**WESTON AREA HEALTH NHS TRUST**

**TRUST BOARD**

**TUESDAY 5 NOVEMBER 2013**

**STAFF ENGAGEMENT REPORT**

1. **BACKGROUND**

Both research and common sense tell us that there is an explicit link between patient satisfaction outcomes and an engaged, motivated workforce.

Each year healthcare organisations use results from the annual NHS Staff Survey to develop action plans which address the issues and concerns raised by staff through the survey. However, it is recognised that the 5-6 month time delay between the distribution of the survey, the publication of results and the formulation of action plans, can mean those actions are already out of date at the time of development and may not be wholly representative of staff views at the time.

In April this year, following the publication of the results from the 2012 National Staff Survey the Trust developed a Staff Survey Action Plan. Due to the time that had elapsed between staff completing the 2012 survey, the results being published and the action plan being developed, it was decided to develop a local Staff Engagement Survey to test whether the actions on the Staff Survey Action Plan were responding to key staff concerns and to help the Trust identify what further actions may need to be taken.

1. **METHODOLOGY**

The survey was run for the first 2 weeks of July and high level results shared with staff in August via Trust-wide communications along the lines of ‘You Said’, ‘We Did’ posters. Staff were then in September/October invited to attend a series of ‘Listening Events’ each led by a member of the Executive team where further detail from the survey was shared and attendees were asked to validate the information and/or contribute their own feedback.

1. **PURPOSE**

The aim of this report is to provide assurance to the Board that the issues identified are relevant to staff and that the work being undertaken does address staff concerns and will have a positive impact on increasing and improving staff morale and engagement levels. It also aims to inform the Board on the progress of the 2013 NHS Staff Survey.

In so doing, it will share the information provided from the Staff Engagement Survey and ‘Listening Events’ and cross reference this to feedback obtained from staff who have left the organisation over the last 12 months. This information has been gained through the use of exit interviews.

1. **RESULTS**

Four key themes have been identified by staff as important and therefore are considered to be drivers of staff engagement. Staff have answered questions against each of these themes in both the National NHS Staff Survey and the local Staff Engagement Survey. These are:

* Work Satisfaction
* Motivation
* Recommend Trust as an Employer / As a place to work
* Recommend Trust as a Care Provider / As a place to receive treatment

Staff feedback received from both the Engagement Survey and Listening Events suggest that the actions identified in the Staff Survey Action Plan to address key staff concerns are correct. This is demonstrated in the table at Appendix 1.

Where a concern has been raised which had not previously been captured in the Staff Survey Action Plan, an additional action has been added. This is referenced in the final column of the table at Appendix 1.

The detailed and updated Staff Survey Action Plan is attached at Appendix 2.

1. **STAFF TURNOVER**

Clearly all of the responses received from staff from surveys conducted and feedback during staff listening events demonstrate how staff feel about the work that they do, the employer for whom they work, their frustrations and their overall commitment to the Trust. The actions outlined in the Staff Survey Action Plan are a direct result of feedback received and aim to improve staff working and ultimately make Weston Area Health Trust a great place to work. However some staff make a decision to leave the Trust.

In order to understand why staff leave the organisation, we have analysed the data of the leavers during the period 01 October 2012 until 30 September 2013. A total of 236 leavers.

This information has been broken down into planned and unplanned turnover, where planned is as a result of an action/decision of the employer and unplanned is as a result of a decision made by the individual.

Staff are asked to complete a paper exit interview questionnaire when they resign and unfortunately 116 (49%) of staff chose to mark the “Voluntary Resignation – Other/Not Known” option which means that we are only able to review the reasons for leaving for circa 50% of staff in the last 12 months.

Of the remaining, 120 staff (51%), 48 staff (40%) left the Trust due to the actions of the Trust and include End of Fixed Term Contract, Dismissal - capability and conduct and MARS. Of the staff who voluntarily left the organisation and where the reason for leaving is known, the two highest reasons are due to retirement at 9.47% relocation at 7.86%.

The current cumulative turnover is 11.89% for the Trust, which is slightly higher than the most recent national figures available which shows turnover at 10.27% for small acute Trusts and 11.57% for all NHS Trusts.

Full details of reasons for leaving (of those known) are outlined in Appendix 3

1. **NEXT STEPS**

The 2013 NHS Annual Staff Survey was distributed to 750 staff on the second week of October and responses have to be returned to Quality Health, our survey contractor, by week ending 29th November. This year we have chosen to commission a bespoke survey which encompasses the questions from our own internal Staff Engagement Survey. In this way we will be able to compare our July 2013 survey results with responses from staff six months later.

At the time of writing, 3rd week in October, response rates stand at 22%. Reminders will shortly be distributed by Quality Health and we have also sent all staff an email from the Chief Executive encouraging staff to complete the survey and giving assurances to staff that individual responses cannot be identified.

In the meantime, we will continue to follow through on the Staff Survey Action Plan and continue to gather information through exit interviews.

It is anticipated that the 2013 results will be available in February 2014 when we will share the results with staff through a further series of ‘Listening Events’.

Sandy Jackson & Stephen Penfold

HR Managers

October 2013

**Appendix 1**

**RESULTS**

| **Topic** | **Feedback from Staff Engagement Survey** | **Feedback from Staff Listening Events** | **Feedback from Staff Exit Interviews** | **Correlating Action from Staff Survey Action Plan** | **New Actions Identified** |
| --- | --- | --- | --- | --- | --- |
| **WORK SATISFACTION** | 87% either fairly satisfied or satisfied in their roles | * Recognition for job well done hugely important * Staff don’t know what other Departments do * There’s not much feedback on how each team/department are performing and as a whole Trust * Saying ‘thank you’ would be very acceptable but not enough * Should celebrate success more * Should publish all nominations for PRIDE award not just winners * Don’t know what PRIDE stands for * Feels like the PRIDE awards are handed out to staff for just doing their job * Staff felt there weren’t many training and development opportunities | 71% said felt valued in their role  64% said had an acceptable workload  79% said they had a good work/life balance  86% felt they had adequate training to perform their role | KF1/A  KF1/B  KF1/C  KF1/D  KF1/E | KF1/F |
| **MOTIVATION** | **Top motivators:**   1. Personal satisfaction for a job well done 2. Being part of a well thought of, high performing team 3. Having a manager you respect | * In large agreed with the survey * Felt that there was no time to do a good job * Felt that low staffing levels were making staff stressed * Admin review still having a negative impact on staff morale * Lack of organisational direction – staff ‘don’t know where WAHT is going’ * Future uncertainty about Trust very unsettling * Seems to be a lot of senior managers leaving which leads people to think “what do they know?” * Having a managers who keeps their staff up to date and informed is key * Changes to Harptree and MAU seen to be a good thing but recognise that staff tired of ward changes * Staff felt positively about permanent staffing on Uphill * Lots of focus on recruiting additional clinical staff but what about non-clinical? * Recruitment processes take too long * Staff unaware that 60% of salary costs are made available for staff on maternity | 43% said morale good in department  93% said they had either a good or very good relationship with their manager  93% felt they had either a good or very good relationship with their colleagues | KF3/B  KF21/A  KF21/D | KF3/G  KF23/E |
| **RECOMMEND TRUST AS EMPLOYER** | 65% said yes  Reasons given for not recommending:   1. High workload/low staffing levels 2. Job security uncertain 3. Poor management/   leadership/communication | * Would recommend own Department but not Trust due to uncertainty around future * I think people put uncertainty to back of their minds because there’s too much going on to give much thought * Many staff not aware of the website ‘Securing the Future’ * Learn about the future of the Trust through gossip and/or team brief * Felt that newly recruited nurses has meant less agency staff which has been of benefit * Although communications have improved, key messages still aren’t getting down the management chain. Communications around Outpatients has been very poor * Worried that 3% of staff said they wouldn’t recommend Weston because of bullying – shouldn’t be happening | 86% said yes  64% said felt had a good reputation  Reasons for leaving mainly:   1. Another job/promotion 2. Return to education 3. Fixed term contract 4. Retired 5. Work/life balance/family commitments   93% felt that communication in their team/department was good or excellent but only  64% felt that they were kept well informed about the Trust as a whole  Staff felt that an updated Intranet would improve communications | KF1/D  KF3/B  KF3/C  KF21/A  KF23-25/D | KF19/D  KF21/E |
| **RECOMMEND TRUST AS CARE PROVIDER** | 93% said they would  62% said only for some services | * Staff didn’t all know patient safety priorities * One member of staff had been told by their manager that staffing issues in their staff group was not a Trust priority * Discharge planning and discharge needs to be handled better – Bounce Back to Green good but identified need for more ward clerks * Staff agreed with survey in that big differences in quality of care provided by different wards/departments * Crisis management on a daily basis – no forward planning and no communication from shift to shift re patient handover * Every ward had an agency nurse last night * Doctors do their own thing – come in when they want. They are calling the shots but not there to action anything * Processes around discharges need to be tightened up * PALS hard to get hold of | Not part of exit interview questions | KF3/B  KF3/C  KF3/D  KF21/B  KF21/C | KF23/F |