Kingston Hospital NHS

NHS Foundation Trust

STAFF SURVEY 2013 RESULTS

Trust Board Meeting	**Item: 7.4**
26th March 2014	**Enclosure: F**
Purpose of the Report: To inform the Board of the results of the national staff survey, provide an analysis, opportunity for discussion on priorities and comment on an action plan for 2014-15 to address the issues.	
FOR: Information ☐ **Assurance** ☐ **Discussion and input** ☐ **Decision/approval** ☒	
Sponsor (Executive Lead):	Cheryl Samuels Acting Director of Workforce and OD
Author:	Cheryl Samuels Acting Director of Workforce and OD
Author Contact Details:	Ext 3795 cheryl.samuels@kingstonhospital.nhs.uk
Risk Implications – Link to Assurance Framework or Corporate Risk Register:	Staff satisfaction is linked to improved organisational performance and patient outcomes
Link to Relevant Corporate Objective:	Corporate objective 2, staff who are valued by the Trust
Document Previously Considered By:	EMT
Recommendation& Action required by the Trust Board : The Trust Board is asked to a) consider the results and analysis of the staff survey 2013 b) to contribute ideas and suggestions for action to support further improvement c) approve the action plan on underperforming areas at Appendix 2.	

STAFF SURVEY 2013 RESULTS

Executive summary

1. The national NHS staff survey allows the Trust to understand how staff feel at a point in time. It also allows comparison with other NHS organisations. Within the NHS good employment practice and staff engagement can improve staff satisfaction and with that organisational performance in terms of both the quality of the patient experience and outcomes. The staff survey provides a measurement of satisfaction and, in highlighting the feelings of staff, helps identify issues to address for improvement.

2. Results for 2013 were announced on 25 February 2014 and the Trust's results overall can best be described as 'average'. The performance improvement between 2011 and 2012 was sustained and most results were unchanged, but because other organisations have also improved the Trust's relative position has declined a little. The Trust had 2 'top 20%' scores in 2013 compared to 9 in 2012 and 5 'bottom 20%' scores in 2013 compared to 4 in 2012.

3. The main areas of continuing challenge identified by staff in 2013 include:
   o Staff saying hand washing materials are always available – a persistent issue at the Trust
   o Staff reporting they had experienced discrimination at work
   o Staff reporting equal opportunities for career progression or promotion
   o Staff witnessing potentially harmful errors, near misses or incidents (but note that a higher incidence is thought to be poor in the way the survey is reported but this may in fact indicate staff are spotting errors or near misses that are being overlooked in other organisations. The Trust scores highly on staff reporting incidents or near misses, which is good).
   o Staff job satisfaction

4. The full results for all Trusts are available at: http://www.nhsstaffsurveys.com/cms/
   This paper includes the Trust's results against the national 'key findings' at Appendix 1 and at Appendix 3 the answers to the individual questions that make up the survey showing responses over the last five years.

5. This report looks at the reasons behind the survey findings and suggests focussing on improvement in a limited number of key areas in 2014-15 with a supporting action plan that is focussed on the areas of underperformance.

6. The Trust Board is asked to consider the interventions suggested and contribute any further ideas, particularly drawing on the prior experience Board members have had in tackling staff morale and motivation issues.

Recommendation

The Trust Board is asked to a) consider the results and analysis of the staff survey 2013 b) to contribute ideas and suggestions for action to support further improvement c) approve the action plan on underperforming areas at Appendix 2.

STAFF SURVEY 2013 RESULTS

Introduction

1. The annual NHS staff survey has been run since 2003. It covers all NHS organisations and allows Trusts to identify not only how their own staff are feeling at a point in time but also how this compares to staff in other Trusts. Each Trust's individual progress, and relative position on particular issues compared to other Trusts, can both be tracked over time. It is important to review and act upon the information provided as staff satisfaction is linked to both the quality of patient care and experience and outcomes[1].

National context

2. The 2013 survey was undertaken between September and November 2013. This was the first year of the new NHS structure (with Clinical Commissioning Groups, NHS England etc) having been established. The issues of quality and the link with staffing remained high on the agenda throughout the year against a background of financial pressure, pay restraint and service reform. The various national reports resulting from the Francis Enquiry in to Mid Staffordshire Hospital kept the NHS in the headlines throughout 2013.

Local context

3. Within the Trust the significant changes and challenges that were occurring over this period included:

   - Achieving Foundation Trust status in May 2013
   - The CQC inspection in July 2013 which raised concerns about the Trust's medical wards and an action plan for improvement that was underway
   - A re-structuring into Service Lines with consequent management changes took place in September – October 2013
   - There had been significant activity on recruitment (with a reduced vacancy rate from September/October 2013)
   - South West London Pathology was being discussed and planned with staff
   - There was concern about overspending on staffing against a background of under-delivery against planned patient income and action to monitor this

   Some of these are issues which may have been in the minds of staff as they completed their surveys.

2013 Results and Analysis

4. The results of the staff survey are reported against 28 national 'key findings' – each supported by a number of questions asked within the survey.

5. Given the Trust's aspiration to be regarded by its staff as one of the highest performing organisations the results show that the Trust has, for the most part, maintained the very substantial step forward from the survey results of 2011, but also that it has not really made a further significant improvement.

---

[1] *NHS Staff Management and Health Service Quality* Michael West, Aston Business School and Jeremy Dawson, Lancaster University Management School and The Work Foundation, August 2011
Do associations between staff and inpatient feedback have the potential for improving patient experience? An analysis of surveys in NHS acute trusts in England Veena S Raleigh, Senior Fellow, The King's Fund,BMJ 11 October 2008

6. The Trust's overall engagement score (an overall indicator of staff satisfaction and engagement ranging between 1 and 5) improved from 3.61 in 2011 to 3.75 in 2012 and has maintained that 'step change' at 3.74 in 2013, reflecting the national average score exactly. This represents some consolidation of the Trust's position, despite the significant changes taking place in 2013, and while it provides a positive platform for further progress towards the firm aspiration of being a 'top 20%' performer it also indicates the challenge of maintaining improvement momentum.

Year	2009	2010	2011	2012	2013
Engagement score	3.60	3.62	3.61	3.75	3.74

7. The Trust also has an 'average' score for 'staff recommendation of the Trust as a place to work or receive treatment' (Key Finding 24). The Trust scores 3.69 in 2013 against an average of 3.68, with a very marginal improvement of 0.01.

8. The table at Appendix 1 sets out each of the key findings in the 2013 staff survey. It includes the Trust's scores for the previous year (where directly comparable), whether any statistically significant change has occurred and the Trust's overall ranking compared with other acute Trusts in 2013, and whether that change in ranking between 2012 and 2013 has been positive (↑), negative (↓) or stayed the same (→). The average score for acute Trusts in 2013 is also set out for comparison.

9. In the 2013 survey only 1 score has changed by an amount that is statistically significantly – staff receiving health and safety training. In 2012 9 scores had moved by a statistically significant amount (all but one showing improvement). The fall in 2013 has been in health and safety training but still leaves the Trust above average. It reflects some difficulties accessing on-line training and releasing staff for face to face training due to operational pressures.

10. The changes in 2013 in the key areas of underperformance that were identified in the 2012 survey are summarised below:

Area of concern in 2012 Board report	Staff Survey Result in 2013
A high perception of staff being bullied or harassed (KF 19)	There has been a small reduction in staff reporting they have been bullied or harassed and an improvement in reporting (Qs 21a – 21c). The Trust is though still rated as below average against KF 19, influenced by a very low score for staff reporting incidents of violence or abuse against them (Q 20c). This particular question and response may reflect incidents that are not reported because they relate to patients' conditions and are not 'intentional' harm to staff.
Staff feeling under pressure (KF 11 & KF 20)	There is no doubt staff continue to feel pressure, but not significantly different to the average performance of acute Trusts. The reported incidence of stress (Q 16) has been reduced, which reflects the awareness and risk assessment training and support undertaken in 2013-14.
Incident reporting (KF 13 & KF 14)	The Trust scores poorly for staff reporting witnessing potentially harmful errors, near misses or incidents in the last month (KF 13). This is because the national survey assumes a high level of witnessed errors is a bad thing. However this will depend upon whether staff are good at spotting incidents or issues. The number of incidents, SUIs

	and patient outcome data do not suggest the Trust is a less safe hospital than any other. There is also a better than average score for reporting incidents (KF 14). This probably indicates that the higher witnessing or errors and near misses is because staff here are taking safety seriously and recognising issues others may not, which 92% of them are then saying they report.
Staff reporting lack of hand washing facilities always readily available (KF 12)	There was a small improvement in both these questions (13a and 13b) from 2012 but this issue remains a difficult one in which to secure improvement. New hand hygiene signage has been introduced and some non-clinical facilities improved, which has contributed to improvement but the Trust remains in the 'bottom 20%' for this Key finding.
Staff believing they have been discriminated against or there is equality of opportunity (KF 27 & KF28)	The Trust's scores on discrimination (KF28) have worsened again. The scores here reflect very small numbers but the perception of discrimination, from colleagues and the public and patients remains a bit higher than in other Trusts. This is generally the case across London and the Trust is engaged in some work with other Trusts to get underneath issues such as unconscious bias. E&D training coverage remains above average.

11. It is also sensible to examine longer term trends in the staff survey data as a single year on year change may not give an accurate reflection of Trust performance. Appendix 2 gives detail of Trust performance over the long term against all the staff survey questions.

12. Taking all this data together the key themes that emerge overall from 2013 are that:

Areas of success

- Staff satisfaction with roles, responsibility and quality of care (KF1 and KF2)
- Personal development training and management support (KF6 to KF9)
- Mandatory training (health and safety) is undertaken (KF10)
- Reduced stress (KF 11)
- Low violence levels and low levels of bullying by patients reported (KF16, KF17, KF18)
- Good senior management communication (KF21)
- Staff involvement (KF22)

Areas of underperformance
- Staff satisfaction and staff motivation (KF23, KF25)
- Hand hygiene is not felt to be easy to maintain (KF12)
- Discrimination being felt and relating to career progression (KF27, KF28)
- Incidents of bullying reduced but still reported higher than in other Trusts (KF19)

13. The next section of the paper examines each of the areas of the survey against the commitments in the NHS constitution and any issues or differences for individual staff groups.

Staff pledge 1 – to provide staff with clear roles, responsibilities and rewarding jobs

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	• Average
KF2. % agreeing that their role makes a difference to patients	• No change	✓ Above (better than) average
* KF3. Work pressure felt by staff	• No change	! Above (worse than) average
KF4. Effective team working	• No change	• Average
* KF5. % working extra hours	• No change	! Above (worse than) average

14. The main theme emerging from the questions that make up the key findings in this area is pressure of work and adequacy of resources, including staffing and equipment levels. Although more staff are saying they can manage the conflicting demands on their time (Q7e) there has been a fall in the number saying there are enough staff (Q7f) and/or equipment (Q7g). Support from managers to help with difficult tasks also declined in 2013 (Q10b) contributing to staff feeling pressure. Teamworking scores (Qs 4a-d) and support from colleagues (8d) also fell. This may be because teams were changing at the time of the survey with the move to service lines but it suggests that staff do not find their team is led and supported by their manager and also that teams are not functioning as effectively as they could at providing support. Finding time for teams to meet and work on their performance is a challenge but needs to be a continued area of focus.

15. Comparing the different staff groups healthcare scientists, HCAs and admin and clerical staff have the lowest scores for effective teamworking. The score for nursing has improved.

	Adult / General Nurses	Other Registered Nurses	Nursing / Healthcare Assistants	Medical / Dental	Other Scientific & Technical	Admin & Clerical	Central Functions / Corporate Services
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	75	78	100	69	75	86	82
KF2. % agreeing that their role makes a difference to patients	93	96	100	96	78	89	91
* KF3. Work pressure felt by staff	3.11	3.11	3.16	3.34	3.04	3.06	3.01
KF4. Effective team working	3.62	3.79	3.74	3.92	3.69	3.61	4.13
* KF5. % working extra hours	78	69	70	89	78	55	83

16. The action the Trust needs to take in this area is to continue to involve staff in quality improvement and service planning which will be supported by the Trust's strategy to deliver service line management. Medical staff in particular need to be more included in resourcing and work organisation decisions. Teamworking needs to be encouraged with actions to improve the time they have to meet and interact.

Staff pledge 2 – personal development, training and line management support

17. This remains a high performing area despite some fall in the support scores from managers (Qs 10a – e). The main issue to address here is the support staff feel from managers, which can be improved through further management training and also a more comprehensive interaction with staff.

Staff pledge 3 – support and opportunities to maintain health, wellbeing and safety

18. The main issues in this area remain staff reporting ready access to hand washing facilities, incidents and reporting, and some further work on bullying required to support specific staff groups.

19. On hand washing the results by staff group indicate a problem in non-clinical and clinical support areas but also that only 56% of nurses are reporting ready access.

Staff group	Qualified nursing	HCAs	Medical	Clinical support	AHPs	Admin and estates	Healthcare Scientists
Handwashing materials readily available	56%	53%	40%	50%	38%	38%	25%

20. Despite the installing of more visible signage and identification of hand hygiene stations and facilities and refurbishment of some facilities in non-clincal areas this remains a stubborn area of underperformance in the national staff survey.

21. For incident reporting however there has been improvement. Staff are saying that they report incidents (Q17c) and that the Trust encourages it (Q18b). However feedback on what happens with reports and any actions taken needs to be improved (Qs 18e - g). Overall though staff are confident the Trust does address concerns and issues such as incidents (Q19c).

22. On bullying and harassment the scores are unchanged and, like other London Trusts, scores remain worse than the national average.

	Admin & Estates	Allied Health Professions	Clinical Support	Healthcare Assistants	Healthcare Scientists	Medical & Dental	Qualified Nursing
Violence and harassment							
* KF16. % experiencing physical violence from patients, relatives or the public in last 12 mths	3	14	11	28	0	18	24
* KF17. % experiencing physical violence from staff in last 12 mths	1	0	5	6	0	0	0
* KF18. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths	13	30	24	47	25	30	41
* KF19. % experiencing harassment, bullying or abuse from staff in last 12 mths	18	20	24	28	42	16	36

23. There is variation between staff groups (shown above), some of which can reflect the significant organisational change being experienced (eg Healthcare scientists and the development of SWLP). Staff most likely to feel bullied are nursing (36%) and Healthcare scientists (42%). The number of HCAs reporting bullying by staff has fallen, but they still report the highest experience of bullying or harassment from patients or relatives.

24. There has been an encouraging improvement in the number of staff reporting incidents of bullying and harassment (Q21c) but a significantly lower incidence of reporting any (although rare) occurrences of violence against staff (Q20c) – some 25% less than in other acute Trusts. A possible explanation is that staff are not reporting incidents that they believe are related to a patient's condition or distress.

Staff pledge 4 – engaging staff

25. This is an area the Trust has seen and maintained improvement in through engaging staff more and more in the Trust's development. Specifically there have been exercises to involve staff in improvement work both in clinical services and Trust activities such as appraisal. Divisions have engaged staff in local staff survey action plans based on their own staff survey results and communications have been strengthened in 2013-14 with improvements to team briefings. The development of service line management and greater devolution to teams of the ownership of their services in 2014-15 will help engage staff further. The significant outlier in this score is Healthcare Scientists, who report a poor score for communication with senior managers (none out of all 12 respondents). This is probably a reflection of the significant change this group are undergoing with the creation of SWLP and that at the time of the survey the detail of the changes and individual impact upon staff was unknown.

Staff satisfaction

26. Overall staff satisfaction has fallen, but this is again significantly impacted by the scores for Healthcare Scientists this year.

	Admin & Estates	Allied Health Professions	Clinical Support	Healthcare Assistants	Healthcare Scientists	Medical & Dental	Qualified Nursing
ADDITIONAL THEME: Staff satisfaction							
KF23. Staff job satisfaction	3.62	3.50	3.36	3.42	3.04	3.80	3.58
KF24. Staff recommendation of the trust as a place to work or receive treatment	3.75	3.68	3.66	3.87	3.25	3.61	3.67
KF25. Staff motivation at work	3.76	3.90	3.81	3.63	3.33	3.89	3.84

Equality and Diversity

27. The Trust's scores on equality and diversity have marginally worsened again. The Trust recently held an E&D event for stakeholders and is changing the approach to engagement. Work has also recently started with other Trusts in London to share data and look at issues such as unconscious bias. London has significantly worse E&D scores than the national average, reflecting some of the diversity of the population in London.

Pursuing the issues from the staff survey in 2014-15

28. The staff survey results have informed a specific action plan on the areas of underperformance (Appendix 3). Improvement will also be supported through delivery of the Trust's refreshed workforce strategy (agreed in November 2012), corporate objectives for 2014-15 and the leadership development work that is underway.

Board contribution

29. The Board is invited to contribute ideas for improvement and action on the underperforming Key Findings, particularly drawing on previous and outside experience. The Trust Partnership Forum (TPF) and staff in general are similarly engaged in discussion to inform both the specific staff survey action plan (Appendix 3).

Conclusions

30. The staff survey 2013 reflects a consolidation rather than improvement in most areas but this sustaining performance during a period of transition (into FT status and service lines) is very important as it provides a firm basis for further progress. The results this year have also been influenced in part by the effects of change within pathology. The results also reflect the 2012 workforce strategy target of achieving no more than 5 'bottom 20%' scores in 2013. The aspiration now is to remove them altogether although some, like hand hygiene, will require considerable work given they have been embedded at that level for some time.

Recommendations

The Trust Board is asked to a) consider the results and analysis of the staff survey 2013 b) to contribute ideas and suggestions for action to support improvement c) approve the action plan on underperforming areas at Appendix 2.

Cheryl Samuels
Director of Workforce and Organisational Development (Acting)

Staff Survey 2013 – Key results areas

Key finding	Question	Significant change since 2012?	2012 score	2013 ranking	Change in ranking from 2012	2013 score and comparison	
Staff pledge 1 – to provide staff with clear roles, responsibilities and rewarding jobs						KHT	All
1	% feeling satisfied with the quality of work and patient care they are able to deliver	No	81%	Average	↓	79%	79%
2	% agreeing their role makes a difference to patients	No	92%	Better than average	→	92%	91%
3	Work pressure felt by staff	No	3.02	Worse than average	↓	3.13	3.06
4	Effective team working	No	3.79	Average	→	3.73	3.74
5	% working extra hours	No	68%	Worse than average	↓	73%	70%
Staff pledge 2 – personal development, training and line management support							
6	% receiving job relevant training in last 12 months	No	82%	Average	↓	81%	81%
7	% appraised in last 12 months	No	91%	Better than average	↓	88%	84%
8	% having well-structured appraisals in last 12 months	No	43%	Better than average	↓	43%	38%
9	Support from immediate line managers	No	3.66	Average	↓	3.62	3.64
Staff pledge 3 – support and opportunities to maintain health, wellbeing and safety							
10	% receiving health and safety training in last 12 months	Yes – 10%	88%	Better than average	↓	78%	76%
11	% suffering work related stress in last 12 months	No	40%	Better than average	↑	34%	37%
12	% saying hand washing facilities always available	No	46%	Worst 20%	→	46%	60%
13	% witnessing potentially harmful errors, near misses or incidents in last month	No	39%	Worst 20%	→	37%	33%
14	% reporting errors near misses or incidents in last month	No	86%	Better than	↑	92%	90%

				average			
15	Fairness and effectiveness of incident reporting procedures	No	3.53	Average	↓	3.52	3.51
16	% experiencing physical violence from patients, relatives or the public in the last 12 months	No	13%	Average	→	14%	15%
17	% experiencing physical violence *from staff* in last 12 months	No	2%	Best 20%	→	1%	2%
18	% experiencing harassment, bullying or abuse *from patients, relatives or the public* in last 12 months	No	30%	Average	→	30%	29%
19	% experiencing harassment, bullying or abuse *from staff* in last 12 months	No	27%	Worse than average	→	27%	24%
20	% feeling pressure to attend work when unwell in last 12 months	No	32%	Worse than average	→	29%	28%
Staff pledge 4 – engaging staff							
21	% reporting good communication between senior management and staff	No	32%	Highest 20%	→	32%	27%
22	% able to contribute towards improvements at work	No	71%	Better than average	↓	70%	68%
Staff satisfaction							
23	Staff job satisfaction	No	3.64	Worst 20%	↓	3.54	3.60
24	Staff recommendation of the trust as a place to work or receive treatment	No	3.68	Average	↓	3.69	3.68
25	Staff motivation at work	No	3.83	Worse than average	↓	3.80	3.86
Equality and Diversity							
26	% having E&D training in last 12 months	No	66%	Average	↓	63%	60%
27	% believing the trust promotes equal opportunities for career progression	No	84%	Worst 20%	→	83%	88%
28	% experienced discrimination in last 12 months	No	13%	Worst 20%	↓	16%	11%

Ranking		Change in ranking	
	Worst 20%	→	Same
	Worse than average	↑	Improved – indicates performance relative to other Trusts has improved
	Average or above	↓	Worsened – indicates performance relative to other Trusts has declined

Staff survey action plan for underperforming areas in 2013-14

Area and high level actions	Whom responsible	Supporting strategy/ action/ project plan	Timescale	Status
Communication of the staff survey results: Team brief notice Open seminar for staff, managers and Board members Results for top5 hotspots to be shared with all service line management teams (and local action plans developed for 'hot spots') Discussion with TPF Publicity for results and Trust actions in Trust magazine Feedback on progress made mid year	Director of Workforce & OD Acting Director of Workforce Acting Director of Workforce Divisional Directors Acting Director of Workforce Head of Communications Acting Director of Workforce	- - - - -	March 2014 April 2014 April 2014 May 2014 May 2014 Ongoing	Complete Underway
Satisfaction and motivation Focus group discussion around resources and staffing perceptions. Publicity of recruitment/staffing data e-rostering re-launch programme 'Myth busting' communications on resources and staffing – and how to escalate issues	Acting Director of Workforce Acting Director of Workforce/ Director of Nursing & Patient Experience Director of Nursing & Patient Experience (Exec Sponsor)	- e-rostering plan	May 2014 June 2014 May 2014	
Staff feeling bullied or harassed or pressured Feedback from staff on managers to inform PDRs Targeted intervention with Healthcare scientists by SWLP to manage transition Ward focussed approach to dealing with pressure from staff, patients or relatives encouraging reporting, strategies and highlighting support Seek staff feedback through team brief Review best practice from top 5 Acute Trusts with lowest bullying and harassment score.	HR Managers Pathology Services Manager (SWLP) Director of Nursing & Patient Experience Director of Nursing & Patient Experience Acting Director of Workforce Acting Director of Workforce/HR Manager	PDR plan SWLP implementation -	June 2014 April 2015	Underway Underway

Equality and diversity Data analysis of promotions and acting up opportunities. Focus group/SeminarDirector of Nursing & Patient Experience with staff about career progression. New EDS objectives and plan to be developed To work jointly with Staff Side on gaining intelligence around the perception of discrimination in respect to career progression. Review the capabilities of NHS Jobs2 to promote acting up appointments to increase transparency.	Head of Workforce Information HR Manager Acting Director of Workforce Acting Director of Workforce Head of Recruitment & Medical HR	- - EDS 2013 - - - - - -	June 2014 September 2014 September 2014 September 2014 May 2014	
Hand hygiene/visibility Gain more specific staff feedback regarding reasons for hand hygiene scores– focused by staff group to understand different issues and relevant actions to address. Develop action plan to address issues identified from staff feedback Remap process to ensure replenishment of soap, hand towels and alcohol hand rub is consistently maintained Communicate with staff the escalation process for empty hand hygiene products / concerns regarding facilities Review the current monitoring in place for hand hygiene products, contractual requirements with ISS and put in place any additional monitoring required Review rectification of issues required from 2013 review of hand hygiene facilities of non-clinical areas and requirement to undertake any additional work in lieu of capital plan approved in January 2014	Director of Nursing & Patient Experience Director of Estates/Infection Control Team Director of Estates Head of Communications Director of Estates Director of Estates		May 2014 June 2014 May 2014 June 2014 June 2014 June 2014	
Witnessing errors and reporting incidents Publicity for importance of reporting	Head of Quality	-	July 2014	

Monitoring and feedback reporting on incidents to be improved – track managers not feeding back	Head of Quality	-	September 2014	

Staff Survey Analysis of Questions