brought to the May Trust Board which will support the review of the eight point action plan prior to approval, implementation and communication.

STAFF EXPERIENCE EIGHT POINT ACTION PLAN

Let's Keep Talking

In the recent national staff survey and our first local staff polling you told us what's working well for you and areas that we can improve. Based on the results, this plan identifies priority areas, provides a brief overview of findings and states actions for the Trust, managers and staff to help effect change and bring improvements across UHL.

1. Values , behaviours and staff attitudes

We are committed to ensuring our staff feel motivated, valued and listened to. Staff were a part of the process that created our values and behaviours and they now set the standard for how we do things at UHL. Living our values enables us to meet our commitment to staff. The survey told us that our staff feel motivated to come to work, putting us in the top 20% of Trusts nationally. However, staff don't always feel that they have the opportunity to share their thoughts and ideas or that if they do, they are valued. So, how do we ensure that our staff feel motivated and valued?

Key Action 1

Managers: Through discussion, appraisal and leading by example, we would like managers to ensure that all staff are responsible for and are aware of the values and understand what is expected of in terms of demonstrating them.

Staff: We all have a responsibility for making ourselves aware of the values and will confidently challenge those who are not demonstrating them, so that you can improve the experiences of our patients and staff. As a member of staff you can expect to be treated in accordance with our values, and behave in line with UHL values.

2. Appraisal

It is great to know that 91% of our staff had an appraisal last year (average was 78% nationally) and we appreciate all the effort that you put into achieving this. However only 35% of UHL staff felt that their appraisal was well structured, with a timely follow up. Staff tell us that they want to be part of a process that allows them to discuss their role, experience, opportunities and progress against their agreed objectives.

Key Action 2

Managers: As a manager, your aim is to ensure that 100% of staff you are responsible for are having an appraisal that is valuable, productive and provides positive feedback. In recording appraisal discussions and outcomes, using the Trust's approved documentation it is your responsibility to ensure your staff are provided with a copy of the completed documentation within a maximum of two weeks. You can then discuss progress against agreed objectives at regular intervals between appraisals.

Staff: It's your right to have an appraisal, so make sure that you have one every year and regular conversations with your manager about your progress.

3. Communication

This includes relationships and communications between senior managers and staff and access to senior managers. Only 24% of UHL staff (based on the national survey responses) said that there was good communication between them and senior management, a reduction of 2% from 2009. In relation to local polling, staff gave a similar picture, so it is clear that managers need to be more visible and accessible.

Key Action 3

Trust: We will continue to carry out regular Executive and Non Executive walkabout sessions, monitoring improvements through our local staff polling. We will continue to implement the internal communications strategy which sets out a number of ways managers can improve communication internally.

Divisional, Directorate and CBU Managers: Surgeries, walkabouts or forums should be held on a monthly basis to create greater opportunities to engage your staff.

Managers: Setting up or continuation of regular meetings should be seen as a priority, either on a one to one basis or in teams, so that Trust and local news and plans can be shared and your staff can feed back their thoughts and ideas.

Staff: Please ensure you take the opportunity to attend team and other meetings and positively engage in discussions.

4. Recognition and acknowledgement

When we asked whether staff agreed or disagreed with the question “have you received feedback or recognition in the last month”, a much larger figure than we would like said they disagreed with this statement. Many of our local polling responses showed that for staff to feel that their work was recognised all it took was a simple thank you or well done from their manager. We currently hold an annual staff awards ceremony. Although this is a major event in the UHL social calendar, we recognise that this is not regular enough and only rewards a handful of people. So how can we recognise people in a more structured, and more frequent way?

Key Action 4

Trust: We are launching the ‘Caring at its Best’ quarterly awards, linked to our values.

Managers: Consider “did you say ‘thank you’ to anybody today?” You can use the freedom you have to recognise and reward good practice at a local level, and this can be shared and showcased either amongst your local team, or with the rest of the organisation via the communications team.

5. Trust commitment to work/life balance and health and well-being

Generally this is an area of concern and focus for us. A number of different things are linked to this, such as staff feeling pressured to come to work when they’re feeling unwell (32%), the Trust’s commitment to work/life balance and the perception that managers are not concerned for your health and well being.

Staff at times may work longer hours or miss breaks due to pressures, and managers should work with staff to address this and minimise this wherever possible. Balancing work and life is never easy, but according to our survey results 60% of our staff are already working flexible patterns that they chose.

Key Action 5

Trust: We commit to further develop and promote our comprehensive Well Being at Work Programme (including exercise, weight management, relaxation, alternative therapies, as well as a range of social events), and find out from staff what else we can do so we can improve what is on offer. We will ensure that we publicise flexible working opportunities so staff can speak to their managers about whether these might be an appropriate option for them.

Managers: Facilitate an informal conversation with individuals, regarding any issues that they may have around work/life balance and work pressures frequently, and particularly during the appraisal process and agree on steps that can be taken to improve.

Staff: We would like you to discuss any issues you may have relating to work/life balance and work pressures with your manager and you may want to take advantage of activities offered through the Well Being at Work Programme.

6. Opportunity to develop; potential at work; access to training and development; talent management.

In our recent appraisal audit, 37% of staff said it was too early to tell if their appraisal had been valuable and if follow up opportunities that were discussed would happen. Only 35% of staff said they had opportunities to develop, a drop of 9% from 2009, putting us well below the national average.

However 89% of staff felt the Trust offered equal opportunities to progress in their career. Whilst there are external factors, such as the current financial climate, which may impact on the opportunities for training and development, we recognise that we need to make sure through the appraisal process that realistic opportunities to develop are supported, and we've included questions in the local polling to help us monitor this.

Key Action 6

Trust: We will continue to promote internal and external training and development opportunities which can help your career development and progression.

Managers: You will ensure that all staff have an appraisal including a discussion about their aspirations. Together you can agree a Personal Development Plan (PDP) with realistic training and development opportunities including statutory and mandatory training.

Staff:

By committing to, and fulfilling your PDP through full participation in agreed training and development opportunities and keeping your training records up to date, you can ensure the process is one of value to you.

7. Equality and diversity training

Less staff this year (28%) felt that they'd had training on equality and diversity. This is well below the best performing Trust where 90% of its staff had received the appropriate training. As our local population becomes evermore diverse it's important that staff have an understanding of these issues which will certainly lead to an improved patient experience.

Key Action 7

Trust: We will make training accessible to larger numbers of staff by increasing the range of training methods by creating an equality awareness video which can be accessed online; developing an e-learning package and completing the senior managers training programme which has already commenced

Managers: As a manager, please ensure the requirement for equality and diversity training is identified and support and enable your staff to complete this.

Staff: Once available, make the time to access the available training packages

8. Materials and equipment to do the job

The local survey feedback in this area was concerning as only 56% of staff agree that they have adequate materials, supplies and equipment to do their work.

Key Action 8

Trust: We will be asking managers and staff to take local action with the results, particularly focusing on whether staff have the right materials and equipment to do their job.

Managers: As part of your regular communication with your staff and teams, ensure you include a way to identify that they have the right equipment and materials to carry out their job safely.

Staff: You are encouraged to promptly inform managers of any concerns regarding materials and equipment required.

June 2011

Summary of all Key Findings for University Hospitals Of Leicester NHS Trust

KEY

✓ Green = Positive finding, e.g. in the best 20% of acute trusts, better than average, better than 2010

! Red = Negative finding, e.g. in the worst 20% of acute trusts, worse than average, worse than 2010

'Change since 2010 survey' indicates whether there has been a statistically significant change in the Key Finding since the 2010 survey

-- Because of changes to the format of the survey questions this year, comparisons with the 2010 score are not possible

* For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better

	Change since 2010 survey	Ranking, compared with all acute trusts in 2011
STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs.		
KF1. % feeling satisfied with the quality of work and patient care they are able to deliver	• No change	! Lowest (worst) 20%
KF2. % agreeing that their role makes a difference to patients	• No change	• Average
KF3. % feeling valued by their work colleagues	• No change	✓ Highest (best) 20%
KF4. Quality of job design	• No change	• Average
* KF5. <i>Work pressure felt by staff</i>	• No change	! Above (worse than) average
KF6. Effective team working	• No change	• Average
KF7. Trust commitment to work-life balance	• No change	! Below (worse than) average
* KF8. <i>% working extra hours</i>	• No change	• Average
KF9. % using flexible working options	• No change	✓ Above (better than) average
STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate training for their jobs, and line management support to succeed.		
KF10. % feeling there are good opportunities to develop their potential at work	• No change	! Below (worse than) average
KF11. % receiving job-relevant training, learning or development in last 12 mths	• No change	• Average
KF12. % appraised in last 12 mths	• No change	✓ Highest (best) 20%
KF13. % having well structured appraisals in last 12 mths	• No change	✓ Above (better than) average
KF14. % appraised with personal development plans in last 12 mths	• No change	✓ Highest (best) 20%
KF15. Support from immediate managers	• No change	! Below (worse than) average
STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.		
Occupational health and safety		
KF16. % receiving health and safety training in last 12 mths	• No change	• Average
* KF17. <i>% suffering work-related injury in last 12 mths</i>	• No change	✓ Lowest (best) 20%
* KF18. <i>% suffering work-related stress in last 12 mths</i>	• No change	• Average
Infection control and hygiene		
KF19. % saying hand washing materials are always available	! Decrease (worse than 10)	! Below (worse than) average

Summary of all Key Findings for University Hospitals Of Leicester NHS Trust (cont)

	Change since 2010 survey	Ranking, compared with all acute trusts in 2011
Errors and incidents		
* KF20. % witnessing potentially harmful errors, near misses or incidents in last mth	• No change	• Average
KF21. % reporting errors, near misses or incidents witnessed in the last mth	• No change	• Average
KF22. Fairness and effectiveness of incident reporting procedures	! Decrease (worse than 10)	! Lowest (worst) 20%
Violence and harassment		
* KF23. % experiencing physical violence from patients, relatives or the public in last 12 mths	• No change	✓ Lowest (best) 20%
* KF24. % experiencing physical violence from staff in last 12 mths	• No change	! Above (worse than) average
* KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths	• No change	• Average
* KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths	• No change	! Above (worse than) average
KF27. Perceptions of effective action from employer towards violence and harassment	! Decrease (worse than 10)	! Lowest (worst) 20%
Health and well-being		
* KF28. Impact of health and well-being on ability to perform work or daily activities	• No change	! Above (worse than) average
* KF29. % feeling pressure in last 3 mths to attend work when feeling unwell	• No change	! Above (worse than) average
STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services.		
KF30. % reporting good communication between senior management and staff	• No change	! Lowest (worst) 20%
KF31. % able to contribute towards improvements at work	• No change	✓ Above (better than) average
ADDITIONAL THEME: Staff satisfaction		
KF32. Staff job satisfaction	• No change	! Below (worse than) average
* KF33. Staff intention to leave jobs	• No change	! Above (worse than) average
KF34. Staff recommendation of the trust as a place to work or receive treatment	! Decrease (worse than 10)	! Lowest (worst) 20%
KF35. Staff motivation at work	• No change	• Average
ADDITIONAL THEME: Equality and diversity		
KF36. % having equality and diversity training in last 12 mths	✓ Increase (better than 10)	! Below (worse than) average
KF37. % believing the trust provides equal opportunities for career progression or promotion	• No change	• Average
* KF38. % experiencing discrimination at work in last 12 mths	• No change	✓ Below (better than) average