

MEETING:
Trust Board – 17 May 2006

TITLE:
NHS National Staff Survey

SUMMARY:
Results and action plan for the Whittington of the annual staff attitude survey

ACTION: Discussion

REPORT FROM: Neil Edgar – Assistant Director of Human Resources

SPONSORED BY: Margaret Boltwood, Director of Human Resources and Corporate Affairs



NHS National Staff Survey 2005

Introduction

In October 2005 the third National NHS Survey was undertaken. The survey is designed to collect the views of staff about their work and the healthcare organisation they work for. The overall aim of the survey is to gather information that will help to provide better care for patients and improve the working lives of those who provide the care.

The survey results will be used by:

- Employers – to inform improvements in working conditions and practices at local level. At the Whittington, the survey results will be used together with the 2005 IWL Practice Plus report and action plan to continue to improve the working lives of staff and to move towards becoming an NHS model employer – making the Whittington an attractive choice for new staff and helping to keep those staff it already has.
- The Healthcare Commission (HCC) – who will use the survey findings in their Annual Health Check, as part of NHS Organisations' compliance with Department of Health core standards.
- The DoH – and other national bodies, who will assess the effectiveness of national NHS staff policies, such as training and flexible working policies, as well as to inform future developments in these areas.

Appendix one outlines the 28 key indicators which can be used for the IWL initiative, the Health and Safety Executive's stress audit or the HCC's annual health check.

Design of the Survey

The 2005 Staff Survey questionnaire was designed by the HCC, Aston University and the DoH – consulting widely with NHS organisations.

The survey questionnaire was split into ten sections – covering the following areas of working life:

- Work-Life Balance
- Appraisal
- Training, Learning and Development
- Your Job
- Management and Supervision
- Your Organisation
- Errors, Near Misses and Incidents
- Harassment, Bullying and Violence

- Infection Control and Hygiene
- Background Details (Ethnicity; Gender: Age; Length of Service; Management Responsibility: Disability Status and Occupational Group)

At the Whittington, questionnaires were sent to a random sample of 800 staff – of which 326 questionnaires were returned – a response rate determined as 41% - down from last year's response rate of 48%.

The average response rate from all acute trusts being 55.85%, our response rate is not too good – especially as one of the actions from last year was to get an improvement in response.

Benchmarking with other Acute Trusts:

The Trust in comparison with other acute trusts in the country scored above average in several areas – including:

- % reporting well structured appraisal (although figure has gone down from last survey)
- % over 50s receiving information on flexible retirement (our score being 55% with a national average of 18%)
- % reporting that they work in well-structured teams

The Trust was below average again in several areas – including:

- % staff working extra hours
- % staff experiencing violence from staff (within worst performing 5% of trusts)
- % reporting harassment; bullying and abuse from patients, visitors and staff
- % experiencing work related stress

Issues for the Whittington

The issues to be highlighted for the Whittington under each of the 10 sections are as follows:

Work-Life Balance:

- The trust and individuals' managers are seen to be encouraging of helping staff to find a good work-life balance – with staff feeling able to approach their manager with flexible working requests
- Teams seem to make their own decisions about rotas – ensuring that the service is covered but at the same time enabling individual requests to be considered.
- A large number of staff has caring responsibilities (children or other dependants). However the majority of staff is unaware of what support the Trust can offer.
- There is a slight increase on last year in the number of staff reporting the need to work additional hours (either paid or unpaid) over and above their contracted hours

Appraisal:

- Although slightly down on last year, 63% of people report that they had an appraisal in the previous 12 months - with 78% stating that this appraisal process was useful in helping them to improve job performance and 89% reporting clear objective setting at appraisal.

It is felt that once KSF has filtered through the organisation the process of appraisal and development will improve even more

- People seem to feel that the availability and range of training on offer is good
- Training in equality issues (race; gender, disability; harassment; religion) had not been given to the majority of staff.

Your Job

- Most people feel that they work in teams with clear team objectives – teams meeting on a regular basis and consultation on changes that affect them.
- Most people feel satisfied with their job and are aware of their responsibilities

Management and Supervision

- Most people feel that the support they receive from their manager is good – both on a professional and personal basis

Your Organisation

- People on the whole feel the Trust is a fair employer
- There is some concern around communication between different parts of the Trust and from management to staff. Given the majority of staff happy with communication from immediate management, it can be assumed that this difficulty is at a more corporate level

Errors, Near Misses and Incidents

- Most staff are aware of how to report incidents – with staff feeling that the Trust encourages incident reporting. Feedback on changes made following an incident could however be better.
- 130 of the respondents (40%) reported that they had felt unwell during the previous 12 months as a result of stress at work. This is a high figure

Harassment; Bullying and Violence

- There is a slight decrease overall from last year in the percentage of people reporting experience of physical violence and harassment bullying or abuse at work. The main “culprits” being patients/service users and their relatives.
- Although a high percentage of staff say that they know how to report incidents of violence and abuse, 81% who had experienced violence and 68% of those experiencing harassment, bullying or abuse did not report it

Infection Control and Hygiene

- Most staff do recognise that for themselves; visitors and patients hot water, paper towels and alcohol rubs are available when needed.

It should be noted however that quite a number of people stated that this is only sometimes the case. This needs to be investigated

- A worrying majority of staff (60%) either disagree or strongly disagree with the statement “The Trust does enough to promote the importance of hand washing to staff”. There are also quite a number who feel there is not adequate promotion of hygiene to visitors and staff.
- Only 44% of respondents (acute Trust average 79%) agree that “Infection control applies to me in my role”

Background Details

- The ethnic mix of respondents is good reflecting by and large the ethnic split in the workforce. It is also encouraging to see that 61 % of respondents reported not managing staff as we are getting views from those “on the shop floor”. There is also a good split between different occupational groups.

Action Points:

A more detailed action plan has been discussed at the HMB and is due to be discussed at the JSCC.

It is felt that the priorities for action from the detailed plan are as follows:

Priority Areas: One

	Lead officer	Timescale
Violence at Work <ul style="list-style-type: none">• Strong message to go out from CEO that violence in the workplace is unacceptable and that the strongest measures will be taken with offenders• Relaunch of <i>Minimising Violence and Exclusion of Violent Patients and Whistleblowing Policies</i>	CEO and Director of Human Resources Director of Human Resources and Director of Nursing	June/July 2006 June/July 2006
Stress <ul style="list-style-type: none">• Work with Occupational Health department and link into national work on stress issues	Director of Human Resources	Work to commence by September 2006
<ul style="list-style-type: none">• Managers to be aware of potential stress factors in department (e.g. frozen vacancies; training issues) and discuss on regular basis with team members	All directors	On-going

<p>Communication</p> <ul style="list-style-type: none"> • Re-examine effectiveness of current corporate communication methods and suggest ways to improve – to include thoughts on introduction of <i>Ask the CEO</i> e-mail address; departmental open days for staff; more Link articles 	<p>Director of Human Resources</p>	<p>Work on this has already started</p>
<p>Handwashing and Infection Control</p> <ul style="list-style-type: none"> • Campaign <i>Wash your Hands</i> to continue with regular monitoring of success of message and regular checks to ensure wide availability of handwashing materials for all 	<p>Director of Nursing</p>	<p>On-going and with quarterly review</p>

Priority Areas: Two

	Lead Officer	Timescale
<p>Response Rate</p> <ul style="list-style-type: none"> To move towards acute trust average of 56% over next few years. Discussions to take place with trusts achieving good response rates to learn from them Details of this survey and action plan disseminated to staff to show that views expressed are acted upon 	<p>Director of Human Resources</p> <p>Director of Human Resources</p>	<p>By next survey date</p> <p>September 2006</p>
<p>Information for Carers</p> <ul style="list-style-type: none"> Current information on help available redistributed to staff Intranet/Internet redesigned to give links to external agencies offering carer support (e.g. Age Concern; Childcare organisations) 	<p>Director of Human Resources</p> <p>Director of Human Resources and Director of IMT</p>	<p>September 2006</p> <p>September 2006</p>
<p>Working Hours</p> <ul style="list-style-type: none"> Managers to have regular discussions with staff about their working hours and to identify any issues causing people to work hours over and above contracted commitments 	<p>All directors</p>	<p>On-going</p>

Equality Training <ul style="list-style-type: none">• Examine possibility of offering equality training to all staff – either web-based or face-to-face	Director of Human Resources	October 2006
--	-----------------------------	--------------

Appendix One

Outlines 28 key indicators which support IWL and Health and Safety Executive's stress audit. Also includes indicators the HCC will be looking at in its annual health check.

Question/Score	Trust Score 2005	Typical acute Trust Score 2005	Trust score 2004
% staff working extra hours	79%	72%	77%
% staff working extra hours due to pressure and demands of the job	67%	65%	68%
Quality of work/life balance (minimum score 1 and maximum score 5)	3.26	3.34	3.33
% staff using flexible working options	69%	71%	-
% staff appraised within previous 12 months	61%	58%	66%
% staff having well structured appraisals within previous 12 months	34%	30%	40%
% staff appraised with personal development plans within previous 12 months	50%	46%	47%
% staff receiving training, learning or development in previous 12 months	92%	95%	92%
% staff having health and safety training in previous 12 months	65%	71%	64%
% staff saying they work in teams	86%	89%	92%
% staff working in a well structured team environment	44%	39%	46%
Quality of job design (clear job content; feedback and staff involvement)	3.41	3.32	3.30
Work pressure felt by staff	3.14	3.11	3.15
Staff intention to leave jobs	2.69	2.66	2.73
Staff job satisfaction	3.36	3.39	3.47

Support from immediate managers	3.40	3.45	3.44
Extent of positive feeling within organisation (communication; staff involvement; innovation and patient care)	3.11	2.97	3.21
% staff witnessing potentially harmful errors; near misses on incidents in previous month	50%	44%	52%
% staff reporting errors; near misses or incidents	92%	92%	86%
Fairness and effectiveness of procedures for reporting errors; near misses or incidents	3.34	3.37	-
% staff suffering work related injury in previous 12 months	24%	21%	23%
% staff suffering work related stress in previous 12 months	43%	36%	39%
% staff experiencing physical violence from patients/relatives in previous 12 months	14%	11%	15%
% staff experiencing physical violence from staff in previous 12 months	4%	1%	3%
% staff experiencing harassment; bullying or abuse from patients/relatives in previous 12 months	30%	25%	31%
% staff experiencing harassment; bullying or abuse in previous 12 months (to include colleagues and managers)	21%	16%	20%
Perceptions of effective action from trust towards violence and harassment	3.43	3.42	-
Availability of hand washing materials	4.39	4.51	