

<b>TRUST BOARD IN PUBLIC</b>		Date: 27 <sup>th</sup> July 2017 Agenda Item: 6.2	
<b>REPORT TITLE:</b>		2016 National Staff Survey Update – SASH Action Plans	
<b>EXECUTIVE SPONSOR:</b>		Mark Preston Director of Organisational Development & People	
<b>REPORT AUTHOR (s):</b>		Mark Preston Director of Organisational Development & People	
<b>REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group &amp; date)</b>		Workforce sub-committee	
<b>Action Required:</b>			
<b>Approval</b>	<b>Discussion</b>	<b>Assurance</b> (✓)	
<b>Purpose of Report:</b>			
This report updates the Trust Board on the actions being taken on a Trust-wide and Divisional basis in response to the 2016 National Staff Survey.			
<b>Summary of key issues</b>			
<ul style="list-style-type: none"> <li>• SASH received positive scores for the majority of the 32 NSS Key findings</li> <li>• NSS Action Plans have been developed in response to issues raised in the survey</li> <li>• 'It's Not Okay' campaign developed to support staff who face violence or abuse from patients or members of the public</li> </ul>			
<b>Recommendation:</b>			
The Trust Board are asked to note the contents of this report for assurance purposes.			
<b>Relationship to Trust Strategic Objectives &amp; Assurance Framework:</b>			
<p><b>The workforce and development of our organisation are crucial to the delivery of all the Trust objectives.</b></p> <p><b>SO1:</b> Safe – Deliver safe, high quality care <i>and improving</i> services which pursue perfection and be in the top <b>25% of</b> our peers</p> <p><b>SO2:</b> Effective – As a teaching hospital, deliver effective and improving <i>sustainable</i> clinical services within the local health economy</p> <p><b>SO3:</b> Caring – Work <i>with compassion</i> in partnership with patients, staff, families, carers</p>			

**and community partners**

**SO4:** Responsive – To **continue to be** the secondary care provider of choice for the **people of our community**

**SO5:** Well led - To be **a high quality** employer of choice and deliver financial and clinical sustainability around a patient centred, clinically led leadership model

<b>Corporate Impact Assessment:</b>	
<b>Legal and regulatory impact</b>	NHS Outcomes Framework, NHS contract, Public Sector Equality Duties
<b>Financial impact</b>	There are no direct financial implications of the NSS
<b>Patient Experience/Engagement</b>	Studies have shown that high levels of staff engagement and motivation correlate directly with increased levels of patient satisfaction
<b>Risk &amp; Performance Management</b>	Supports the delivery of Trust Risk & Performance Management requirements
<b>NHS Constitution/Equality &amp; Diversity/Communication</b>	NHS Constitution, NHS Values, Public Sector Equality Duty
<b>Attachments:</b>	
(1) 2016 National Staff Survey Action Plans	

## TRUST BOARD REPORT IN PUBLIC – 27<sup>TH</sup> JULY 2017 2016 – National Staff Survey Action Plans

### 1.0 Introduction

The National Staff Survey is an annual survey undertaken by all NHS organisations. The survey takes place between October and December each year with results published the following February.

The results are split into Key Findings which cover a range of staff experiences. The Key Findings are split into 5 categories (Top 20% nationally, above average, average, below average, lowest 20% nationally), and these are benchmarked on a national basis.

In 2016, there were 32 Key Findings of which SASH scored as follows:

NSS Key Finding Scoring	SASH Number of Key Findings
Top 20%	22
Above Average	3
Average	3
Below Average	3
Lowest 20%	1

Trusts are also benchmarked for response rates (in 2016, SASH attained a 66% response rate which is the highest recorded for the Trust), and staff satisfaction (which at 3.97 was in the top 20% nationally).

### 2.0 Action Plans

The survey results are presented in a number of formats, which provide a Trust-wide overview, as well as Divisional results and results by different demographics / protected characteristics.

On receipt of the survey results, the HR Business Partners review these and develop a set of local actions to resolve issues that have been identified via the survey.

For the 2016 NSS, the Divisional Action Plans are set out in **Appendix 1**.

### 3.0 'It's Not Okay'

The Trust has been scored in the lowest 20% of the NSS, both in 2015 and 2016, for staff experiencing physical violence from patients, relatives or the public in the last 12 months.

In response to this, we have developed a campaign entitled, 'It's Not Okay'. The aim of the campaign is to provide support to staff to manage situations, as well as publically stating to patients and visitors that abuse will not be tolerated.

The campaign takes three forms:

- Poster and video campaign using staff to promote the 'It's Not Okay' message
- Executive support for staff who raise an issue of abuse via DATIX
- Intranet page highlighting resources available to staff and managers to manage issues / concerns

It is planned that the campaign will continue to develop and the resources and support available will be regularly reviewed as it becomes more embedded within the organisation.

The proposed 'go live' date for the campaign is 1<sup>st</sup> August 2017.

Examples of the posters being used for the campaign can be found at **Appendix 2**.

#### **4.0 Recommendations**

Trust Board are asked to note the contents of this report.

**Mark Preston**

Director of Organisational Development & People

July 2017

**APPENDIX 1**

**NATIONAL STAFF SURVEY  
DIVISIONAL ACTION PLANS UPDATE  
JUNE 2017**

MEDICINE			
WARD / DEPARTMENT	KEY THEME	ACTION/S	PROGRESS
Nutfield / Abinger / Hazelwood / Bletchingley  - Care of the Elderly Wards	Opportunities to use skills / training & development	PDN to assess the needs and pull together a training plan across the wards	New Practice Development Nurse implemented and recruited to.
Nutfield	Being given clear feedback on work	Sisters encouraged to give clear feedback to staff at the time  Matron now doing newsletter to feed back to staff the ward are adding on to.	Sister to attend Managing for Better Performance
OT	Opportunities to be involved and feel able to implement change; opportunities to show initiative	Using SASH + Every day lean ideas to implement change and try ideas. No idea is too small. Support available from Seniors who have completed the training.	

OT	Incidents – feedback	6 monthly workshops to look at incidents and complaints and what action have been taken. Information is also available on Clinical governance board	
OT	Adequate supplies, materials, equipment	Engaging with ward managers about ward equipment (eg armchairs, hoists, etc), to improve availability on wards	
OT	Communication with Senior managers	Senior Managers are being invited to attend our morning meeting to introduce themselves, discuss their role and answer any questions	
OT	My immediate manager asks for my opinion before making decisions that affect my work	Using regular staff meetings and team meetings to ensure staff are fully informed about any decisions	
OT	Enough staff		Have recently recruited to vacancies so gradually filling vacancies. Also have good locum support at present
OT	I look forward to going to work		Responded to other feedback and changed how annual leave is booked and improving in-service training and journal clubs.  Have also discussed about how to raise concerns and the need to report any bullying or harassment.  We have tried to discuss how the team want

			recognition for good work as yet this is still work in progress!
Pharmacy	Communication	Restructured department and introduced a temporary role of Assistant Service Manager	Role appointed to and due to start
Divisional Wide	Violence and aggression	Working closely with HR to launch the It's Not Ok campaign  Review process for raising datix incidents to ensure that it is as easy as possible for staff	
<b>WOMEN &amp; CHILDREN'S</b>			
<b>WARD / DEPARTMENT</b>	<b>KEY THEME</b>	<b>ACTION/S</b>	<b>PROGRESS</b>
NNU	Results remain very static	To raise awareness of staff survey results and discuss ways to improve scores, especially in relation to 'Your Manager' and what staff expectations are	Staff survey been taken to recent team day  Staff survey results placed in staff room and staff requested to make suggestions and place in locked comments box.
Maternity	Staffing Levels/Resources to do job	Benchmark staffing against workload and national recommendations  Present paper of findings to Chief Nurse  Work with Team Leaders/Ward Managers to identify what physical resources are lacking	Completed  Execs have given approval to gradually increase staffing levels to nationally recognised ratio
Maternity	Opportunities to influence/be involved and general	Implement a Maternity Staff Council	Volunteers have been selected across all bands

	improvements across views about managers		
Gynae	Incident Reporting and being confident that dealt with fairly	Gynae Matron to work with Risk team to find better ways of integrating Gynae into work they do and communications within division, especially for Womens Centre and Gynae OPD where less exposure to the risk team	Delayed due to forthcoming vacancy in Gynae Matron role
Gynae	Awareness of Trust Values & limited Personal/Career development	Ensure all staff have an Achievement Review which incorporates discussion around trust values and development opportunities (as well as those not due full AR in year). Discuss with staff if there are barriers to attending development	This is proving difficult to commence due to staffing levels on the ward. Awaiting May's report to identify progress so far  Introduced Team Days to provide training/support to all staff
Paeds	"I wouldn't recommend as a place to work and unable to provide patient care I aspire to"	Meet with staff to identify what the difficulties are (stay interviews)  Identify what the differences are between SASH and other local hospitals (speak to other paediatric units to identify what they do differently)	Identified individuals to hold a stay interview with. Will be held by 10/6/17 to enable further exploration of improvements to be made
Across Division	Harassment/Bullying at work from patients/service users/relatives	Promote with staff through team meetings & team days that they do not need to "accept" poor behaviour from visitors/patients and encourage reporting through Datix and support available from senior managers in situations	

## ESTATES & FACILITIES

WARD / DEPARTMENT	KEY THEME	ACTION/S	PROGRESS
Estates	Communication between managers and members of staff	Introduce monthly team meetings to update employees, identify new changes in ways of working and allow two way communications where employees can ask questions and suggest changes to the ways of working. Introducing this should improve areas identified in the staff survey.	The new Estates Manager will be starting early July 2017. These initiatives will be led by the new manager  A recurring date and time is currently being discussed.
Estates	Training on reporting errors, near misses or incidents witnessed	Ensure that all staff members know the process for reporting  Raise the issue of reporting at the new Team meetings  Provide local training sessions on how to report an incident with the risk management team	Once a date and time has been agreed for the team meetings, the training will be done at this forum
Catering	Communication between immediate managers/senior managers and staff	Introduction of weekly team huddles to improve internal communication and staff engagement	Head Chefs each morning are leading on the team huddles; this has been in place since May
Facilities	Training learning or development (outside of MAST)	Members of staff to be encouraged to take up additional training schemes on offer at the Trust such as apprenticeship programmes	Communications sent to staff and mentioned in open forums. Staff looking to enrol is increasing and should aid in developing and retaining staff

Facilities	MAST compliance is low	The long term strategy is to have a MAST training “video” to capture the out of hours staff. This would apply to all Estates and Facilities staff.  However in the meantime ad-hoc training sessions outside of MAST are being looked into.	The equipment for this cannot be used until July. In the meantime the trainers for each module are being contacted to see if there is any availability for them to carry out ad-hoc sessions.
<b>SURGERY</b>			
<b>WARD / DEPARTMENT</b>	<b>KEY THEME</b>	<b>ACTION/S</b>	<b>PROGRESS</b>
<b>Outpatient Department</b>	Opportunities to be involved in changes within work area and; opportunity to show initiative	Morning huddles  3 value stream RIWP  Audits  Meaningful Appraisals  Increase senior management visibility	Matron and DCN
	Being given clear feedback on work	Email all staff commendations and patient feedback. Commendations and patient feedback displayed on patient clinic boards  Forms are available on the RIWP boards for staff to submit any ideas  Matron emails all staff with updates	Matron and all senior sisters, and monthly review of this action, to ensure the information provided is visible and acted upon where appropriate
	Communication and better visibility from	Senior Management Team have committed to	Reviewed six monthly by AD and DCN

	senior managers	be more visible on wards and department	
	Violence and aggression	<p>The division stance is zero % tolerance to violence and aggression either from staff or patients</p> <p>As a department, will continue to work with HR to launch and embed the “It’s Not Okay” campaign. Once launched and embed processes will be in place to boost cohesive action across all our teams.</p> <p>All staff encouraged to report any incident through DATIX, so this can be reviewed properly and actioned</p>	Working with HR to launch the “It’s Not Okay” campaign. Matron and sisters are continually working with the teams and will undertake monthly reviews
<b>Theatres</b>	Opportunities to use skills / training & development	Training needs analysis – currently working on. Monthly Departmental newsletter	<p>Working through with no issues. Band 6 PD in post. Vacant PD Band 7 and Band 6</p> <p>Training managed by Band 7 Team Leaders until posts filled</p>
	Being given clear feedback on work	All team members have monthly 1:1’s with their line manager. Senior staff have bi-weekly 1:1’s.	<p>Encouragement for staff to attend L4L when opportunity arises</p> <p>Empowerment always encouraged with staff able to make relevant changes</p>
	Opportunities to be involved and feel able to implement change; opportunities to show	Monthly meet the matron. Weekly senior staff meeting, daily huddles, Monthly dept. meeting. Empowered to discuss innovative ways of working at these meetings	Invitation will go out for senior managers to meet the staff and participate in Q&A’s

	initiative		
	Adequate supplies, materials, equipment	5 year rolling equipment plan in place	Part of the action plan for internal audit
	Communication with senior managers	Encouragement to attend Team talks Greater visibility of senior staff	Feedback at daily huddles
	My immediate manager asks for my opinion before making decisions that affect my work	Using regular staff meetings and team meetings to ensure staffs are fully informed about any decisions	Empower staff to feedback at huddles
	Violence and Aggression	Working closely with HR to launch the "It's Not Okay" campaign Encourage access to Speak Up Guardian	Continuous support for staff to report via Datix

'It's Not Okay' – Example Posters

# It's not okay

Abuse will not be tolerated

**“I’m here to help you, please treat me as you would wish to be treated.”**

We can refuse to treat violent or abusive patients



# It's not okay

Abuse will not be tolerated

**“I’m here to help you, please treat me as you would wish to be treated.”**

Everyday our staff experience abuse. It is not part of our job



*Putting people first*  
Delivering excellent, accessible healthcare

