

1	Date / title of meeting	NHSBT Board Meeting 26 th March 2015
2	Title of paper	<i>Your Voice</i> – employee survey outcome and actions
3	Status	Official and disclosable
4	Tweet (max 140 characters)	Outcome and action planning following the 2014 <i>Your Voice</i> employee survey
5	Executive Summary	<p>NHSBT undertook an employee survey in the last quarter of 2014 called <i>Your Voice</i>. This paper sets out the main findings from the survey, comparisons with the last employee survey and the national NHS results, and identifies next steps and key actions required.</p> <p>This was an all-staff employee survey which, as in previous surveys, was based on the national NHS Staff Survey. For the 2014 survey, the whole NHSBT workforce was invited to participate - previous surveys had been sent to a randomised sample of staff across the organisation, in line with practice across the NHS.</p> <p>Initial results of the employee survey were reported to the Executive Team in January 2015 by Quality Health, the company appointed to carry out the survey.</p> <p>The Executive agreed to focus on three key themes in response to the overall outcomes:</p> <ul style="list-style-type: none"> ○ Improving communication between the different parts of NHSBT ○ Improving line manager capability and capacity ○ Addressing issues of related to harassment bullying and abuse evidenced in the survey outcome.
6	Action requested	<p>The Board is asked to review the paper and support the actions proposed to increase employee engagement and address issues identified in the survey.</p> <p>The Board are also asked to support the proposal to undertake a further survey at the end of 2015 and then every two years thereafter.</p>

7	Background and customer promise	<p>Your Voice 2014 is a follow up to the 2012 employee survey. 2014 saw the introduction of all employees receiving the survey instead of a random sample. The response rate of 68% was well above the national NHS average.</p> <p>Many outcome scores reflected favourably on the organisation. For example, a high proportion of our staff are proud to work for NHSBT and feel their roles make a difference to patients and donors. However, a number of areas of concern were also identified, particularly in areas related to communications and bullying.</p> <p>The NHSBT Executive have agreed to focus on three key themes in response to the overall outcomes:</p> <ul style="list-style-type: none"> ○ Improving communication between the different parts of NHSBT ○ Improving line manager capability and capacity ○ Addressing issues of related to harassment bullying and abuse evidenced in the survey outcome. <p>Further details of the survey outcomes and the resulting action plans are set out in Annex I and Annex II.</p>
8	Why is this important?	<ul style="list-style-type: none"> ○ Increase communication across NHSBT ○ Increase employee engagement score ○ Engaged workforce who feel empowered and listened to ○ Ensure that NHSBT is 'a great place to work'
9	Who else has been involved so far?	All Executive team members have received the national <i>Your Voice</i> report and 52 divisional reports have also been produced.
10	Costs and benefits	<u>N/A</u>
11	Significant next Actions	The next employee survey will take place in Q4 of 2015. Therefore, immediate actions need to be taken to ensure that employees are reassured that their feedback has been taken seriously. Robust corporate and directorate plans are currently being developed.

12	How does this impact on Equality and Diversity?	The issue of Harassment, Bullying and Abuse may be linked to E&D issues in some cases. Part of the response will be to ensure that HBA issues are addressed.
13	What is the impact on sustainability?	N/A
14	Employee impact?	<i>Your Voice</i> actions will have a considerable impact on employees. In essence, increased manager capability, better communication and zero tolerance of Harassment, Bullying and Abuse will improve the working lives of all employees.
15	Donor/Patient impact?	The King's Fund (www.kingsfund.org.uk) have researched how better employee engagement results in better outcomes for patients (<i>Leadership and engagement for improvement in the NHS</i>)
16	Taxpayer impact?	Engaged employees will result in reduced employee relations cases, reduced stress, reduced absence and make NHSBT 'a great place to work'.
17	Author	Aongus Mc Grane – Head of Organisational Development - 84335
18	Responsible Director	David Evans, Director of Workforce
19	NED input	N/A
20	Appendices	<ul style="list-style-type: none"> • Your Voice Employee Survey Outcome and Actions (Appendix A) • Your Voice Corporate Action Plan (Appendix B)

NHS BLOOD AND TRANSPLANT

26th March 2015

YOUR VOICE EMPLOYEE SURVEY OUTCOME AND ACTIONS

1.0 EXECUTIVE SUMMARY

NHSBT undertook an employee survey in the last quarter of 2014 called *Your Voice*. This paper sets out the main findings from the survey, comparisons with the last employee survey and the national NHS results, and identifies next steps and key actions required.

This was an all-staff employee survey which, as in previous surveys, was based on the national NHS Staff Survey. 2014 was the first time the whole NHSBT workforce was invited to participate - previous surveys had been sent to a randomised sample of staff across the organisation, in line with practice across the NHS.

Initial results of the employee survey were reported to the Executive Team in January 2015 by Quality Health, the company appointed to carry out the survey.

The Executive agreed to focus on three key themes in response to the overall outcomes:

- a) Improving communication between the different parts of NHSBT
- b) Improving line manager capability and capacity
- c) Addressing issues related to harassment bullying and abuse evidenced in the survey outcome.

2.0 RECOMMENDATIONS

NHSBT Board is asked to note the findings of the *Your Voice* employee survey and agree the recommendations and actions identified.

3.0 INTRODUCTION

This paper sets out the outcome from the 2014 *Your Voice* employee survey which took place from October 2014 until December 2014. NHSBT last undertook an employee survey in 2012. All NHSBT staff were invited to complete the 2014 survey carried out by Quality Health on behalf of NHSBT. A 68 per cent response rate (3528 employees) was achieved – well above the national average for the NHS of 42%. This gives us confidence that we can accurately gauge employee opinions in order to develop robust action plans

and demonstrates that staff are keen to tell us about what it is like to work at NHSBT. Quality Health have produced reports at corporate, directorate and functional levels. Reports have also compared the outcome with the results of the wider NHS survey and of the last NHSBT survey.

NHSBT has also commissioned an independent analyst to carry out further detailed analysis of the results and employee comments. This analysis will support the corporate and directorate level action planning process so that workforce interventions are targeted appropriately.

4.0 ACTION TAKEN SINCE THE 2012/12 SURVEY

Following the 2012 survey, a plan was agreed with the Executive focusing on three pillars of engagement: Employee Voice; Engaged Managers; Engaging Workplace. Key to these pillars were the use of the Gallup Q12 model of staff engagement and the use of the NHS staff engagement toolkit. A series of 'Listening into Action' focus groups explored in more detail the results of the 2012 survey which resulted in a report for the Executive and a plan of how to continue with staff engagement.

NHSBT has been pro-active over this time in addressing a number of the issues which were then raised in the 2014 *Your Voice* survey. A number of initiatives have taken place either directly as a result of the 2012 survey or the 'Listening into Action' focus groups. These include:

- NHSBT has a wide offering of development opportunities across all bandings. This is branded under the 'SHINE' offering and includes Mandatory Training; Leadership and Management; Scientific and Clinical; Personal and Skills Development; Work-based and Professional Development; Diversity (Positive Action) and; Nurse Development. Indicative numbers who have undertaken Leadership and Middle Management Development programmes include:
 - AIM Programme (Band 4-6): 577
 - Hubbub Programme (Bands 7-8b): 77
 - Senior Leadership Development Programme (Band 8a+): 61
 - Blood Supply – Leadership Induction Programme (Band 7-8a): 140
- Further shorter programmes of development and the wide availability of Coaching and Mentoring; Masterclasses; Action Learning; Senior Management Induction.
- Following the 2012 survey, NHSBT introduced a 'Listening into Action' focus groups model which used externally led focus groups to get beneath the headlines of the staff survey and give employees a chance to talk about their experience of working at NHSBT.
- The Executive took a more open and transparent approach to staff consultation and annual meetings between the Executive Team and Trade Union Joint Officers were introduced to discuss the strategic planning.

- A Staff Engagement Forum was established consisting of members of the Workforce Directorate and Staffside representatives with a remit to discuss and improve employee engagement. Open seat invitations are issued to staff from the centre where this meeting is held.
- The number and seniority of change coaches available to employees affected by change was increased.
- An ambitious wellbeing programme is available to employees including an independent Employee Assistance Programme available 24/7; occupational health support; Wellness Clinics and training.
- Launch of Values: Caring, Expert and Quality and the accompanying behaviour framework of six core behaviours, embedded within a new appraisal process.
- Introduction of the 'Connect to a Region' initiative in which individual members of the Executive and their senior teams adopt geographical areas of NHSBT to link with to improve engagement.

Actions in response to the 2014 Survey will build on these themes by building on and linking back to the actions already in progress.

5.0 2014 YOUR VOICE SURVEY – SUMMARY FINDINGS

The main positive outcomes of the survey can be summarised as follows:

- 72% of employees are proud to work for the organisation.
- 81% of employees believe that their role makes a difference to patients/donors/service users.
- 70% of employees think that the care of our patients /donors/service users is NHSBT's top priority.
- There were positive indicators for questions related to errors, near misses and incidents. Scores on all questions in this section improved e.g. whether NHSBT takes action to ensure they never happen again following a report and employees being given feedback on changes made in response to reported errors, near misses.

However there are a number of areas for improvement:

- An 8% reduction in the number of employees who feel that communication between the different parts of NHSBT is effective.
- only 41% of employees say that their immediate line manager asks their opinion.

- Only 36% of employees say that communication between senior leaders is effective.
- There has been a 9% increase in employees who have reported harassment, bullying or abuse within the workplace since the 2012 survey.
- 89% of employees suggest that they put themselves under pressure to come to work when feeling unwell.

The following trend analysis shows by Directorate, site and staff group where key overall positive and negative results lie. While individual items vary, an analysis of the data shows a trend where the following frequently rate higher (more positively) in their responses:

- **Directorates:** Workforce, Communications, Clinical DTS and ODT
- **Sites:** Plymouth and Watford
- **Staff Groups:** Administration, Clerical and Managers, Medical and Nursing

The following frequently rate lower (more negatively) in their responses:

- **Directorates:** Blood Supply (Blood Donation) and Logistics
- **Sites:** Brentwood, Colindale, Lancaster and Southampton
- **Staff Groups:** Ancillary and Maintenance and Collection staff

5.1 COMPARISON WITH PREVIOUS NHSBT SURVEY

A range of changes were made to the previous survey, removing some questions which were less relevant to NHSBT and providing a slightly shorter survey which was easier to complete. However, key questions were retained to allow on-going analysis.

Key outcome differences between the 2012 and 2014 surveys include:

Increase in positive responses

Training

- Of those who had received training, more staff said that the training helped them do their job more effectively (from 67%, up to 89%); and helped them deliver a better patient/donor experience (from 55%, up to 84%)

Personal Development & Performance Review – PDPRs

- An increase in staff saying they had had a PDPR (from 81%, up to 87%)

- Significant increases in staff saying they had agreed clear objectives for their work (from 75%, up to 91%)

Recognition and Responsibility

- Increases in the levels of satisfaction with the amount of responsibility staff are given (from 68%, up to 82%); and in the freedom to choose their own method of working (from 54%, up to 68%).

Organisational Change

- While more staff said that they had been affected by organisational change (from 50%, up to 55%), more employees said that they felt they had the information they needed to make informed decisions; felt supported through change; and knew how to raise views or questions.

Increase in negative responses

How employees feel about coming to work

- The numbers of people saying they felt enthusiastic about their job fell (from 64% to 56%).

Having enough equipment, staff and their ability to improve areas of their work

- In almost all areas employees were less positive than in 2012, including being able to make suggestions to improve their area of work; being able to make improvements; there being enough employees; and being able to show initiative.
- There was a notable drop of 10% of staff saying they had adequate material supplies and equipment (from 74% down to 64%).
- However, more employees say they are able to meet the conflicting demands on their time.

Immediate Managers

- All questions saw a worsening of scores from the 2012 survey including: immediate manager encouraging teamwork; giving clear feedback; and asking opinion before making decisions which effect affect their work – all scores were around 5% down on the 2012 survey.

NHSBT as a whole

- A small decrease in the numbers of employees saying they would recommend NHSBT as a place to work (from 56% down to 54%).
- However, there was a significant drop in the number of employees who said that they felt the different parts of NHSBT communicate effectively (from 21% down to just 12%).

5.2 DIFFERENCES FROM NATIONAL NHS SURVEY

We are able to make direct comparisons with the data from the 2014 NHS Acute Trusts staff survey on 29 questions. Key results are shown below. (NHSBT is the first % mentioned followed by NHS National Survey)

NHSBT compares more favourably

- Employees knowing what their work responsibilities are is higher in NHSBT than across NHS Acute Trusts – 94% compared to 86%.
- Adequate material supplies and equipment to do work properly – 64% to 54% (NHSBT score had dropped from 2012 but remained much higher than acute trusts).
- If a friend or relative needed to use the service I would be happy with service provided – 76% compared to 63%.
- Encouraged to challenge safety practices if they're not working – 69% compared to 62%.
- Put yourself under pressure to come to work if not well – 89% compared to 91%.
- Experiencing HBA from patients, relatives or members of public – those saying never – 77% compared to 72%.

NHSBT is the same (1% or less difference)

- Able to do my job to a standard personally pleased with – 79% compared to 78%.
- I would recommend NHSBT/Trust as a place to work – 54% compared to 55%.
- I feel safe and secure in my working environment – 79% compared to 79%.
- Senior leaders promote a culture of safety – 67% compared to 66%.
- Felt unwell due to work related stress – 38% compared to 38%.

NHSBT compares less favourably

- Opportunities to develop career – 42% compared to 49%.
- Able to make suggestions to improve my area of work – 69% compared to 72%.
- Involved in decisions that affect my area of work – 47% compared to 51%.
- Come to work despite not feeling well enough – 68% compared to 61%.
- Experiencing HBA from managers / team leaders or other colleagues – those saying never – 66% compared to 76%.
- Experiencing discrimination from managers / team leaders or other colleagues – those saying yes – 11% compared to 8%.

6.0 ACTION PLANNING

Quality Health presented the findings of the Your Voice 2014 employee survey to the Executive Team on 7th January 2015. The Executive agreed three corporate actions to form the focus of the NHSBT-wide response to the survey outcomes:

- a) Improving communication between the different parts of NHSBT
- b) Improving line manager capability and capacity
- c) Addressing issues related to harassment bullying and abuse evidenced in the survey outcome

In addition, each Directorate was asked to review the detailed findings of the survey, plan how the corporate actions should be implemented locally and identify any additional actions which may be necessary in the light of the survey outcome for that staff group/area.

6.1 Corporate Action Plan

NHSBT has invested significantly over the last two years in 'making NHSBT a great place to work' so aspects of the survey outcome are disappointing. It is true that considerable change has taken place in the past 12 months affecting areas which have shown less favourable outcomes, such as Blood Donation. Some of the survey outcomes may reflect the large scale nature and impact of those changes.

However, it is important that changes can be implemented in a way which allows staff to feel engaged and supported in those changes. NHSBT will need to continue to devote time and effort to listening and responding to employee views.

A corporate plan (Appendix B) is attached with details of actions to be taken. It has also been agreed by the Executive to run a further full employee survey in Q4 of 2015. In the meantime smaller 'temperature check' surveys will be targeted and used to track progress against some of the key targets.

In addition to the targets set out in the action plan, it is clear that an important focus for action going forward will be on middle management skills and behaviours, as this group plays such a significant role in the day to day life of every employee. NHSBT needs to be clearer and firmer in laying out what is and is not acceptable behaviour and management performance. A continuous loop of communication is required to track feedback and ensure employees know that the feedback is taken seriously.

Although a great deal of resource has been applied recently to enhancing the skills of middle managers, more will need to be done to embed the right behaviours within this cohort. It is planned to hold a 'Lean' style improvement event, involving a wide circle of participants, to identify key issues and actions for early intervention. We will identify the areas with the most and least favourable outcomes on employee engagement and seek to learn from focus

groups in those areas. We plan to set out clearly the behaviours we expect from managers in NHSBT, and develop simple self-assessment tools to drive their adoption. We will also test these behaviours in our performance review process, and encourage managers to use structured feedback from their staff about their management style.

The actions to be taken will also link to the NHSBT response to the recent 'Freedom to Speak Out' report and recommendations on Whistleblowing. NHSBT already has a clear policy and process to both protect and encourage staff to raise concerns, but revisions to our policies will be required to ensure full compliance with the report's recommendations. In particular - and in the light of the employee survey outcome - our zero tolerance approach to bullying and harassment will need to be fully emphasised and reporting routes improved.

6.2 Directorate Action Planning

Specific work is also taking place within each operational directorate to identify key directorate themes and actions as a result of Your Voice.

Blood Supply

As the largest Directorate and with two of the areas which have produced the least favourable survey outcomes (Blood Donation and Logistics), Blood Supply have worked on a detailed action plan at SMT level. This specifically focuses on ensuring that the senior management team is more visible, through routine visits to teams, profiling of SMT members and actively using the 'Connect to a Region' initiative (BS are responsible for Bristol/Manchester). They will also use HR Direct as a means of directly reporting cases of Harassment, Bullying and Abuse (HBA) and report on HBA KPIs at the SMT. Strong messaging will make it clear of the Directorate's zero tolerance of HBA. There will also be dedicated time for feedback focus groups and an appointed lead for each area to communicate 'You said, we did' outcome summaries to staff. In addition, the different areas within Blood Supply have also developed actions and focus areas:

- **Blood Donation**
 - Senior management visibility
 - Harassment, bullying and abuse
 - Acting on feedback
 - Valuing the workforce
- **Patient Services (Operations)**
 - Improving leadership and management
 - Career progression
 - Harassment, bullying and abuse
- **Logistics**
 - Clarity of vision and objectives
 - Acting on staff feedback
 - Availability of training and development for all staff

Organ Donation and Transplantation

Within ODT, scores across most areas are generally more positive than NHSBT as a whole and also when compared with NHS Acute trusts. Scores were particularly favourable in relation to job expectations, ability to do the job and understanding the values and behaviours expected in the role.

Nevertheless, ODT have focussed action on supporting line managers to deliver better feedback and encourage greater staff involvement in decision-making. Further action is also planned to review the level of 24-hour working and improve staff work-life balance and overall job satisfaction.

Other action areas relate to the promotion of fraud awareness, promoting blood donation and increasing the level to which ODT staff are clear about their intentions in relation to organ donation

Diagnostic and Therapeutic Services

Within DTS, outcomes compare favourably against the NHSBT averages in a number of areas. The DTS SMT has identified the following key actions:

- Improve staff awareness of NHSBT processes to raise issues of fraud, malpractice and wrong-doing
- Drive improved communications from both the SMT and line managers
- Develop sub-directorate functional action plans to be monitored at SMT
- Introduce peer review at SMT level of case handling for Harassment Bullying Abuse cases
- Identify and resolve workplace stressors and improve employee health and wellbeing.

Corporate Directorates

Corporate Directorates, such as Workforce, ICT, Communications and Finance, have also reviewed their survey outcomes and are implementing actions on any key areas identified. Where outcomes in these areas have indicated specific issues to address, then action plans reflect this. However, the majority of issues for corporate areas will be addressed as part of the Corporate Action plan.

7.0 CONCLUSION

The 2014 employee survey has identified a range of positive trends when set against the National NHS Survey outcomes. However, there are clearly issues identified which suggest our staff are not being fully engaged by their line managers in all parts of NHSBT. The increase shown in staff feelings about bullying is of particular concern.

The Board is asked to review this paper and support the actions proposed to increase employee engagement and address issues identified in the survey.

The Board are also asked to support the proposal to undertake a further survey at the end of 2015 and then every two years thereafter.

David Evans
Director of Workforce
March 2015

ANNEX II - Your Voice Corporate Action Plan 2015

Action ref	Objective 1- Communication	Action	Timescales by when	Outcomes	Owner
1.1	To improve communication between the different parts of NHSBT	Vision for Working at NHSBT – Produce and communicate a Workforce – Engagement and Wellbeing Vision.	June 2015	All employees will be clear about how NHSBT expects the workforce to be engaged and clearly focused on their wellbeing.	HR/OWD/ Comms
1.2	To improve communication between the different parts of NHSBT	12 Core Roles – Project papers to consider the impact on employees with particular reference to the 12 core roles. Embed into Board Paper template and Project templates. Invite members to attend the Staff Engagement Forum. Hold quarterly impact focus group with representatives of 12 core roles.	June 2015	12 Core Roles to be tested for impact on changes, gauge how staff are feeling and ensure their voice is listened to in key decisions.	OWD/Comms
1.3	To improve communication between the different parts of NHSBT	Function of the month- Each month feature a different function within our communication channels. These functions will have the opportunity to talk about what they do, allow colleagues to talk about me and my job dispel any myths about their roles. Encourage colleagues to shadow up and down their own supply chain and with key stakeholders	From June 2015 and ongoing	Colleagues from across NHSBT will learn what other departments are working on which will help to improve communication between the different parts of NHSBT	Communications OWD
1.4	To improve communication between the different parts of NHSBT	Values and Behaviours – Continue to make values of Caring, Quality and Expert part of Business as Usual. Test effectiveness of six core behaviours in PDPRs this year and discuss with staffside about expansion to other bandings.	September 2015	Avoid the use of new language/straplines and ensure constant and consistent messaging of values and behaviours.	OWD/Comms
1.5	To improve communication between the different parts of NHSBT	Connect to a Region Initiative as part of the connect to a region initiative senior managers to visit frontline teams regularly and use this opportunity to listen and see what issues exist for the teams. Write up the outcomes of changes as a result of the visits and publicise widely to all employees	October 2015	Colleagues from across NHSBT will learn what other departments are working on which will help to improve communication between the different parts of NHSBT	Communications

ANNEX II - Your Voice Corporate Action Plan 2015

Action ref	Objective 2- Line Managers	Action	Timescales by when	Outcomes	Owner
2.1	Improve line manager capability and capacity	Interrogate data from Your Voice and HR Direct and target areas where more development support is required. Introduce focused group coaching and support framework to deal with poor performing teams working closely with HR ops teams to bring about improvements	June 2015	Improvements take place in areas where it is required. Reduction in ER cases based on the introduction of the group improvement coaching framework	OWD/HR
2.2	Improve line manager capability and capacity	Develop a Mandatory Induction programme and model for One 2 One Meetings for line managers and senior managers and roll out across the organisation. Use Mandatory Training Steering Group to sign off induction programme.	December 2015	All managers with line management responsibility are aware of what is expected of them	OWD
2.3	Improve line manager capability and capacity	Create a manager's charter – a code of conduct for Managers already exists in NHSBT. The charter will be a more visible approach to what is expected of a manager and will be designed with and by staff and managers. Use existing policies to block increments where necessary for poor performing managers.	July 2015	Have a visible charter which ensures that all employees and managers are clear about expectations on both sides.	OWD/HR
2.4	Improve line manager capability and capacity	Rapid Improvement Event – examine how to manage performance and capability of managers. Examine what makes the top ten and bottom ten teams perform/behave as they do. Develop a manager self-assessment tool.	September 2015	Clear policies and guidelines for dealing with managers who are not performing well.	OWD/HR
2.5	Improve line manager capability and capacity	Continuous Improvement – Following a Rapid Improvement Event on how to incorporate the employee suggestion scheme (Bright Ideas) into business as usual, work with Continuous Improvement team to ensure that all managers have the basics concepts and tools of Continuous Improvement	Oct 2015	All managers to be able to use the principles of Continuous Improvement to empower their teams and bring about improvements in their areas.	Continuous Improvement/OWD
2.6	Improve line manager capability and capacity	Heads of Centre – Hold a development day with the HoCs to address the issue of role modelling, behaviours and HBA.	Oct 2015	To ensure that the Heads of Centre are clear about the role they can play to bring about culture change	Heads of Centre/OWD

ANNEX II - Your Voice Corporate Action Plan 2015

Action ref	Objective 3- Harassment Bullying and abuse	Action	Timescales by when	Outcomes	Owner
3.1	Reduce harassment bullying and abuse	Introduce half day forum theatre workshops on HBA to ensure managers understand the difference between performance management and HBA – facilitate a one half day masterclass for line managers as part of the behavioural framework masterclass and also target specific teams/hot spot areas	October 2015	Managers are aware of what constitutes unacceptable behaviour and are empowered to take action against HBA	OWD
3.2	Reduce harassment bullying and abuse	Carry out a review of HBA policy and processes with a view to making a set of recommendations to improve the process if necessary. Set up a working group and include Staff Side in any review.	May 2015	Employees are aware of what constitutes unacceptable behaviour and are empowered to take action against HBA	OWD/HR
3.3	Reduce harassment bullying and abuse	Develop a comprehensive communications plan to communicate the EAP programme and HBA pledge and communicate to all employees. Develop a one page document which sets out all the different ways employees can report HBA issues and publicise widely. Set out expectations in document in relation to what employees can expect in relation to reporting HBA.	June 2015	Employees are aware of what constitutes unacceptable behaviour and are empowered to take action against HBA	OWD/Communications/Health and Safety teams
3.4	Reduce harassment bullying and abuse	Introduce clear lines of reporting HBA - have HR Direct as a first point of contact for HBA, establish an on-line reporting tool to be monitored by HR Direct and reported to Deputy Director of Workforce. Advertise widely on the process and follow up procedures when HBA is raised.	May 2015	Employees are aware of what constitutes unacceptable behaviour and are empowered to take action against HBA	HR