

## Whittington Health Trust Board

24 October 2012

<b>Title:</b>	Staff Survey 2011: review of action plan		
<b>Agenda item:</b>	<b>12</b>	<b>Paper</b>	<b>H</b>
<b>Action requested:</b>	To note		
<b>Executive Summary:</b>	<p>Following the 2011 Staff Survey the Trust Board agreed an action plan to address the key issues highlighted. This paper sets out the progress in implementing the Trust wide action plan, which incorporates Divisional plans too.</p> <p>Details of the 2012 Staff Survey are also included in this paper for information.</p> <p>The Trust Board is asked to review the progress on the action plan. Key actions include:</p> <ul style="list-style-type: none"> <li>○ Focus Groups held</li> <li>○ ICAM launch a Team Stress Survey</li> <li>○ Exit questionnaires being piloted before full roll out</li> <li>○ Revised/new policies agreed e.g. Flexible working; Staff Health &amp; Wellbeing (linked to the programme of “Improving population health”)</li> <li>○ Promotion of hand hygiene and audits</li> <li>○ District Nursing staff safety tracker system introduced</li> <li>○ Equality objectives in place and implementation monitored</li> <li>○ Mandatory training compliance monitoring</li> <li>○ Promotion of appraisal and personal development plans</li> <li>○ Introduction of on-line staff survey together with hard copy</li> <li>○ Plan to promote completion of 2012 staff survey</li> </ul> <ul style="list-style-type: none"> <li>● note the arrangements for the 2012 Staff Survey</li> </ul>		
<b>Summary of recommendations:</b>	<p>Trust Board to:</p> <ul style="list-style-type: none"> <li>● Review progress on addressing issues raised by the staff survey 2011</li> <li>● Note the arrangements for the 2012 staff survey</li> </ul>		
<b>Fit with WH strategy:</b>	<p>Staff engagement is key to delivering the Trust’s strategic goals. The staff survey contributes to assessment of the commitment of</p>		

	<p>the workforce to the Trust and to implementation of the workforce strategy.</p> <p>The CQC include the outcomes from the staff survey in their assessment the Trust's overall performance.</p>						
<b>Reference to related / other documents:</b>	<p>Staff Survey full report  <a href="http://www.dh.gov.uk/health/2012/03/nhsstaffsurvey/">http://www.dh.gov.uk/health/2012/03/nhsstaffsurvey/</a></p>						
<b>Date paper completed:</b>	28 September 2021						
<b>Author name and title:</b>	<b>Margaret Boltwood Director of People</b>			<b>Director name and title:</b>		<b>Maria da Silva Chief Operating Officer</b>	
<b>Date paper seen by EC</b>		<b>Equality Impact Assessment complete?</b>	<b>N/A</b>	<b>Risk assessment undertaken?</b>	<b>N/A</b>	<b>Legal advice received?</b>	<b>N/A</b>



## 1 Introduction

1.1 Staff participated in an annual staff survey in the autumn of 2011. These survey results were reported to the Trust Board in April 2012 together with an action plan to address highlighted issues. This paper reviews the progress on implementing the agreed action plan. The survey includes staff attitudes and beliefs about various aspects of their work and contributes to identifying areas for improvement. Whittington Health was benchmarked against acute trusts as there was not a category for Integrated Care Organisations.

## 2 Staff survey 2011 action plan

2.2 The four key findings where Whittington's results compared the most favourably against other acute Trusts and in the best 20% were:

- √ Trust commitment to work-life balance – Trust score 3.59 against national average 3.36
- √ Effective Team Working – Trust score 3.82 against national average 3.72
- √ Percentage of staff receiving job-relevant training, learning or development in last 12 months – Trust score 83% against national average 78%
- √ Percentage of staff having well structured appraisals in last 12 months – Trust score 42% against national average 24%
- √ staff engagement . Trust score of 3.74 was in the best 20% against other acute Trusts.

2.3 The four key findings where Whittington's results compared the least favourably against other acute Trust's and in the worst 20% were:

- × Percentage of staff experiencing physical violence from staff in last 12 months – Trust score 3% against national average 1%
- × Impact of health and wellbeing on ability to perform work or daily activities – Trust score 1.63 against national average 1.56
- × Percentage of staff saying hand washing materials are always available – Trust score 53% against national average 66%
- × Percentage of staff agreeing that their roles make a difference to patients – Trust score 88% against national average 90%

2.4 These survey results have been analysed by the clinical divisions, facilities and estates directorate, who have developed their own action plans. These have been compiled into a Trust wide action which is presented for review by the Trust Board.

2.5 The action plan together with a review of its implementation is attached as Appendix 1. One of the actions was to hold focus groups with staff to try to understand the issues more and check that the priorities. A summary of these discussions is attached as Appendix 2.

### **3. 2012/13 staff survey**

3.1 This year's staff survey will take place week commencing 5 October 2012. Following consultation within the divisions, the approach favoured this year is to survey all staff as opposed to just a 'basic sample' (850 staff) using an on-line method. Staff will receive their on-line survey via an e-mail link.

3.2 However in order to meet standard methodology used by the Department of Health for the purposes of the CQC survey, the Trust is still required to undertake a 'basic sample' of staff of 850 staff by printed hard copy questionnaires. This is because only data from the 'basic sample' will be used to make national comparisons.

3.3 The survey will close early December and the questionnaires will be analysed for the Trust by the Picker Institute. Their final report is planned to be issued Jan 2013 followed by the Department of Health's report which benchmarks trusts performance in March 2013. Once this is available its results will be reviewed and an action plan drawn up, building on the work undertaken in 2012 and then reported to the Trust Board. This is will be April/May 2013.

### **4. Next steps**

4.1 The Trust Board is asked to:

- Review the progress on the action plan
- note the arrangements for the 2012 Staff Survey

## Review of Staff Survey 2011 Action Plan as 30 September 2012

Action	Lead	Timescale	Progress
<p><b>Work Pressure felt by staff</b> (Priority areas for Division of Integrated Care &amp; Acute Medicine and Division of Women, Children and Families)</p> <ul style="list-style-type: none"> <li>Run focus groups with staff to identify specific themes/concerns e.g. unclear roles, resource constraints, flexible working options, lack of recognition etc issues for action</li> <li>Monitor staff turnover trends</li> <li>Role model positive behaviour on working long hours</li> <li>Review work-life balance policies</li> </ul>	<p>Director of People</p> <p>Director of People</p> <p>All Directors All managers</p> <p>Director of People</p>	<p>May/June 2012</p> <p>On-going</p> <p>Immediate</p> <p>June 2012</p>	<p>Focus Groups completed Aug 2012 – see Appendix 2 for feedback received <b>Completed</b> ICAM launching a Team Stress Survey - to be piloted in ED (following the example of Islington Council), which, as agreed at ICAM Board, will lead to actions and a 360 deg feedback forum. This will then be run across the Division in areas of high turnover / sickness absence.</p> <p>Turnover rates monitored by Divisions and Trust on monthly basis. Exit questionnaires being piloted with a view to trust roll out for high turnover areas to identify underlying concerns and to address issues to help improve retention</p> <p>Harmonised flexible working and special leave policy agreed with partnership Group August prior to Executive Committee agreement September 2012. To be publicised <b>Complete</b></p>

Action	Lead	Timescale	Progress
<p><b>Health and Wellbeing</b></p> <ul style="list-style-type: none"> <li>Review of health and wellbeing policies</li> <li>Implementation of health and wellbeing Strategy</li> </ul>	<p>Director of People (Head of Occupational Health services)</p> <p>Director of People (Head of Occupational Health services)</p>	<p>April 2012</p> <p>Strategy to EC May 2012 with implementation plan</p>	<p>Staff Well-being, Health and Stress management policy agreed by Executive Committee, linked to the programme of “Improving population health” lead by CEO.</p> <p>Staff health and wellbeing actions continue to be rolled out e.g. flu immunisation programme for staff winter 2012/13; physiotherapy clinic for staff; and review of current arrangements for counselling services.</p> <p><b>Completed</b></p> <p>External review of Occupational Health Services in conjunction with Royal Free and UCLH currently taking place with a view to strengthening robustness of services. Due to report October 2012.</p>
<p><b>Hand washing Materials</b></p> <ul style="list-style-type: none"> <li>Environmental hospital audits</li> <li>Extensive Hand Hygiene pack made available to community staff to ensure mobile staff have hygiene equipment needed</li> <li>Promote messages developed corporately around hand washing and encourage local feedback from areas if hand</li> <li>washing materials are not available</li> <li>Implementation of new hand hygiene policy</li> </ul>	<p>Director of Nursing and Patient Experience</p> <p>Director of Nursing and Patient Experience</p> <p>Director of Patient Experience in conjunction with Communications</p> <p>Director of Nursing and Patient Experience</p>	<p>On-going</p> <p>On-going</p> <p>May 2012</p> <p>May 2012</p>	<p>Programme of audits in place. The audits occur on a monthly/two monthly basis and the results of compliance are fed back via ward dash boards and IP&amp;C dash board.</p> <p><b>Complete</b></p> <p>The IP&amp;C team have developed hand hygiene promotion posters for all clinical areas. The messages on these posters are changed monthly. Acute clinical areas are visited weekly by IP&amp;C staff, hand hygiene facilities are assessed as part of this visit. Staff are asked if there are any issues at this time. E learning and face to face hand hygiene update training is provided regularly. Current compliance of mandatory training is 67% (target 90%)</p>

Action	Lead	Timescale	Progress
<p><b>Bullying &amp; Harassment/Violence</b> (Priority areas for Division of Integrated Care &amp; Acute Medicine and Directorate of Estates &amp; Facilities)</p> <ul style="list-style-type: none"> <li>Implement new procedures for Bullying and Harassment and Grievances</li> <li>Raise awareness of policy/support available</li> <li>All frontline staff to be trained in conflict avoidance</li> <li>Continue to undertake security inspections/surveys</li> </ul>	<p>Director of People</p> <p>Director of People in conjunction with Communications</p> <p>Director of Facilities/All managers</p> <p>Director of Facilities</p>	<p>June 2012</p> <p>June 2012</p> <p>By December 2012</p> <p>On-going</p>	<p>Harmonised Bullying &amp; Harassment and Grievance policy in place. Publicised to staff</p> <p><b>Complete</b></p> <p>ICAM: District Nursing purchase of a staff safety tracker system called the MySOS device (used by the day team who have reported the highest numbers of conflict related incidents (Hornsey Rise) and the two twilight teams).</p> <p>Additional courses have been arranged due to lack of uptake earlier in the year.</p> <p>Managers have been reminded of their responsibility to release staff for training.</p> <p>Inspections continue and are monitored by the security and personal safety committee</p> <p><b>In place</b></p>
<p><b>Equality &amp; Diversity</b> (Priority issue for Division of Surgery, Diagnostics &amp; Cancer and Directorate of Estates &amp; Facilities)</p> <ul style="list-style-type: none"> <li>Publicise equality and diversity training promote e-learning E&amp;D training through appraisal meetings</li> <li>Implementation of Whittington Health's Equality Objectives 2012 -2015</li> <li>Continue to monitor grievances/disciplinary/bullying and harassment cases to identify if any particular areas of concern</li> </ul>	<p>Director of People</p> <p>Director of People</p> <p>Director of People</p>	<p>On-going</p> <p>Immediate/on-going</p> <p>On-going</p>	<p>Compliance with mandatory training has increased to 70% (target is 90%) Publicity continuing.</p> <p>Equality objectives in place and implementation monitored through the Equality &amp; Diversity Steering Group</p> <p>Statistics relating to bullying and harassment cases reported through to Partnership Group</p>

Action	Lead	Timescale	Progress
<p><b>Dissatisfaction with recognition of good work</b> (Priority issue for Division of Surgery, Diagnostics and Cancer)</p> <ul style="list-style-type: none"> <li>Review practice for staff meetings to ensure managers meet staff on regular basis as teams and individuals.</li> <li>Review appraisal progress to ensure staff have feedback</li> </ul>	<p>All managers</p> <p>Director of People</p>	<p>May 2012</p> <p>On-going</p>	<p>Action plan developed in Surgery and Diagnostics discussed at September divisional meeting.</p> <p>Programme in place to remind and supporting staff and managers of the importance of appraisal and Personal development plans.</p>
<p><b>Career Progression</b> (Priority issue for Division of Surgery, Diagnostics and Cancer)</p> <ul style="list-style-type: none"> <li>Ongoing audit of outcomes at recruitment stage for substantive posts/secondments and acting up opportunities (gather data)</li> <li>Produce guidelines/briefing for managers re good /best practice</li> <li>Ensure that leadership development opportunities are publicized and that staff are given equal access to these</li> <li>Review % of long term bank staff not on substantive Trust contracts</li> </ul> <p>(Priority issue for Directorate of Estates and Facilities)</p> <ul style="list-style-type: none"> <li>E learning</li> </ul>	<p>Director of People (Head of HR Surgery)</p> <p>Director of People</p> <p>Director of People</p> <p>Director of People</p> <p>Director of Estates and Facilities</p>	<p>May 2012/ongoing</p> <p>June 2012</p> <p>May 2012</p> <p>June 2012</p> <p>September 2012</p>	<p>Acting up policy agreed by trust. <b>Completed</b></p> <p>Discussions have commenced to build into managers' training</p> <p>Opportunities widely advertised for all staff to access through Whittington Learning and Development News. <b>Completed</b></p> <p>Review completed and used to inform implementation of organisational changes across the trust. <b>Completed</b></p> <p>Current compliance for mandatory training is 60%. Programme in place with Estates and Facilities and Learning &amp; Development working together to provide training in an appropriate format to enable higher compliance. 90% target</p>



Action	Lead	Timescale	Progress
<p><b>Response Rate</b> (Priority issue for Division of Women, Children and Families)</p> <ul style="list-style-type: none"> <li>• Explore possibilities for conducting on-line surveys for 2012 survey</li> <li>• Publicise to staff the benefits of completing survey i.e. last year we were told as a result we did ....</li> <li>• Communications strategy to market/publicise staff survey cycle</li> <li>• Distribute forms to staff via managers to enable discussion about giving time off for completion</li> </ul>	<p>Director of People</p> <p>Director of People in conjunction with Communications</p> <p>All managers</p>	<p>September 2012</p> <p>June 2012 onwards</p>	<p>2012/13 staff survey will be available for staff via on line. Staff surveys to go out w/c 5 October</p> <p>Staff survey promoted via CEO's briefing; screen savers; Whittington weekly bulletin; intranet; letter &amp; FAQ's sent out jointly from HR Director and Staff Chair</p> <p>September/October 2012</p>

## Feedback from Staff Survey Focus Groups July/August 2012

Below is a summary of some of the key points to come out of the focus groups that were held in July & August 2012. Groups were held both in the hospital and on community sites and a total of 44 staff attended.

The focus groups were aimed at gaining a general picture of staffs' perception of the following areas:

- Work-Life Balance
- Training, Learning & Development
- Your job and organisation
- Violence, Bullying & Harassment
- Health & Wellbeing
- Infection Control

### 1 Work Life Balance

- Lots of examples given of staff working flexibly - part-time, compressed hours, home working etc and generally staff commented that managers were supportive and accommodating of flex. working requests.
- A few people were not aware of the flexible working policy.
- On the whole flexible working felt to have a positive effect on patient services.
- Many staff reported that they worked over their contracted hours and it was fairly mixed whether staff get the time back.
- Not all staff receive a 'thanks' or an acknowledgement from their manager for working extra hours.

**Actions:** Newly revised flexible working policy to be widely publicised  
CEO to remind managers that "thank you" is very important to staff. Reinforce through the dissemination of organisational values

### 2 Training, Learning & Development

- Divided opinion on e-learning
- Staff commented that training opportunities are well publicised through the Learning & Development bulletin, e-mails etc
- Community staff felt that training not always very accessible and too hospital based
- Lack of protected time for completing mandatory training and should be more face-to-face delivery
- Majority of staff had received appraisals - mixed views on the value of them related to how well structured they were.

**Actions:** Publicity of training to emphasis different venues for training across the trust  
Managers reminded to provide staff with protected time for training  
Face to face training provided for specific staff groups who find e learning challenging

### 3 Your Job and Organisation

- Many staff reported having team meetings and felt able to exchange ideas and put forward opinions. However from higher up the organisation staff commented that decisions are imposed and staff on the ground is not listened to.

- Nearly all staff reported that they felt valued within their teams and from their patients.
- Staff were aware of the different forms of internal communications e.g. weekly bulletin, CEO briefing, monthly magazine. Clinical staff particularly felt that do not get the time to read everything that comes around and difficult to filter through to get to the 'important' stuff.
- Most staff felt that they were fairly treated and hadn't witnessed discrimination of others.

**Actions: Reinforce listening to staff and taking on board their views through the dissemination of organisational values**

#### **4 Violence, Bullying & Harassment**

- Mixed awareness of the policy and other support mechanisms e.g. workplace harassment advisers, OASIS, etc although most staff reported they would speak to either their line manager or HR if they experienced harassment.
- Some staff commented that they thought increased workloads and poor management leads to staff feeling bullied.
- Most staff reported that there were no issues with bullying within their areas. Some staff did however report that from cases they were aware of, that they had not been handled very well and not taken seriously enough.

**Actions: Bullying & harassment cases are reviewed by H R for themes for learning etc.  
Policy to be re-published**

#### **5 Health & Wellbeing**

- Most staff reported that they put themselves under pressure to come into work when unwell as do not want to let patients down/fall behind with work. A couple of staff reported that their managers were unsupportive when off sick.
- Majority of staff were aware of health & wellbeing initiatives e.g. occupational health events, bike loans, zumba etc

**Actions: Reinforce good practise for management of staff sickness**

#### **6 Infection Control**

- Hand washing facilities, availability of alcohol gel etc were felt to be good. Staff commented that they thought there was good signage about importance of infection control in their areas and that generally it was well promoted.

**Actions: see staff survey action plan**

#### **7 General Comments**

- Disparity with mileage rates was an issue frequently raised within community focus groups.
- Lack of training for community staff in using e-procurement, hospital finance systems etc.
- Concerns raised about staff not being replaced and negative affect on patient care. Uncertainty felt due to so many re-structures across Trust and low staff morale.
- Many staff commented that they worked in 'tight knit' teams and that it's a friendly place to work, 'there's always somebody, who knows somebody, that can help'

**Actions: Directors to review**