STAFF OPINION SURVEY RESULTS 2012 - ACTION PLAN

Originally the intention was to produce one action plan that brought together actions following the TMI Pathfinder work in relation to organisation culture, the Denison corporate culture tool results and the Organisation Development Plan priorities for 2013 - 2015. However it was agreed at a Board session on 20 August 2013 that there are some specific areas of the Staff Opinion survey results where action is required that would fall outside the remit of the OD plan or where action had a pressing timescale.

This action plan demonstrates the work that has been undertaken since March 2013 and the ongoing actions to improve on the staff opinion survey results.

WORKING ENVIRONMENT – STRESS, EXTRA HOURS, RECOMMENDING TRUST AS A PLACE TO WORK

	Adult/General nurses	Other registered nurses	Nursing/healthcare assistants	Medical /dental	Radiography	Other scientific and technical	Admin and clerical	Central functions/ corporate services	Maintenance/ancillary
KF24. Staff recommendation of the trust as a place to work or receive treatment	3.39	3.58	3.48	3.54	3.61	3.52	3.52	3.73	3.68
KF11. % suffering work-related stress in last 12 months	43	27	38	28	42	53	31	36	24
KF5. % working extra hours	80	96	54	94	75	67	44	65	47
Number of respondents	102	27	32	36	12	33	62	23	37

The Trust features as 'above (better than) average for the primary indicator of 'Overall Staff Engagement'. In 2010 and 2011 the Trust returned a score placing it in the best 20% of trusts. Withthe Trust going through a period of significant change and experiencing significant pressures in maintaining staffing levels the 2012 position shows a comparative deterioration against our previous scores.

Area for action	Comments and proposed actions
Staff recommendation of the Trust as a place to work or receive treatment (3.50 as compared to national average of 3.57, 1 = unlikely to recommend, 5 = likely to recommend. Our score of 3.50 is a drop from 3.65 scored in 2011) Staff reporting good communication between senior management and	The lowest scoring area for staff recommending the Trust as a place to work or receive treatment was for Adult/General Nurses. This group of staff have experienced significant change and have been most affected by the pressure around staffing levels.Actions so far: • A concentrated (and ongoing) international and UK recruitment campaign to attract a large number of additional Registered Nursing staff to meet gaps in the current establishment. • Ongoing discussion with education providers as to new and innovative ways of developing pathways for the provision of Registered Nursing staff in the future. Discussions started in the Summer with the College of West Anglia to investigate the possibility of creating a local based nursing degree, and the pre-registration pilot has successfully recruited 6 Nursing auxiliaries

staff - Below (worse than) average – 25% as compared to 27% national average Staff suffering work related stress in the last 12 months (an increase from 26% of respondents in 2011 to 37% in 2012, against an average of 37% for all Trusts in 2012) Staff working extra hours (an increase from 61% of respondents in 2011 to 68% in 2012. However this score is still below(better than average to) other Trusts which stands at 70%) (Work pressure felt by staff remains average – a score of 3.10 against a national average of 3.08 1 = low work pressure, 5 = high work pressure) *(% feeling pressure in last 3 months to attend work when feeling unwell is in the lowest (best) 20%-24% as compared against a national average of 29%)*	who will begin in October 2013 to undertake their 12 months caring experience before going on to undertake their nurse training • A returned emphasis on 'growing our own' and developing the number and associated skill set of Healthcare and Senior Healthcare Assistants to support the Registered Nursing teams. • Ongoing review of working arrangements within departments in association with Staff Side colleagues. This may include structural re-design, shift pattern review, etc. This involves listening to the views of staff and balancing individual and team preferences with service need and patient experience. • The introduction in June 2013 of the Exit Interview/Questionnaire processes, allowing staff to explain their key 'reasons for leaving' and thus providing an opportunity to address any 'hot spots' that may emerge over time. Findings for the first quarter were presented at the September 2013 HR & Education Committee meeting and are due to be shared with the Executive Directors in October 2013. We recognise that we need to improve communications and engagement and so a Communications &Engagement Workstream Programme has been agreed for 2013/14. New approaches that have already been introducedinclude: • A campaign via the Trust Communications Department to provide opportunity for staff to express concerns or engage with management/support agents/Communications to discuss issues, the resolution of which may prevent them choosing to leave Trust employment • New reward and recognition programmes, in addition to the Shining Stars Awards, such as Long Service Awards, which commenced in April 2013. These include an Honours Board for staff who have served over thirty years with the Trust • The 'Make a Difference' awards, with nominations launching in July 2013. These monthly excellence awards recognise clinical and non-clinical staff • Executive Director departmental visits every Tuesday morning to talk directly to staff. Non Executive Directors (NEDs) are also visiting departments, and we are working with staff to identify other face-to-face opportunities to meet with the senior team • A simple strategy leaflet has gone out to all staff with priority areas for 2013/14 • Communications Champions will be sought to facilitate two-way dialogue and continual improvement in our methods • Anecdotally, some staff appear affected by the negative press received by the NHS in general, thus internal communications are focussed on keeping staff informed of regulatory reviews, planned initiatives, with opportunity to 'feedback' concerns and 'bright ideas'. These are aimed at increasing involvement, improving morale and cohesiveness • Briefing sessions for staff in September 2013 to share the CQC findings and hear staff concerns • A graffiti wall piloted in the staff coffee lounge area of RestBite. Staff are able to post questions, or comments, and this will be checked daily and responded to

	• Introduction of Soundbite, chance to place comments/questions on the 'Have Your Say' board and forum which are available in Restbite and on the Forums section of the intranet, and the approach of 'You said, we did' in order to let staff know about actions being taken in response to feedback
	• Planned introduction of a 'I want great care' reporting system for staff to raise any concerns – the timing of the introduction is being discussed in order to avoid staff being overloaded with survey requests. Once in place it will give a formal and regular way of reviewing and taking action in relation to staff concerns
	
	The following initiatives have also been introduced in addition to the established 'toolkit' of initiatives, policies and procedures. Many of these new interventions seek to actively target the increasing number of staff citing 'stress' or 'musculoskeletal injury' as the reason for sickness absence. By introducing these actions it also then aims to reduce the pressure on colleagues, and the longer hours worked, in trying to maintain services when a member of the team is unwell.
	• The appointment of a new Occupational Health Services Manager, bringing experience and ideas from the public and private sector, including the John Lewis Group to build on the successful work of the department.
	• The extension of the Occupational Health Service opening times, now commencing at 8.00am to provide improved access for night duty staff on leaving their shift.
	• The appointment of a new Manual Handling Trainer to support staff involved in 'lifting' to mitigate the risk of back injury, given the increasing number of bariatric patients and those with limited mobility.
	• The pending appointment of a new OH Physiotherapist, dedicated to addressing the musculoskeletal conditions of staff (increased from 3 days to 5 days per week)
	• The active promotion through the senior nursing forum of:
	  ○ The Trust 'Support Agents….' Policy which encourages staff to speak to a 'confidential friend' within the Trust at a time of need, covering a range of possible scenarios.
	  ○ The Trust 24 hour 'Oakdale' confidential counselling service, where staff can receive advice and support on a range of matters.
	  ○ A range of health and wellbeing initiatives to not only improve individual health but also to improve morale, team cohesiveness, etc. This has seen the introduction of Zumba classes, a walking group, etc.
	• The potential consideration of staff receiving 'fast track' access to hospital services. The merits of this will need careful thought and discussion with a range of stakeholders going forward. Rather than running the risk of staff being perceived as 'queue jumping', it may be best to limit consideration to staff having 'first call' when patients have 'self-cancelled'.
	• The introduction of the OH and Infection Control 'Food Handlers Protocol' to help mitigate the 'enforced' absences related to cases of D&V.
	• Re-focussed reporting of sickness absence data at Trust Board/HR & Education Committee/Divisional & Group level and the ability to

	'drill down' to team/ward level to focus remedial energies accordingly. • Revisiting the 'Top 50' methodology, identifying those staff with the 'most' absence in a 12 month period, either by total days and/or most episodes and developing a robust individual action plan. It should be noted that this list will include those staff with the most complex/acute health conditions, including terminal illness, which is addressed with compassion and support as expected. • As part of the planned internal Clinical Directors Development Programme, it is intended to provide a slot on the Trust's approach to managing attendance, explaining the key aspects of the 'cause and effect' of sickness absence, highlighting the key components of the associated policy and reinforcing the remedial initiatives outlined above. Consideration will then be given to cascading this further through the Trust as a 'refresher' to both established and newly appointed first line managers with a responsibility in this area **Lead Officer: Ian Vince, Deputy Director of HR & OD** Governing Forum: HR & EDC

INCIDENT REPORTING

	Adult/General nurses	Other registered nurses	Nursing/healthcare assistants	Medical /dental	Radiography	Other scientific and technical	Admin and clerical	Central functions/ corporate services	Maintenance/ancillary
KF14. % reporting errors, near misses or incidents witnessed in the last month	98	100	91	94	-	82	-	-	-
Number of respondents	102	27	32	36	12	33	62	23	37

With a different cut of the data, by Staff Grouping, the Additional Prof Scientific and technical staff group continued to show a lower than average reporting level (64%) and Admin and Clerical showed a reporting level of 72%.

Area for action	Comments and proposed actions
Staff witnessing potentially harmful errors, near misses or incidents in the last month – higher than average (38% of respondents compared to national average of 34% - Percentage of staff reporting errors, near	(The 'Staff witnessing …..' result represents no statistically significant change for us against 36% scored in 2011) The real-time element of DATIXweb reporting has ensured that potentially serious issues are flagged to managers and the Patient Safety department almost immediately, thus ensuring that issues are picked up promptly and investigated and followed up immediately. The Trust moved from a paper reporting system to an electronic system (DATIX) in July 2012. Our Trust internal figures show there was

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<td>misses or incidents witnessed in the last month has reduced from 95% in 2011 to 90% in 2012 (average in comparison to other Trusts)

Fairness and effectiveness of incident reporting procedures is Above (better than) average

So staff perceive the reporting process as fair and effective, the incidence of witnessing potentially harmful errors, near misses or incidents has stayed broadly the same but reporting has dropped slightly – so the action needs to be around encouraging/reminding staff to report all incidents/near misses.</td>
<td>a slightly lower than normal reporting level during the time period for completing the staff opinion surveywhich coincided with the transition to an electronic system. Reporting figures from January 2013 onwards demonstrate a return to our normal levels.
<table>
<tr><td>Sept 12</td><td>527</td></tr>
<tr><td>Oct 12</td><td>590</td></tr>
<tr><td>Nov 12</td><td>572</td></tr>
<tr><td>Dec 12</td><td>476</td></tr>
<tr><td>Jan 13</td><td>713</td></tr>
<tr><td>Feb 13</td><td>659</td></tr>
<tr><td>March 13</td><td>832</td></tr>
<tr><td>April 13</td><td>711</td></tr>
<tr><td>May 13</td><td>702</td></tr>
<tr><td>June 13</td><td>696</td></tr>
<tr><td>July 13</td><td>798</td></tr>
<tr><td>August 13</td><td>651</td></tr>
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The National Reporting and Learning Scheme (NRLS) identifies a high reporting rate as indicative of a good safety culture. To reinforce the need for incident reporting staff will continue to be reminded via:-
• Health and Safety mandatory training. This training reinforces the importance of reporting incidents.85% report having attended Health & Safety training in last 12 months (against a national average of 74%).
• Yearly updates via the Clinical Mandatory training days for Clinical staff
• A yearly reminder via Mantra on the importance of reporting. This will capture those non clinical staff who attend health and safety mandatory training every 3 years
Further steps will be identified as part of the Patient Safety Culture survey action plan

Lead Officer: Claire Roberts, Deputy Director of Patient Safety
Governing Forum: Clinical Governance Committee</td>
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STAFF EXPERIENCING PHYSICAL VIOLENCE FROM PATIENTS, RELATIVES OR THE PUBLIC

	Adult/General nurses	Other registered nurses	Nursing/healthcare assistants	Medical /dental	Radiography	Other scientific and technical	Admin and clerical	Central functions/ corporate services	Maintenance/ancillary
KF16. % experiencing physical violence from patients, relatives or the public in last 12 months	29	19	55	18	25	12	0	0	14
Number of respondents	102	27	32	36	12	33	62	23	37

Area for action	Comments and proposed actions
• % Staff experiencing physical violence from patients, relatives or the public in last 12 months (17% of respondents compared with national average of 15% - no comparator available for 2011)	All aspects of security and managing violence and aggression and our continuous approach to reducing violence and aggression against staff and security related incidents remain under constant review by the Security Management Group, Health and Safety Committee and the Non-Clinical Governance Committee. The staff group that stands out in relation to experiencing physical violence from patients, relatives or the public are those in nursing/healthcare assistant roles, who are likely to have the most contact with patients who did not have capacity at the time of the assault. Nursing staff attend conflict resolution training as part of their core induction and are also required to attend updates every 3 years. All 'front line' staff are required to attend conflict resolution training including nursing/healthcare assistants. Compliance is reported to the Health & Safety and Non Clinical Governance Committees. We are well on target for delivering the predicted 600 additional staff receiving Conflict Resolution Training including the introduction of a workbook for Doctors and refresher training. The workbook was introduced in May 2012 and to date 530 staff have used it. In addition, as part of the Trust's wider approach to supporting staff who care for patients with dementia 5 Senior health care assistants have commenced in September 2013 on the 2 year Diploma in Dementia care. These SHCAs will become champions and support the rest of their staff in their areas in relation to how best to care for and support patients with dementia and their families and carers. The Trust has recorded a total of 246 violence related incidents in the financial year 2012/13 compared with a total of 310 incidents in 2011/12. The reduction in reported assaults from 2011/12 is due to a couple of factors. The first being the introduction of security officers and secondly reduced reporting from staff where security officers attend and manage violence and aggression believing that the security officer will report the incident via Datix web. At the beginning of September, security officers were provided with access to Datix web and the expectation is that we will see an increase in reported incidents of violence and aggression. The majority of assaults continue to be carried out by patients due to a clinical reason whereby the individual did not have capacity at the time of the assault. Since 2007 the Trust has instigated successful prosecutions against a total of 43 offenders for either criminal activity or for violence and aggression against staff. Since the introduction of contract security guarding on 13th

	February 2012, security officers have dealt with over 1,000incidents. This provides an enhanced security presence and profile to deter and prevent crime. The Emergency Department resuscitation corridor is no longer used as a means of entry and exit to the hospital between 21:00 – 07:00 as the main entrance doors are now unlocked and the main foyer is manned overnight by a security guard. We now have additional CCTV cameras taking our total up to 64 cameras inside the building. These cameras have already proved beneficial in providing evidence to assist police in prosecutions involving violence, aggression, theft and criminal damage. The LSMS in partnership with Norfolk Constabulary has secured the use of an office within the main entrance of the hospital to be used by police, thus increasing a police presence on site to further enhance the security presence already in place. As a result we have seen a drop in anti -social behaviour activity and calls to police by 71.8%. Calls to police regarding violence are down by 18.2% and in relation to calls to police regarding missing patients have also reduced by 12.4%. We continue to publicise successful prosecutions and all initiatives which enhance security and staff safety including the introduction of a Security Intranet section of the Trust's Intranet site. Update provided by: Gary Morris, Accredited Security Management Specialist **Lead Officer**: Claire Roberts, Deputy Director of Patient Safety **Governing Forum**: Health & Safety Committee

STAFF EXPERIENCING PHYSICAL VIOLENCE/HARRASSMENT/DISCRIMINATION FROM STAFF IN THE LAST 12 MONTHS

	Adult/General nurses	Other registered nurses	Nursing/healthcare assistants	Medical /dental	Radiography	Other scientific and technical	Admin and clerical	Central functions/ corporate services	Maintenance/ancillary
KF17. % experiencing physical violence from staff in last 12 mths	2	4	3	0	8	12	2	0	11
KF19. % experiencing harassment, bullying or abuse from staff in last 12 mths	31	35	16	21	25	24	24	22	19
KF28. % experiencing discrimination at work in last 12 mths	18	7	10	12	17	9	8	4	11

Number of respondents	102	27	32	36	12	33	62	23	37

	Our Trust 2012	Average (median) for Acute Trusts	Our Trust 2011
Q23a % saying they had experienced discrimination from patients /service users, their relatives or other members of the public in the last 12 months	5	5	7
Q23b % saying they had experienced discrimination from their manager / team leader or other colleagues in the last 12 months	9	8	6
% saying they had experienced discrimination on the grounds of: Q23c Ethnic background	5	4	5
Q23c Gender	2	2	2
Q23c Religion	1	0	0
Q23c Sexual orientation	0	0	1
Q23c Disability	0	1	0
Q23c Age	1	2	2
Q23c Other reason(s	4	4	5

Area for action	**Comments and proposed actions**
• Staff experiencing physical violence from staff in the last 12 months (4% of respondents compared to national average of 3% - no comparator available for 2011)) • % experiencing harassment, bullying or abuse from staff in last 12 months – 25% of respondents as compared against a national average of 24% -no comparator available for 2011) • % experiencing discrimination at work in the last 12 months (13% of respondents compared to national average of 11% - no change from 2011)	During 2012, and in partnership with the Anne Frank Trust UK, the Trust ran a series of workshops, open to staff and public. Following the workshops the Values Council was formed to identify key values and behaviours to embed in our work and culture. The Values Council is made up of a mix of staff, public and governors, and has worked alongside the Trust's Board of Directors to define the Trust's values and behaviours. The values and behaviours were agreed at the April 2013 Board, and will be embedded in our culture via: Recruitment (used for the pre-registration pilot assessment centre), Induction (from October 2013), Training, Leadership, Performance management, including appraisal, Staff engagement and patient care We are now rolling out Values and behaviours sessions for all staff, starting on October 4th 2013 which aim to • To assist in the process of identifying key organisational values and embedding these principles within the life of the Hospital • To look at the way staff interact with patients and each other, examining positive and negative behavioural stereotypes and developing behaviours we as a Trust should take forward. • To support staff in valuing difference across all equality strands; age, gender, disability, race, sexual orientation and religion • To assist all staff teams in forming a stronger understanding of the dangers of prejudice and discrimination of all forms • To increase recognition of the Hospital as an employer that actively challenges prejudice and encourages mutual respect and understanding between staff, patients and the wider

	community • To strengthen individual confidence among staff members in challenging discriminatory conduct We also have a comprehensive suite of HR and health and safety policies and processes to support staff who feel they have experienced physical violence, harassment, bullying, abuse or discrimination. Working in partnership with staff side representatives HR, line management and other key support staff seek to respond swiftly to any concerns raised via - Whistleblowing helpline - Mutual respect policy - Grievance policy - Support agents policy • The recent introduction of the Exit Interview/Questionnaire processes, allowing staff to explain their key 'reasons for leaving' and thus providing an opportunity to address any 'hot spots' that may emerge over time. **Lead officer: Ian Bruce** Governing committee: HR & EDC

The Staff opinion survey action plan will be monitored via the HR & ED Committee.