

<b>Trust Board meeting (Part 1)</b>		<b>Date:</b>	<b>27 May 2015</b>
<b>Agenda item</b>	<b>Title</b>	<b>Executive Director lead and presenter</b>	<b>Report author</b>
<b>BD/15/042</b>	<b>Annual Objectives 2015/16 Month 1 Report – Supporting and Developing Staff</b>	<b>Kristin Dominy, Executive Director of Operations</b>	<b>Director of Organisational Development</b>
<b>This report is for:</b>			
Decision			
Discussion			
To Note		X	
<b>History</b>			
<i>None.</i>			
<b>The following impacts have been identified and assessed within this report</b>			
Equality	None identified.		
Quality	None identified.		
Privacy	None identified.		
<b>Executive summary of key issues</b>			
<p>The Trust Board gave detailed considered to the 2014 national staff survey results and identified its three areas of greatest focus that would be sponsored directly by Board:</p> <ul style="list-style-type: none"> <li>• Bullying and Harassment and physical assault experienced by staff from another member of staff</li> <li>• Appraisal Quality</li> <li>• Staff Engagement</li> </ul> <p>The Board determined it would receive monthly reports describing progress against the above.</p> <p>This report provides the Board with information on actions being taken in response to the above, with measures and reporting arrangements to keep the Board informed of progress and impacts.</p> <p>The Board is asked to <b>note</b> the planned actions, measurement and reporting arrangements for the Board priorities in relation to staff survey feedback.</p>			
<b>This report addresses these strategic priorities:</b>			
We will deliver the best care		X	
We will support and develop our staff		X	
We will continually improve what we do		X	
We will use our resources wisely		X	
We will be future focussed		X	

# 1 Introduction

As discussed previously by the Trust Board, it has been agreed that monthly reporting will be provided to the Board against this priority. In order to embed this fully within the wider considerations made by the Board, the Executive Team has agreed that these considerations be incorporated in other routine reporting received by the Board, as described below.

Standalone quarterly monitoring reports will be provided to the Trust Board against all other strategic priorities.

## 2 Staff Survey: Board identified areas of greatest focus

### 2.1 Bullying and Harassment /Physical Assault

#### 2.1.1 Aim

To express zero tolerance of staff perpetrated bullying and harassment and physical assault; identify underlying causes and take action to ensure staff feel safe at work and confident to report incidents.

#### 2.1.2 Actions

1. Letter from Chief Executive sent to 4800 staff (substantive and bank staff) on 19 May 2015 expressing concern about staff feedback in relation to reported bullying and harassment and physical violence experienced from colleagues.
2. The letter invites staff to provide information about their experience either by completing an independent online survey or through 1:1 conversations with independent party, by telephone or face-to-face. Paper surveys have been distributed to staff that may find accessing computers difficult.
3. Email to all staff reinforcing same messages with electronic link to survey and link to B&H policy (1 June 2015).
4. Survey to be open for 4 weeks (Closing 19 June 2015).
5. Hold 'listening surgeries' – face to face/ telephone over a period of 5 weeks (Complete by 30 June 2015).
6. Communication campaign to reinforce the above.
7. Report of emerging themes and planned actions to Board – July 2015.
8. Launch B&H Hotline (PAM to provide) to provide sign posting and support (via existing telephone counselling) – 1 July 2015
9. Bullying and Harassment action plan, informed by listening exercise, to commence August 2015.

#### 2.1.3 Measurement

- Number of grievances relating to B&H
- Monthly calls to B&H hotline, by Locality
- 2015 Staff Survey Results
- Other measurements to be defined depending on action plan

#### 2.1.4 Baseline measures

- Staff experiencing bullying, harassment and abuse at work – 27% (2014 Staff Survey)
- Staff experiencing physical violence from staff – 5% (2014 staff survey)

#### 2.1.5 Outcome

We will express zero tolerance with respect to bullying and harassment and physical assault but **as a minimum**, we aim to bring scores in line with national average for Mental Health/ Learning Disability Trusts

- Bullying and Harassment from other staff – 21%
- Staff experiencing physical violence from staff – 3%

### 2.1.6 Reporting

Progress will be reported monthly through the Chief Executive's report to Board.

## 2.2 Appraisal Quality

### 2.2.1 Aim

Recognising the importance of appraisal as a means of ensuring delivery of best care; supporting and developing our staff; and creating alignment with Trust priorities as defined by annual objectives; improvement actions will focus on the quality of appraisal experience and improved objective setting.

### 2.2.2 Actions

1. Implement revised appraisal paperwork. Paper work has been adapted to include a Leadership Behaviours Framework; an opportunity to discuss role clarity and responsibilities and an opportunity to reflect on the value an individual brings to their role/ team by both the Manager and individual member of staff (1 June 2015).
2. Publish best practice examples of appraisal documentation with specified quality standards (30 June 2015).
3. Introduce supervision and appraisal training (1 June 2015).
4. 50 members of staff per month to receive supervision and appraisal training (June 2015 – March 2016).
5. Introduce means of rating appraisal quality (1 July 2015).
6. Implement quarterly audit of appraisal quality (30 June 2015).

### 2.2.3 Measurement

- Number of staff trained
- Percentage of staff that received an appraisal.
- Appraisal quality rating by Locality and Team.
- Percentage of appraisal documentation achieving quality standards.
- 2015 Staff Survey Results (Percentage of staff reporting a well-structured appraisal)

### 2.2.4 Baseline measures

- Staff receiving a well-structured appraisal – 35% (2014 Staff Survey)
- Percentage of staff that received an appraisal - 88.2% (March 2015)

### 2.2.5 Outcome

- Staff reporting well-structured appraisal – 41% (As a minimum; reported national average for Mental Health/ Learning Disability Trusts, 2014)
- 100% of substantive staff to receive an appraisal

### 2.2.6 Reporting

Progress will be reported monthly through the Quality and Performance Report to Board.

## 2.3 Staff Engagement

### 2.3.1 Aim

Staff engagement is widely recognised as the best predictor of high quality patient care and an important measure in the annual staff survey. Our aim is to create the best climate for staff engagement by involving staff in decision-making; supporting individual and team development; and providing opportunities for staff to contribute ideas and improve patient care.

### 2.3.2 Actions

1. On-going work of the Enabling Excellence Programme.
2. Staff Retention Strategies.
3. Locally defined staff engagement plans (Locality objectives and Workforce Development Plans).
4. Implement monthly Leadership Videoconference (July 2015).
5. Introduce Staff Friends and Family Heat Map (Q1 2015/16).
6. Introduce a Workforce Impact Assessment to ensure the staff impact of any service change or development is fully considered (July 2015).

### 2.3.3 Measurement

- Number of staff participating in Leadership Videoconference (monthly)
- Staff Friends and Family Test/ Heat Map (Quarterly)
- 2015 Staff Survey Results: Staff engagement/ Percentage of staff recommending AWP as a place to work or receive care.

### 2.3.4 Baseline measures

- Staff engagement score – 3.6 (2014 Staff Survey)
- 42% Percentage of staff recommending AWP as a place to work/ receive care (2014 staff survey results)
- Staff Friends and Family Test Results at Q4 2014/5

### 2.3.5 Outcome

- Positive improvement in quarterly Staff Friends and Family Test results by Locality (Staff Friends and Family Heat Map)
- Staff Engagement – 3.72 (2015 Staff Survey)
- 52% percent of staff recommending AWP as a place to work (As a minimum; reported national average for Mental Health/ Learning Disability Trusts, 2014)

### 2.3.6 Reporting

Progress will be reported to Board through the following routine reports;

- Chief Executives Report
- Quality and Performance Report (highlight locality actions)
- Clinical Executive Report
- Finance Report
- Staff Friends and Family results (quarterly)
- Annual Staff Survey Results.

### 3 Summary

The Board should **note** the actions described to address the three areas of greatest focus identified in the light of 2014 Annual Staff Survey results.

Progress reports will be incorporated into routine reporting to Board complemented by quarterly and annual reports describing Staff Friends and Family results and Annual Staff Survey Results.

### 4 Assurance

Assurance will be provided to the Trust Board through the assurance dashboards, as seen by the Board at its meeting on 29 April 2015. The dashboards will be provided quarterly with full oversight of the information captured within the Board Assurance Framework to be undertaken by the Audit and Risk Committee through quarterly reviews.

### 5 Recommendation

The Board should **note** this report.