

Staff Experience Report

2015-2016



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Executive summary

This is our first Staff Experience Report. It combines the previous Workforce Equality and Diversity Report and the annual Indicators of Health and Wellbeing Report.

It is designed to provide the reader with an insight into how the trust is viewed by its staff as an employer. It provides a profile of our workforce, including gender, age and other protected characteristics.

We utilise data that is available from the Electronic Staff Record (ESR) and information that has come directly from staff by way of the Annual NHS Staff Survey and the Staff Friends and Family Test.

This report looks at a range of indicators that measure the health and wellbeing of our staff as we strive to provide a healthy and supportive environment in which to work.

We value the huge contribution made by our staff to making life better for the communities we serve and take a look at our annual awards known as the ROSCAs.

We also believe that we should be honest and acknowledge where staff are less satisfied with the work experience and where improvements still need to be made.

Some key points of note

- We serve an area of approximately 1900 square miles with a population of over 798,000 people
- We deliver services to around 18500 people at any given time.
- We are a Foundation Trust, accountable to our local communities through our governors and members.
- Our Staff Charter clearly shows what the Trust expects from its staff and what the staff can expect from the Trust.
- Staff engagement as measured by the Annual NHS Staff Survey has shown considerable improvement and is better than the national average.
- Staff recommendation of the Trust as a place to receive care or treatment and as a place to work has steadily improved as reported by the Staff Friends and Family Test.
- Our annual awards, the ROSCAs, attracted more nominations in its 10th year than ever before.
- We have introduced Speak in Confidence and increased the number of Dignity at Work Officers to support colleagues who may have been subject to inappropriate behaviour from other staff or from service users, carers and members of the public.
- We have added to our range of staff benefits by introducing the Salary Sacrifice for Cars scheme.

Areas for improvement

We recognise that a 'one size fits all' approach to staff engagement does not meet the needs of everyone and we continue to work with colleagues to understand what is understood by good communications.

Levels of inappropriate behaviour reported in the Staff Survey are not reflected in reported incidences or casework. More work is required to ensure that all colleagues report these behaviours that are against our values and are aware of the support available to them.

Ethnic minorities are under-represented at senior management level.

More work is required to ensure we have the most accurate profile possible of the workforce by protected characteristic, enabling more effective monitoring or equality of opportunity throughout the Trust.

More easily accessible information and guidance for managers and staff on creating a healthy workplace include advice on both physical and mental health.

1. Welcome to our first Staff Experience Report.

1.1 The purpose of this report is to pull together the content of a number of separate reports where we look at Equality and Diversity in the workforce including the Workforce Race Equality Standard, Health and Wellbeing, the NHS Staff Survey, the Staff Friends and Family Test and our recognition scheme, the ROSCAs. By combining or incorporating parts of other separate reports, the intention is to produce a document that accurately reflects how staff view their experience of working for the Trust. It will include actions which we know we need to take to improve the experience of our staff as well as celebrating what we do well.

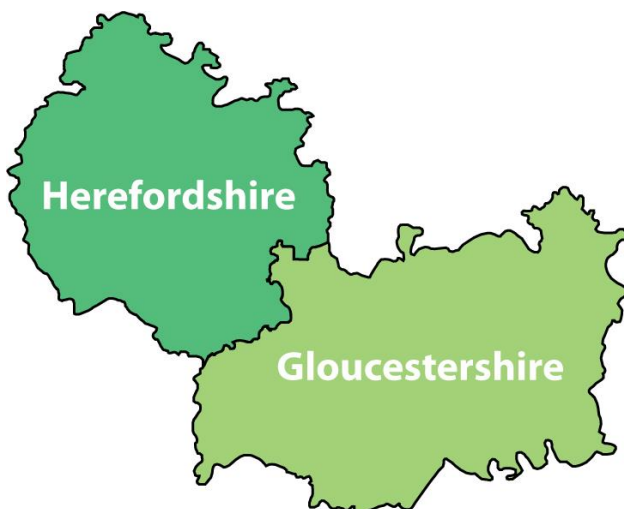
1.2 This report also provides assurance that the Trust is meeting its responsibilities under the Public Sector Equalities Duty and continuing to support the health and wellbeing of our staff as described in our Health and Wellbeing Strategy and its underpinning action plan.

1.3 We also have the benefit of feedback and external scrutiny through our Investors in People accreditation following a re-assessment in 2014. The Trust has continued to work with that feedback as part of our overall approach to improving the experience of our staff at work.

1.4 Equality and diversity, staff engagement and the health and wellbeing of our staff are championed at Board level by our Director of Organisational Development, and clearly described through relevant strategies which are delivered through robust action plans overseen by Board Committees. This ensures that initiatives are considered, sponsored and scrutinised at the highest level of the organisation.

2. Overview of the counties we serve

Together provides mental health and learning disability services to the counties of Gloucestershire and Herefordshire. This is a geographic area of approximately 1900 square miles and a combined population of 789,360 people. At any one time we are delivering services to around 18500 people! About 2300 people (including bank workers) work for us across the two counties to deliver these services.



2.2 We are a Foundation Trust which means we are accountable to our local community through our governors and members who live and work in Gloucestershire and Herefordshire. The benefit of Foundation status enables greater freedom to plan our own strategy and how our services are delivered whilst working closely with our commissioners. To ensure accountability we are regulated by Monitor.

3. Public Sector Equalities Duty

3.1 It is important to note that as part of the NHS and therefore a public sector organisation, we are duty bound to meet the requirements of the Public Sector Equality Duty (PSED). The content of this report gives assurance that we are acting in accordance with our responsibilities under the Equalities Act 2010. There is a general duty under the Equalities Act 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.

3.2 The Act offers protection to individuals from discrimination on the grounds of their protected characteristics.



3.3 As an organisation our Staff Charter is designed very much with these duties in mind. It is a statement of how our values are reflected in our working lives. Our Staff Charter is extremely important to us and is a constant reminder of our values, and what we expect from each other, both as employer and employee.

3.4 The Charter is visible around the Trust in poster format. Copies can be downloaded from the intranet and it also forms part of our appraisal paperwork. People who join the Trust are introduced to the Charter during their Induction programme.

STAFF CHARTER

Our Trust is committed to providing a safe working environment where staff feel valued and respected, developing an inclusive workforce where staff can access opportunities, understand their rights and responsibilities and can contribute to the success of our services by working together.

The Staff Charter has been developed with staff and staff side representatives to reflect our values and the rights, pledges and aims of the NHS Constitution.

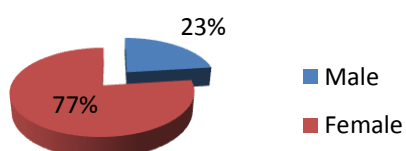
What I can expect from the Trust	Our Values	What the Trust expects of me
A rewarding job which makes a difference to service users, carers and communities	Seeing from a service user's perspective	To improve services for service users, carers and communities based on their perspectives
Access to the right training and development to help me excel at work and the opportunity to improve	Excelling and improving	To seek and take up opportunities and enable others to seek innovative ways to make a difference
To be mindful of the choices available to me which support my wishes to balance work and my life choices	Responsive	To be flexible and adaptable to delivering services in new ways which are responsive to need
An environment free from discrimination and harassment, my contribution is valued and I am protected from bullying or violence	Valuing and respectful	To value differences and individuality, showing respect to colleagues, service users, carers and volunteers for their contribution
To be included when making decisions which affect me or service users and carers	Inclusive, open and honest	To contribute to workplace discussions in a constructive way and give honest feedback
The support to enable me to raise issues or concerns and encouragement to think positively	Can do	To address and report issues promptly, to find solutions and problem solve
The resources to work effectively and efficiently, maintaining my health wellbeing and safety, with the right information to know if I am doing a good job	Efficient, effective, economic and equitable	To maximise opportunities for team working, utilise resources, recognise and promote health and safety working creatively to improve access to services

3.5 So what is it like to work for 2gether? Let's start by looking at a profile of our workforce. The information is gathered from a number of sources including workforce data obtained from the Electronic Staff Record (ESR), the annual NHS Staff Survey and the Staff Friends and Family Test.

4. A Profile of the 2gether Workforce

4.1 We employ approximately 1970¹ staff, full time and part time, (excluding bank workers) across a wide range of professions. This does not include our Executive and Non-Executive Directors. The figure will of course differ as people leave and join the Trust although across a year, will not change very much.

Table 1 - Gender Distribution – March 2016



4.2 Over three quarters of the Trust's workforce is female and has remained the same as the previous year. This does not reflect the gender profile of our two counties. Both Herefordshire and Gloucestershire report a gender profile of 51% female to 49% male.

Table 2 – Staff Group by Gender – March 2016

Staff Group	Female	%	Male	%	Grand Total
Additional Professional, Scientific and Technical (includes Psychological Therapists, Psychotherapists, Social Workers)	150	79%	40	21%	190
Additional Clinical Services (includes Healthcare Assistants, Community Support Workers)	283	73%	106	27%	389
Administrative and Clerical (including Receptionists, Ward Clerks, Medical Secretaries, Finance, Human Resources, Administrative Staff)	406	85%	71	15%	477
Allied Health Professionals (including Occupational Therapists, Art Therapists, Speech and Language Therapists, Physiotherapists)	112	88%	15	12%	127
Estates and Ancillary	68	86%	11	14%	79
Medical (including Psychiatrists, Doctors)	51	49%	54	51%	105
Nursing – Registered (including Nurses, Community Mental Health Nurses)	458	75%	152	25%	610
Grand Total	1528	77%	449	23%	1977²

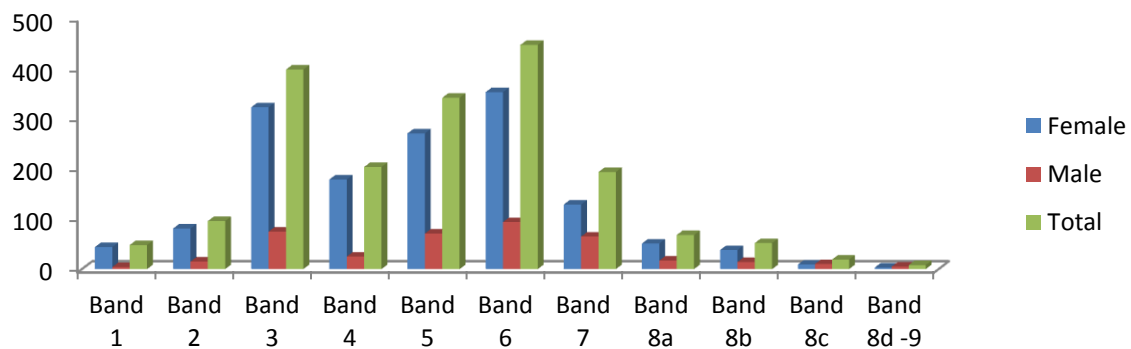
¹ Figures correct at time of writing.

4.3 It can be seen from Table 2 that the gender make-up of some of the various staff groups on average reflect the overall gender distribution of the Trust with the exception of Medical colleagues where there are slightly more male staff than female. Administrative and Clerical, Estates and Ancillary and Allied Professionals have a significantly higher proportion of female staff.

4.4 Although not featured in Table 2, it should be noted that the Trust Board consists of 7 Executive Directors and 7 Non-Executive Directors of which 7 are male and 7 are female.

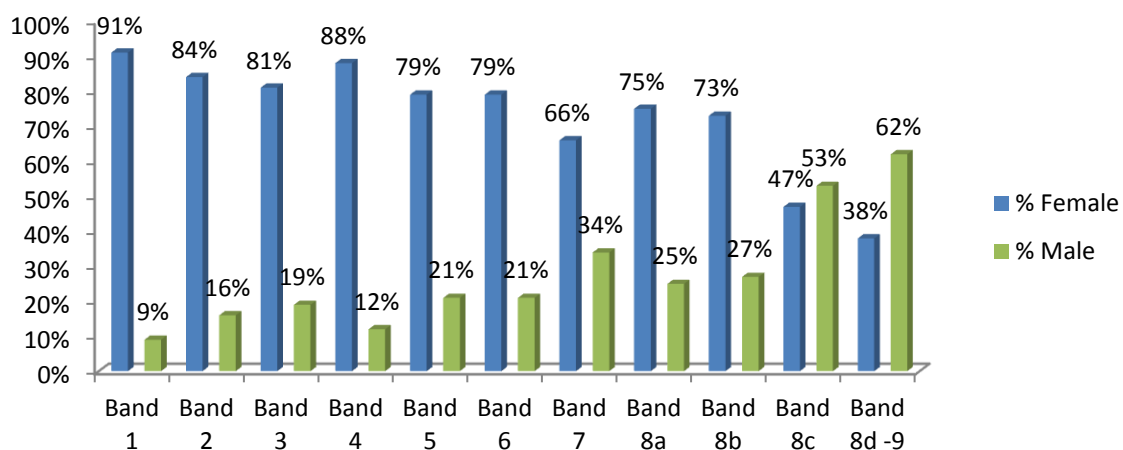
4.5 The majority of staff are on 'Agenda for Change' terms and conditions which means their role has been evaluated using the tried and trusted national NHS Agenda for Change job evaluation system and progression through each of the pay bands is incremental. Progression to the maximum of each pay scale should be an indicator that the post holder is fully experienced and meets the full requirements of the job as expressed in the Job Description.

Table 3 – Pay band by Gender –March 2016



4.6 As we have seen, over three quarters of Trust staff are female. Table 3 shows the gender breakdown for each of the Agenda for Change pay bands. Table 4 shows the percentage of female and male staff in each pay band. Only Bands 8c to 9 have more male than female staff. Although the number of staff in these very senior posts is small, the overall gender profile of the Trust is not reflected.

Table 4 – Pay band by Gender Percentage – March 2016



4.7 The average pay for whole time equivalent female staff throughout the Trust is £26985.00 across Agenda for Change pay bands whilst the average for whole time equivalent male staff is £30848.00. It is likely these figures are skewed by the significantly higher proportion of female staff between Bands 1 to 4 and lower numbers at Band 8c and above. It is however important to note that the hourly rates for all Agenda for Change pay bands are the same regardless of gender reflecting the founding principle of Agenda for Change which is equal pay for work of equal value.

Table 5 – Part time staff by gender – March 2016

Pay Band	Female Staff			Male Staff			All Staff	
	Part Time	Full Time	% of Part Time female staff	Part Time	Full Time	% of Part Time male staff	% of Part Time Staff in Pay Band	
							Female	Male
Band 1	33	11	75%	3	1	75%	69%	6%
Band 2	51	30	63%	1	14	7%	53%	1%
Band 3	153	170	47%	6	69	8%	38%	2%
Band 4	84	95	47%	1	24	4%	41%	0.5%
Band 5	95	176	35%	10	61	14%	28%	3%
Band 6	153	200	43%	18	76	19%	34%	5%
Band 7	60	69	46%	15	50	23%	24%	8%
Band 8a	24	27	47%	5	12	29%	35%	7%
Band 8b	16	22	42%	3	11	21%	31%	6%
Band 8c	2	9	18%	2	8	20%	10%	10%
Band 8d-9	3	0	100%	0	5	0%	38%	0%

4.8 Nearly half of all female staff in each pay band work part time, a much higher percentage than part time male staff as can be seen in Table 5. Whilst the gender distribution across pay bands and profession indicate there are no discernible barriers to the career progression of female staff, the reason for this high rate of part time working is not known but would reflect a wide variety of reasons that suit the work life balance of the individual.

4.9 It should be noted that there are 3 female staff at Band 8d-9, all of whom work part time which is a very strong indication that flexible working is not a bar to progression to very senior levels

4.10 These figures also demonstrate that working part time is one of a wide range of flexible working options available to colleagues that seek to balance both service need and lifestyle choices and enhance equality of opportunity.

5. The Trust and Disability

5.1 Our Trust is proud to be a '2 Ticks' employer. We are fully committed to supporting applicants who have declared themselves to have a disability. Any applicants who have declared a disability when applying to join the Trust in any capacity and who meet the essential criteria of the post will be shortlisted, i.e. guaranteed an interview in accordance with the '2 Ticks' pledge.



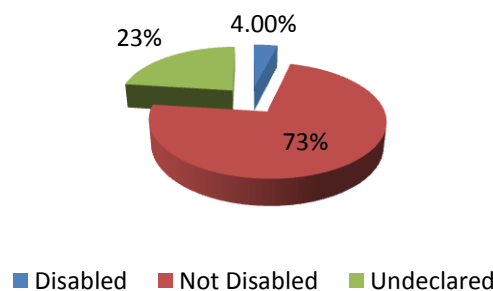
5.2 We are also committed to making all reasonable adjustments to enable a disabled employee to carry out their duties either from appointment or if they become disabled during employment.

5.3 It is not mandatory for an individual to declare a disability where this develops during the course of employment, or if it would not have an impact on their ability to work, hence our records on disability tend to reflect information provided at the start of someone's employment and is therefore is not complete.

5.4 It is unclear why people prefer not to declare themselves as disabled but it would not bar them from employment or from progressing during employment. Our Trust takes expert advice from Working Well (our Occupational Health Department) and from professional leads to explore with the individual the support and reasonable adjustments they may need.

Table 6 – The Trust and Disability

The Trust and Disability



5.5 An analysis of our workforce information shows that 71 staff (from a total of 1977) have declared themselves to have a disability. 1448 have said they do not have a disability whilst 458 have not declared either way as highlighted in Table 6.

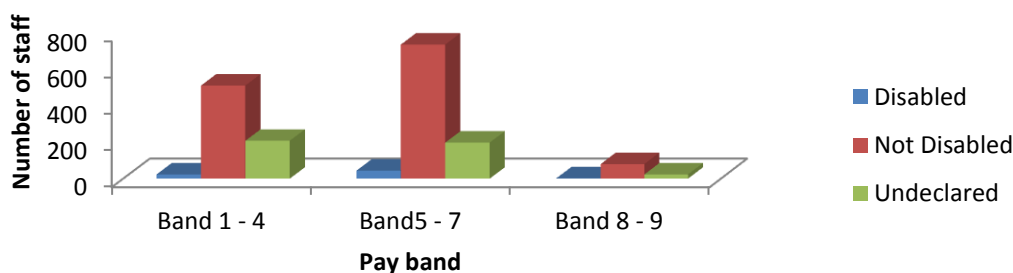
5.6 The Annual NHS Staff Survey does not report comprehensive monitoring of all protected characteristics but it is of note that of the 298 colleagues who responded to the 2015 Survey, 41 colleagues or 14% declared that they had a disability. As the Staff Survey is statistically representative of the opinions of colleagues then if a figure of 14% were applied across the trust's workforce (excluding bank workers), there would be a figure of 279 staff with some

level of disability. It is not possible to determine the accuracy of this figure with the information currently available so work is required to obtain more representative information.

5.7 Figures obtained from the Gloucestershire Care Commissioning Group indicate that 16.7% of the population of Gloucestershire have a long term health problem or disability. According to the English Federation of Disability Sport, 19% of the County of Herefordshire have a disability. This would indicate that the figure of 14% is likely to be representative of the workforce but below the average of 18% for the combined counties.

Table 7 – Disability by Pay Band

Disability by Payband

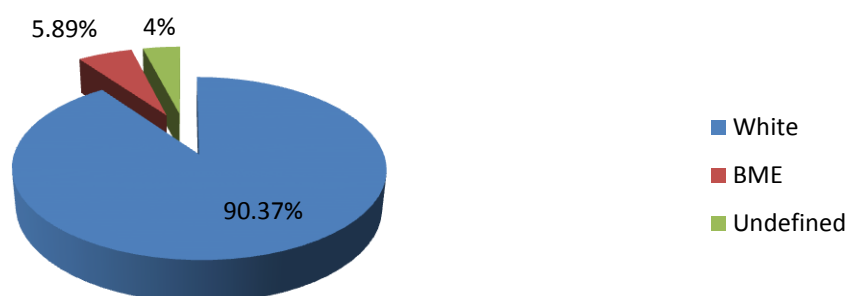


5.8 Because of the relatively small number of staff who have declared a disability, Table 7 combines the pay bands to avoid the possibility of recognition of the staff members who are disabled. However, the table does illustrate that disability need not be a barrier to progressing within the Trust.

6. The Trust and Ethnicity

6.1 We monitor the ethnic make-up of our Trust as we believe it is vitally important that our workforce is representative of the community we serve. According to the Office of National Statistics following the 2011 Census, the population of Gloucestershire is 95.4% white. The population of Herefordshire is 98.2% white. Although ethnic diversity is increasing across both counties, people from a black and minority ethnic background make up a relatively small proportion of the overall population.

Table 6 – Ethnic make-up of the Trust

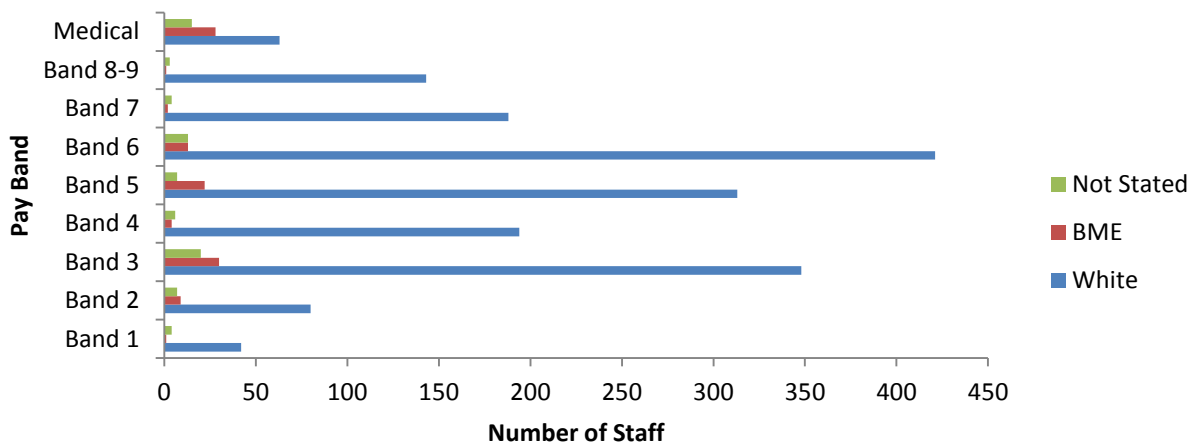


6.2 We can see from Table 6 that less than 6% of our employees have declared themselves to be from a BME background (although 45 of colleagues have not declared their ethnicity). However this is broadly reflective of the ethnic breakdown of the two counties but considerably lower than the 14.5% reported for England as a whole. As with disability, applicants and colleagues can choose not to declare their ethnicity. Table 7 shows how ethnic groups are distributed across all pay groups (banding) and medical colleagues.

6.3 The Staff Survey for 2015 recorded that 10 colleagues from a BME background responded, equating to 3% of respondents which is not reflective of just under 6% of the total workforce as recorded on ESR. To better understand the work experience of our colleagues from a BME or any other minority background, we need to achieve a higher response rate that would lead to more robust and representative data. To this end, the 2016 online survey will include all staff rather than the random sample surveyed in previous years. The added benefits of better data outweighs the small increase in administration costs and ensures everyone has the opportunity to express their views.

6.4 The representation of staff from a BME background is broadly reflective of the overall ethnic mix of the Trust except at Band 7 and above. A detailed analysis of all recruitment activity across the Trust would be required to fully understand the lack of representation at more senior levels of the organisation.

Table 7 – Ethnicity by Payband



6.5 In April 2015, NHS England introduced the Workforce Race Equality Standard. This standard has been mandated for all NHS Trusts in England and is based on research, primarily in London, that demonstrated people from a BME background had a worse experience of working for the NHS than their white colleagues.³

6.6 A series of indicators were devised to compare the experience of white and BME staff with the intention that Trusts in England would develop action plans to ‘close the gap’. Baseline data was established for each metric in 2015. All Trusts are required to measure

³ The Snowy White Peaks of the NHS – Roger Kline.

progress against the baseline data (although changes have been made to two of the metrics so direct comparison is not possible) and publish the latest information each year.

6.7 There are a series of 9 indicators. Four of the indicators are based on workforce information, four are based on responses to the annual NHS Staff Survey and one concerns the make-up of the Trust Board.

6.8 The next round of data for 2015/2016 is due to be submitted in July 2016 and information is being prepared at the time of writing.

6.9 A brief review of the baseline data submitted in April 2015 and based on data from the 2014 Staff Survey, against which all subsequent submissions will be compared with showed that just under 7% of all senior managers including Board members and senior Medical Staff were from a BME background, representative of The Trust ethnicity profile but as shown in table 7, there is only one member of staff from a BME background above Band 8a in the 'Agenda for Change' pay scales.

6.10 A review of recruitment activity showed that the relative likelihood of white people being appointed to a post after shortlisting was twice that of BME applicants. Further work is required to understand this statistic. It should be noted that all shortlisting is based on the application form. No personal data including names are provided to the recruiting manager until shortlisting is complete.

6.11 Our baseline data showed that BME staff were no more likely to enter the formal disciplinary process than white colleagues. The data also showed that BME colleagues were slightly more likely to access non-mandatory training or CPD than white colleagues. Whilst the Trust has robust records of all statutory and mandatory training and attendances at other training and development packages provided internally and by external organisations, not all non-mandatory training or professional development has been recorded. The introduction of a new online system for managing training and development will show a more accurate training record for all staff.

6.12 Other data submitted was extracted from the 2014 Staff Survey. It showed that 53% of respondents to the Survey who were from a BME background (10 people) had experienced harassment, bullying or abuse from patients, relatives and the public compared to 24% of white respondents (76 people). Numbers are small but any behaviour such as this is unacceptable and the Trust has a range of support mechanisms available to staff.

6.13 Although bullying and harassment is unacceptable and against our values, 17%⁴ of respondents from a BME background (3 people) said they had experienced this behaviour from staff compared with 19% of white staff (60 people). 16% of BME respondents (3 people) said that they had experienced discrimination from their manager or colleagues compared with 6% of white colleagues (19 people). (See Section 21– Promoting Dignity at Work).

6.14 Unfortunately it will not be possible to directly compare the 2014 Staff Survey results for these indicators with the 2015 survey as the number of BME staff responding to the survey was too low and the results were not published due to possible identification of individuals.

⁴ Percentages have been rounded up.

Work is underway to increase the response rate to the 2016 Survey, ensuring more robust data is obtained and as referred to above, the 2016 survey will invite all colleagues to take part.

6.15 When asked whether there was equality of opportunity for progression in the Trust 86% (274 staff) of white colleagues who responded to the survey said there was compared with 69% (13 staff) of colleagues from a BME background. The final indicator looked at the ethnic makeup of the Trust Board. There are no members of the Board from a BME background although it is evenly balanced from a gender point of view. Regardless of background, the Trust always endeavours to recruit the best and most able people capable of taking the Trust forward and improving services regardless of any protected characteristic.

6.16 Table 8 shows the revised metrics for the 2016 data submission, due in July 2016.

Table 8 – WRES Metrics

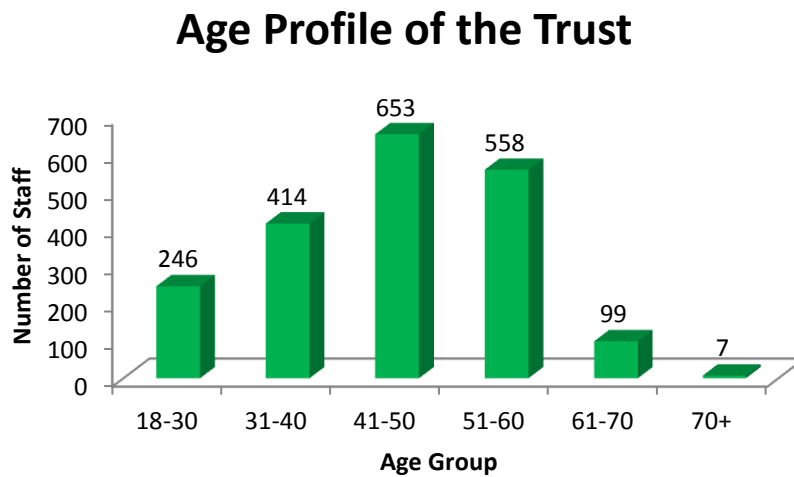
The NHS Workforce Race Equality Standard Indicators (April 2016)

	Workforce indicators For each of these four workforce indicators, compare the data for <u>White and BME staff</u>
1.	Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce Note: Organisations should undertake this calculation separately for non-clinical and for clinical staff
2.	Relative likelihood of staff being appointed from shortlisting across all posts
3.	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation Note: This indicator will be based on data from a two year rolling average of the current year and the previous year
4.	Relative likelihood of staff accessing non-mandatory training and CPD
	National NHS Staff Survey indicators (or equivalent) For each of the four staff survey indicators, <u>compare the outcomes of the responses for White and BME staff</u>
5.	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6.	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7.	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion
8.	Q217. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues
	Board representation indicator For this indicator, <u>compare the difference for White and BME staff</u>
9.	Percentage difference between the organisations' Board voting membership and its overall workforce Note: Only voting members of the Board should be included when considering this indicator

7. Age Profile of the Trust

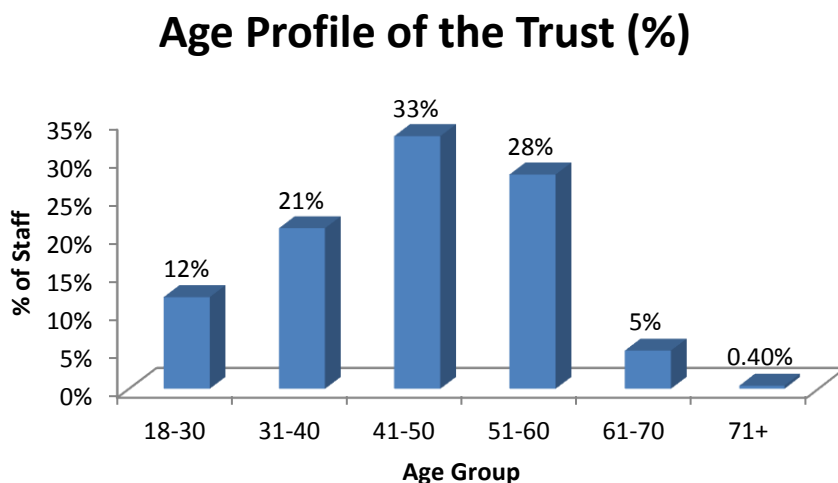
7.1 Our Trust currently employs people from age 18 to 75, a clear indication there is no barrier to working based entirely on age. In fact we welcome skilled colleagues continue to work and share their experience by returning to work in some capacity after retirement. Since the removal of the default retirement age, it is up to the individual when they decide to retire depending on their personal circumstances and where a key factor may be by their pension arrangements.

Table 10 - Age Profile of the Trust by Number



7.2 When looking at the age profile of the Trust, we have an ageing workforce. Over 60% of the workforce is over 40 and 33% are aged over 50.

Table 11 - Age Profile of the Trust by Percentage



7.3 Looking at the age profile of Gloucestershire, 57.8% are aged between 20 and 64 years. 19.4% of the population are aged over 65 years, exceeding the national average. 27.5% of the population of Gloucestershire are aged between 45 and 65 years whilst 25.1% of the population is between 25 and 44 years, indicating an ageing population.⁵

7.4 In Herefordshire, 23% of the population are aged 65 years or over exceeding the national average of 17%.⁶

7.5 The youngest of our senior managers (at Pay Band 8a) is aged 30 which indicates that age need not be a barrier to progression or a pre-requisite for seniority, rather the emphasis is on capability and suitability for the role.

7.6 A number of staff retain Mental Health Officer status, meaning they can opt to take their full pension at the age of 55. This does lead to a degree of uncertainty around continuity of service with the lack of a default retirement age and the potential for experienced mental health professionals to leave the Trust at the time of their choosing. Succession planning, becomes more vital to ensure that key posts remain covered and to minimise the loss of organisational knowledge. A strategy for succession planning is currently being developed.

7.7 Work is underway to ensure managers understand the age profile of their teams and recognise key areas where a succession plan may be needed. Many staff who retire wish to retain contact with the Trust to continue to practice and maintain their skills, contributing in a different way.

7.8 We are also looking at ways to encourage more retirees to be able to continue working in some capacity and by making it easier for them to do so, benefiting everyone involved. One way to do this would be to ensure that joining Staff Bank is made easier for all staff who intend to retire. Alternatively all staff will be automatically joined to Staff Bank (unless they specifically request not to be). New starters can also be automatically enrolled in Staff Bank.

7.9 The wider utilisation of Staff Bank will benefit not only succession planning but also play a considerable role in the reduction of Agency spend to cover staffing gaps.

7.10 The annual NHS Staff Survey contains some limited information on the monitoring of protected characteristics and does contain some age profiling of the respondents. 36% of respondents to the survey were aged over 51. Only 13% of those who replied to the survey were under the age of 30. However when looking at some of the Key Findings from the 2015 survey, colleagues under the age of 30 were most satisfied with the quality of work and patient care they are able to deliver. Colleagues aged over 51 were least satisfied. Those staff aged 40 and over replied that they were the most motivated.

7.11 If there is any conclusion to be drawn from this, comments received as part of the survey (all of which were anonymous) may indicate that older, longer serving staff may to some degree be unhappy with changes in service delivery that the NHS is undergoing but remain committed to their role.

⁵ 2011 Census

⁶ Herefordshire Council

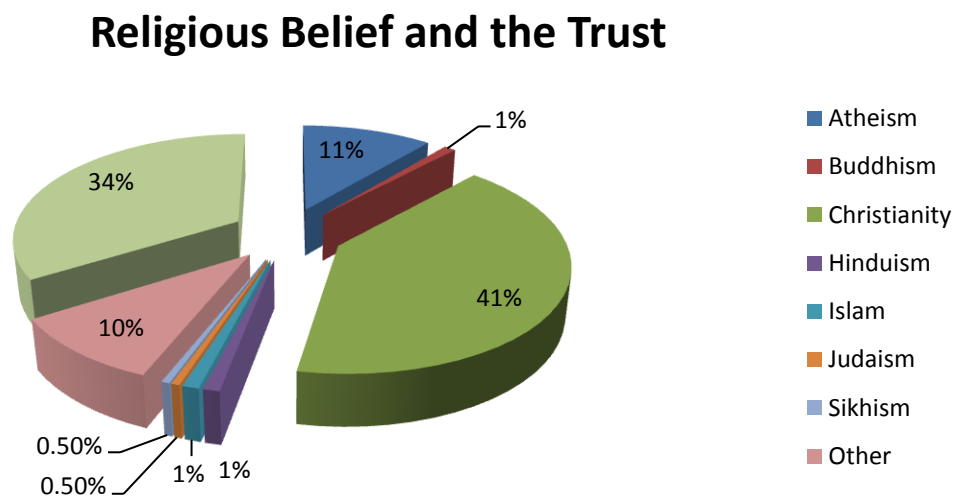
8. The Trust and Religious Belief

8.1 People from a wide range of faiths work for the Trust. The largest religious grouping in the Trust is that of Christianity with 41% of staff proclaiming this as their faith. People of other faiths make up the minority of staff according to the data we hold but it should be noted that 34% of staff have chosen not to declare their religious beliefs, perhaps believing that religion is a personal matter and they see no need to share it. Table 12 shows a breakdown of the range of faiths and beliefs within the Trust.

8.2 The Trust is supportive of all religious faiths. Our chaplaincy is available to provide spiritual guidance and support for colleagues and links have been forged with other religious groups across the two counties.

8.3 Private spaces to pray are provided at our key sites or places can be made available if there is insufficient area for a dedicated space and reasonable adjustments are made to support the religious beliefs of colleagues during the working day. However religious belief is one of the protected characteristics that are not monitored by the Staff Survey so we have no feedback as to how the Trust is perceived by colleagues on the basis of their religious beliefs.

Table 12 - Religious belief and the trust.



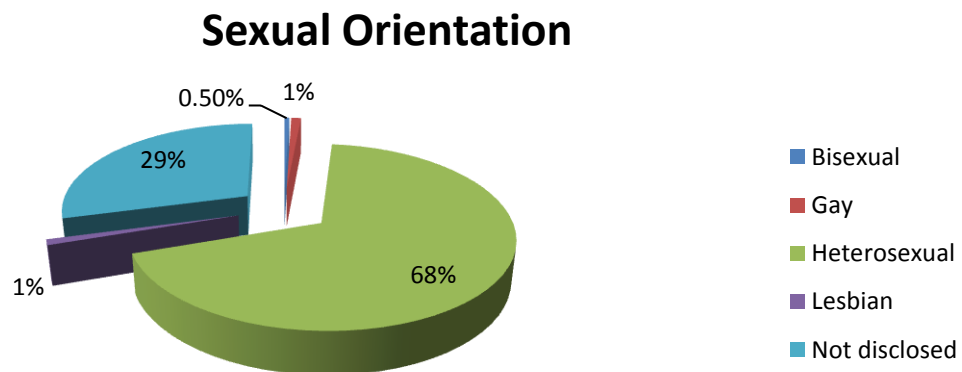
8.4 According to the 2011 census, 63.5% of Gloucestershire residents declared themselves to be Christian. 26.7% declared themselves to have no religion.

8.5 68% of the population of Herefordshire declared themselves to be Christian, with 235 reporting that they had no religion.

9. Sexual Orientation

9.1 As with all protected characteristics, colleagues are under no obligation to disclose their sexual orientation. However, information that has been declared indicates that 68% of staff have declared themselves to be heterosexual. 29% or nearly a third of staff have chosen not to declare their sexual orientation.

Table 13 - Sexual Orientation



9.2 As the percentages of minority groups are so small, it would be inappropriate to analyse the workforce by payband or staff group as this may lead to identification of individuals.

10. Gender Reassignment

10.1 According to the information we hold, there is no record of any colleague declaring themselves to be Transgender. Figures available from the Gloucestershire Commissioning Group estimate between 0.6% and 1% of the population of Gloucestershire to be transgender.

10.2 We have developed links with the Transgender community in our area to gain a fuller understanding of the issues faced by people who are transgender through the various phases of reassignment and the challenges they may face during their working life. These links also help inform how our services respond when caring for service users who are transgender.

11. Other Protected Characteristics

11.1 We do not report on all protected characteristics. ESR does not record data on marriage and civil partnership nor on pregnancy or maternity. People returning from maternity leave and have childcare responsibilities and (other caring responsibilities) have a statutory right to request to work flexibly and employers are legally obliged to consider all requests.

11.2 Colleagues returning from maternity leave are encouraged to work with their manager to ensure that service need is met whilst wherever possible, making adjustments to help with childcare arrangements. This can involve a reduction in hours, changes to start and finish times, possibly a change of location. Our Flexible Working Policy outlines a range of options that can be considered for all staff, whether or not they have carer responsibility.

12. What do the staff think?

12.1 An engaged workforce is crucial to providing the best possible care and making staff feel involved and valued.

12.2 There are a number of mechanisms in use to gauge staff opinion, perhaps the most important is the NHS Annual Staff Survey. Participation of Trusts in the survey is a requirement of NHS England and the results are published nationally and act as a benchmark for other healthcare providers and the general public. It is hugely important as a source of information and is frequently referred to in this report.

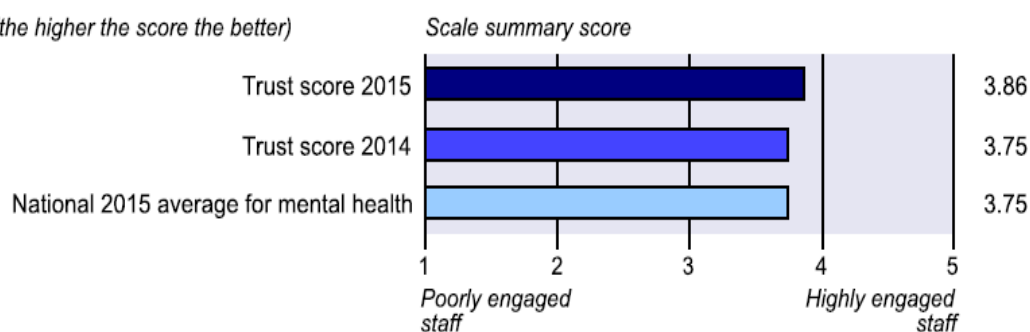
12.3 The survey is completely confidential, carried out by an independent contractor. Our contractor selects a random sample of staff and using the national questionnaire staff are invited to answer questions online. The responses are then compiled into a series of 32 Key Findings with the Trust's results compared to the national average for Mental Health and Learning Disability Trusts and where possible, the results of the same Key Findings from the previous year.

12.4 Although our response rate was lower than hoped for (at 40%), the overall results were highly encouraging and significant assurance can be given that there has been an overall increase in staff engagement as can be seen in Table 13 and job satisfaction.

Table 13 – Staff Engagement – From the 2015 Staff Survey

OVERALL STAFF ENGAGEMENT

(the higher the score the better)



12.5 Staff feedback was that together was rated as average or above average in 31 of the 32 key findings when compared with the national results.

12.6 To complement the Staff Survey, we also operate the Staff Friends and Family Test (SFFT), which is a requirement of NHS England and the NHS contract. This serves as a useful pulse check and is run in quarters 1,2 and 4 of the financial year. It is not run in quarter 3 as this coincides with the Staff Survey.

12.7 The SFFT asks two questions. Since the test was introduced in April 2015, a steady improvement in staff feedback has been seen. The most recent test showed that 85% of staff would be likely or extremely likely to recommend the Trust to their friends and family as a place to receive treatment compared with 74% in the first test.

Table 14 – Results of Staff Friends and Family Test

Question	Response	Quarter 1	Quarter 2	Quarter 4	Quarter 1	Quarter 2	Quarter 4
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%
	Likely	48%	51%	43%	43%	49%	43%
	Neither likely nor unlikely	15%	13%	13%	15%	13%	9%
	Unlikely	7%	5%	5%	6%	4%	3%
	Extremely unlikely	2%	4%	3%	1%	3%	2%
	don't know	2%	2%	2%	2%	2%	1%
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%
	Likely	41%	39%	40%	41%	45%	41%
	Neither likely nor unlikely	22%	19%	19%	21%	18%	17%
	Unlikely	12%	11%	12%	13%	11%	8%
	Extremely unlikely	8%	8%	6%	5%	8%	6%
	don't know	0.70%	0.40%	0.03%	0.30%	0%	1%

12.8 68% of staff would recommend the Trust as a place to work compared with 58% originally. This also reflects the Staff Survey results which asks this as just one question, 'Would you recommend the trust as a place to work or receive treatment?' The 2015 survey showed an increase to 3.75 (from a possible 5) from 3.61 in the previous year, above average for mental health and learning disability trusts. Table 14 shows how people have responded to the Test since its inception and the steady improvement in the percentage of people who would recommend the Trust.

12.9 Both the Staff Survey and Staff Friends and Family Test provide the facility for staff to add free-text comments to support or clarify their responses to the questions. These anonymous and un-attributable comments are carefully monitored. Analysis has identified a number of themes that are of concern to staff. Although the surveys show the majority of staff were satisfied with their experience of working for the trust, the bulk of these free-text comments were more negative in nature and it was important that the Trust should respond.

Themes

Too much bureaucracy, administration and box ticking
Bullying culture
Resources, workload and insufficient staffing
Senior managers disconnected from front line staff
Feeling valued

12.10 Each of these themes were highlighted to the Executive Committee which in turn has looked at the detail of the issues raised and offered some responses, updates and reflections which have been published on 2getherNet by way of the Chief Executive's 'blog' feature. But it is important also to not lose sight of the fact that the overall feedback from staff in the two surveys show that levels of staff engagement and staff satisfaction are moving in the right direction. It is also clear that a 'one size fits all' approach to staff engagement does not always work so actions need to be tailored to specific teams or sites.

12.11 A rolling programme of staff engagement focus groups is underway across the Trust to discuss specific findings from the Staff Survey to further understand the staff feedback. Colleagues can also use these sessions to discuss issues or seek clarification on issues that are of importance to them. The feedback from these groups is reported back to the Executive Committee and responded to as appropriate. Future Staff Experience Reports will include findings from the Focus Group programme.

13. Recognition



13.1 We believe that recognising the hard work, dedication and commitment of our staff is extremely important. Our annual recognition scheme, the ROSCAS (Recognising Outstanding Service and Contribution Awards) is now in its tenth year.

13.2 The awards are divided into 10 categories and nominations are put forward by colleagues and service users and carers.

The ROSCAs

The Unsung Hero Award
The Service Users and Carers Choice Award
The Carer and Service User Involvement Award
The Award for Innovation
Valuing Diversity
Clinical Team of the Year
Non-Clinical Team of the Year
Best Supporting Colleague
Best Supporting Manager
The CEO Award for Outstanding Contribution

13.3 The 2015 awards saw the highest number of nominations yet received, over 220. The winners were presented with their award at our annual ceremony that took place at Hatherley Manor, Gloucestershire. The winners received a specially designed trophy and all nominees received a certificate to commemorate their achievements.



The stage is set.....

13.4 This year's ceremony, generously supported by like-minded local organisations was arguably most successful yet according to the feedback received from those who attended.

13.5 All the nominations go forward to our annual judging panel consisting of service users, carers, management, staff side, human resources and our sponsors. Each nomination is carefully considered and a shortlist is drawn up from which a winner is selected. The winners of the 2015 awards were:

Unsung Hero – *The ‘4 me, about me’ group*
Service Users and Carers Choice – *Lesley Hiron, Employment Specialist*
Carer and Service User Involvement – *Greg Leutchford, Clinical Manager and Eleanor Heath, Staff Nurse, Oak House, Hereford*
Award for Innovation – *Tina Kukstas, Lead Nurse, Dementia Care*
Valuing Diversity – *Kathy Holmes, Engagement and Involvement Lead & Zain Patel, Social Inclusion Development Worker*
Clinical Team of the Year – *Dean Ward, Wotton Lawn Hospital*
Non-Clinical Team of the Year – *Laurel House Catering and Domestic Team*
Best Supporting Colleague – *Jenny Rodgers, Deputy Manager, Oak House, Hereford*
Best Supporting Manager – *Damian Gardener, Head of Adult Mental Health Psychology, Herefordshire*
CEO Award for Outstanding Contribution – *Mary Keating, Dementia Education Community and Service Development Lead*

13.6 We also have a monthly award for the ‘Best Supporting Colleague’ which is by far our most popular award. The winners of this award are chosen by our Executive Committee. All the nominations go forward for the annual awards, regardless of whether they were winners or not.

13.7 Over 55 colleagues also received Long Service Awards for completing either 20 or 30 years NHS service. We have now introduced an award for 40 years’ service, a milestone that should not go unnoticed.

13.8 Of course recognition takes many forms, from an awards ceremony to a simple ‘thank you’ but each is equally important.

13.9 We are always seeking to improve our recognition schemes and each year a review is held to consider what we have learnt from the recent awards process and how we can continue to improve the schemes to make them as inclusive and as meaningful as possible.

14. Health and Wellbeing

14.1 Health and wellbeing has many facets, from ensuring there is a safe workplace to providing a range of benefits that colleagues may find supportive to them and their families.

14.2 Our Trust takes the health, wellbeing and safety of our staff very seriously and our Director of Organisation Development ensures involvement and support from the highest levels of the organisation. A healthy workplace and supportive environment is hugely important to delivering high quality services. Our Health and Wellbeing Strategy was developed in 2010 and reviewed and refreshed in 2014. An action plan has been developed and is overseen by the Trust’s Occupational Health and Safety Committee and can be viewed on 2getherNet. The strategy is next due for a review in 2017.

14.3 As part of that strategy we monitor a series of key indicators that measure the health and wellbeing of our staff and the workplace.

14.4 To measure these indicators we use data obtained from ESR and the annual NHS Staff survey. Other information is taken from the uptake of benefits, data from Working Well and our Datix incident reporting system.



14.5 It should be noted that the annual Staff Survey for 2015 underwent significant change with many of the Key Findings from the previous survey being replaced or restructured so many findings that make up our annual health and Wellbeing report cannot be directly compared with the previous year.

14.6 NICE (National Institute for Health and Care Excellence) Public Health Guidance NG13 provides a number of guidelines related to health and wellbeing. The guidance provides a useful checklist to ensure we continue to focus on health and wellbeing initiatives. A review of this guidance indicates that each guideline has been is or is being addressed in some form or another and we work within this framework.

15. Training

15.1 We offer a very wide range of training opportunities for staff, including a comprehensive programme of statutory and mandatory training that enable staff to perform their duties safely. For new recruits much of this training will be carried out during their induction. Colleagues will be reminded when they need to refresh their training to remain up to date. The role of the individual within the organisation will determine the range and number of courses which are appropriate for that person

15.2 Our Training team based at Collingwood House in Gloucester also provide a diverse range of non-mandatory courses for personal development including leadership development programmes for aspiring leaders. The 2015 Staff Survey recorded that colleagues gave the Trust a score of 4.09 (from a possible 5) for the quality of non-mandatory training, learning and development, slightly above average for mental Health and Learning Disability Trusts nationally.

15.3 We also link with Health Education England and the South West and West Midlands Leadership Academies. Colleagues are encouraged to discuss their development and their

career pathway with their managers not just during appraisal but in the course of supervision and other meetings throughout the year.

15.4 Looking at the end of the year, 86% of staff had completed their statutory and mandatory training. The caveat to this is that it is a snapshot of the number of people who had completed the training and reported it at the date the records were completed. However the Trust is introducing a new online training record system which will provide real time reporting as each completed module for each individual will be recorded at the time of completion.

16. Appraisal

16.1 The Trust supports and encourages every employee to access an annual appraisal, and expects every manager to provide an appraisal to all their staff, which means we want to see 100% at all times. However, colleagues have their appraisals at different times during the year and the percentage of completed appraisals will vary at any given time. At the end of February in the 2015-2016 financial year, 74% of appraisals had been completed.

16.2 The annual Staff Survey also reports on appraisal and at the time the 2015 survey was carried out, 88% of respondents said that they had been appraised during the previous 12 months, slightly down on the 90% recorded in the previous survey.

16.3 Although it is important that all staff receive an appraisal, it is equally important that appraisal should be of high quality and contribute to an improved work experience. The result of the Staff Survey gave the Trust a score of 3.05 (from a possible 5) for the quality of the appraisal, which is average for Mental Health and Learning Disability Trusts nationally.

16.4 Our appraisal process is currently under review to ascertain how it can continue to add value and assist with managing the career expectations of staff and succession planning as experienced colleagues retire or leave the Trust.

17. Staff Turnover

17.1 The turnover of staff can often be an indicator of how satisfied staff are with the Trust as an employer. By the very nature of employment, people leave or change jobs for a wide range of reasons such as promotion, relocation, retirement etc.

17.2 Turnover has remained constant throughout the year and the turnover rate for the Trust as at March 2016, being the end of the financial year was 10.1%, slightly down on 11% in the corresponding period in 2015. To understand why colleagues leave, all leavers are asked to complete a questionnaire.

17.3 The return rate for leavers questionnaires is quite low with only 32 (13%) returned in 2015/2016 from 237 that were sent. There is no obligation to complete the form and feedback would suggest that the vast majority of staff do not leave for adverse reasons and therefore feel no need to complete the questionnaire. Respondents can give one of 3 responses to each question:

- Yes
- Sometimes/not sure
- No

17.4 From an analysis of the returned questionnaires, no overarching reason has been identified as to why people leave. By combining the first two options, 84% said their role made a difference to patients and service users, a similar response to the staff survey (88%). 84% said they were able to contribute to changes at work which again reflects the Staff Survey when 80% said they were able to contribute toward improvements at work. 90% of leavers said they had felt valued at work, whilst not directly comparable with the Staff Survey it is still broadly reflective of a score of 3.57 out of 5 (above the national average of 3.52) when asked about recognition and value of staff by managers and the organisation.

17.5 The Staff Survey continues to report on staff satisfaction. As mentioned elsewhere in this report, many of the Key Findings have changed so direct comparison with the results of the previous survey is not possible. However a number of Key Findings do relate to job satisfaction.

17.6 For example, staff motivation at work has increased over the previous year and is above average for similar Trusts nationally. Satisfaction with the quality of work and patient care staff are able to deliver is slightly above the national average. 84% of leavers said they had felt satisfied with the quality of work and care they were able to deliver. Table 15 shows the Key Findings from the staff survey that measure job satisfaction

Table 15 - Key Findings of job satisfaction - from 2015 Staff Survey

Key Finding	National average 2015	2015	2014
KF1- Staff recommendation of the Trust as a place to work or receive treatment	3.63*	3.75	3.61
KF2- Staff satisfaction with the quality of work and patient care they are able to deliver	3.84	3.85	N/A
KF3- Percentage of staff agreeing their role makes a difference to patients/service users	89%	88%	N/A
KF4- Staff motivation at work	3.88	3.98	3.85
KF5- Recognition and value of staff by managers and the organisation	3.52	3.57	N/A
KF8- Staff satisfaction with level of responsibility and involvement	3.84	3.91	3.86
KF9- Effective team working	3.82	3.91	N/A
KF14- Staff satisfaction with resourcing and support	3.31	3.37	N/A

(*scores are out of a possible 5 with the highest score being best)

17.7 All of the Key Findings relating to job satisfaction show the Trust as being average or better than the national average for these measures and where able to compare, better than

the previous year's survey score. Although KF3 shows the Trust score to be slightly below the national average, the Staff Survey report did not consider this to be statistically significant.

18. Recruitment

18.1 It is of course vital to the success of the organisation that the right people are recruited into the right posts. Whilst applicants for any post must meet the minimum criteria for the role as identified in the Person Specification that accompanies all Job Descriptions, it is also important that they share the values of the Trust. Our values are clearly laid out in our Staff Charter, referred to earlier. We want potential applicants to understand the Charter and our values and only apply if they share these values. Applicants can view the Charter alongside a range of other information about the Trust on our recruitment website.

18.2 Our selection process goes beyond the traditional interview, although that remains an integral part of the process. The selection process will also use a wide range of practical exercises including work based scenarios, discussion groups, IT skills tests and presentations. We also encourage the use of values based interviews. A training programme for recruiting managers has been developed and rolled out along with a toolkit of values based questions that are aligned with the Trust's values. This approach enables the recruiting manager to ascertain not just whether the applicant has the relevant practical skills and qualifications but how they react and deal with different situations. The toolkit is available for all recruiting managers via 2getherNet and feedback to date has been extremely encouraging.

18.3 Our long awaited recruitment microsite is accessible from any internet enabled device. It has been specifically designed to be easy to navigate and highlight the benefits of working for the Trust. Potential applicants are now able to get a full picture of what the Trust values and links directly with NHS Jobs.

19. Sickness Absence

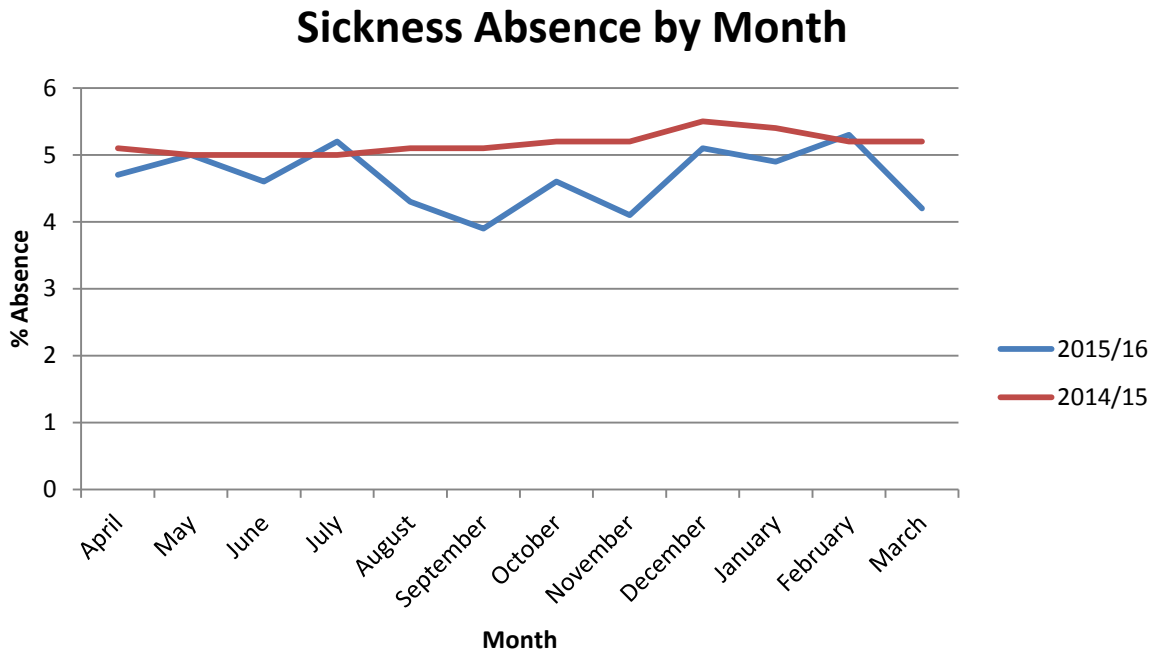
19.1 With the best will in the world, sometimes people fall ill and are unable to come to work. Whilst the genuineness of sickness absence is not doubted, absenteeism can cause major issues with delivering our services as colleagues have to provide cover or additional cost is incurred through the use of bank staff or agency cover.

19.2 Sickness absence therefore is a key performance indicator for the Trust. We aim to have an absence rate of 4% or less. The absence rate for March 2016 was 4.2%. Table 16 shows the rates of sickness absence month on month from April 2014 to March 2016. We can see that during 2015/16, absence rates have in general been falling showing a marked improvement on the previous year.

19.3 We have continually reviewed our sickness absence policy to help our managers to proactively support colleagues who are unable to attend for work. Staff have told us that they want the policy to be more flexible and to deal with persistent absenteeism more effectively. Our policy is also to be as supportive as possible to staff to ensure they are able to return to

work from long term sickness absence, seeking to make reasonable adjustments that will assist the member of staff but also recognise the importance of meeting service need.

Table 16 – Monthly sickness absence.



19.4 The reasons for the decrease in absenteeism are not immediately apparent but the staff survey shows that the percentage of colleagues reporting work related stress has fallen from 46% to 39% with 52% of respondents saying they had felt pressure to return to work when unwell compared with 57% in the corresponding period in the previous year. This may be representative of improvements in absence management, including making reasonable adjustments to the workplace or working patterns by Trust managers supported by HR and Working Well.

19.5 Colleagues are able to report any accidents at work via our Datix incident reporting system which enables managers to understand risks in the work environment and take remedial action to improve staff safety.

20. Working Well

20.1 Working Well is our Occupational Health service and promotes and protects the health and wellbeing of our staff (and other organisations with whom contracts are held). Independent advice is provided to both managers and staff on the health of individuals at work, looking at the working environment and associated health risks. Working Well give advice to help people remain at work or to return to work and advise on a range of reasonable adjustments to facilitate this.

Table 17 – Working Well referrals

	April – Dec 2015	Jan – March 2016	Total
New Management Referrals	332	102	434
M/R Review appointments	174	74	178
New Self Referrals	89	17	106
Self-Referrals Review Appointments	22	6	28

20.2 Table 17 shows that there were 434 referrals of staff to Working Well by managers during 2015-2016. There were 178 review appointments following these. These figures reflect a proactive approach on behalf of managers, seek to support staff and manage absenteeism. It can also be seen that 106 self-referrals were made, also an indicator of staff seeking support on health and wellbeing issues.

20.3 Working Wells' webpages contain a wide range of helpful advice and supporting measures for staff.

21. Promoting Dignity at Work

21.1 Any form of bullying or harassment is completely against our values and we work very hard to eliminate this type of behaviour from the workplace. The 2015 Staff Survey showed that 11% of respondents had experienced bullying from managers and 17% of respondents said that had experienced this type of behaviour from colleagues. However actual casework does not reflect this level of bullying which may indicate reluctance in some cases to come forward and report unacceptable behaviour.

21.2 We have recently reviewed and refreshed our 'Promoting Dignity at Work' policy to make it simpler to follow and emphasise the need to resolve issues at an early stage, avoiding the requirement for a formal investigation process (although this will happen if issues are unresolved or of such severity there is no other option).

21.3 If colleagues feel they are subject to unwarranted behaviour they can speak to their line manager (or any other manager), to their staff side representative, Human Resources Manager or a Dignity at Work Officer.

21.4 Our Dignity at Work Officers are members of staff who have volunteered to offer support to colleagues with empathy and understanding and to signpost ways of dealing with unacceptable behaviour. A number of colleagues expressed an interest in becoming Dignity at Work Officers and 10 colleagues have now been fully briefed for the role. They come from a wide variety of backgrounds and localities across the Trust and willingly give up their time to lend their support to staff for whom the work experience is not as it could be.

Our Dignity at Work Officers come from a range of roles and backgrounds including:

Personal Assistants
Assistant Director
Finance Assistant
Operational Manager
Employment Specialist
Administration Officer
Manager
Mental Health Nurses

21.5 In addition, and in response to the Staff Survey we introduced 'Speak in Confidence'. This is a confidential online dialogue system where a member of staff can speak with a manager of their choosing (from an agreed list of managers who have volunteered for this role) to discuss their concerns and for the manager to offer support and suggest a way forward. The member of staff will always remain anonymous unless they decide otherwise.

21.6 The system was primarily introduced to support staff who have issues with unacceptable behaviour but it is also a confidential method of raising other issues that may be of concern. To date, since its introduction in October 2015, there have been 21 contacts, 2 of which have been shown as bullying and harassment. Other issues have included patient or staff safety).



**Speak In
Confidence**

The anonymous dialogue system

21.7 Speak in Confidence has been widely publicised and can be accessed from the home page of the intranet and staff can also access it from any PC or web enabled device so is easily accessible.

21.8 Although primarily used for accident and incident reporting, colleagues can also report unacceptable behaviour through the Datix incident reporting system.

21.9 The Trust is currently in the process of appointing a 'Freedom to Speak Up' Guardian as recommended by the report by Sir Robert Francis following the review of failings at Mid Staffordshire. A National Guardian Office has been established and each NHS Trust should have its own local Guardian. The 'Freedom to Speak Up' Guardian will ensure our policies and procedures in relation to raising concerns are followed correctly and staff can feel able to speak up in a safe environment.

22. Other Support for Staff

22.1 The Trust has a Chaplaincy service that is available to provide spiritual, pastoral and religious care for people of all faiths.

22.3 A number of trade unions are represented throughout the trust. These include Unison, RCN, BMA and others. Members are able to contact their trade union/staff association representatives for advice and support on a wide range of issues affecting their employment.

22.4 Let's Talk is our Improving Access to Psychological Therapies service, offering information, guidance and therapy during times when people are feeling stressed, anxious or depressed. The service provides support to our staff as well as the general public.

23. HSE 6 management standards

23.1 The Health and Safety Executive have produced a series of 6 management standards to be considered when managing the health and wellbeing of the workplace. We use the feedback from the Staff Survey to map our progress against these standards. Although some of the key findings from the staff survey have been changed, where comparison is possible, improvements (in green) against the HSE standard can be seen in Table 18.

Table 18 - HSE Management Standard Summary

HSE Management Standard	Relevant Finding from Staff Survey	2015	2014
Demands - Workload, work pattern & environment	KF18 % of staff feeling pressure in the last 3 months to attend work when feeling unwell	52%	N/A
	KF15 % of staff satisfied with the opportunities for flexible working patterns.	67%	57%
Support - Encouragement, sponsorship and resources provided by the organisation.	KF9 Support from immediate line manager (on a scale of 1 to 5 where 5 is best).	3.88	3.78
	KF14 Staff satisfaction with resourcing and support (on a scale of 1 to 5 where 5 is best).	3.37	N/A
Role - Understanding of their role within the organisation	3a, I always know what my work responsibilities are	87%	83%
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%	76%
	KF8 Staff satisfaction with level of responsibility and involvement (on a scale of 1 to 5 where 5 is best).	3.91	3.86
Change- How organisational change is managed.	4b I am able to make suggestions to improve the work of my team/department	81%	80%
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%	20%

24. Health and Wellbeing Benefits

24.1 The Trust takes the health and wellbeing of staff very seriously and continues to provide relevant information and guidance that is easily accessible. A range of leaflets and information sheets can be found in the dedicated health and wellbeing pages on 2getherNet.

24.2 By working with local companies and by taking advantage of national schemes open to NHS employees, we are also able to offer a wide range of benefits that will hopefully be of interest to staff and their families and which could assist with their general health and wellbeing. All the benefits we offer can be accessed via 2getherNet.

24.3 One popular benefit is Cyclescheme, introduced following staff feedback. This is a salary sacrifice⁷ scheme where staff can purchase a bicycle at a reduced cost.

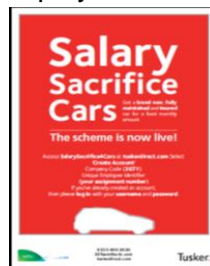
Table 19 – Take up of Cyclescheme

Age	2015-2016	
	M	F
20-34	1	6
35-49	6	4
50+	0	3
Total:	7	13



24.4 Table 19 shows that 20 cycles were purchased through the scheme during 2015/2016 by staff from all age groups. Nearly 150 staff have taken advantage of this scheme with some colleagues coming back to it more than once.

24.5 In October 2015, we introduced Salary Sacrifice for Cars (SS4C). Working in the same way as Cyclescheme SS4C enables colleagues to obtain a brand new car, fully insured with comprehensive servicing package. At the time of writing, 16 people have obtained new cars through the scheme. It is open to all employees and full details can be found via the intranet.



⁷ 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 contribution or pension contribution on the portion of salary that has been sacrificed. The trust also makes a small saving by not paying employers national insurance or pension contributions.

24.8 We also run a third salary sacrifice scheme called Kiddievouchers. This enables staff to sacrifice a portion of their salary in return for childcare vouchers. As with the other schemes, savings are made as no tax or national insurance contributions are made on the salary that has been given up. Over 100 colleagues have taken advantage of this scheme.



24.5 Many local gyms and leisure centres offer discounted membership for our staff although we have no details of how many people have taken advantage of these offers.

24.6 Staff can also access schemes such as NHS Discounts and Red Guava, from where discounts can be found on things ranging from holidays to high street shopping to airport car parking.

24.9 Trust employees can also join the Staff Lottery which is jointly run between 2gether, Gloucestershire Hospitals Trust and managed through Gloucestershire Finance Shared Services. Staff can join the lottery and have as many entries as they wish at the cost of £1 per entry taken directly from pay. There are a wide range of cash prizes to be won and discounted or free entrance to selected events. Lottery members can also access alternative therapy sessions from a number of local providers on production of their membership card. Currently 532 2gether staff are members of the Staff Lottery and 23 have taken advantage of the alternative therapy sessions.

24.10 NHS staff can also access their Total Reward Statement. By registering with the Government Gateway, staff can view the full value of their reward package that includes their pay, pension benefits and local benefits. They will also be able to see the value of pension contributions made on their behalf by the employer.

25. Moving forward

25.1 When compiling reports that analyse the Staff Survey and indicators of Health and Wellbeing, we always develop an action plan so that we can maintain momentum with areas where good progress has been made and to focus our efforts on areas that need improvement.

25.2 The action plan that is associated with the outcome of the most recent staff survey is overseen by our Workforce and Organisational Development Committee and is subject to regular review.

25.3 There is also an action plan associated with the indicators of health and wellbeing. This particular action plan is overseen by the Occupational Health and Safety Committee. All action plans are regularly updated and available on 2getherNet.

25.4 The NHS as a whole and the Trust in particular is looking for ways to increase the health and wellbeing of staff. Public Health England have estimated that the cost of sickness related absence to the NHS is in the region of £2.4bn per year which equates to £1 of every £40 of the total NHS budget. This does not include the cost of backfill or the cost to the NHS of providing treatment. The importance of keeping staff fit and healthy cannot therefore be overlooked. A key part of improving the work experience for staff is providing access to schemes and initiatives that promote physical activity and mental health support.

25.5 Over the coming weeks and months we will be reminding colleagues of the range of health and wellbeing benefits including physical activity schemes and gym memberships that are available. We will be looking at how we can assist colleagues to access physiotherapy services in a timely fashion.

25.6 We will also be promoting a range of initiatives to support the mental health of our staff. This includes raising awareness of facilities that are already in place such as our IAPT (Increasing Access to Psychological Therapies) service and our staff counselling service. Working Well will also be offering Mindfulness courses and assistance with understanding eating patterns to help combat obesity.

25.7 We will also be continuing to work within the framework of the Equality Delivery System (EDS2) to ensure our policies and procedures are inclusive and non-discriminatory. We will continue to complete Equality Impact Assessments as we develop policies and programmes of change.

25.8 A review of the Leaver's Questionnaire is being undertaken to ensure it remains meaningful and above all easy to complete, which may encourage more people to return it.

25.9 The key to supporting people with their health and wellbeing or around issues of equality is accessibility of information. The development of our intranet pages continues so people can find and utilise the information they need.

25.10 Our recently introduced recruitment microsite highlights the benefits of working for the Trust and it is intended that the positive message contained in the microsite is intended to encourage prospective high quality candidates to apply to join us.

25.11 Development of the microsite will enable staff to use the site from any internet enabled device to access the range of benefits they may seek when away from work.

25.12 Issues of equality and the health and wellbeing of our staff will continue to be given a high priority and driven from the highest level in the organisation.

25.13 One such initiative is the introduction of a completely smoke-free organisation. Support will be provided to support either quitting smoking or at the very least temporary abstinence during working hours.

25.13 We will continue to work within the framework of NICE Public Health Guideline NG13 which outlines a range of management practices relating to health and wellbeing at work.

25.14 A number of helpful toolkits for managers and staff are available from NHS Employers and colleagues will be able to access these via our intranet. These include managing health and Wellbeing, Managing Sickness Absence and guidance on maintaining emotional health and wellbeing.

25.15 It is acknowledged that staff engagement is a factor in reducing turnover, improving retention, minimising sickness absence and delivering high quality services. The Staff Experience report for 2016/2017 will include a section on staff engagement following the analysis of information received from focus groups and other engagement events.

25.16 We will also be seeking feedback from new colleagues on the effectiveness of our Corporate Induction programme.

25.17 During 2016, for the first time colleagues from the Trust will be taking part in cognitive testing of the National NHS Staff Survey for 2016. This important work will enable colleagues from the Trust to input their views on the survey questionnaire, ensuring it is relevant, clear and understandable.

25.18 We will continue to welcome feedback from our staff and encourage staff to access support, training, development and health and wellbeing benefits to ensure we provide a safe and healthy workplace, a place where staff want to work and where our communities wish to receive treatment.