

Objective: 3. A representative and supported workforce		
3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels		
Which protected characteristics fare well?		
Age	<input checked="" type="checkbox"/>	Marriage & civil partnership <input type="checkbox"/>
Disability	<input checked="" type="checkbox"/>	Pregnancy & maternity <input checked="" type="checkbox"/>
Gender reassignment	<input type="checkbox"/>	Race <input checked="" type="checkbox"/>
		Religion or belief <input checked="" type="checkbox"/>
		Sex <input checked="" type="checkbox"/>
		Sexual orientation <input type="checkbox"/>
	Evidence drawn upon for rating	Initial Grade
<p>The Trust's Recruitment Policy follows the NHS Employment Standards. Advertised posts are recruited to through the NHS Jobs website or the TRAC online recruitment system.</p> <p>The systems do not allow shortlisting managers to have access to an applicant's personal details, although applicants may request a guaranteed interview (see below).</p> <p>The Trust's Recruitment Policy includes information about the Guaranteed Interview Scheme: "5.1.12 Applicant requesting guaranteed interview. Once short-listing has been completed, the Recruitment Coordinator will check whether any applicant requesting an interview under the Guaranteed Interview Scheme has been shortlisted. This Scheme is in place to support those with a disability who are seeking employment. This means that any applicant with a disability who meets the essential criteria for the post will be offered an interview." Both internal and external vacancies are advertised via NHS Jobs and TRAC (an online recruitment system). All job adverts include a job description and person specification. The person specification details the minimum essential criteria for the post.</p> <p>The Trust has been accredited to use the Disability Confident Symbol (which has replaced the Double Tick disability symbol accreditation) in its recruitment literature, and has signed up to the Mindful Employer charter.</p> <p>Recruiting Managers are required to undergo Recruiting the Best training, which includes consideration of equality & diversity in recruitment. From November 2016 this has been updated to include awareness-raising of potential bias at recruitment.</p> <p>The Trust is moving towards an assessment centre model of recruitment which provides a more positive and supportive way for candidates to participate in the recruitment process. This is already in place for Nursing Assistants, and is being</p>		Developing

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<p>piloted for admin and clerical roles.</p> <p>An internal audit into Equality in Recruitment – conducted by Audit SouthWest – included as one of its objectives “The proportion of staff employed by UH Bristol at all levels with the protected characteristics is comparable with local and national proportions”.</p> <p>The audit found that the overall Assurance Opinion Rating was Green, and the Potentially Adverse Impact on the organisations objectives to be Low. The report was published in September 2016.</p> <p>The workforce demographic data on the UH Bristol website: Equality Performance & Objectives shows that, where comparable local data is available, the workforce broadly reflects the population it serves. The most noticeable exception is the relatively much larger number of female than male employees – although this is not unusual in the NHS.</p> <p>However, the Trust has acknowledged through its reporting against the relevant Workforce Race Equality Standard metrics (available on the Trust’s website: Workforce Race Equality Report 2016 and Action Plan) that there is under-representation of BME staff at senior levels, as well as a greater likelihood of white staff being appointed from shortlisting than BME staff, and is developing more detailed actions to address these issues.</p> <p>It is acknowledged that, nationally, there is a disparity between self-declaration (of disability and sexual orientation in particular) for staff records and in anonymous feedback such as the National Staff Survey.</p> <p>Until this is addressed by individual trusts (including UH Bristol), it will not be possible to make an accurate assessment of whether the workforce is representative of the population it serves and the wider population.</p> <p>Nursing staff new to the Trust will be provided with another opportunity to self-declare when new Staff Appointment Forms</p>		

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<p>(to facilitate the use of e-rostering) are introduced during 2017.</p> <p>The Trust will use the introduction of the Workforce Disability Equality Standard to gain a greater understanding of how widely disabled workers are represented at all levels of the organisation.</p> <p>The Trust's Temporary Staffing Bureau offers the opportunity for employees returning from Maternity Leave to make a flexible return to work.</p> <p>The Trust works with JobCentrePlus through direct engagement sessions fortnightly. These sessions include interviewing and offering posts to candidates who may struggle with conventional recruitment processes (for example, ex-offenders or candidates with a history of mental health issues), and who are supported by JobCentrePlus case workers.</p> <p>The Trust also promotes health sector roles at careers fairs throughout the local community. A particular area of focus at the moment is South Bristol. Recent events include an open day at South Bristol Community Hospital and a careers fair at the City of Bristol College in South Bristol. Forthcoming events include one targeting youth into work for those struggling to gain employment which will showcase apprenticeship opportunities.</p> <p>The best practice developed by the Resourcing Team is being shared on a regular basis with Medical Recruitment.</p> <p>Rationale for initial grading (Developing) from Equality & Diversity Group: <i>This reflects the under-representation of some protected groups at higher levels in the Trust. The Group also considered that, whilst it is possible to indicate the protected characteristics which fare well, it should be highlighted that it is difficult to identify evidence for all protected groups and it was considered that none fare badly.</i></p>		

Grading key – 3.1

Undeveloped	Developing	Achieving	Excelling
Staff members from all protected groups fare poorly compared with their numbers in the local population and/or the overall workforce OR evidence is not available.	Staff members from only some protected groups fare well compared with their numbers in the local population and/or the overall workforce.	Staff members from most protected groups fare well compared with their numbers in the local population and/or the overall workforce.	Staff members from all protected groups fare well compared with their numbers in the local population and/or the overall workforce.

Objective: 3. A representative and supported workforce	
3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their obligations	
Which protected characteristics fare well?	
Age <input type="checkbox"/>	Marriage & civil partnership <input type="checkbox"/>
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	Sexual orientation <input type="checkbox"/>
Evidence drawn upon for rating	Initial Grade
For all non-medical and dental staff the Trust uses Agenda for Change terms and conditions of employment, job evaluation and levels of pay which have been legally recognised to abide by the principles of equal pay for work of equal value. An Equal Pay Audit was commissioned from Audit South West in May 2015. The draft report, received in January 2017, included all employees in the organisation (including full-time and part-time employees 'in the same employment' as	Achieving

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<p>defined in the Code of Practice on Equal Pay, and considered the relative pay of three of the protected groups: sex, race and disability. The review was based on analysis of the pay elements and personal data for all employees in the employee records on ESR. The review considered material factors in the comparison of pay such as length of service, starting pay, pay protection and progression, and market factors (RRP) where data was available to support this.</p> <p>An audit of the pay of employees in other protected groups is to be undertaken at a later date. (The EHRC cautions against a pay audit of the whole workforce on all protected characteristics at the same time.)</p> <p>The report found that the controls and processes in place are appropriate and effective to ensure that staff in the protected groups which were included in the review, who perform broadly the same duties as staff not in the protected groups, are paid equally.</p> <p>The report also considered whether promotion and progression within the Trust is fair for protected groups. It found no significant discrepancies between pay and progression that could not be explained. It was not able to investigate whether promotion opportunities had been available to all eligible staff, and therefore recommended that the Trust should periodically conduct an Equality Audit to provide assurance that controls in place are operating effectively and ensure that the risk of discrimination is minimised. Actions are either already in place or are being considered to comply with this recommendation.</p> <p>Results of the National Staff Survey 2015 show that there are differing opinions about the opportunity for progression within the organisation from different protected groups:</p>	

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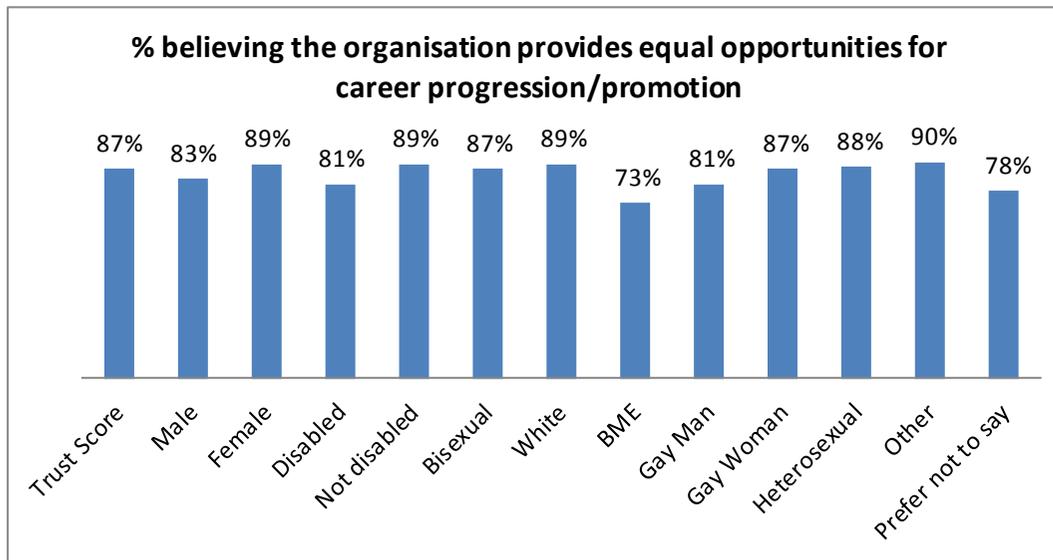
3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their obligations

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Evidence drawn upon for rating

Initial Grade



The overall Trust score is comparable with the 2015 average for other acute trusts – also 87%. However, disabled staff and staff from BME backgrounds clearly perceive that there are more barriers to progression within the organisation.

The findings for BME staff are included in the [Workforce Race Equality Standard Report](#), together with planned actions to address.

A Workforce Disability Equality Standard (WDES) will be mandated via the NHS Standard Contract in England from April

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<p>2018. The draft metrics indicate that the Staff Survey results for the question about equal opportunities for career progression will be one of the measures.</p> <p>Mandatory Gender Pay Gap Reporting for the Public Sector has been agreed by parliament. The first set of data to be used will be as at April 2017, with the information to be published before April 2018. This will show whether or not there is a gender pay gap within the organisation.</p> <p>Rationale for initial grading (Achieving) from Equality & Diversity Group: <i>This is based on the use of Agenda for Change and the completion of the equal pay audit. However, the Group also recommended that the grading should be qualified as the audit had not extended to all of the protected groups.</i></p>	

Grading key

Undeveloped	Developing	Achieving	Excelling
Equal pay audits show that staff members from all protected groups fare poorly compared with the overall workforce OR equal pay audits are not carried out.	Equal pay audits show that staff members from only some protected groups fare as well as the overall workforce.	Equal pay audits show that staff members from most protected groups fare as well as the overall workforce.	Equal pay audits show that staff members from all protected groups fare as well as the overall workforce.

Objective: 3. A representative and supported workforce	
3.3 Training and development opportunities are taken up and positively evaluated by all staff	
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	Sex <input checked="" type="checkbox"/>
	Sexual orientation <input checked="" type="checkbox"/>
Evidence drawn upon for rating	Initial Grade
<p>All staff new to the Trust attend Corporate Induction, which includes elements specific to their roles.</p> <p>All Trust training can be placed into one of three categories, Essential Training, Essential - Specific to Role Training, or Additional Training: Essential Training (ET) describes any required training (statutory/mandatory) to which the Trust must report monthly compliance, averaged against a known and well-delineated target audience. ET has been applied to large groups of staff and these requirements are shown in Training Portfolios. ET is usually taught at the most basic, minimum level required (i.e., all staff need to know some basics on Fire Safety or safe methods of Manual Handling, and almost all clinicians with daily patient contact will need some level of knowledge in RESUS training).</p> <p>Essential – ‘Specific to Role’ Training (ESRT) is similar to Essential Training insofar as it is also required (statutory/mandatory) for its intended target audience, but the Trust does NOT have a monthly compliance reporting requirement. The target audiences for this training can often be identified down to Departmental or even individual job roles and requirements.</p> <p>Additional Training (AT) describes all non-mandatory training topics or learning resources (e.g., training links, manuals) offered by the Trust. These programmes and resources can build further skills or are provided for informational purposes.</p> <p>Training is delivered in face to face sessions or via e-learning packages, allowing staff to undertake training at the time which best suits them.</p> <p>The 2015 National Staff Survey asked a set of questions about training, learning and development.</p>	<p>Developing</p> <p>Achieving</p> <p><i>(please see rationale on p8)</i></p>

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<p>2015 National Staff Survey results show that:</p> <ul style="list-style-type: none"> • Of the 73% of staff (72% national average for acute trusts) saying that they had received non-mandatory training, learning or development in the last 12 months – • 81% agreed that it had helped them to do their job more effectively (83% national average for acute trusts); • 86% agreed that it had helped them to stay up-to-date with professional requirements (87% national average for acute trusts); • 78% agreed that it had helped them to deliver a better patient/service user experience (81% national average for acute trusts). <p>(There are no direct comparators with the 2014 Staff Survey results.)</p> <p>Data for the staff survey available on SOLAR (Survey Online Analysis & Reporting) allows a more detailed picture for some of the protected groups. (Although it must be emphasised for all Staff Survey results that percentages are of the number of staff in each protected group who responded.)</p>		

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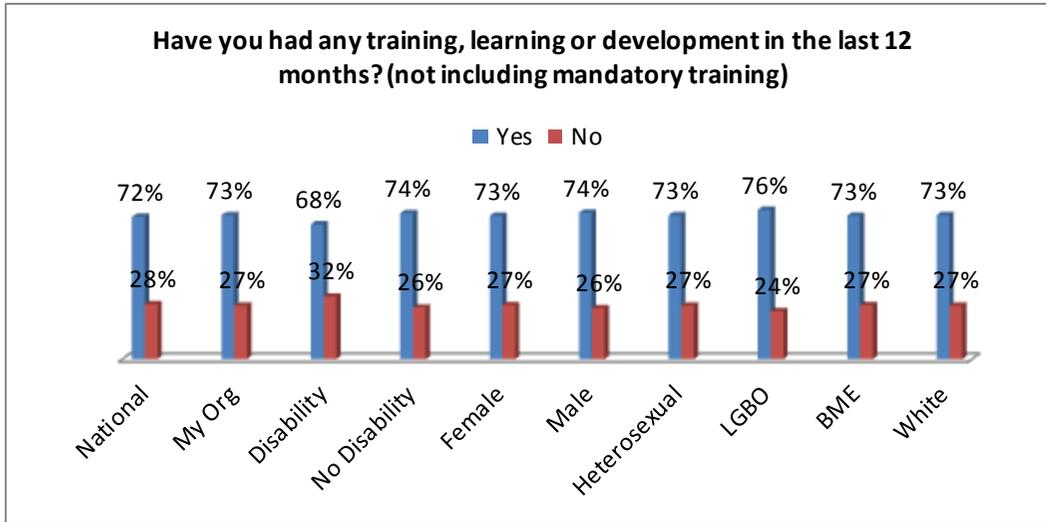
3.3 Training and development opportunities are taken up and positively evaluated by all staff

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Evidence drawn upon for rating

Initial Grade



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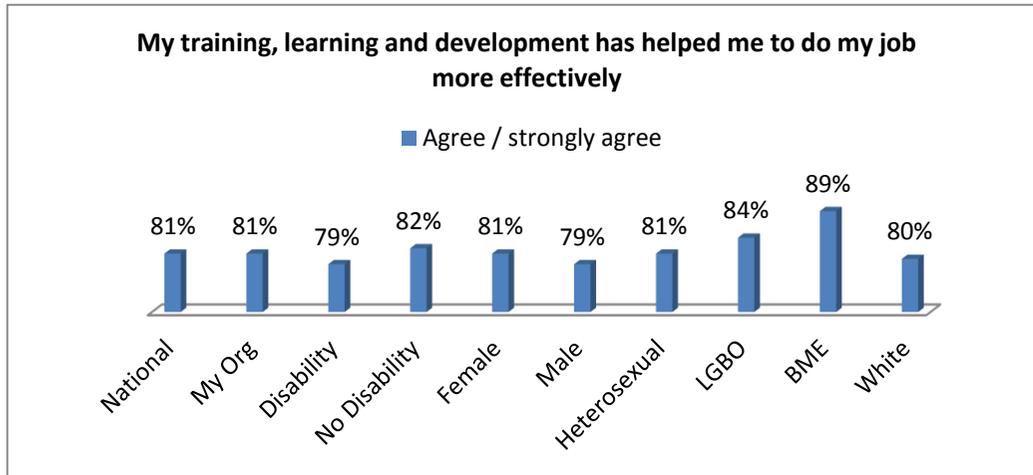
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Evidence drawn upon for rating

Initial Grade



The graph above indicates that, of those who responded, BME staff evaluated their training and development most positively. The next two graphs echo that experience.

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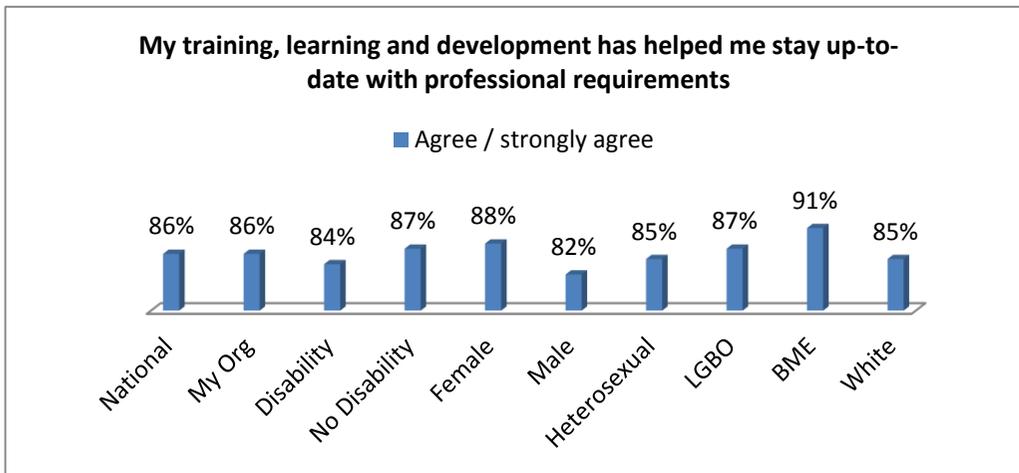
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Evidence drawn upon for rating

Initial Grade



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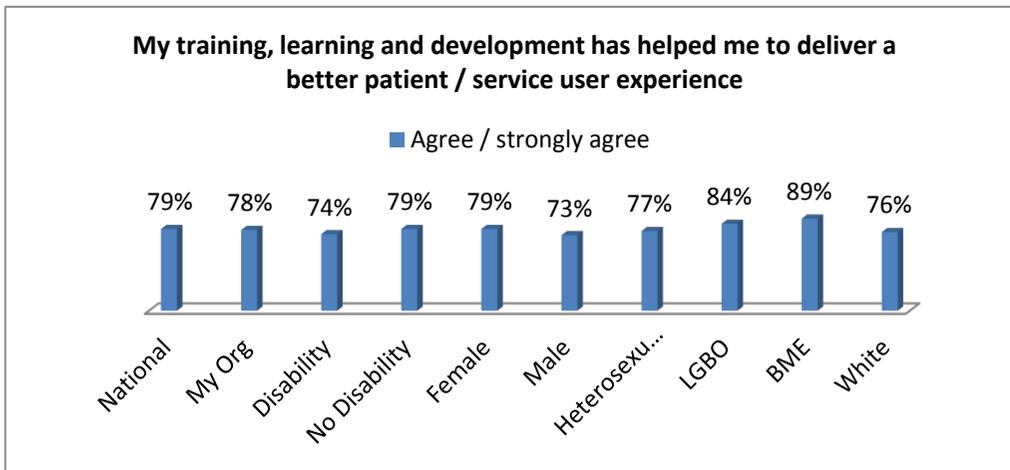
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Evidence drawn upon for rating

Initial Grade



One of the Workforce Race Equality Standard metrics: Relative likelihood of staff accessing non-mandatory training and continuing professional development – is also relevant to this outcome. As detailed in the 2016 WRES report for the Trust:

This data cannot be extracted from current reporting on training. As an alternative, the relative likelihood based on responses to the 2015 National Staff Survey (carried out on a full census basis) is given below.

Descriptor	BME 2015	White 2015

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Evidence drawn upon for rating

Initial Grade

Number of staff responding to National Staff Survey 2015	402	3,128
Number of staff who stated they had received training, learning or development in the last 12 months (not including mandatory training)	283	2,269
Likelihood of receiving such training	0.70	0.725

Relative likelihood -

Number of staff responding: White = 3,128; BME = 402

Number of staff receiving non-mandatory training: White = 2,269 ; BME = 283

Likelihood of White staff accessing training is 2,269/3,128 = 0.725

Likelihood of BME staff accessing training is 283/402 = 0.70

Relative likelihood of White staff accessing non-mandatory training compared to BME staff = (0.725/0.70) 1.03 times greater.

Actions taken and planned:

The recording and reporting of non-Mandatory training data was included in the WRES action plan for 2015.

Development of a Trust wide system for the collection of essential and non-essential training has been delayed due to other key essential training priorities being implemented.

This is therefore a priority action for 2016, and is also included in the Equality & Diversity Action Plan. It is anticipated that reporting on development training for supervisors and managers will be carried out from April 2017.

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Evidence drawn upon for rating	Initial Grade
<p><i>Divisional Actions:</i> The Specialised Services Staff Engagement Action Plan 2016/2017 includes planned actions to support staff to access training and development opportunities – a Training Lead for Nursing Staff is in post.</p> <p>An exercise has been carried out in Women’s and Children’s Division to ensure that Essential Training modules for staff are better aligned to their roles to improve staff and patient experience.</p> <p>Rationale for initial grading (Developing and Achieving) from Equality & Diversity Group: <i>There was some discussion about whether the grading should be based on take-up of the training required for all staff to be able to do their jobs (Essential Training), or the additional opportunities for development available and taken up. It was felt that although the opportunities are there, access to them is dependent on where you are in the organisation and how well the opportunities are communicated. Therefore: Achieving where validated compliance evidence is available (Essential Training), and Developing for non-mandatory training.</i></p>	

Grading key

Undeveloped	Developing	Achieving	Excelling
Staff members from all protected groups fare poorly compared with the overall workforce OR evidence is not available.	Staff members from only some protected groups fare as well as the overall workforce.	Staff members from most protected groups fare as well as the overall workforce.	Staff members from all protected groups fare as well as the overall workforce.

Objective: 3. A representative and supported workforce	
3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	
Which protected characteristics fare well?	
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Evidence drawn upon for rating	Initial Grade
<p>The NHS Staff Survey regularly measures staff experience in this area. The Trust-wide results for 2015 can be seen in the accompanying extract from the national report.</p> <p>Levels of discrimination, harassment, bullying and violence are reported in the Equality and Diversity Annual Report for 2015/2016 and in the National Staff Survey Indicators section of the Workforce Race Equality Standard Report 2016. Both reports include planned actions to address the issues.</p> <p>The Trust has a Tackling Harassment & Bullying at Work Policy, and publicises Sources of Support for staff. These include access to a confidential Advisors helpline and Staff Side colleagues.</p> <p>Both the Staff Survey results and anecdotal evidence indicate that there is a more widespread problem than suggested by the number of cases reported through the HR functions. (Figures taken from the Trust's Case Management System show that 21 cases were dealt with during the 2015 calendar year.)</p> <p>Figures for Harassment & Bullying, Grievance, and Disciplinary cases are available on the Equality Performance & Objectives page of the Trust's website.</p> <p>Following publication of the 2015 WRES report, benchmarking and analysis of disciplinary cases were conducted and can be found in the WRES Disciplinary Report which accompanies this template.</p> <p>All of the reports indicate that staff from BME groups and disabled staff are more likely to experience abuse, harassment, bullying or violence.</p> <p>Whilst the Trust is endeavouring to address the issue of staff on staff bullying and harassment – supported by initiatives in</p>	Developing

<p>individual Divisions developed as part of their Divisional Engagement Plans – adequate reporting of incidents involving patients, relatives and carers has yet to be achieved.</p> <p><i>Actions taken and planned:</i></p> <p>Women’s and Children’s Division have developed an Acceptable Behaviour Policy for parents and carers. Progress against Divisional Staff Engagement plans will be reported in April 2017.</p> <p>Divisional plans to increase staff awareness that clinical incident reporting must be used to report incidents of harassment, bullying, abuse or discrimination by patients, relatives and the general public to be developed and implemented by Divisional E&D Representatives and HR Business Partners by the end of March 2017.</p> <p>A method of clear and consistent incident reporting via the DATIX system will be developed through appropriate Divisional Groups.</p> <p>Rationale for initial grading (Developing) from Equality & Diversity Group: <i>Based on consistent information about staff experience from the National Staff Survey, employee relations cases and anecdotal evidence, and Divisional and other plans to address the ongoing issues.</i></p>	
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Objective: 3. A representative and supported workforce

3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives

Which protected characteristics fare well?

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Evidence drawn upon for rating

Initial Grade

Policies:

The Trust operates the following Flexible Working policies:

[Flexible Working Policy](#) (including term-time working, job share & parental leave)

[Flexi-time Working Policy & Procedure](#)

[Maternity Leave Policy](#)

[Paternity & Partner Leave Policy](#)

[Shared Parental Leave Policy](#)

[Adoption Leave Policy](#)

[Home Working Policy](#)

[Retirement Policy](#)

The options are available to all staff, dependent on the eligibility criteria set out in the individual policies.

There are separate provisions for [Emergency and Special Leave](#).

The Trust also offers opportunities for full-time of part-time working:

59.88% of substantive staff are full time. 40.11% of substantive staff are part time.

The Trust's Temporary Staffing Bureau offers the opportunity for completely flexible hours and for employees returning from Maternity Leave to make a flexible return to work.

The Trust runs annual Extra Authorised Unpaid Leave and Voluntary Hours Reduction schemes, which are open to all staff with the proviso that backfill will not be needed to cover the additional time off.

Developing

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Evidence drawn upon for rating

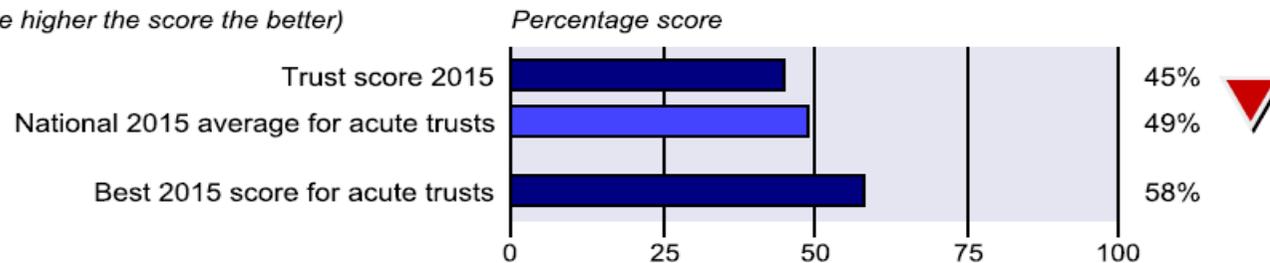
Initial Grade

National Staff Survey Results:

This is the overall score for UH Bristol from the 2015 National Staff Survey Results:

KEY FINDING 15. Percentage of staff satisfied with the opportunities for flexible working patterns

(the higher the score the better)



National Staff Survey Results – disaggregated by protected group (as far as available data allows) are shown in the table below.

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Evidence drawn upon for rating

Initial Grade

<i>(from the Full Report available on national website)</i>		<i>(from additional analysis conducted in-house)</i>	
% of staff satisfied with the opportunities for flexible working patterns – Trust Score = 45%		% of staff satisfied with the opportunities for flexible working patterns – Trust Score = 45%	
Significantly Above Trust Score (demographic group)	Significantly Below Trust Score (demographic group)	Significantly Above Trust Score (demographic group)	Significantly Below Trust Score (demographic group)
Employees aged 31 – 40 (50%)	Employees aged 16 – 30 (42%)	Gay Men (51%)	Bisexual (35%)
	Men (42%)	BME (48%)	Disabled (40%)

Following publication of the Staff Survey results, the low satisfaction rates with opportunities for flexible working was raised by Staff Side representatives at the Trust’s Partnership Forum.

It is probably fair to say that whilst the options described in the policies and other opportunities listed above are available to all staff, there could be greater consistency in their application.

Areas for improvement:

The Maternity Leave policy and its provisions are widely used, and the numbers of staff on Maternity Leave are reported

Objective: 3. A representative and supported workforce

3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives

Which protected characteristics fare well?

Age	<input type="checkbox"/>	Marriage & civil partnership	<input type="checkbox"/>	Religion or belief	<input type="checkbox"/>
Disability	<input type="checkbox"/>	Pregnancy & maternity	<input checked="" type="checkbox"/>	Sex	<input type="checkbox"/>
Gender reassignment	<input type="checkbox"/>	Race	<input checked="" type="checkbox"/>	Sexual orientation	<input type="checkbox"/>

Evidence drawn upon for rating	Initial Grade
<p>monthly as part of Workforce Absence reporting. However, the take-up of other flexible working options is not reported regularly. It is therefore not possible to assess, except via the Staff Survey, whether these options are being accessed equally by staff in all staff groups or protected groups.</p> <p>Rigid shift patters worked by Facilities staff limit opportunities for flexible working. However, there is a wide range of shifts available and managers are encouraged to be responsive to requests for transfers and to let staff know when opportunities for an alternative shift arise.</p> <p>Rationale for initial grading (Developing) from Equality & Diversity Group: <i>The Trust has flexible working policies and options. However, these opportunities are not necessarily made available to all staff and there is inconsistency in some areas in the application of the process. Hence an initial grade of Developing, with a recommendation for focus in the coming year on consistency of application of process supported by training for managers.</i></p>	

Grading key

Undeveloped	Developing	Achieving	Excelling
Staff members from all protected groups fare poorly compared with the overall workforce OR evidence is not available.	Staff members from only some protected groups fare as well as the overall workforce.	Staff members from most protected groups fare as well as the overall workforce.	Staff members from all protected groups fare as well as the overall workforce.

Objective: 3. A representative and supported workforce

3.6 Staff report positive experiences of their membership of the workforce

Which protected characteristics fare well?

Age	<input type="checkbox"/>	Marriage & civil partnership	<input type="checkbox"/>	Religion or belief	<input type="checkbox"/>
Disability	<input type="checkbox"/>	Pregnancy & maternity	<input type="checkbox"/>	Sex	<input type="checkbox"/>
Gender reassignment	<input type="checkbox"/>	Race	<input checked="" type="checkbox"/>	Sexual orientation	<input checked="" type="checkbox"/>

Evidence drawn on for rating:

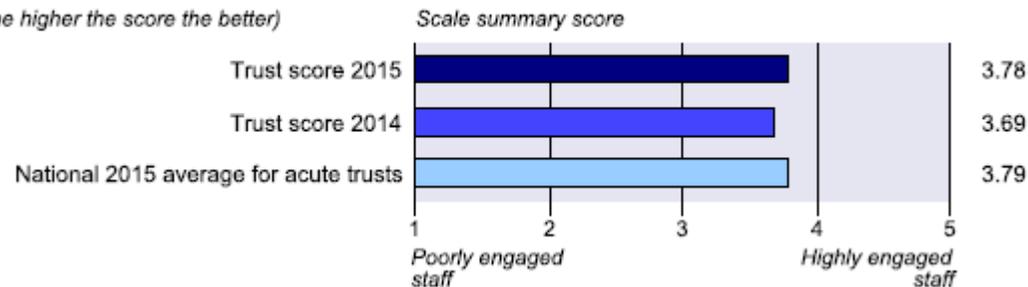
Initial grading

UH Bristol scored relatively well on Overall Staff Engagement in the 2015 National Staff Survey:

Developing

OVERALL STAFF ENGAGEMENT

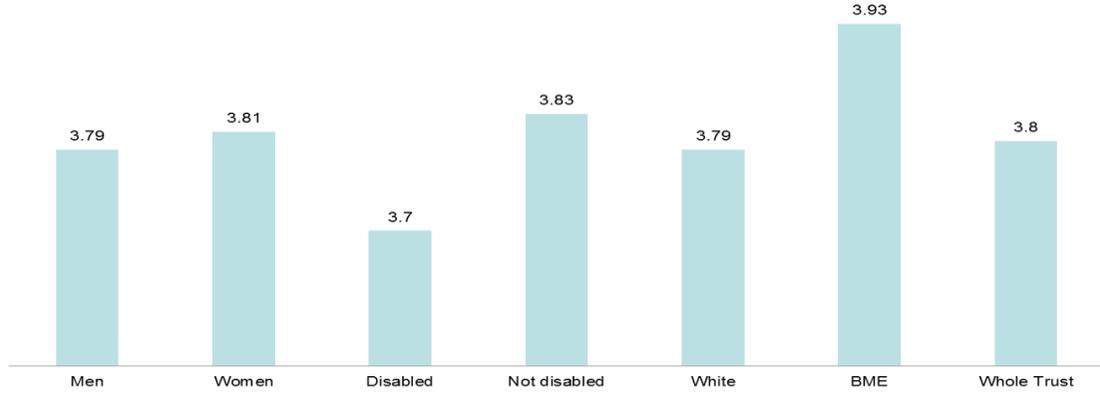
(the higher the score the better)



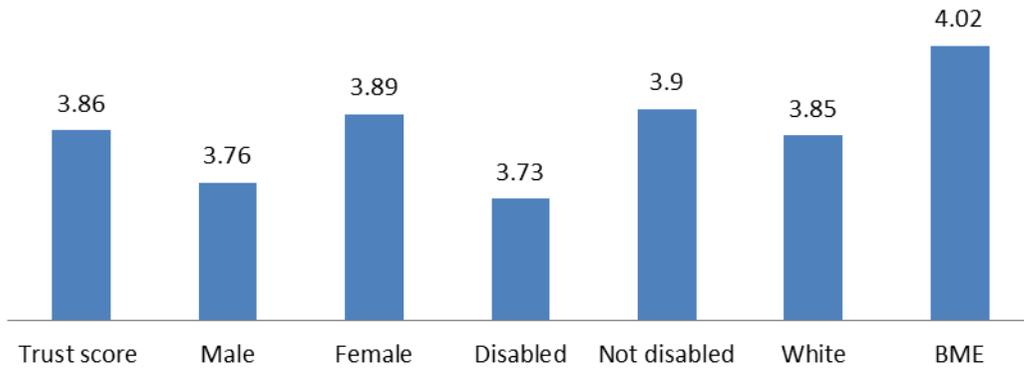
This overall score is made up of the findings relating to staff members' perceived ability to contribute to improvements at work; their willingness to recommend the Trust as a place to work or receive treatment; and the extent to which they feel motivated and engaged with their work.

The results of the Staff Survey were used to inform a presentation to the Senior Leadership Team in May 2016, highlighting comparative experiences of staff from different protected groups. Some of the findings can be seen below.

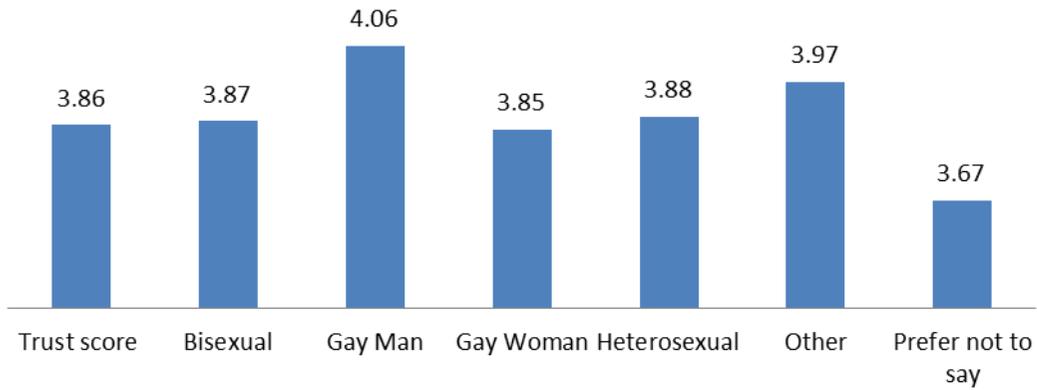
Staff recommendation of the organisation as a place to work or receive treatment



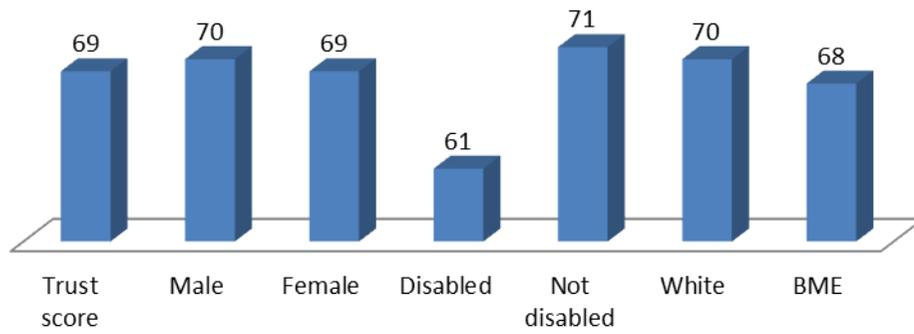
Staff Motivation at Work



Staff Motivation at Work



Percentage able to contribute towards improvements at work



March 2017 v3

There are many more indicators in the National Staff Survey results which could be used to illustrate differing experiences for staff at work, including experiences of harassment, bullying and discrimination. It has been shown in Outcome 3.4 that disabled and BME staff have comparatively worse experiences in these areas, and yet BME staff are highly motivated and one of the groups who would most recommend the Trust as a place to work or receive treatment.

Actions taken and planned:

Staff Champions meetings for Facilities staff, including quarterly reporting on You Said, We Did comments received through comments boxes.

Follow-up questionnaire to NICU staff one year after Royal College of Paediatric & Child Health (*check acronym*) questionnaire.

Progress against Divisional Staff Engagement plans will be reported in April 2017.

Rationale for initial grading (Developing) from Equality & Diversity Group: *the evidence for this outcome is predominantly based on responses to the National Staff Survey. It was suggested that one extra way of measuring staff experience might be to include a question at appraisal. Measures of staff motivation will be included in a forthcoming audit of staff experience.*

Grading key

Undeveloped	Developing	Achieving	Excelling
Staff members from all protected groups fare poorly compared with the overall workforce OR evidence is not available.	Staff members from only some protected groups fare as well as the overall workforce.	Staff members from most protected groups fare as well as the overall workforce.	Staff members from all protected groups fare as well as the overall workforce.