

<b>Subject:</b>	National Staff Survey 2011 – Progress Report
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<b>Sponsored by:</b>	Tim Powell, Director of Workforce and Organisational Development
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<b>Purpose of paper</b> <i>Why is this paper going to the Trust Board?</i>	Regular Reporting  For Information / Awareness
<b>Key points for Trust Board members</b>  <i>Briefly summarise in bullet point format the main points and key issues that the Trust Board members should focus on including conclusions and proposals</i>	The Board is asked to note the progress of action plans in relation to the 2011 Staff Survey and in particular: <ul style="list-style-type: none"> <li>• CSC specific actions that have taken place in response to the 2011 results.</li> <li>• Progress against the key questions measured in through the pulse survey.</li> <li>• Current status of the 2012 National Staff Survey.</li> </ul>
<b>Options and decisions required</b>  <i>Clearly identify options that are to be considered and any decisions required</i>	None
<b>Next steps / future actions:</b>  <i>Clearly identify what will follow the Trust Board's discussion</i>	2012 National Staff Survey results will be available by March 2013 and will be presented to the Board.
<b>Consideration of legal issues (including Equality Impact Assessment)?</b>	None
<b>Consideration of Public and Patient Involvement and Communications Implications?</b>	None

# NATIONAL NHS STAFF SURVEY 2011 – PROGRESS REPORT



## **1. Introduction**

Further to receipt of the outcomes from the National NHS Staff Survey (NSS) 2011, each Clinical Service Centre and the Trust corporate functions (generically termed CSCs) consulted face to face with a random selection of staff using a structured questionnaire. The rationale for this approach was to better understand the reported outcomes and thus ensure that any actions taken in response to the survey were those that mattered most to our staff. CSC-specific action plans were then developed and presented to July Trust Board.

## **2. Common Themes from Action Plans**

The following actions were common to all CSC plans:

- Roll out the “Working Together for Patients (WT4P)” team-based working model
- Improve appraisal compliance and enhance the quality of appraisal via regular audit/evaluation
- Increase compliance with health & safety and other essential skills training
- Increase visibility of senior management teams and enhance communication by back to the floor visits, staff forums, newsletters etc
- Review and update staff pulse survey questions, re-launch and encourage/monitor staff completion

## **3. CSC-specific Actions**

A sample of actions by CSC included the following:

- Promote healthy living via use of Oasis, Occupational Health, Counselling services to address high levels of stress (MSK, Clinical Support, Medicine, MOPRS, Head & Neck, Surgery/Cancer)

- Monitor Adverse Incident Reports (AIRs) and involve staff in outcomes especially those involving alleged violence or harassment by patients/carers/staff (Emergency, MSK, Head & Neck, Surgery/Cancer, Women & Children)
- Structured and regular recruitment to reduce temporary workforce and resultant pressure on substantive staff (Emergency, MOPRS)
- Enhance risk assessments to minimise workplace injuries (CHAT, MSK)
- Monitor recruitment and training activity to improve equity of access (Renal, Medicine)
- Monitor turnover rates and exit interviews especially in hard to recruit staff groups (Clinical Support, Emergency, Women & Children)

#### **4. Progress by mid-October 2012**

A report of progress against each CSC action plan is attached at appendices A to K.

##### **4.1. Common Themes**

- WT4P; workshops relaunched in each CSC, commencing with senior management teams and then cascading either via specifically arranged sessions or attending already scheduled development days (eg Ward Manager programmes).
- Improve the quantity and quality of appraisal; appraisal schedules requested from all line managers. Quality audit questionnaire reviewed and updated. Bi-monthly/quarterly audits scheduled (subject to CSC). Appraisal compliance has improved in most CSCs with 4 (of 11) achieving the 85% target and 7 (of 11) achieving 80%+.
- Essential skills training; letter issued to all staff confirming requirement to be compliant by 30 September 2012. All CSCs have improved performance. 5 (of 11) CSCs have achieved the 85% target and 7 (of 11) are at 80%+.
- Improved visibility of senior management/enhanced communication: Staff Forums have recently commenced in Medicine, MSK and Surgery/Cancer CSCs. Manager back to the floor visits in Clinical Support and Head & Neck. HR Business Partner and senior management attendance at staff meetings in Emergency CSC. Newsletter relaunched in Medicine.
- Review and relaunch Trust Staff Pulse Survey; it was hoped that the Trust would now have a new supplier for on-line surveys (currently Optimum as for the local Patient Survey). However, the tendering process has been delayed for financial reasons. CSCs have been consulted on the wording of questions in the survey and we now have several proposed changes. Clearly, this is on hold until we have clarity as to the supplier. Many CSCs have improved response rates to the Staff Pulse Survey by issuing hard copies of the survey at team meetings and then inputting to Optimum.

#### **4.2. CSC-specific Actions**

- Promote healthy living; use of CSC newsletters and Team Brief/team meetings to remind staff of facilities available.
- Monitor and involve staff in AIR outcomes; MSK, Medicine and Emergency use Governance meetings, newsletters and intranet sites to share learning. Medicine also plans to use second face to face engagement survey (mid November) to better understand staff concerns as still unclear from first survey.
- Recruitment; Emergency and MOPRS have been successful in appointing to both nursing and senior medical staff vacancies. Middle grade doctor vacancies still a concern in both CSCs. Emergency utilising international recruitment opportunities to fill gaps. The Deanery will fill one further MOPRS vacancy in January; all vacancies will be covered in March with rotational changes.
- Monitor recruitment and training activity; Renal CSC has established an Equality and Diversity Group for this purpose. Medicine is monitoring via training plan process for 2013/14 and specialty performance reviews.
- Monitor turnover and exit interviews. Ongoing process which will be enhanced via implementation of a new Trust-wide Leavers' Policy.

#### **5. Staff Pulse Survey, PHT**

- Several CSCs have achieved an increase in responses to the local staff pulse survey by asking staff to complete hard copies of the survey and then arranging for input on-line.
- This has delivered an increase across the Trust from 77 staff in April 2012 to 485 staff at its peak in July 2012. The number of responses in October 2012 was 252.
- It is acknowledged that this method is not sustainable for the long term and that we need a different way of managing the survey. It is proposed that CSCs target specific departments within a specified time period and that they robustly promote/market the survey. This will help to deliver a high response rate and statistically significant information.
- The overall staff satisfaction rating has increased from 65% to 65.6% moving from red to green rated performance.
- Responses to most questions have identified improved performance, the most marked being the number of staff who have had an appraisal, which has increased to 87.7%, almost a 10% increase since April 2012.
- The number of staff stating that their appraisal has helped them to improve how they undertake their role increased by 3.4% to 66.7%.
- Staff perceiving that the Trust communicates clearly has increased by 3% to 60%, and the number of staff stating they have received health and safety training has increased by just over 5% to 77.2%.

- There have been slight decreases in performance in staff feeling that they are satisfied with the quality of care they are able to provide (73.1% to 71.4%) and in recommending the Trust as a place to receive treatment (66.9% to 62.3%). These were both areas of concern in the 2011 National Staff Survey.

## **6. National Staff Survey 2012**

- Surveys were issued to 850 staff, randomly selected, across the Trust during week commencing 24 September 2012.
- The target response rate has been set at a challenging 80%.
- By 16 November 2012, the Trust had a 41% response rate, which is a promising start but clearly a long way to go.
- First reminder letters arrived from Quality Health, the independent contractor who administers the survey on our behalf, on 19 October. They were delivered via the post room during week commencing 22 October 2012 to those staff who had not yet responded.
- Second reminder letters are being issued this week. To encourage completion, HR Business Partners have attended wards and departments to hand deliver to staff wherever possible, using the opportunity to encourage completion and describe associated benefits to staff.
- The final deadline for submission of the survey is 7 December 2012.
- Trust-wide communications have taken place or are scheduled via e-mail, Link and Team Brief to ensure awareness of managers and staff is raised and staff are encouraged to complete and return a survey. Communication is also taking place at CSC level via management and team meetings and staff newsletters.

TIM POWELL - DIRECTOR OF WORKFORCE AND OD  
BRENDA GOULD - HR BUSINESS PARTNER  
16 November 2012