BOARD MEETING

29ᵗʰ November 2018

Paper Title:	Staff Survey Update 2018
Lead Director:	Sandra Knight, Director of HR & OD
Paper Author:	Helen Farrar, Staff Engagement Manager, HR
Agenda Item:	8
Presented For:	Assurance
Paper Category:	Strategy

Executive Summary:

Staff satisfaction and engagement are key to delivering high quality, values-based care and are directly associated with patient experience and outcomes. The annual NHS Staff Survey is an important element in the Trust's methods of engaging with staff, and the staff engagement score from the survey forms a key element of the Care Quality Commission's measures linked to registration.

This paper provides:

- A reminder summary of the key findings of the 2017 Staff Survey, following the paper presented to Board on 29 March 2018,

- A further update on the delivery and progress of the 2017 communication strategy, corporate action plan, local plans, and monitoring proposals,

- Information on progress and plans in relation to the 2018 Staff Survey, currently underway,

- Conclusions and recommendations, including embedding Staff Survey findings into the ongoing Engagement Strategy for the Trust.

The paper concludes that corporate and local actions arising from both the 2016 and 2017 NHS Staff Surveys continue to progress, with particular focus on repeated and pertinent themes. These include leadership visibility, staff engagement and involvement, health and wellbeing, and bullying and harassment. It also outlines how the approach to the 2018 Staff Survey will enable swifter reporting following the appointment of Clever Together, utilising a crowdsourcing platform.

The Board is requested to note and comment on the recommended proposals for optimising the approach to the imminent 2018 Staff Survey results; particularly around meaningful, effective and timely staff engagement and smart action planning.

Recommendations:

The Board is asked to consider the report and the assurance provided regarding progress with local and corporate actions following the 2017 survey; and to support the recommended proposals, which include:

a. **Analysing Staff Survey 2018 findings against other Trust activity and intelligence**, so that corporate action plans, focus groups and further Crowdsourcing conversations build upon current improvement themes

b. **Ensuring localities and services receive their 2018 results promptly** and are encouraged to develop bespoke local plans, again that build upon current improvement themes where appropriate

c. **Disseminating internal messages arising from the 2018 Survey in January 2019**, alongside the launch of the new Organisation Strategy – recognising that any external dissemination will be embargoed until after the national results are released in February/March 2019

d. **Responding swiftly to the national NHS reporting** of Survey results in Spring 2019 determining how the Trust is positioned against national benchmarks

e. **Generating simple methodologies for monitoring progress** against corporate and local action plans, with support from Deputy Directors, General managers and HR Business Partners; with a half year review to the Board in 2019.

f. **Reviewing the trajectory of the Staff Engagement Score** from recent years when the 2018 Survey results are released

g. **Mapping the current mechanisms for engaging staff** – across a spectrum from e-update information to *i*Care co-design – identifying any gaps and strengths

h. **Refining and documenting a Staff Engagement Strategy** that draws on above findings and best practice, and dovetails with the further development of *i*Care and Quality Improvement methodologies

i. **Embedding staff engagement into an overall culture of engagement** that includes patient/carer engagement, partnership working in new models of care, and engaging leadership

Governance/Audit Trail:

Meetings where this item has previously been discussed (*please mark with an X*):							
Audit Committee		Quality & Safety Committee		Remuneration Committee		Finance, Business & Investment Committee	
Executive Management Team	X	Directors		Chair of Committee Meetings		Mental Health Legislation Committee	
Council of Governors							

This report supports the achievement of the following strategic aims of the Trust: (*please mark those that apply with an X*):	
Quality and Workforce: to provide high quality, evidence-based services delivered by a diverse, motivated and engaged workforce	X
Integration and Partnerships: to be influential in the development and delivery of new models of care locally and more widely across West Yorkshire and Harrogate STP	
Sustainability and Growth: to maintain our financial viability whilst actively seeking appropriate new business opportunities	

This report supports the achievement of the following Regulatory Requirements: (*please mark those that apply with an X*):	
Safe: People who use our services are protected from abuse and avoidable harm	
Caring: Staff involve people who use our services and treat them with compassion, kindness, dignity and respect	
Responsive: Services are organised to meet the needs of people who use our services	
Effective: Care, treatment and support achieves good outcomes, helps to maintain quality of life people who use our services and is based on the best available evidence.	
Well Led: The leadership, management and governance of the organisation make sure it's providing high-quality care that is based around individual needs, encourages learning and innovation, and promotes an open and fair culture.	X
NHSI Single Oversight Framework	

Equality Impact Assessment :
Not required.   The staff survey results themselves highlight potential areas of inequality which may result in changes to policies and plans that themselves then require an Equality Impact Assessment

Freedom of Information:
Publication Under Freedom of Information Act This paper has been made available under the Freedom of Information Act

1. Introduction

Staff satisfaction and engagement are key to delivering high quality, values-based care and are directly associated with patient experience and outcomes. Staff are our key resource; the engagement, satisfaction and health and well-being of the workforce are critical to optimal performance and enabling achievement of our vision and strategic objectives. The annual staff survey is an important means of providing workforce assurance and highlighting areas for improvement actions. It is a requirement of all NHS organisations and the staff engagement score from the survey forms a key element of the CQC's measures linked to registration.

This paper provides the board with:

- A reminder summary of the **key findings of the 2017 Staff Survey**, following the paper presented to Board on 29 March 2018

- A further update on the **delivery and progress of the 2017 communication strategy, corporate action plan, local plans, and monitoring proposals**

- Information on **progress and plans in relation to the 2018 Staff Survey,** currently underway

- Conclusions and recommendations including **embedding Staff Survey findings into the ongoing Engagement Strategy** for the Trust

2. Summary reminder of the 2017 Staff Survey Results

In 2017, Picker administered the survey for the Trust to ensure governance and anonymity. All staff employed by the Trust had the opportunity to complete the questionnaire of which 1,582 staff did so. The Trust received a 54.4% response rate – this is above average for Mental Health/Learning Disabilities/Community Trusts in England (45%) and an increase in our response rate for 2016 (50%).

Key Findings based on the composite results of a number of questions, set nationally, which when combined give a result for a topic area:

There were 32 Key Findings in the 2017 Staff Survey, with the Trust benchmarking nationally as:

- Better than average on 6 Key Findings (2016 – 5)
- Average on 11 Key Findings (2016 – 13)
- Worse than average on 15 Key Findings (2016 – 14)

Areas of best performance, which were broadly similar to the previous year, were around:

- Satisfaction with opportunities for flexible working
- Trust interest in and action on health and wellbeing
- Fairness and effectiveness of procedures for reporting errors, near misses and incidents
- Reporting of good communication between senior management and staff
- Percentage of staff appraised in last 12 months

Areas where we compared least favourably, which were also similar to the previous year, were around:

- Attendance at work despite feeling unwell because of feeling pressure from manager, colleagues or themselves
- Feeling unwell due to work related stress
- Support from immediate managers
- Ability to contribute towards improvements at work
- Experiencing discrimination at work

Largest local changes for BDCFT since the 2016 Survey:

- Staff experience improved around flexible working and communication between senior managers and staff
- Staff experience deteriorated around resourcing and support

Staff Engagement based on ten questions and three key findings, which make up the overall staff engagement score:

- 2015: **3.84**
- 2016: **3.76**
- 2017: **3.73** (nationally 3.79)

Locality Reports Sixty-nine locality reports were produced which provided a detailed report of the staff survey results at department / team level:

Each Business Unit was encouraged to cascade their individual results from the Survey to enable teams to share, discuss and agree appropriate key actions at the local/service level. In terms of the Staff Engagement score, the highest and lowest results by locality were as follows:

Highest

- 4.03 Trust Management
- 4.03 Specialist Services & Nursing
- 3.75 Adult Physical Health

Lowest

- 3.68 Children's Services/Estates, Facilities & Finance
- 3.66 Mental Health – Acute Inpatients & Community Services
- 3.63 Medical/Research & Development

Other Headlines from the data analysis provided by Picker and analysis of the free text responses:

The Survey responses generated the following headline statistics (national average for similar Trusts in brackets):

- **65%** would recommend the organisation for care or treatment (67%)
- **59%** would recommend the organisation as a place to work (58%)
- **72%** think care of patients is organisation's top priority (72%)

The free text responses provided by 263 people as part of their Staff Survey completion provided comments against a range of themes, the following being the most common concerns:

- Workload/staffing levels/exhaustion
- Negative experiences of management (not listened to, lack of support, not valued, poor leadership etc)
- Poor morale
- Impact of change and budget cuts
- Concern over retention and recruitment (poor retention, limited progress/equal opportunities, job insecurity, considering leaving etc)

Update on **2017 actions** following 2016 Staff Survey:

In order to ensure a continuum of response to Staff Survey data, the March 2018 Board Paper also highlighted progress against the three key corporate actions taken during 2017 arising from the results of the 2016 Staff Survey.

In summary:

- Increased **leadership visibility** reported, with actions taken including Board walkabouts, Director of Nursing focus groups for new recruits; whole service days in adult physical health for discussion/feedback around service changes. (KF6 up 4% from 2016)

- Slight increase in the percentage of **staff able to contribute towards improvements** at work reported, with actions taken including the launch of *i*Care in April 2017 to harness staff skills and ideas (see below) (KF2 up 1% from 2016)

- Increased focus on **health and wellbeing** reported, with actions including promotional roadshows; introduction of Sleepio app; pre-retirement and financial planning workshops; launch of extensive health and wellbeing online Toolkit. (KF15 up 2% from 2016).

The impact of these actions was continuing to be assessed when the Trust received the feedback from the 2017 staff survey.

3. Update on 2018 actions following 2017 Staff Survey

Corporate Actions:

The Trust-wide approach taken with the results of the 2017 staff survey results was the same as the previous year i.e. a Corporate Action Plan based on three key areas. These were leadership; staff engagement and involvement; and bullying and harassment/ discrimination.

In summary:

- Further measures to improve and engage **leadership** have continued in 2018, with actions taken including Board visibility; delivering a Shadow Board Programme; and developing and delivering bespoke leadership and management training

- Actions taken to further embed **staff engagement and involvement** during 2018 have included appointing Clever Together to develop the crowdsourcing platform that is delivering the 2018 Staff Survey, and has supported 'conversations' with staff on the Five Year Organisational Strategy, along with further issues raised, such as around staffing and recruitment; IMT; and the further development and growth of *i*Care (having now completed its first year of operation, and launched a 'Year of Ideas' in June 2018)

- In relation to **bullying and harassment**, actions taken include increasing the numbers of advisors; developing bespoke training for staff in handling complex and difficult scenarios; and reviewing policies to ensure a zero-tolerance approach is embedded.

Appendix One provides more details on progress against these Corporate Actions.

These areas of particular focus were also aimed at supporting discussions and actions to improve **staff health and well-being** and addressing concerns identified through the survey around levels of **resourcing and support** – the area of most significant deterioration in the Trust from the 2016 results.

The figure below provides a sample of key corporate actions following the 2017 staff survey.

Figure 1: Conversations towards our new Purpose, Vision, Values and Behaviours – using Crowdsourcing to issue Trust Challenges towards a new organisational strategy:

What's strong, what's wrong and what's missing?

What do we need to stop, start or do differently?

"We need more qualified, experienced and permanent staff in our organisation" Staff Survey Free Text 2017

Figure 2: Recruitment and retention – issues around retention, job insecurity and reliance on agency staff were raised in both the 2017 Staff Survey and the 2018 Trust Challenge conversations

- Actions taken include growth in staff bank, and Trust became part of the NHSI retention collaborative

Figure 3: *i*Care Year of Ideas
- between April 2017 – March 2018, 35 ideas received
- between April and October 2018, a further 27 ideas received (See Appendix 1)
- Seven projects have gone live, such as the Four Seasons Café at Lynfield Mount Hospital and the Resilience Passport
- exploring the options to optimise the Crowdsourcing platform

Got a good idea?
Want to change things for the better?

In addition, a comprehensive communication plan was put in place and results from the survey were disseminated for information and discussion to all staff, Governors, staff side and staff networks. Staff were invited through team meetings to support the development of local action plans.

Local Actions:

Each Business Unit received their results direct to Deputy Directors week commencing 5th March 2018, who ensured that all team leaders were aware of the availability and location of their reports; and met with their respective teams to share, discuss and agree 2 or 3 key actions.

Services/Teams were encouraged to undertake their own analysis of survey findings pertinent to their area of work, and develop and monitor their own action plan, with targeted support from HR Business Partners. Standard templates were used in some instances, with the level of detail of the plans and progress reports varying. Business Unit Monthly Performance meetings (BUPMs) provided the vehicle for some of the progress updates.

It should be noted that many of the actions arising from the locality Staff Survey results were around issues already known to or being addressed by Managers. As such the Staff Survey Action Plans have not been stand-alone; and the progress/impacts can not necessarily be specifically attributed to actions arising from Staff Survey findings.

Examples of Local Actions and progress made during 2018 include:

- Health, wellbeing and safety concerns were raised by **District Nursing Teams,** particularly in relation to pressures to work long hours. Windmill Green proposed a review of time management and changing the time of the traditional afternoon handovers to daily safety huddles in a morning. This has since been actioned with a result of staff having time to complete their work in the working day.

- **Health visitors'** frustration with the poor quality of duty phones and the time taken doing duty rather than visits, resulted in a proposal to review the system and free up staff time. Progress has included a new duty phone system put in place from July 2018, Children's Admin Hub managing the calls, and the initial release of 6 whole-time equivalent staff back to service.

- Knowledge of who senior managers are and more staff involvement in decisions were amongst **Wakefield Children's Services** planned actions. Progress has included the delivery of a Service time-out for all 0-19 staff from Bradford and Wakefield, producing management visibility, networking and information sharing.

- In **Acute Inpatients**, staff expressed a desire to be more involved in service development; with progress against planned actions including more involvement in Service User groups and initiatives; and submission of some proposals to *i*Care.

Appendix Two provides more details on progress against a sample of Local Actions across the various Business Units.

Monitoring:

At both a Trust wide level and locally, progress against corporate and local actions have been monitored by the Workforce Transformation Steering Group and through specific reports, such as this report to Board. Discussions have also taken place at BUPM meetings as part of the review of their workforce performance indicators.

It should however be noted that some of the actions arising from the 2017 Staff Survey have merged with actions arising from the 2017/18 Care Quality Commission findings and the 2018 Staff Challenge crowdsourcing 'conversations'; and that as a result different

Business Units and Services/Teams are approaching progressing and monitoring their actions in different ways.

4. Update on the 2018 Staff Survey

This year's NHS staff survey has been coordinated for our Trust the first time by Clever Together. Their crowdsourcing platform is being shared with Bradford and District CCGs.

The Survey went live on Monday 8 October 2018, with a 'warm-up' email issued to all staff one week before-hand. The survey has been made available to all eligible staff in accordance with NHS guidelines, as employed 1 September 2018. As this year's survey is only being issued electronically, special log-ins have been issued to 110 staff who do not normally have access to a computer in their role in Estates and Facilities, to enable them to access the survey via smartphones or shared computers with Manager assistance.

Staff are receiving 6 email reminders during the survey if they have not yet completed it. The survey will close on 30 November 2018. One distinction of this year's crowdsourcing methodology is that local results will be available much more promptly than previous years, within a week of the survey closing, enabling focused analysis, internal dissemination and action planning to happen much more quickly. NHS England are also planning to disseminate the national results a little earlier than in previous years (planned February 2019); and have undertaken an update on their reporting outputs.

The 2018 Survey follows the Standard national questions (of which there are 23 this year, within an updated questionnaire). We have also added four local questions around the following themes, to enable further focus on areas identified as concerns, determine staff response to new strategies (e.g. use of crowdsourcing) and establish baseline data at the outset of new approaches (e.g. quality improvement methodologies):

- Opportunities for training and career development
- Reporting incidences of discrimination or abuse
- Encouragement of contribution to quality improvement
- Feedback on the crowdsourcing methodology as a means of staff engagement

As well as the full results, Clever Together will also be generating some focused reports around pertinent themes, in response to Trust priorities.

Summary distinctions of the NHS 2018 Staff Survey:

- Management of the survey at BDCFT and CCGs by Clever Together
- No paper versions, but assistance offered to enable all to participate
- A few pertinent local questions added
- Much prompter results locally
- Clever Together's analytics and reporting designed to provided focused and actionable information
- National reporting updates also planned to be more user friendly and published a little earlier
- Staff engagement score to now be measured on a scale 1-10, with historical data re-calculated to enable comparisons
- Focus Groups around key issues arising planned for early 2019
- Planned BDCFT organisational structure changes during action period might make some actions harder to track

The estimated Trust's completion rate will be reported to the Board meeting.

5. Observations, Conclusions and Recommendations

Tracking Staff Engagement

Meaningful, effective and timely staff engagement continues to be at the heart of the Trust response to the Staff Survey 2017 findings, both as a subject in its own right, and as a means to continue 'conversations' that have arisen around wider pertinent issues.

A number of mechanisms to engage staff more fully have been undertaken or continued during 2017 and 2018, responding to the overall staff engagement score in the Staff Survey over the last 2 surveys which has continued to be on a slightly downward trajectory (see 2.2 above).

Although the following are not specific to the Key Findings that make up the staff engagement score, they may give some indication as to the sense of engagement. The 2017 Staff Survey showed some significant improvements in some perceptions of engagement since the 2016 Survey (for example a 4% increase in the number reporting good communication between senior management and staff). However, some health and wellbeing measures were down (for example a 5% increase over two years in those feeling unwell due to work-related stress). It could be that the latter has influenced the overall sense of dis-engagement. Even great engagement cannot always mitigate against the impacts of externally driven stress.

It is proposed that:

- The **Staff Engagement Score** in the 2018 Survey results is reviewed carefully to see if there is a shift in the extent to which staff feel engaged, and the underpinning reasons analysed.

- The **current mechanisms** for engaging staff – across a spectrum from e-update information, crowdsourcing, to iCare co-design – are documented and strengths and gaps identified (See Appendix Three)

- Key staff are familiarised with the **Crowdsourcing platform** with Clever Together to enable it to be used to full effect

- A **Staff Engagement Strategy** is refined and documented, that draws on the findings above, as well as best practice, such as that gleaned from a proposed visit to Lincolnshire Partnership NHS Foundation Trust (a Trust identified by NHS Improvement as moving from 'Requires Improvement' to 'Good', and who have implemented an effective multi-site engagement strategy), and dovetails with the further development of iCare and Quality Improvement methodologies.

- There is embedding of staff engagement into an overall **culture of engagement** that includes patient/carer engagement, partnership working in new models of care, and engaging leadership.

Data Analysis and meaningful Action Planning

With the 2018 Staff Survey Trust results due very shorty, including Clever Together's thematic reporting around pertinent issues, it should be possible to track carefully momentum against corporate actions delivered in response to the 2016 and 2017 Staff Surveys, including

- Increased leadership visibility

- Staff engagement
- Staff contributions to improvement
- Focus on health and wellbeing
- Focus on bullying and harassment

With swifter reporting enabled at the local level this year, the potential to generate timely, responsive and meaningful Trust actions is also at its greatest. The focused and thematic analysis proposed by Clever Together should also facilitate smart action planning where it is most needed.

Two problematical areas in previous action planning arising from Staff Survey results are the varied and patchy methodology for monitoring progress against local action plans; and the difficulty in attributing outcomes specifically to Staff Survey actions, when a number of other drivers to change and improvement exist.

It is proposed that:

- Staff Survey 2018 findings are **analysed against other Trust activity and intelligence**, so that corporate action plans, focus groups and further Crowdsourcing conversations build upon current improvement themes rather than stand-alone 2018 Survey plans.

- As in previous years, localities and services should receive their results promptly and be **encouraged to develop bespoke local plans**, again that build upon current improvement themes where appropriate

- There should be a continued focus on implementing the **staff health and wellbeing** offers and services; **improving team leader capability**, confidence and effectiveness; and encouraging a culture that **embraces inclusivity and diversity** and reflects emerging Trust values

- Internal messages arising should be **ready for dissemination in January 2019**, alongside the launch of the new Corporate Strategy – recognising that any external dissemination will be embargoed until after the national results are released in February 2019

- Trust Management **responds swiftly to the national NHS reporting** of Survey results in Spring 2019 determining how the Trust is positioned against national benchmarks

- **Methodologies for monitoring progress** against corporate and local action plans are tightened up and simplified, with support from Deputy Directors, General managers and HR Business Partners, with a half year review to the Board is in mid 2019. Further potential to utilise the Crowdsourcing platform to monitor actions and simple 'You said, we did' type of communications on progress are proposed.
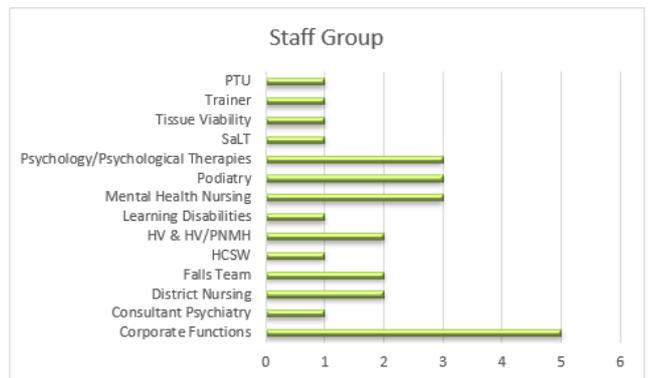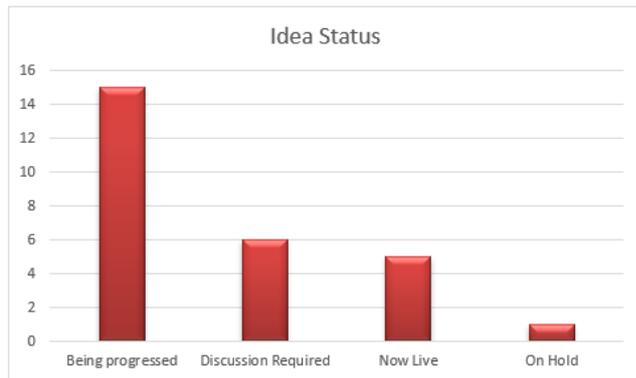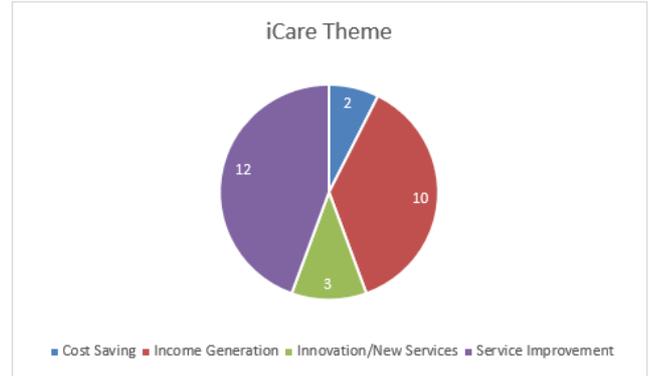
In conclusion, corporate and local actions arising from both the 2016 and 2017 NHS Staff Surveys continue to progress, with particular focus on repeated and pertinent themes. The Board is requested to note and comment on the above recommended proposals for optimising the approach to the imminent 2018 Staff Survey results, particularly around meaningful, effective and timely staff engagement and smart action planning.

Appendix One: Progress Against Corporate Actions following 2017 Staff Survey

What we planned in March 2018	Progress by October 2018
Leadership Ensuring that senior managers from Executive, Deputy Directors and Service Managers are engaged with team leaders • to support them in their role, appreciate, listen and seek ideas • to review hotspots and target development at these areas • to build capacity and capability and share best practice	• Measures to increase leadership visibility commenced in 2017 have been continued throughout 2018, such as Board on the Road • A Shadow Board Programme has been delivered, to help develop the next generation of Executive Directors • The new Chief Executive has commenced, with Brent committed to visibility, engagement and communication • Following the CQC inspection, a Ward Manager training programme and Handbook has been designed and delivered to help drive up standards of excellence in management and patient care • Other bespoke management training programmes are underway, such as with District Nurses • We are reviewing and refreshing our approach to leadership and management training to reflect the current NHS and business context and respond to the needs of participants identified through the Staff Survey, CQC and external health and well-being charter assessment. • Hence a new 'Leadership and Management Passport Programme' is being prepared, which will enable participants to tailor their development. The launch of the Leadership offer will be aligned with the introduction of the new appraisal paperwork and Trust values early 2019
Staff engagement and involvement To include: • Embedding and training in service development and improvement methodology • Enabling staff to have a voice • Crowdsourcing to provide instant access from staff on key issues • The further development of *i*Care, with links to the crowdsourcing.	• Work is underway towards a Quality Improvement Strategy and enlisting independent support (Kings Fund) to adopt a bespoke methodology in 2019 • Clever Together were appointed to develop a Crowdsourcing platform to engage conversations with staff on key issues such as the Five Year Organisational Strategy, which received over 8000 contributions [Figure 1]; and to run the 2018 Staff Survey. • Through the Strategy 'conversations', staff raised a number of issues that were important to them that have since been responded to, such as those relating to Director parking or staffing and recruitment matters [Figure 2]. • Further actions in progress include those to improve technology and address issues linked to the operation of the admin hubs, with an opportunity for staff to get involved. Timely feedback was given via *'What we're already doing'*

	and *'What we're planning to do next'* or *'You said'*, *'We did'* communications.
	• *i*Care – designed to harness staff skills and ideas and inspire a spirit of enterprise across BDCFT - has completed its first year of operation, issued a review to the March 2018 Board, and launched *i*Care: Year of Ideas in June 2018; and continues to develop and grow (see below)
	• Ongoing and targeted communications; alongside the crowdsourcing technology have been central to developing the *i*Care brand and generating creative and innovative ideas to generate income and improve patient experience and care
	• A 'diverse, motivated and engaged workforce' features as a key strategic aim in the Trust 2018/19 Operating Plan.
Bullying and harassment/discrimination – reviewing in terms of: • patients/carers towards staff; management towards staff; relaunch of the Zero Tolerance policy and Management of Racial and Other Types of Discrimination and Harassment of Staff by Service Users, Carers and Relatives Policy, • develop training for managers/staff in handling complex/difficult scenarios, • extend the contact officers to include clinical contacts.	• The number of bullying and harassment officers/advisers has been increased • Mediation training is being offered to help resolve issues early • The 'Bradford Manager' training programme gives managers the skills to motivate and involve teams in a positive way and bespoke training for staff and managers to tackle bullying and harassment is underway. • The relevant Trust policies have been reviewed to ensure zero tolerance approach is embedded and deliverable. • Ref. Report to October 2018 Board

Ideas by Directorate

Categories (top to bottom): Operations, Corporate Affairs, HR/OD, Finance, Contracting & Estates, MH Acute and Community, Adult Physical Health and Childrens

Axis: 0, 2, 4, 6, 8, 10, 12

iCare Theme

Pie chart values: 2, 10, 3, 12

Legend: Cost Saving, Income Generation, Innovation/New Services, Service Improvement

Idea Status

Categories: Being progressed (15), Discussion Required (6), Now Live (5), On Hold (1)

Axis: 0, 2, 4, 6, 8, 10, 12, 14, 16

Staff Group

Categories (top to bottom): PTU, Trainer, Tissue Viability, SaLT, Psychology/Psychological Therapies, Podiatry, Mental Health Nursing, Learning Disabilities, HV & HV/PNMH, HCSW, Falls Team, District Nursing, Consultant Psychiatry, Corporate Functions

Axis: 0, 1, 2, 3, 4, 5, 6

14

Appendix Two: Selected sample Local Actions following 2017 Staff Survey

Business Unit:	Impatient Services, Dental Services and Admin Hubs	
Service/Team:	**Impatient Specialist Services**	
What the results told us	**Actions planned**	**Progress and impact**
• Dementia Assessment Unit - Heightened anxiety when off sick caused by concerns over Bradford Score	• Twice yearly meetings with HR to discuss issues such as Absence Policy,	• Events held 25.5.18 and 25.10.18 • Business Unit has fed into the review/redesign of the policy
• Step Forward Centre - Staff feeling engaged and involved could be improved	• Actively encourage staff to attend staff briefings • Promote BDCFT events • Encourage staff to apply for Professional change • Actively support champion role – link staff to related learning	• Staff have attended EMT briefings and 7 staff attended the SFC Quality and Safety walkabout • 3 staff attended Professional change month. • Champion roles are actively supported.
Service/Team:	**Clinical Administration**	
What the results told us	**Actions planned**	**Progress and impact**
• Staff dissatisfied with training and development opportunities – a number removed due to funding	• To discuss with HR/OD around essential skills for managers	• Training and Development Workshop held June 2018

Business Unit:	Adult Community and Physical Health	
Service/Team:	**District Nursing Teams**	
What the results told us	**Actions planned**	**Progress and impact**
Windmill Green - Health wellbeing and safety concerns: • increase in working additional unpaid and paid hours • increase in feeling pressure into coming to work when unwell	• Review time management and change the time of traditional handover in an afternoon to Daily safety huddles in a morning • Ensure allocation of visits equitable • Remind staff to be team players, open and honest, and inform team leader if they are struggling to complete their work	• Actioned and ongoing • Staff have time to complete their work in the working day
Westcliffe • Staff expressed they feel that harassment and bullying from patients and carers have increased over the last 12 months	• Better communication between services to patients regarding service provision to facilitate realistic expectations.	• Policy and procedures developed for all District nursing, around harassment and bullying, including improved incident reporting

Airedale/Wharfedale	• Promote the freedom to speak up guardians (role, contact details) – encourage staff to report concerns	• Actioned and ongoing
• Freedom to speak up concerns • Bullying and harassment concerns	• Encourage the reporting of violence and aggression experienced by staff; enable the employment of strategies to minimise the experience of violence and aggression.	• Policy and procedures developed for all District nursing, around harassment and bullying, including improved incident reporting

Business Unit:	Children's Services (Bradford and Wakefield)	
Service/Team:	**Health Visiting**	
What the results told us	**Actions planned**	**Progress and impact**
• Frustration with poor quality of duty phones and the time taken doing duty rather than visits.	• Work stream reviewing the duty phone system and different ways of delivering this service to free up clinical time	• Duty phone process reviewed & new system in place from 2.7.18 • Children's admin hub managing calls • Initial release of 6WTE staff back to service
• Concerns about mandatory training and support from HR around ESR recording and training dates.	• Consider streamlining mandatory training - 1 session • Increase staff awareness of HR processes & roles • Report non-recording of completed training to line managers • Work underway to identify & record all training in the service	• ESR challenges re accuracy of recording raised; and capacity of training offers discussed May 18 • Local training being recorded on ESR by admin support – further work underway by HR • Combined service specific sessions being tried throughout the year • Training matrix updated to reflect Organisational requirements
Service/Team:	**Children's Services Wakefield**	
What the results told us	**Actions planned**	**Progress and impact**
• Key area is for our staff to know who their senior managers are and that staff feel they are involved in important decisions	• Service manager plans to set up monthly drop in sessions for staff to share concerns and updates • Team Leaders to manage weekly meetings with their staff • The children's forum is to be set up as a venue to share and be involved in developments moving	• Children's time out event in Bradford supported management visibility and networking and was open to all 0-19 staff. • Updates were shared regarding both Bradford and Wakefield services at the time out. • Over the year there have been a variety of visits and

	forward. • The new clinical development steering group for the whole 0- 19 service is also a forum for staff to share ideas and best practice	drop ins to the service by the senior management team and a recent visit by Brent Kilmurray • Date for first Children's forum set for the end of November 2018

Business Unit:	Mental Health, Acute and Community Services	
Service/Team:	**EIP/CMHT/IAPT/Acute Inpatients**	
What the results told us	**Actions planned**	**Progress and impact**
Leadership • Staff were not receiving regular one to ones	• Clinical leads and team managers will receive a monthly 1:1	• These are being monitored by clinical and service managers • Appraisals now above target
Direction and visibility • Lack of clear direction and leadership, unsure of who the senior management team are.	• Service Manager will develop a regular meeting with team managers to review operational challenges • Review the meetings and membership	• Meetings took place with DD up and more visibility of senior team; walkabouts from Senior Management team including CEO • Various meetings have been embedded • Ward managers programme is in place • Meeting with senior team has happened
• Staff want more involvement including development of structures and shift patterns and service redesign	• Create Open-Door policy and encourage staff to speak to management • Look at team cultures to ensure supportive and positive work environment • Provide relevant training to new staff and team leaders • Service user involvement groups, learning from those • More clinical contact officers • Roll out of quality improvement initiative • Transformation with team leaders leading on strands of work.	• Service Managers and senior team are more accessible and visible to staff • Rolled our management development programmes • Team away days • Managers involved in SU&C initiatives • People have been trained to be contact officers • Have introduced care closer to home to bring together all the services and redesign how they will be delivered and how they will work together
• The further development of *i*Care.	• Encourage and support to come up with ideas around service development • Make *i*Care standing agenda item at meetings	• Have submitted some *i*Care proposals including one for MVA

Business Unit:	Finance	
Service/Team:		
What the results told us	Actions planned	Progress and impact
• Gaps in IT training need improving	• Session to demonstrate Power Pivots • Business Intelligence Team to work with each section on specific requirements	• Held end April 2018
• Team building required	• Team social event to be arranged for after the accounts • Future events to be arranged on a periodic basis	• Held end April 2018

Business Unit:	Human Resources/Organisational Development	
Service/Team:	**Human Resources**	
What the results told us	Actions planned	Progress and impact
Development areas include: • Managers encouraging team working • Health and Wellbeing • Personal Development	Action areas included: • Team members buddying in the department to gain experience and development • HR Staff Charter – our commitment to team behaviours and role modelling • Promotion of wellbeing benefits	• Series of team meetings • Time out Summer 2018 • Refocused priorities • Increased resources/capacity to recruitment and selection Team.

Appendix 3: Evaluating the effectiveness of engagement measures

The following represents themes suggested by one methodology for evaluating employee engagement effectiveness, and could potentially form the basis for mapping and identifying strengths and gaps in our current approach:

Strategic Narrative - Visible Empowering Leadership providing a strong Strategic Narrative about the organisation, where it has come from and where it is going

Engaging Managers - Engaging Managers who focus their people and give them scope, treat their people as individuals and coach and stretch their people

Employee Voice - For reinforcing and challenging views, between functions and externally. Employees are seen not as the problem, rather as central to the solution, to be involved to be listened to, and invited to offer their experience, expertise and ideas

Integrity - The values on the wall are reflected in day to day behaviours. There is no "say-do" gap. Promises made and promises kept or an explanation given as to why not

THE FOUR ENABLERS OF EMPLOYEE ENGAGEMENT

'These four enablers of engagement have proved to be useful lenses which can help organisations assess the effectiveness of their approaches'
Reference: https://engageforsuccess.org