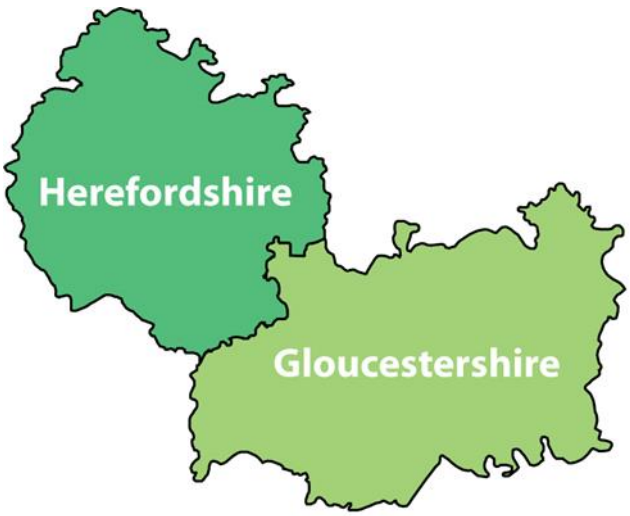
2gether
Making life better

2gether
NHS Foundation Trust

Staff Experience Report

2016-2017



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1. Welcome

Welcome to our second staff experience report. This report is designed to pull together a number of other annual reports that have traditionally been prepared separately. Here, as part of our responsibilities under the Public Sector Equality Duty, we look at equality and diversity in the workforce, including the Workforce Race Equality Standard and how the 9 protected characteristics are reflected in the makeup of our workforce.

We will also look at staff opinion as expressed through the NHS National Staff Survey and the Staff Friends and Family Test. Other topics include measures of health and wellbeing and how the achievements of colleagues have been recognised during the year.

The report also provides assurance that we are continuing to support our staff in light of our health and Wellbeing Strategy.

Staff engagement, health and wellbeing and equality and diversity are all championed at Board level by our Director of Organisational Development, ensuring all related initiatives are given consideration, support and scrutiny at the highest levels of our organisation.

2. Serving Two Counties

2gether provides mental health and learning disability services for the counties of Gloucestershire and Herefordshire. We have approximately 2400 staff (including bank) to provide our services to a combined population of 761,000 across 1900 square miles. In 2015 we provided services to over 40,000 individuals.

As a Foundation Trust, we are accountable to our local community through our governors and members who live in the 2 counties. Foundation status gives us the advantage of having greater freedom to plan our own strategies and deliver our services in conjunction with our commissioners. We are in turn regulated by NHS Improvement (formerly known as Monitor).

3. The Public Sector Equality Duty

Being part of the NHS, by definition a public sector organisation, we are bound by the Public Sector Equality Duty (PSED). This report gives assurance that our Trust is acting in accordance with our responsibilities under the Equalities Act 2010. This act has a general duty composed of 3 main elements:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the act
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not.

There are 9 protected characteristics defined in the act and it protects people from discrimination on the grounds of these protected characteristics.

The 9 Protected Characteristics

Age
Disability
Gender
Gender reassignment
Ethnicity
Marriage and Civil Partnership
Pregnancy and Maternity
Religion or belief
Sexual orientation

4. Our Values

As an organisation, our values very much reflect the PSED. We take our values very seriously and developed a Staff Charter that reflects how our values are taken forward into our working lives.

S Seeing from a service user perspective
E Excelling and improving
R Responsive
V Valuing and respectful
I Inclusive, open and honest
C Can do
E Efficient, effective, economic and equitable

The Charter explains what staff can expect from the Trust and what the Trust expects from them and is a visible reminder of our values, prominently displayed around the Trust.

5. Workforce Profile

At the time of writing, we currently employ approximately 2080 staff and a further 400 bank staff across a very wide range of professions. Table 1 shows the gender profile of the Trust, with 77% of the staff being female, a figure consistent with previous years.

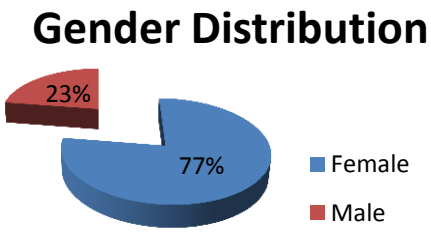


Table 1 – Gender Distribution

It can be seen from Table 2 that the gender breakdown of the various staff groups broadly reflect the overall

profile of the Trust although the figures are skewed by the gender profile of our medical workforce where there is a far more even distribution of female and male staff.

This mirrors the gender make-up of the NHS as a whole which is also split 23% male and 77% female although the working population of England is 53% male and 47% female.

A break from this trend is reflected in the gender profile of our Medical staff. 53% of Trust medical colleagues are female compared with 45% nationally.

Table 2 – Staff Group by Gender

Staff Group	Female	%	Male	%	Grand Total
Add Prof Scientific and Technical (includes Psychological Therapists, Psychotherapists, Social Workers)	180	80.72%	43	19.28%	223
Additional Clinical Services (includes Healthcare Assistants, Community Support Workers)	292	73.55%	105	26.45%	397
Administrative and Clerical (includes Receptionists, Ward Clerks, Medical Secretaries, Finance, Human Resources, Administrative Staff)	434	83.62%	85	16.38%	519
Allied Health Professionals (includes Occupational Therapists, Art Therapists, Speech and Language Therapists, Physiotherapists)	110	87.30%	16	12.70%	126
Estates and Ancillary	63	80.77%	15	19.23%	78
Medical and Dental (Includes Doctors, Psychiatrists)	53	52.48%	48	47.52%	101
Nursing and Midwifery Registered (includes Nurses, Community Mental Health Nurses)	482	75.55%	156	24.45%	638
Grand Total	**1614**	**77.52%**	**468**	**22.48%**	**2082**

The vast majority of non-medical staff are on the nationally agreed Agenda for Change terms and conditions. Agenda for Change (AfC) has nine pay bands and there is annual incremental progression through each pay band until the individual has achieved the highest point of the band. Banding is determined by the creation of Job Descriptions which are evaluated against a series of national job profiles by trained Job Evaluation Practitioners (JEP) in accordance with the robust AfC job evaluation process.

Table 3 shows the profile of pay bands by gender. Broadly reflecting the overall gender profile, the percentage difference clearly changes as the banding becomes more senior. There are far fewer senior posts at Band 8 and above until at the highest band the gender profile is equal, a small change to the previous year when there were more male staff in the most senior roles.

Table 3 – Payband by Gender (by number)

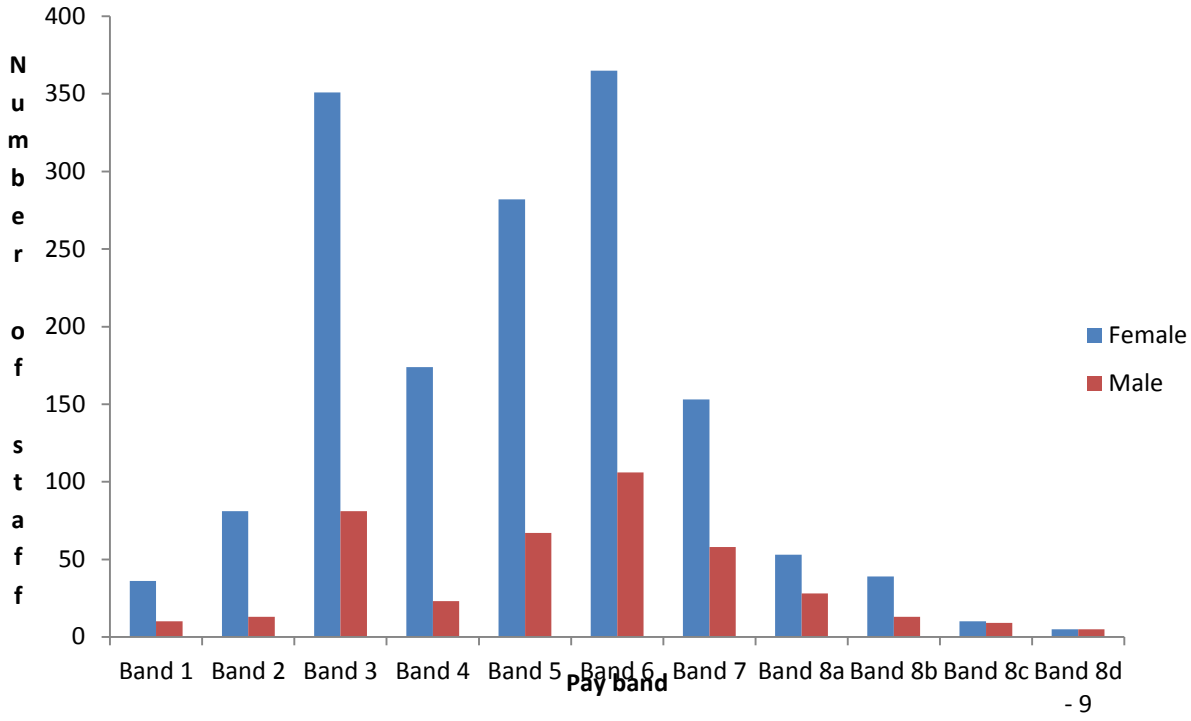
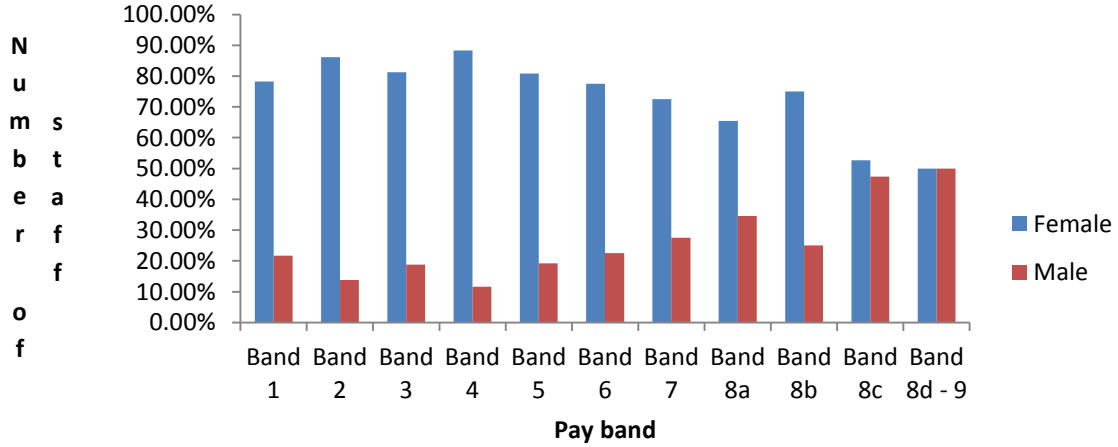


Table 4 illustrates this percentage change quite clearly. It is unclear why the gender profile changes so markedly with seniority. There is no difference in the actual rate of pay as the hourly rate is consistent at each point of the scale.

Data for the preceding year, 2015/2016 showed that 62% of Band 8d – 9 was male. This year the split between male and female staff is equal. The percentage of female staff at Band 8c has also increased from 47% to just under 53%. Female staff also now represent 72.5% of all Band 7 posts compared with 66% in the previous reporting period.

Table 4 – Payband by Gender (by percentage)



- Across NHS England, Bands 1 to 4 consist of 20% male and 80% female staff
- Bands 5 to 7 consists of 18% male and 82% female staff
- Bands 8 to 9 have 31% male and 69% female staff

The makeup of the Trust does therefore broadly align with the national profile.

All public sector employers will be required to publish data relating to the differences in pay for male and female staff from 2018.

Table 5 – Part time staff by gender

	Female Staff				Male Staff						All Staff
Pay Band	Full Time	Part Time	% of Part Time Female Staff	Total Female staff	Full Time	Part Time	% of Part Time Male Staff	Total Male Staff	% of Part Time Female Staff In pay Band	% of Part Time Male Staff In pay Band	Total Staff in Pay Band
Band 1	6	30	17%	36	5	5	50%	10	65%	11%	46
Band 2	33	48	41%	81	13		0%	13	51%	0%	94
Band 3	202	149	58%	351	74	7	9%	81	34%	2%	432
Band 4	91	83	52%	174	22	1	4%	23	42%	1%	197
Band 5	195	87	69%	282	57	10	15%	67	25%	3%	349
Band 6	211	154	58%	365	89	17	16%	106	33%	4%	471
Band 7	91	62	59%	153	45	13	22%	58	29%	6%	211
Band 8a	27	26	51%	53	22	6	21%	28	32%	7%	81
Band 8b	21	18	54%	39	9	4	31%	13	35%	8%	52
Band 8c	8	2	80%	10	9		0%	9	11%	0%	19
Band 8d - 9	1	4	20%	5	5		0%	5	40%	0%	10
Medical	28	24	54%	52	43	6	12%	49	24%	6%	101
Miscellaneous	10	3	77%	13	6		0%	6	16%	0%	19
Grand Total	**924**	**690**	**57%**	**1614**	**399**	**69**	**15%**	**468**	**33%**	**3%**	**2082**

Part time working is one of a range of flexible working options offered by the Trust to help people achieve the work-life balance that works for them. The most popular option is part time working.

There are part time workers in every pay band including part time female staff in the most senior bands. There is also a considerably higher percentage of part time female staff in each band, indicating that part time working is not a barrier to progression.

6. The Trust and Disability

As a Trust we are proud to be a 'Disability Confident Employer'.

The Disability Confident initiative has replaced the well-known 2 Ticks symbol. Although the branding has changed, our commitment to supporting applicant and colleagues who declare that they have a disability remains as strong as ever.

Anyone applying to the Trust for employment and who have declared themselves to have a disability will be guaranteed an interview if they meet the minimum criteria required for the post. We are also committed to making all reasonable adjustments to help applicants take part in the selection process and also to support colleagues to remain in work and to support them to carry out their duties.

During 2017 we will be undertaking the assessment process to become a 'Disability Confident Leader'.

Table 6 – Percentage of Disabled/Non-disabled staff

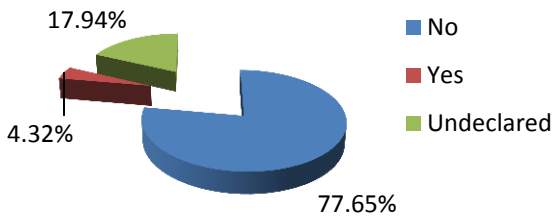


Table 6 shows that only 4.32% of staff have declared themselves to have a disability. This is slightly more than the previous year (4%). The percentage of staff who have chosen not to disclose whether or not they have a disability has actually fallen from 23% in the previous year to just under 18%.

According to the 2016 Staff Survey, 17% of staff (127 staff) reported that they had a disability. As with other protected characteristics, staff are not obliged to declare whether or not they have a disability but the numbers recorded on ESR do not match what is reported in the Staff Survey.

There are a number of potential reasons for this. Records held on ESR are historic from the point of view of long serving staff, being added to the record upon joining. It is not known if colleagues have become disabled since joining or are no longer disabled.

Staff may feel more secure in declaring a disability in the anonymous confines of the Staff Survey if they believe that having a disability would prevent them from progressing in their career.

Colleagues who have a disability may not feel encumbered by it and therefore do not feel the need to declare it.

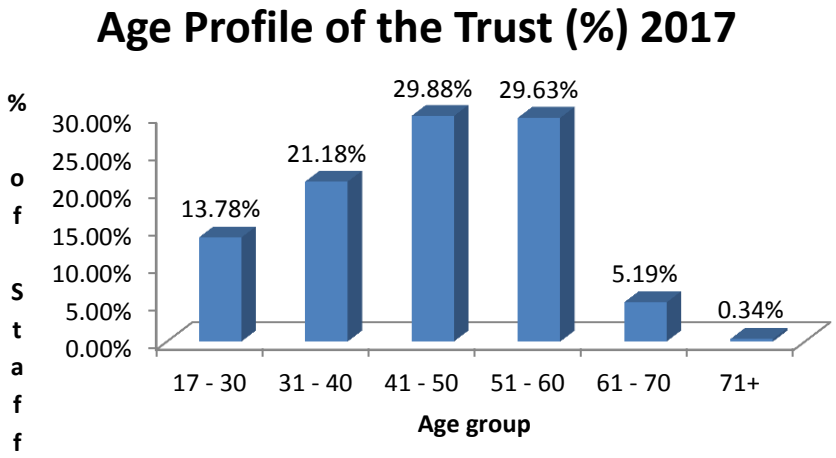
During 2017, NHS England will be introducing the Workforce Disability Equality Standard. This will be similar in format to the Workforce Race Equality Standard (WRES) and will, by

the use of workforce information and Staff Survey Results, examine the experience of working within the NHS for people with a disability.

7. Age Profile of the Trust

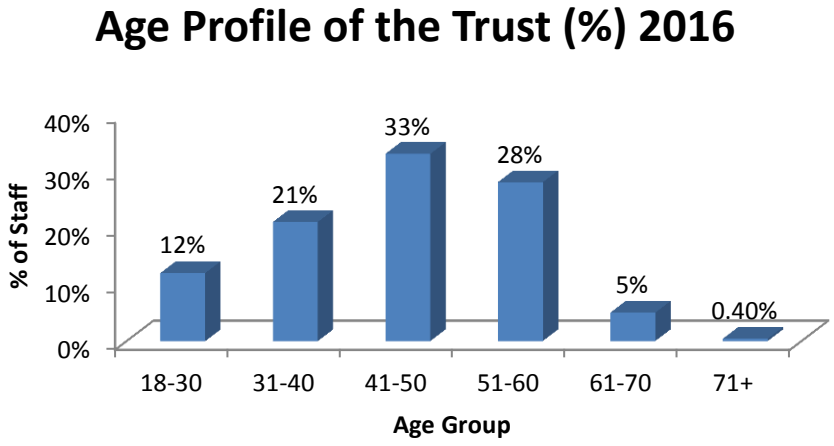
Our Trust employs people of all ages including a number of people who have continued to work into their 70's. Our Trust clearly has an ageing workforce with over 60% of the workforce over 40 with 35% over 50.

Table 7 – Age profile of the Trust



Age groupings within ESR are as shown in the above graph and are therefore not directly comparable with figures obtained from NHS Employers showing the age breakdown of England's working population and that of the NHS workforce. 46% of the NHS workforce is aged between 45 and 64 compared with 38% of the entire workforce in England.

Table 8 – Age profile of the Trust by percentage



When comparing the age profile of the Trust in last year's reporting period, changes have been minimal. 33% of staff were in the 41-50 age group. This has now decreased to just under 30% with the 51 to 60 group increasing proportionately.

Table 9 – Payband by age group

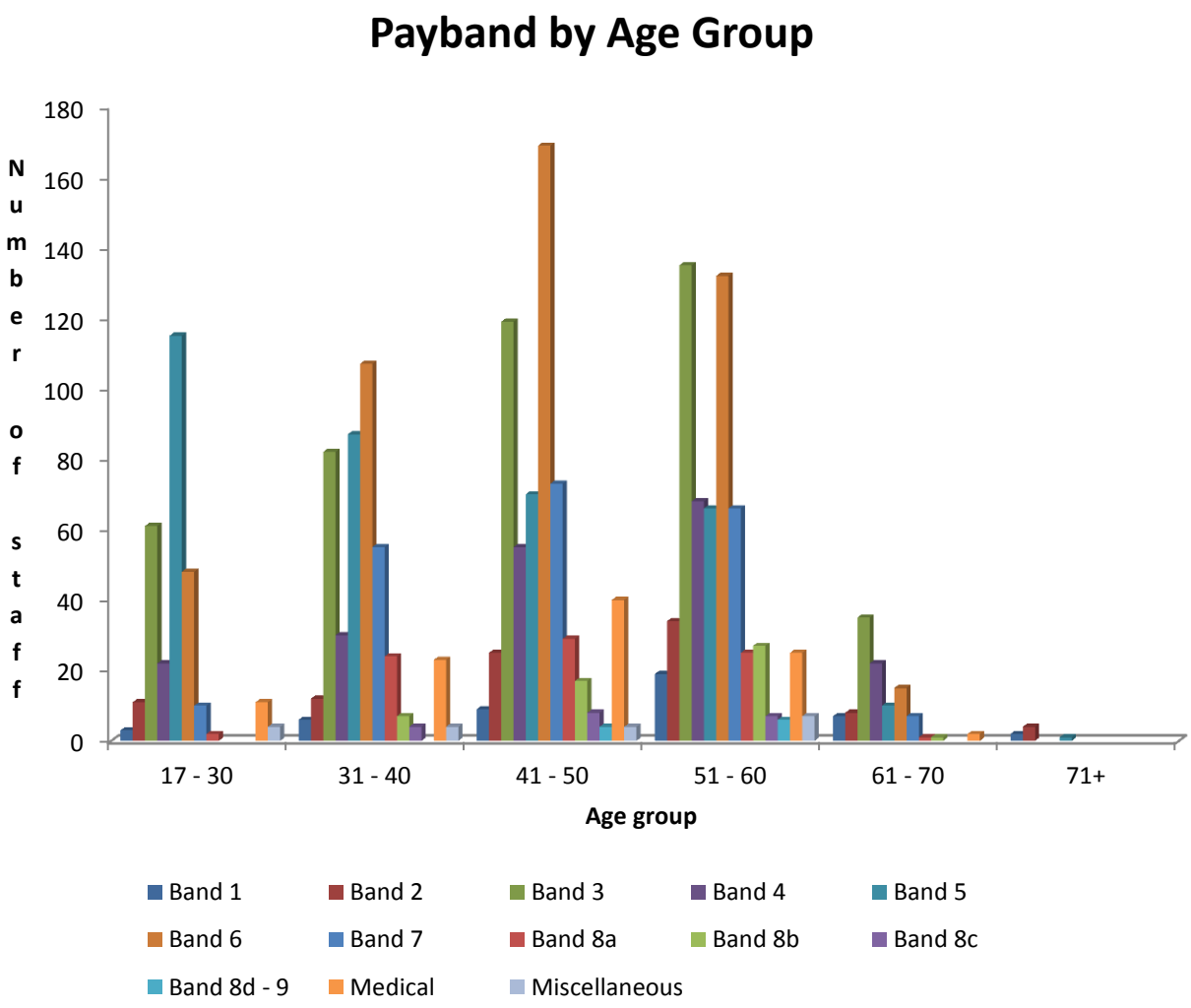


Table 9 shows the number of staff in each age band by age group.

A number of longer serving staff within the 51 to 60 age group retain Mental Health Officer status which means they can retire with full pension benefits at the age of 55. Although this status is closed to new members, it does potentially mean that the Trust could lose a number of very experienced staff. The use of flexible working options such as part time working may help people to retire early from full time working to remain in employment with a working pattern that suits them. This also helps the Trust to retain knowledge and skills. The Trust has an agreed approach to Talent Management and Succession Planning to ensure key posts remain covered and knowledge is retained. Joining Staff Bank is another option for colleagues who whilst wishing to retire from full time employment. It means that they can continue to work and retain their skills and share their knowledge by working as and when it suits them and the service.

The profile shown in Table 10 shows that people are increasingly likely to work part time as they get older.

Table 10 – Full time/part time by age

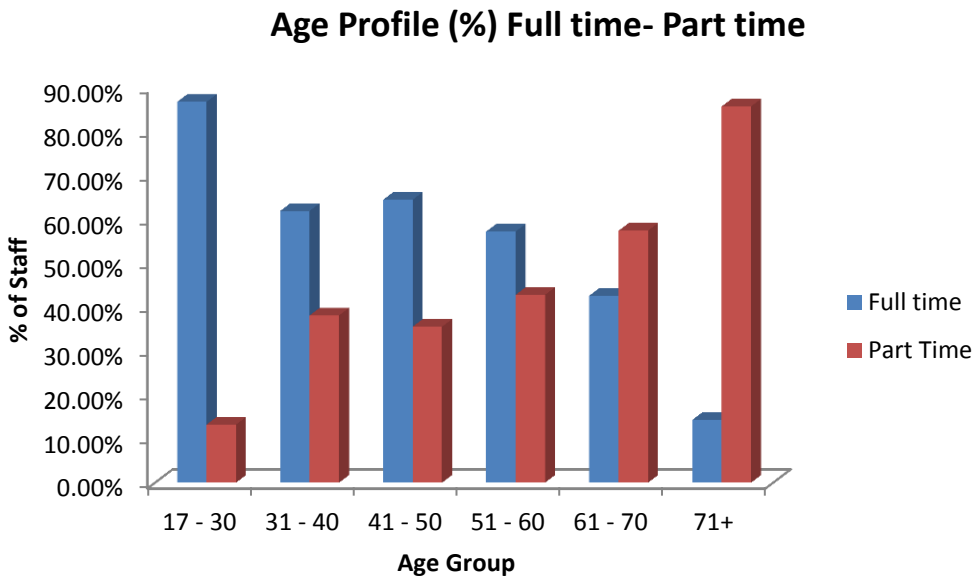
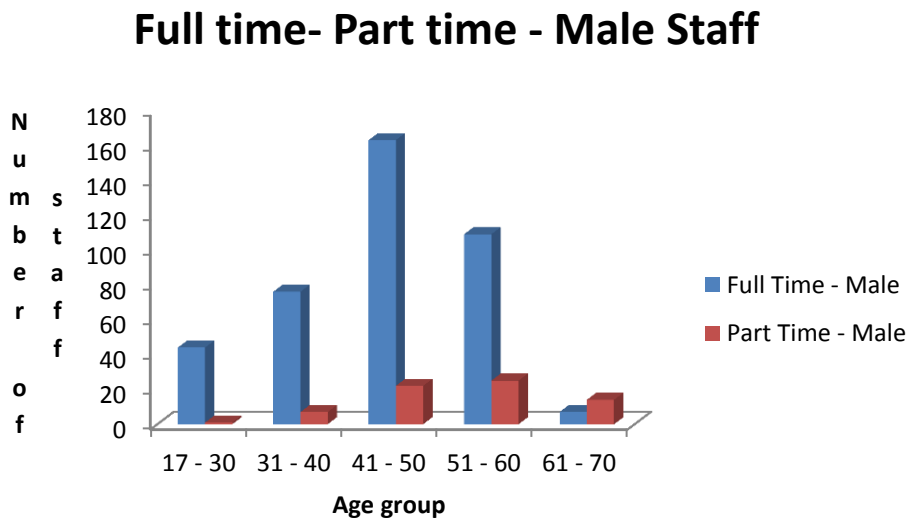


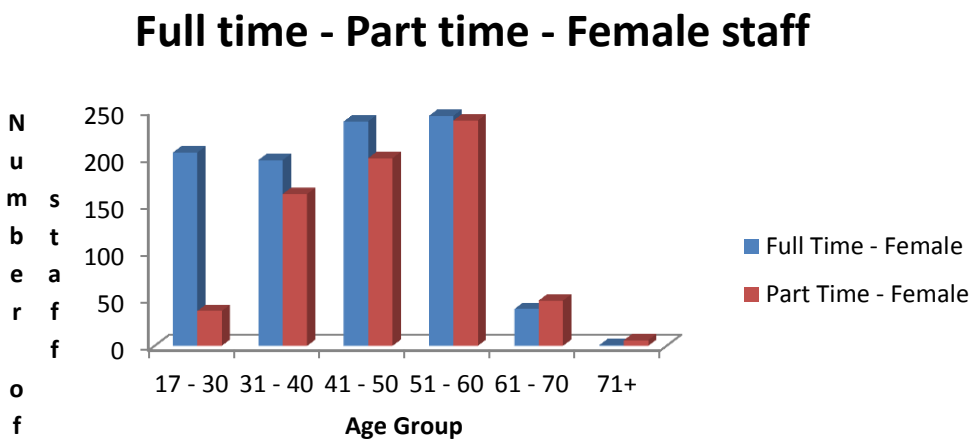
Table 11 shows that whilst male staff do work part time, the vast majority work full time.

Table 11- Full Time/Part time – Male staff



In comparison, although the majority of female staff work full time, a considerable number also work part time across all age groups as seen in table 12.

Table 12 – Full time/part time – female staff



The overall age profile of the Trust highlights that age is no bar to working beyond what was once the default retirement age. Part time working is just one of a range of flexible working options to help staff manage their work-life balance.

8. The Trust and Ethnicity

Ideally the workforce should be representative of the community it serves. The 2011 Census reported that the population of Gloucestershire is 95.4% white and that of Herefordshire is 98.2% white. Although there has been some increase in ethnic diversity in recent years across both counties, Black and Minority Ethnic people make up a relatively small part of the local population. The figures show that our two counties are less ethnically diverse than the rest of England, which is 87% white.

An analysis of the ethnic profile of the Trust shows that 90% of the workforce is white, with 7% declaring themselves to be from a BME background. 4% have not stated their ethnicity (figures are rounded up). This represents a small change from the previous profile. The percentage of BME staff in the workforce has increased by approximately 1%. According to figures published by NHS Employers, the workforce of NHS England is 78% white. Table 13 shows the declared ethnic makeup of the Trust.

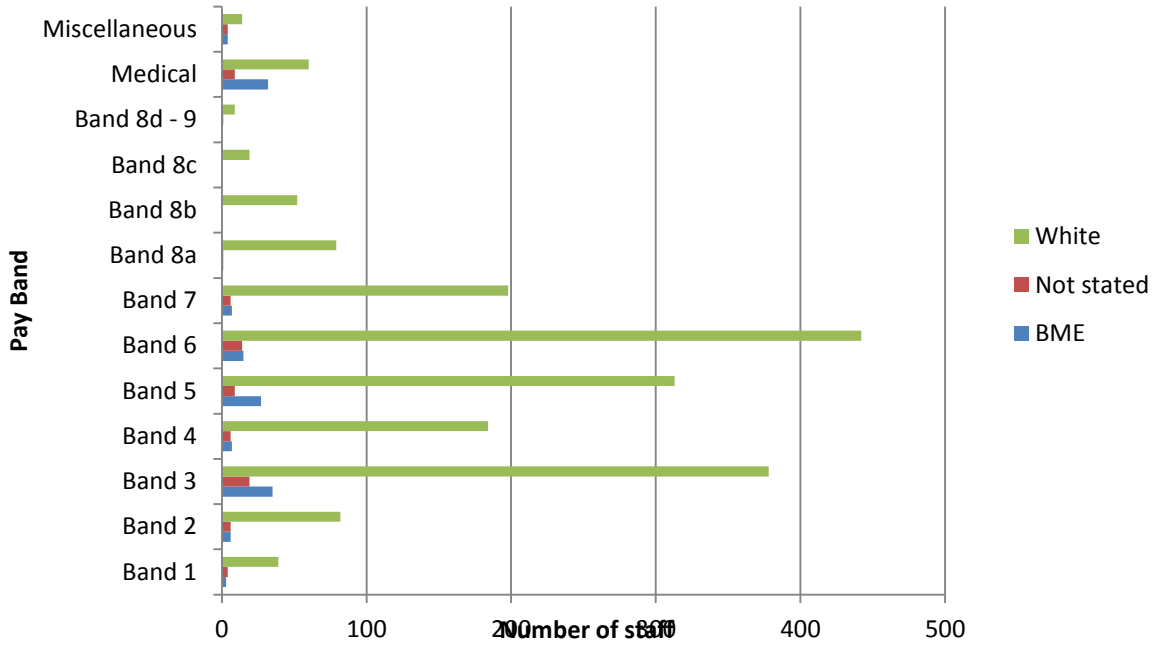
Although BME colleagues are represented across paybands 1 to 7, there is practically no representation at senior manager level as can be seen in Table 14.

The NHS Leadership Academy offers the Stepping Up programme for aspiring leaders from BME staff at Band 5 to 7. A number of Trust staff applied and one colleague was accepted on to the programme.

Table 13 – Ethnic mix of the Trust

Ethnic Group	
A White - British	1774
B White - Irish	14
C White - Any other White background	79
CP White Polish	2
D Mixed - White & Black Caribbean	11
E Mixed - White & Black African	2
F Mixed - White & Asian	6
G Mixed - Any other mixed background	9
H Asian or Asian British - Indian	42
J Asian or Asian British - Pakistani	4
K Asian or Asian British - Bangladeshi	1
L Asian or Asian British - Any other Asian background	3
M Black or Black British - Caribbean	20
N Black or Black British - African	25
P Black or Black British - Any other Black background	1
R Chinese	4
S Any Other Ethnic Group	9
Undefined	2
Z Not Stated	74
Grand Total	2082

Table 14 – Ethnicity by Payband



NHS England requires all Trusts to implement the Workforce Race Equality Standard (WRES). This involves the analysis of a series of 9 indicators that have been identified to compare the experience of white and BME colleagues working in the NHS following the publication of The Snowy White Peaks of the NHS by Roger Kline, a study of NHS Trusts in London.

Four of the indicators are taken from the NHS National Staff Survey. The 2016 WRES Data Analysis Report published in May 2017 was based on the 2015 Staff Survey results. Unfortunately, only 10 colleagues from a BME background responded to the 2015 survey so no data from the Trust was submitted for these indicators (The Staff Survey does not report responses from groups of less than 11 to avoid possible identification of respondents).

The indicators were designed so that NHS Trusts could measure how any gap between the experience of BME and white staff is being closed. The increased response to the Staff Survey has provided more robust data, including Key findings relating to Equality and Diversity, of which there are two in the Staff Survey.

Key Finding 20 – Percentage of staff experiencing discrimination at work in the last 12 months showed an improvement with 8% of staff reporting this, compared with 10% in the previous year. Although any act of discrimination is unacceptable (and the survey does not show the grounds for the reported acts), our employees have fared considerably better than colleagues in other Mental Health Trusts. The national average is 14%. Our Trust result equals the best for any Mental Health Trust.

Key Finding 21 – percentage of staff believing that the organisation provides equal opportunities for career progression or promotion. 88% of staff believed this to be the case, lower than the previous year (92%) but as stated, the response rate from BME colleagues was too low to register in the previous year. The more representative sample has given what is a more accurate view of the Trust. With so few BME staff in posts banded at Band 8 and above, work is needed to establish why this is and if there is any underlying reason for such under representation.

Work is currently underway on the WRES submission for 2017, which will include results from the 2016 Staff Survey. This year there was a significant increase in the Staff Survey response rate from BME colleagues so our Trust will be able to compare progress with other Trusts in England.

9. Religious Belief

People of many different faiths work for the Trust. The largest religious grouping is Christianity with just under 44% of staff declaring this as their faith, an increase of 3% over the previous year. The second largest grouping is those staff who have chosen not to declare their faith (or lack of). Religion is a private matter to many and it is therefore understandable if people choose to keep this information to themselves.

Whatever people's faith, our Chaplaincy service is available to provide spiritual support for colleagues and links have been forged with other faith groups across the counties.

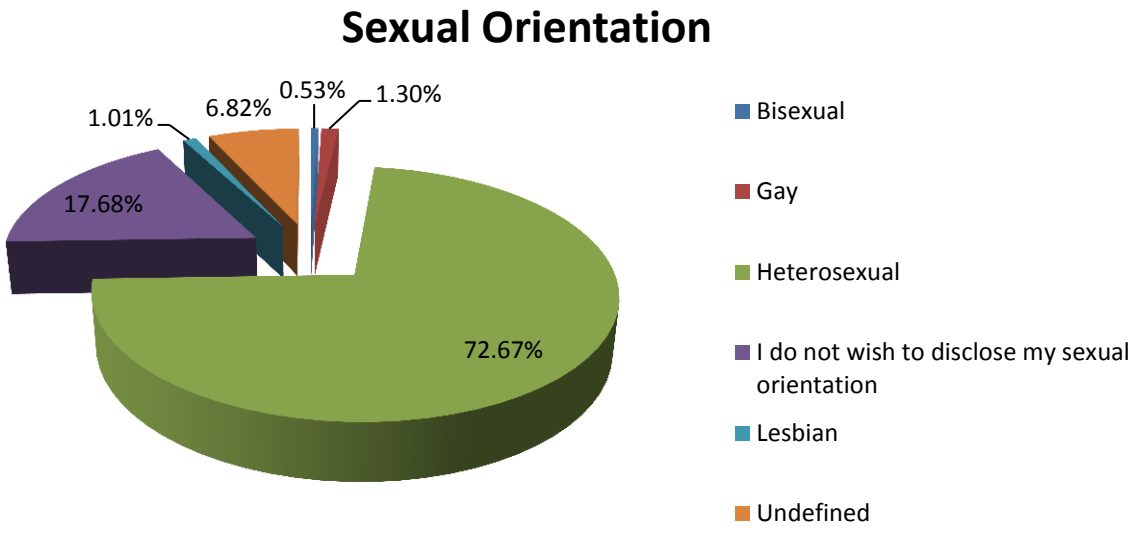
For people whose faith requires it, there are private spaces available across the Trust for use as prayer rooms. Reasonable adjustments can and are made where there is insufficient space to provide a dedicated prayer room.

Religious belief is not monitored by the staff survey so there is no feedback from colleagues on the basis of their religious beliefs.

10. Sexual Orientation

Over 24% of colleagues have chosen not to declare their sexual orientation. Staff are under no obligation to do so and this is very much a personal choice. Given the very small size of the minority groups it would not be appropriate to analyse the data by pay band or staff group as this may lead to the identification of individuals.

Table 15 – Sexual orientation



11. Gender Reassignment

At the time of writing this report, there is no record of any colleague declaring themselves to be Transgender.

Links have been developed with the local Transgender community and by working together, the Trust has developed a greater understanding of the issues facing service users who are transgender and the challenges people face during their working lives.

12. Other Protected Characteristics

We do not report on all protected characteristics. ESR does not record data on marriage or civil partnership nor on pregnancy or maternity (although it does record when people are on maternity leave).

People returning from maternity leave or have carer responsibilities have a statutory right to request flexible working and as an employer we are legally obliged to consider all requests. Staff and managers are encouraged to work together to ensure that service need is met whilst making reasonable adjustments where possible to help with childcare arrangements and work life balance.

Our Working Flexibly policy outlines a wide range of flexible working options that are available to all staff, not just those with carer responsibilities.

13. Equality Impact Assessments

New or revised policies are subject to an Equality Impact Assessment. This will highlight and also demonstrate that the impact on people due to protected characteristics has been considered. Work is underway to revise the EIA form to make it more user-friendly.

14. Staff Opinion

An engaged workforce is crucial in the provision of the best possible care, with staff feeling involved and valued.

We measure levels of staff engagement primarily through the annual NHS Staff Survey. It is a requirement of NHS England that all NHS Trusts take part in the survey. Published nationally, the results provide a bench mark for all health care providers. The survey presents a deep well of information about all aspects of the experience of staff working within the organisation.

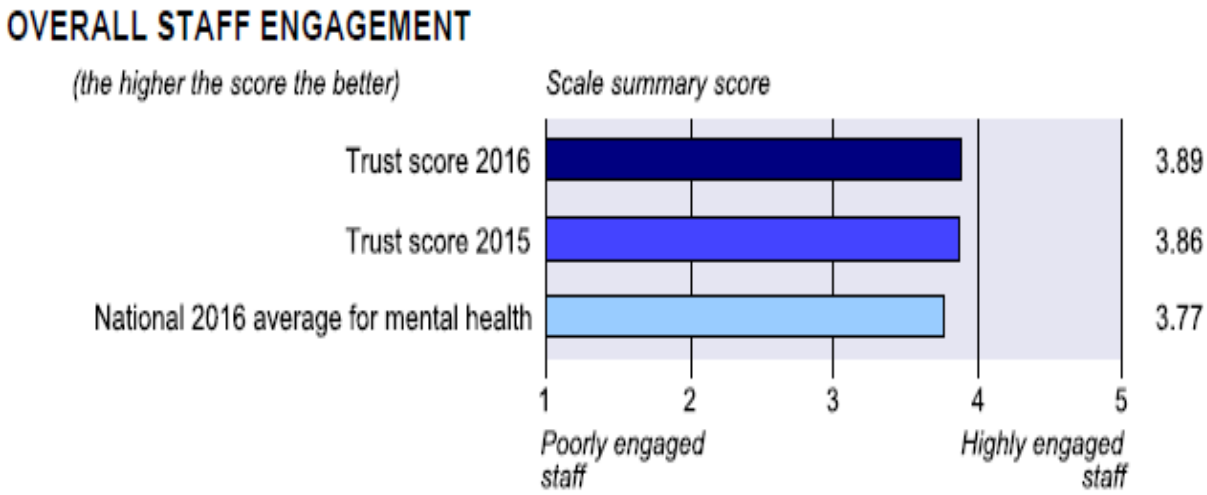
Ahead of the launch of the 2016 survey, our Trust was asked to take part in cognitive testing of the survey questions, helping to ensure the questions were clear and unambiguous. This was the first time our Trust had been able to contribute directly to the development of the survey.

The survey is completely confidential and carried out online. In previous years the survey has been sent to a random sample of staff. In 2015, this yielded a very disappointing return of 40%, or 298 staff. One outcome of this was that the response rate from BME colleagues was so small the data could not be published as it may have been possible to identify individuals.

Subsequently the Trust decided that the survey would take place as a census of all staff. Those staff who were in post on 1st September 2016 were invited to take part. Although once again the response rate was 40%, 777 staff responded. This level of response has provided the most accurate picture of the Trust as an employer yet obtained.

The overall result of the 2016 survey was very encouraging for the Trust. Staff engagement had improved from 3.75 in 2015 to 3.86 (from a possible 5) in 2016. This is higher than the national average for Mental Health/Learning Disability Trusts (3.75). It was also encouraging to know that the Trust scored 3.84 when staff were asked if they would recommend the trust as a place to work or receive treatment. Again this is above the national average.

Table 16 – Overall staff engagement (from 2016 Staff Survey)



The percentage of colleagues who thought there were good communications between staff and senior management had also risen to 30%. Although not a particularly high figure, this has steadily improved since a low point of 17% in 2013.

The full report is available to the public on the NHS England website. It is also published on the intranet so colleagues can view the full results for themselves.

An action plan has been devised based on findings from the survey and this will focus attention on three key findings from the survey:

- Reporting of harassment, bullying , abuse and violence
- Effective use of patient/service user feedback
- Organisation and management interest in and action on health and wellbeing

Our Service Directorate are also developing their own action plans based on survey findings that relate to their specific areas.

Feedback has been given to staff on actions taken since the previous survey in the form of a ‘You said, we did’ feature on the intranet.

Colleagues also have the opportunity to enlarge upon their responses in a ‘free text’ section of the questionnaire. There is of course of mixture of opinion, some of which reflects less positive experiences but there are many other comments that are complimentary and reflect the pride people have in the work they do.

The Staff Survey also provides data by which we measure ourselves against the Health and Safety Executive Management Standards for managing health and wellbeing in the workplace.

Table 17 HSE 6 Management standards

HSE Management Standard	Relevant Finding from Staff Survey	2015	2016
Demands - Workload, work pattern & environment	KF18 % of staff feeling pressure in the last 3 months to attend work when feeling unwell	52%	51%
	KF15 % of staff satisfied with the opportunities for flexible working patterns.	67%	62%
Support - Encouragement, sponsorship and resources provided by the organisation.	KF10 Support from immediate line manager (on a scale of 1 to 5 where 5 is best).	3.88	3.94
	KF14 Staff satisfaction with resourcing and support (on a scale of 1 to 5 where 5 is best).	3.37	3.42
Role - Understanding of their role within the organisation	3a, I always know what my work responsibilities are	87%	85%
Control - How much say the individual has in how they do their work.	4a There are frequent opportunities for me to show initiative in my role	78%	80%
	KF8 Staff satisfaction with level of responsibility and involvement (on a scale of 1 to 5 where 5 is best).	3.91	3.92
Change- How organisational change is managed.	4b I am able to make suggestions to improve the work of my team/department	81%	82%
Relationships -Promoting positive working to avoid conflict and dealing with unacceptable behaviour	KF26 % of staff experiencing harassment, bullying or abuse from staff in last 12 months	22%	26%

As can be seen in Table 17 although not statistically significant, some minor improvements have been made along with some small deterioration when compared with the previous year. All our scores compare favourably with the national average for mental health/learning disability Trusts.

15. Staff Friends and Family Test

To complement the Staff Survey, the Trust has also implemented the Staff Friends and Family Test. This test, also a requirement of NHS England asks the same questions each month:

- How likely are you to recommend the Trust to friends and family as a place to receive care or treatment?
- How likely are you to recommend the Trust to friends and family as a place to work?

Table 18 – response to Staff Friends and Family Test

Question	Response	Q1 2014	Q2 2014	Q4 2015	Q1 2015	Q2 2015	Q4 2016	Q1 2016	Q2 2016	Q4 2017
How likely are you to recommend this organisation to friends and family if they needed care or treatment	Extremely Likely	26%	26%	32%	32%	30%	42%	38%	42%	40%
	Likely	48%	51%	43%	43%	49%	43%	45%	36%	42%
	Neither likely nor unlikely	15%	13%	13%	15%	13%	9%	11%	12%	11%
	Unlikely	7%	5%	5%	6%	4%	3%	4%	6%	2%
	Extremely unlikely	2%	4%	3%	1%	3%	2%	2%	2%	3%
	don't know	2%	2%	2%	2%	2%	1%	1%	2%	2%
How likely are you to recommend this organisation to friends and family as a place to work?	Extremely Likely	17%	18%	22%	19%	18%	27%	28%	32%	26%
	Likely	41%	39%	40%	41%	45%	41%	42%	42%	42%
	Neither likely nor unlikely	22%	19%	19%	21%	18%	17%	17%	10%	17%
	Unlikely	12%	11%	12%	13%	11%	8%	8%	8%	7%
	Extremely unlikely	8%	8%	6%	5%	8%	6%	5%	8%	6%
	don't know	1%	0%	0%	0%	0%	1%	0%	0%	1%

Table 18 shows how staff opinion of the Trust has developed since the initial implementation of the SFFT. Originally only 17% of staff would be extremely likely to recommend the Trust as a place to work. The latest available results from March 2017 show this figure has risen to 26%, another indicator showing how the Trust workforce has become more engaged over the last few years.

16. Focus Groups

During the Summer of 2016, leading up to the Staff Survey, a rolling programme of Focus Groups took place with teams across the Trust. The theme of the discussions focused on the 2015 survey action plan and talked about communications, bullying & harassment and appraisal.

A total of 41 focus groups took place involving 276 staff. These sessions have proved to be popular and provide a 'safe' environment for colleagues to speak their mind. Attendees could also discuss any work issues that mattered to them.

A brief review of feedback from the sessions indicate that staff view senior managers as being anyone above team manager level.

Bullying and harassment were not widely seen as an issue however it was acknowledged that there were occasions when individuals experienced this.

Appraisal was seen as useful but wanted to be sure it was meaningful to them.

Another round of Focus Groups is being planned for 2017.

17. Recognition

Our staff work incredibly hard to provide the best possible service to the communities we serve and it is important that we recognise the effort and achievement that take place each year.

2016 saw the 10th anniversary of our awards, the ROSCAs (Recognising Outstanding Service and Contribution Awards) and a record number of nominations, over 270, were received. Nominations are made primarily by staff to recognise the outstanding work of their colleagues and teams. Service users and carers also have the opportunity to nominate staff who have made a difference to them.

The shortlist of winners and runner up was compiled by our independent judging panel that included representatives of service users, carers, public governors, sponsors, staff side and management.

Our annual ceremony took place once again at Hatherley Manor, Gloucester. Each winner was presented with their award comprising of a certificate and an engraved glass trophy. Our awards were supported in the form of sponsorship by a number of generous like-minded organisations.

The winners of the 2016 awards were:

Unsung Hero – Kevin Hall, Health records Department Volunteer

Valuing Diversity – Children and Young Peoples Service/learning Disabilities Team

Carer and Service User Involvement – Gemma Coltraro, Ward Manager, Willow Ward

Service Users and Carers Choice – Vicky Mulholland – Community Mental Health Nurse

Award for Innovation – Robin McCarthy, Art Therapist

Clinical Team of the Year, Willow Ward, Charlton Lane Hospital

Non-clinical Team of the Year – Collingwood House Administration Team

Best Supporting Colleague – Dr Simon Christopherson, Consultant Psychiatrist

Best Supporting Manager – Ree Jefferies – Herefordshire Learning Disabilities Team

CEO Award for Outstanding Contribution – Bill Newton – Community Psychiatric Nurse

We were also able to celebrate Long Service Awards for colleagues who have clocked up 20, 30 and for the first time, 40 years NHS Service.

- 38 colleagues received awards for 20 years' service.
- 21 colleagues received awards for 30 years' service.
- 7 colleagues received awards for an incredible 40 years' service.

There are many forms of recognition, from a simple thank you to a lavish awards ceremony but all are important.

Each year we review the awards to see how they can be improved and to ensure they remain inclusive and meaningful.

18. Health and Wellbeing

The health and wellbeing of staff is vital to the provision of high quality services, after all, staff need to be well and at work to provide the service.

Our Trust continues to take the health and wellbeing of staff extremely seriously, with the Director of Organisational Development taking the lead and ensuring the subject is considered and supported at the highest levels of the organisation.

Our Health and Wellbeing Strategy was introduced in 2010 and reviewed and refreshed in 2014 for a period of 3 years. It is currently under review and the updated version will be agreed later in 2017.

As part of the current strategy, we monitor a series of key indicators that reflect the health and wellbeing of staff in the workplace. There are 6 of these indicators informed by data obtained from ESR, the Annual NHS Staff Survey, Working Well (Occupational Health), Datix, our incident reporting system and Learn2gether, our recently introduced training records system.

- **Training**

Our Training team are based in Collingwood house, Gloucester and provide a wide range of statutory, mandatory and non-mandatory courses enabling staff to perform their duties safely and to support Continuing Professional Development (CPD). We link with Health Education England and the South West and West Midlands Leadership Academies.

According to the 2016 Staff Survey, colleagues rated the standard of non-mandatory training, learning or development as 4.06 (from a possible 5) which although very slightly down on the previous year, equals the national average for Mental Health/Learning Disabilities Trusts.

At the end of the 2016/17 year, 86% of staff had completed their Statutory and Mandatory Training. Although the target is 100% completion, the figure is not achievable due to sickness absence, maternity leave etc. Consideration is being given to reducing this target to reflect achievability.

Training and development of staff is now easier to measure following the introduction of Learn2gether, our online training system. Here staff and managers can access real time information about their personal training requirements and search for and enrol in available courses that are relevant to service need.

- **Appraisal**

Each and every employee of the Trust can expect and will have an annual appraisal. As with statutory/mandatory training, the target figure is 100% but in reality for reasons mentioned above it is unlikely that this figure will be achieved. According to the 2016 Staff Survey, 90% of staff had been appraised, an increase of 2% on the previous year and slightly higher than the national average.

However, an appraisal should not just be a tick box exercise, it needs to be meaningful and whilst reviewing past achievements, the main focus should be how the individual will be moving forward, taking into account personal development and succession planning.

The 2016 Staff Survey showed that the quality of appraisal was rated by staff at 3.14 (from a possible 5). This was an improvement on the previous year but is slightly below the national average.

A comprehensive review of the appraisal system has been undertaken with trials of a new format. It is anticipated that the new system will ‘go live’ in the summer of 2017.

- **Staff Turnover**

Although we measure staff turnover, it is not the most reliable method of gauging levels of satisfaction within the Trust. By the very nature of employment, people leave for a wide variety of reasons that are personal to them.

Turnover of staff has actually fallen steadily over the last financial year. The turnover rate for the Trust in March 2017 was 8.6 compared with 10.1 a year previously.

All staff who leave are automatically sent a Leavers Questionnaire. There is of course no obligation to complete and return the form and the majority of those sent out are not returned.

Table 19 - Leavers Questionnaire Analysis

April 2016 - March 2017

	Number	Percentage
LQ's sent (April 2016 - March 2017)	160	100%
Responses received	35	22%

It is assumed that most people just do not feel the need to fill in a questionnaire when they leave but the small number that were returned in 2016/17 have been analysed.

There was no underlying reason or pattern causing people to leave. 9% (3) said they had experienced discrimination at work but there was no explanation given. 32 of the 35 responses were from white staff, the other two did not say.

- 11% (4) said they had experienced bullying or harassment from other staff and 17% (6) had experienced inappropriate behaviour from service users.
- 37% (13) said they had felt valued at work although 43% said they sometimes felt valued.
- 82% (29) said they could make suggestions and contribute to making improvements at work at least some of the time.

It is possible that the Leavers Questionnaire, which has been around in a similar format, based closely on the findings of the Staff Survey is too long. Leavers may be more inclined to respond to something that is quicker to complete. Work is required to review and refresh the Leavers Questionnaire.

➢ Recruitment

It is probably fair to say that every organisation needs the right people in place at the right time. Much work has taken place to centralise the administrative functions of the recruitment process. A wealth of information and support is made available to recruiting managers from the recruitment team and the recently updated and more 'user friendly' recruitment pages on our Intranet.

We also have a dedicated microsite within the Trust's internet service that is easily accessible and gives prospective candidates all the information they need about the Trust. From here, someone new to the Trust can learn about our values and the kind of organisation we are. To assist with finding the 'right fit' we have developed a programme of Values Based Recruitment training for managers which helps select people who most closely share our values. Training sessions are held on a minimum of 3 occasions during the year and are open to all managers.

Our recruitment team have also attended a number of recruitment fayres in London, Bristol and Cardiff and have developed links with local job centres.

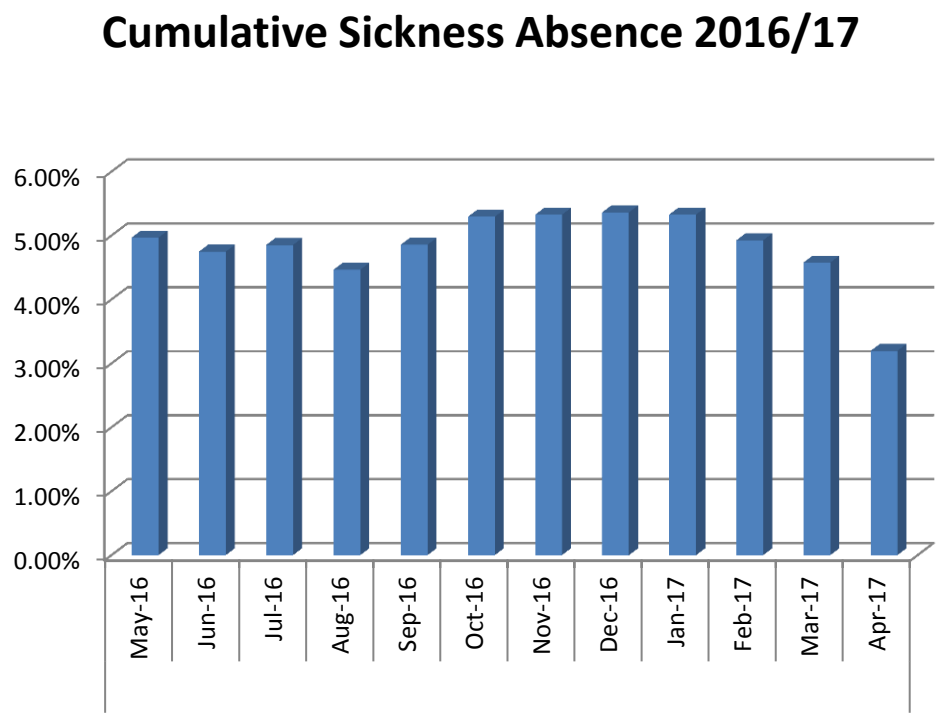
- **Sickness absence**

It is an irrefutable fact that people fall ill and are not able to attend work. It can however cause major issues with delivering our services as colleagues will either have to provide cover, bank or agency usage will increase of appointments get postponed.

One of the key indicators for the Trust is that of sickness absence. Although we have a target of 4% sickness absence across the Trust, 2016/17 has exhibited an absence rate rather higher than desired.

Monthly statistics show an inconsistent pattern with a steady increase over the winter months, falling off through Spring. There was a significant drop in March 2017 as can be seen from Table 20.

Table 20 – Cumulative sickness absence



Our sickness absence policy is continually reviewed with the emphasis on supporting colleagues back to work, making reasonable adjustment where required and where possible but retains the flexibility to deal effectively with more persistent absenteeism.

- **Smoke Free**

Over the course of 2016/17, much work was undertaken to prepare the Trust to go completely smoke-free from April 2017. Workshops and drop in sessions have taken place

along with the development of frequently asked questions and the appointment of non-smoking 'champions' have all contributed to helping staff care for service users who will no longer be able to smoke on Trust premises and help for the staff themselves who are (or were) smokers.

Work is continuing to monitor the effect of a smoke free trust on our service users and staff and whether sufficient support is available for those who need it.

19. Working Well

Working Well is our occupational health service. Working Well supports the health and wellbeing of our staff (and that of other organisations with whom we are contracted with). Advice is given to staff and managers regarding health and work and will recommend actions and reasonable adjustments to help people remain in work or to help facilitate a return to work.

Table 21 shows Working Well activity for 2016/17.

Table 21 – Working Well Activity

Activity	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17
Contamination injuries	1	4	0	8
Immunisation appointments	318	118	291	467
Management referral appointments	115	102	75	175
Self-referral appointments	16	15	14	13
Driver medicals	7	17	11	13
Fitness assessments	110	137	36	48
New employee health assessments	131	158	115	226
Number of staff accessing counselling	15	18	17	25
Number of staff referring for physio advice	12	9	13	28
Flu vaccinations	0	0	1037	8
Reason for referral – mental health	27%	43%	38%	51%
Reason for referral – Musculoskeletal (MSK)	25%	27%	42%	28%

The wide range of supporting activity that staff are able to access is also shown here.

The 2016 Flu vaccination campaign was a huge success with more staff than ever participating.

20. Dignity at Work

Everyone has a right to come to work in an environment that is free from discrimination and harassment, bullying and violence. This is one of our core values and we continue to work to make this a reality.

Unfortunately it is a fact that some people do experience unacceptable behaviour. According to the staff survey 26% said they had experienced bullying or harassment from other staff. This is an increase on the previous year (22%). Whilst this is not shown to be statistically significant increase it still means over 200 staff claim they have experienced this. What the survey does not tell is the nature of the behaviours nor does it put them in any form of context.

The survey also shows that 54% had reported their most recent experience. Again the survey has its limitations because it does not show to whom the incidents were reported and whether or not issues were resolved.

One of the actions from the 2016 Staff Survey is to encourage staff to report all such incidences. In recent years, the Promoting Dignity at Work policy has been refreshed to encourage any issues to be resolved informally. This has been backed up by an increased network of Dignity at Work Officers who are available to give confidential advice and guidance. We also have in place our Speak in Confidence system.

This is a confidential online dialogue that staff can utilise to seek advice and guidance from a colleague of their choice (There are 10 people of various grades and professions including the Chief Executive from whom they can choose). At the time of writing there have been 45 separate dialogues opened by colleagues seeking advice.

It is difficult to quantify the exact number of people who report bullying behaviour. Sometimes it is no more than an anonymous phone call asking for advice and nothing further is heard. On other occasions, a full investigation may take place.

During 2016, we also appointed our first Freedom to Speak Up Guardian. Each NHS Trust has its own Guardian and there is a National Guardian's Office that provides support and training. The role of the Guardian is to ensure that staff feel safe to speak up about any concerns they may have and to hold the Trust to account to ensure concerns are duly considered.

21. Staff Benefits

As well as supporting the physical and mental health of staff, we offer a range of benefits that colleagues may wish to take advantage of. Staff can find out more about what is on offer on our dedicated intranet pages. Work is currently underway to make the pages more attractive and accessible so colleagues will be able to access them from any internet enabled device.

Most of the benefits we are able to offer come from national schemes and from local companies and organisations who are happy to offer discounts to people who work for the NHS. Benefits companies such as Red Guava and NHS Discounts are popular avenues for discounted shopping.

We offer 3 salary sacrifice schemes[1] – Kiddievouchers, Cyclescheme and Salary Sacrifice for Cars.

Staff can purchase vouchers to assist with the cost of childcare from the Kiddievouchers scheme. Currently 107 staff take advantage of the scheme, including both male and female staff.

Cyclescheme was introduced by the Trust in 2009. During this time, over 150 staff have obtained bicycles through the scheme.

Table 21 – Take up of Cyclescheme 2016/17

Scheme Take Up	
Gloucestershire	20
Herefordshire	3
Total Take up	**23**

Age	2016-2017	
	M	**F**
20-34	2	8
35-49	3	5
50+	1	4
Total:	**6**	**17**

[1] Salary sacrifice means you give up a portion of your gross salary in exchange for goods. Savings are made because you do not pay tax, National Insurance Contributions or Pension Contributions on the portion of salary that has been surrendered. Recent government changes mean that savings are reduced for the car scheme as there is no longer any tax exemption except on ultra-low emission vehicles (ULEV). Tax savings are still made on child care and cycle schemes.

23 cycles were purchased during 2016/17 by staff from all age groups. The popularity of the scheme means that many staff have regularly returned to it to get a new bike.

We introduced a scheme to help colleagues purchase a brand new, fully insured and maintained car from October 2015. The scheme has slowly attracted more and more uptake and at the time of writing, the 28th order had just been authorised.

Staff can also join the Staff Lottery, jointly run with Gloucestershire Hospitals NHS Foundation Trust and Gloucestershire Finance Shared Services. Staff can have as many entries as they want at a cost of £1 per entry with the opportunity to win cash prizes on the monthly draw.

Lottery members can also take advantage of discounted alternative therapies provided by a number of local providers on production of the Trust Identity badge.

There are currently 548 Trust staff with lottery membership and 35 staff have taken advantage of discounted therapy sessions.

Many local gyms and leisure centres across the two counties offer discounted membership to NHS employees.

An additional benefit that comes through working for the NHS is that staff can view their Total Reward Statement online through the Government Gateway and as Self Service is rolled out, via ESR. The Total Reward Statement is published annually and shows colleagues the full value of their NHS reward package that includes annual salary including employers' pension contributions, the value of their NHS pension and details of local benefits such as those referred to above.

22. What's Next?

Health and wellbeing is very high on the national NHS agenda as well as with our Trust specifically.

A national CQUIN[2] relating to health and wellbeing is a hugely important indicator of success, linked not just to staff wellbeing but also to funding for the next financial year.

Targets, which will be measured by the results of the 2017 and 2018 Staff Survey will focus on the following survey questions:

- Does your organisation take positive action on health and wellbeing?
- In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?
- During the last 12 months have you felt unwell as a result of work related stress?

We are also required to improve the uptake of flu vaccinations for frontline staff.

Much work will be undertaken in the coming months based on health and wellbeing initiatives. As well as improving our intranet pages, other initiatives that are already under way include encouraging colleagues to take part in a 'Step Challenge', offering discounts on the purchase of a Fitbit, promoting discounted gym membership and a range of other things.

Colleagues across the Trust have organised their own yoga sessions and other fitness activities which the Trust whole heartedly supports. We will be rolling out a physiotherapy service for staff during the summer of 2017 to aid staff who may have MSK problems. Resilience training workshops have been trialled and rolled out to staff.

We will, in co-operation with out Communications team, be highlighting events and raising awareness of the range of benefits available and seeking to add many more.

Focus groups will continue, having proven to be a useful way of gauging staff opinion and providing feedback on issues of concern to them.

A review of the ROSCAs and Long Service Awards is underway to ensure sustainability of the awards within the challenging financial environment facing the NHS in general.

Our Trust has also been appointed as one of 30 Diversity and Inclusion Partners for 2017/18. We will be taking part in a series of national workshops and will be at the forefront of discussing and implementing new initiatives, developments and best practice in the field of equality and diversity.

We will also continue to play a lead role in the Countywide Equalities Network with our colleagues from Gloucestershire Hospitals Trust, the Gloucestershire CCG[3] and other public sector organisations in Gloucestershire.

[2] CQUIN - Commissioning for Quality and Innovation. These are a series of targets NHS Trusts must achieve to receive full funding.

[3] CCG – Clinical Commissioning Group

As part of the NHS Sustainability and Transformation Programme (STP) we are working with other providers on sharing best practice with regard to health and wellbeing and exploring opportunities for joint working.