

## Introduction

The 2010 National NHS Survey was undertaken during September to December 2010. The survey is designed to collect the views of staff about their work and the healthcare organisation for which they work. It provides useful benchmarking information on their views.

All staff received a questionnaire; however the Care Quality Commission results are based on a sample. The response rate this year was 38 %, down from 41% last year. This puts us in the lowest 20% of acute trusts in England. This low response rate was especially disappointing as we attached surveys to the majority of pay slips this year – as many staff in previous years have said they had not received a form. A marketing campaign was also held in partnership with trade union representatives throughout the survey period. It appears, in discussion, that many staff are still not convinced - although assured otherwise - of the survey's confidentiality and are worried that views can be attributed.

There are 38 key findings (compared with 40 the previous year) where direct comparisons over the two years can be made, we have improved in seven of these key findings and only deteriorated in one. The one deterioration is in the % of staff receiving health and safety training in the last 12 months.

I attach a copy of the summary report for more detail.

## The Whittington's Results

Two results of particular importance to be highlighted are :

- The questions around staff recommending the trust as a place to work or receive treatment. This was again, as it was last year, **in the highest (best) 20%** of acute trusts with a score of **3.81 (up from 3.69 from last year)** (the higher the better) compared to acute trust average of **3.52**
- For the second year there has been an overall staff engagement score calculated. The score for the hospital is **3.74** and **was in the highest (best) 20%** when compared to trusts of a similar type. We were in the top 20% last year as well.

These are very significant and positive findings particularly in a time of rapid change and uncertainty.

***The other key findings for which the hospital compares most favourably with other acute trust in England are:***

*Work Pressure felt by staff:*

Trust score 2010 **2.85** . National 2010 average for acute trusts **3.11** (the lower the score the better) We are in the lowest (best) 20% when compared with trusts of a similar type. It is also a statistically significant decrease (improvement) since 2009 when we scored 3.04

*Trust commitment to work-life balance:*

**3.62** Acute trust average **3.38** (the higher the score the better). We are in the highest (best) 20%. There was a statistically significant improvement since 2009.

*Percentage of staff reporting good communication between senior management and staff:*

**35%. Acute trust average 26%** We are in the highest 20%. Our score has not changed significantly since 2009

**The key findings for which the hospital compares least favourably with other acute trusts in England. That is, the not so good news.**

It is suggested that these areas be the areas we concentrate on in terms of our action planning

*Percentage of staff experiencing physical violence from staff in the last 12 months*

**3%. Acute trust average 1%** (because of changes to the format of the survey questions this year, comparisons with the 2009 score are not possible). This is in the highest (worst) 20% when compared to trusts of a similar type

*Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months*

**17%. Acute trust average 15%** (again because of changes comparison with 2009 is not possible) We are, however, in the highest (worst) 20%

*Percentage of staff experiencing discrimination at work in last 12 months*

**18%. Acute trust average 13%.** (comparison with 2009 again not possible) We are in the worst 20%. This discrimination is from patients, relatives or other members of the public and/or from colleagues or managers. This may suggest a link with the harassment and abuse key finding.

*Percentage of staff receiving health and safety training in the last 12 months*

**70% (down from 78% in the previous year) - Acute trust average 80%** We are in the bottom 20%. The score is also a statistically significant decrease from 2009.

**The 4 key findings where staff experiences have improved the most since the 2009 survey.**

*Work pressure felt by staff* – we are in lowest (best) 20% with a statistically significant decrease since 2009

*Percentage of staff having had equality and diversity training in the last 12 months* – 39% (now average and a statistically significant increase since 2009)

*Staff intention to leave jobs* - average but with a statistically significant decrease (i.e. improvement) since 2009

*Impact of health and well-being on ability to perform work or daily activities.* We are still above (worse than) average on this but with a statistically significant decrease (i.e. improvement) since 2009

## Whittington Health: community services results

It is recommended that the action plan attached is revisited once the ICO is in place as the staff survey results from Islington and Haringey PCTs will have to be taken into account. Although it is not possible to split results by provider/commissioning arms, the bottom four ranking scores, which may give us an indication of areas on which to concentrate, for **Islington** are:

- % of staff working extra hours
- % of staff using flexible working options
- % of staff suffering work-related injury
- % of staff saying hand washing materials are always available

and for **Haringey**:

- % of staff experiencing harassment/bullying or abuse from patients, relatives or the public in the last 12 months
- % of staff feeling pressure in last 3 months to attend work when feeling unwell
- % of staff using flexible working options
- Staff intention to leave jobs

Overall staff engagement at Islington was judged to be above (better) than average when compared to similar organisations – at Haringey it was judged to be average

### Next steps

Based on the Whittington Hospital's bottom ranking scores it is proposed that the emphasis this year is:

Action	Lead	Timescale
<b>Bullying and Harassment/Violence</b>		
<ul style="list-style-type: none"> <li>• Continue to provide bullying and harassment lunchtime training session for managers</li> </ul>	Director of HR	Spring 2011
<ul style="list-style-type: none"> <li>• Review best practice trusts for new approaches</li> </ul>	Director of HR	April 2011
<ul style="list-style-type: none"> <li>• Discuss issues of bullying and harassment (and other staff attitude survey results in focus groups) when staff employment promise is redrafted. This will link into a revised HR strategy once the ICO is in place</li> </ul>	Director of HR	Summer 2011
<ul style="list-style-type: none"> <li>• Ensure patients/visitors are reminded of trust's zero tolerance to bullying – with effective action taken against perpetrators</li> </ul>	All directors – in conjunction with communications team	Immediate
<ul style="list-style-type: none"> <li>• Agree joint proposals at Partnership Group, when bullying and harassment policy is due for review in June 2010, for other approaches to combating bullying</li> </ul>	Director of HR	June 2011

<ul style="list-style-type: none"> <li>Recruit, train and publicise additional bullying and harassment advisers</li> <li>HR to provide support to manager to enable discussions on bullying and harassment to become part of regular appraisal – with appropriate action taken</li> </ul>	<p>Director of HR</p> <p>Director of HR All managers</p>	<p>May 2011</p> <p>Immediate</p>
<p><b>Discrimination</b></p> <ul style="list-style-type: none"> <li>Discuss issues of discrimination (and other staff attitude survey results in focus groups) when staff employment promise is redrafted. This will link into a revised HR strategy once the ICO is in place</li> <li>Continue to monitor grievances/disciplinary/ bullying and harassment claims to identify if any particular areas of concern and agree plans to address issues</li> <li>Equality and diversity group to review actions linked to the trust's single equality scheme</li> <li>Managers to lead by example</li> <li>Review of equality training and roll out enhanced programme</li> </ul>	<p>Director of HR</p> <p>Director of HR</p> <p>Director of HR</p> <p>All managers</p> <p>Director of HR</p>	<p>Summer 2011</p> <p>On-going</p> <p>April 2011</p> <p>Immediate</p> <p>Spring 2011</p>
<p><b>Health and Safety Training</b></p> <ul style="list-style-type: none"> <li>Review current system of training delivery and assess how numbers could be increased</li> <li>Directors to review H&amp;S training attendance across their areas and ensure any outstanding attendees are booked and staff attend</li> </ul>	<p>Director of facilities</p> <p>All directors</p>	<p>April 2011</p> <p>Immediate</p>
<p><b>Increase response rate</b></p> <ul style="list-style-type: none"> <li>Develop plan with staff representatives to overcome staff concerns about confidentiality</li> <li>Review best practice trusts with a view to developing new approaches to increase response rate</li> </ul>	<p>Director of HR</p> <p>Director of HR</p>	<p>August 2011</p> <p>August 2011</p>

## Recommendations

The trust board is asked to agree the following:

1. The action plan above
2. that the results and plans are published to all staff encouraging them to comment
3. Directors to review the Individual directorate reports with their staff
4. The new *Health and Well-being* Committee be asked to monitor the action plan to ensure progress is made, reporting back to the Trust Board in September 2011.