SOUTHAMPTON UNIVERSITY HOSPITALS NHS TRUST
Staff Attitude Survey 2010

Report to: Trust Board – 24th May 2011

Report from: Elaine Byrne, Deputy HR Director – Strategy and Policy

Sponsoring Executive: Jane Hayward, Director of Organisational Development

Sponsoring Divisional Director: Alison Thorne-Henderson, HR Director

Aim of Report/ Principle Topic: To report Staff Attitude Survey Results for 2010

Review History to date: Early results were reported January 2011

Assurance Framework Strategic Objective Ref: 1, 2 & 3

Recommendation(s): 1. To note improvements achieved this year and that our action plan for 2009/10 has delivered improvements in all areas except one
2. To agree the action plan for 2011/12

1. Strategic context:
   - Relative to other Acute Trusts nationally SUHT is rated as above average for Overall Staff Engagement
   - The reputation of the Trust is enhanced, CQC performance improved in two of three areas needed
   - Our response rate was down by 1% from last year but the same as the national average
   - For over 60% of the key findings we are either in the top 20% of employers or above average

2. Staff, Patient and Public Involvement:

2.1 A sample of 850 staff were invited to participate in the 8th Annual Survey of NHS staff between October and December 2010. The response rate was 54% comparable to a 55% response in 2009. Our response rate was above the average achieved for Acute Trusts.

2.2 Their Divisions brief staff, and a combination of Trust wide and local action plans developed to deliver improvements. Trust wide the Staff Partnership Forum and LCNC are consulted and two meetings on last year’s results took place with the Staff Experience Group of the Members Council.

3. Specific Detail:

Highlights of the 2010 Staff Survey Key Findings

3.1 Our staff are increasingly good advocates for the Trust
   - 59% of staff would recommend the Trust as a place to work – up from 54% last year, the national picture is 55% in 2010
• 68% of staff were happy for us to provide care to a relative or friend – up from 62% last year and 63% nationally this year

3.2 Some of the findings from the SUHT Staff Survey

• 90% of all staff said their role makes a difference to patients. This rises to almost 10 out of 10 Nurses saying they feel that their role makes a difference to patients

• 80% of staff said they feel valued by their colleagues. Over 90% of Doctors said they felt valued by their colleagues

• 76% of staff had job specific training last year. 89% of Allied Health Professionals such as Physiotherapists and Radiographers felt they had job specific training, learning or development in the last year. 100% of them said they had received Health and Safety training

• 82% of staff had an appraisal last year, up from 73% in 2009. 87% of Administrative staff said they had had an appraisal

• The Trust is in the top 20% of employers for Key Findings about the impact of Health and Well Being of staff

• The Trust is in the top 20% for staff reporting good communications between senior management and staff

• The Trust is in the top 20% of employers for staff satisfaction and top employers for having fewer staff saying they intend to leave. Trust Maintenance staff and Ancillary staff such as Porters reported high satisfaction and the lowest intentions to leave

• There has been a slight improvement in the proportion of staff who said that hot water, soap and paper towels or alcohol rubs were always available – now 55%. Nationally this is 67%. From the survey we can see that it is an area we need to improve on

3.3 Why it matters

• Measurable feedback that drives improvement
• Assurance that improvements are being experienced by staff delivering services
• Reputation is enhanced in the local community and NHS that we are becoming a great place to work
  o Visible internally to staff and managers SPF, LCNC
  o Staff Experience Group of Members Council
  o Commissioners, AUKUH, Patients, Public and Job Seekers

• Retaining good experienced people
  o Reduces our requirement for temporary staffing
  o Maintain the quality of care
  o Good for taxpayers

3.4 Benchmarking

The Staff Satisfaction traffic light report is available on the intranet, and key benchmarking analysis attached as appendices for internal and external comparison of performance
3.5 **Appendix C to G** concerns internal performance with a focus on Divisions

Divisional reports vs. SUHT to see relative performance internally

**Appendix H and I concern** internal performance with examples for differing staff groups

Nursing Staff vs. SUHT to see relative performance internally

Medical Staff vs. SUHT to see relative performance internally

**Appendix J and K** look at internal performance with examples for diversity – showing the relative staff experience of BME Staff compared to all staff and for Staff aged over 51 (age diversity).

**Action Planning**

3.6 The Trust action plan is designed to improve staff experience and we benchmark our performance against our own prior performance and relative for all NHS Acute Trusts as reported by the CQC in Key Findings.

3.7 Section 3 highlights some of our achievements in 2010/11. Table B answers the question ‘have we improved in the areas we planned to improve in?’ This matters to ensure we set stretch goals for 2011/12 and beyond with specific actions to get us there. Table C focuses on National Results identifying specific areas to act, either a Division or a staff group. Table D sets out strategic actions.

3.8 We wanted to improve in the seven Key Finding Areas (Table B) all of which were in the lowest 20% of Acute Trusts. One has accelerated to better than average, three gone up to average, three improved but worse than average and one remained in the lowest 20%.

**TABLE B – where did we want to improve in 2010 and do the survey results show improvement in these areas?**

<table>
<thead>
<tr>
<th>All findings were in the lowest or below average in 2009/10</th>
<th>Key Finding 5</th>
<th>Work Pressure felt by staff</th>
<th>Concerning the availability of time, materials, equipment and standards. In 2010 fewer staff are reporting a negative experience on these questions</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key Finding 8</td>
<td>% of staff working extra hours</td>
<td>Staff reported they do less paid overtime, where paid overtime is worked the amount of hours has fallen. There was no reduction on the 58% of staff who reported working additional hours</td>
<td>Worse than Average</td>
<td></td>
</tr>
<tr>
<td>Key Finding</td>
<td>Description</td>
<td>Action or Concern</td>
<td>For the Key Finding the areas of focus</td>
<td></td>
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<tr>
<td>-------------</td>
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<td></td>
</tr>
<tr>
<td>Key Finding 36</td>
<td>Equality &amp; Diversity Training</td>
<td>CQC utilise this finding in our quality and risk profile</td>
<td>Better than Average</td>
<td></td>
</tr>
<tr>
<td>Key Finding 37</td>
<td>Equal Opportunities</td>
<td>Staff are reporting no improvement in responses in 2010 however, the national picture had reduced, improving our relative position...</td>
<td>Worse than Average</td>
<td></td>
</tr>
<tr>
<td>Key Finding 38</td>
<td>Racial Discrimination</td>
<td>CQC utilise this finding</td>
<td>Average</td>
<td></td>
</tr>
<tr>
<td>Key Finding 20</td>
<td>% of staff witnessing harmful events</td>
<td>CQC utilise this finding in our quality and risk profile</td>
<td>Average</td>
<td></td>
</tr>
<tr>
<td>Key Finding 19</td>
<td>Availability of hand washing materials</td>
<td>There is no significant improvement reported in 2010. CQC utilise this finding in our quality and risk profile</td>
<td>Worst 20%</td>
<td></td>
</tr>
</tbody>
</table>

**TABLE C – Where we are worse than average or in the lowest 20%**

**National Key Findings - Where do we want to improve in 2011/12 and what will we do to get improvement in these?**

<table>
<thead>
<tr>
<th>Key Finding</th>
<th>Description</th>
<th>Action or Concern</th>
<th>For the Key Finding the areas of focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key Finding 1</td>
<td>% feeling satisfied with the quality and patient care they are able to deliver</td>
<td>The action plan from 10/11 will be brought forward for all Care Groups We will follow through on last year’s actions for Jr Docs</td>
<td>o Div C o Trust wide AHP staff o Trust wide A&amp;C staff</td>
</tr>
<tr>
<td>Key Finding 8</td>
<td>% of staff working extra hours</td>
<td>Staff reported they do less paid overtime, where paid overtime is worked the amount of hours worked has fallen. There was no reduction in the 58% of staff who reported working additional unpaid hours The action plan from 10/11 will be brought forward for all Care Groups o We will continue to monitor and plan for an even spread of holidays taken o Compliance with safety requirements and the rostering policy will be monitored through e-rostering o Well being discussions in appraisals should result in plans to reduce excessive working o Overtime will continue to be managed down The medical workforce plan agreed by TEC included Job Plan reviews which should include the objective to reduce APA’s</td>
<td>o Medical staff o AHP staff o Div C</td>
</tr>
<tr>
<td>Key Finding 36</td>
<td>% receiving job relevant training, learning or development in the last 12 months</td>
<td>IDEAL have commenced an audit and analysis to develop an action plan On the whole clinical staff report</td>
<td>Div D o Cardio o Neuro o Non clinical support</td>
</tr>
</tbody>
</table>
average or above job relevant training, learning and development. The areas below average are:

- Admin staff
- Support staff
- THQ
- Maintenance staff

**Key Finding 37**

**Equal Opportunities**

Work commenced in 2010 identifying Nursing and jobs in Band 8 and above in management roles as under-represented by BME. This will be developed in 2011/12 to meet our statutory duties

Increased training in Recruitment and Selection and Equal Opportunities will be offered for Managers in THQ and Scientific functions, alongside reporting on recruitment

- Scientists
- THQ

**Key Finding 29**

% staff feeling pressure in last 3 months to attend work when feeling unwell

Pressure from colleagues is the principle reason for this. Each Care Group examine this and make a local plan

- e-rostering for Jr Doctors to be rolled out
- Occupational Health to notify any emerging hotspots

**Key Finding 19**

**Availability of hand washing materials**

This is in the lowest 20%

There will be a focused support as a project in these areas to improve identification of problems, replenishment with Medirest, estate issues and local internal reporting of performance

- Div B
- Emergency Medicine
- Non clinical support
- Finance
- Neuro

**TABLE D – Actions that will reinforce the positive gains of the last two years for long-term effect, or improve our performance across a number of key findings**

**We will aim to become a great place to work, publish our People Strategy to set our direction and aim to be in the top 20% of NHS employers by 2013 (two years)**

**A local plan should be developed for each finding where a Divisions results are below the Trust average**

**We will continue to performance manage appraisals and aim to increase satisfaction with the quality of appraisal. We will improve the quality of appraisal and appraisal records through audit, and make it integral for employee relation’s feedback and reward proposals. No one will have an interval of more than 18 months from their last appraisal.**

**We will introduce an Employee Assistance Service in reconfiguring Occupational Health**

**Exit surveys will be developed to provide additional feedback to Divisions for learning and improvement**

**4. Financial Information:**

4.1 Not applicable

**5. Risk Register Ref:**

5.1 Not applicable

**6. Legal Implications:**

6.1 This matter has been assessed for potential impact on personal data and privacy: Yes

6.2 This matter has been assessed in relation to Equality & Diversity: Yes

**7. Carbon Management:**

7.1 None