

Meeting Title	Board of Directors		
Date	09 May 2019	Agenda item	Bo.5.19.22

NHS Staff Survey action plan update

Presented by	Pat Campbell, Director of HR		
Author	Lily Hurford, Head of Organisational Development		
Lead Director	Pat Campbell, Director of HR		
Purpose of the paper	To provide a year-end update on the 2017 NHS Staff Survey action plan and present the 2018 NHS Staff Survey action plan.		
Key control	Our People Strategy provides objectives and measures for our Trust strategic objective to be in the top 20% of NHS employers; the Staff Survey action plans contribute towards us achieving this objective.		
Action required	To note		
Previously discussed at/informed by	The results of the Staff Survey were presented to EMT on 19 March, the Workforce Committee on 27 March where the priority areas for the 2018 action plan were agreed and the Workforce Committee on the 24 April 2019.		
Previously approved at:	Committee/Group	Workforce Committee	Date
			27 March & 24 April.
Key Options, Issues and Risks			
The results of the 2018 Staff Survey were presented to EMT on 19 March 2019 and the Workforce Committee 27 March 2019, where priorities for the 2018 Staff Survey action plan were agreed. This paper provides an update on how we performed against the measures for the 2017 Staff Survey action plan, a final update to close the 2017 action plan and presents the 2018 Staff Survey action plan:			
Appendix one: Performance against 2017 Staff Survey measures (pages 4)			
Appendix two: Breakdown of engagement scores (pages 5 – 6)			
Appendix three: 2017 Staff Survey action plan update Q4 (pages 7 – 17)			
Appendix four: 2018 Staff Survey action plan (pages 8 – 22)			
Analysis			
We made significant improvements in five of the eight priorities in our 2017 Staff Survey action plan: staff engagement; senior manager communication; manager support; reporting of errors, near misses or incidents and reducing the percentage of staff experiencing physical violence from staff in the last 12 months. There was no significant improvement in the score for the fairness and effectiveness of reporting errors, near misses or incidents or in improving the effectiveness of the use of patient and service user feedback. There has been no change to the number reporting most recent incident of harassment, bullying or abuse. Our performance against the 2017 Staff Survey action plan scores and measures is shown in appendix one, with a breakdown of the scores for staff engagement, our top priority shown in appendix two.			
The final update on actions for the 2017 Staff Survey action plan is in appendix three. This outlines work that was carried out to address our priority areas during Q4. An over view of all the work that was carried out during the year was included in the previous Staff Survey paper.			
Our 2018 Staff Survey results show where we have made improvements and it is important that we continue to build on the progress we have made over the last few years, particularly around increasing staff engagement, which remains our top priority alongside improving morale.			

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Other priority areas for our Staff Survey action plan this year are those where our performance is below average for acute trusts or areas where there has been no significant change in results compared to last year.

These are:

- Equality, diversity and inclusion
- Health and wellbeing – focusing on reducing work related stress and MSK
- Safe environment – Bullying and harassment –focusing on reporting
- Quality of care – patient care and experience, improving the effectiveness of the use of patient and service user feedback

The 2018 Staff Survey action plan which covers these areas is in appendix four. Focusing on these areas will help us in achieving our vision of being a great place to work.

Other areas of the Staff Survey including work on Quality of appraisals, Health and Wellbeing, including CQUIN measures and diversity and inclusion including the WRES and WDES are being addressed in the People Strategy annual plans which are presented separately.

Progress of the Staff Survey action plan (and the People Strategy annual plans) will be monitored throughout the year by the Education and Workforce Committee reporting to the Workforce Committee.

Recommendation

The Workforce Committee are asked to note the progress made against the 2017 Staff Survey action plan and note the new 2018 Staff Survey action plan.

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients			g			
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers			g			
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

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Benchmarking implications (see section 4 for details)	Yes	No	N/A
Is there Model Hospital data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Risk Implications (see section 5 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Resource implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal/regulatory implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diversity and Inclusion implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Performance Implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Regulation, Legislation and Compliance relevance	
NHS Improvement: (please tick those that are relevant)	
<input type="checkbox"/> Risk Assessment Framework	<input type="checkbox"/> Quality Governance Framework
<input type="checkbox"/> Code of Governance	<input type="checkbox"/> Annual Reporting Manual
Care Quality Commission Domain: Well Led	
Care Quality Commission Fundamental Standard: Choose an item.	
NHS Improvement Effective Use of Resources: Choose an item.	
Other (please state):	

Relevance to other Board of Director's Committee: (please select all that apply)					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix one: Staff Survey results 2018 - performance against our 2017 Staff Survey action plan

	2017	2018	Change compared to 2017
1. Increase staff engagement (top priority)	3.82 (7.0)	3.87 (7.2)	Significant increase
2. Managers			
KF6 Increase percentage reporting good communication between senior management and staff	30%	34%	Significant increase
KF10 Improve support from immediate managers -there is no comparable data for this Key Finding. The data for the new theme, Immediate Managers shows an upward trend since 2015. The theme is scored on a 1-10 pt scale; the higher the score the more favourable the result.	6.7	6.9	Significant increase
3. Patient care and experience			
KF32 Improve the effectiveness of the use of patient and service user feedback	3.66	3.69	Increase (not significant)
4. Errors and incidents			
KF29 Increase percentage reporting errors, near misses or incidents witnessed in the last month	89%	93%	Significant increase
KF30 Improve fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.72	3.76	Increase (not significant)
5. Violence, harassment and bullying			
KF23 Reduce the percentage of staff experiencing physical violence from staff in the last 12 months	3%	2%	Significant decrease
KF27 Improve the percentage of staff reporting most recent experience of harassment,	46%	46%	No change

bullying or abuse			
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Appendix two: Breakdown of Staff engagement scores

	2016	2017	2018	Benchmarked against other acute trusts	Best	Average	Worst
Overall staff engagement (new 0-10 scale)	6.9	7.0	7.2	Above average	7.6	7.0	6.4
KF4 Staff motivation (previous 0-5 scale)	3.92	3.95	4.01	Significant increase			
Q2a I look forward to going to work	57.4%	60.4%	63.2%	Above average	67.6%	59.3%	50.6%
Q2b I am enthusiastic about my job	73.2%	76.2%	78.4%	Above average	81.7%	74.8%	69.3%
Q2c Time passes quickly when I am working	76.5%	77.2%	77.9%	Above average	83.4%	77.2%	72.6%
KF7 Ability to contribute towards improvement (previous 0-5 scale)	69%	71%	72%	Increase			
Q4a There are frequent opportunities for me to show initiative in my role	73.6%	74.1%	75.6%	Above average	80%	72.5%	62.7%
Q4b I am able to make suggestions to improve the work of my team/ department	75%	74.2%	76.1%	Above average	83.5%	74.5%	67.4%
Q4d I am able to make improvements happen in my area of work	53.6%	57.5%	57.5%	Above average	65.9%	56.1%	45.5%

KF1 Recommendation of the organisation as a place to work/receive treatment (previous 0-5 scale)	3.65	3.75	3.81	Significant increase			
Q21a Care of patients/service users is my organisation's top priority	70.9%	73.9%	78.5%	Above average	88.3%	76.7%	60.2%
Q21c I would recommend my organisation as a place to work	54.6%	61%	64.6%	Above average	81%	62.6%	39.2%
Q21d If a friend of relative needed treatment, I would be happy with the standard of care provided by this organisation.	64.3%	67.7%	68%	Below average	87.3%	71.3%	39.8%

Appendix three: Staff Survey action plan 2018/19 – Quarter 4 update

Action	Lead	Q4 Update
1. Staff engagement Top priority: increase staff engagement		
<p>1.1 Continue our We are Bradford work to embed our values in all that we do:</p> <p>a) Work as One Week, bringing our values to life as a Trust, working together to get patients home</p>	<p>Sandra Shannon, Chief Operating Officer</p>	<p>A number of successful Work as One events took place during 2018-19; the first in May focused on patient flow; there were two follow up Work as One Fridays; a Work as One fortnight in August focusing on theatre flow as well as patient flow and a Work as One week took place during October, focused on generating ideas to reduce waste, reduce cost & improve patient experience; over 500 new ideas were generated by teams across the Trust. A Work as One Friday took place in December as part of the Week of Celebrations; the day was a celebration of the achievements of the Work as One initiative during 2018.</p> <p>The first Work as One system wide event took place in January, with Bradford Health and Social care Partners focusing on how we can work better together to improve patient flow. This meant bringing our values to life as a whole system, working with partner organisations to explore, develop and embed improvements at a system level. Events have proved really popular with staff, who are empowered to try out new ideas, and different ways of working, encouraging creativity and innovation and involving staff in making changes and quality improvements.</p>

<p>b) Deliver a rolling programme of Work as One sessions, bringing our values to life together as teams.</p> <p>c) Implement revised Personal Responsibility Framework (PRF), which includes bringing our values to life as individuals and embedding our values in recruitment, induction and appraisals.</p>	<p>Pat Campbell, Director of HR</p> <p>Pat Campbell, Director of HR</p>	<p>We are Bradford sessions, bringing our values to life as teams focused on specific teams during the year, those requesting specific OD support and those identified as priority areas for the Trust as part of the Bradford Improvement Programme. Sessions were also delivered in Corporate services including Chief Nurse team, HR and Informatics. Shorter sessions have been trialled as part of the Corporate Induction, during Work as One events and through the new Leadership Development programme – these sessions focus on working as teams across the Trust.</p> <p>The revised PRF launched on 31 May 2018. The PRF was promoted again early 2019 with briefings for managers. The PRF was also circulated to Freedom to Speak up Guardians to support their role.</p>
<p>1.2 Continue work on reward and recognition, celebrating success with our annual and monthly staff and team awards; promoting staff benefits and health and wellbeing support and initiatives.</p>	<p>Pat Campbell</p>	<p>A week of celebrations took place in December, which culminated in the Brilliant Bradford Staff annual awards ceremony. The monthly awards have been reviewed with two new monthly awards being introduced for 2019, Trainee/Student of the Month and Volunteer of the Month. The annual awards are being reviewed for 2019-20 taking into account feedback from staff and the judging panels.</p> <p>Various events and activities took place throughout the year to promote healthy lifestyles and wellbeing including a “12 Days of Christmas” health promotion campaign which provided staff with advice on a variety of health topics such as exercise, healthy diet and alcohol intake; a Healthy January event which included advice for staff on diet, exercise</p>

		and alcohol intake. BTHFT liver specialist team undertook 45 liver scans for staff in the afternoon. Other events included domestic abuse training from Staying Put (local charity) and a stall from our Employee Assistance Programme promoting this service for staff and managers. Due to the demand there will be another day of awareness planned for Q1 2019 to promote the Manager's Advice Line service.
1.3 Time2talk appraisals: increase confidence of the appraisee to take responsibility for their development, rolling out workshops and providing material and resources to support their develop and enable effective appraisal and one to one conversations.	Pat Campbell	<p>We met our target to achieve 95% of appraisals completed by the end of December with an overall completion rate of 95.54%, however our completion rate dropped to 90% by the end of March 2019.</p> <p>24 appraisal workshops have been delivered during the year and a refresher workshop has been piloted with plans to roll out during 2019-20. Appraisals are covered in the Managing Your team workshop, which started in Q3 and through the Leadership Development session delivered to over 190 nurses and midwives as part of the Nurse development programme. The Workforce Information Team has provided support for managers on recording and reporting appraisals delivering 49 bespoke sessions with teams and providing new guidance for recording and reporting appraisals using ESR which is available on the time2talk appraisals hub. The hub has been continually updated with new manager guidance and also information and support for appraisees. Drop in sessions helping staff to prepare for their appraisals were delivered across the Trust. Work started on the preparations for an appraisal season in 2019 and for the changes to pay progression, linked to appraisals.</p>
1.4 Use staff stories to share best practice and build relationships through our leadership and cultural development work.	Lily Hurford, Head of Organisational Development	<p>Staff stories were shared in the Let's Talk Newsletter and through the Work as One and Let's Celebrate pages of the Let's Talk intranet hub. A number of Special Editions of the Let's Talk newsletter were published to celebrate NHS 70, Work as One events and a year-end special to celebrate all that the Trust achieved during 2018 which included a wide range of staff stories.</p> <p>Social media is being used to share stories, for example through Twitter and the Nurses Recruitment Campaign and Facebook page.</p> <p>The Trust internet has an Our People section which includes staff stories and winners of our staff awards.</p>

1.5 Participate in the Staff Engage Pilot as one of 10 Trusts providing staff in the pilot areas an opportunity to voice their opinions.	Rachel Pyrah / Jo Hilton	Despite attempts to engage with staff, there was insufficient uptake of the pilot so it has stopped. The reluctance to take part was related to GDPR, a change in management and other operational pressures which meant this was not seen as a priority, also, staff did not like the idea of being texted after work.
2 Managers Priority: increase percentage reporting good communication between senior management and staff and improve support from immediate managers		
2.1 Involve all Senior Leaders in our Work as One week and follow up initiatives including Work as One sessions, bringing values and behaviours to life within teams, role modelling our values.	Sandra Shannon Lily Hurford	As above, we held a number of events during 2018-19 and Senior Leaders across the Trust took part in the events. We will continue to Work as One into 2019-20. We are Bradford sessions were delivered across the Trust and our values embedded into all our leadership and management development programmes.
2.2 Incorporating themes from the staff survey results around manager support (giving feedback, being involved in decisions) and communication in relevant modules of	Lily Hurford	A new workshop, Managing your Team was introduced in Q3 with five sessions delivered as part of our Leadership and Management Development Framework. This has also been incorporated into the Leadership development programme which has been delivered to Nurses and Midwives throughout the year and to Urgent Care during Q4. A new workshop, Challenging Conversations was piloted in Q4 with plans to roll out during 2019-20.

our Leadership and Management Development Framework; introduce a new module Managing Your Team to address these directly.		
2.3 Continue to engage our staff through the Let's Talk Live events, where staff are given the opportunity to talk to the Chief Executive and members of EMT, to raise concerns and be listened to.	John Holden, Director of Strategy and Integration	Ten Let's Talk events were held across the Trust during the year and they continue to prove popular with staff, they appreciate the opportunity to talk to the Chief Executive and members of the Executive Team. Stories from the Let's Talk Live events are shared in the Let's Talk newsletter.
2.4 Continue our work with staff to improve our communication methods, encouraging and developing channels which promote effective, consistent and timely two-way internal communications flowing throughout the Trust.	John Holden	As well as Let's Talk Live, two 'listening events' have taken place with members of the Executive Team in AED during Q4. Work started on the new Trust intranet site so managers and staff have access to timely and up to date information, policies and guidance. Staff are involved in the development of the new intranet to make sure it has all the information they need. Social media is increasingly used to promote key messages, celebrate success and share ideas and initiatives through dedicated Facebook pages and team Twitter pages. Jonathan Barber, Consultant Radiologist, led the development of a focus group intended to help us understand how consultants want to be engaged. The first consultant forum event is being held in 2019.

3 Patient care and experience Priority: improve the effectiveness of the use of patient and service user feedback		
3.1 Continue to deliver the work set out in our three year strategic Patient Experience and Engagement Improvement work plan.	Karen Bentley, Assistant Chief Nurse.	Work continues to be delivered and developed in relation to the PE work plan. The accountability and oversight of this work is carried out by the Patients First Sub-Committee.
3.2 Develop and maintain Patient Experience website for the Trust intranet for staff.	Christopher Brown, Patient Experience Manager	Initial work to develop the website is now complete.
3.3 Benchmarking exercise with neighbouring Trusts on the effective use of patient/service feedback.	Karen Bentley	Benchmarking has taken place and a local working group is being set up to look at the effective use of feedback and uptake for future improvement. The involvement hub data base has now been completed.
3.4 Work with the ward accreditation team within the Chief Nurse office to ensure patient and staff feedback is collated and actioned.	Karen Bentley	<p>Ward Accreditations are taking place.</p> <p>Additional work has taken place to capture Friends and Family feedback in different areas using different methods, following feedback from staff and Work as One weeks.</p> <p>Feedback Fridays are taking place and 'Tea Trolley' rounds are focusing on making sure leaflets are up to date, being distributed and collected. The volunteers are involved in this.</p>

		We are promoting the Patient Experience strategy- <i>embracing kindness</i> and have invested time in educating staff how their kindness can make such a difference from the feedback we receive from the patients and public.
3.5 Develop KPIs for the Patient Experience team in relation to the use of social media to enhance engagement with staff and educate further in relation to Patient Experience work being carried out within the Trust.	Christopher Brown	There has been a delay in this action to Q4 due to other priorities in the team and vacancy positions.
4 Errors and incidents Priority: increase percentage reporting errors, near misses or incidents witnessed in the last month and improve fairness and effectiveness of procedures for reporting errors, near misses and incidents		
4.1 Feedback: improve timeliness, quality and meaning of feedback when an incident is reported so that staff recognise the important contribution they are making to the safety of patients and staff through reporting incidents.	Tanya Claridge, Director of Governance and Corporate Affairs	A revision to the Datix form is now in place so that staff can request specific feedback from the outcome of reporting an incident, including actions taken.

4.2 Ease: implement the improved and piloted Datix incident reporting form.	Tanya Claridge	The revised Datix form has been implemented.
4.3 Proactivity: Set trust wide safety priorities and develop proactive reporting of near misses to support learning, change and improvement.	Tanya Claridge and Bryan Gill	Trust wide priorities have been identified through the analysis of incident data and the learning and surveillance hub. A plan to develop proactive risk incident reporting is in development. The Trust uses proactive incident reporting to ensure potential areas of risk are identified and evaluated, for instance in relation to children requiring resuscitation..
4.4 Proactivity: Support setting of divisional safety priorities and develop proactive reporting of near misses to support learning, change and development.	Tanya Claridge, working with Risk Managers	This has been completed, and divisional risk and governance facilitators have this as a key objective to work through in their divisions.
4.5 Learning: review the effectiveness of the learning and surveillance hub and its outputs and make and implement recommendations to increase its profile and impact across the Trust.	Tanya Claridge	This review is complete and was contextualised within a review of the quality oversight system. The revised approach to learning and surveillance was implemented during Q4 2018/9

4.6 Quality: develop a data quality dashboard in relation to incident reporting for clinical divisions and non-clinical directorates to support consistent and comprehensive reports.	Tanya Claridge	Since the implementation of the revised Datix form, performance and quality has improved. Any concerns identified are discussed at the Incident Performance Management Group.
4.7 Engagement: develop and implement an awareness campaign-the 'what, how and why' of incident reporting to be developed with and led by the divisional risk facilitators.	Tanya Claridge	This is a key objective of the Divisional risk facilitators, and training was provided during the launch of the amended Datix form and revised approach to incident reporting.
4.8 Making reporting matter: review the current profile of reports for Committees and for staff to ensure that incident data is contextualised with other safety data.	Tanya Claridge	The structure of the patient safety committee agenda has been changed and piloted, as has the Quality Committee Agenda.

4.9 Support: Develop a programmed approach to ensuring that staff are supported after an incident based on the findings of the 'second victim survey' (2017/18) and qualitative work (planned for quarter 1 2018/19).	Tanya Claridge and Lily Hurford	A focused session in a leadership forum was used to present the findings of the work undertaken and a specific intranet site developed for staff to be directed to, identifying sources of support. In addition the NHSI 'Just Culture' guidance has been included in a revision of the Serious Incident Policy; associated training is being developed to support the launch.
5 Violence, harassment and bullying Priority: reduce the percentage of staff experiencing physical violence from staff in the last 12 months and improve the percentage of staff reporting most recent experience of harassment, bullying or abuse.		
5.1 Introduce Staff Advocate role to support the organisation to improve workplace experience and culture.	Lorraine Cameron, Head of Equality and Diversity	The role of Staff Advocate has been introduced and widely promoted including through the Senior Leaders Forum. 13 Staff Advocates have been recruited and trained.
5.2 Introduce a hate crime reporting centre to provide staff, patients and the local community with confidence that we recognise the importance of identifying and challenging hate related crime.	Lorraine Cameron, Head of Equality and Diversity	Due to change in use from the Information Centre, we have had to revise the Hate Crime reporting proposal. We will not be providing a Reporting Centre but will have a mechanism for staff to report Hate Crime.
5.3 Linking with 1.1 and 5.1 work to embed our values, behaviours at an individual level and through the recruitment, induction,	Pat Campbell, Director of Human Resources	Our values and behaviours have been embedded in our appraisals and induction and form the basis of the We are Bradford sessions which are being rolled out across the Trust. The values have been embedded into the new recruitment promotion packs; in the

training and appraisal process to eradicate violence between and amongst staff.		Conflict Resolution training and in leadership and management development courses and programmes.
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Appendix four: 2018 Staff Survey action plan

1. Staff engagement and morale

Lead: Lily Hurford, Head of Organisational Development

	What: improve staff engagement and morale	Who	When
1.	Celebrate 'We are Bradford' one year on with a range of promotional activities revisiting our Vision, Mission and Values including sharing Executive Team and staff stories about what We are Bradford means to them; Walk the Wards; use of Social Media and Let's Talk newsletter articles.	Head of OD	End of Q1
2.	Working with Senior Leadership Teams, launch 'Let's Talk Local' engagement work across the new Clinical Business Units CBUs and Corporate Services, a localised programme of engagement activities based on the Trust 'Let's Talk' programme of events.	Head of OD	End of Q2
3.	Hold 'Big Conversations' with staff across the Trust, listening to their views on how we can make our Trust a great place to work. The sessions will focus on different priority areas of the Staff Survey and will be delivered to a range of staff groups, through different forums and across the new CBUs. Ideas generated by the 'Big Conversations' will be shared through the Let's Talk newsletter and staff encouraged and empowered to address locally where possible.	Head of OD	End of Q4
4.	Develop Senior Leadership teams within the new CBUs to make sure they create the right culture to deliver high quality care within their areas.	Head of OD	End of Q4

2. Equality, Diversity and Inclusion

Lead: Lorraine Cameron, Head of Equality and Diversity

	What: improving perception and experience of career progression and promotion; provision of adequate reasonable adjustments	Who	When
1.	<p>As part of the WDES:</p> <ul style="list-style-type: none"> Develop and implement Disability Equality and Disability Related Leave Policy to address reasonable adjustments and make sure there equal opportunities for development and progression. Identify Trusts who perform well in the WDES and learn from what is working well, applying best practice where appropriate. 	Head of Equality and Diversity	July 2019
2.	Hold 'Big Conversations' with staff focused on the Staff Survey questions of Equality, Diversity and Inclusion, listening to their views on how we can make our Trust a great place to work.	Head of OD	End of Q4
3.	<p>AS part of the WRES:</p> <ul style="list-style-type: none"> Learn from best practice through the Regional Equality Network, the Regional Equality Group and top performing Trusts what action they have taken to improve equal opportunities around career development and progression; work with Trust Diversity Network to implement plan locally. Work with HR, OD and Education Services to make sure managers understand the importance of inclusive leadership and career discussions as part of appraisals, to make sure there are equal opportunities for career development and progression. 	Head of Equality and Diversity	End of Q4

3. Health and wellbeing

Lead: Michael Cockayne, Head of Occupational Health

	What: taking positive action on health and wellbeing and reducing work related stress; experience of MSK as a result of work activities	Who	When
1.	Review new framework on workforce stress published by HEE and develop a mental health and wellbeing plan in line with the recommendations set out in the Stevenson/Farmer Review, Thriving at Work.	Head of Occupational Health and Wellbeing	End of Q3
2.	Promote the use of the Employee Assistance Programme (EAP) through delivery of awareness sessions for managers and monitor uptake.	Head of Occupational Health and Wellbeing	End of Q1
3.	Make sure all managers are aware of and know how to use the revised stress-risk assessment and physiotherapy service.	Attendance Officers	End of Q2
4.	To increase support available to staff for personal resilience & wellbeing through delivery of 'Living Life to the Full' course, working with Bradford District Care Trust.	Head of Occupational Health and Wellbeing	End of Q4
5.	Provide advice and support to staff and managers to proactively address MSK health through new OH Physiotherapist undertaking management referrals and self-referrals; providing training regarding the importance of exercise and activity and promoting the physiotherapy service.	OH Physiotherapist	End of Q2
6.	Provide support for improving relationships between staff at work working with Relate Bradford to deliver a three hour workshop on the 'The Power of Relationships'.	Head of Occupational Health and Wellbeing	End of Q1

4. Safe environment – Bullying and harassment

Lead: Lorraine Cameron, Head of Equality and Diversity

	What: reducing experience of harassment, bullying or abuse at work	Who	When
1.	Continue to embed and promote the role of Staff Advocate role and make sure all staff understand how to contact them.	Staff Experience Manager	End of Q2
2.	Introduce Hate Crime reporting through Datix and make sure the Staff Advocate role understands how to report and manage incidents of Hate Crime.	Staff Experience Manager	End of Q4
3.	As part of We are Bradford work on values and behaviours, promote and embed the Personal Responsibility Framework to address incivility.	Head of OD	End of Q4

4. Quality of care

Lead: Sally Scales, Deputy Chief Nurse

	What: improving our quality of care and improving use of patient and service user feedback	Who	When
1.	Continue to embed the Patient Experience Strategy and implement the Patients First work plan 2019 - 2020.	Assistant Chief Nurse	End of Q4
2.	Launch Patient Experience collaborative to support teams in using Quality Improvement methodology to look at how we can improve patient experience.	Assistant Chief Nurse	End of Q4
3.	Re-launch the Dementia Strategy to support teams in improving the care they offer to patients with dementia.	Dementia Lead nurse	End of Q2
4.	Re-launch Back to Basics campaign, which focuses on putting patients first and doing things differently through sharing patient stories and sharing the learning from case reviews, incidents, root cause analysis, complaints, patient feedback and mortality reviews.	Associate Chief Nurse for Quality Improvement	End of Q4