

Whittington Health Trust Board

27th March 2013

| | | | | | | | |
|--|--|---|--------------|------------------------------------|---|---------------------------------------|---|
| Title: | Staff Survey Results 2012 | | | | | | |
| Agenda item: | 13/047 | | Paper | | | 8 | |
| Action requested: | To review the staff survey results and approve the action plan | | | | | | |
| Executive Summary: | <p>The 2012 staff survey was conducted between September and December last year and the results have now been published by the CQC.</p> <p>Whittington Health was in the top 20% of acute trusts for staff engagement. Whittington Health was also in the top 20% of acute trusts for 12 of the 28 key findings including staff job satisfaction, communication between senior management and staff, incident reporting and recommendation of the Trust as a place to work or receive treatment.</p> <p>Whittington Health attained the top score of any acute trust for support from immediate line managers and for staff experiencing violence from patients.</p> <p>Whittington Health is in the worst 20% of acute trusts for staff experiencing violence from other staff; staff experiencing discrimination at work; staff believing the Trust offers equal opportunities for career progression; availability of hand washing materials. It is recommended that all four indicators be prioritised for action across the whole organisation.</p> | | | | | | |
| Summary of recommendations: | To approve the proposed action plan | | | | | | |
| Fit with WH strategy: | To support implementation of workforce strategy | | | | | | |
| Reference to related / other documents: | N/A | | | | | | |
| Date paper completed: | 8 th March 2013 | | | | | | |
| Author name and title: | Nigel Redmond, Head of HR, WCF | | | Director name and title: | | Margaret Boltwood, Director of People | |
| Date paper seen by EC | 19.03 .2013 | Equality Impact Assessment complete? | - | Risk assessment undertaken? | - | Legal advice received? | - |



Staff Survey Results 2012

1.0 Introduction

1.1 This is the second year in which Whittington Health as an ICO has conducted the national staff survey. A sample of 833 staff was selected at random for this survey, 30% of whom completed and returned the questionnaire. This is down on last year's return rate of 39% and puts us in the worst 20% of Acute Trusts.

2.0 Staff Survey Results

2.1 This year there were twenty four key findings measured in the survey. Whittington Health was in the top 20% for twelve and in the bottom 20% for four.

2.2 In addition to these key findings there is a single overall indicator of staff engagement arrived at by combining the results of three key findings: staff ability to contribute to changes; staff recommendation of the trust as a place to work or receive treatment; staff motivation at work. Results for staff engagement were unchanged compared to last year's survey and put the Whittington in the top 20% of Trusts in the country for staff engagement.

2.3 Whittington Health achieved the best score for any acute trust for:

- support from immediate line managers and
 - staff experiencing violence from patients.
- From these results it could be concluded that this is a safe and supportive place to work.

2.4 We are in the top 20% of trusts and have improved on the results for 2011 in:

- effective team working
- staff having well structured appraisals
- support from immediate managers
- staff witnessing potentially harmful incidents
- fairness and effectiveness of incident reporting
- communication between senior management and staff
- staff job satisfaction
- recommendation of trust as place to work and receive treatment
- staff receiving equality training.

2.5 We also maintained our position in the top 20% of trusts for:

- pressure to attend work when unwell
- physical violence from patients or visitors
- staff reporting incidents.

2.6 Compared to last year's survey in those areas where we underperformed and were in the worst 20% of trusts we have improved our scores for:

- staff agreeing their role makes a difference to patients
- staff receiving health & safety training.

2.7 Whittington Health is in the worst 20% of acute trusts for:

- staff experiencing violence from other staff
- staff experiencing discrimination at work
- staff believing the Trust offers equal opportunities for career progression
- availability of hand washing materials.

For these final two indicators we were in the worst 20% last year as well. It is recommended that all four indicators be prioritised for action across the whole organisation.

3.0 Comparison for Whole Trust 2011 with 2012

Green is used where the Whittington is in the top 20%;
Red is used where the Whittington in the bottom 20%.

| Key Finding | 2011 | 2012 | Trust Average 2012 |
|--|------|------|--------------------|
| % staff satisfied with quality of work and patient care delivered | 77 | 80 | 78 |
| % staff agreeing their role makes a difference to patients | 88 | 89 | 89 |
| Work pressure felt by staff | N/A | 3.03 | 3.08 |
| Effective team working | 3.82 | 3.83 | 3.72 |
| % staff working extra hours | 69 | 72 | 70 |
| % staff receiving job relevant training | N/A | 83 | 81 |
| % staff appraised | 80 | 78 | 84 |
| % staff having well structured appraisals | 42 | 43 | 36 |
| Support from immediate managers | 3.71 | 3.81 | 3.61 |
| % staff receiving health & safety training | 70 | 80 | 74 |
| % staff suffering work related stress | 31 | 37 | 37 |
| % staff saying hand washing materials are always available | 53 | 47 | 60 |
| % staff witnessing potentially harmful incidents | 34 | 25 | 34 |
| % staff reporting incidents | 96 | 94 | 90 |
| Fairness and effectiveness of incident reporting procedures | 3.48 | 3.64 | 3.5 |
| % staff experiencing physical violence from patients or public | N/A | 7 | 15 |
| % staff experiencing violence from staff | N/A | 4 | 3 |
| % staff experiencing abuse from patients or public | N/A | 31 | 30 |
| % staff experiencing bullying & harassment from staff | N/A | 26 | 24 |
| % staff feeling pressure to attend work when unwell | 22 | 22 | 29 |
| % staff reporting good communication between senior management and staff | 34 | 41 | 27 |
| % staff able to contribute to improvements at work | 64 | 70 | 68 |
| Staff job satisfaction | 3.55 | 3.68 | 3.58 |
| Recommendation of trust as place to work or receive treatment | 3.70 | 3.75 | 3.57 |

| | | | |
|---|------|------|------|
| Staff motivation at work | 3.91 | 3.88 | 3.84 |
| % staff receiving equality training | 38 | 72 | 55 |
| % staff believing the Trust offers equal opportunities for career progression | 85 | 83 | 88 |
| % staff experiencing discrimination at work | 14 | 15 | 11 |

4.0 Corporate Actions

| Issue | Proposed Action | Lead | Timescale |
|---|---|--|--|
| Violence against staff by other staff. Divisional feedback and DATIX reports indicate there is little reporting of violent incidents to managers but there is a clear trend of reporting them in the staff survey. | To plan in partnership with Staffside how to encourage greater reporting of violent incidents involving staff and understand why these may have not been reported in the past. This could include use of a hotline or other methods for staff to raise concerns in confidence. | Director of People via subgroup of the Partnership Group | Action plan agreed by April 2013 with further milestones within that |
| Staff experiencing discrimination | Joint action planning with Staffside to include a review of management training and the reporting of incidents. Review of communications regarding change and consultation processes with a particular focus on pre-consultation activity. | Director of People | Action plan signed agreed by April 2013 with review conducted by May 2013 |
| Equal Opportunities | To be reviewed as above to include appointments to posts as a result of organisational change as well as how staff are identified for and appointed to promotional or developmental opportunities. | Director of People | Action plan signed agreed by April 2013 with review conducted by May 2013 |
| Access to handwashing materials | To work across the divisions in conjunction with the infection control team to review where access is poor as the staff survey results do not enable identification of areas by location. As the lowest availability based on responses seems to be amongst AHPs and in the WCF Division work should start here | Director of Nursing & Patient Experience | Action plan to be agreed by April 2013 with further timescales within that |

5.0 Equalities Indicators

- 5.1 For some of the equalities indicators, the sample size is small. For example, only 46 of the 250 respondents were men and only 35 declared a disability. Therefore only large variations have been included for consideration as a relatively small number of people could make a significant difference in the percentages.
- 5.2 There are some areas where the Trust scored in the bottom 20% overall which show considerable variation in responses by equalities measures. For equal opportunities for career progression, only 68% of BME respondents thought that the Trust did offer equal opportunities compared with 92% of white respondents. Similarly 63% of those with a disability thought the Trust offered equal opportunities compared with 89% of those with no disability.
- 5.3 For those respondents who had experienced discrimination at work those with a disability experienced discrimination at double the rate of those without a disability – 26% against 13%.
- 5.4 In addition, 50% of those with a disability reported experiencing bullying and harassment from other staff compared with 20% of those without a disability and those with a disability were twice as likely to report having suffered workplace stress – 66% against 33%.
- 5.5 BME staff were 10% more likely than white staff to experience bullying and harassment from patients and their relatives than white staff – 38% against 28% and less likely to have access to handwashing facilities – 53% against 43%. This may be due to a higher proportion of BME staff working in patient care roles than white staff.
- 5.6 In terms of gender, women were more likely to experience work-related stress - 41% against 23% - and were more likely to experience bullying & harassment from patients or relatives – 34% against 22%.
- 5.7 It is recommended that urgent action being undertaken through an HR Group of the Heads of HR facilitated by the corporate HR team to design and carry out focussed staff surveys and interviews to seek further information on those areas where we are in the bottom 20% of trusts to identify if this poor performance is attributable in any way to equalities considerations. The results of this should be reported to the Trust Operational Board and Executive Committee and progress against the issues identified monitored by the board Equalities Committee.

6.0 Divisional Results

| Key Finding | Trust | Facilities | ICAM | SCD | WCF | Acute Trust Average |
|---|-------|------------|------|------|------|---------------------|
| % staff satisfied with quality of work and patient care delivered | 80 | - | 72 | 89 | 80 | 78 |
| % staff agreeing their role makes a difference to patients | 89 | - | 89 | 93 | 94 | 89 |
| Work pressure felt by staff | 3.03 | 2.90 | 3.06 | 2.92 | 3.21 | 3.08 |
| Effective team working | 3.83 | - | 3.80 | 3.84 | 3.93 | 3.72 |
| % staff working extra hours | 72 | 75 | 75 | 64 | 77 | 70 |
| % staff receiving job relevant training | 83 | 83 | 89 | 91 | 77 | 81 |
| % staff appraised | 78 | - | 85 | 70 | 87 | 84 |
| % staff having well structured appraisals | 43 | - | 43 | 44 | 47 | 36 |
| Support from immediate managers | 3.81 | 3.43 | 3.71 | 3.80 | 3.97 | 3.61 |
| % staff receiving health & safety training | 80 | 58 | 83 | 87 | 77 | 74 |

| Key Finding | Trust | Facilities | ICAM | SCD | WCF | Acute Trust Average |
|--|-------|------------|------|------|------|---------------------|
| % staff suffering work related stress | 37 | 33 | 45 | 20 | 42 | 37 |
| % staff saying hand washing materials are always available | 47 | 50 | 47 | 64 | 38 | 60 |
| % staff witnessing potentially harmful incidents | 25 | 33 | 35 | 23 | 24 | 34 |
| % staff reporting incidents | 94 | - | 100 | - | 84 | 90 |
| Fairness and effectiveness of incident reporting procedures | 3.64 | 3.52 | 3.61 | 3.66 | 3.68 | 3.5 |
| % staff experiencing physical violence from patients or public | 7 | 8 | 11 | 8 | 6 | 15 |
| % staff experiencing violence from staff | 4 | 0 | 5 | 2 | 2 | 3 |
| % staff experiencing abuse from patients or public | 31 | 17 | 36 | 35 | 30 | 30 |
| % staff experiencing bullying & harassment from staff | 26 | 18 | 27 | 22 | 26 | 24 |
| % staff feeling pressure to attend work when unwell | 22 | 27 | 25 | 20 | 21 | 29 |
| % staff reporting good communication between senior management and staff | 41 | 33 | 36 | 38 | 50 | 27 |
| % staff able to contribute to improvements at work | 70 | 42 | 68 | 67 | 78 | 68 |

| Key Finding | Trust | Facilities | ICAM | SCD | WCF | Acute Trust Average |
|---|-------|------------|------|------|------|---------------------|
| Staff job satisfaction | 3.68 | 3.51 | 3.66 | 3.61 | 3.83 | 3.58 |
| Recommendation of trust as place to work or receive treatment | 3.75 | 3.79 | 3.65 | 3.93 | 3.76 | 3.57 |
| Staff motivation at work | 3.88 | 3.81 | 3.79 | 4.14 | 3.92 | 3.84 |
| % staff receiving equality training | 72 | 67 | 74 | 77 | 68 | 55 |
| % staff believing the Trust offers equal opportunities for career progression | 83 | - | 87 | 87 | 86 | 88 |
| % staff experiencing discrimination at work | 15 | 8 | 18 | 7 | 14 | 11 |

Green is used for the Trust score where the Whittington is in the top 20% or where the Division is better than the Whittington score and the Acute Trust Average score.

Red is used for the Trust score where the Whittington is in the bottom 20% or where the Division is worse than the Whittington Score and worse than the Acute Trust Average score.

7.0 Divisional Action Plans

7.1 Divisions used the table at 6.0 of this paper to identify and prioritise areas for action and below are summarised those actions put forward by divisions which do not fall into section 3 above.

7.2 ICAM

| Issue | Proposed Action | Lead | Timescale |
|---|---|-------|------------|
| % staff satisfied with quality of work and patient care delivered | Check quality reports across division and cascade to managers to investigate further | FD | April 2013 |
| % of staff working extra hours | Cascade to line managers to ensure that long hours are discussed at 1:1s, team meetings, to identify why staff are working long hours and promote flexible working policy and thank them for their hard work | CD/FF | April 2013 |
| % of staff suffering from work related stress | Assess outcomes from Stress Survey in ED and roll out to other ICAM departments if considered successful. Ensure staff under consultations are offered appropriate support. Managers to address issue of stress during appraisals with staff. Roll out /reinvigorate a system of team meetings/1:1s/supervision throughout Division | FF | May 2013 |
| % of staff witnessing potentially harmful incidents | Examine datix reports over last 12 month, cascade to managers to investigate further and raise awareness via management cascade and team meetings of how to raise concerns re potential as well as actual incidents | FD | April 2013 |
| Staff experience abuse from patients or public | Check datix reports, review and adapt conflict avoidance training to make more accessible and relevant for ICAM areas and promote | FD | April 2013 |
| % of staff experiencing bullying & harassment from staff | Check reports/investigation over last 12 months to see if above numbers of B&H complaints are mirrored; promote B&H policy/support for staff to ICAM staff; provide training for managers on how to deal with B&H complaints | FF | April 2013 |
| ICAM's results need to be placed in context of the fact that the division has have had the most challenging CIP programme to deliver involving a large number of consultations and restructures over the last 12 months | | | |

7.3 Women, Children & Families

| Issue | Proposed Action | Lead | Timescale |
|--|---|-------------------------|---|
| Response Rate | Review payslip addresses Ensure leavers – e.g. junior doctors – are removed from the sample | All Assistant Directors | Reviews to be completed by July 2013 before sample selected September 2013 |
| Incident reporting – decline for division from 95% in 2011 to 84% in 2012 but confidence in the system has increased from 3.44 in 2011 to 3.68 in 2012 | Continue work with the Clinical Governance team to ensure that use of the DATIX system is fully bedded in. | HdG | ongoing |
| Handwashing | To identify via cascade from DMT local issues affecting access to handwashing materials with support from infection control | All Assistant Directors | Report back to DMT in April 2013 |
| Working Hours | To role model as a management team positive behaviour on working long hours; to embed a culture of regular 1 to 1 meetings with all staff providing an opportunity to review worklife balance; to use the job planning process to review working hours with a focus on paediatrics. Consideration to be given to thanking staff for their hard work and discretionary effort. | DH | Ongoing |

7.4 Surgery, Cancer & Diagnostics

| Issue | Proposed Action | Lead | Timescale |
|------------|---|------|------------------------|
| Appraisals | To continue to increase the rate of appraisal to 90% by March 2013. | LM | March 2013 and ongoing |
| | To review performance data against targets at each Divisional Board meeting | RP | March 2013 |
| | To ensure managers are | RP | November |

| | | | |
|---|---|----|----------------------|
| | appropriately trained to conduct appraisal interviews and monitor staff performance | | 2013 |
| % of staff experiencing abuse from patients and the public | To agree with Risk Management department the inclusion of incidents related to staff abuse by patients in the Divisional Patient safety report. This information will then be actioned by appropriate manager within the Division | DC | May 2013 |
| | To ensure managers and staff are appropriately trained to deal with issues of conflict and conflict avoidance | RP | November 2013 |
| | To provide support and counselling to staff affected by incidents of abuse | RP | Ongoing |
| % of staff believing the Trust offers equal opportunities for career progression (see note below) Note - staff have been affected by an extensive vacancy freeze during 2012 due to the requirements of the organisational change policy to 'freeze' vacant post from advertising, in order to secure redeployed posts for staff at risk of redundancy. This has impacted on career mobility with the administrative and clerical staff in bands 2 to 6 inclusive | To participate in a Trust wide recruitment improvement plan for provision of recruitment reports to Divisional Boards | RP | April 2013 |
| | To ensure, in addition to mandatory training compliance, that managers are briefed and developed to support equality and diversity requirements | RP | July 2013 |
| | To distribute and display equal opportunities policies and information | RP | June 2013 |
| Hand washing | To review monthly hand hygiene and environmental audits to identify local issues and hotspots and action as appropriate. | DC | May 2013 and ongoing |
| Team members do not often meet to discuss team effectiveness | To develop a Divisional communications strategy with agreed standards and an implementation plan. | RP | May 2013 |

| | | | |
|--|--|----|---------------|
| | To review the strategy within 6 months of implementation | RP | November 2013 |
| Senior managers do not act on staff feedback | Managers to meet with staff in an 'open forum' setting on a regular basis as part of the communications strategy | LM | June 2013 |
| | Managers to produce, display and monitor action plans to address issues raised by staff | LM | June 2013 |
| Felt unwell due to work related stress in last 12 months | To review sickness absence management arrangements for the Division | RP | April 2013 |
| | To identify staff absent from work due to stress, and report this date to the Divisional Board. | RP | June 2013 |
| | To review working arrangements for affected staff and provide support and counselling as required | RP | June 2013 |

7.5 Facilities

| Issue | Proposed Action | Lead | Timescale |
|---|---|---|---|
| Staff working extra hours – this was thought to be an issue for managerial rather than “shop floor” staff | To decide as to whether management structures need to be reviewed and consult on and introduce new structure if appropriate Review use of/access to flexible working | PI Service managers | July 2013 On-going discussions and link also to discussions at appraisal |
| Staff receiving health & safety training | To promote e-learning via managers as well as ensuring face-to-face training available for those staff where this is not possible to provide | Service managers in conjunction with learning and development | July 2013 for roll out |
| Handwashing | Check and review | SP | May 2013 |

| | | | |
|------------------------------------|---|---|---|
| | stocks of paper towels etc to ensure provision of supplies adequate | | |
| Equal opportunities/discrimination | To ensure that staff take up mandatory training and to review training provided to managers | Service mangers with learning and development | Link to mandatory training cycles Review of management training needs by August 2013 |
| Appraisals | Increase rate of appraisals to address staff ability to contribute to improvements and feedback to staff Greater use of e.g. group appraisals when appropriate | Service managers – working closely with learning and development. | Increase in line with trust milestones/dates |

8.0 Recommendations

- 8.1 The Board is asked to approved the corporate and divisional action plans and to agree to receive an update of progress against these in six months' time.

Nigel Redmond
Head of HR
Women, Children & Families