2013 National NHS staff survey

Brief summary of results from Chelsea and Westminster Hospital NHS Foundation Trust

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1. Introduction to this report

This report presents the findings of the 2013 national NHS staff survey conducted in Chelsea and Westminster Hospital NHS Foundation Trust.

In section 2 of this report, we present an overall indicator of staff engagement. Full details of how this indicator was created can be found in the document ***Making sense of your staff survey data***, which can be downloaded from www.nhsstaffsurveys.com.

In sections 3 and 4 of this report, the findings of the questionnaire have been summarised and presented in the form of 28 Key Findings.

These sections of the report have been structured around 4 of the seven pledges to staff in the NHS Constitution which was published in March 2013 (http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution) plus two additional themes:

- Staff Pledge 1: 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.

- Staff Pledge 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.

- Staff Pledge 3: To provide support and opportunities for staff to maintain their health, well-being and safety.

- Staff Pledge 4: To engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.

- Additional theme: Staff satisfaction

- Additional theme: Equality and diversity

Please note that the NHS pledges were amended in 2013, however the report has been structured around 4 of the pledges which have been maintained since 2009. For more information regarding this please see the “Making Sense of Your Staff Survey Data” document.

As in previous years, there are two types of Key Finding:

- percentage scores, i.e. percentage of staff giving a particular response to one, or a series of, survey questions

- scale summary scores, calculated by converting staff responses to particular questions into scores. For each of these scale summary scores, the minimum score is always 1 and the maximum score is 5

A longer and more detailed report of the 2013 survey results for Chelsea and Westminster Hospital NHS Foundation Trust can be downloaded from: www.nhsstaffsurveys.com. This report provides detailed breakdowns of the Key Finding scores by directorate, occupational groups and demographic groups, and details of each question included in the core questionnaire.

Your Organisation

The scores presented below are un-weighted question level scores for questions Q12a - 12d and the weighted score for Key Finding 24. The percentages for Q12a – Q12d are created by combining the responses for those who “Agree” and “Strongly Agree” compared to the total number of staff that responded to the question.

The Q12d score is related to CQUIN payments for Acute trusts participating in the National NHS Staff Survey. 2013/2014 guidance on CQUIN payments can be found via the following link https://www.supply2health.nhs.uk/eContracts/Documents/cquin-guidance.pdf.

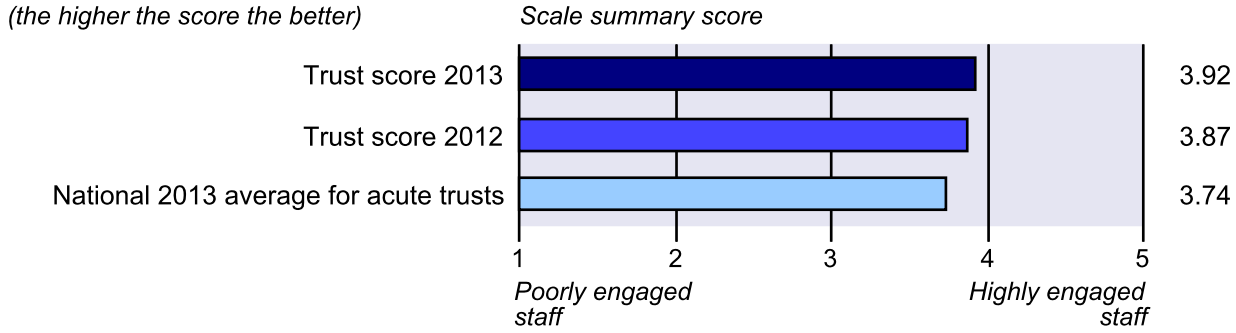
Q12a, Q12c and Q12d feed into Key Finding 24 “Staff recommendation of the trust as a place to work or receive treatment”.

		Your Trust in 2013	Average (median) for acute trusts	Your Trust in 2012
Q12a	"Care of patients / service users is my organisation's top priority"	82	68	82
Q12b	"My organisation acts on concerns raised by patients / service users"	84	71	82
Q12c	"I would recommend my organisation as a place to work"	75	59	76
Q12d	"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	85	64	80
KF24.	Staff recommendation of the trust as a place to work or receive treatment (Q12a, 12c-d)	4.05	3.68	4.02

2. Overall indicator of staff engagement for Chelsea and Westminster Hospital NHS Foundation Trust

The figure below shows how Chelsea and Westminster Hospital NHS Foundation Trust compares with other acute trusts on an overall indicator of staff engagement. Possible scores range from 1 to 5, with 1 indicating that staff are poorly engaged (with their work, their team and their trust) and 5 indicating that staff are highly engaged. The trust's score of 3.92 was in the highest (best) 20% when compared with trusts of a similar type.

OVERALL STAFF ENGAGEMENT



This overall indicator of staff engagement has been calculated using the questions that make up Key Findings 22, 24 and 25. These Key Findings relate to the following aspects of staff engagement: staff members' perceived ability to contribute to improvements at work (Key Finding 22); their willingness to recommend the trust as a place to work or receive treatment (Key Finding 24); and the extent to which they feel motivated and engaged with their work (Key Finding 25).

The table below shows how Chelsea and Westminster Hospital NHS Foundation Trust compares with other acute trusts on each of the sub-dimensions of staff engagement, and whether there has been a change since the 2012 survey.

	Change since 2012 survey	Ranking, compared with all acute trusts
OVERALL STAFF ENGAGEMENT	• No change	✓ Highest (best) 20%
KF22. Staff ability to contribute towards improvements at work *(the extent to which staff are able to make suggestions to improve the work of their team, have frequent opportunities to show initiative in their role, and are able to make improvements at work.)*	• No change	✓ Highest (best) 20%
KF24. Staff recommendation of the trust as a place to work or receive treatment *(the extent to which staff think care of patients/service users is the Trust's top priority, would recommend their Trust to others as a place to work, and would be happy with the standard of care provided by the Trust if a friend or relative needed treatment.)*	• No change	✓ Highest (best) 20%
KF25. Staff motivation at work *(the extent to which they look forward to going to work, and are enthusiastic about and absorbed in their jobs.)*	• No change	✓ Above (better than) average

Full details of how the overall indicator of staff engagement was created can be found in the document ***Making sense of your staff survey data***.

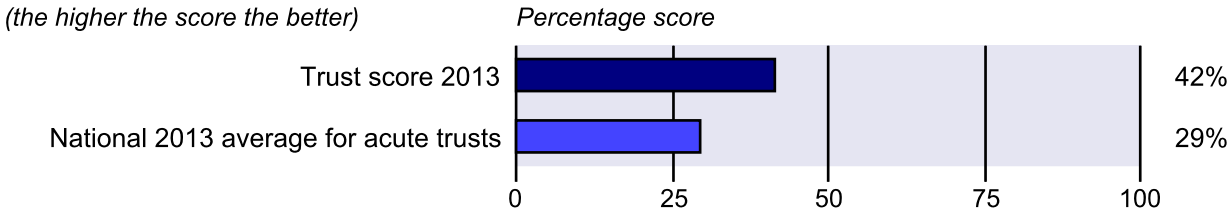
3. Summary of 2013 Key Findings for Chelsea and Westminster Hospital NHS Foundation Trust

3.1 Top and Bottom Ranking Scores

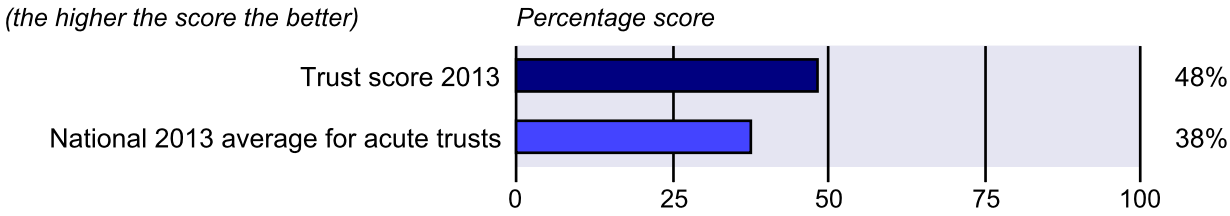
This page highlights the five Key Findings for which Chelsea and Westminster Hospital NHS Foundation Trust compares most favourably with other acute trusts in England.

TOP FIVE RANKING SCORES

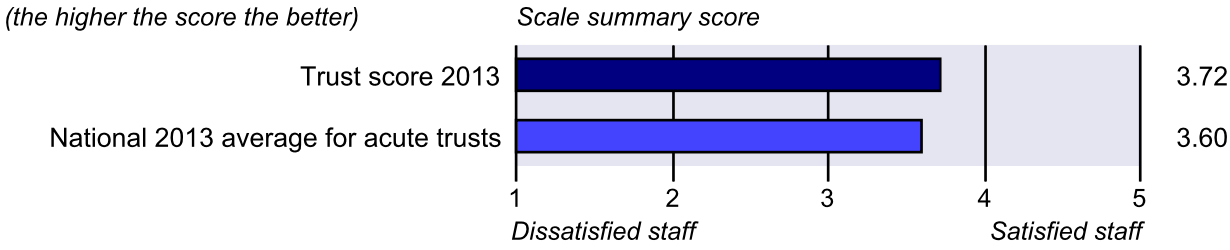
✓KF21. Percentage of staff reporting good communication between senior management and staff



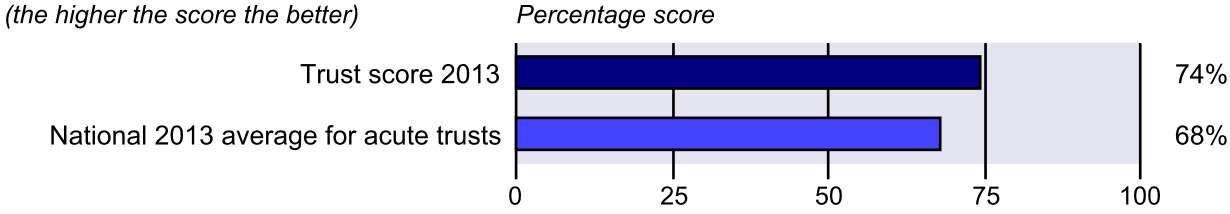
✓KF8. Percentage of staff having well structured appraisals in last 12 months



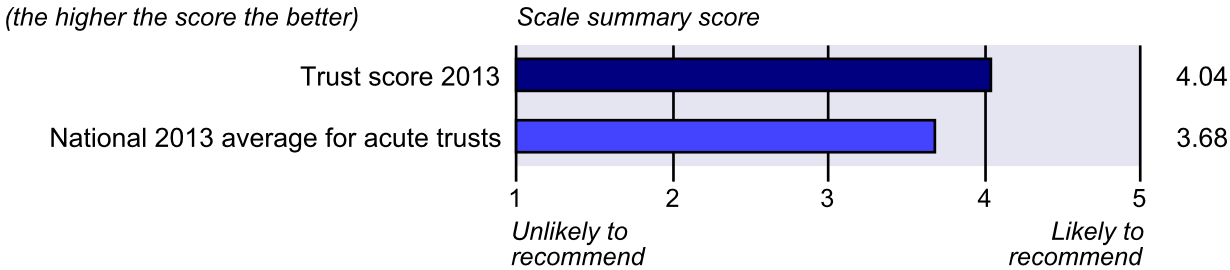
✓KF23. Staff job satisfaction



✓KF22. Percentage of staff able to contribute towards improvements at work



✓KF24. Staff recommendation of the trust as a place to work or receive treatment

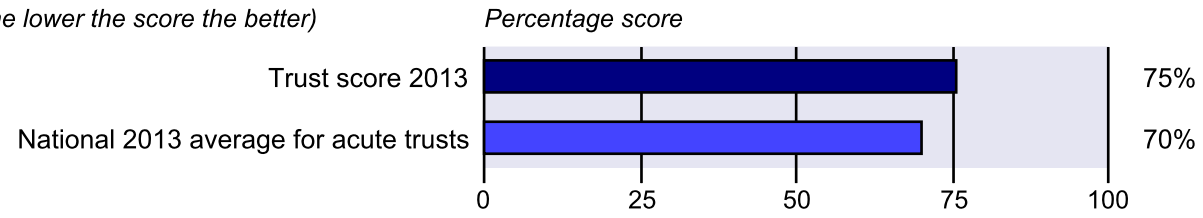


This page highlights the five Key Findings for which Chelsea and Westminster Hospital NHS Foundation Trust compares least favourably with other acute trusts in England. It is suggested that these areas might be seen as a starting point for local action to improve as an employer.

BOTTOM FIVE RANKING SCORES

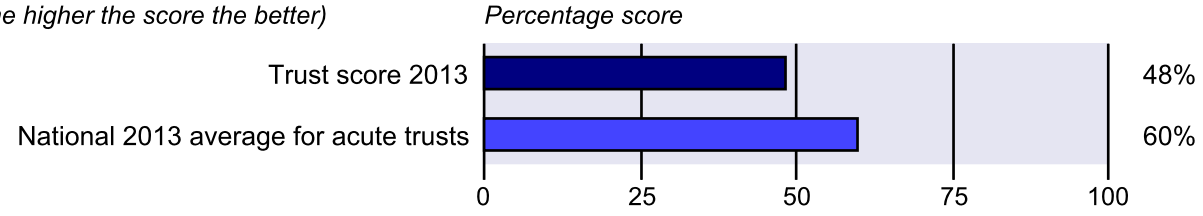
! KF5. Percentage of staff working extra hours

(the lower the score the better)



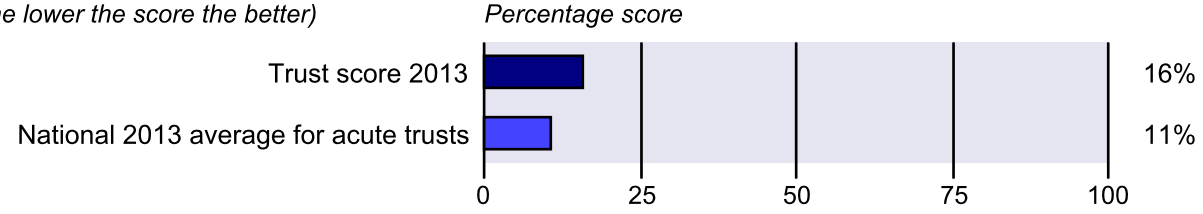
! KF12. Percentage of staff saying hand washing materials are always available

(the higher the score the better)



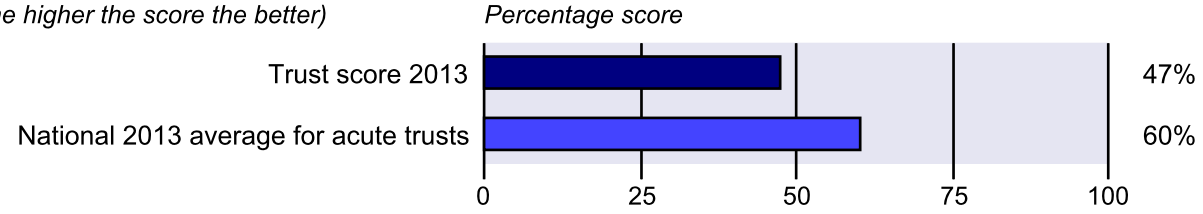
! KF28. Percentage of staff experiencing discrimination at work in last 12 months

(the lower the score the better)



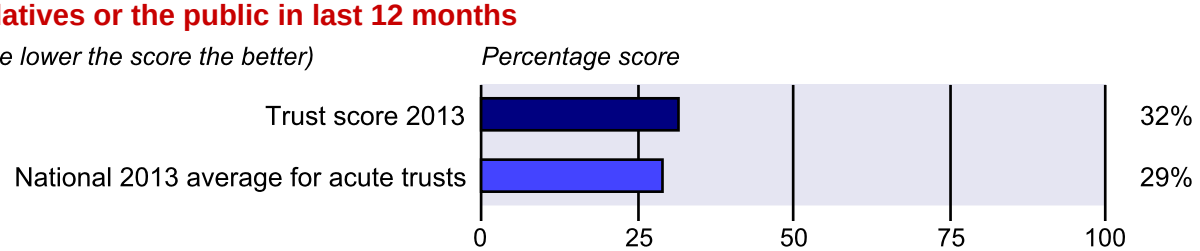
! KF26. Percentage of staff having equality and diversity training in last 12 months

(the higher the score the better)



! KF18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

(the lower the score the better)



For each of the 28 Key Findings, the acute trusts in England were placed in order from 1 (the top ranking score) to 141 (the bottom ranking score). Chelsea and Westminster Hospital NHS Foundation Trust's five lowest ranking scores are presented here, i.e. those for which the trust's Key Finding score is ranked closest to 141. Further details about this can be found in the document ***Making sense of your staff survey data***.

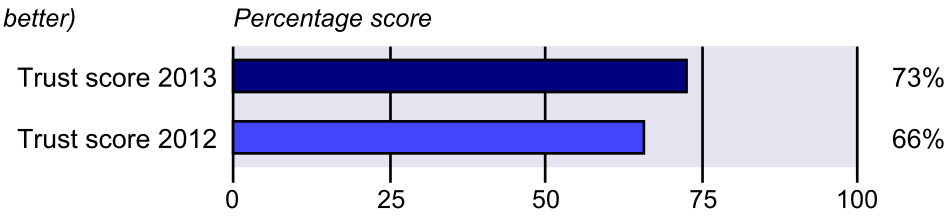
3.2 Largest Local Changes since the 2012 Survey

This page highlights the Key Finding that has improved at Chelsea and Westminster Hospital NHS Foundation Trust since the 2012 survey. (This is a positive local result. However, please note that, as shown in section 3.3, when compared with other acute trusts in England, the score for Key finding KF10 is worse than average).

WHERE STAFF EXPERIENCE HAS IMPROVED

✓ KF10. Percentage of staff receiving health and safety training in last 12 months

(the higher the score the better)

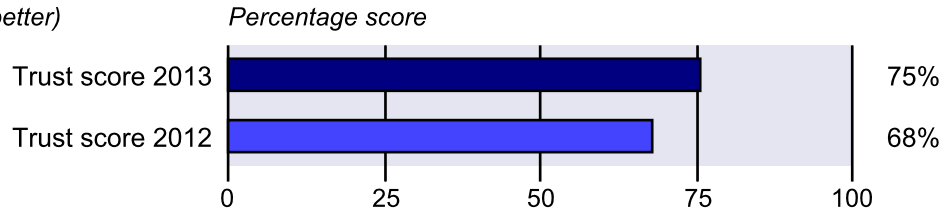


This page highlights the Key Finding that has deteriorated at Chelsea and Westminster Hospital NHS Foundation Trust since the 2012 survey. It is suggested that this might be seen as a starting point for local action to improve as an employer.

WHERE STAFF EXPERIENCE HAS DETERIORATED

! KF5. Percentage of staff working extra hours

(the lower the score the better)



3.3. Summary of all Key Findings for Chelsea and Westminster Hospital NHS Foundation Trust

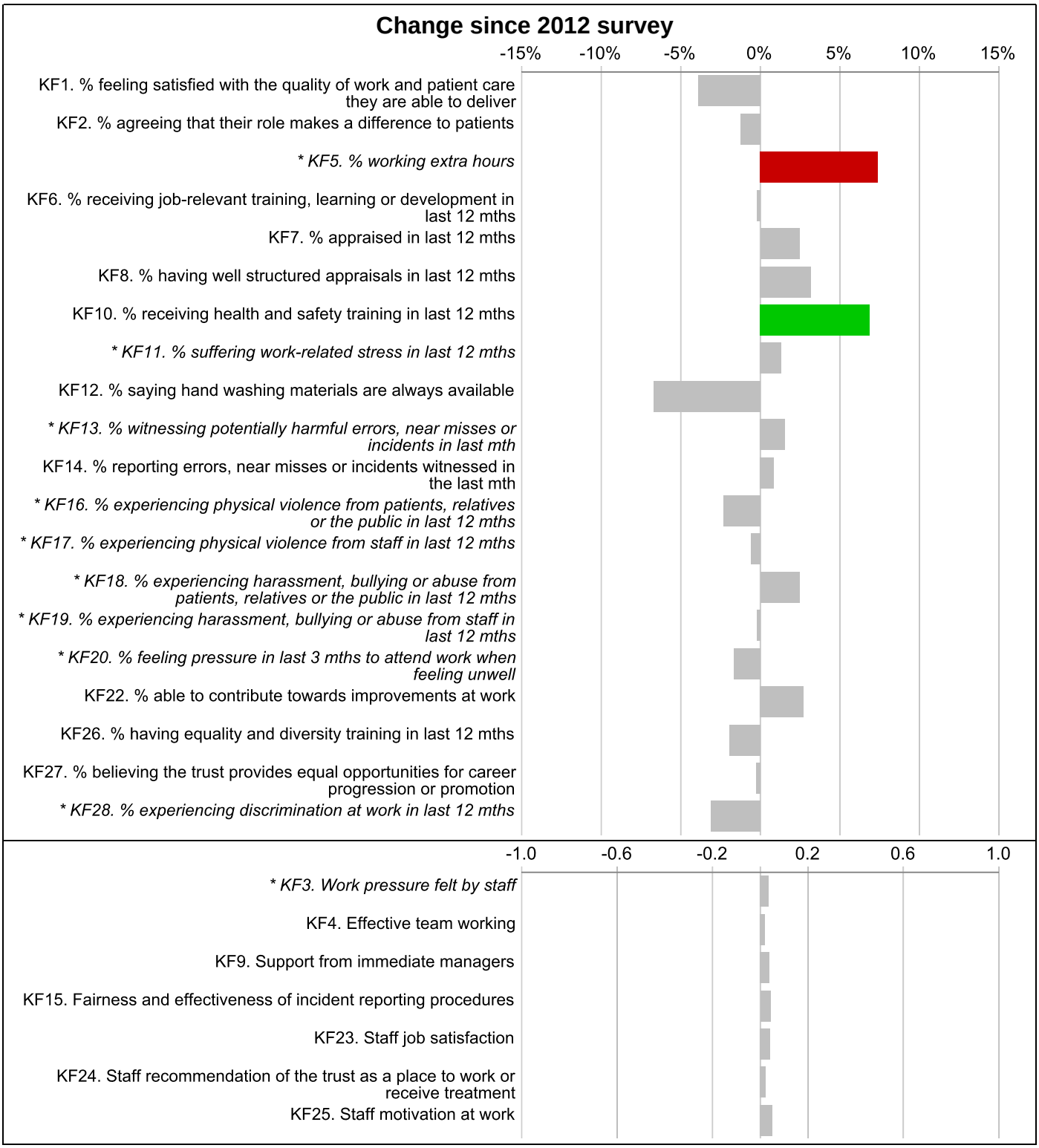
KEY

Green = Positive finding, e.g. there has been a statistically significant positive change in the Key Finding since the 2012 survey.

Red = Negative finding, e.g. there has been a statistically significant negative change in the Key Finding since the 2012 survey.

Grey = No change, e.g. there has been no statistically significant change in this Key Finding since the 2012 survey.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterix and in *italics*, the lower the score the better.



3.3. Summary of all Key Findings for Chelsea and Westminster Hospital NHS Foundation Trust

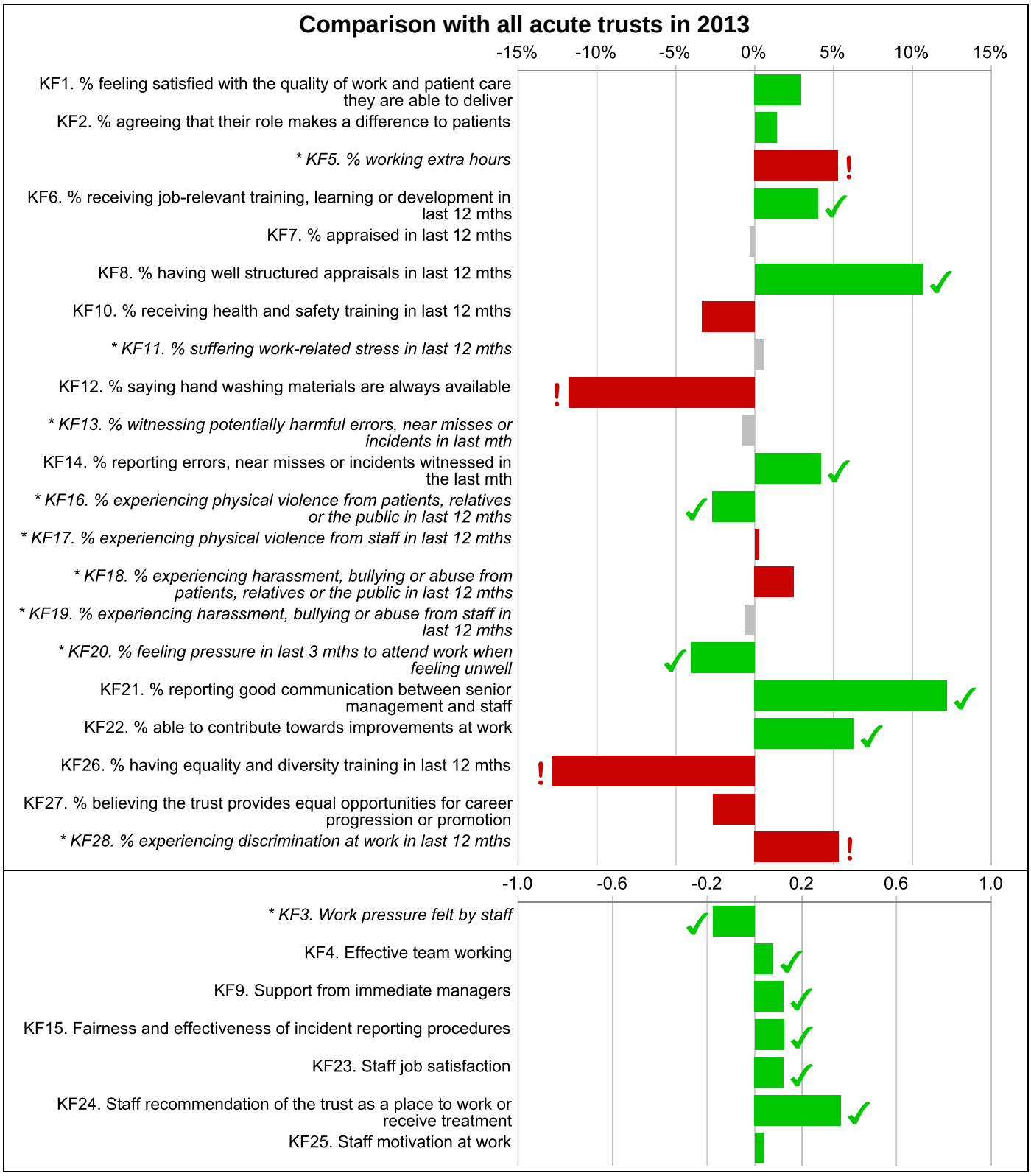
KEY

Green = Positive finding, e.g. better than average. If a ✓ is shown the score is in the best 20% of acute trusts

Red = Negative finding, e.g. worse than avearge. If a ! is shown the score is in the worst 20% of acute trusts.

Grey = Average.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterix and in *italics*, the lower the score the better.



3.4. Summary of all Key Findings for Chelsea and Westminster Hospital NHS Foundation Trust

KEY

✓ Green = Positive finding, e.g. in the best 20% of acute trusts, better than average, better than 2012.

! Red = Negative finding, e.g. in the worst 20% of acute trusts, worse than average, worse than 2012.

'Change since 2012 survey' indicates whether there has been a statistically significant change in the Key Finding since the 2012 survey.

-- Because of changes to the format of the survey questions this year, comparisons with the 2012 score are not possible.

* For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterix and in *italics*, the lower the score the better.

	Change since 2012 survey	Ranking, compared with all acute trusts in 2013
STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs.		
KF1. % feeling satisfied with the quality of work and patient care they are able to deliver	• No change	✓ Above (better than) average
KF2. % agreeing that their role makes a difference to patients	• No change	✓ Above (better than) average
* *KF3. Work pressure felt by staff*	• No change	✓ Lowest (best) 20%
KF4. Effective team working	• No change	✓ Highest (best) 20%
* *KF5. % working extra hours*	! Increase (worse than 12)	! Highest (worst) 20%
STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.		
KF6. % receiving job-relevant training, learning or development in last 12 mths	• No change	✓ Highest (best) 20%
KF7. % appraised in last 12 mths	• No change	• Average
KF8. % having well structured appraisals in last 12 mths	• No change	✓ Highest (best) 20%
KF9. Support from immediate managers	• No change	✓ Highest (best) 20%
STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.		
Occupational health and safety		
KF10. % receiving health and safety training in last 12 mths	✓ Increase (better than 12)	! Below (worse than) average
* *KF11. % suffering work-related stress in last 12 mths*	• No change	• Average
Infection control and hygiene		
KF12. % saying hand washing materials are always available	• No change	! Lowest (worst) 20%
Errors and incidents		
* *KF13. % witnessing potentially harmful errors, near misses or incidents in last mth*	• No change	• Average
KF14. % reporting errors, near misses or incidents witnessed in the last mth	• No change	✓ Highest (best) 20%
KF15. Fairness and effectiveness of incident reporting procedures	• No change	✓ Highest (best) 20%

3.4. Summary of all Key Findings for Chelsea and Westminster Hospital NHS Foundation Trust (cont)

	Change since 2012 survey	Ranking, compared with all acute trusts in 2013
Violence and harassment		
* *KF16. % experiencing physical violence from patients, relatives or the public in last 12 mths*	• No change	✓ Lowest (best) 20%
* *KF17. % experiencing physical violence from staff in last 12 mths*	• No change	! Above (worse than) average
* *KF18. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	• No change	! Above (worse than) average
* *KF19. % experiencing harassment, bullying or abuse from staff in last 12 mths*	• No change	• Average
Health and well-being		
* *KF20. % feeling pressure in last 3 mths to attend work when feeling unwell*	• No change	✓ Lowest (best) 20%
STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services.		
KF21. % reporting good communication between senior management and staff	--	✓ Highest (best) 20%
KF22. % able to contribute towards improvements at work	• No change	✓ Highest (best) 20%
ADDITIONAL THEME: Staff satisfaction		
KF23. Staff job satisfaction	• No change	✓ Highest (best) 20%
KF24. Staff recommendation of the trust as a place to work or receive treatment	• No change	✓ Highest (best) 20%
KF25. Staff motivation at work	• No change	✓ Above (better than) average
ADDITIONAL THEME: Equality and diversity		
KF26. % having equality and diversity training in last 12 mths	• No change	! Lowest (worst) 20%
KF27. % believing the trust provides equal opportunities for career progression or promotion	• No change	! Below (worse than) average
* *KF28. % experiencing discrimination at work in last 12 mths*	• No change	! Highest (worst) 20%

4. Key Findings for Chelsea and Westminster Hospital NHS Foundation Trust

502 staff at Chelsea and Westminster Hospital NHS Foundation Trust took part in this survey. This is a response rate of 61%[1] which is in the highest 20% of acute trusts in England, and compares with a response rate of 66% in this trust in the 2012 survey.

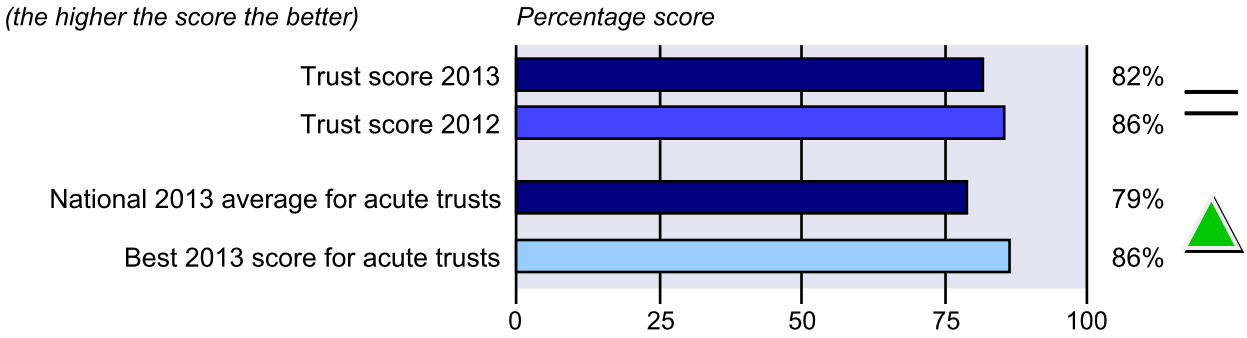
This section presents each of the 28 Key Findings, using data from the trust's 2013 survey, and compares these to other acute trusts in England and to the trust's performance in the 2012 survey. The findings are arranged under six headings – the four staff pledges from the NHS Constitution, and the two additional themes of staff satisfaction and equality and diversity.

Positive findings are indicated with a green arrow (e.g. where the trust is in the best 20% of trusts, or where the score has improved since 2012). Negative findings are highlighted with a red arrow (e.g. where the trust's score is in the worst 20% of trusts, or where the score is not as good as 2012). An equals sign indicates that there has been no change.

STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs.

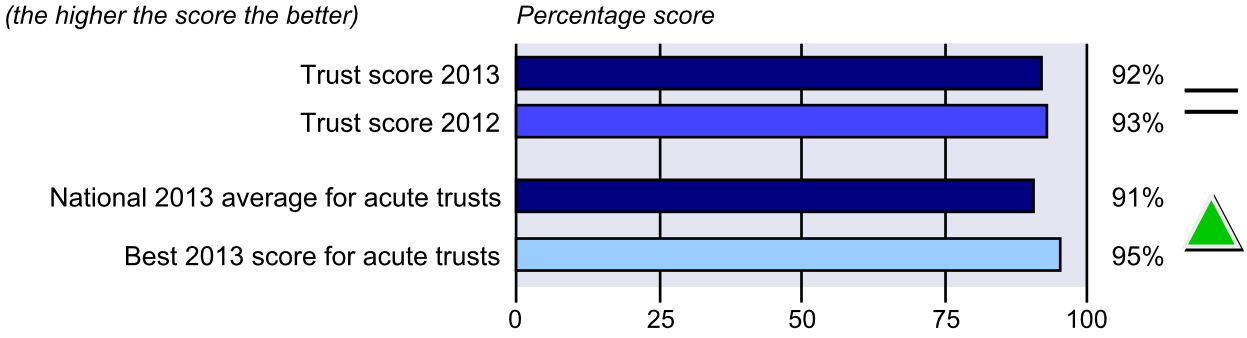
KEY FINDING 1. Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver

(the higher the score the better)



KEY FINDING 2. Percentage of staff agreeing that their role makes a difference to patients

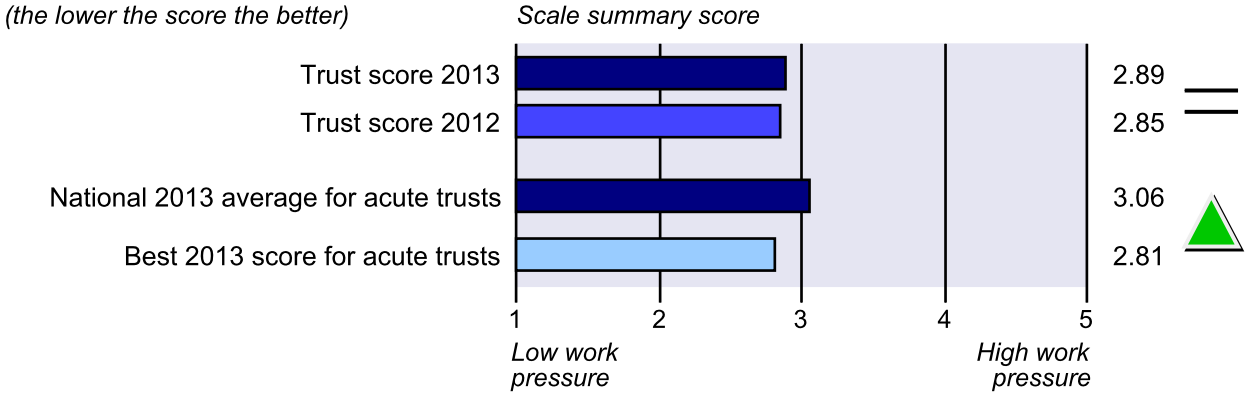
(the higher the score the better)



[1]At the time of sampling, 3010 staff were eligible to receive the survey. Questionnaires were sent to a random sample of 817 staff. This includes only staff employed directly by the trust (i.e. excluding staff working for external contractors). It excludes bank staff unless they are also employed directly elsewhere in the trust. When calculating the response rate, questionnaires could only be counted if they were received with their ID number intact, by the closing date.

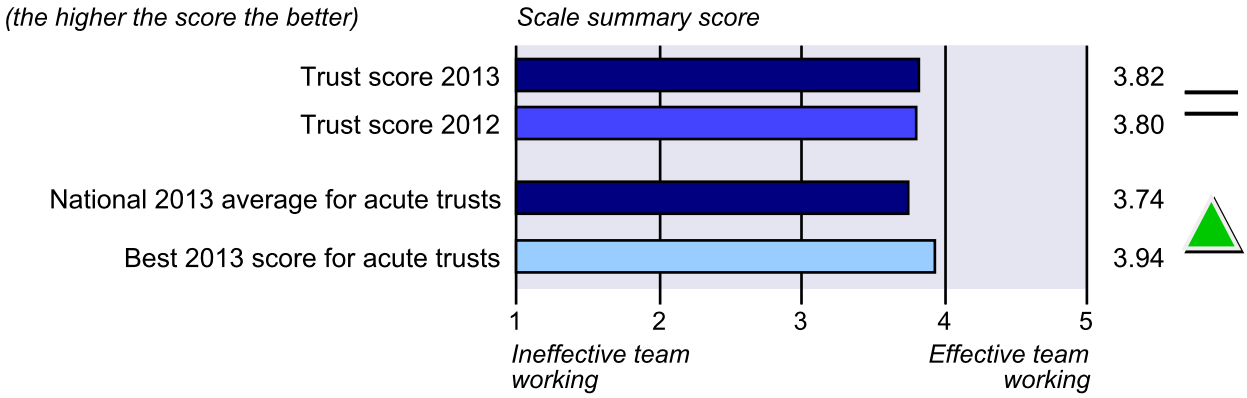
KEY FINDING 3. Work pressure felt by staff

(the lower the score the better)



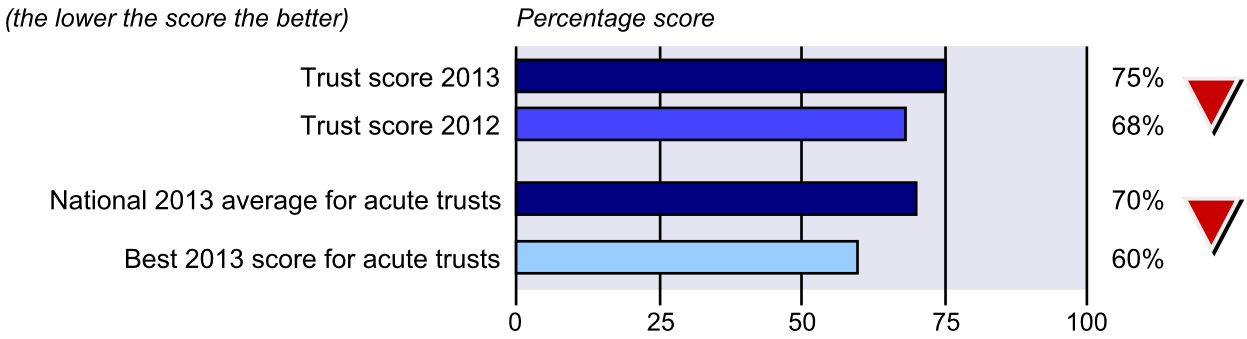
KEY FINDING 4. Effective team working

(the higher the score the better)



KEY FINDING 5. Percentage of staff working extra hours

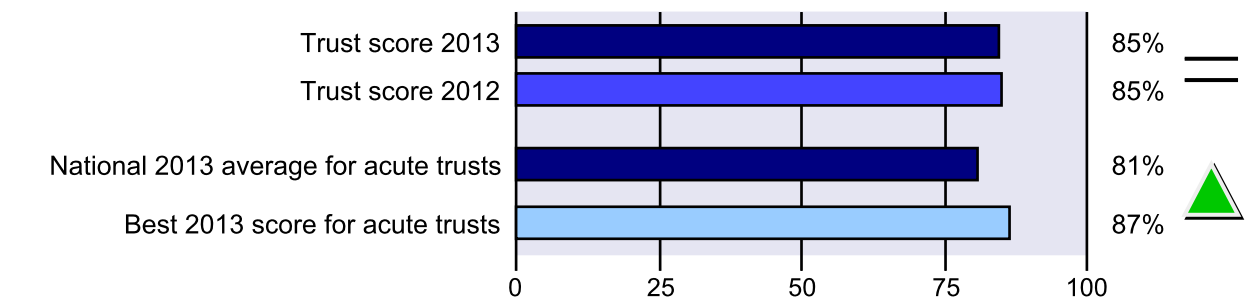
(the lower the score the better)



STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.

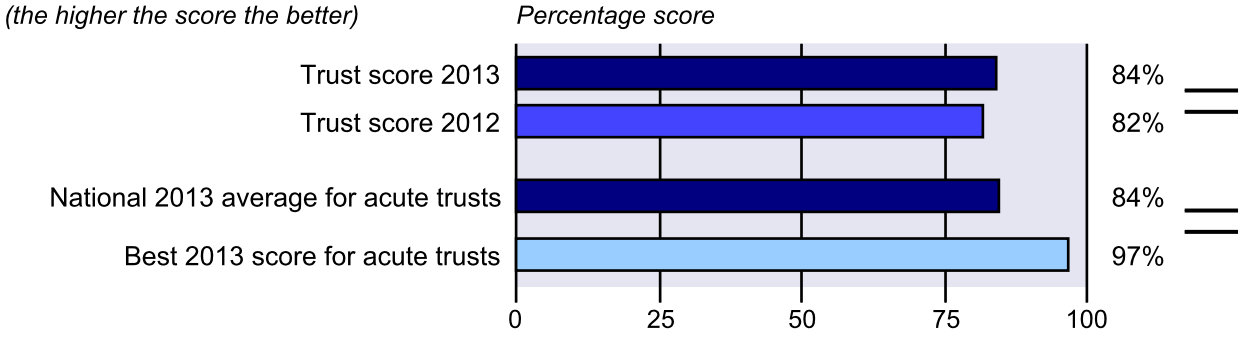
KEY FINDING 6. Percentage of staff receiving job-relevant training, learning or development in last 12 months

(the higher the score the better)



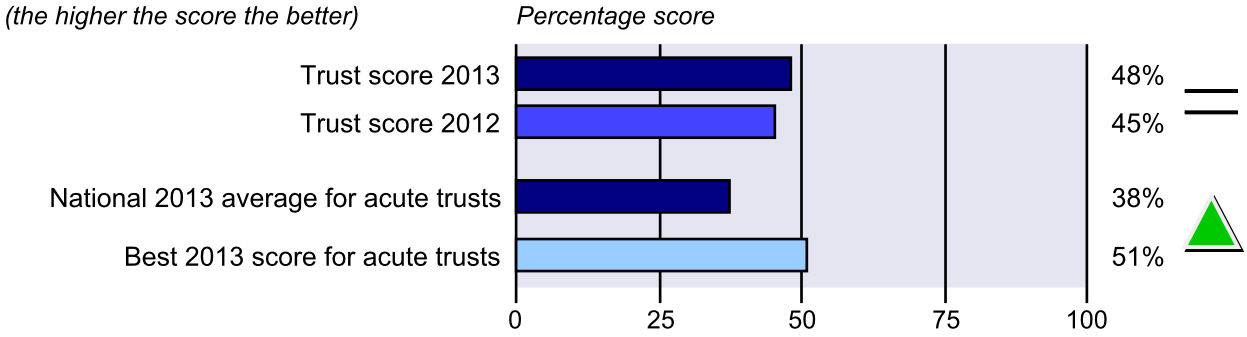
KEY FINDING 7. Percentage of staff appraised in last 12 months

(the higher the score the better)



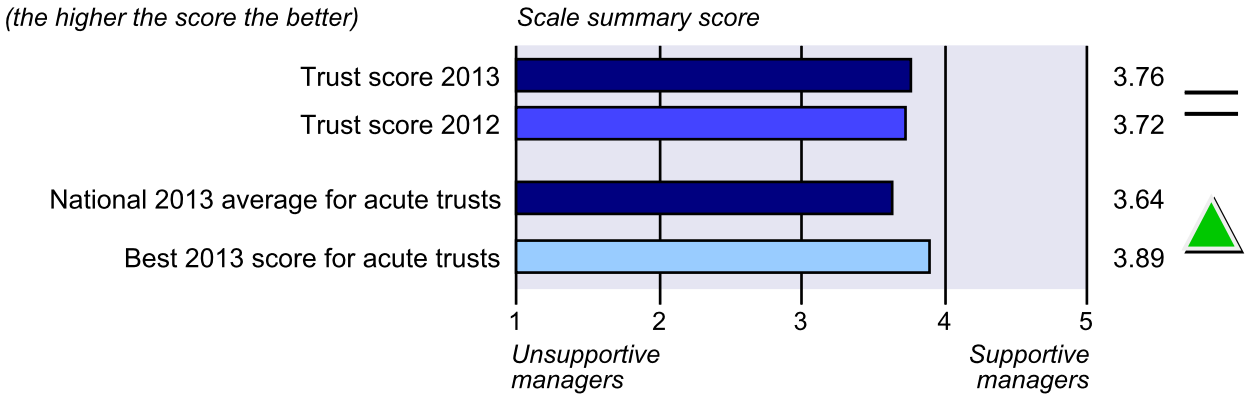
KEY FINDING 8. Percentage of staff having well structured appraisals in last 12 months

(the higher the score the better)



KEY FINDING 9. Support from immediate managers

(the higher the score the better)

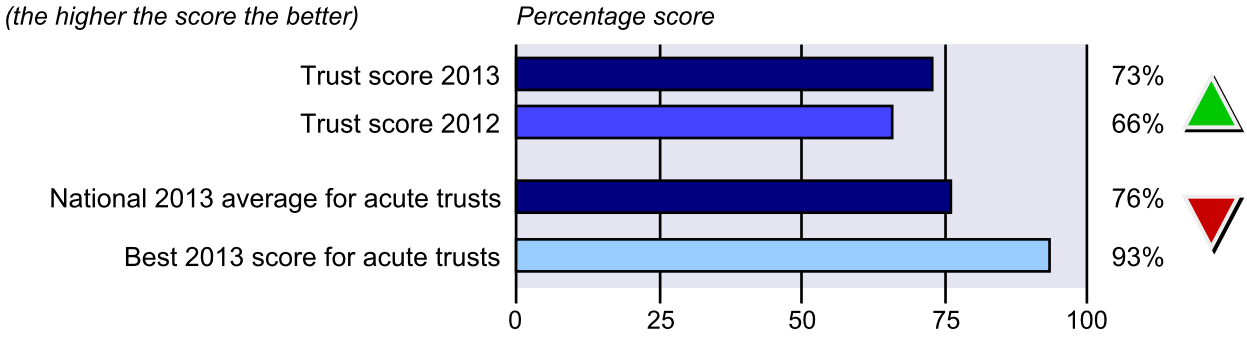


STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.

Occupational health and safety

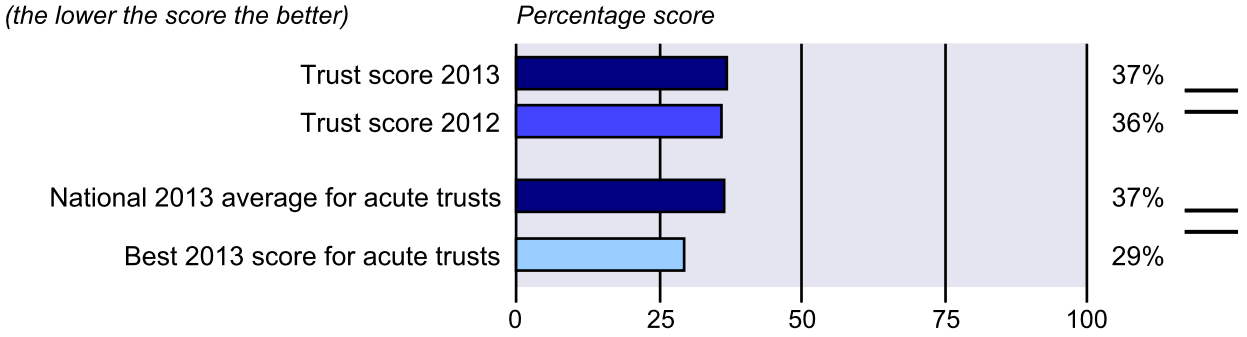
KEY FINDING 10. Percentage of staff receiving health and safety training in last 12 months

(the higher the score the better)



KEY FINDING 11. Percentage of staff suffering work-related stress in last 12 months

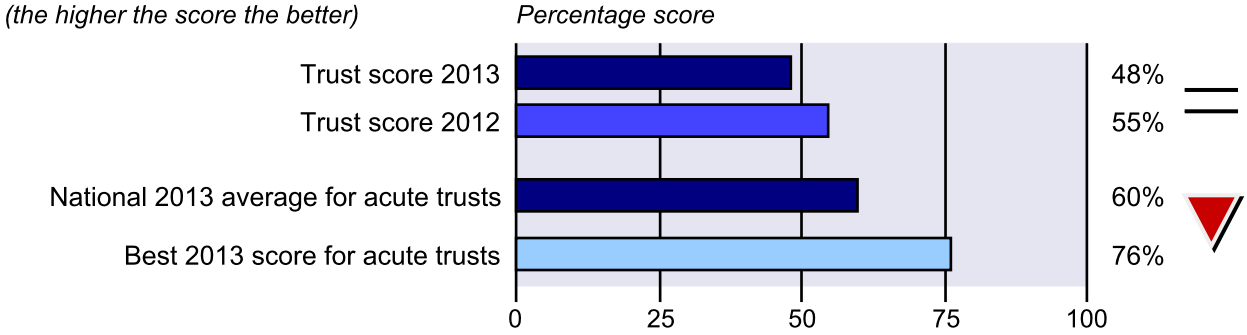
(the lower the score the better)



Infection control and hygiene

KEY FINDING 12. Percentage of staff saying hand washing materials are always available

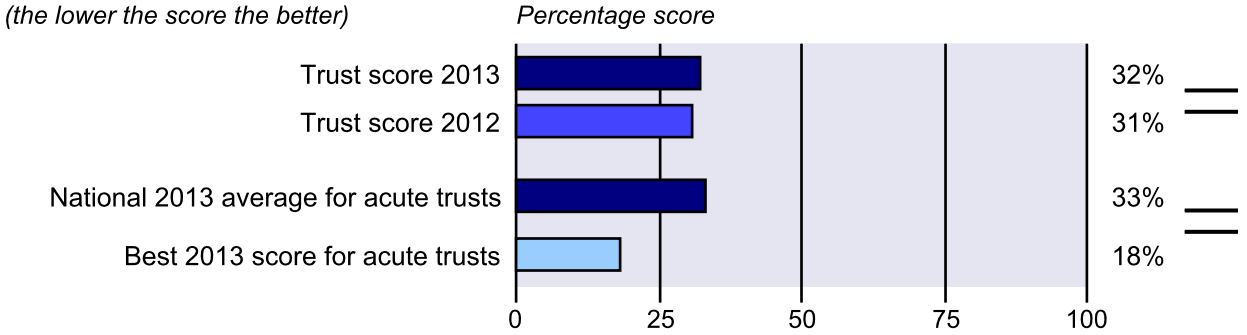
(the higher the score the better)



Errors and incidents

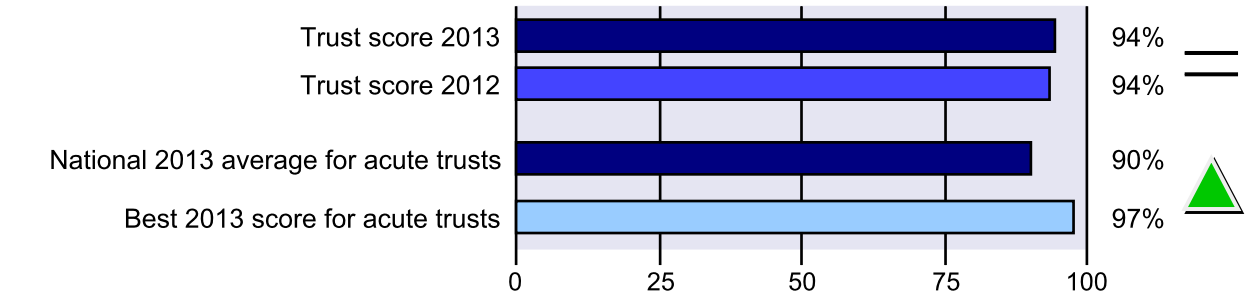
KEY FINDING 13. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month

(the lower the score the better)



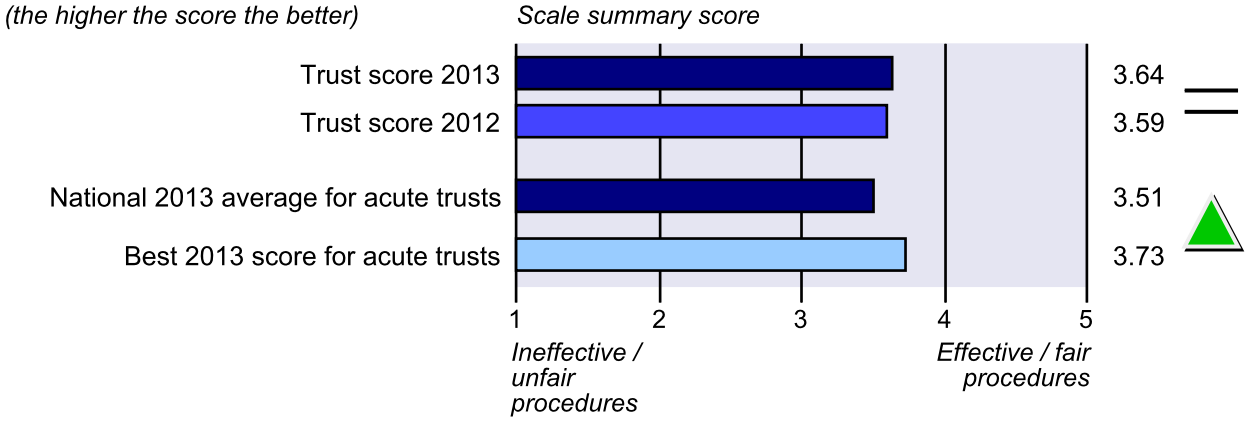
KEY FINDING 14. Percentage of staff reporting errors, near misses or incidents witnessed in the last month

(the higher the score the better)



KEY FINDING 15. Fairness and effectiveness of incident reporting procedures

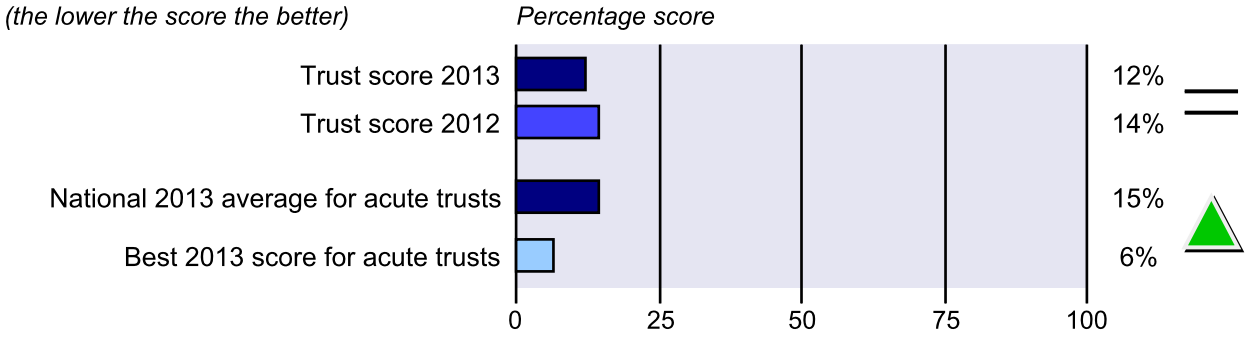
(the higher the score the better)



Violence and harassment

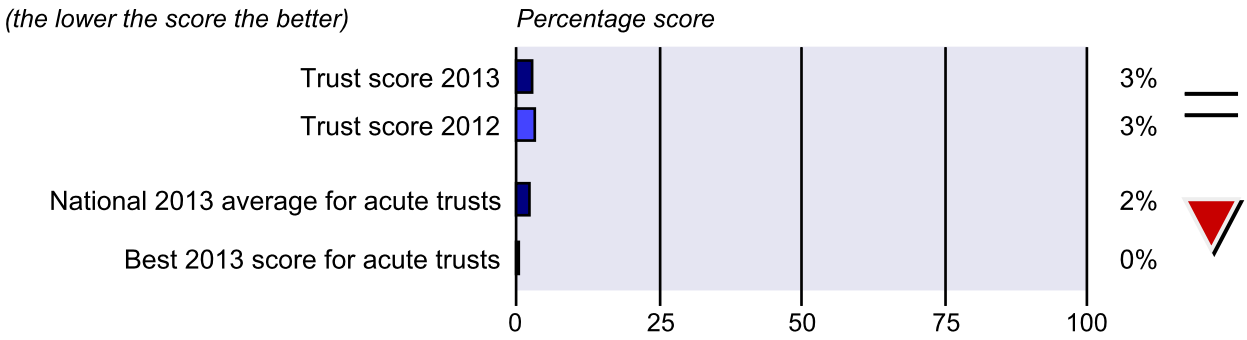
KEY FINDING 16. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months

(the lower the score the better)



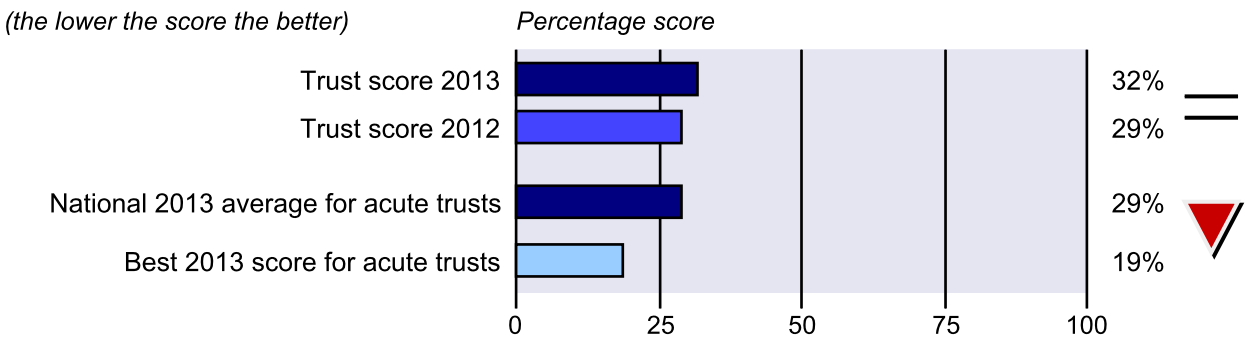
KEY FINDING 17. Percentage of staff experiencing physical violence from staff in last 12 months

(the lower the score the better)



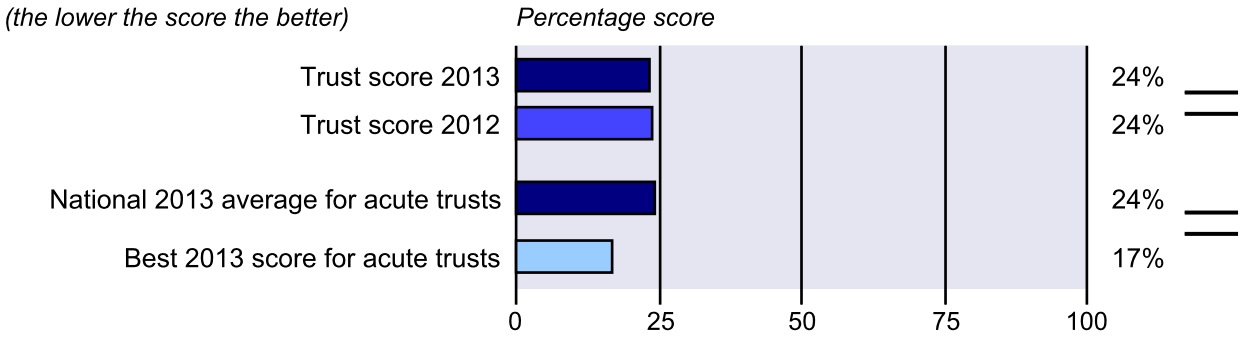
KEY FINDING 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

(the lower the score the better)



KEY FINDING 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

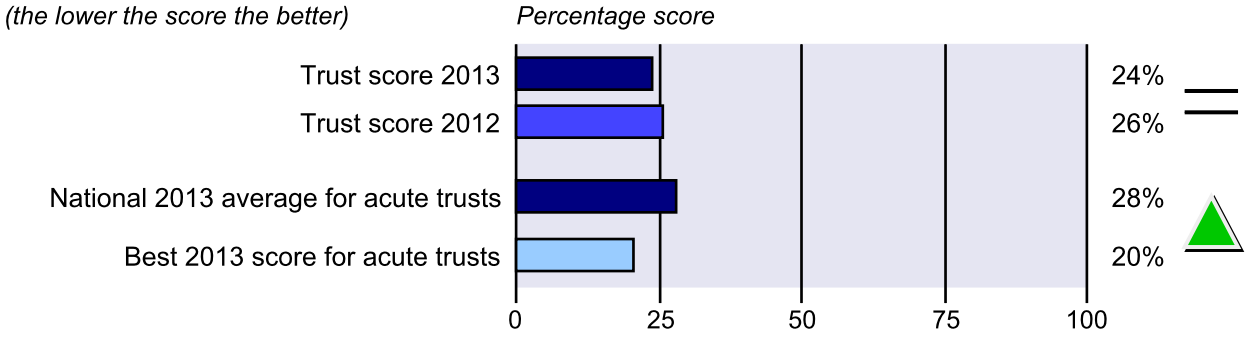
(the lower the score the better)



Health and well-being

KEY FINDING 20. Percentage of staff feeling pressure in last 3 months to attend work when feeling unwell

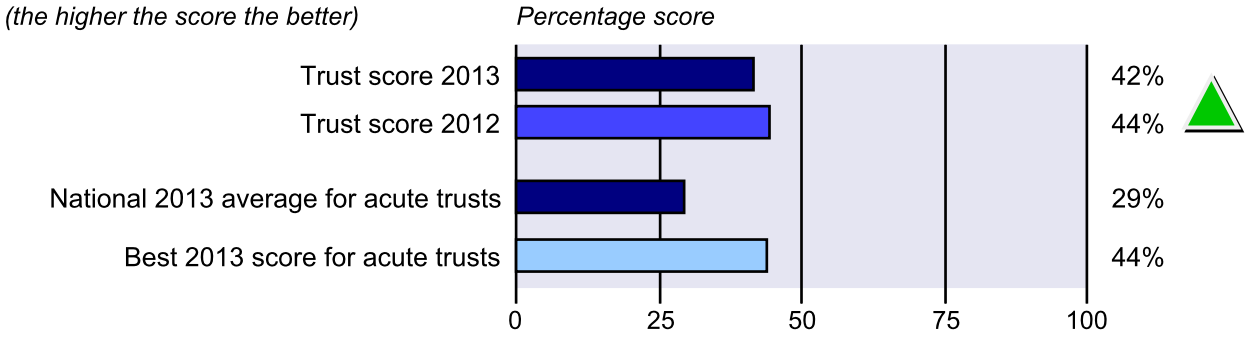
(the lower the score the better)



STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services.

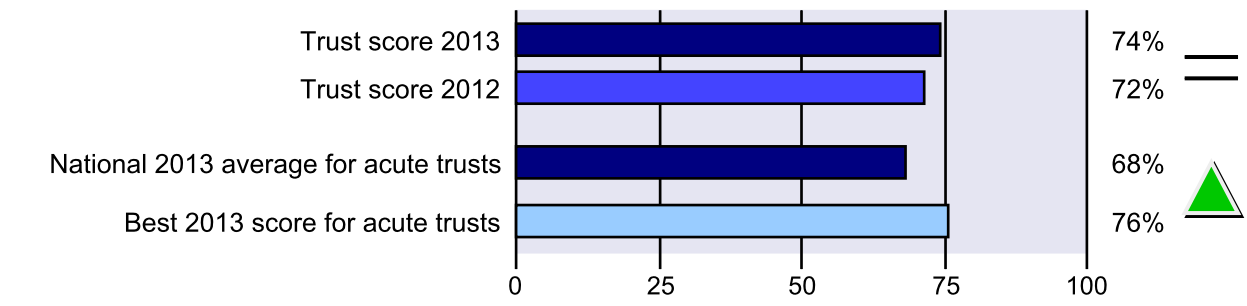
KEY FINDING 21. Percentage of staff reporting good communication between senior management and staff

(the higher the score the better)



KEY FINDING 22. Percentage of staff able to contribute towards improvements at work

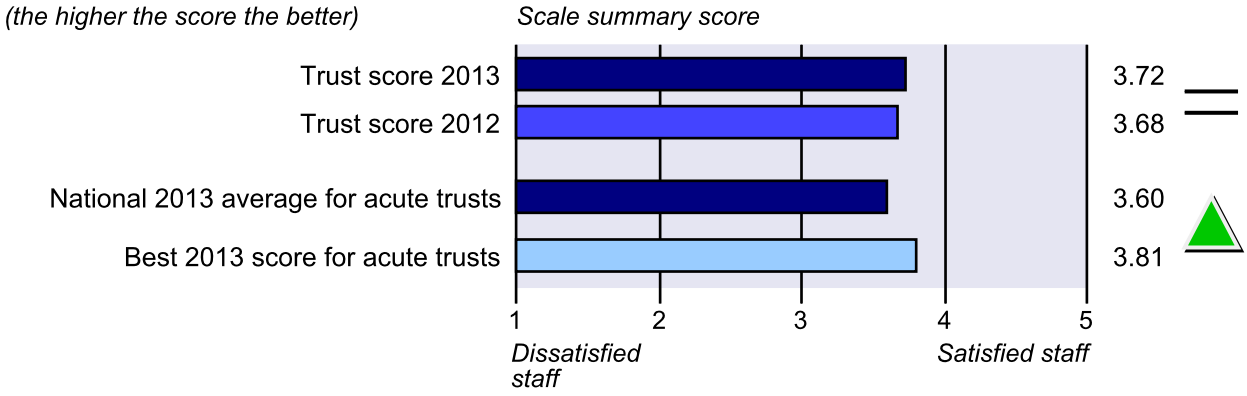
(the higher the score the better)



ADDITIONAL THEME: Staff satisfaction

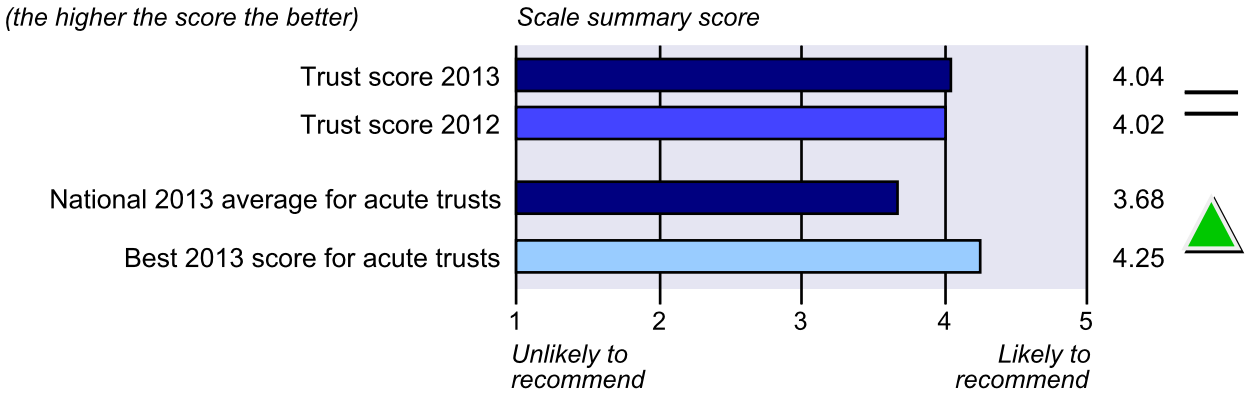
KEY FINDING 23. Staff job satisfaction

(the higher the score the better)



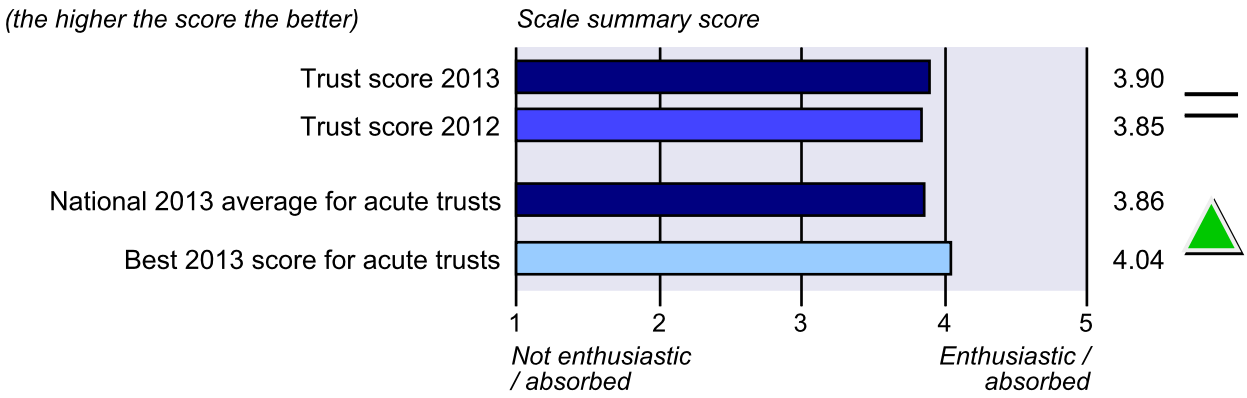
KEY FINDING 24. Staff recommendation of the trust as a place to work or receive treatment

(the higher the score the better)



KEY FINDING 25. Staff motivation at work

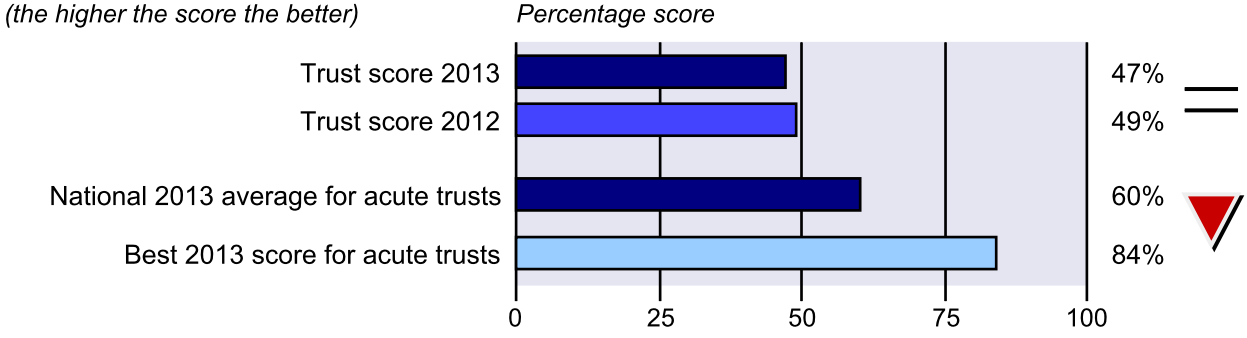
(the higher the score the better)



ADDITIONAL THEME: Equality and diversity

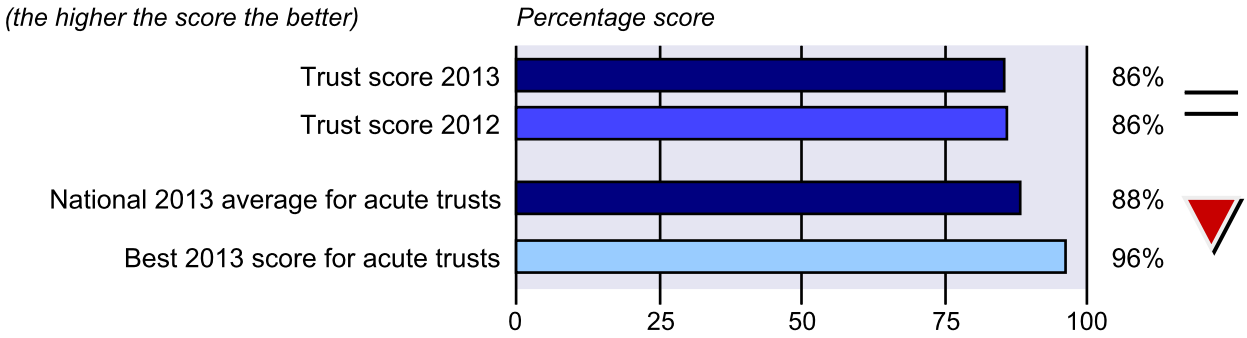
KEY FINDING 26. Percentage of staff having equality and diversity training in last 12 months

(the higher the score the better)



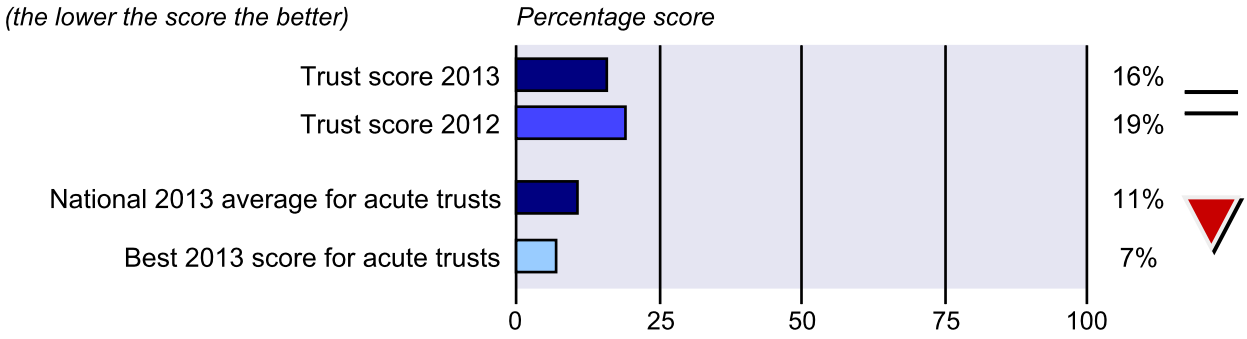
KEY FINDING 27. Percentage of staff believing the trust provides equal opportunities for career progression or promotion

(the higher the score the better)



KEY FINDING 28. Percentage of staff experiencing discrimination at work in last 12 months

(the lower the score the better)



2013 National NHS staff survey

Results from Chelsea and Westminster Hospital NHS Foundation Trust

Table of Contents

1. Introduction to this report

This report presents the findings of the 2013 national NHS staff survey conducted in Chelsea and Westminster Hospital NHS Foundation Trust.

In section 2 of this report, we present an overall indicator of staff engagement. Full details of how this indicator was created can be found in the document ***Making sense of your staff survey data***, which can be downloaded from www.nhsstaffsurveys.com.

In sections 3 to 6 of this report, the findings of the questionnaire have been summarised and presented in the form of 28 Key Findings.

These sections of the report have been structured around 4 of the seven pledges to staff in the NHS Constitution which was published in March 2013 (http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution) plus two additional themes:

- Staff Pledge 1: 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.

- Staff Pledge 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.

- Staff Pledge 3: To provide support and opportunities for staff to maintain their health, well-being and safety.

- Staff Pledge 4: To engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.

- Additional theme: Staff satisfaction

- Additional theme: Equality and diversity

Please note that the NHS pledges were amended in 2013, however the report has been structured around 4 of the pledges which have been maintained since 2009. For more information regarding this please see the “Making Sense of Your Staff Survey Data” document.

As in previous years, there are two types of Key Finding:

- percentage scores, i.e. percentage of staff giving a particular response to one, or a series of, survey questions

- scale summary scores, calculated by converting staff responses to particular questions into scores. For each of these scale summary scores, the minimum score is always 1 and the maximum score is 5

Responses to the individual survey questions can be found in Appendix 3 of this report, along with details of which survey questions were used to calculate the Key Findings.

Your Organisation

The scores presented below are un-weighted question level scores for questions Q12a - 12d and the weighted score for Key Finding 24. The percentages for Q12a – Q12d are created by combining the responses for those who “Agree” and “Strongly Agree” compared to the total number of staff that responded to the question.

The Q12d score is related to CQUIN payments for Acute trusts participating in the National NHS Staff Survey. 2013/2014 guidance on CQUIN payments can be found via the following link https://www.supply2health.nhs.uk/eContracts/Documents/cquin-guidance.pdf.

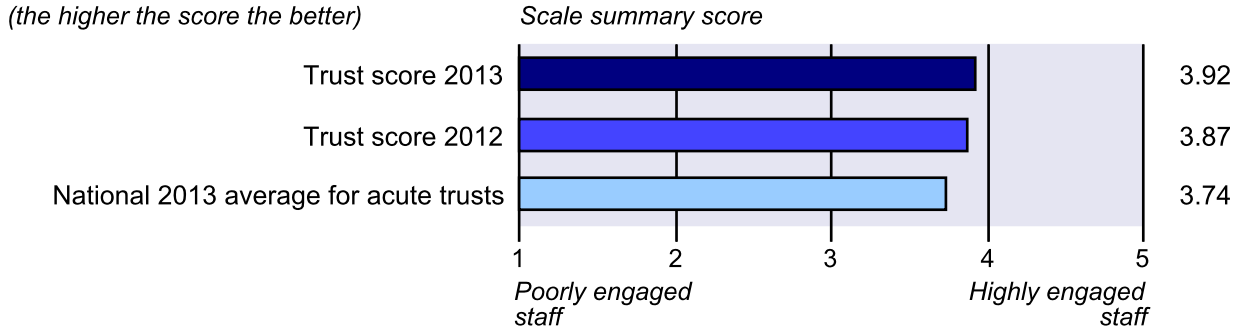
Q12a, Q12c and Q12d feed into Key Finding 24 “Staff recommendation of the trust as a place to work or receive treatment”.

		Your Trust in 2013	Average (median) for acute trusts	Your Trust in 2012
Q12a	"Care of patients / service users is my organisation's top priority"	82	68	82
Q12b	"My organisation acts on concerns raised by patients / service users"	84	71	82
Q12c	"I would recommend my organisation as a place to work"	75	59	76
Q12d	"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	85	64	80
KF24.	Staff recommendation of the trust as a place to work or receive treatment (Q12a, 12c-d)	4.05	3.68	4.02

2. Overall indicator of staff engagement for Chelsea and Westminster Hospital NHS Foundation Trust

The figure below shows how Chelsea and Westminster Hospital NHS Foundation Trust compares with other acute trusts on an overall indicator of staff engagement. Possible scores range from 1 to 5, with 1 indicating that staff are poorly engaged (with their work, their team and their trust) and 5 indicating that staff are highly engaged. The trust's score of 3.92 was in the highest (best) 20% when compared with trusts of a similar type.

OVERALL STAFF ENGAGEMENT



This overall indicator of staff engagement has been calculated using the questions that make up Key Findings 22, 24 and 25. These Key Findings relate to the following aspects of staff engagement: staff members' perceived ability to contribute to improvements at work (Key Finding 22); their willingness to recommend the trust as a place to work or receive treatment (Key Finding 24); and the extent to which they feel motivated and engaged with their work (Key Finding 25).

The table below shows how Chelsea and Westminster Hospital NHS Foundation Trust compares with other acute trusts on each of the sub-dimensions of staff engagement, and whether there has been a change since the 2012 survey.

	Change since 2012 survey	Ranking, compared with all acute trusts
OVERALL STAFF ENGAGEMENT	• No change	✓ Highest (best) 20%
KF22. Staff ability to contribute towards improvements at work *(the extent to which staff are able to make suggestions to improve the work of their team, have frequent opportunities to show initiative in their role, and are able to make improvements at work.)*	• No change	✓ Highest (best) 20%
KF24. Staff recommendation of the trust as a place to work or receive treatment *(the extent to which staff think care of patients/service users is the Trust's top priority, would recommend their Trust to others as a place to work, and would be happy with the standard of care provided by the Trust if a friend or relative needed treatment.)*	• No change	✓ Highest (best) 20%
KF25. Staff motivation at work *(the extent to which they look forward to going to work, and are enthusiastic about and absorbed in their jobs.)*	• No change	✓ Above (better than) average

Full details of how the overall indicator of staff engagement was created can be found in the document ***Making sense of your staff survey data***.

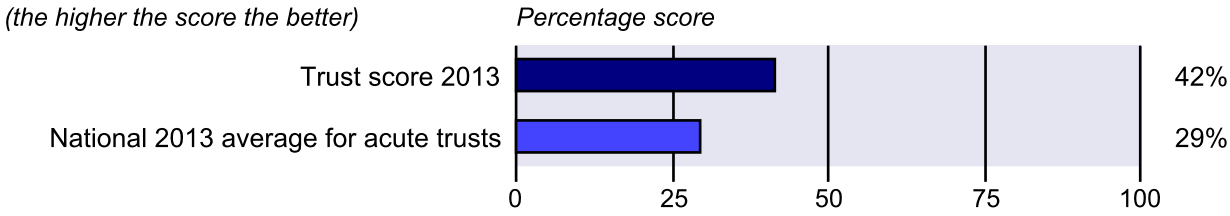
3. Summary of 2013 Key Findings for Chelsea and Westminster Hospital NHS Foundation Trust

3.1 Top and Bottom Ranking Scores

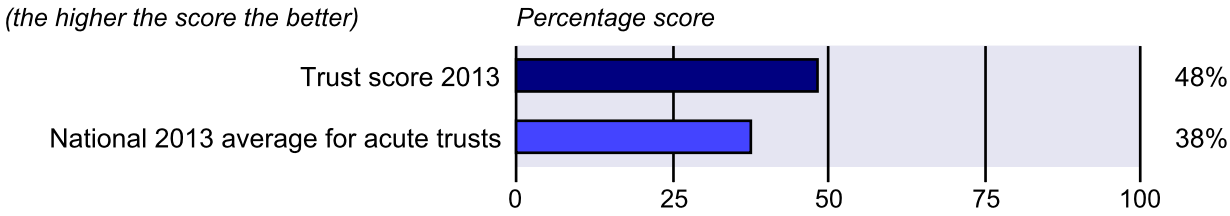
This page highlights the five Key Findings for which Chelsea and Westminster Hospital NHS Foundation Trust compares most favourably with other acute trusts in England.

TOP FIVE RANKING SCORES

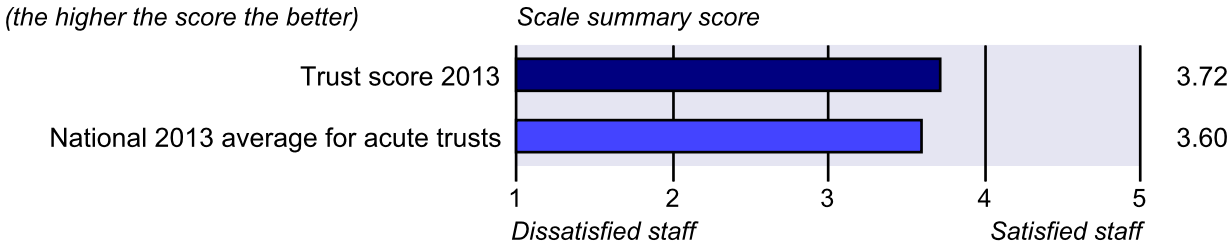
✓KF21. Percentage of staff reporting good communication between senior management and staff



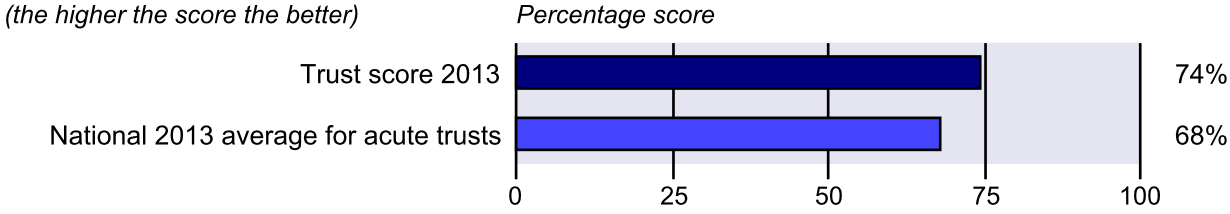
✓KF8. Percentage of staff having well structured appraisals in last 12 months



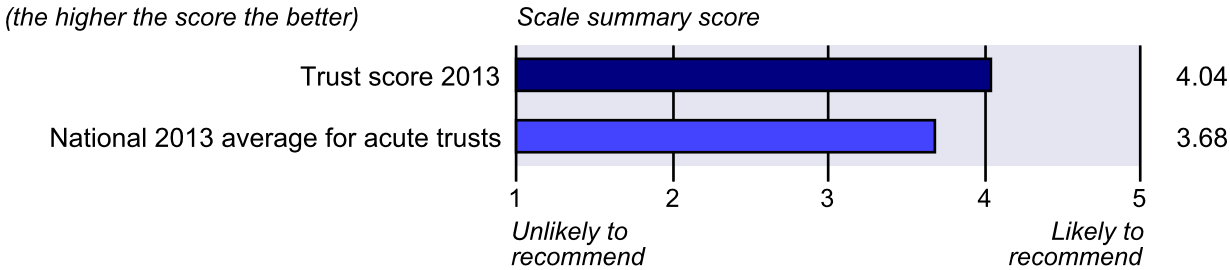
✓KF23. Staff job satisfaction



✓KF22. Percentage of staff able to contribute towards improvements at work



✓KF24. Staff recommendation of the trust as a place to work or receive treatment

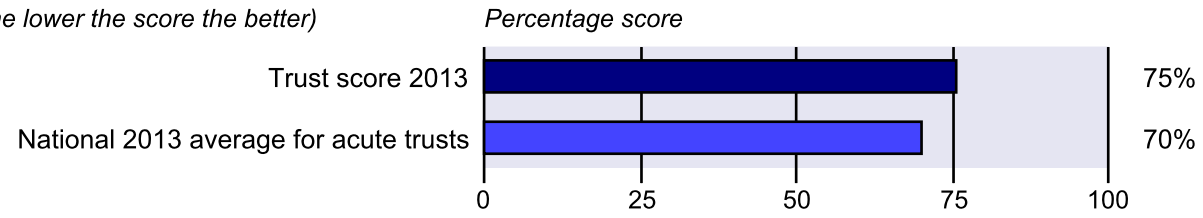


This page highlights the five Key Findings for which Chelsea and Westminster Hospital NHS Foundation Trust compares least favourably with other acute trusts in England. It is suggested that these areas might be seen as a starting point for local action to improve as an employer.

BOTTOM FIVE RANKING SCORES

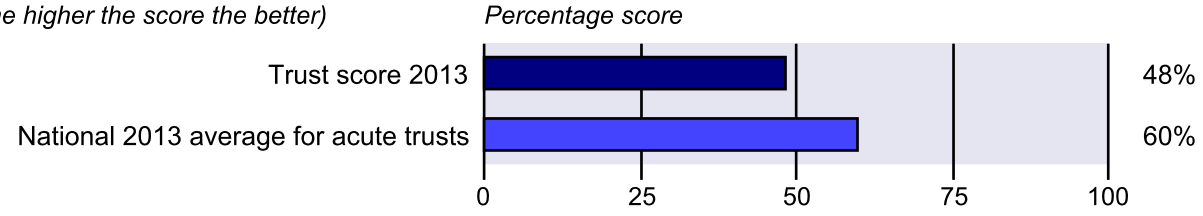
! KF5. Percentage of staff working extra hours

(the lower the score the better)



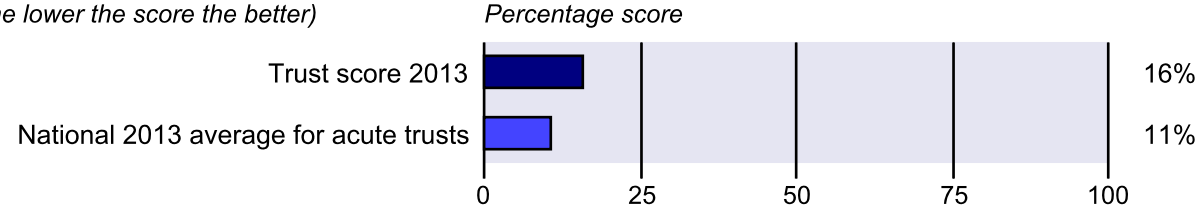
! KF12. Percentage of staff saying hand washing materials are always available

(the higher the score the better)



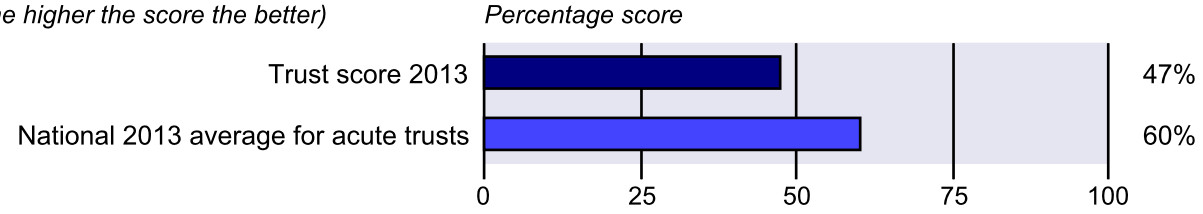
! KF28. Percentage of staff experiencing discrimination at work in last 12 months

(the lower the score the better)



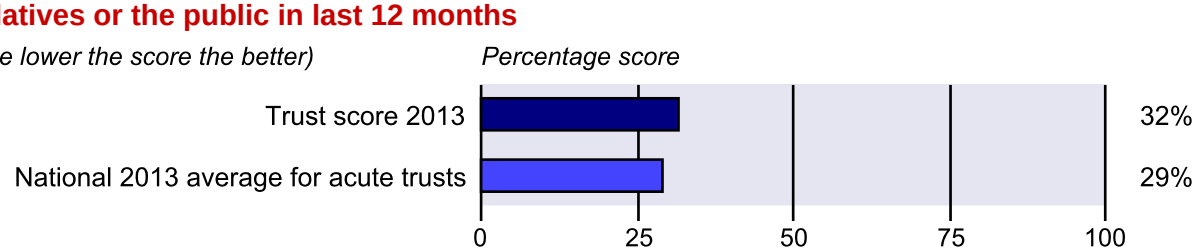
! KF26. Percentage of staff having equality and diversity training in last 12 months

(the higher the score the better)



! KF18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

(the lower the score the better)



For each of the 28 Key Findings, the acute trusts in England were placed in order from 1 (the top ranking score) to 141 (the bottom ranking score). Chelsea and Westminster Hospital NHS Foundation Trust's five lowest ranking scores are presented here, i.e. those for which the trust's Key Finding score is ranked closest to 141. Further details about this can be found in the document ***Making sense of your staff survey data***.

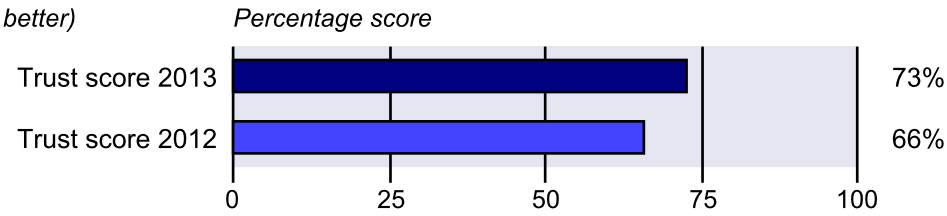
3.2 Largest Local Changes since the 2012 Survey

This page highlights the Key Finding that has improved at Chelsea and Westminster Hospital NHS Foundation Trust since the 2012 survey. (This is a positive local result. However, please note that, as shown in section 3.3, when compared with other acute trusts in England, the score for Key finding KF10 is worse than average).

WHERE STAFF EXPERIENCE HAS IMPROVED

✓ KF10. Percentage of staff receiving health and safety training in last 12 months

(the higher the score the better)

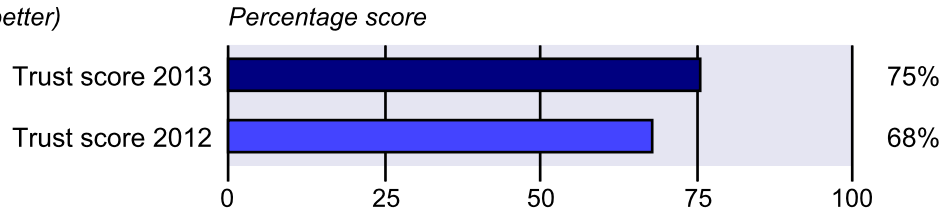


This page highlights the Key Finding that has deteriorated at Chelsea and Westminster Hospital NHS Foundation Trust since the 2012 survey. It is suggested that this might be seen as a starting point for local action to improve as an employer.

WHERE STAFF EXPERIENCE HAS DETERIORATED

! KF5. Percentage of staff working extra hours

(the lower the score the better)



3.3. Summary of all Key Findings for Chelsea and Westminster Hospital NHS Foundation Trust

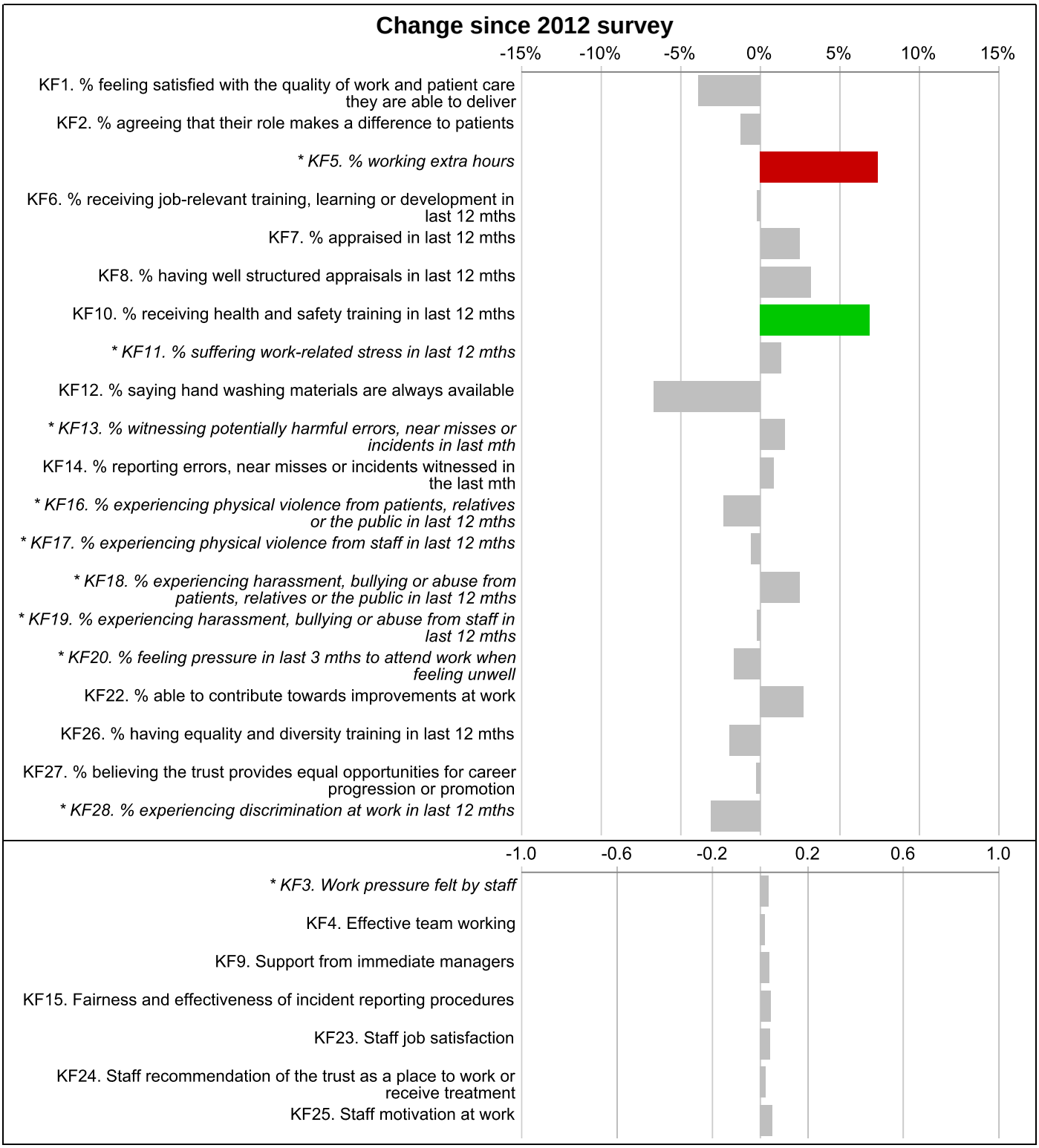
KEY

Green = Positive finding, e.g. there has been a statistically significant positive change in the Key Finding since the 2012 survey.

Red = Negative finding, e.g. there has been a statistically significant negative change in the Key Finding since the 2012 survey.

Grey = No change, e.g. there has been no statistically significant change in this Key Finding since the 2012 survey.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterix and in *italics*, the lower the score the better.



3.3. Summary of all Key Findings for Chelsea and Westminster Hospital NHS Foundation Trust

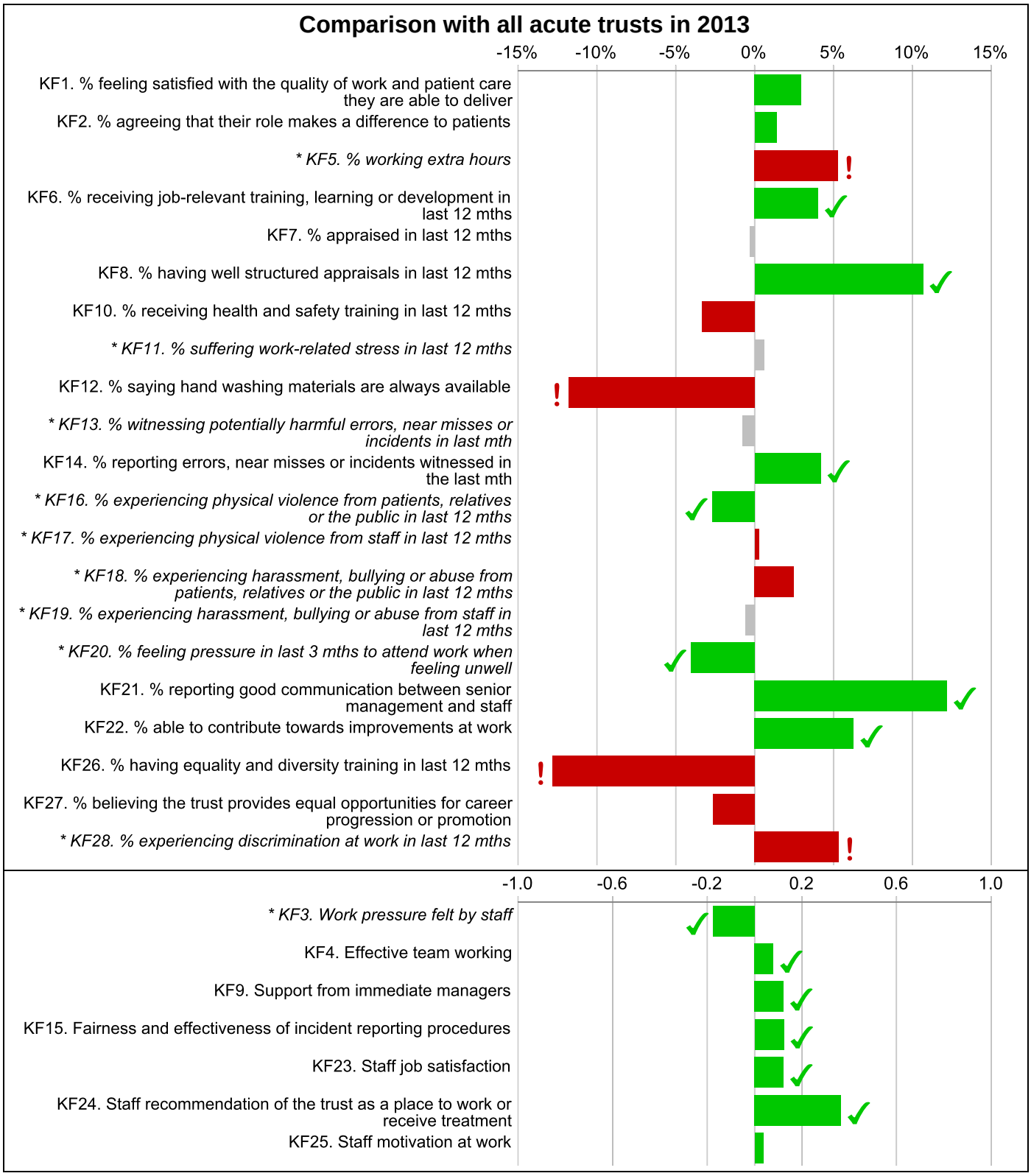
KEY

Green = Positive finding, e.g. better than average. If a ✓ is shown the score is in the best 20% of acute trusts

Red = Negative finding, e.g. worse than avearge. If a ! is shown the score is in the worst 20% of acute trusts.

Grey = Average.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterix and in *italics*, the lower the score the better.



3.4. Summary of all Key Findings for Chelsea and Westminster Hospital NHS Foundation Trust

KEY

✓ Green = Positive finding, e.g. in the best 20% of acute trusts, better than average, better than 2012.

! Red = Negative finding, e.g. in the worst 20% of acute trusts, worse than average, worse than 2012.

'Change since 2012 survey' indicates whether there has been a statistically significant change in the Key Finding since the 2012 survey.

-- Because of changes to the format of the survey questions this year, comparisons with the 2012 score are not possible.

* For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterix and in *italics*, the lower the score the better.

	Change since 2012 survey	Ranking, compared with all acute trusts in 2013
STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs.		
KF1. % feeling satisfied with the quality of work and patient care they are able to deliver	• No change	✓ Above (better than) average
KF2. % agreeing that their role makes a difference to patients	• No change	✓ Above (better than) average
* *KF3. Work pressure felt by staff*	• No change	✓ Lowest (best) 20%
KF4. Effective team working	• No change	✓ Highest (best) 20%
* *KF5. % working extra hours*	! Increase (worse than 12)	! Highest (worst) 20%
STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.		
KF6. % receiving job-relevant training, learning or development in last 12 mths	• No change	✓ Highest (best) 20%
KF7. % appraised in last 12 mths	• No change	• Average
KF8. % having well structured appraisals in last 12 mths	• No change	✓ Highest (best) 20%
KF9. Support from immediate managers	• No change	✓ Highest (best) 20%
STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.		
Occupational health and safety		
KF10. % receiving health and safety training in last 12 mths	✓ Increase (better than 12)	! Below (worse than) average
* *KF11. % suffering work-related stress in last 12 mths*	• No change	• Average
Infection control and hygiene		
KF12. % saying hand washing materials are always available	• No change	! Lowest (worst) 20%
Errors and incidents		
* *KF13. % witnessing potentially harmful errors, near misses or incidents in last mth*	• No change	• Average
KF14. % reporting errors, near misses or incidents witnessed in the last mth	• No change	✓ Highest (best) 20%
KF15. Fairness and effectiveness of incident reporting procedures	• No change	✓ Highest (best) 20%

3.4. Summary of all Key Findings for Chelsea and Westminster Hospital NHS Foundation Trust (cont)

	Change since 2012 survey	Ranking, compared with all acute trusts in 2013
Violence and harassment		
* *KF16. % experiencing physical violence from patients, relatives or the public in last 12 mths*	• No change	✓ Lowest (best) 20%
* *KF17. % experiencing physical violence from staff in last 12 mths*	• No change	! Above (worse than) average
* *KF18. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	• No change	! Above (worse than) average
* *KF19. % experiencing harassment, bullying or abuse from staff in last 12 mths*	• No change	• Average
Health and well-being		
* *KF20. % feeling pressure in last 3 mths to attend work when feeling unwell*	• No change	✓ Lowest (best) 20%
STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services.		
KF21. % reporting good communication between senior management and staff	--	✓ Highest (best) 20%
KF22. % able to contribute towards improvements at work	• No change	✓ Highest (best) 20%
ADDITIONAL THEME: Staff satisfaction		
KF23. Staff job satisfaction	• No change	✓ Highest (best) 20%
KF24. Staff recommendation of the trust as a place to work or receive treatment	• No change	✓ Highest (best) 20%
KF25. Staff motivation at work	• No change	✓ Above (better than) average
ADDITIONAL THEME: Equality and diversity		
KF26. % having equality and diversity training in last 12 mths	• No change	! Lowest (worst) 20%
KF27. % believing the trust provides equal opportunities for career progression or promotion	• No change	! Below (worse than) average
* *KF28. % experiencing discrimination at work in last 12 mths*	• No change	! Highest (worst) 20%

4. Key Findings for Chelsea and Westminster Hospital NHS Foundation Trust

502 staff at Chelsea and Westminster Hospital NHS Foundation Trust took part in this survey. This is a response rate of 61%[1] which is in the highest 20% of acute trusts in England, and compares with a response rate of 66% in this trust in the 2012 survey.

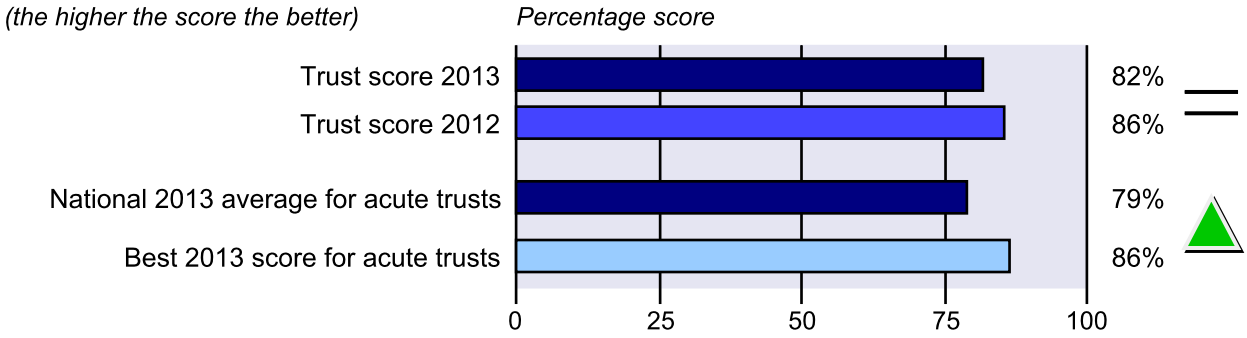
This section presents each of the 28 Key Findings, using data from the trust's 2013 survey, and compares these to other acute trusts in England and to the trust's performance in the 2012 survey. The findings are arranged under six headings – the four staff pledges from the NHS Constitution, and the two additional themes of staff satisfaction and equality and diversity.

Positive findings are indicated with a green arrow (e.g. where the trust is in the best 20% of trusts, or where the score has improved since 2012). Negative findings are highlighted with a red arrow (e.g. where the trust's score is in the worst 20% of trusts, or where the score is not as good as 2012). An equals sign indicates that there has been no change.

STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs.

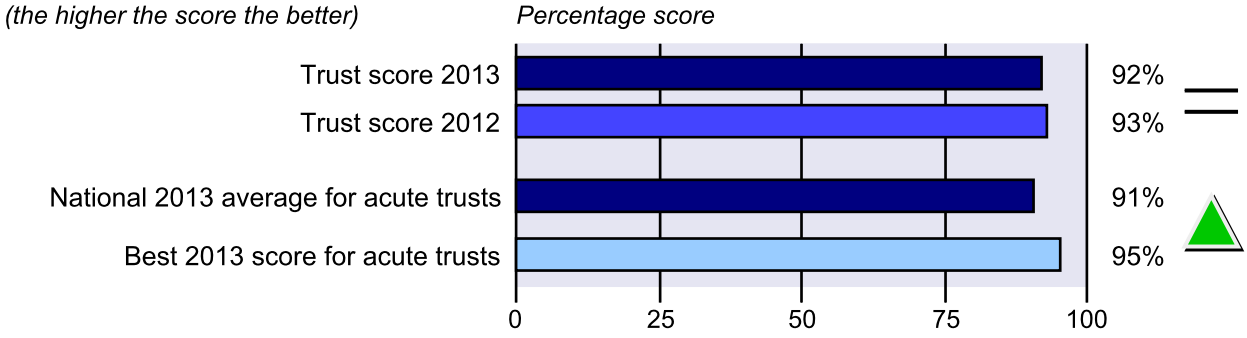
KEY FINDING 1. Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver

(the higher the score the better)



KEY FINDING 2. Percentage of staff agreeing that their role makes a difference to patients

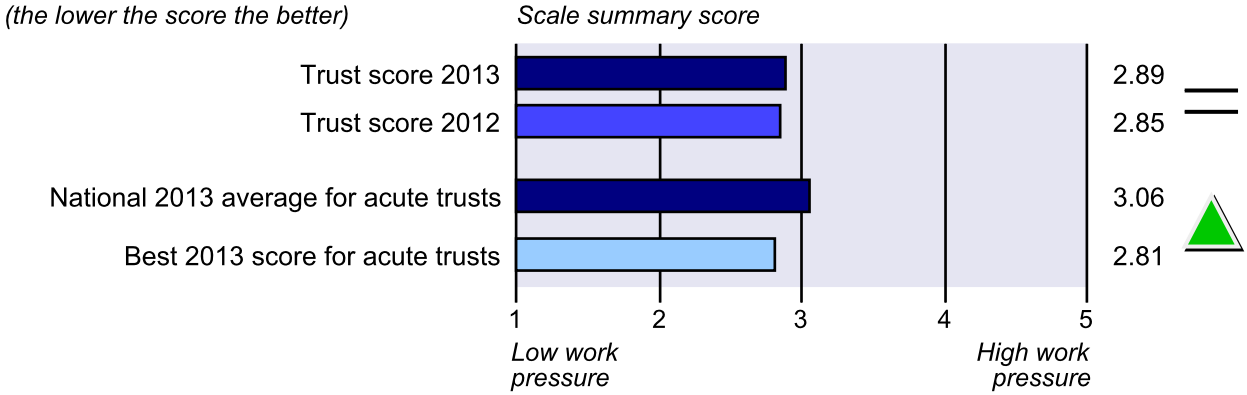
(the higher the score the better)



[1]At the time of sampling, 3010 staff were eligible to receive the survey. Questionnaires were sent to a random sample of 817 staff. This includes only staff employed directly by the trust (i.e. excluding staff working for external contractors). It excludes bank staff unless they are also employed directly elsewhere in the trust. When calculating the response rate, questionnaires could only be counted if they were received with their ID number intact, by the closing date.

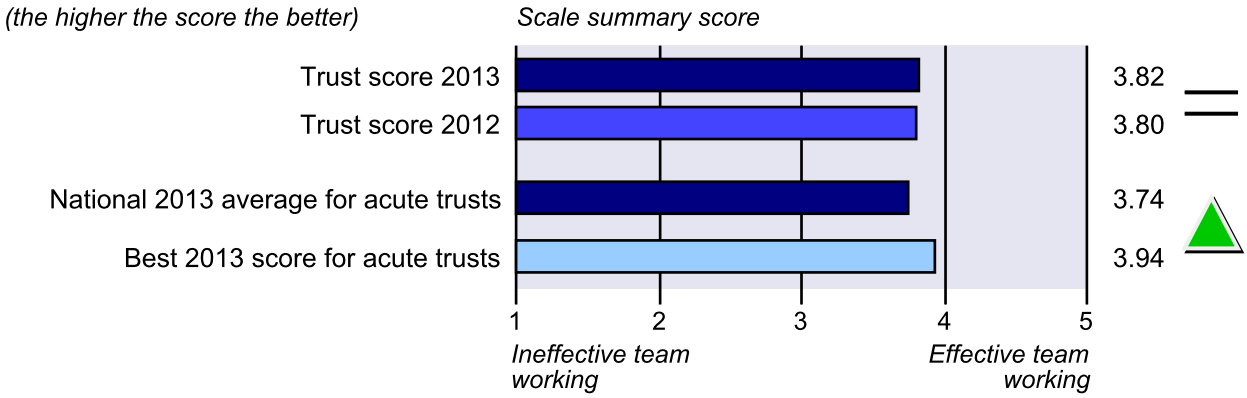
KEY FINDING 3. Work pressure felt by staff

(the lower the score the better)



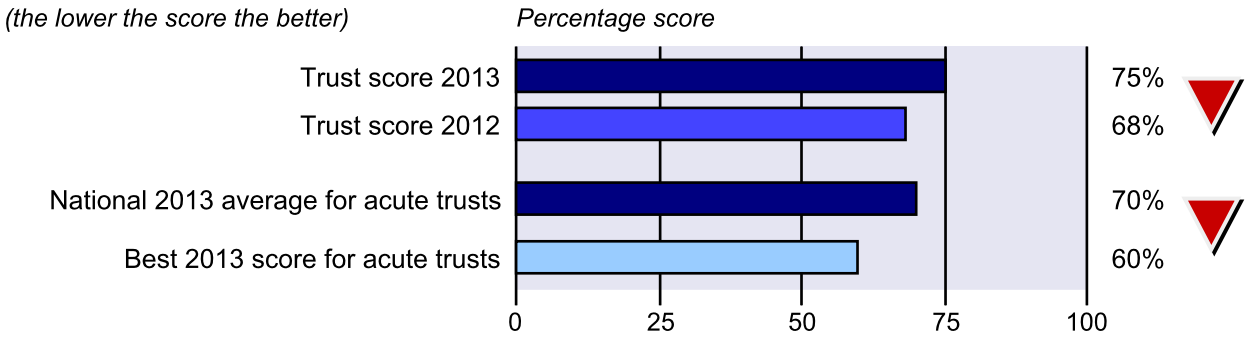
KEY FINDING 4. Effective team working

(the higher the score the better)



KEY FINDING 5. Percentage of staff working extra hours

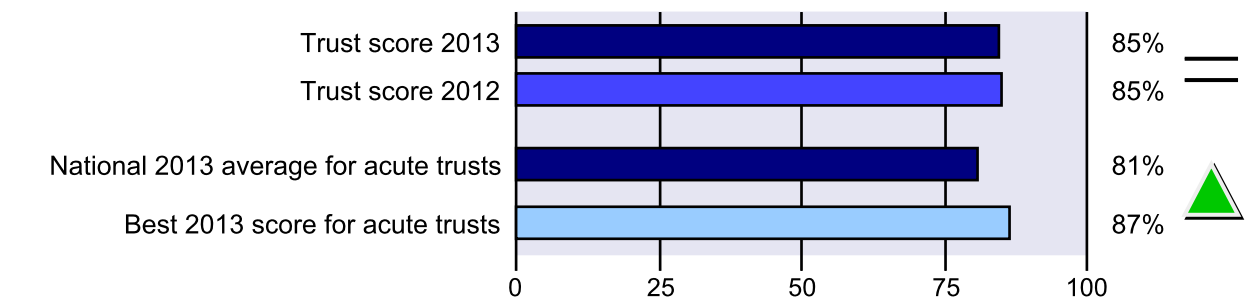
(the lower the score the better)



STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.

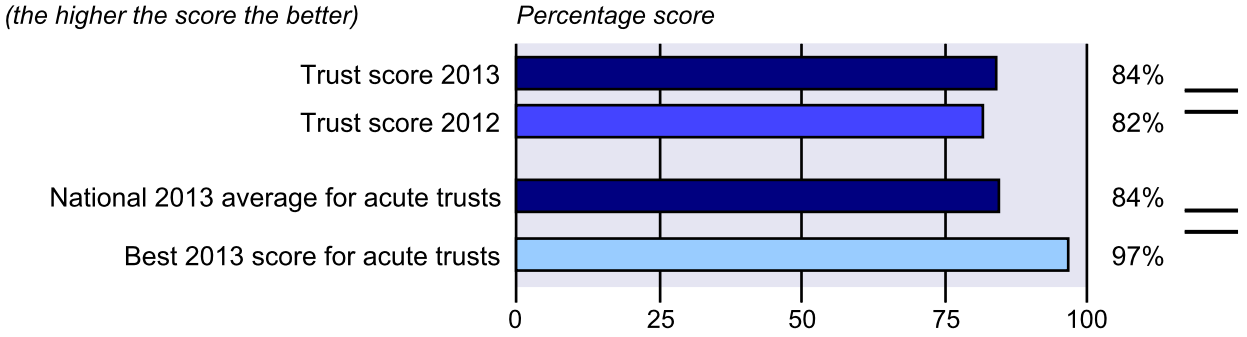
KEY FINDING 6. Percentage of staff receiving job-relevant training, learning or development in last 12 months

(the higher the score the better)



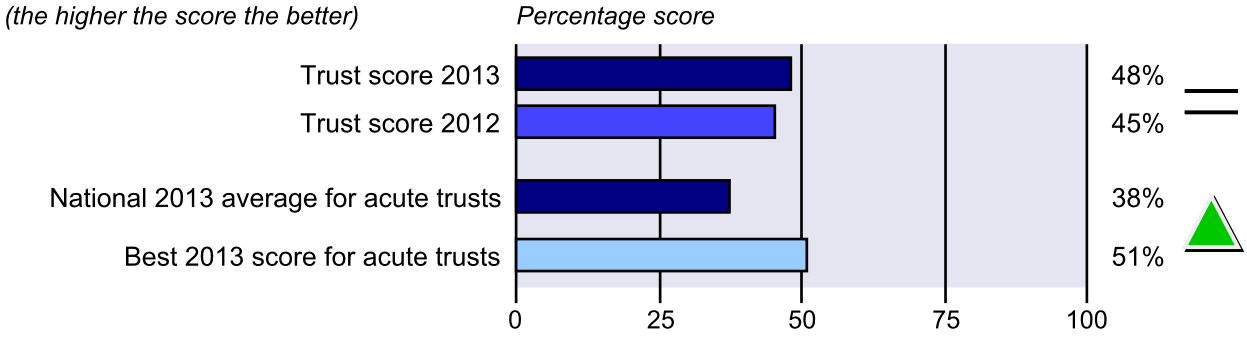
KEY FINDING 7. Percentage of staff appraised in last 12 months

(the higher the score the better)



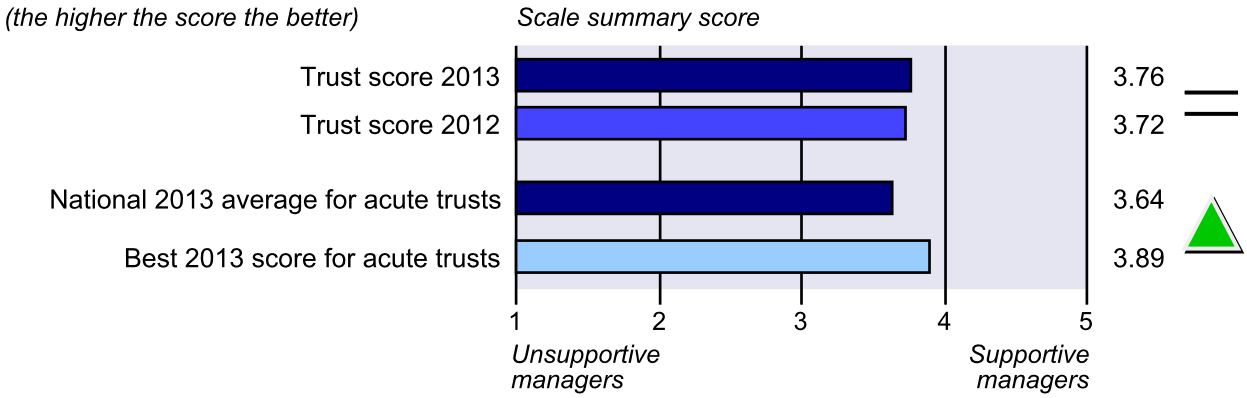
KEY FINDING 8. Percentage of staff having well structured appraisals in last 12 months

(the higher the score the better)



KEY FINDING 9. Support from immediate managers

(the higher the score the better)

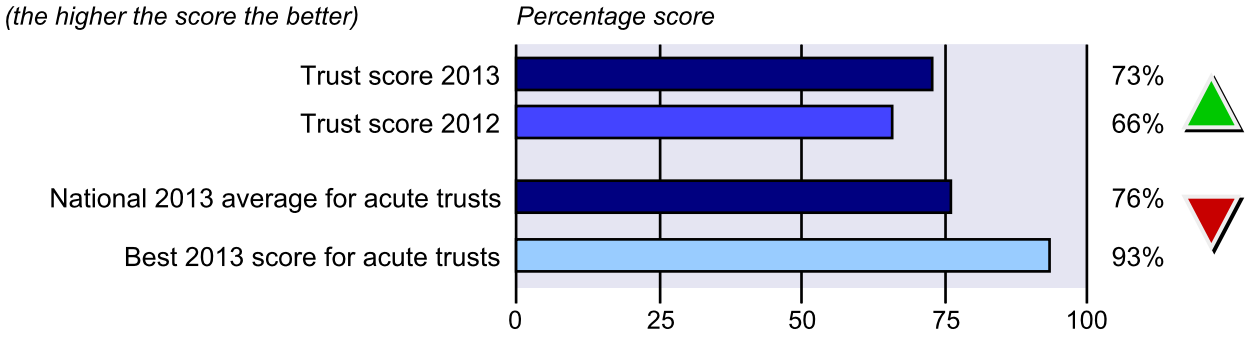


STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.

Occupational health and safety

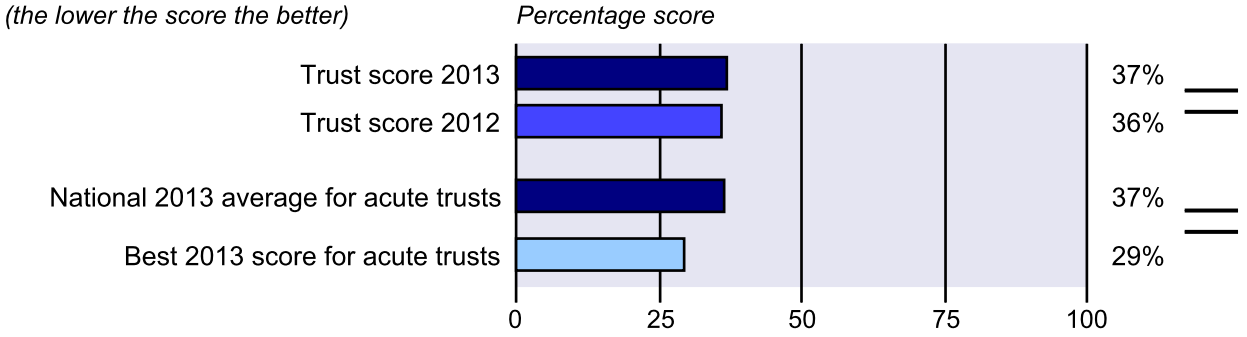
KEY FINDING 10. Percentage of staff receiving health and safety training in last 12 months

(the higher the score the better)



KEY FINDING 11. Percentage of staff suffering work-related stress in last 12 months

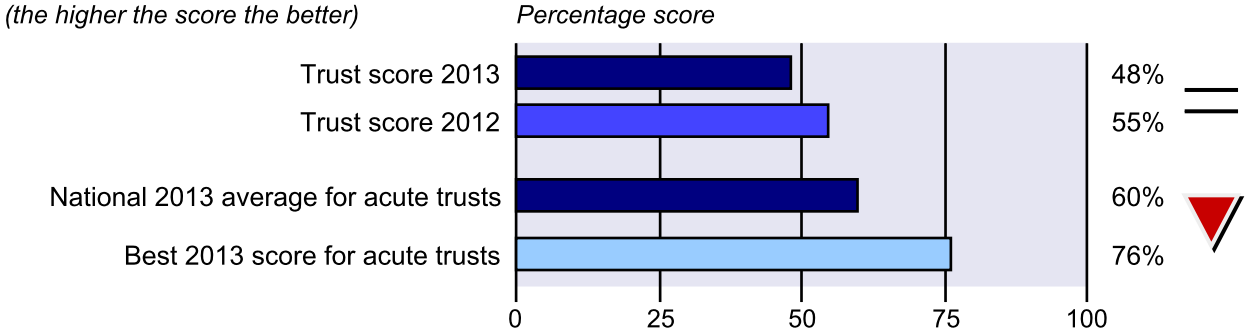
(the lower the score the better)



Infection control and hygiene

KEY FINDING 12. Percentage of staff saying hand washing materials are always available

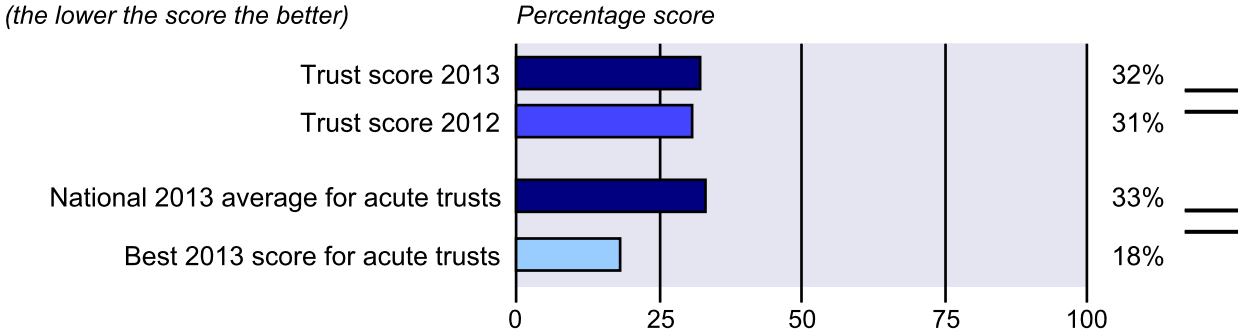
(the higher the score the better)



Errors and incidents

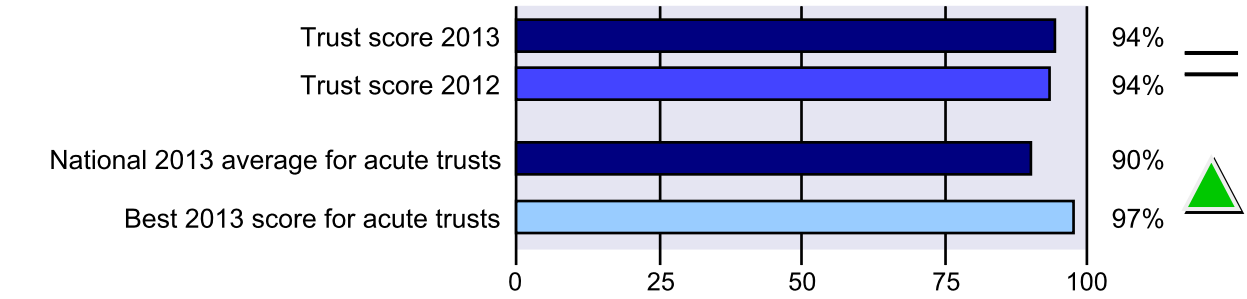
KEY FINDING 13. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month

(the lower the score the better)



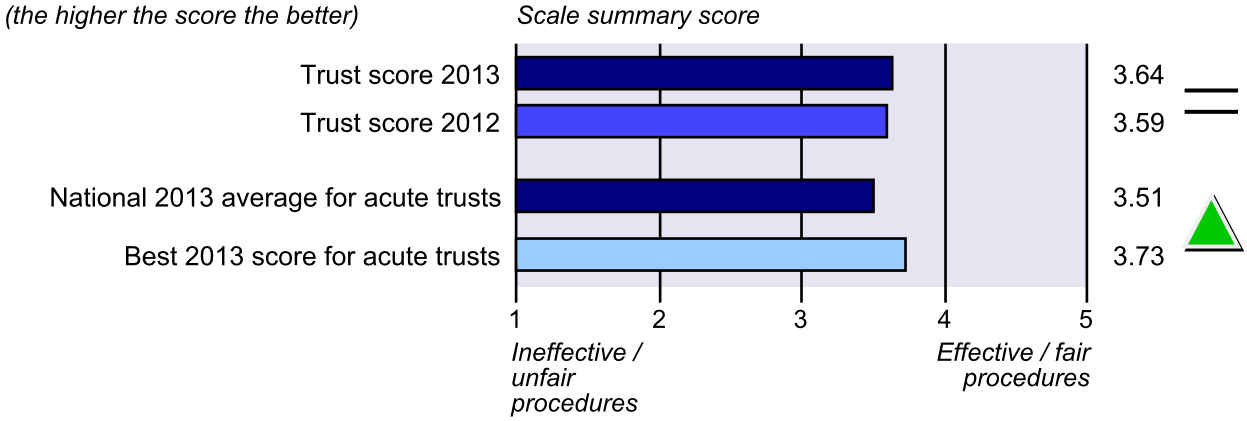
KEY FINDING 14. Percentage of staff reporting errors, near misses or incidents witnessed in the last month

(the higher the score the better)



KEY FINDING 15. Fairness and effectiveness of incident reporting procedures

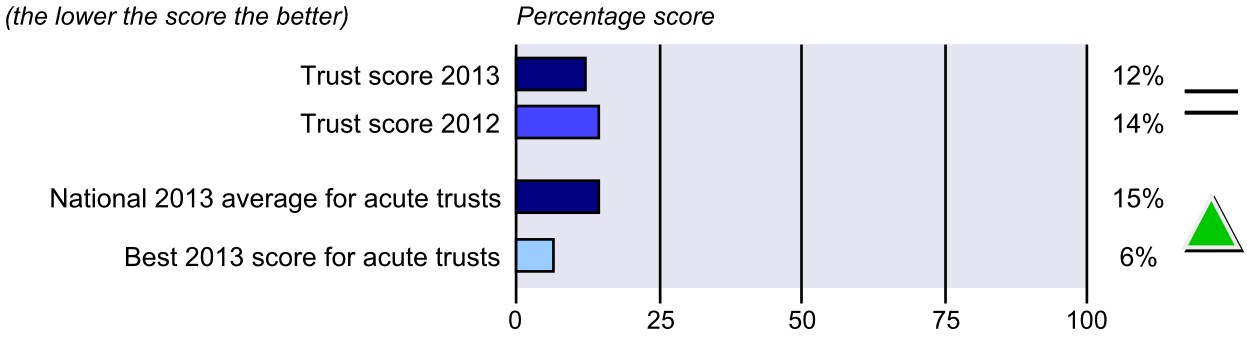
(the higher the score the better)



Violence and harassment

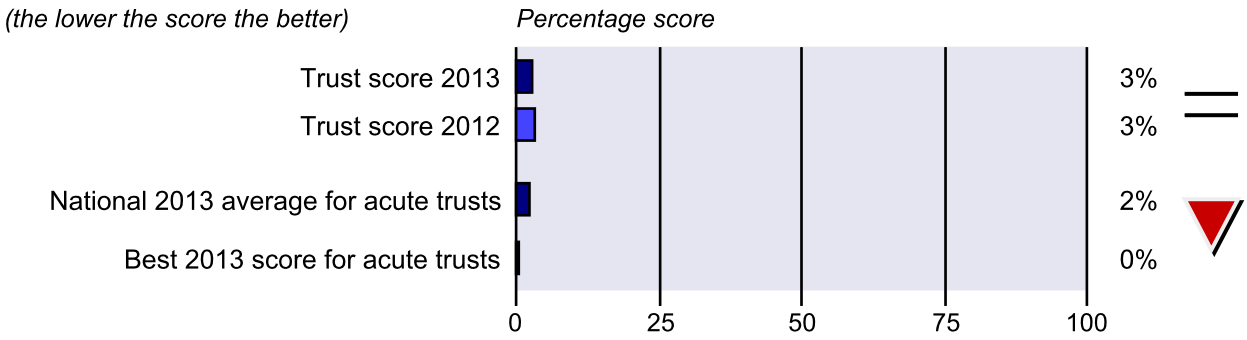
KEY FINDING 16. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months

(the lower the score the better)



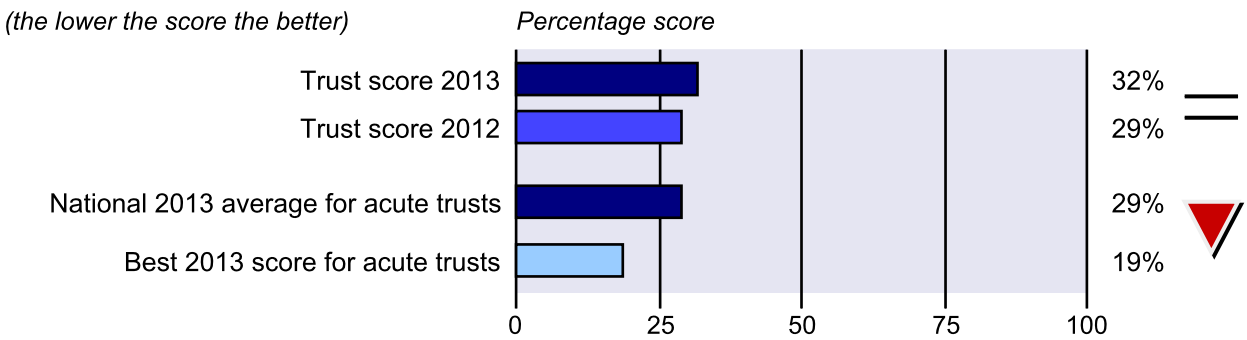
KEY FINDING 17. Percentage of staff experiencing physical violence from staff in last 12 months

(the lower the score the better)



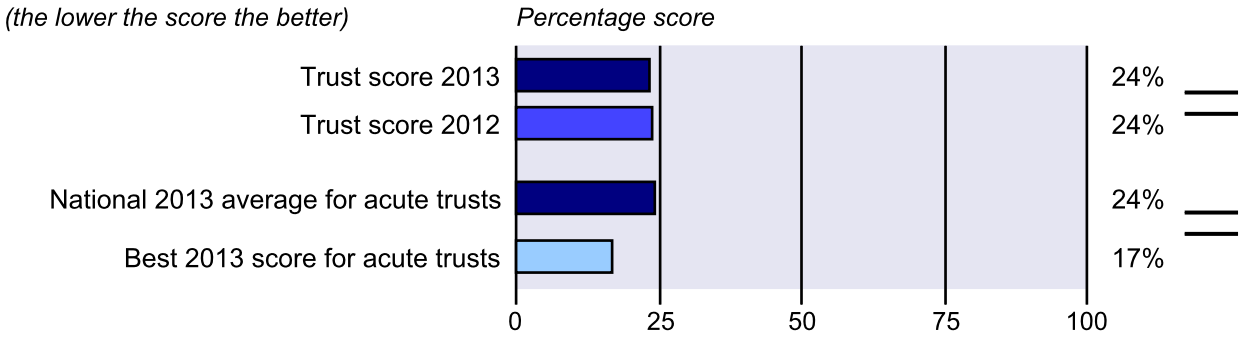
KEY FINDING 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

(the lower the score the better)



KEY FINDING 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

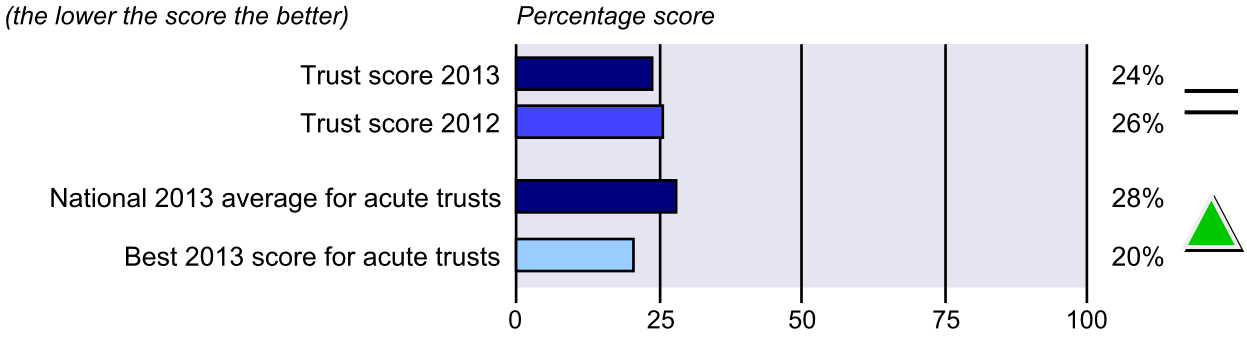
(the lower the score the better)



Health and well-being

KEY FINDING 20. Percentage of staff feeling pressure in last 3 months to attend work when feeling unwell

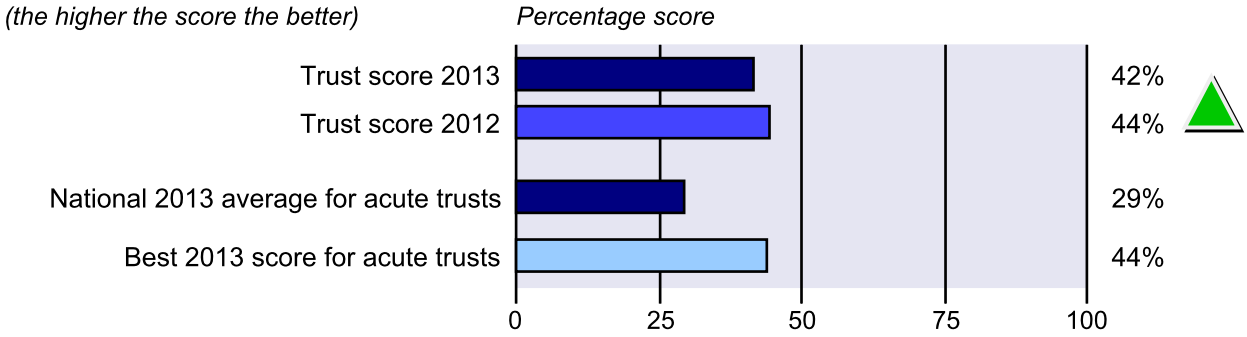
(the lower the score the better)



STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services.

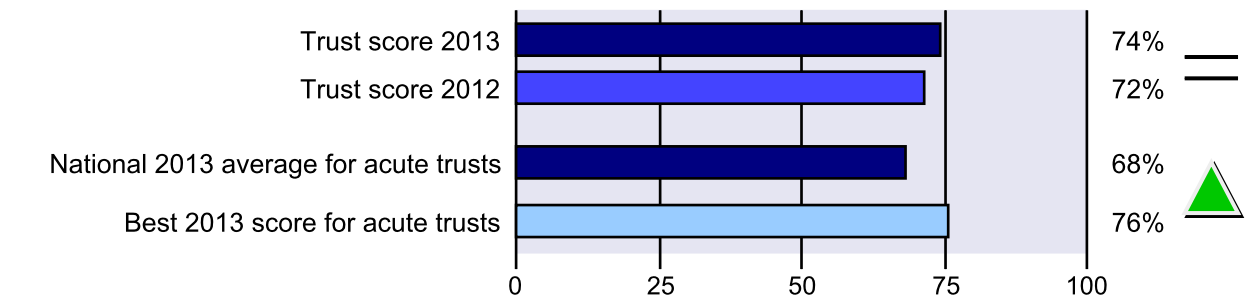
KEY FINDING 21. Percentage of staff reporting good communication between senior management and staff

(the higher the score the better)



KEY FINDING 22. Percentage of staff able to contribute towards improvements at work

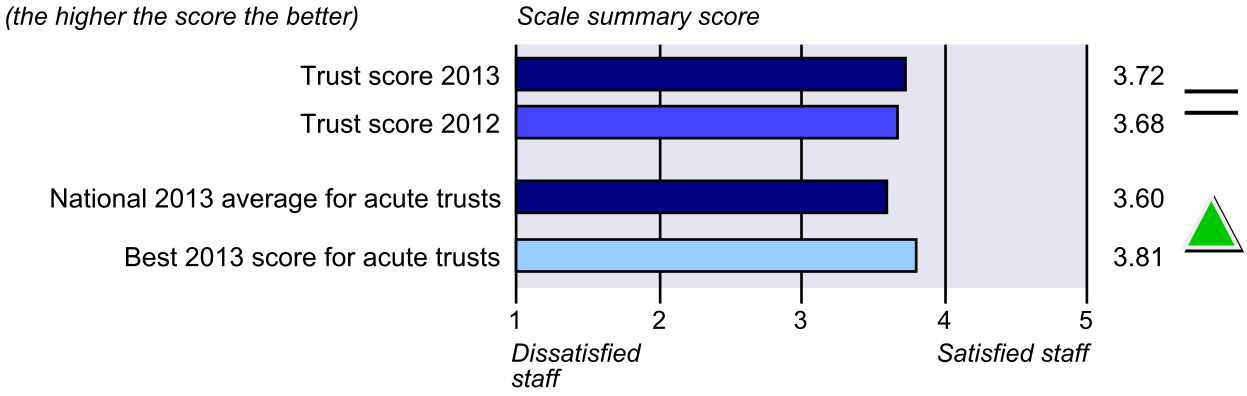
(the higher the score the better)



ADDITIONAL THEME: Staff satisfaction

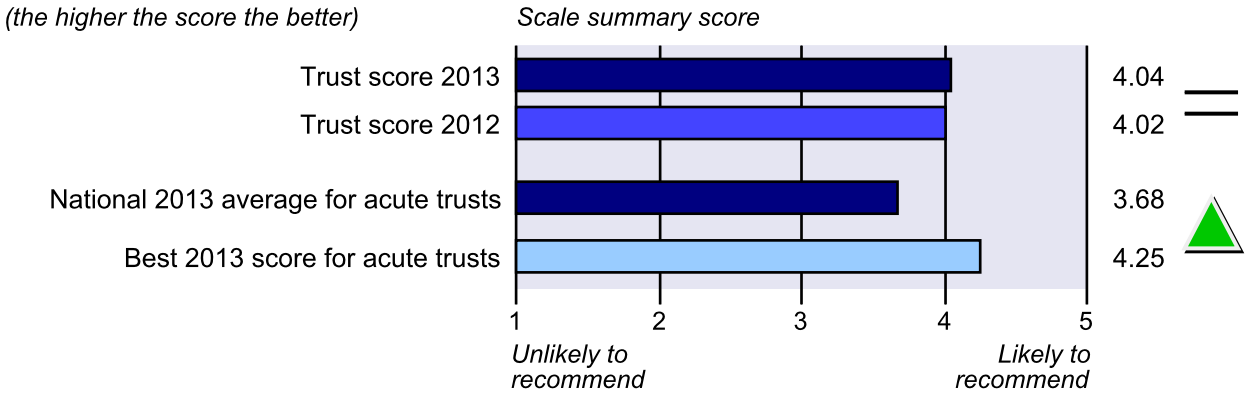
KEY FINDING 23. Staff job satisfaction

(the higher the score the better)



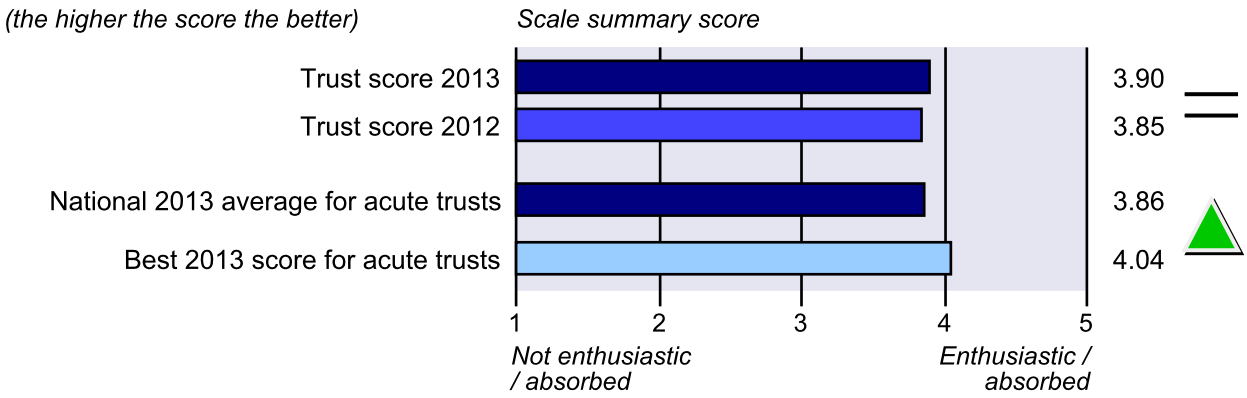
KEY FINDING 24. Staff recommendation of the trust as a place to work or receive treatment

(the higher the score the better)



KEY FINDING 25. Staff motivation at work

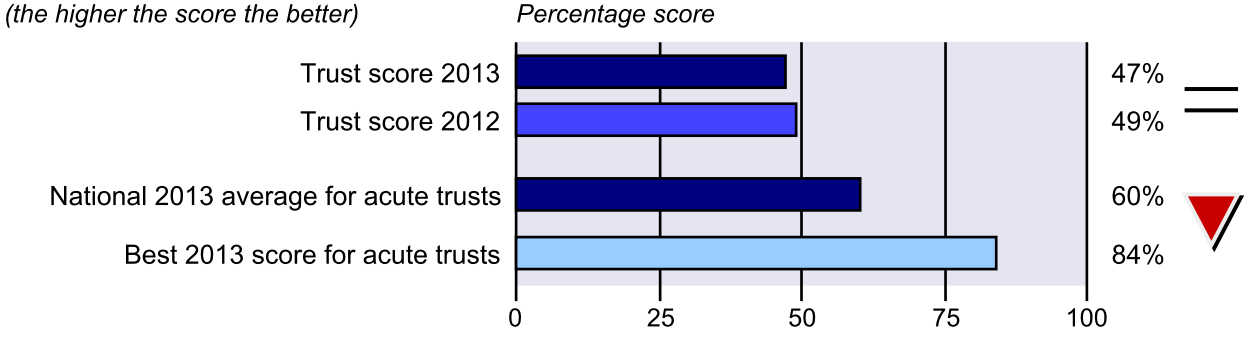
(the higher the score the better)



ADDITIONAL THEME: Equality and diversity

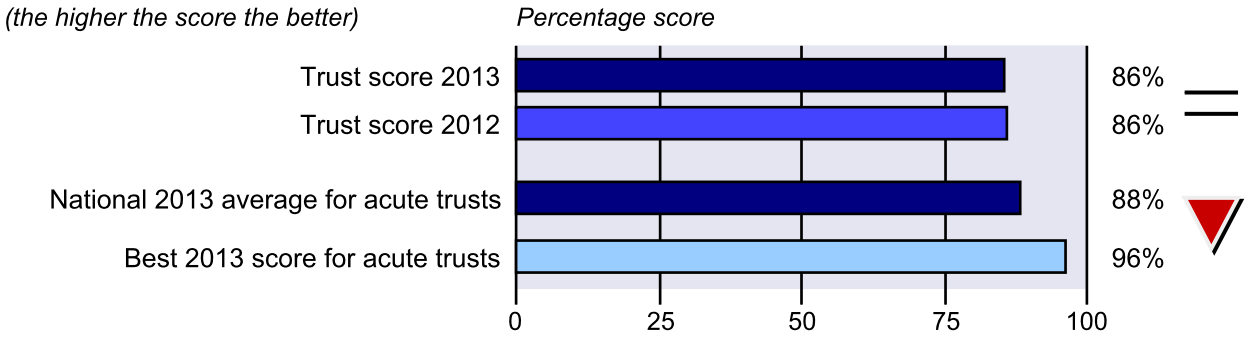
KEY FINDING 26. Percentage of staff having equality and diversity training in last 12 months

(the higher the score the better)



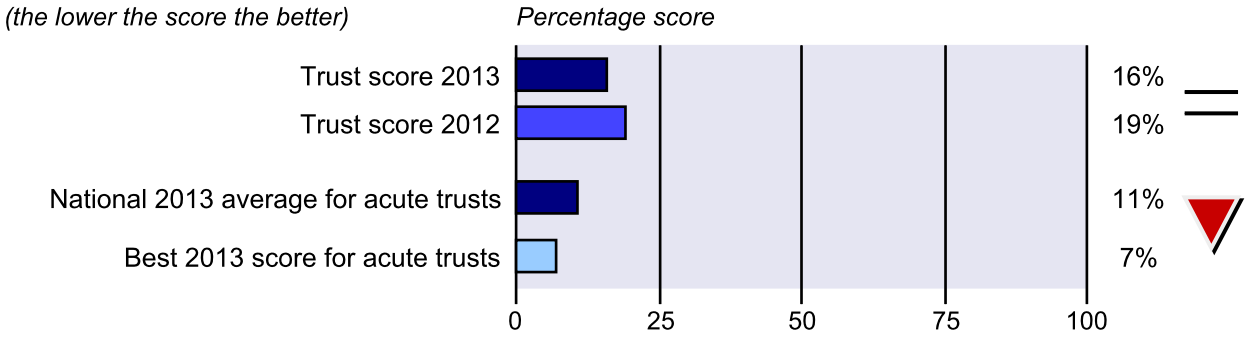
KEY FINDING 27. Percentage of staff believing the trust provides equal opportunities for career progression or promotion

(the higher the score the better)



KEY FINDING 28. Percentage of staff experiencing discrimination at work in last 12 months

(the lower the score the better)



5. Key Findings by work group characteristics

Tables 5.1 to 5.4 show the Key Findings at Chelsea and Westminster Hospital NHS Foundation Trust broken down by work group characteristics: occupational groups, directorates, locations and full time/part time staff.

Technical notes:

- As in previous years, there are two types of Key Finding:
    - percentage scores, i.e. percentage of staff giving a particular response to one, or a series of, survey questions
    - scale summary scores, calculated by converting staff responses to particular questions into scores. For each of these scale summary scores, the minimum score is always 1 and the maximum score is 5
- For most of the Key Findings presented in tables 5.1 to 5.4, the higher the score the better. However, there are some Key Findings for which a high score would represent a negative result. For these Key Findings, marked with an asterix and shown in italics, the lower the score the better.
- Care should be taken not to over interpret the findings if scores differ slightly. For example, if for 'KF8. % having well structured appraisals in last 12 months' staff in Group A score 45%, and staff in Group B score 40%, it may appear that a higher proportion of staff in Group A have had well structured appraisals than staff in Group B. However, because of small numbers in these sub-groups, it is probably not statistically significant. A more sensible interpretation would be that, on average, similar proportions of staff in Group A and B have well structured appraisals.
- Please note that, unlike the overall Trust scores, data in this section are not weighted.
- Please also note that all percentage scores are shown to the nearest 1%. This means scores of less than 0.5% are displayed as 0%.
- In order to preserve anonymity of individual staff, a score is replaced with a dash if the staff group in question contributed fewer than 11 responses to that score.

Table 5.1: Key Findings for different occupational groups

	Adult / General Nurses	Other Registered Nurses	Nursing / Healthcare Assistants	Medical / Dental	Physiotherapy	Radiography	Other Allied Health Professionals	General Management	Other Scientific & Technical	Admin & Clerical	Central Functions / Corporate Services
STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs.											
KF1. % feeling satisfied with the quality of work and patient care they are able to deliver	81	82	89	91	57	100	88	54	98	85	53
KF2. % agreeing that their role makes a difference to patients	95	95	94	95	93	100	93	81	100	89	72
* *KF3. Work pressure felt by staff*	2.84	3.08	2.91	2.84	3.50	2.69	2.96	2.82	2.46	2.76	2.96
KF4. Effective team working	3.77	3.61	3.84	4.03	3.69	3.89	4.01	4.22	3.97	3.65	3.60
* *KF5. % working extra hours*	75	78	70	92	93	83	85	100	71	54	78
STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.											
KF6. % receiving job-relevant training, learning or development in last 12 mths	86	91	85	82	86	83	96	47	98	84	73
KF7. % appraised in last 12 mths	76	91	80	90	100	100	93	69	86	84	92
KF8. % having well structured appraisals in last 12 mths	51	53	52	52	43	50	44	38	57	44	44
KF9. Support from immediate managers	3.73	3.81	3.82	3.65	3.89	3.90	3.80	3.63	3.95	3.65	3.64
STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.											
Occupational health and safety											
KF10. % receiving health and safety training in last 12 mths	61	79	83	69	86	83	70	61	88	71	82
* *KF11. % suffering work-related stress in last 12 mths*	42	32	40	37	29	25	54	26	24	31	38
Infection control and hygiene											
KF12. % saying hand washing materials are always available	52	53	56	65	21	25	52	32	62	36	50
Errors and incidents											
* *KF13. % witnessing potentially harmful errors, near misses or incidents in last mth*	45	41	30	54	21	33	30	11	48	11	0
KF14. % reporting errors, near misses or incidents witnessed in the last mth	97	100	-	89	-	-	-	-	92	-	-
KF15. Fairness and effectiveness of incident reporting procedures	3.74	3.73	3.78	3.55	3.67	3.58	3.44	3.49	3.95	3.44	3.46
Number of respondents	95	45	37	66	14	12	27	19	52	69	28

Due to low numbers of respondents, no scores are shown for the following occupational groups: Occupational Therapy, Maintenance / Ancillary, Social Care Staff, Public Health / Health Improvement and Ambulance Control Staff.

Table 5.1: Key Findings for different occupational groups (cont)

	Adult / General Nurses	Other Registered Nurses	Nursing / Healthcare Assistants	Medical / Dental	Physiotherapy	Radiography	Other Allied Health Professionals	General Management	Other Scientific & Technical	Admin & Clerical	Central Functions / Corporate Services
Violence and harassment											
* *KF16. % experiencing physical violence from patients, relatives or the public in last 12 mths*	33	9	11	15	7	25	0	0	6	1	4
* *KF17. % experiencing physical violence from staff in last 12 mths*	6	2	3	2	0	0	0	0	4	2	0
* *KF18. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	40	34	27	27	50	58	22	16	25	35	0
* *KF19. % experiencing harassment, bullying or abuse from staff in last 12 mths*	29	23	22	24	7	9	30	22	13	33	11
Health and well-being											
* *KF20. % feeling pressure in last 3 mths to attend work when feeling unwell*	21	42	28	16	9	25	36	11	12	21	23
STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services.											
KF21. % reporting good communication between senior management and staff	38	36	51	44	50	50	22	53	75	35	37
KF22. % able to contribute towards improvements at work	71	78	78	72	57	92	81	74	84	71	68
ADDITIONAL THEME: Staff satisfaction											
KF23. Staff job satisfaction	3.72	3.75	3.73	3.72	3.80	3.70	3.80	3.50	3.93	3.63	3.50
KF24. Staff recommendation of the trust as a place to work or receive treatment	4.04	3.86	4.32	4.12	3.79	3.94	3.99	4.00	4.35	3.93	3.99
KF25. Staff motivation at work	3.92	3.91	4.16	3.95	3.98	3.67	3.89	3.81	4.08	3.81	3.40
ADDITIONAL THEME: Equality and diversity											
KF26. % having equality and diversity training in last 12 mths	33	44	57	53	43	42	50	37	59	52	37
KF27. % believing the trust provides equal opportunities for career progression or promotion	79	89	90	94	-	-	89	77	84	78	84
* *KF28. % experiencing discrimination at work in last 12 mths*	26	18	22	14	7	8	11	0	10	18	4
Overall staff engagement	3.92	3.89	4.14	3.95	3.79	3.87	3.91	3.91	4.13	3.79	3.67
Number of respondents	95	45	37	66	14	12	27	19	52	69	28

Due to low numbers of respondents, no scores are shown for the following occupational groups: Occupational Therapy, Maintenance / Ancillary, Social Care Staff, Public Health / Health Improvement and Ambulance Control Staff.

Table 5.2: Key Findings for different directorates

	Clinical Support Services	Womens, Childrens and Sexual Health	Medicine & Surgery	Management Executive
STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs.				
KF1. % feeling satisfied with the quality of work and patient care they are able to deliver	90	83	78	69
KF2. % agreeing that their role makes a difference to patients	96	93	92	81
* *KF3. Work pressure felt by staff*	2.78	3.01	2.81	2.83
KF4. Effective team working	3.92	3.71	3.77	3.97
* *KF5. % working extra hours*	73	79	78	79
STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.				
KF6. % receiving job-relevant training, learning or development in last 12 mths	88	81	86	82
KF7. % appraised in last 12 mths	86	88	74	89
KF8. % having well structured appraisals in last 12 mths	51	49	45	51
KF9. Support from immediate managers	3.85	3.73	3.64	3.76
STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.				
Occupational health and safety				
KF10. % receiving health and safety training in last 12 mths	82	68	63	74
* *KF11. % suffering work-related stress in last 12 mths*	30	37	41	42
Infection control and hygiene				
KF12. % saying hand washing materials are always available	45	52	54	48
Errors and incidents				
* *KF13. % witnessing potentially harmful errors, near misses or incidents in last mth*	32	37	47	16
KF14. % reporting errors, near misses or incidents witnessed in the last mth	96	96	89	93
KF15. Fairness and effectiveness of incident reporting procedures	3.75	3.62	3.60	3.50
Number of respondents	174	142	106	80

Please note that the directorates classification was provided by Chelsea and Westminster Hospital NHS Foundation Trust

Table 5.2: Key Findings for different directorates (cont)

	Clinical Support Services	Womens, Childrens and Sexual Health	Medicine & Surgery	Management Executive
Violence and harassment				
* *KF16. % experiencing physical violence from patients, relatives or the public in last 12 mths*	9	4	37	3
* *KF17. % experiencing physical violence from staff in last 12 mths*	2	4	5	0
* *KF18. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	30	30	52	5
* *KF19. % experiencing harassment, bullying or abuse from staff in last 12 mths*	17	25	31	23
Health and well-being				
* *KF20. % feeling pressure in last 3 mths to attend work when feeling unwell*	18	32	22	20
STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services.				
KF21. % reporting good communication between senior management and staff	50	38	36	48
KF22. % able to contribute towards improvements at work	77	71	74	78
ADDITIONAL THEME: Staff satisfaction				
KF23. Staff job satisfaction	3.83	3.63	3.70	3.70
KF24. Staff recommendation of the trust as a place to work or receive treatment	4.12	3.88	4.16	4.06
KF25. Staff motivation at work	3.95	3.86	3.99	3.73
ADDITIONAL THEME: Equality and diversity				
KF26. % having equality and diversity training in last 12 mths	53	44	42	47
KF27. % believing the trust provides equal opportunities for career progression or promotion	89	86	88	78
* *KF28. % experiencing discrimination at work in last 12 mths*	13	14	26	9
Overall staff engagement	3.97	3.80	3.99	3.92
Number of respondents	174	142	106	80

Please note that the directorates classification was provided by Chelsea and Westminster Hospital NHS Foundation Trust

Table 5.3: Key Findings for different locations

	N&M (Reg)	A&C	Med & Den	AHP (Reg)	N&M (Supp)	Snr Mgr	Sci & Prof	Prof & Tech (Supp)
STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs.								
KF1. % feeling satisfied with the quality of work and patient care they are able to deliver	80	77	90	81	95	52	96	93
KF2. % agreeing that their role makes a difference to patients	94	84	95	96	95	82	96	100
* *KF3. Work pressure felt by staff*	2.94	2.78	2.84	3.11	2.82	3.01	2.52	2.17
KF4. Effective team working	3.70	3.63	4.04	3.93	3.88	4.08	4.00	3.98
* *KF5. % working extra hours*	77	58	91	85	75	100	82	50
STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.								
KF6. % receiving job-relevant training, learning or development in last 12 mths	85	74	83	87	97	74	100	100
KF7. % appraised in last 12 mths	81	85	89	96	76	79	100	93
KF8. % having well structured appraisals in last 12 mths	50	42	51	48	54	45	63	71
KF9. Support from immediate managers	3.76	3.63	3.63	3.94	3.69	3.79	3.94	4.10
STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.								
Occupational health and safety								
KF10. % receiving health and safety training in last 12 mths	67	72	67	79	84	71	85	93
* *KF11. % suffering work-related stress in last 12 mths*	41	36	37	34	35	29	18	27
Infection control and hygiene								
KF12. % saying hand washing materials are always available	51	41	67	25	63	39	54	67
Errors and incidents								
* *KF13. % witnessing potentially harmful errors, near misses or incidents in last mth*	44	6	54	31	34	14	57	33
KF14. % reporting errors, near misses or incidents witnessed in the last mth	98	-	89	93	93	-	94	-
KF15. Fairness and effectiveness of incident reporting procedures	3.75	3.43	3.56	3.57	3.62	3.55	3.97	4.11
Number of respondents	151	99	69	48	41	36	28	15

Please note that the locations classification was provided by Chelsea and Westminster Hospital NHS Foundation Trust

Table 5.3: Key Findings for different locations (cont)

	N&M (Reg)	A&C	Med & Den	AHP (Reg)	N&M (Supp)	Snr Mgr	Sci & Prof	Prof & Tech (Supp)
Violence and harassment								
* *KF16. % experiencing physical violence from patients, relatives or the public in last 12 mths*	25	1	15	13	15	0	0	0
* *KF17. % experiencing physical violence from staff in last 12 mths*	5	1	1	0	8	0	0	0
* *KF18. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	38	24	29	48	29	11	25	14
* *KF19. % experiencing harassment, bullying or abuse from staff in last 12 mths*	28	25	24	15	23	22	8	14
Health and well-being								
* *KF20. % feeling pressure in last 3 mths to attend work when feeling unwell*	27	26	16	24	31	15	14	0
STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services.								
KF21. % reporting good communication between senior management and staff	37	32	43	46	49	47	64	87
KF22. % able to contribute towards improvements at work	71	67	72	81	78	83	81	86
ADDITIONAL THEME: Staff satisfaction								
KF23. Staff job satisfaction	3.71	3.56	3.74	3.92	3.65	3.67	3.92	4.05
KF24. Staff recommendation of the trust as a place to work or receive treatment	3.99	3.90	4.16	4.01	4.11	4.07	4.38	4.40
KF25. Staff motivation at work	3.90	3.65	3.98	3.92	4.20	3.81	3.98	4.19
ADDITIONAL THEME: Equality and diversity								
KF26. % having equality and diversity training in last 12 mths	38	52	51	47	54	39	56	73
KF27. % believing the trust provides equal opportunities for career progression or promotion	82	82	95	97	85	77	87	79
* *KF28. % experiencing discrimination at work in last 12 mths*	23	13	13	10	22	6	11	0
Overall staff engagement	3.91	3.70	3.97	3.94	4.04	3.98	4.09	4.21
Number of respondents	151	99	69	48	41	36	28	15

Please note that the locations classification was provided by Chelsea and Westminster Hospital NHS Foundation Trust

Table 5.4: Key Findings for different work groups

	Full time / part time[a]	
	Full time	Part time
STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs.		
KF1. % feeling satisfied with the quality of work and patient care they are able to deliver	82	87
KF2. % agreeing that their role makes a difference to patients	92	94
* *KF3. Work pressure felt by staff*	2.85	3.00
KF4. Effective team working	3.85	3.74
* *KF5. % working extra hours*	79	60
STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.		
KF6. % receiving job-relevant training, learning or development in last 12 mths	85	85
KF7. % appraised in last 12 mths	85	87
KF8. % having well structured appraisals in last 12 mths	48	57
KF9. Support from immediate managers	3.75	3.81
STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.		
Occupational health and safety		
KF10. % receiving health and safety training in last 12 mths	73	75
* *KF11. % suffering work-related stress in last 12 mths*	38	20
Infection control and hygiene		
KF12. % saying hand washing materials are always available	49	51
Errors and incidents		
* *KF13. % witnessing potentially harmful errors, near misses or incidents in last mth*	35	26
KF14. % reporting errors, near misses or incidents witnessed in the last mth	95	93
KF15. Fairness and effectiveness of incident reporting procedures	3.66	3.54
Number of respondents	443	54

[a] Full time is defined as staff contracted to work 30 hours or more a week

Table 5.4: Key Findings for different work groups (cont)

	Full time / part time[a]	
	Full time	Part time
Violence and harassment		
* *KF16. % experiencing physical violence from patients, relatives or the public in last 12 mths*	12	11
* *KF17. % experiencing physical violence from staff in last 12 mths*	3	2
* *KF18. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	32	24
* *KF19. % experiencing harassment, bullying or abuse from staff in last 12 mths*	24	17
Health and well-being		
* *KF20. % feeling pressure in last 3 mths to attend work when feeling unwell*	24	16
STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services.		
KF21. % reporting good communication between senior management and staff	44	39
KF22. % able to contribute towards improvements at work	75	72
ADDITIONAL THEME: Staff satisfaction		
KF23. Staff job satisfaction	3.70	3.91
KF24. Staff recommendation of the trust as a place to work or receive treatment	4.05	4.08
KF25. Staff motivation at work	3.89	3.94
ADDITIONAL THEME: Equality and diversity		
KF26. % having equality and diversity training in last 12 mths	48	44
KF27. % believing the trust provides equal opportunities for career progression or promotion	86	86
* *KF28. % experiencing discrimination at work in last 12 mths*	16	13
Overall staff engagement	3.92	3.91
Number of respondents	443	54

[a] Full time is defined as staff contracted to work 30 hours or more a week

6. Key Findings by demographic groups

Tables 6.1 and 6.2 show the Key Findings at Chelsea and Westminster Hospital NHS Foundation Trust broken down by different demographic groups: age group, gender, disability and ethnic background.

Technical notes:

- As in previous years, there are two types of Key Finding:
    - percentage scores, i.e. percentage of staff giving a particular response to one, or a series of, survey questions
    - scale summary scores, calculated by converting staff responses to particular questions into scores. For each of these scale summary scores, the minimum score is always 1 and the maximum score is 5
- For most of the Key Findings presented in tables 6.1 and 6.2, the higher the score the better. However, there are some Key Findings for which a high score would represent a negative result. For these Key Findings, marked with an asterix and shown in italics, the lower the score the better.
- Care should be taken not to over interpret the findings if scores differ slightly. For example, if for 'KF8. % having well structured appraisals in last 12 months' staff in Group A score 45%, and staff in Group B score 40%, it may appear that a higher proportion of staff in Group A have had well structured appraisals than staff in Group B. However, because of small numbers in these sub-groups, it is probably not statistically significant. A more sensible interpretation would be that, on average, similar proportions of staff in Group A and B have well structured appraisals.
- Please note that, unlike the overall Trust scores, data in this section are not weighted.
- Please also note that all percentage scores are shown to the nearest 1%. This means scores of less than 0.5% are displayed as 0%.
- In order to preserve anonymity of individual staff, a score is replaced with a dash if the demographic group in question contributed fewer than 11 responses to that score.

Table 6.1: Key Findings for different age groups

	Age group			
	Age 16-30	Age 31-40	Age 41-50	Age 51+
STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs.				
KF1. % feeling satisfied with the quality of work and patient care they are able to deliver	84	84	78	87
KF2. % agreeing that their role makes a difference to patients	91	91	95	92
* *KF3. Work pressure felt by staff*	2.89	2.86	2.88	2.79
KF4. Effective team working	3.76	3.85	3.90	3.85
* *KF5. % working extra hours*	78	80	77	72
STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.				
KF6. % receiving job-relevant training, learning or development in last 12 mths	86	82	84	87
KF7. % appraised in last 12 mths	73	88	87	91
KF8. % having well structured appraisals in last 12 mths	41	48	51	58
KF9. Support from immediate managers	3.82	3.76	3.79	3.72
STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.				
Occupational health and safety				
KF10. % receiving health and safety training in last 12 mths	80	70	70	75
* *KF11. % suffering work-related stress in last 12 mths*	42	29	36	36
Infection control and hygiene				
KF12. % saying hand washing materials are always available	51	44	51	52
Errors and incidents				
* *KF13. % witnessing potentially harmful errors, near misses or incidents in last mth*	45	32	32	27
KF14. % reporting errors, near misses or incidents witnessed in the last mth	88	98	97	96
KF15. Fairness and effectiveness of incident reporting procedures	3.68	3.61	3.63	3.65
Number of respondents	119	142	116	115

Table 6.1: Key Findings for different age groups (cont)

	Age group			
	Age 16-30	Age 31-40	Age 41-50	Age 51+
Violence and harassment				
* *KF16. % experiencing physical violence from patients, relatives or the public in last 12 mths*	14	15	15	6
* *KF17. % experiencing physical violence from staff in last 12 mths*	3	2	4	2
* *KF18. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	38	32	30	24
* *KF19. % experiencing harassment, bullying or abuse from staff in last 12 mths*	27	18	21	26
Health and well-being				
* *KF20. % feeling pressure in last 3 mths to attend work when feeling unwell*	35	16	20	20
STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services.				
KF21. % reporting good communication between senior management and staff	49	38	42	45
KF22. % able to contribute towards improvements at work	69	80	75	74
ADDITIONAL THEME: Staff satisfaction				
KF23. Staff job satisfaction	3.64	3.69	3.82	3.79
KF24. Staff recommendation of the trust as a place to work or receive treatment	4.13	4.03	4.00	4.08
KF25. Staff motivation at work	3.75	3.87	3.94	4.11
ADDITIONAL THEME: Equality and diversity				
KF26. % having equality and diversity training in last 12 mths	64	38	43	44
KF27. % believing the trust provides equal opportunities for career progression or promotion	92	84	93	76
* *KF28. % experiencing discrimination at work in last 12 mths*	14	16	15	16
Overall staff engagement	3.85	3.92	3.93	4.02
Number of respondents	119	142	116	115

Table 6.2: Key Findings for other demographic groups

	Gender		Disability		Ethnic background	
	Men	Women	Disabled	Not disabled	White	Black and minority ethnic
STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs.						
KF1. % feeling satisfied with the quality of work and patient care they are able to deliver	77	86	86	82	80	90
KF2. % agreeing that their role makes a difference to patients	89	93	94	92	90	96
* *KF3. Work pressure felt by staff*	2.99	2.80	3.07	2.83	2.90	2.77
KF4. Effective team working	3.83	3.86	3.76	3.84	3.85	3.83
* *KF5. % working extra hours*	85	74	82	77	79	73
STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.						
KF6. % receiving job-relevant training, learning or development in last 12 mths	81	86	84	85	85	84
KF7. % appraised in last 12 mths	85	84	79	85	85	84
KF8. % having well structured appraisals in last 12 mths	46	50	44	49	45	57
KF9. Support from immediate managers	3.63	3.84	3.51	3.81	3.77	3.80
STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.						
Occupational health and safety						
KF10. % receiving health and safety training in last 12 mths	68	75	65	74	70	79
* *KF11. % suffering work-related stress in last 12 mths*	39	34	55	33	37	34
Infection control and hygiene						
KF12. % saying hand washing materials are always available	52	48	51	49	52	45
Errors and incidents						
* *KF13. % witnessing potentially harmful errors, near misses or incidents in last mth*	38	34	44	34	37	30
KF14. % reporting errors, near misses or incidents witnessed in the last mth	94	95	91	96	95	91
KF15. Fairness and effectiveness of incident reporting procedures	3.61	3.67	3.54	3.67	3.64	3.69
Number of respondents	126	342	55	419	328	157

Table 6.2: Key Findings for other demographic groups (cont)

	Gender		Disability		Ethnic background	
	Men	Women	Disabled	Not disabled	White	Black and minority ethnic
Violence and harassment						
* *KF16. % experiencing physical violence from patients, relatives or the public in last 12 mths*	14	12	15	12	14	8
* *KF17. % experiencing physical violence from staff in last 12 mths*	2	3	6	2	2	5
* *KF18. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	29	32	28	31	31	32
* *KF19. % experiencing harassment, bullying or abuse from staff in last 12 mths*	20	24	38	21	22	25
Health and well-being						
* *KF20. % feeling pressure in last 3 mths to attend work when feeling unwell*	24	21	27	22	23	21
STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services.						
KF21. % reporting good communication between senior management and staff	43	45	45	43	45	44
KF22. % able to contribute towards improvements at work	67	77	74	75	76	73
ADDITIONAL THEME: Staff satisfaction						
KF23. Staff job satisfaction	3.62	3.78	3.65	3.74	3.73	3.78
KF24. Staff recommendation of the trust as a place to work or receive treatment	4.06	4.07	4.04	4.05	4.00	4.17
KF25. Staff motivation at work	3.80	3.95	3.78	3.91	3.82	4.10
ADDITIONAL THEME: Equality and diversity						
KF26. % having equality and diversity training in last 12 mths	46	48	35	48	46	48
KF27. % believing the trust provides equal opportunities for career progression or promotion	87	88	70	89	91	77
* *KF28. % experiencing discrimination at work in last 12 mths*	16	14	25	13	11	24
Overall staff engagement	3.88	3.96	3.87	3.92	3.89	4.02
Number of respondents	126	342	55	419	328	157

7. Work and demographic profile of the survey respondents

The occupational group of the staff survey respondents is shown in table 7.1, other work characteristics are shown in table 7.2, and demographic characteristics are shown in table 7.3.

Table 7.1: Occupational group of respondents

Occupational group	Number questionnaires returned	Percentage of survey respondents
Nurses, Midwives and Nursing Assistants		
Registered Nurses - Adult / General	95	20%
Registered Nurses - Children	20	4%
Midwives	17	4%
Health Visitors	1	0%
Registered Nurses - District / Community	1	0%
Other Registered Nurses	6	1%
Nursing auxiliary / Nursing assistant / Healthcare assistant	37	8%
Medical and Dental		
Medical / Dental - Consultant	34	7%
Medical / Dental - In Training	25	5%
Medical / Dental - Other	7	1%
Allied Health Professionals		
Arts Therapy	3	1%
Clinical Psychology	1	0%
Occupational Therapy	9	2%
Physiotherapy	14	3%
Psychotherapy	2	0%
Radiography	12	2%
Other qualified Allied Health Professionals	21	4%
Support to Allied Health Professionals	11	2%
Scientific and Technical / Healthcare Scientists		
Pharmacy	33	7%
Other qualified Scientific and Technical / Healthcare Scientists	4	1%
Support to Scientific and Technical / Healthcare Scientists	8	2%
Social Care Staff		
Approved social workers / Social workers / Residential social workers	1	0%
Other groups		
Admin and Clerical	69	14%
Central Functions / Corporate Services	28	6%
Maintenance / Ancillary	1	0%
General Management	19	4%
Other	3	1%
Did not specify	17	

Sums of percentages may add up to more than 100% due to rounding, and do not include 'did not specify' responses

Table 7.2: Work characteristics of respondents

	Number questionnaires returned	Percentage of survey respondents
Full time / part time		
Full time	443	89%
Part time	54	11%
Did not specify	5	
Length of time in organisation		
Less than a year	72	15%
Between 1 to 2 years	82	17%
Between 3 to 5 years	119	24%
Between 6 to 10 years	98	20%
Between 11 to 15 years	71	14%
Over 15 years	51	10%
Did not specify	9	

Sums of percentages may add up to more than 100% due to rounding, and do not include 'did not specify' responses

Table 7.3: Demographic characteristics of respondents

	Number questionnaires returned	Percentage of survey respondents
Age group		
Between 16 and 30	119	24%
Between 31 and 40	142	29%
Between 41 and 50	116	24%
51 and over	115	23%
Did not specify	10	
Gender		
Male	126	27%
Female	342	73%
Did not specify	34	
Ethnic background		
White	328	68%
Black and minority ethnic	157	32%
Did not specify	17	
Disability		
Disabled	55	12%
Not disabled	419	88%
Did not specify	28	

Sums of percentages may add up to more than 100% due to rounding, and do not include 'did not specify' responses

Appendix 1

Key Findings for Chelsea and Westminster Hospital NHS Foundation Trust benchmarked against other acute trusts

Technical notes:

- The first column in table A1 shows the trust's scores for each of the Key Findings. The same data are displayed in section 3 and 4 of this report.
- The second column in table A1 shows the 95% confidence intervals around the trust's scores for each of the Key Findings.
- The third column in table A1 shows the average (median) score for each of the Key Findings for acute trusts. The same data are displayed in section 3 and 4 of this report.
- The fourth and fifth columns in table A1 show the thresholds for the lowest and highest 20% for each of the Key Findings for acute trusts. The data are used to describe comparisons with other trusts as displayed in section 3 and 4 of this report.
- The sixth column in table A1 shows the lowest score attained for each of the Key Findings by an acute trust.
- The seventh column in table A1 shows the highest score attained for each of the Key Findings by an acute trust.
- For most of the Key Findings presented in table A1, the higher the score the better. However, there are some Key Findings for which a high score would represent a negative score. For these Key Findings, marked with an asterix and shown in italics, the lower the score the better.
- Please note that the data presented in table A1 are rounded to the nearest whole number for percentage scores and to two decimal places for scale summary scores.

Table A1: Key Findings for Chelsea and Westminster Hospital NHS Foundation Trust benchmarked against other acute trusts

	Your trust		National scores for acute trusts				
	Trust score	95% Confidence Interval	Median score	Threshold for lowest 20%	Threshold for highest 20%	Lowest score attained	Highest score attained
Response rate	61	-	49	43	58	30	78
STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs.							
KF1. % feeling satisfied with the quality of work and patient care they are able to deliver	82	[78, 86]	79	75	82	66	86
KF2. % agreeing that their role makes a difference to patients	92	[89, 95]	91	89	92	85	95
* *KF3. Work pressure felt by staff*	2.89	[2.81, 2.96]	3.06	2.98	3.14	2.81	3.28
KF4. Effective team working	3.82	[3.74, 3.90]	3.74	3.69	3.80	3.52	3.94
* *KF5. % working extra hours*	75	[71, 80]	70	67	74	60	79
STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.							
KF6. % receiving job-relevant training, learning or development in last 12 mths	85	[81, 88]	81	79	83	73	87
KF7. % appraised in last 12 mths	84	[81, 88]	84	80	89	62	97
KF8. % having well structured appraisals in last 12 mths	48	[44, 53]	38	34	43	23	51
KF9. Support from immediate managers	3.76	[3.68, 3.84]	3.64	3.58	3.71	3.35	3.89
STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.							
Occupational health and safety							
KF10. % receiving health and safety training in last 12 mths	73	[69, 77]	76	70	82	50	93
* *KF11. % suffering work-related stress in last 12 mths*	37	[33, 42]	37	34	40	29	48
Infection control and hygiene							
KF12. % saying hand washing materials are always available	48	[44, 53]	60	51	66	40	76
Errors and incidents							
* *KF13. % witnessing potentially harmful errors, near misses or incidents in last mth*	32	[28, 37]	33	30	36	18	42
KF14. % reporting errors, near misses or incidents witnessed in the last mth	94	[91, 98]	90	88	92	82	97
KF15. Fairness and effectiveness of incident reporting procedures	3.64	[3.58, 3.69]	3.51	3.45	3.58	3.28	3.73

Table A1: Key Findings for Chelsea and Westminster Hospital NHS Foundation Trust benchmarked against other acute trusts (cont)

	Your trust		National scores for acute trusts				
	Trust score	95% Confidence Interval	Median score	Threshold for lowest 20%	Threshold for highest 20%	Lowest score attained	Highest score attained
Violence and harassment							
* *KF16. % experiencing physical violence from patients, relatives or the public in last 12 mths*	12	[9, 15]	15	13	17	6	21
* *KF17. % experiencing physical violence from staff in last 12 mths*	3	[1, 4]	2	2	3	0	6
* *KF18. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	32	[27, 36]	29	26	32	19	38
* *KF19. % experiencing harassment, bullying or abuse from staff in last 12 mths*	24	[20, 28]	24	21	27	17	34
Health and well-being							
* *KF20. % feeling pressure in last 3 mths to attend work when feeling unwell*	24	[20, 28]	28	25	31	20	39
STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services.							
KF21. % reporting good communication between senior management and staff	42	[37, 46]	29	25	34	14	44
KF22. % able to contribute towards improvements at work	74	[70, 78]	68	65	72	59	76
ADDITIONAL THEME: Staff satisfaction							
KF23. Staff job satisfaction	3.72	[3.65, 3.79]	3.60	3.54	3.68	3.40	3.81
KF24. Staff recommendation of the trust as a place to work or receive treatment	4.04	[3.97, 4.11]	3.68	3.49	3.81	3.05	4.25
KF25. Staff motivation at work	3.90	[3.83, 3.97]	3.86	3.80	3.92	3.66	4.04
ADDITIONAL THEME: Equality and diversity							
KF26. % having equality and diversity training in last 12 mths	47	[43, 52]	60	47	71	26	84
KF27. % believing the trust provides equal opportunities for career progression or promotion	86	[82, 90]	88	84	91	71	96
* *KF28. % experiencing discrimination at work in last 12 mths*	16	[12, 19]	11	9	14	7	21

Appendix 2

Changes to the Key Findings since the 2011 and 2012 staff surveys

Technical notes:

- For most of the Key Findings presented in tables A2.1 and A2.2, the higher the score the better. However, there are some Key Findings for which a high score would represent a negative result. For these Key Findings, marked with an asterix and shown in italics, the lower the score the better.

- It is likely that we would see some small change simply due to sample differences between the two years. The final column of the tables shows whether the change in your trust is statistically significant or not. If a change is not significant, then there is no evidence of a real change in the trust score.

- Please note that the trust scores and change scores presented in tables A2.1 and A2.2 are rounded to the nearest whole number for percentage scores and to two decimal places for scale summary scores.

- All percentage scores are shown to the nearest 1%. This means scores of less than 0.5% are displayed as 0%.

- In certain cases a dash (-) appears in Table A2.1 or A2.2. This is either because the Key Finding was not calculated in previous years, or there have been changes in how the Key Finding has been calculated this year.

To enable comparison between years, scores from 2012 and 2011 have been re-calculated and re-weighted using the 2013 formulae, so may appear slightly different from figures in previous feedback reports. More details about these changes can be found in the document ***Making sense of your staff survey data***, which can be downloaded from www.nhsstaffsurveys.com.

Table A2.1: Changes in the Key Findings for Chelsea and Westminster Hospital NHS Foundation Trust since 2012 survey

	Chelsea and Westminster Hospital NHS Foundation Trust			
	2013 score	**2012 score**	**Change**	**Statistically significant?**
Response rate	61	66	-5	-
STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs.				
KF1. % feeling satisfied with the quality of work and patient care they are able to deliver	82	86	-4	No
KF2. % agreeing that their role makes a difference to patients	92	93	-1	No
* *KF3. Work pressure felt by staff*	2.89	2.85	0.04	No
KF4. Effective team working	3.82	3.80	0.02	No
* *KF5. % working extra hours*	75	68	7	Yes
STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.				
KF6. % receiving job-relevant training, learning or development in last 12 mths	85	85	0	No
KF7. % appraised in last 12 mths	84	82	2	No
KF8. % having well structured appraisals in last 12 mths	48	45	3	No
KF9. Support from immediate managers	3.76	3.72	0.04	No
STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.				
Occupational health and safety				
KF10. % receiving health and safety training in last 12 mths	73	66	7	Yes
* *KF11. % suffering work-related stress in last 12 mths*	37	36	1	No
Infection control and hygiene				
KF12. % saying hand washing materials are always available	48	55	-7	No
Errors and incidents				
* *KF13. % witnessing potentially harmful errors, near misses or incidents in last mth*	32	31	2	No
KF14. % reporting errors, near misses or incidents witnessed in the last mth	94	94	1	No
KF15. Fairness and effectiveness of incident reporting procedures	3.64	3.59	0.04	No

Table A2.1: Changes in the Key Findings for Chelsea and Westminster Hospital NHS Foundation Trust since 2012 survey (cont)

	Chelsea and Westminster Hospital NHS Foundation Trust			
	2013 score	**2012 score**	**Change**	**Statistically significant?**
Violence and harassment				
* *KF16. % experiencing physical violence from patients, relatives or the public in last 12 mths*	12	14	-2	No
* *KF17. % experiencing physical violence from staff in last 12 mths*	3	3	-1	No
* *KF18. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	32	29	2	No
* *KF19. % experiencing harassment, bullying or abuse from staff in last 12 mths*	24	24	0	No
Health and well-being				
* *KF20. % feeling pressure in last 3 mths to attend work when feeling unwell*	24	26	-2	No
STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services.				
KF21. % reporting good communication between senior management and staff	42	44	-3	--
KF22. % able to contribute towards improvements at work	74	72	3	No
ADDITIONAL THEME: Staff satisfaction				
KF23. Staff job satisfaction	3.72	3.68	0.04	No
KF24. Staff recommendation of the trust as a place to work or receive treatment	4.04	4.02	0.02	No
KF25. Staff motivation at work	3.90	3.85	0.05	No
ADDITIONAL THEME: Equality and diversity				
KF26. % having equality and diversity training in last 12 mths	47	49	-2	No
KF27. % believing the trust provides equal opportunities for career progression or promotion	86	86	0	No
* *KF28. % experiencing discrimination at work in last 12 mths*	16	19	-3	No

Table A2.2: Changes in the Key Findings for Chelsea and Westminster Hospital NHS Foundation Trust since 2011 survey

	Chelsea and Westminster Hospital NHS Foundation Trust			
	2013 score	**2011 score**	**Change**	**Statistically significant?**
Response rate	61	61	0	-
STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs.				
KF1. % feeling satisfied with the quality of work and patient care they are able to deliver	82	83	-2	No
KF2. % agreeing that their role makes a difference to patients	92	92	0	No
* *KF3. Work pressure felt by staff*	2.89	-	-	--
KF4. Effective team working	3.82	3.79	0.03	No
* *KF5. % working extra hours*	75	72	4	No
STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.				
KF6. % receiving job-relevant training, learning or development in last 12 mths	85	-	-	--
KF7. % appraised in last 12 mths	84	81	3	No
KF8. % having well structured appraisals in last 12 mths	48	48	1	No
KF9. Support from immediate managers	3.76	3.81	-0.05	No
STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.				
Occupational health and safety				
KF10. % receiving health and safety training in last 12 mths	73	64	9	Yes
* *KF11. % suffering work-related stress in last 12 mths*	37	28	9	Yes
Infection control and hygiene				
KF12. % saying hand washing materials are always available	48	61	-13	Yes
Errors and incidents				
* *KF13. % witnessing potentially harmful errors, near misses or incidents in last mth*	32	36	-4	No
KF14. % reporting errors, near misses or incidents witnessed in the last mth	94	97	-2	No
KF15. Fairness and effectiveness of incident reporting procedures	3.64	3.54	0.10	Yes

Table A2.2: Changes in the Key Findings for Chelsea and Westminster Hospital NHS Foundation Trust since 2011 survey (cont)

	Chelsea and Westminster Hospital NHS Foundation Trust			
	2013 score	**2011 score**	**Change**	**Statistically significant?**
Violence and harassment				
* *KF16. % experiencing physical violence from patients, relatives or the public in last 12 mths*	12	-	-	--
* *KF17. % experiencing physical violence from staff in last 12 mths*	3	-	-	--
* *KF18. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	32	-	-	--
* *KF19. % experiencing harassment, bullying or abuse from staff in last 12 mths*	24	-	-	--
Health and well-being				
* *KF20. % feeling pressure in last 3 mths to attend work when feeling unwell*	24	22	2	No
STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services.				
KF21. % reporting good communication between senior management and staff	42	-	-	--
KF22. % able to contribute towards improvements at work	74	68	7	No
ADDITIONAL THEME: Staff satisfaction				
KF23. Staff job satisfaction	3.72	3.61	0.11	No
KF24. Staff recommendation of the trust as a place to work or receive treatment	4.04	3.89	0.15	Yes
KF25. Staff motivation at work	3.90	3.85	0.05	No
ADDITIONAL THEME: Equality and diversity				
KF26. % having equality and diversity training in last 12 mths	47	41	6	No
KF27. % believing the trust provides equal opportunities for career progression or promotion	86	85	1	No
* *KF28. % experiencing discrimination at work in last 12 mths*	16	17	-1	No

Appendix 3

Data tables: 2013 Key Findings and the responses to all survey questions

For each of the 28 Key Findings (Table A3.1) and each individual survey question in the core version of the questionnaire (Table A3.2), this appendix presents your trust's 2013 survey response, the average (median) 2013 response for acute trusts, and your trust's 2012 survey response (where applicable).

In Table A3.1, the question numbers used to calculate the 28 Key Findings are also listed in the first column.

In Table A3.2, the responses to the survey questions are presented in the order that they appear within the core version of the 2013 questionnaire.

Technical notes:

- In certain cases a dash (-) appears in the 'Your Trust in 2012' column in Tables A3.1 or A3.2. This is because of changes to the format of survey questions or the calculation of the Key Findings so comparisons with the 2012 score are not possible.

- In certain cases a dash (-) appears in Tables A3.1 or A3.2. This is in order to preserve anonymity of individual staff, where there were fewer than 11 responses to a survey question or Key Finding.

- Please note that the figures reported in tables A3.1 and A3.2 are un-weighted, and, as a consequence there may be some slight differences between these figures and the figures reported in sections 3 and 4 and Appendix 2 of this report, which are weighted according to the occupational group profile of a typical acute trust.

- More details about the calculation of Key Findings and the weighting of data can be found in the document ***Making sense of your staff survey data***, which can be downloaded from: www.nhsstaffsurveys.com

Table A3.1: Key Findings for Chelsea and Westminster Hospital NHS Foundation Trust benchmarked against other acute trusts

	Question number(s)	Your Trust in 2013	Average (median) for acute trusts	Your Trust in 2012
STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs.				
KF1. % feeling satisfied with the quality of work and patient care they are able to deliver	Q6d, 9a, 9c	83	79	86
KF2. % agreeing that their role makes a difference to patients	Q9b	92	91	95
* *KF3. Work pressure felt by staff*	Q7e-g	2.86	3.07	2.85
KF4. Effective team working	Q4a-d	3.84	3.74	3.85
* *KF5. % working extra hours*	Q25b-c	77	70	72
STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.				
KF6. % receiving job-relevant training, learning or development in last 12 mths	Q1a-g, 2a-c	85	81	85
KF7. % appraised in last 12 mths	Q3a	85	85	83
KF8. % having well structured appraisals in last 12 mths	Q3a-d	49	38	46
KF9. Support from immediate managers	Q10a-e	3.76	3.64	3.75
STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.				
Occupational health and safety				
KF10. % receiving health and safety training in last 12 mths	Q1a	73	76	68
* *KF11. % suffering work-related stress in last 12 mths*	Q16	36	36	34
Infection control and hygiene				
KF12. % saying hand washing materials are always available	Q13a-b	49	61	57
Errors and incidents				
* *KF13. % witnessing potentially harmful errors, near misses or incidents in last mth*	Q17a, 17b	34	33	34
KF14. % reporting errors, near misses or incidents witnessed in the last mth	Q17a-b, 17c	94	90	94
KF15. Fairness and effectiveness of incident reporting procedures	Q18a-g	3.64	3.52	3.62

Table A3.1: Key Findings for Chelsea and Westminster Hospital NHS Foundation Trust benchmarked against other acute trusts (cont)

	Question number(s)	Your Trust in 2013	Average (median) for acute trusts	Your Trust in 2012
Violence and harassment				
* *KF16. % experiencing physical violence from patients, relatives or the public in last 12 mths*	Q20a	12	14	15
* *KF17. % experiencing physical violence from staff in last 12 mths*	Q20b	3	3	3
* *KF18. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	Q21a	31	29	30
* *KF19. % experiencing harassment, bullying or abuse from staff in last 12 mths*	Q21b	23	24	23
Health and well-being				
* *KF20. % feeling pressure in last 3 mths to attend work when feeling unwell*	Q15a-c	23	28	26
STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services.				
KF21. % reporting good communication between senior management and staff	Q11a-d	43	29	45
KF22. % able to contribute towards improvements at work	Q7a, 7b, 7d	74	68	74
ADDITIONAL THEME: Staff satisfaction				
KF23. Staff job satisfaction	Q8a-g	3.72	3.60	3.71
KF24. Staff recommendation of the trust as a place to work or receive treatment	Q12a, 12c-d	4.05	3.68	4.06
KF25. Staff motivation at work	Q5a-c	3.90	3.86	3.88
ADDITIONAL THEME: Equality and diversity				
KF26. % having equality and diversity training in last 12 mths	Q1b	47	60	50
KF27. % believing the trust provides equal opportunities for career progression or promotion	Q22	86	88	87
* *KF28. % experiencing discrimination at work in last 12 mths*	Q23a-b	15	10	19

Table A3.2: Survey questions benchmarked against other acute trusts

		Your Trust in 2013	Average (median) for acute trusts	Your Trust in 2012
	Areas of training, learning and development			
	% having received training, learning or development in the following areas in the last 12 months:			
Q1a	Health and safety training	73	76	68
Q1b	Equality and diversity training	47	60	50
Q1c	How to prevent or handle violence and aggression to staff, patients / service users	35	38	29
Q1d	Infection control (e.g. guidance on hand-washing, MRSA, waste management, disposal of sharps / needles)	68	77	65
Q1e	How to handle confidential information about patients / service users	79	79	74
Q1f	How to deliver a good patient / service user experience	57	50	53
Q1g	Any other job-relevant training, learning or development	77	76	77
	Job-relevant training, learning and development			
	% who had received training, learning and development in the last 12 months (YES to any part of Q1a-g) agreeing / strongly agreeing that:			
Q2a	It has helped me to do my job more effectively	76	68	78
Q2b	It has helped me stay up-to-date with professional requirements	79	75	80
Q2c	It has helped me to deliver a better patient / service user experience	73	65	76
	Appraisals			
Q3a	% saying they had received an appraisal or performance development review in the last 12 months	85	85	83
	If (YES to Q3a) had received an appraisal or performance development review in the last 12 months:			
Q3b	% saying their appraisal or development review had helped them to improve how they do their job	67	54	67
Q3c	% saying their appraisal or development review had helped them agree clear objectives for their work	85	77	83
Q3d	% saying their appraisal or development review had made them feel their work was valued by the organisation	72	63	67
Q3e	% saying their appraisal or development review had identified training, learning or development needs	82	71	80
	If (YES to Q3a) had received an appraisal or performance development review AND (YES to Q3e) training, learning or development needs identified as part of their appraisal or development review:			
Q3f	% saying their manager supported them to receive training, learning or development	88	87	85
	Team-based working			
Q4a	% working in a team	98	96	97
	If (YES to Q4a) they work in a team:			
Q4b	% agreeing / strongly agreeing team members have a set of shared objectives	78	78	80
Q4c	% agreeing / strongly agreeing team members often meet to discuss the team's effectiveness	67	59	63
Q4d	% agreeing / strongly agreeing the team members have to communicate closely with each other to achieve the team's objectives	81	80	84
	Staff motivation at work			
	% saying often or always to the following statements:			
Q5a	"I look forward to going to work"	57	54	55
Q5b	"I am enthusiastic about my job"	71	70	71
Q5c	"Time passes quickly when I am working"	78	76	77

		Your Trust in 2013	Average (median) for acute trusts	Your Trust in 2012
	Job design			
	% agreeing / strongly agreeing with the following statements:			
Q6a	"I have clear, planned goals and objectives for my job"	79	76	80
Q6b	"I always know what my work responsibilities are"	86	87	89
Q6c	"I am trusted to do my job"	91	92	93
Q6d	"I am able to do my job to a standard I am personally pleased with"	84	80	86
	Opportunities to develop potential at work			
	% agreeing / strongly agreeing with the following statements:			
Q7a	"There are frequent opportunities for me to show initiative in my role"	76	70	74
Q7b	"I am able to make suggestions to improve the work of my team / department"	79	73	78
Q7c	"I am involved in deciding on changes introduced that affect my work area / team / department"	58	52	58
Q7d	"I am able to make improvements happen in my area of work"	63	55	63
Q7e	"I am unable to meet all the conflicting demands on my time at work"	43	43	38
Q7f	"I have adequate materials, supplies and equipment to do my work"	63	56	64
Q7g	"There are enough staff at this organisation for me to do my job properly"	42	29	42
	Staff job satisfaction			
	% satisfied or very satisfied with the following aspects of their job:			
Q8a	"The recognition I get for good work"	59	49	56
Q8b	"The support I get from my immediate manager"	71	65	70
Q8c	"The freedom I have to choose my own method of working"	69	65	67
Q8d	"The support I get from my work colleagues"	78	78	79
Q8e	"The amount of responsibility I am given"	79	75	76
Q8f	"The opportunities I have to use my skills"	76	72	75
Q8g	"The extent to which my organisation values my work"	50	42	55
Q8h	"My level of pay"	38	37	37
	Contribution to patient care			
	% agreeing / strongly agreeing with the following statements:			
Q9a	"I am satisfied with the quality of care I give to patients / service users"	88	84	90
Q9b	"I feel that my role makes a difference to patients / service users"	92	91	95
Q9c	"I am able to deliver the patient care I aspire to"	76	69	79

		Your Trust in 2013	Average (median) for acute trusts	Your Trust in 2012
	Your managers			
	% agreeing / strongly agreeing with the following statements:			
Q10a	"My immediate manager encourages those who work for her/him to work as a team"	74	70	76
Q10b	"My immediate manager can be counted on to help me with a difficult task at work"	73	68	76
Q10c	"My immediate manager gives me clear feedback on my work"	59	56	61
Q10d	"My immediate manager asks for my opinion before making decisions that affect my work"	56	50	57
Q10e	"My immediate manager is supportive in a personal crisis"	71	71	72
Q11a	"I know who the senior managers are here"	86	81	86
Q11b	"Communication between senior management and staff is effective"	51	36	51
Q11c	"Senior managers here try to involve staff in important decisions"	41	30	45
Q11d	"Senior managers act on staff feedback"	41	29	44
Q11e	"Senior managers where I work are committed to patient care"	67	52	65
	Your organisation			
	% agreeing / strongly agreeing with the following statements:			
Q12a	"Care of patients / service users is my organisation's top priority"	82	68	82
Q12b	"My organisation acts on concerns raised by patients / service users"	84	71	82
Q12c	"I would recommend my organisation as a place to work"	75	59	76
Q12d	"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	85	64	80
	Availability of hand washing materials			
	% saying hot water, soap and paper towels, or alcohol rubs are available for staff:			
Q13a	Always	52	64	61
Q13a	Most of the time	39	28	30
Q13a	Sometimes	5	5	7
Q13a	Never	0	0	1
Q13a	Don't know	4	3	1
	% saying hot water, soap and paper towels, or alcohol rubs are available for patients / service users:			
Q13b	Always	50	59	57
Q13b	Most of the time	36	25	28
Q13b	Sometimes	4	4	5
Q13b	Never	0	0	0
Q13b	Don't know	10	13	9
	Health and well-being			
	% agreeing / strongly agreeing with the following statements:			
Q14a	"In general, my job is good for my health"	48	42	46
Q14b	"My immediate manager takes a positive interest in my health and well-being"	58	55	60
Q14c	"My organisation takes positive action on health and well-being"	56	44	58
	Health and well-being			
Q15a	% saying in the last three months they had gone to work despite not feeling well enough to perform their duties:	67	67	70
	(If YES to Q15a): % saying they...			
Q15b	...had felt pressure from their manager to come to work	26	33	30
Q15c	...had felt pressure from their colleagues to come to work	24	25	25
Q15d	...had put themselves under pressure to come to work	89	91	91

		Your Trust in 2013	Average (median) for acute trusts	Your Trust in 2012
Q16	% saying they have have felt unwell in the last 12 months as a result of work related stress:	36	36	34
	Witnessing and reporting errors, near misses and incidents			
Q17a	% witnessing errors, near misses or incidents in the last month that could have hurt staff	20	19	21
Q17b	% witnessing errors, near misses or incidents in the last month that could have hurt patients / service users	30	28	30
Q17c	(If YES to Q17a or YES to Q17b): % saying the last time they witnessed an error, near miss or incident that could have hurt staff or patients / service users, either they or a colleague had reported it	97	94	96
	Fairness and effectiveness of procedures for reporting errors, near misses or incidents			
	% agreeing / strongly agreeing with the following statements:			
Q18a	"My organisation treats staff who are involved in an error, near miss or incident fairly"	59	47	59
Q18b	"My organisation encourages us to report errors, near misses or incidents"	86	86	86
Q18c	"My organisation treats reports of errors, near misses or incidents confidentially"	68	64	66
Q18d	"My organisation blames or punishes people who are involved in errors, near misses or incidents"	13	13	12
Q18e	"When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again"	69	61	68
Q18f	"We are informed about errors, near misses and incidents that happen in the organisation"	50	43	49
Q18g	"We are given feedback about changes made in response to reported errors, near misses and incidents"	50	42	49
	Raising concerns at work			
Q19a	% saying if they were concerned about fraud, malpractice or wrongdoing they would know how to report it	91	89	90
Q19b	% saying they would feel safe in raising their concern	74	71	74
Q19c	% saying they would feel confident that the organisation would address their concern	60	53	64
	Experiencing and reporting physical violence at work			
	% experiencing physical violence at work from patients / service users, their relatives or other members of the public in last 12 months...			
Q20a	Never	88	86	85
Q20a	1 to 2 times	9	9	10
Q20a	3 to 5 times	2	3	2
Q20a	6 to 10 times	1	1	1
Q20a	More than 10 times	1	1	1
	% experiencing physical violence at work from managers / team leaders or other colleagues in last 12 months...			
Q20b	Never	97	97	97
Q20b	1 to 2 times	1	2	2
Q20b	3 to 5 times	1	0	1
Q20b	6 to 10 times	0	0	0
Q20b	More than 10 times	0	0	0
Q20c	(If YES to Q20a or YES to Q20b): % saying the last time they experienced an incident of physical violence, either they or a colleague had reported it	81	67	68

		Your Trust in 2013	Average (median) for acute trusts	Your Trust in 2012
	Experiencing and reporting harassment, bullying and abuse at work			
	% experiencing harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public in last 12 months...			
Q21a	Never	69	71	70
Q21a	1 to 2 times	19	18	19
Q21a	3 to 5 times	6	6	7
Q21a	6 to 10 times	3	2	1
Q21a	More than 10 times	3	3	3
	% experiencing harassment, bullying or abuse at work from managers / team leaders or other colleagues in last 12 months...			
Q21b	Never	77	76	77
Q21b	1 to 2 times	14	16	16
Q21b	3 to 5 times	5	5	4
Q21b	6 to 10 times	1	1	1
Q21b	More than 10 times	3	2	2
Q21c	(If YES to Q21a or YES to Q21b): % saying the last time they experienced an incident of harassment, bullying or abuse, either they or a colleague had reported it	48	45	48
	Equal opportunities			
Q22	% saying the organisation acts fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age	86	88	87
	Discrimination			
Q23a	% saying they had experienced discrimination from patients / service users, their relatives or other members of the public in the last 12 months	11	5	11
Q23b	% saying they had experienced discrimination from their manager / team leader or other colleagues in the last 12 months	7	7	11
	% saying they had experienced discrimination on the grounds of:			
Q23c	Ethnic background	8	3	10
Q23c	Gender	3	2	3
Q23c	Religion	0	0	1
Q23c	Sexual orientation	1	0	1
Q23c	Disability	0	1	0
Q23c	Age	3	2	4
Q23c	Other reason(s)	4	3	5
	BACKGROUND DETAILS			
	Gender			
Q24a	Male	27	20	27
Q24a	Female	73	80	73
	Age group			
Q24b	Between 16 and 30	24	15	26
Q24b	Between 31 and 40	29	19	25
Q24b	Between 41 and 50	24	28	25
Q24b	51 and over	23	38	25
Q25a	% working part time	11	24	12
Q25b	% working additional PAID hours	34	33	36
Q25c	% working additional UNPAID hours	66	56	62

		Your Trust in 2013	Average (median) for acute trusts	Your Trust in 2012
	Ethnic background			
Q26	White	68	89	66
Q26	Mixed	4	1	3
Q26	Asian / Asian British	16	6	14
Q26	Black / Black British	11	2	14
Q26	Chinese	1	0	2
Q26	Other	1	1	1
	Sexuality			
Q27	Heterosexual (straight)	86	92	88
Q27	Gay Man	6	1	4
Q27	Gay Woman (lesbian)	1	1	1
Q27	Bisexual	0	1	0
Q27	Other	1	0	1
Q27	Preferred not to say	7	5	5
	Religion			
Q28	No religion	30	28	24
Q28	Christian	54	61	61
Q28	Buddhist	1	1	1
Q28	Hindu	4	2	2
Q28	Jewish	1	0	1
Q28	Muslim	5	2	4
Q28	Sikh	1	0	1
Q28	Other	0	1	1
Q28	Preferred not to say	5	4	6
	Disability			
Q29a	% saying they have a long-standing illness, health problem or disability	12	16	13
Q29b	(If YES to Q29a and if adjustments felt necessary): % saying their employer has made adequate adjustment(s) to enable them to carry out their work	83	72	74
	Contact with patients			
Q30	% saying they have face-to-face contact with patients / service users as part of their job	91	87	89
	Length of time at the organisation (or its predecessors)			
Q31	Less than 1 year	15	7	10
Q31	1 to 2 years	17	9	19
Q31	3 to 5 years	24	18	24
Q31	6 to 10 years	20	21	19
Q31	11 to 15 years	14	18	17
Q31	More than 15 years	10	27	11

		Your Trust in 2013	Average (median) for acute trusts	Your Trust in 2012
	Occupational group			
Q32	Emergency Care Practitioner	0	0	0
Q32	Paramedic	0	0	0
Q32	Emergency Care Assistant	0	0	0
Q32	Ambulance Technician	0	0	0
Q32	Ambulance Control Staff	0	0	0
Q32	Patient Transport Service	0	0	0
Q32	Registered Nurses and Midwives	29	29	38
Q32	Nursing or Healthcare Assistants	8	8	4
Q32	Medical and Dental	14	8	13
Q32	Allied Health Professionals	15	13	14
Q32	Scientific and Technical / Healthcare Scientists	9	8	7
Q32	Social Care staff	0	0	0
Q32	Public Health / Health Improvement	0	0	0
Q32	Commissioning staff	0	0	0
Q32	Admin and Clerical	14	16	13
Q32	Central Functions / Corporate Services	6	5	6
Q32	Maintenance / Ancillary	0	6	1
Q32	General Management	4	2	2
Q32	Other	1	2	1

Appendix 4

Other NHS staff survey 2013 documentation

This report is one of several ways in which we present the results of the 2013 national NHS staff survey:

1) A separate summary report of the main 2013 survey results for Chelsea and Westminster Hospital NHS Foundation Trust can be downloaded from: www.nhsstaffsurveys.com. The summary report is a shorter version of this feedback report, which may be useful for wider circulation within the trust.

2) A national briefing document, describing the national Key Findings from the 2013 survey and making comparisons with previous years, will be available from www.nhsstaffsurveys.com in March 2013.

3) The document ***Making sense of your staff survey data***, which can be downloaded from www.nhsstaffsurveys.com. This includes details about the calculation of Key Findings and the data weighting method used.

4) A series of detailed spreadsheets are available on request from www.nhsstaffsurveys.com. In these detailed spreadsheets you can find:
    - responses of staff in your trust to every core survey question
    - responses in every trust in England
    - the average responses for each major trust type (e.g. all acute trusts, all ambulance trusts)
    - the average trust responses within each strategic health authority
    - the average responses for each major occupational and demographic group within the major trust types

CODE OF GOVERNANCE COMPLIANCE - STATUS April 2014

Monitor Reference		Evidence/comment	Action	Lead
A Leadership **A.1 The role of the board of directors**				
A.1.1.The board of directors should meet sufficiently regularly to discharge its duties effectively. There should be a schedule of matters specifically reserved for its decision. The schedule of matters reserved for the board of directors should include a clear statement detailing the roles and responsibilities of the council of governors (as described in Section B). This statement should also describe how any disagreements between the council of governors and the board of directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the board of directors and the council of governors operate, including a summary of the types of decisions to be taken by each of the boards and which are delegated to the executive management of the board of directors. These arrangements should be kept under review at least annually.	√	Annual Report 12/13 p.144 Scheme of Delegation For conflict resolution refer to roles paper 19.03.09; Council of Governors paper 2.8/March/09 p.4	Will be included in Annual Report 2013/14	
A.1.2. The annual report should identify the chairperson, the deputy chairperson (where there is one), the chief executive, the senior independent director (see A.4.1) and the chairperson and members of the nominations, audit and remuneration committees. It should also set out the number of meetings of the board and those committees and individual attendance by directors.	√	Annual Report 12/13 p.140 p.141. p.143	Will be included in Annual Report 2013/14	
A.1.3. The board of directors should make available a statement of the objectives of the NHS foundation trust showing how it intends to balance the interests of patients, the local community and other stakeholders, and use this as the basis for its decision-making and forward planning.	√	Corporate objectives are available and used for decision making and forward planning. Included in the Annual Plan.		
A.1.4. The board of directors should ensure that adequate systems and processes are maintained to measure and monitor the NHS foundation trust's effectiveness, efficiency and economy as well as the quality of its health care delivery. The board should regularly review the performance of the NHS foundation trust in these areas against regulatory and contractual obligations, and approved plans and objectives.	√	Board Assurance Framework quarterly Quarterly Risk Report		
A.1.5 The board of directors should ensure that relevant metrics, measures, milestones and accountabilities are developed and agreed so as to understand and assess progress and delivery of performance.	√	Assurance Committee reports to Board		

Where appropriate and, in particular, in high risk or complex areas, independent advice, for example, from the internal audit function, should be commissioned by the board of directors to provide an adequate and reliable level of assurance.				
A.1.6. The board of directors should report on its approach to clinical governance and its plan for the improvement of clinical quality in accordance with guidance set out by the DH, NHS England, the CQC and Monitor. The board should record where, within the structure of the organisation, consideration of clinical governance matters occurs.	√	Clinical Quality and Performance Report. Corporate objectives include quality and safety and are reported on quarterly Trust Executive Quality Committee provides reports to the Assurance Committee Quality Account Compliance with Quality Governance Framework		
A.1.7. The chief executive as the accounting officer should follow the procedure set out by Monitor for advising the board of directors and the council of governors and for recording and submitting objections to decisions considered or taken by the board of directors in matters of propriety or regularity, and on issues relating to the wider responsibilities of the accounting officer for economy, efficiency and effectiveness.	√	Council papers Council minutes		
A.1.8. The board of directors should establish the constitution and standards of conduct for the NHS foundation trust and its staff in accordance with NHS values and accepted standards of behaviour in public life, which includes the principles of selflessness, integrity, objectivity, accountability, openness, honesty and leadership (The Nolan Principles).	√	Board Code of Conduct Council of Governors Code of Conduct Trust Values NHS values		
A.1.9. The board of directors should operate a code of conduct that builds on the values of the NHS foundation trust and reflect high standards of probity and responsibility. The board of directors should follow a policy of openness and transparency in its proceedings and decision-making unless this is in conflict with a need to protect the wider interests of the public or the NHS foundation trust (including commercial-in-confidence matters) and make clear how potential conflicts of interest are dealt with.	√	Board Code of Conduct A member exempt from a part of discussion. Conflict recorded on Interests Register		
A.1.10.The NHS foundation trust should arrange appropriate insurance to cover the risk of legal action against its directors. Assuming the governors have acted in good faith and in accordance with their duties, and proper process has been followed, the potential for liability for the council should be negligible. Governors may have the benefit of an indemnity and/or insurance from the trust. While there is no legal requirement for trusts to provide an indemnity or insurance	√	March 13 no further insurance required This will be included in the constitution when next reviewed	To include	

for governors to cover their service on the council of governors, where an indemnity or insurance policy is given, this can be detailed in the trust's constitution.				
A.2 Division of responsibilities				
A.2.1. The division of responsibilities between the chairperson and chief executive should be clearly established, set out in writing and agreed by the board of directors.	√	Statement on division of responsibilities approved at Jan 08 Board		
A.2.2.The roles of chairperson and chief executive must not be undertaken by the same individual.	√	Statement on division of responsibilities approved at Jan 08 Board		
A.3 The Chairperson				
A.3.1. The chairperson should, on appointment by the council of governors, meet the independence criteria set out in B.1.1. A chief executive should not go on to be the chairperson of the same NHS foundation trust.	√	Annual Report 2012/13 p.138 Board independence	Will be included in Annual Report 2013/14	
A.4 Non-executive directors				
A.4.1.In consultation with the council of governors, the board should appoint one of the independent non-executive directors to be the senior independent director to provide a sounding board for the chairperson and to serve as an intermediary for the other directors when necessary. The senior independent director should be available to governors if they have concerns that contact through the normal channels of chairperson, chief executive, finance director or trust secretary has failed to resolve, or for which such contact is inappropriate. The senior independent director could be the deputy chairperson.	√	Board paper 3.4/Nov/06 Senior Independent Director SID paper to the Council of Governors 2.2/Sep/11		
A.4.2. The chairperson should hold meetings with the non-executive directors without the executives present. Led by the senior independent director, the non-executive directors should meet without the chairperson present, at least annually, to appraise the chairperson's performance, and on other such occasions as are deemed appropriate.	√	This does occur informally.		
A.4.3. Where directors have concerns that cannot be resolved about the running of the NHS foundation trust or a proposed action, they should ensure that their concerns are recorded in the board minutes. On resignation, a director should provide a written statement to the chairperson for circulation to the board, if they have any such concerns.	√			

A.5 Governors				
A.5.1. The council of governors should meet sufficiently regularly to discharge its duties. Typically the council of governors would be expected to meet as a full council at least four times a year. Governors should, where practicable, make every effort to attend the meetings of the council of governors. The NHS foundation trust should take appropriate steps to facilitate attendance	√	Attendance Record of Council of Governors		
A.5.2. The council of governors should not be so large as to be unwieldy. The council of governors should be of sufficient size for the requirements of its duties. The roles, structure, composition, and procedures of the council of governors should be reviewed regularly as described in provision B.6.5.	√	Structure and composition is not reviewed regularly but as the need arises e.g. the composition of the Council of Governors has been changed to accommodate changes to the main education provider for nursing.	See B.6.5 This will be substantially reviewed as part of the constitution review this year.	
A.5.3. The annual report should identify the members of the council of governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor. A record should be kept of the number of meetings of the council and the attendance of individual governors and it should be made available to members on request.B.1.4	√	Annual Report 12/13 p.144, p.145, p.146 Council Minutes include attendees. There is also a summary in the annual report p. 146 and p.147	Will be included in Annual Report 2013/14	
A.5.4.The roles and responsibilities of the council of governors should be set out in a written document. This statement should include a clear explanation of the responsibilities of the council of governors towards members and other stakeholders and how governors will seek their views and keep them informed.	√	Paper on roles and responsibilities included in welcome pack.		
A.5.5. The chairperson is responsible for leadership of both the board of directors and the council of governors (see A.3) but the governors also have a responsibility to make the arrangements work and should take the lead in inviting the chief executive to their meetings and inviting attendance by other executives and non-executives, as appropriate. In these meetings other members of the council of governors may raise questions of the chairperson or his/her deputy, or any other relevant director present at the meeting about the affairs of the NHS foundation trust.	√	Council Minutes include attendees. There is also a summary in the annual report p.146 and p.147		
A.5.6. The council of governors should establish a policy for engagement with the board of directors for those circumstances when they have concerns about the performance of the board of directors, compliance with the new provider licence or other matters related to the overall wellbeing of the NHS foundation trust. The council of governors should input into the board's appointment of a senior	√	Directors attend all Council meetings. Have a SID. See paper with role. 02.11. 06. Board paper 3.4/Nov/06 Senior Independent Director SID paper to the Council of Governors 2.2/Sep/11		

independent director (see A.4.1).		For conflict resolution refer to roles paper 19.03.09; Council of Governors paper 2.8/March/09		
A.5.7. The council of governors should ensure its interaction and relationship with the board of directors is appropriate and effective. In particular, by agreeing the availability and timely communication of relevant information, discussion and the setting in advance of meeting agendas and, where possible, using clear, unambiguous language.	√	Council of Governors Agenda Sub-Committee Board/Council Away Day 24 Nov 11 Board/Council Away Day 13 Dec 12 Board/Council Away Day 17 Oct 13		
A.5.8. The council of governors should only exercise its power to remove the chairperson or any non-executive directors after exhausting all means of engagement with the board of directors. The council should raise any issues with the chairperson with the senior independent director in the first instance.	√	Constitution		
A.5.9. The council of governors should receive and consider other appropriate information required to enable it to discharge its duties, for example clinical statistical data and operational data.	√	Council of Governors receive public Board papers: Receive performance report, finance executive summary and other relevant service updates. Agenda Sub-Committee established to oversee information to Council Aug 09		
A.5.10 The council of governors has a statutory duty to hold the non-executive directors individually and collectively to account for the performance of the board of directors.	√	Governors attend the public Board meetings		
A.5.11. The 2006 Act, as amended, gives the council of governors a statutory requirement to receive the following documents. These documents should be provided in the annual report as per the NHS Foundation Trust Annual Reporting Manual: (a) the annual accounts; (b) any report of the auditor on them; and (c) the annual report.	√	Council of Governors July 2013 meeting Annual Report 12/13	Will be included in Annual Report 2013/14	
A.5.12 The directors must provide governors with an agenda prior to any meeting of the board, and a copy of the approved minutes as soon as is practicable afterwards. There is no legal basis on which the minutes of private sessions of board meetings should be exempted from being shared with the governors. In practice, it may be necessary to redact some information, for example, for data protection or commercial reasons. Governors should respect the confidentiality of these documents.	√	Public Board papers published on the website prior to the Board meeting Governors notified via email when the papers published		
A.5.13 The council of governors may require one or more of the directors to attend a meeting to obtain information about performance	√	Board members attend Council of Governors meetings		

of the trust's functions or the directors' performance of their duties, and to help the council of governors to decide whether to propose a vote on the trust's or directors' performance.				
A.5.14 Governors have the right to refer a question to the independent panel for advising governors. More than 50% of governors who vote must approve this referral. The council should ensure dialogue with the board of directors takes place before considering such a referral, as it may be possible to resolve questions in this way.	√			
A.5.15. Governors should use their new rights and voting powers from the 2012 Act to represent the interests of members and the public on major decisions taken by the board of directors. These new voting powers require: • More than half of the members of the board of directors who vote and more than half of the members of the council of governors who vote to approve a change to the constitution of the NHS foundation trust. • More than half of governors who vote to approve a significant transaction. • More than half of all governors to approve an application by a trust for a merger, acquisition, separation or dissolution. • More than half of governors who vote, to approve any proposal to increase the proportion of the trust's income earned from non-NHS work by 5% a year or more. For example, governors will be required to vote where an NHS foundation trust plans to increase its non-NHS income from 2% to 7% or more of the trust's total income. • Governors to determine together whether the trust's non-NHS work will significantly interfere with the trust's principal purpose, which is to provide goods and services for the health service in England, or its ability to perform its other functions. NHS foundation trusts are permitted to decide themselves what constitutes a "significant transaction" and may choose to set out the definition(s) in the trust's constitution. Alternatively, with the agreement of the governors, trusts may choose not to give a definition, but this would need to be stated in the constitution	√			
B.1 The composition of the board				
B.1.1. The board of directors should identify in the annual report each non-executive director it considers to be independent. The board should determine whether the director is independent in character and judgment and whether there are relationships or circumstances which are likely to affect, or could appear to affect, the director's judgment.	√	Board independence section of the Annual Report 12/13 p.138 Register of Board of Directors Interests	Will be included in Annual Report 2013/14	

The board of directors should state its reasons if it determines that a director is independent despite the existence of relationships or circumstances which may appear relevant to its determination, including if the director: • has been an employee of the NHS foundation trust within the last five years; • has, or has had within the last three years, a material business relationship with the NHS foundation trust either directly, or as a partner, shareholder, director or senior employee of a body that has such a relationship with the NHS foundation trust; • has received or receives additional remuneration from the NHS foundation trust apart from a director's fee, participates in the NHS foundation trust's performance-related pay scheme, or is a member of the NHS foundation trust's pension scheme; • has close family ties with any of the NHS foundation trust's advisers, directors or senior employees; • holds cross-directorships or has significant links with other directors through involvement in other companies or bodies; • has served on the board of the NHS foundation trust for more than six years from the date of their first appointment; or • is an appointed representative of the NHS foundation trust's university medical or dental school.				
B.1.2. At least half the board of directors, excluding the chairperson, should comprise non-executive directors determined by the board to be independent.	√			
B.1.3. No individual should hold, at the same time, positions of director and governor of any NHS foundation trust.	√			
B.1.4. The board of directors should include in its annual report a description of each director's skills, expertise and experience. Alongside this, in the annual report, the board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the NHS foundation trust. Both statements should also be available on the NHS foundation trust's website.	√	Annual Report 12/13 p.140, p.141 and p.142	Will be included in Annual Report 2013/14	
B.2 Appointments to the board				
B.2.1. The nominations committee or committees, with external advice as appropriate, are responsible for the identification and nomination of executive and non-executive directors. The nominations committee should give full consideration to succession planning, taking into account the future challenges, risks and opportunities facing the NHS foundation trust and the skills and expertise required within the board	√	Council of Governors Nominations Committee		

of directors to meet them.				
B.2.2. Directors on the board of directors and governors on the council of governors should meet the “fit and proper” persons test described in the provider licence. For the purpose of the licence and application criteria, “fit and proper” persons are defined as those without certain recent criminal convictions and director disqualifications, and those who are not bankrupt (undischarged). In exceptional circumstances and at Monitor's discretion an exemption to this may be granted. Trusts should also abide by the updated guidance from the CQC regarding appointments to senior positions in organisations subject to CQC regulations	√			
B.2.3. There may be one or two nominations committees. If there are two committees, one will be responsible for considering nominations for executive directors and the other for non-executive directors (including the chairperson). The nominations committee(s) should regularly review the structure, size and composition of the board of directors and make recommendations for changes where appropriate. In particular, the nominations committee(s) should evaluate, at least annually, the balance of skills, knowledge and experience on the board of directors and, in the light of this evaluation, prepare a description of the role and capabilities required for appointment of both executive and non-executive directors, including the chairperson.	√	Board of Directors Nominations Committee for appointment of Executive Directors TOR Council of Governors Nominations Committee for appointment of Non-executive Directors TOR		
B.2.4. The chairperson or an independent non-executive director should chair the nominations committee(s). In the case of appointments of non-executive directors or the chairperson, a governor should chair the committee.	√			
B.2.5. The governors should agree with the nominations committee a clear process for the nomination of a new chairperson and non-executive directors. Once suitable candidates have been identified the nominations committee should make recommendations to the council of governors.	√	Council of Governors meeting 14.12.13		
B.2.6. Where an NHS foundation trust has two nominations committees, the nominations committee responsible for the appointment of non-executive directors should consist of a majority of governors. If only one nominations committee exists, when nominations for non-executives, including the appointment of a chairperson or a deputy chairperson, are being discussed, there should be a majority of governors on the committee and also a majority governor representation on the interview panel.	√			

B.2.7. When considering the appointment of non-executive directors, the council of governors should take into account the views of the board of directors and the nominations committee on the qualifications, skills and experience required for each position.	√			
B.2.8. The annual report should describe the process followed by the council of governors in relation to appointments of the chairperson and non-executive directors.	√	Annual Report 12/13 p.143 and p.144	Will be included in Annual Report 2013/14	
B.2.9. An independent external adviser should not be a member of or have a vote on the nominations committee(s).	NC		There will be a review of the Constitution later this year where this provision will be considered.	
B.2.10. A separate section of the annual report should describe the work of the nominations committee(s), including the process it has used in relation to board appointments. The main role and responsibilities of the nominations committee should be set out in publicly available, written terms of reference.	√	Annual Report 12/13 p.143 and p.144 Council of Governors Nominations Committee TOR	Will be included in Annual Report 2013/14	
B.2.11. It is a requirement of the 2006 Act that the chairperson, the other non-executive directors and – except in the case of the appointment of a chief executive – the chief executive, are responsible for deciding the appointment of executive directors. The nominations committee with responsibility for executive director nominations should identify suitable candidates to fill executive director vacancies as they arise and make recommendations to the chairperson, the other non-executives directors and, except in the case of the appointment of a chief executive, the chief executive.	√	Board of Directors Nominations Committee TOR		
B.2.12. It is for the non-executive directors to appoint and remove the chief executive. The appointment of a chief executive requires the approval of the council of governors.	√	Board of Directors Nominations Committee TOR		
B.2.13 The governors are responsible at a general meeting for the appointment, re-appointment and removal of the chairperson and the other non-executive directors.	√	New Chair appointment by the Council of Governors 13.12.13		
B.3 Commitment				
B.3.1. For the appointment of a chairperson, the nominations committee should prepare a job specification defining the role and capabilities required including an assessment of the time commitment expected, recognising the need for availability in the event of emergencies. A chairperson's other significant commitments should be disclosed to the council of governors before appointment and included in the annual report. Changes to such commitments should be	√	Annual Report 12/13 p.143 and p.144	Will be included in Annual Report 2013/14	

reported to the council of governors as they arise, and included in the next annual report. No individual, simultaneously whilst being a chairperson of an NHS foundation trust, should be the substantive chairperson of another NHS foundation trust.				
B.3.2.The terms and conditions of appointment of non-executive directors should be made available to the council of governors. The letter of appointment should set out the expected time commitment. Non-executive directors should undertake that they will have sufficient time to meet what is expected of them. Their other significant commitments should be disclosed to the council of governors before appointment, with a broad indication of the time involved and the council of governors should be informed of subsequent changes.	√	Paper to Council of Governors on new Chair appointment		
B.3.3. The board of directors should not agree to a full-time executive director taking on more than one non-executive directorship of an NHS foundation trust or another organisation of comparable size and complexity, nor the chairpersonship of such an organisation.	√			
B.4 Development				
B.4.1. The chairperson should ensure that new directors and governors receive a full and tailored induction on joining the board or the council of governors. As part of this, directors should seek out opportunities to engage with stakeholders, including patients, clinicians and other staff. Directors should also have access, at the NHS foundation trust's expense, to training courses and/or materials that are consistent with their individual and collective development programme.	√	Board member induction compliant with NHSLA requirements and its content reflects the FTN Best practice guidance		
B.4.2. The chairperson should regularly review and agree with each director their training and development needs as they relate to their role on the board.	√	NEDs appraisal		
B.4.3 The board has a duty to take steps to ensure that governors are equipped with the skills and knowledge they need to discharge their duties appropriately.	√			
B.5 Information and support				
B.5.1. The board of directors and the council of governors should be provided with high-quality information appropriate to their respective functions and relevant to the decisions they have to make. The board of directors and the council of governors should agree their respective information needs with the executive directors through the chairperson. The information for the boards should be concise, objective, accurate and timely, and it should be accompanied by clear explanations of complex issues. The board of directors should have	√	Board Governance Arrangements Policy Board papers		

complete access to any information about the NHS foundation trust that it deems necessary to discharge its duties, including access to senior management and other employees.				
B.5.2. The board of directors and in particular non-executive directors, may reasonably wish to challenge assurances received from the executive management. They need not seek to appoint a relevant adviser for each and every subject area that comes before the board of directors, although they should, wherever possible, ensure that they have sufficient information and understanding to enable challenge and to take decisions on an informed basis. When complex or high-risk issues arise, the first course of action should normally be to encourage further and deeper analysis to be carried out in a timely manner, within the NHS foundation trust. On occasion, non-executives may reasonably decide that external assurance is appropriate.	√	Board minutes		
B.5.3. The board should ensure that directors, especially non-executive directors, have access to the independent professional advice, at the NHS foundation trust's expense, where they judge it necessary to discharge their responsibilities as directors. Decisions to appoint an external adviser should be the collective decision of the majority of non-executive directors. The availability of independent external sources of advice should be made clear at the time of appointment.	PC			
B.5.4 Committees should be provided with sufficient resources to undertake their duties. The board of directors should also ensure that the council of governors is provided with sufficient resources to undertake its duties with such arrangements agreed in advance.	√	FTGA Development Days FTN GovernWell Training Courses		
B.5.5. Non-executive directors should consider whether they are receiving the necessary information in a timely manner and feel able to raise appropriate challenge of recommendations of the board, in particular making full use of their skills and experience gained both as a director of the trust and also in other leadership roles. They should expect and apply similar standards of care and quality in their role as a non-executive director of an NHS foundation trust as they would in other similar roles.	√	Board papers		
B.5.6. Governors should canvass the opinion of the trust's members and the public, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors. The annual report should contain a statement as to	PC	Annual Repot 12/13 p.146 and p.147	Will be included in Annual Report 2013/14	

how this requirement has been undertaken and satisfied.				
B.5.7. Where appropriate, the board of directors should take account of the views of the council of governors on the forward plan in a timely manner and communicate to the council of governors where their views have been incorporated in the NHS foundation trust's plans, and, if not, the reasons for this.	√	Away Days High Quality Planning paper to COG – Feb 13 Business Planning Paper to COG – March 14 COG minutes		
B.5.8 The board of directors must have regard for the views of the council of governors on the NHS foundation trust's forward plan.	√	Away Days High Quality Planning paper to COG Business Planning Paper to COG COG minutes		
B.6 Evaluation				
B.6.1. The board of directors should state in the annual report how performance evaluation of the board, its committees, and its directors, including the chairperson, has been conducted, bearing in mind the desirability for independent assessment, and the reason why the NHS foundation trust adopted a particular method of performance evaluation.	√	Annual Repot 12/13 p.139 Boar performance evaluation	Will be included in Annual Report 2013/14	
B.6.2. Evaluation of the boards of NHS foundations trusts should be externally facilitated at least every three years. The evaluation needs to be carried out against the board leadership and governance framework set out by Monitor. The external facilitator should be identified in the annual report and a statement made as to whether they have any other connection to the trust.	NA			
B.6.3. The senior independent director should lead the performance evaluation of the chairperson, within a framework agreed by the council of governors and taking into account the views of directors and governors.	√	Chairman appraisal process paper – May 2013		
B.6.4. The chairperson, with assistance of the board secretary, if applicable, should use the performance evaluations as the basis for determining individual and collective professional development programmes for non-executive directors relevant to their duties as board members.	√	Annual NED appraisals Updated NED appraisal process – June 09		
B.6.5. Led by the chairperson, the council of governors should periodically assess their collective performance and they should regularly communicate to members and the public details on how they have discharged their responsibilities, including their impact and effectiveness on: ☐ holding the non-executive directors individually and collectively to account for the performance of the board of directors.	PC	Outcome of Council of Governors performance evaluation presented to the March Council of Governors meeting		

☐ communicating with their member constituencies and the public and transmitting their views to the board of directors; and ☐ contributing to the development of forward plans of NHS foundation trusts. The council of governors should use this process to review its roles, structure, composition and procedures, taking into account emerging best practice. Further information can be found in Monitor's publication: Your statutory duties: A reference guide for NHS foundation trust governors.				
B.6.6. There should be a clear policy and a fair process, agreed and adopted by the council of governors, for the removal from the council of any governor who consistently and unjustifiability fails to attend the meetings of the council of governors or has an actual or potential conflict of interest which prevents the proper exercise of their duties. This should be shared with governors. In addition, it may be appropriate for the process to provide for removal from the council of governors where behaviours or actions of a governor or group of governors may be incompatible with the values and behaviours of the NHS foundation trust. Where there is any disagreement as to whether the proposal for removal is justified, an independent assessor agreeable to both parties should be requested to consider the evidence and determine whether the proposed removal is reasonable or otherwise.	√	Constitution		
B.7 Re-appointment of directors and re-election of governors				
B.7.1. In the case of re-appointment of non-executive directors, the chairperson should confirm to the governors that following formal performance evaluation, the performance of the individual proposed for re-appointment continues to be effective and to demonstrate commitment to the role. Any term beyond six years (eg, two three-year terms) for a non-executive director should be subject to particularly rigorous review, and should take into account the need for progressive refreshing of the board. Non-executive directors may, in exceptional circumstances, serve longer than six years (eg, two three-year terms following authorisation of the NHS foundation trust) but this should be subject to annual re-appointment. Serving more than six years could be relevant to the determination of a non-executive's independence.	√	Paper to COG re re-appointmnet of NEDs		
B.7.2. Elected governors must be subject to re-election by the members of their constituency at regular intervals not exceeding three years. The names of governors submitted for election or re-election should be accompanied by sufficient biographical details and any other relevant information to enable members to take an informed	√	Annual COG election		

decision on their election. This should include prior performance information.				
B.7.3. Approval by the council of governors of the appointment of a chief executive should be a subject of the first general meeting after the appointment by a committee of the chairperson and non-executive directors. All other executive directors should be appointed by a committee of the chief executive, the chairperson and non-executive directors.	√			
B.7.4 Non-executive directors, including the chairperson should be appointed by the council of governors for the specified terms subject to re-appointment thereafter at intervals of no more than three years and subject to the 2006 Act provisions relating to removal of a director.	√	New Chair appointment letter		
B.7.5 Elected governors must be subject to re-election by the members of their constituency at regular intervals not exceeding three years.	√	Annual COG election		
B.8 Resignation of directors				
B.8.1 The remuneration committee should not agree to an executive member of the board leaving the employment of an NHS foundation trust, except in accordance with the terms of their contract of employment, including but not limited to service of their full notice period and/or material reductions in their time commitment to the role, without the board first having completed and approved a full risk assessment.	√			
Section C. Accountability				
C.1.1. The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS foundation trust's performance, business model and strategy. There should be a statement by the external auditor about their reporting responsibilities. Directors should also explain their approach to quality governance in the Annual Governance Statement (within the annual report).	√	Statement on Internal Control /annual governance statement part of annual report. p.143	Will be included in Annual Report 2013/14	
C.1.2.The directors should report that the NHS foundation trust is a going concern with supporting assumptions or qualifications as necessary.	√			
C.1.3. At least annually and in a timely manner, the board of directors should set out clearly its financial, quality and operating objectives for the NHS foundation trust and disclose sufficient information, both	√			

quantitative and qualitative, of the NHS foundation trust's business and operation, including clinical outcome data, to allow members and governors to evaluate its performance. Further requirements are included in the NHS Foundation Trust Annual Reporting Manual.				
C.1.4. a) The board of directors must notify Monitor and the council of governors without delay and should consider whether it is in the public's interest to bring to the public attention, any major new developments in the NHS foundation trust's sphere of activity which are not public knowledge, which it is able to disclose and which may lead by virtue of their effect on its assets and liabilities, or financial position or on the general course of its business, to a substantial change to the financial wellbeing, health care delivery, performance or reputation and standing of the NHS foundation trust b) The board of directors must notify Monitor and the council of governors without delay and should consider whether it is in the public interest to bring to public attention all relevant information which is not public knowledge concerning a material change in: ☐ the NHS foundation trust's financial condition; ☐ the performance of its business; and*/*or ☐ the NHS foundation trust's expectations as to its performance which, if made public, would be likely to lead to a substantial change to the financial wellbeing, health care delivery performance or reputation and standing of the NHS foundation trust.	√	Regular Strategy updates at COG meeting		
C.2 Risk management and internal control				
C.2.1. The board of directors should maintain continuous oversight of the effectiveness of the NHS foundation trust's risk management and internal control systems and should report to members and governors that they have done so. A regular review should cover all material controls, including financial, operational and compliance controls.	√	Statement on Internal Control /annual governance statement part of annual report. Audit Committee annual report to the Board.		
C.2.2 A trust should disclose in the annual report: (a) if it has an internal audit function, how the function is structured and what role it performs; or (b) if it does not have an internal audit function, that fact and the processes it employs for evaluating and continually improving the effectiveness of its risk management and internal control processes.	√	Annual Report 12/13 p.143	Will be included in Annual Report 2013/14	
C.3 Audit committee and auditors				
C.3.1. The board of directors should establish an audit committee composed of at least three members who are all independent non-executive directors. The board should satisfy itself that the membership of the audit committee has sufficient skills to discharge its	√	Audit Committee TOR		

responsibilities effectively; including ensuring that at least one member of the audit committee has recent and relevant financial experience. The chairperson of the trust should not chair or be a member of the audit committee. He can, however, attend meetings by invitation as appropriate.				
C.3.2. The main role and responsibilities of the audit committee should be set out in publicly available, written terms of reference. The council of governors should be consulted on the terms of reference, which should be reviewed and refreshed regularly. It should include details of how it will: ☐ Monitor the integrity of the financial statements of the NHS foundation trust, and any formal announcements relating to the trust's financial performance, reviewing significant financial reporting judgments contained in them; ☐ Review the NHS foundation trust's internal financial controls and, unless expressly addressed by a separate board risk committee composed of independent directors, or by the board itself, review the trust's internal control and risk management systems; • Monitor and review the effectiveness of the NHS foundation trust's internal audit function, taking into consideration relevant UK professional and regulatory requirements; • Review and monitor the external auditor's independence and objectivity and the effectiveness of the audit process, taking into consideration relevant UK professional and regulatory requirements; • Develop and implement policy on the engagement of the external auditor to supply non-audit services, taking into account relevant ethical guidance regarding the provision of non-audit services by the external audit firm; and • Report to the council of governors, identifying any matters in respect of which it considers that action or improvement is needed and making recommendations as to the steps to be taken.			To be considered	
C.3.3. The council of governors should take the lead in agreeing with the audit committee the criteria for appointing, re-appointing and removing external auditors. The council of governors will need to work hard to ensure they have the skills and knowledge to choose the right external auditor and monitor their performance. However, they should be supported in this task by the audit committee, which provides information to the governors on the external auditor's performance as well as overseeing the NHS foundation trust's internal financial reporting and internal auditing.	√	Constitution Council of Governors agreed appointment of external auditors and a governor was on the tender evaluation group.		

C.3.4. The audit committee should make a report to the council of governors in relation to the performance of the external auditor, including details such as the quality and value of the work and the timeliness of reporting and fees, to enable to council of governors to consider whether or not to re-appoint them. The audit committee should also make recommendation to the council of governors about the appointment, re-appointment and removal of the external auditor and approve the remuneration and terms of engagement of the external auditor.	√	Audit Committee Annual Report to COG July 13		
C.3.5 If the council of governors does not accept the audit committee's recommendation, the board of directors should include in the annual report a statement from the audit committee explaining the recommendation and should set out reasons why the council of governors has taken a different position.	√			
C.3.6. The NHS foundation trust should appoint an external auditor for a period of time which allows the auditor to develop a strong understanding of the finances, operations and forward plans of the NHS foundation trust. The current best practice is for a three- to five-year period of appointment.	√			
C.3.7. When the council of governors ends an external auditor's appointment in disputed circumstances, the chairperson should write to Monitor informing it of the reasons behind the decision.	√			
C.3.8. The audit committee should review arrangements that allow staff of the NHS foundation trust and other individuals where relevant, to raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters. The audit committee's objective should be to ensure that arrangements are in place for the proportionate and independent investigation of such matters and for appropriate follow-up action. This should include ensuring safeguards for those who raise concerns are in place and operating effectively. Such processes should enable individuals or groups to draw formal attention to practices that are unethical or violate internal or external policies, rules or regulations and to ensure that valid concerns are promptly addressed. These processes should also reassure individuals raising concerns that they will be protected from potential negative repercussions.	√	Whistleblowing Policy		
C.3.9. A separate section of the annual report should describe the work of the committee in discharging its responsibilities. The report should include: ☐ the significant issues that the committee considered in relation to	√	Annual Report 12/13 p.143	Will be included in Annual Report 2013/14	

financial statements, operations and compliance, and how these issues were addressed; ☐ an explanation of how it has assessed the effectiveness of the external audit process and the approach taken to the appointment or re-appointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted; and ☐ if the external auditor provides non-audit services, the value of the non-audit services provided and an explanation of how auditor objectivity and independence are safeguarded.				
Section D. Remuneration				
D.1.1. Any performance-related elements of the remuneration of executive directors should be designed to align their interests with those of patients, service users and taxpayers and to give these directors keen incentives to perform at the highest levels. In designing schemes of performance-related remuneration, the remuneration committee should consider the following provisions: i) The remuneration committee should consider whether the directors should be eligible for annual bonuses in line with local procedures. If so, performance conditions should be relevant, stretching and designed to match the long-term interests of the public and patients. ii) Payouts or grants under all incentive schemes should be subject to challenging performance criteria reflecting the objectives of the NHS foundation trust. Consideration should be given to criteria which reflect the performance of the NHS foundation trust relative to a group of comparator trusts in some key indicators, and the taking of independent and expert advice where appropriate. iii) Performance criteria and any upper limits for annual bonuses and incentive schemes should be set and disclosed. iv) The remuneration committee should consider the pension consequences and associated costs to the NHS foundation trust of basic salary increases and any other changes in pensionable remuneration, especially for directors close to retirement.	√			
D.1.2. Levels of remuneration for the chairperson and other non-executive directors should reflect the time commitment and responsibilities of their roles.	√			
D.1.3. Where an NHS foundation trust releases an executive director, for example to serve as a non-executive director elsewhere, the remuneration disclosures of the annual report should include a statement of whether or not the director will retain such earnings.	√			

D.1.4. The remuneration committee should carefully consider what compensation commitments (including pension contributions and all other elements) their directors' terms of appointments would give rise to in the event of early termination. The aim should be to avoid rewarding poor performance. Contracts should allow for compensation to be reduced to reflect a departing director's obligation to mitigate loss. Appropriate claw-back provisions should be considered in case of a director returning to the NHS within the period of any putative notice.	√			
D.2.1. The board of directors should establish a remuneration committee composed of non-executive directors which should include at least three independent non-executive directors. The remuneration committee should make available its terms of reference, explaining its role and the authority delegated to it by the board of directors. Where remuneration consultants are appointed, a statement should be made available as to whether they have any other connection with the NHS foundation trust.	√	Remuneration Committee Report to the Board Remuneration Committee TOR		
D.2.2. The remuneration committee should have delegated responsibility for setting remuneration for all executive directors, including pension rights and any compensation payments. The committee should also recommend and monitor the level and structure of remuneration for senior management. The definition of senior management for this purpose should be determined by the board, but should normally include the first layer of management below board level.	√	Remuneration Committee TOR		
D.2.3. The council of governors should consult external professional advisers to market-test the remuneration levels of the chairperson and other non-executives at least once every three years and when they intend to make a material change to the remuneration of a non-executive.	√	Nominations Committee TOR		
D.2.4 The council of governors is responsible for setting the remuneration of non-executive directors and the chairperson.	√	Nominations Committee TOR Council Papers		
E. Relations with stakeholders				
E.1 Dialogue with members, patients and the local community				
E.1.1. The board of directors should make available a public document that sets out its policy on the involvement of members, patients and the local community at large, including a description of the kind of issues it will consult on.	√	Membership development and communication strategy including a policy on engagement and reference to consultation		
E.1.2. The board of directors should clarify in writing how the public interests of patients and the local community will be represented,	√	Third party bodies schedule update to be reviewed at the Board in April 2014		

including its approach for addressing the overlap and interface between governors and any local consultative forums (eg, Local Healthwatch, the Overview and Scrutiny Committee, the local League of Friends, and staff groups).				
E.1.3. The chairperson should ensure that the views of governors and members are communicated to the board as a whole. The chairperson should discuss the affairs of the NHS foundation trust with governors. Non-executive directors should be offered the opportunity to attend meetings with governors and should expect to attend them if requested by governors. The senior independent director should attend sufficient meetings with governors to listen to their views in order to help develop a balanced understanding of the issues and concerns of governors.	√	Good attendance at Council of Governors which is minuted. Away Day June 2010 Away Day November 2011 Away Day December 2012 Away Day October 2013 Council of Governors report to the Board.		
E.1.4. The board of directors should ensure that the NHS foundation trust provides effective mechanisms for communication between governors and members from its constituencies. Contact procedures for members who wish to communicate with governors and/or directors should be made clearly available to members on the NHS foundation trust's website and in the annual report.	√	Trust News April, September and March All Governors photos and bios on website and kiosks in the Trust and Governors handbook Website section – 'Meet the Governors' and Contact the Governors' FT Secretary contact details in the Annual Report. P.146		
E.1.5. The board of directors should state in the annual report the steps they have taken to ensure that the members of the board, and in particular the non-executive directors, develop an understanding of the views of governors and members about the NHS foundation trust, for example through attendance at meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations.	√	Annual Report 12/13 p.147 Council of Governors Minutes Away Day June 2010 Away Day November 2011 Away Day December 2012 Away Day October 2013	Will be included in Annual Report 2013/14	
E.1.6.The board of directors should monitor how representative the NHS foundation trust's membership is and the level and effectiveness of member engagement and report on this in the annual report. This information should be used to review the trust's membership strategy, taking into account any emerging best practice from the sector.	√	Annual Report 12/13 p. Quarterly Membership Report to Board and Council of Governors Board minutes Council of Governors minutes	Will be included in Annual Report 2013/14	
E.1.7. The board of directors must make board meetings and the annual meeting open to the public. The trust's constitution may provide for members of the public to be excluded from a meeting for special reasons.	√	Board public meetings held quarterly Information published on the website Board papers published on the website		

E.1.8 The trust must hold annual members' meetings. At least one of the directors must present the trust's annual report and accounts, and any report of the auditor on the accounts, to members at this meeting.	√	Annual Members' Meeting 19 Sep 13		
E.2 Co-operation with third parties with roles in relation to NHS foundation trusts				
E.2.1. The board of directors should be clear as to the specific third party bodies in relation to which the NHS foundation trust has a duty to co-operate. The board of directors should be clear of the form and scope of the co-operation required with each of these third party bodies in order to discharge their statutory duties.	√	Stakeholder schedule update and reviewed at the Board in March 2011 Stakeholder schedule update and reviewed at the Board in March 2012 Stakeholder schedule update and reviewed at the Board in April 2013 Third party bodies schedule update to be reviewed at the Board in April 2014		
E.2.2. The board of directors should ensure that effective mechanisms are in place to co-operate with relevant third party bodies and that collaborative and productive relationships are maintained with relevant stakeholders at appropriate levels of seniority in each. The board of directors should review the effectiveness of these processes and relationships annually and, where necessary, take proactive steps to improve them.	√	Stakeholder schedule update and reviewed at the Board in March 2011. Stakeholder schedule update and reviewed at the Board in March 2012 Stakeholder schedule update and reviewed at the Board in April 2013 Third party bodies schedule update to be reviewed at the Board in April 2014		