2007 Staff Side Questionnaire

Suffolk PCT

The Suffolk Health System from Staff Group members representing trade unions from UNISON, RCN, RCM, UNITE, BOAT, CSP and SoR carried out a questionnaire for all staff employed by Suffolk PCT, Suffolk Mental Health Partnerships NHS Trust and Ipswich Hospitals NHS Trust during April 2007 to help us understand what really concerns staff and help pin point why morale is so low within each organisation. Typically, since the radical government reforms to the NHS, staff members locally have been concerned as to why these changes and closures to departments and hospitals had to be done and in many cases, without what may be described as constructive consultation locally and nationally. Other concerns raised were on issues such as, why was it all done so quickly? Why doesn't anybody listen? Why is communication not always meaningful? Where has job security gone? Are our communities really getting a better healthcare deal?

To help us all understand in more detail many of the major concerns staff have, we set out a series of carefully selected questions and constructed a questionnaire in both hard copy, which was sent out via a network of staff side representatives, and an electronic version made available through the local Suffolk HealthCare Branch of UNISON website hosted at suffolkhealthcare.com

In total, there were just over 1000 valid responses to which some respondents made additional comments whilst others simply completed the questionnaire using the appropriate tick boxes.

Although the questionnaire itself was totally anonymous, it was set up with optional staff group tick boxes to indicate workplace and workgroup type only. This was set up to help us identify if any particular group was experiencing abnormal detriment, cutbacks or substantial growth opposed to decline.

We asked the same questions of all 3 employers with the exception of Ipswich Hospitals Staff Side members adding an additional 3 questions specific to that Trust.

Suffolk PCT was well represented with **315** valid questionnaires being completed reflecting a wide range of staff views from across the county. The majority of our returns were mostly from individuals, but in some cases questionnaires had been completed by small groups or teams as a whole and all being returned from each staff group from every part of the PCT East and West.

All recorded, counted and checked responses have been since been converted into a percentage figure for easy comparison.

Initially we asked if staff thought that car parking should be free of charge at their workplace. Not surprisingly, an overwhelming majority of 97% said yes car parking should be free with only 3% saying that there should be a charge.

On the pages which follow, there is a breakdown of all the questions asked and an analysis report from the responses taken in April 2007. The full copy of the responses can be found on www.suffolkhealthcare.com

Question one

We asked

Do held or frozen vacancies or other control measures on staffing hours affect you in your work?
Is it better the same or worse?

Reply Breakdown:

A	Better	0.5%
B	Same	12%
C	Worse	65%
	No answer given	22.5%

In total there was 84 (26%) additional comments received.
Only one reply thought the 5% vacancy target made things better, whereas 12% thought it was the same as before and this may have been from East based staff where the former Suffolk East PCT had similar measures in place, but 65% thought it made things worse. Clearly the PCT needs to do some work on communicating the reasons for the 5% figure as a number of replies indicated it as a vacancy freeze.

Below are typical comments we received:

1. Additional problems caused by less support from the HR team. It is less easy to contact them for discussion and advice, replies to queries are delayed and we wait excessive amounts of time for paperwork to be completed for new employees. Managers continually have to follow up issues to ensure they are completed by the HR staff- I appreciate that this is probably because of their own increasing workloads. Long delays from HR when skill mixing for posts leads to delays in recruitment.
2. Increases our workload as you still have to cover that person's work that has left. But in your usual hours so effectively doubling your workload. Patients being treated by them can't suddenly stop treatment just because they have left so you squeeze them in to your own caseload.
3. There are gaps in service and expertise is missing.
4. Working longer hours without breaks - trying to support staff who are doing the same to provide care to patients. Staff expected to work at unsafe levels and I am supposed to support this.
5. Managing to maintain and deliver a core service is being seriously affected.

Question two

We asked

Do the held or frozen vacancies or other control measures on staffing hour's impact on staff safety and or patient care in your work area?
Is it better the same or worse?

Reply Breakdown:

A	Better	2%
B	Same	21%
C	Worse	55%
	No answer given	22%

In total there was 67 (21%) additional comments received
Only 2% thought the control measures made things better whereas 21% thought it was the same as before and this may have been from east based staff where the former Suffolk East PCT had similar measures in place. However, 55% thought it made things worse.

This is clearly a similar question to number one but it did look more closely on the affect upon staff and patients/clients/service users.

Below are typical comments we received:

1. Do not allow vacancies to affect patient care. Just means we do not see as many patients.
2. Always under pressure impacts on driving hurrying to get to next appointment working longer hours to complete work often in own time.
3. It has the potential to affect staff safety due to the additional lone working we are asking staff to do. Additional driving and travelling also required when staff are already exhausted. When staff are going off sick for at least a week opposed to a day or so.
4. We are constantly rushed off our feet by having to cover the extra workload that results from held or frozen vacancies. This obviously has an impact on the quality of care each child can receive. We cannot spread ourselves any thinner.
5. Staff safety worse. Staff tired working longer hours without breaks, sickness higher, incidents higher staff feel they have to visit alone due to low staffing levels when should be visiting some patients in pairs for safety. Weekend's particularly stressful and reduced numbers of staff and higher numbers of more dependant patients need care. Patient care has declined slightly but more in relation to who we see as we have to be more selective rather than the care we are actually giving. All staff would like to be able to offer a higher standard of care to the patient but unable to do so.
6. Clinical lists have been cancelled as we do not have enough nurses, dentists can not work alone so they read dental journals and answer the phones. Incident forms are used on each occasion.

Question 3

We asked

How do you feel about communication in the organisation?

Reply Breakdown:

I feel that the trust has communicated with me and kept me fully informed	17%
I feel that the trust has communicated with me but has not listened to me	40%
I feel I have had no opportunity to comment on plans and changes happening	31%
No answer given	12%

In total there was 59 (18.5%) additional comments received

The positive news for the PCT is that the majority of respondents felt that the PCT had communicated with them, however further analysis shows that most feel that although they are part of the communication no notice is taken of them and it is more a case of "oh well at least we told them"

Below are typical comments we received:

1. Lack of access to IT hardware.
2. Often communication is good until it gets to and individual manager who does not pass it on to the grass roots.
3. Electronic communication is not always working for community staffs. Rural locations, long distances back to base means staff do not have time to "log on" briefing sheets would be useful with key points.
4. I have worked in other organisations during periods of major change but where the CEO gained the support of staff by engaging closely with them. I do not feel that same model has been aspired to currently as e bulletins & newsletters do not replace the need for senior manager meetings open to all staff. I think this has left staff feeling ignored, especially those no longer regarded as part of the new organisation and who have been displaced from roles that have been removed from the new structure without future consideration of impact.
5. Very dictatorial.
6. Communication has been ok, thanks to a great manager who keeps us in the loop. The Trust are generally trying I think.
7. The PCT is now remote from us. Decisions about patient care are more about how we can save money than enabling clinicians to manage their budget. I managed my budget and was not overspent - I might as well have overspent for all the good it has done.

Question 4

We asked

Are the recent changes at work adversely affecting your health and or your work-life balance?

Reply Breakdown:

A	Yes	24%
B	Yes to some degree	47%
C	No	18%
	No answer given	11%

In total there was 63 (20%) additional comments received

This is an important area for the PCT to take note of and there were no positive feelings that recent changes had been for the better as far as the work life balance with many staff reporting higher stress levels, sickness and in particular the need to work excess hours to merely keep up with the workload. This came from all levels of staff replying and all staff groupings.

Below are typical comments we received:

1. Constant change is stressful and the NHS is constantly changing. I feel I have to work beyond my contracted hours in order to keep on top of my workload, unless I do I become very stressed and anxious.
2. I worry about not finishing work and maintaining a standard.
3. I have formally asked to reduce my working hours from full time to part time to try and alleviate my stress anxiety and low mood.
4. Having to travel makes a longer day and not being able to go home at lunch time impacts on family responsibilities.
5. I have now realised that working excess ours and striving to achieve all that was required within a reduced capacity to do so results only in personal exhaustion and stress with no thanks from anyone… I think I may have been a fool unto my self over recent years. And now question the reason for my loyalty!!! I believe in working hard, offering your best and being part of a team. I now feel very let down & frustrated which is most unlike me.
6. I work 40 hours unpaid overtime a month. Our house was over £100k, my salary is £23,789. I am the breadwinner, whilst I work all this overtime we cannot afford even day trips let alone holidays.
7. When I originally took my job I did so because it was 3 days a week within 10 minutes drive of my children's school. The "management" in their wisdom moved me to a Bury St Edmunds which is 40 minutes away of which I had no hope of getting there for 9am.
8. At present I am on sick leave due to the stress caused by being so badly treated through the recent reconfiguration of the PCT's. My treatment has been bullying by neglect and has affected my self esteem and confidence causing me acute anxiety. I have given 38 years to the NHS 20 of them in Suffolk in a senior capacity both as a clinician and recently as a clinical manager with an exemplary sickness and performance record.

Question 5

We asked

How secure do you feel in your job?

Reply Breakdown:

Secure for 0 to 1 year	25%
Secure for 1 to 2 years	19%
Secure for 2 to 3 years	19%
Not secure at all	27%
No answer given	10%

In total there was 57 (18%) additional comments received

The breakdown of replies is evenly split perhaps unsurprisingly given the number of changes over the last 3 or 4 years with staff affected by new models of care CPLNHS etc.

Below are typical comments we received:

1. More worried about future of service but also employment, have always been a public servant not interested in running my own business nor working for a company who makes profit from health- would consider leaving my job than working for them.
2. Not secure at all- but this has been so for many years as the continual reorganisation causes this. Have been subject to a letter of redundancy once.
3. No security at all.
4. I was not identified as being in a post that was at risk and therefore couldn't apply for the management posts in the first round. There posts were filled in the first round, I was then slotted in to what turned out to be my own post only to find out later that my role was to be split with one of the new management posts taking 70% I have been told now that I have to decide what I want to do but have not been given any options! This is a stressful position to be in.
5. Secure in job, but maybe not in post.
6. The split in to provider services and commissioning services leaves senior clinicians in a vulnerable position.

Question 6

We asked

Does your department/ work area have more or less staff than 12 months ago?

Reply Breakdown:

More	9%
Less	50%
The same number	27%
No answer given	14%

In total there was 46 (14.5%) additional comments received

Despite the formation of new community based teams only 30 replies indicated that more staff was in post with the overwhelming majority of replies saying less staff to at the least the same numbers were in post. These statistics should be linked with the replies in Q1 and Q2 especially on stress levels. The numbers of staff reporting that they did extra work in the evenings/weekends to get the work done was high and is stretching the traditional goodwill element that has always existed in the NHS. There is a danger of losing this.

Below are typical comments we received:

1. But this has been inadequate for years.
2. However this is shortly to change radically and if freezing posts prevents the vacancies being filled this will have a SEVERE detrimental effect on our patients.
3. Vacancy freeze for 12 months has only recently been lifted.
4. Vacancy freeze and low staffing due to ill health last year. Improved but now staff redeployed to assist with other teams/clinics.
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6. Although there are more staff over the wider area now that we have been split in to local health care teams there seems to be an imbalance in the numbers of AHP's per area. My workload has significantly increased.
7. Admin support reduced by 80%.

Question 7

We asked

Are you receiving or able to access training at work?

Reply Breakdown:

Yes	26%
Yes but mandatory/statutory training only	56%
No	7%
No answer given	11%

In total there was 50 (16%) additional comments received

This can be linked to Q6 in so much that although there is mandatory training available there is not enough slack in the system to allow staff to attend. This is an area that needs addressing urgently if the PCT is to benefit from implementing Agenda for Change and particularly the KSF element. Failure to do so will recreate the old Whitley system of staff merely progressing to the top of pay scales by length of service.

Below are typical comments we received:

1. Mandatory only due to money shortages.
2. Not enough staff to cover if you want to do a study day apart from mandatory training.
3. This is extremely frustrating for my staff. We offer a highly complex nursing care to our clients and not being able to access outside training has an impact on continued professional development and ultimately patient care.
4. I find it morally wrong that I have to pay for training which is not mandatory. The NHS is receiving the benefit of my new skills and knowledge so why do I have to pay for it.
5. The only problem with the mandatory training is that the majority of it is in Newmarket which is about an hour away from my work base. I can never arrive on time and have to leave early due to having to collect and drop children at school.

Question 8

We asked

Who do you feel is responsible for the current state of the NHS?

Reply Breakdown:

My local trust board	15%
Suffolk PCT or its predecessor	46%
Central government	71%
Other	5%

In total there was 45 (14%) additional comments received

Central Government and the predecessor organisations bore the brunt of the wrath of the replies although interestingly, the National Program for Information Technology - NPfit, the BMA and Patricia Hewitt, all got an individual mention. The unrealistic targets set by the government to dramatically push change and recover historic debts over a short period of time were seen as the number one reason for why many of the returns showed two or more boxes ticked.

Below are typical comments we received:

1. I feel that central government introduces to many new directives and that Suffolk PCT has wasted money on re-organisation, new corporate identity and image, new management posts. It has cut clinical posts and does not seem to be led by the needs of the patients but by the need to meet central government set targets.
2. All of the above plus financial advisors of previous boards and committees.
3. Historic funding issues still remain in how much each individual is allowed depending on the location.
4. I believe that the NHS is in good state. I believe that many of the problems are historical and are based on archaic practice and a reluctance and inability to push through change.
5. I feel that many of the problems are inherited over a period of many years when the services were often led from the acute sector and followed the medical model of care rather than focusing on delivering a service to meet the needs of the patient. I feel that the massive changes we are experiencing at present reflects the fact that changes which should have occurred gradually to improve and develop services were never encouraged possibly by ineffective managers at all levels, so services stagnated in many areas.
6. Targets set by the Government are not thought through as to how they are to be implemented at the coalface. Often one target is in contradiction to another, leaving the trust and staff to march in 2 directions at the same time. For example choose and book giving patients choice is not working GP's are finding ways around it, clinics that were full are under prescribed as orders to delay patients to week 13 is the norm, when in some cases they could have been seen in week 4. The move to preventative targets is great, but preventative work takes at least 10 years or more to have an effect and requires prime pumping funding. I fear the Government will go for quick fixes which all fail and it will be the trust/managers/staffs fault. The trust board staff need to walk the walk more spend a day working at the coalface to see the effect of their decisions are making on the quality and quantity of care provision.

Question 9

We asked

Do you feel that clients/patients receive a better service than 2 years ago?

Reply Breakdown:

Yes	16%
No	68%
No answer given	16%

In total there was 63 (20%) additional comments received

The results of this question are quite alarming. The underlying theme here is the financial pressures and the shortage of front line staff to do the day to day work. Comments from AHP staff indicate that patients are not receiving the same level of therapy interventions as in the past. The lack of integration between health & social care is another area highlighted. Staff shortages appear to suggest that urgent cases are prioritised leaving the less urgent waiting much longer.

Below are typical comments we received:

1. No but it is the clinical work that keeps us going.
2. Better for some things e.g. waiting times to see a consultant. Worse for others e.g. older peoples rehab is very limited in hospital and limited to 6 weeks in the community.
3. I think this depends on their need and the area involved. Both primary and secondary care is changing so much. My personal experience as a patient in IHT recently was of the standard I expected and I was impressed with both the nursing and medical care provided and was reassured to know the quality of care remained high.
4. I hope that the service is the same but it is at a personal cost to me-working longer hours and taking work home.
5. Obviously new initiatives do happen which improve patient care but the implementation of these is severely affected due to staffing issues and sometimes they are simply not possible because of budget restrictions etc. so overall the service is not better, despite staff development and potential new ideas.
6. There is more provision in peoples own homes than 2 years ago but people are not receiving the therapy they would have done in the hospital. I am unaware of any research done to see if the amount provided in the community matches what people would have received in the hospital. I feel it is more appropriate to treat people in their own homes- it is about having sufficient staff to match need.
7. No. We used to support patients in the community, now we just mop up problems and hope for the best.

Question 10

We asked

How do you feel the NHS is today compared with 2 years ago?

Reply Breakdown:

Better than it was	3%
Same as it was	15%
Worse than it was	70%
No answer given	12%

In total there was 52 (16%) additional comments received

Unsurprisingly given the response to Q9 the vast majority of replies indicated that the NHS is significantly worse to work for than it was 2 years ago and job security is seen as virtually non existent. Staff morale appears to be at an all time low as the PCT moved away from happy and committed staff to an unhappy workforce that is required to tolerate circumstances due to individual and NHS loyalty.

Below are typical comments we received:

1. Do not feel in apposition to comment. Though it feels a much worse environment to work in.
2. Words fail me to describe the NHS today. When I joined the NHS there was a pride within the job and job satisfaction. People don't seem to matter anymore.
3. Those providing hands on care still strive to maintain high standards, however the pressure of government initiatives and changes in models of care are causing inevitable disturbances and some breakdown in continuity as unfortunately the DoH idealism is at times unrealistic to achieve without negative impact upon staff & patients.
4. Qualified nurses are losing their jobs at an alarming rate, strange since not long ago they were being recruited from other countries. It seems everything we do today is based on money and not need. I do appreciate the NHS is not a bottomless pit but I think someone has to be accountable for poor housekeeping. I have been in the health service nearly 40 years and I think the last 10 have been the worst. Too many changes to quickly.
5. I wish I could find another job that paid me the same money but gave me more satisfaction.
6. By far worse, staff morale at an all time low. Staff looking to leave the NHS. Patient care worse but only set to get worse as funding reduces. Now not a happy place to work but a drain on all our skills to try and keep afloat.
7. Staff morale is very low, they are stressed and stretched, and the fun has gone out of work. Service industry such as the NHS relies on the interaction between the staff and the customer, a happy motivated workforce from the domestic to the consultant requires more support from the trust. How did we come up with the commissioning/provider split? Where was the trial, research, pilot to see if this major change will benefit patients.
8. Some aspects are better, such as greater health support in people's homes. But this is at the expense of community hospital beds, which however good community support is are still needed. I have great concerns for elderly people in acute hospitals as they are not always properly assessed and end up in the revolving door syndrome. I don't have any faith in senior management.

Conclusion

We can link the replies to questions 1, 2 and 3 together and the responses make it clear that the PCT has work to do on communicating with staff at the forefront of provider services who are directly affected by the 5% vacancy factor and many interpret this as a vacancy freeze which directly impacts on the job they are doing. The message about what the 5% is for and what is trying to achieve needs to be made plainer, probably to team managers who must then pass on the information directly to staff during formal team meetings.

We can also link the replies to questions 4 and 5 which indicate undue levels of stress in the workplace. It may be beneficial to conduct risk assessments without prejudice for targeting stress. Also look through sickness levels and although they may appear to be at a reasonable level presently, the underlying trend may be of a longer term absence as often stress related illnesses will take staff out of the workplace for much longer periods producing negative impact for those covering.

It would be easy to link the answers from question 6 with the answers to questions 1 and 2, but we would prefer to link questions 6 and 7 together. Fewer staff in workplaces means that the opportunity to access training and actually be able to attend training is greatly reduced. Some positives are that the majority of staff says there is access to training but this is on the whole mandatory training only. Whilst this is good for keeping the workforce up to the bare minimum in terms of training, one of the main reasons for introducing Agenda for Change was to engage the KSF (Knowledge and Skills Framework) which should ensure all staff in posts are properly trained and skilled in the role they are carrying out which would progressively steer individuals towards the top of their respective pay scale for career progression. Our findings suggest the PCT could end up as it did under the Whitley Council with staff at the top of scales merely by long service rather than skill level. We would like to see substantial and committed investment in education openly available to all staff.

The replies to question 8 gave split decision answers, with mainly central government and local Trusts being targeted for blame. We all know about the target driven DoH and the impacts that has had locally. Possibly this is the reason why Suffolk PCT and its predecessors are being seen as the responsible body for upheaval and hospital closures. There is no easy conclusion to be drawn from the outcomes, but the replies are much as we expected when drawn up.

Answers to questions 9 and 10 are the most alarming. Although the majority of replies to 9 were negative responses, the additional comments show that the service is not worse than it was but about the same rather than being better. This question deals with the patient care aspect and is an area which all of the staff replying were very positive but concerned about. The numbers of staff indicating or reporting they are regularly carrying out unpaid additional hours or working at home during weekends and other days off is far too high and totally unacceptable in our opinion. In addition, to proportion blame on individuals would from the comments shown indicate short comings for the PCT if this were to be the case. It would be more beneficial and constructive to base a solution drawn from evidence given to relieve over subscribed workloads, unrealistic targets and shortages of staff in key areas.

The PCT still has a committed workforce but with the main difference now being that many are looking forward to retirement or are destined to search for jobs outside of the NHS. Those who remain will continue to give all they have, be totally loyal, compassionate and proud to be part of the NHS. This survey highlights the PCT must not only listen to groups or individuals, but it must also be seen to respond appropriately and be accountable for its actions, good or bad.