Ashford and St. Peter's Hospitals
NHS Foundation Trust

**Paper 8.1**

**COUNCIL OF GOVERNORS**
**8th June 2022**

| | |
|---|---|
| **TITLE** | **Staff Survey 2021** |
| **EXECUTIVE SUMMARY** | Attached is the Staff Survey results and themes for 2021 paper which was presented to Board on 31st March 2022. |
| **The Council is asked to:** | Note the findings |
| **Submitted by:** | Louise McKenzie, Director of Workforce Transformation |
| **Date:** | June 2022 |
| **Decision:** | For discussion |

Ashford and St. Peter's Hospitals
NHS Foundation Trust

**Paper 8.1**

# TRUST BOARD
# 31 March 2022

| TITLE OF PAPER | STAFF SURVEY RESULTS AND THEMES 2021 | |
|---|---|---|
| **PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN VIEWED** | | |
| This paper has been presented to the Trust Executive Committee 17 March and People Committee 25 March 2022. | | |
| **STRATEGIC OBJECTIVE(S):** | | |
| Quality of Care | √ | Creating a learning organisational and culture of continuous improvement to reduce repeated harms and improve patient experience. |
| People | √ | Being a great place to work and be a patient, where we listen, empower and value everyone.<br>One of the six key Strategic Themes identified in the People Strategy: to build a high performing workforce. |

**EXECUTIVE SUMMARY**

**OVERALL SUMMARY:**

1. This year 4445 eligible staff were invited to complete the National Staff Survey and 1723 completed it between Oct and Dec 2020. This is a response rate of 55 %, a 12% increase on 2020 and above the national average for Acute and Community Trusts[1].

2. Overall, the 2021 results illustrate that we have maintained, and in some areas improved, from previous years, which is reassuring given the unprecedented levels of pressure staff faced over the last few years. ASPH is ranked #21 in the country for overall positive score within the Picker sample group.

3. Colleagues are positive about working for the Trust, and key findings include:
   - 63% would recommend the Trust as a good place to work, compared to national average 59%
   - 76% believe the trust acts on concerns raised by patients/service users, compared to 71%
   - 78.6% believe the care of patients is the Trust's top priority, compared to 75%
   - 63% believe that the organisation takes positive action on Health and Wellbeing, compared to 55% average score
   - 25% of results scored green on the RAG score, identifying a positive score when compared to the Picker average.

**AREAS FOR IMPROVEMENT**:

4. Feedback on working unpaid additional hours remains negative, in comparison to the national average, along with satisfaction with pay, career progression and appraisal numbers.

5. Some of the areas where the scores have declined since 2020 are concerning and worthy of further review.
   - Enough staff at organisation to do my job properly
   - If friend/relative needed treatment would be happy with standard of care provided by

[1] For the purpose of this paper when referring to national average this is for Acute and Acute Community Trusts within the Picker sample group

organisation
- I don't often think about leaving this organisation
- Satisfied with extent organisation values my work

**PRIORITIES FOR 2022**

6. The detailed timescales and milestones are set out within the respective workforce transformation programme plans, progress against which is reported to TEC and People Committee.

7. Priorities for 2022 will include a focus on health and wellbeing, careers and development, culture and climate, and effective deployment of resources.

| | |
|---|---|
| **RECOMMENDATION** | To review the paper and agree the proposed recommendations |
| **SPECIFIC ISSUES CHECKLIST**: | |
| Quality and safety | All new employees undertake a corporate induction, appropriate mandatory and statutory training to ensure they are competent to undertake their role, impacting on quality of care and patient safety. |
| Patient impact | Employees who are inducted into the organisation well and appropriately are happier and more connected, this links to patient safety and care. |
| Employee | Research shows that employees not inducted well into an organisation, affects their performance, engagement and can lead to absenteeism and staff turnover. |
| Link to relevant Board Assurance Framework Principle Risk | Risk 4.2 Inability to recruit and retain leading to a poor staff and patient experience<br>Risk 4.3 Individuals and teams do not feel listened to, empowered and valued resulting in a negative impact on staff and patient experience<br>Risk 4.4 Individuals and teams are emotionally and physically affected as a result of the pandemic which may result in inability to deliver operational demand and impact on patient care and patient experience |
| **AUTHOR NAME/ROLE** | Louise McKenzie, Director of Workforce Transformation |
| **PRESENTED BY NAME/ROLE** | Louise McKenzie, Director of Workforce Transformation |
| **DATE** | 31 March 2022 |
| **COMMITTEE ACTION** | For approval |

Ashford and St. Peter's Hospitals
NHS Foundation Trust

**Paper 8.1**

## INTRODUCTION

1. This year 4445 eligible staff were invited to complete the National Staff Survey and 1723 completed it between Oct and Dec 2020. This is a response rate of 55 %, a 12% increase on 2020 and above the national average for Acute and Community Trusts[2].

2. Overall, the 2021 results illustrate that we have maintained, and in some areas improved, from previous years, which is reassuring given the unprecedented levels of pressure staff faced over the last few years. ASPH is ranked #21 in the country for overall positive score within the Picker sample group.

3. There were several new questions in 2021 within the themes of teamwork, your development, your manager and health and wellbeing. Some of the questions have been criticised as they appear to have a negative bias, however NHS employers have confirmed that they are based on the Health and Safety Executive (HSE)'s *Stress Indicator Tool*, developed by scientists and industry experts at HSE to accurately measure and determine the attitudes and perceptions of employees towards work-related stress.

## KEY FINDINGS

4. Colleagues are positive about working for the Trust, and key findings include:
   - 63% would recommend the Trust as a good place to work, compared to national average 59%
   - 76% believe the trust acts on concerns raised by patients/service users, compared to 71%
   - 78.6% believe the care of patients is the Trust's top priority, compared to 75%
   - 63% believe that the organisation takes positive action on Health and Wellbeing, compared to 55% average score
   - 25% of results scored green on the RAG score, identifying a positive score when compared to the Picker average.

**Table 1**

| Top 5 scores vs Picker Average | Trust | Picker Avg | Most improved scores | Trust 2021 | Trust 2020 |
|---|---|---|---|---|---|
| q2a. Often/always look forward to going to work | 59% | 53% | q14b. Not experienced harassment, bullying or abuse from managers | 89% | 86% |
| q3h. Have adequate materials, supplies and equipment to do my work | 62% | 56% | q14c. Not experienced harassment, bullying or abuse from other colleagues | 82% | 80% |
| q11a. Organisation takes positive action on health and well-being | 63% | 57% | q7b. Team members often meet to discuss the team's effectiveness | 60% | 59% |
| q19b. Appraisal helped me improve how I do my job | 28% | 21% | q3c. Opportunities to show initiative frequently in my role | 76% | 75% |
| q19c. Appraisal helped me agree clear objectives for my work | 38% | 31% | q14d. Last experience of harassment/bullying/abuse reported | 46% | 45% |

[2] For the purpose of this paper when referring to national average this is for Acute and Acute Community Trusts within the Picker sample group

**Table 2**

| Bottom 5 scores vs Picker Average | Trust | Picker Avg | Most declined scores | Trust 2021 | Trust 2020 |
|---|---|---|---|---|---|
| q19a. Received appraisal in the past 12 months | 68% | 82% | q3i. Enough staff at organisation to do my job properly | 30% | 41% |
| q10b. Don't work any additional paid hours per week for this organisation, over and above contracted hours | 53% | 61% | q13d. Last experience of physical violence reported | 62% | 72% |
| q13d. Last experience of physical violence reported | 62% | 67% | q21d. If friend/relative needed treatment would be happy with standard of care provided by organisation | 67% | 76% |
| q15. Organisation acts fairly: career progression | 54% | 56% | q22a. I don't often think about leaving this organisation | 45% | 53% |
| q4c. Satisfied with level of pay | 30% | 32% | q4b. Satisfied with extent organisation values my work | 44% | 52% |

**TRIANGULATION AGAINST CQC FINDINGS**

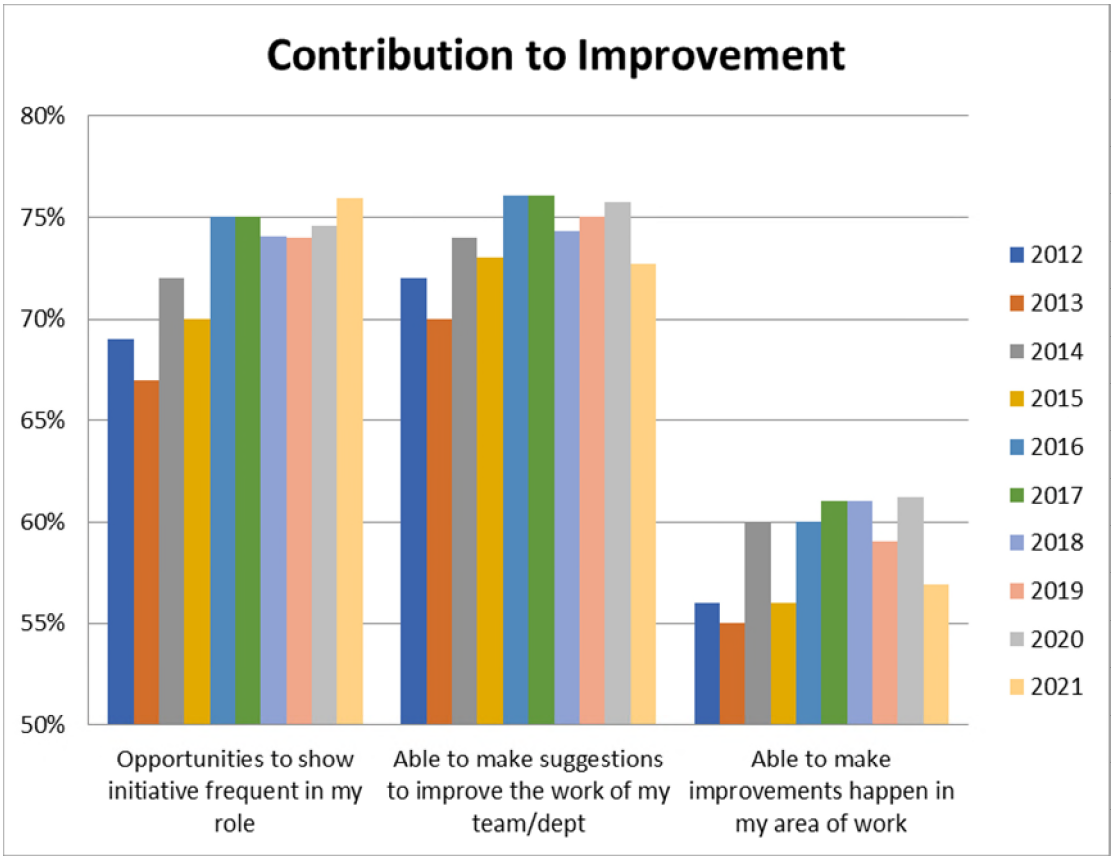
5. Over the last 2 years we have had to respond to significant demand placed upon us by the various COVID waves and the resulting rapid changes in practice and process. The COVID pandemic has had a significant impact on our team and right across the NHS.

6. During this time the Trust has also embarked upon several provider collaborative workstreams, including the introduction of electronic patient records alongside our partners Royal Surrey County Hospitals (RSCH), GIRFT and High-Volume Low Complexity (HVLC) clinical pathway transformation work, and most recently developing the potential for a surrey elective centre. These programmes are essential but can create much change in routines and ways of working, and implementation has necessarily been happening at pace.

7. This can be unsettling for colleagues and can lead to a sense of not being heard. This was highlighted during the recent CQC visit when several senior medical staff, within one of the divisions, expressed a feeling of being disengaged and disenfranchised. They perceived there was a lack of consultation about changes to service provision and ways of working.

8. The associated questions in the staff survey are found in the involvement sub score found in Qs 3c/d/f. These are depicted in the table below. Two out of three scores have reduced this year; however, the overall involvement sub-score does not feature in our bottom ranked scores.

**Table 3**




**STAFF ENGAGEMENT**

9. The staff engagement score (questions on involvement, motivation, and advocacy) is an important barometer in terms of the Trust's undertaking to improve the culture and staff experience. We carefully track these scores and the graphs under Table 3,4,5 show the improved trajectory since 2012.

10. However, in 2021 the scores in 8 out of 9 of the have reduced, a strong signal in terms of the continued pressure felt by staff working within the Trust today. Based on the picker average, the Trust's overall engagement score of 7.0 is still consistent with the national average.

**Table 4**

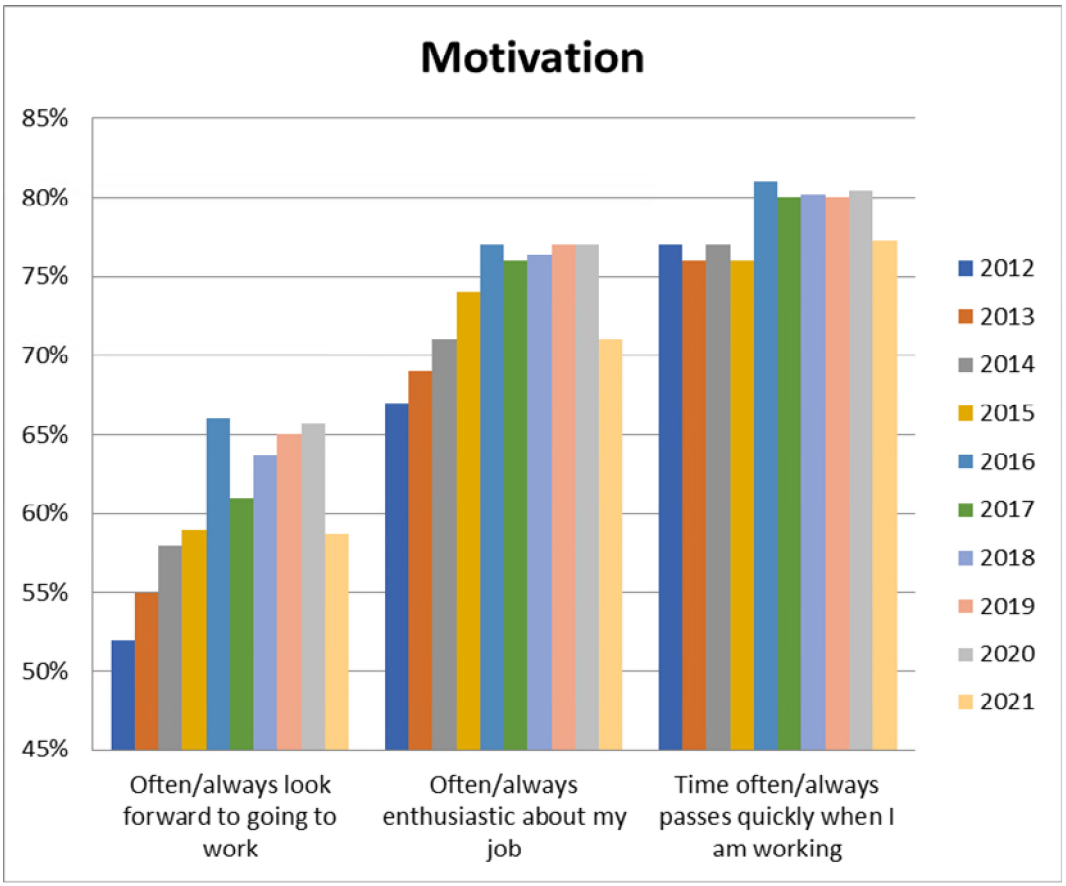
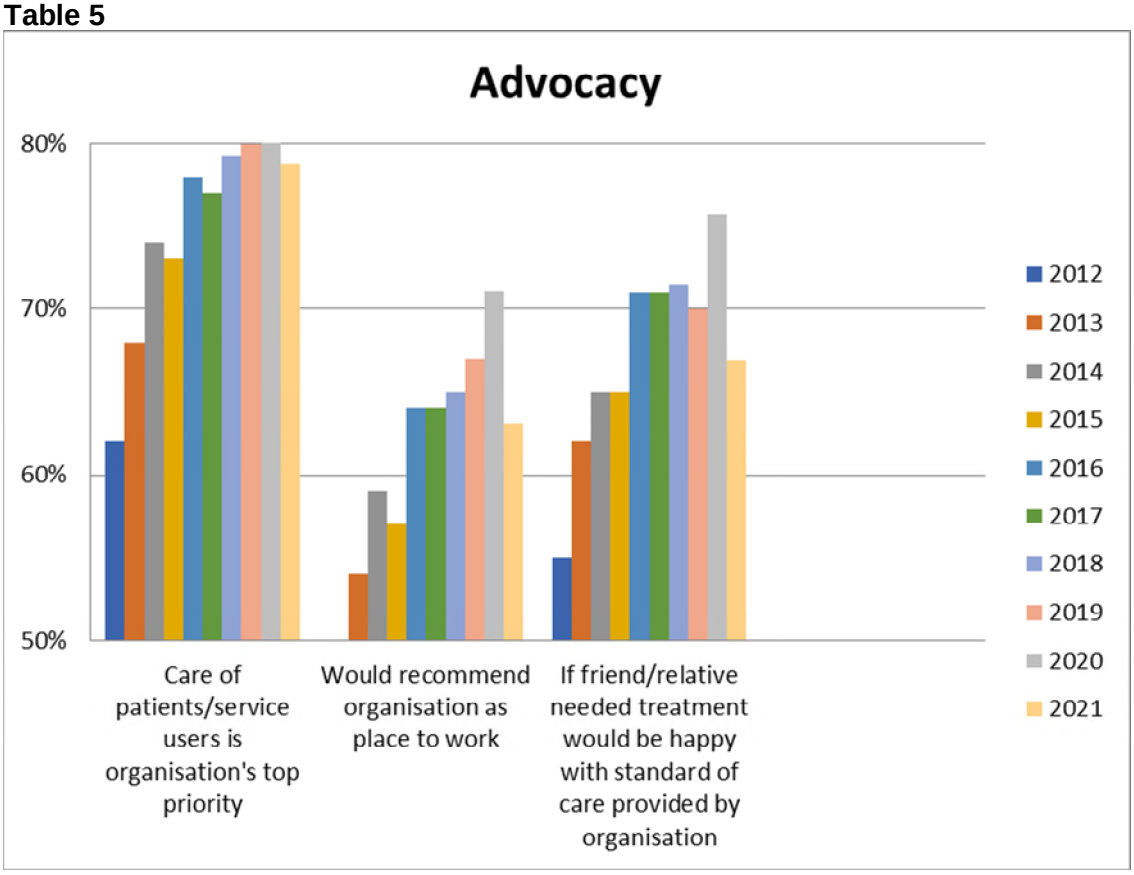

Motivation
85%
80%
75%
70%
65%
60%
55%
50%
45%
Often/always look forward to going to work
Often/always enthusiastic about my job
Time often/always passes quickly when I am working
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021

**Table 5**




**PEOPLE PROMISE**

11. Published in July 2020 by NHSI, the aim of the NHS People Plan is to have more people, working differently, in a compassionate and inclusive culture within the NHS. The plan also includes 'Our People Promise', which outlines behaviours and actions that staff can expect from NHS leaders and colleagues, to improve the experience of working in the NHS for everyone.

12. For the first time, the staff survey results have been triangulated against the people promise elements. Table 6 and 7 show our top 5 and bottom 5 scores against this framework.

**Table 6: Top scores**

| | | |
|---|---|---|
| People Promise element 1: We are recognised and rewarded | **We are compassionate and inclusive score** (high quality patient care, making a difference for patients) | 7.3 |
| | **Autonomy and control sub-score** (feel trusted, know my job, able to make improvements, choice) | 7.0 |
| | **Negative experiences sub-score** (don't feel under pressure to work when sick, work injury, work violence, workplace harassment) | 7.8 |
| People Promise element 4: We are safe and healthy | **Motivation sub-score** (enjoy work) | 7.3 |
| Theme: Staff Engagement | **Staff Engagement Score** (motivation, involvement, advocacy) | 7.0 |

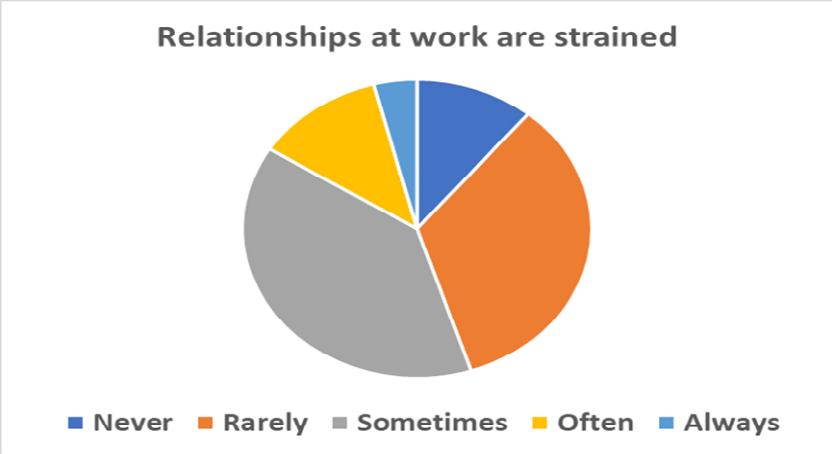
**Table 7: Bottom scores**

| | | |
|---|---|---|
| People Promise element 4: We are safe and healthy | **Health and safety climate sub-score** (demands on time, conflicting demands, equipment, enough staff, unrealistic pressure, reporting violence or harassment) | 5.5 |
| | **Burnout sub-score** (emotionally exhausted, burnt out, energy, worn out) | 5.1 |
| People Promise element 5: We are always learning | **Appraisals sub-score** (had an appraisal which helps me do job better) | 3.9 |
| | **We are always learning score** (career opportunities, potential ambition, access to T&D) | 5.2 |
| Theme: Morale | **Work pressure sub-score (**thinking about leaving, demands on time, staffing**)** | 5.4 |

## BULLYING & HARASSMENT

13. The Trust has defined the new People objective as *'…Being a great and safe place to work, where we continually listen, include, empower and value everyone…..'.*

14. To this end, the scores aligned to the People Promise are important metrics with regards to relationships at work and positive experience at work. It is positive to see that our top score sits within this area (Table 6) and is one of our most improved scores (Table 1).



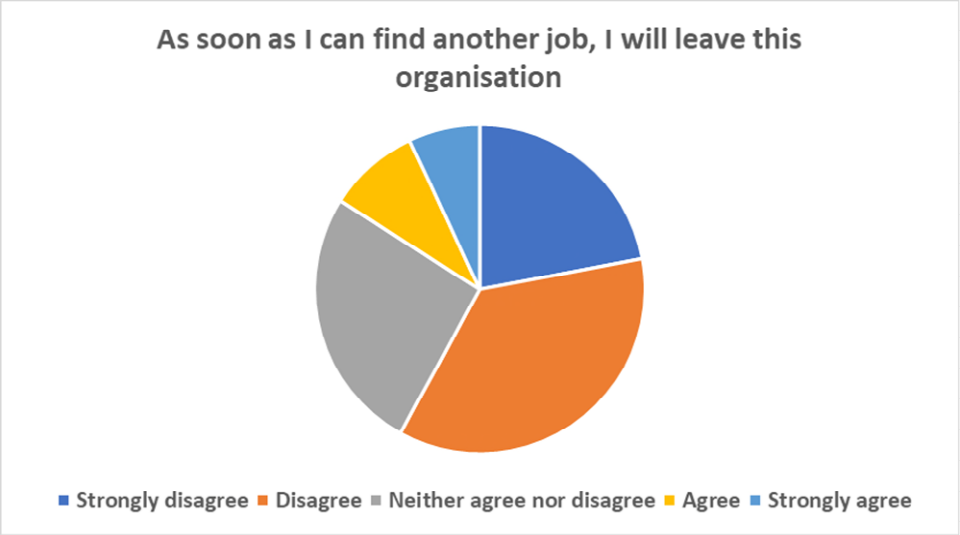

## RETENTION

15. In March 2021 we reviewed our BAF risks associated with retention (4.2) and noted that although the current KPI performance is positive, the risk is rated as likely and proximate as we are anticipating a potential rise in retirees and leavers when the pandemic is over. In late 2021 we included an additional BAF risk on staff resilience and burnout, and the consequential impact on retention. As a small token of thanks and recognition, in 2021 the Trust has gifted each colleague with a permanent memento to remind them of their incredible achievements during this period and reflect on the challenges we faced together. We felt that a medal and special edition yearbook was a fitting way to do this – a historical record of the response of Team ASPH, something to share with loved ones over time and remember those colleagues who sadly lost their lives.

16. We were also able to reinstate some of the other opportunities for teams to come together socially via the rounders competition and the staff achievement awards.

17. The pie chart below shows our scores in relation to a question around intention to leave. This is a new question for 2021 so cannot be compared to previous. Once the national survey has been published, we can assess our comparative position in relation to this.

**Table 8**




**INCLUSION**

18. The Trust has recently increased our EDI resources within the workforce team, and they are reviewing the staff survey results in relation to the protected characteristics. Several issues have flagged for us including:
    - Colleagues from an ethnic minority are less happy with the opportunity they have for flexible working.
    - It appears that people who are disabled or LGBTQ+ are more likely to feel they do not benefit from flexible working. Based on what we have been discovering around disability, this may relate to reasonable adjustments and management capability regarding sickness management and inclusion. We start new EDI training from April.
    - As is often the case amongst certain EDI demographics (in this case gender and sexuality) prefer not to say always seem to be unhappy (in almost all the questions) – this appears to be a general trend. This may mean that colleagues do not always feel safe to be their authentic self. The Trust is currently implementing a revised approach to EDI training and is an early implementor of Rainbow Badge phase II project. This is an assessment and accreditation model – to demonstrate commitment to reducing barriers to healthcare for LGBT people, whilst evidencing the good that we have already undertaken. We hope that this could result in more people identifying as their authentic selves and a reduction in unhappiness around those that prefer not to say in future surveys.
    - Colleagues from certain ethnic nationalities are more likely to want to leave. A review of the onboarding process for internally trained nurses may illuminate some of the issues further.

## AREAS FOR IMPROVEMENT

19. Feedback on working unpaid additional hours remains negative, in comparison to the national average, along with satisfaction with pay, career progression and appraisal numbers.

20. Some of the areas where the scores have declined since 2020 are concerning and worthy of further review.
    - Enough staff at organisation to do my job properly
    - If friend/relative needed treatment would be happy with standard of care provided by organisation
    - I don't often think about leaving this organisation
    - Satisfied with extent organisation values my work

## PRIORITIES FOR 2022

21. The health and wellbeing of our team remains a priority and we continue to enhance our wellbeing offer and resources.

22. A range of OD interventions are currently being developed and implemented, which we hope will have a positive impact on the Trust culture and climate. The delivery plan includes a range of interventions covering the following themes:
    - Wellbeing strategy – co-created and delivered by front line colleagues ensuring that it meets the requirements of team members.
    - Improving communication & feedback through divisional newsletters, Peakon survey, Gemba walks (engaging with employees to gain knowledge about the work process, and explore opportunities for continuous improvement), nurse councils offering colleagues an opportunity to be involved in change.
    - Development of a way of working for example Theatre Charter for all colleagues working in that area – again co-created and led by clinical frontline colleagues.
    - Focus on inclusion such as BAME mentoring programme, CN fellowship programme.
    - Focus of behaviours through team building sessions and an initiative to focus on the reduction of bullying in the workplace and seeking a respectful resolution to matters, which involves co-creating an approach with colleagues.

23. The Trust is also investing additional resource to review the employee relations climate so we can move to a more compassionate and restorative climate, empowering people managers and creating greater psychological safety, enabling colleagues to raise concerns more openly.

24. We are in the final stages of implementation of a new rostering system for AHPs, Medical, Nursing & Midwifery staff. We are already seeing an improvement in terms of the time that rosters are completed, and people can see their working patterns much further in advance. This will help with work/ home balance and will also enable the Trust to improve our deployment of staff, which in turn we hope will reduce the pressure on people to work additional hours, additional unpaid hours and feeling that we have enough staff to do their jobs properly.

## CONCLUSION

25. *"…Staff are tired- this is reflective in results, but we can do more to help our team feel more valued and 'work smarter not harder'…".*

26. This is a quote from the WHP action plan but summarises what we heard from lots of the divisional presentations. We also heard of a commitment to improve communication, to

refocus and invest in leadership development, give a focus on appraisals, career opportunities, and access to development.

27. We will continue to focus on the culture and climate of the Trust and will review our progress with this with our key metrics and regular feedback processes.

28. We will also be getting some additional support to do a multi variant analysis of the data to properly identify areas of statistical significance so we can focus our efforts accordingly.

Louise McKenzie
28th March 2022