The NHS staff survey: why does it matter?

Staff satisfaction in the NHS is not an optional extra for directors on commissioning and provider trust boards. This paper outlines the case for an investment of leadership in improvement.

Research evidence has now established a clear relationship between staff satisfaction and patient satisfaction. Put bluntly, it is not possible to provide the highest quality of care for patients without getting the human resources policy right.

Results of the NHS staff survey that are published every year in March, suggest that there is still work to do for a sizeable minority of trust boards. Some fail to make significant inroads year after year. Others show staff experience improving annually by leaps and bounds.

Analysis of research literature commissioned by the Workforce Directorate found the relationship between staff satisfaction and the quality of treatment is becoming stronger.

For example, in West’s\(^1\) 2005 study, there was a relationship between HR practices and patient mortality in acute hospitals. The relationship with the extent and sophistication of appraisals was particularly strong, but training, team working, clarity on objectives, good leadership, and communication also mattered. These variables are all reflected in the staff pledges in the NHS Constitution and measured in the NHS staff survey.

We also know, based on initial research by the Healthcare Commission, that patient satisfaction and staff satisfaction go together\(^2\). Although the nature of the relationship still requires further research, work by Aston Business School\(^3\) can help to understand the connections and it seems likely that several factors are important.

For example, staff who are satisfied and engaged with their work are more likely to deliver a better quality of communication with patients. We know, for

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\(^3\) ‘Does the work experience of NHS staff link to the patient experience of care?’ Aston Business School (2009) [www.dh.gov.uk](http://www.dh.gov.uk)
example, that anxiety and fear can delay healing\textsuperscript{4} and effective communication can reduce anxiety. There is a considerable body of research, for example, showing how information for and engagement with patients about their pain management can reduce length of hospital stay\textsuperscript{5}, use of drugs, and improve self-management of long term conditions. Patients who are well informed and involved in their treatment\textsuperscript{6,7}, who are satisfied with their care, are more likely to engage in treatment and more likely to have a better outcome.

These are among the reasons why, in the USA, hospitals already see the quality of patient experience as crucial to their financial success\textsuperscript{8}. It is also why DH is making information about staff survey results available on NHS Choices. However, the survey is also a way to find out about the experience of staff. It is a way to keep in touch; understand more about how staff feel about their jobs, understand what is on their minds, what they think about new initiatives, organisational change, and how to improve services for patients.

CASE STUDY ONE: SOUTH TEES HOSPITALS

Results of the 2007 NHS staff survey raised concern in the boardroom at South Tees Hospitals, an NHS trust that went on to achieve foundation status in May 2009.

Directors of the trust took staff surveys seriously and this one highlighted that there was a need to do something.

The percentage of staff reporting physical violence from patients or relatives had shown a significant increase from 7\% in 2006 to 13\% a year later. The trust had to establish whether this was the result of a change in readiness to report incidents or a change in patients’ and relatives’ behaviour.

As with other major issues raised by the staff survey, the trust responded with an action plan. It included measures to raise awareness of how to report incidents of violence, coupled with extra training in control and restraint techniques. A 24/7 rapid response security team was set up to protect staff caught up in any violent incident.

This increased emphasis on employees’ safety appears to have achieved the desired effect. In the 2008 survey, violence in South Tees was shown to have

reduced to 11%, one percentage point below the national average. The 2009 results published this week show a further marked improvement, putting South Tees in the top 20% of acute trusts that have the fewest incidents of violence against staff.

Simon Pleydell, the trust’s Chief Executive, says: “The staff survey is immensely important to us for the whole organisation - for the board, for managers and for the staff themselves – because we need to measure the level of staff satisfaction that people have in delivering patient care.

“When we get the results of the survey, we try to action plan by department and by ward. We show staff the direct relevance of the feedback they have given us in terms of actions for improving their working lives over the forthcoming period.”

Sue Covill, the trust’s HR director, says: “We know there is an increasing evidence base that there is a link between staff satisfaction and patient satisfaction. We also know that satisfied people are retained longer and that also it means our prospects of recruiting new people to the organisation. The best ambassadors for our organisation are the existing staff and their positive experience is shared with the local community, which helps our recruitment.”

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Clare Chapman, Director General of Workforce, commends trusts like South Tees that use the evidence of the staff survey to drive up performance. Clare says: “We know of trusts that have increased some of their scores by 20 points or more in just one year and some that show three straight years of improvement. This shows that when boards choose to focus on the survey results and fully engage staff in improving service, real change can happen. Where boards choose not to focus on this, they can talk themselves out of taking action using all sorts of different excuses as to why they are not getting on with it.”

There has also been a growing body of evidence in the business sector showing a relationship between measures of staff satisfaction, staff engagement, and productivity\(^9\). For example, Patterson et al (2004)\(^10\) showed how the association between `company climate’ and productivity was supported by the average level of job satisfaction. And according to the Institute for Employment Studies (IES)\(^11,12\) which has developed a diagnostic

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\(^9\) Ellins, J and Ham, C (2009) `Engaging staff and aligning incentives to achieve higher levels of performance’ NHS Mutual and the Nuffield Trust.


tool, engagement defined in terms of a desire to work to make things better and `go the extra mile.' brings clear business benefits including a reduction in the number of people intending to leave.

The Chartered Institute for Personnel and Development (CIPD) annual surveys of businesses also show that scores on job satisfaction correlate strongly with intention to stay in or quit a job. Job satisfaction itself, according to CIPD research, relates closely to high quality workplaces, work-life balance, effective supervisory leadership and excitement in a job.

Despite this, whilst the 2009 NHS Staff Survey found that the majority of employees were satisfied with the support they received from colleagues, the responsibilities they were given, and the opportunities they had to use their skills, less than a third said senior managers tried to involve them in important decisions and only 36 per cent felt that encouraged to suggest ideas for improving services.

CASE STUDY TWO: SHEFFIELD TEACHING HOSPITALS

Sir Andrew Cash, Chief Executive of Sheffield Teaching Hospitals NHS Foundation Trust, says: “When the NHS staff survey came out last year, we realised we had a problem. I am not much interested in how my trust compares with others and I think far too many of these indicators are turned into league tables. What interests me greatly is how one year’s results compares with the next. On that basis our 2008 results were not good enough.

“As a result we decided to hold four all-day sessions. We called them the Let’s Talk Events. Each was attended by over 150 of our staff – a cross-section randomly picked on a diagonal slice through the entire payroll. We hired Sheffield United football club and gave our people an upfront account of what it will be like in the coming economic climate. Then we gave people a chance to talk and got to hear about some of the legitimate grievances they had. They then had an opportunity to suggest improvements.

“For example staff were unhappy about the way we were not consistently applying policies. We had a policy on leave for carers, but different parts of the organisation were applying it in different ways, which highlighted the need for better management training. We had a Shuttle bus running between all our campus sites, but the timetable did not coincide with shifts. So it is now starting an hour earlier each day. The Let’s Talk Events have enabled us to identify areas for action, which really matter to staff, both immediate and in the longer term.

“My advice would be to use the staff survey to tell you the issues you should be talking to staff about in greater detail. The survey can unlock a rich seam of information.”
For many years, the Healthcare Commission used staff survey scores in their annual health check of NHS trusts. During this time, higher leadership ratings of NHS senior management were related to higher star ratings, higher clinical governance reviews and lower numbers of patient complaints\textsuperscript{13}. These are among the reasons now that the Care Quality Commission intends to examine survey scores at the point of registration and for their periodic service reviews.

The 2009 NHS staff survey involved all 388 NHS trusts in England. More than 288,000 NHS staff were invited to participate using a self-completion postal questionnaire survey method. The CQC received responses from 156,951 NHS staff, a response rate of 55%.

The data provide support for the view that staff survey scores can be used as a marker for organisational health. The McKinsey & Co\textsuperscript{14} evidence base provides a compelling and powerful picture of why and how organisational health drives performance. The report describes some of the barriers to improving organisational health that have wider implications. Poor communication, capability shortfalls, cultural barriers or perverse incentives are all cited as potential obstacles.

The framework and diagnostic tool developed by McKinsey & Co is now being used in some parts of the NHS\textsuperscript{15}. The McKinsey & Co model contains nine dimensions of health. It is supported by their Organisational Health Index (OHI), a survey-based diagnostic tool. The nine dimensions are direction, coordination and control, innovation, motivation, environment and values, capabilities, external orientation, accountability and leadership. The survey provides scores across the nine dimensions by examining thirty-four working practices; these then group to form three core themes: Alignment, Execution and Renewal.

CASE STUDY THREE: PRINCESS ALEXANDRA HOSPITAL

Chris Pocklington, Chief Executive of The Princess Alexandra Hospital NHS Trust in Harlow, Essex, says: “As a board, we regard the NHS staff survey as a mine of hugely important information. We took a decision in June 2009 to recast our executive’s objectives to include a commitment to honour the pledges to staff in the NHS constitution.”

One of the national pledges is “to provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities.” One of the

\textsuperscript{13} Purcell et al., 2005 ‘Understanding the people and performance link: Unlocking the black box’ Chartered Institute for Personnel and Development: London
\textsuperscript{14} McKinsey & Company 2009 Organisational Health Index
\textsuperscript{15} The NHS Institute for Innovation and Improvement ‘Inspiring Change in the NHS: Introducing the Five Frames’ (2009)
questions in the staff survey asks whether employees understand their role and where it fits in.

Mr Pocklington says: “The results of the 2008 survey that were delivered to us 12 months ago showed that only 48% of our people agreed they had that understanding of their role. Comparatively, it was not a bad result. The national average for acute trusts was 45%. But the survey showed we had work to do.”

The figures allowed managers to drill down to unit level to identify which types of workers in which departments were least clear about their roles, allowing the board to set performance management objectives to deliver improvement. We have strengthened the appraisal process to ensure staff have a clear understanding of how their role contributes to the vision, objectives and values of the organisation.

This approach appears to have worked. This year the 2009 Staff Survey shows 55% of staff at The Princess Alexandra Hospital are clear about their roles, compared with a national average for acute trusts of 47%.

Mr Pocklington adds: “The fact that we were better than average is of great importance to the trust. But next year we will want to see further improvement in terms of where we are in relation to other organisations. Too often in the NHS, workforce issues are seen as soft. They are not. They are key to achieving our patient oriented objectives.”

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