



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	16th August 2018	Agenda Item	3a.
Report Title	NHS Wales Staff Survey 2018		
Report Author	Julie Lloyd, Learning, OD and Staff Experience Manager Marie-Andrée Lachapelle, Staff Experience & OD Team		
Report Sponsor	Hazel Robinson, Director of Workforce & OD		
Presented by	Kay Myatt, Head of Learning & Development		
Freedom of Information	Open		
Purpose of the Report	<p>The NHS Wales Staff Survey ran for a period of eight weeks, from 11th June to 5th August 2018.</p> <p>This report is written for information and ratification of the approach following the results of the survey. It provides an overview of the survey implementation process, employee engagement activities, the main employee concerns raised, mitigating actions, response rates, and next steps.</p>		
Key Issues	<p>The aim of the survey is fourfold:</p> <ol style="list-style-type: none"> 1. Provide all NHS Wales employees with a chance to provide feedback on the experiences of their workplace 2. Ensure that the subsequent information is available across the organisation and is used to improve working practices, engagement and wellbeing 3. Create ownership and responsibility for change and improvement across all organisations within NHS Wales 4. Develop a culture where seeking, providing and using employee feedback to increase engagement and wellbeing is the norm <p>In order to support the Health Board’s objectives:</p> <ul style="list-style-type: none"> • The survey allows opportunity to measure engagement and provide feedback 		

	<ul style="list-style-type: none"> • Continuous improvement through action plans developed can be formulated as a result of up to date information <p>The following were key issues identified prior to rolling out the survey. The following pages contain more information on benefits, risks, or mitigating actions for each of them.</p> <ul style="list-style-type: none"> • Online completion was the preferred option for survey completion, either via ESR or on the survey website, using employee payroll number • Paper questionnaires were distributed to all employees from Estates and Facilities, and mailed to employees on parental leave or sick leave (<12 months) • Some staff have concerns about confidentiality / anonymity around survey reporting, and fear being identified • Some staff have expressed survey overload and have raised that they are not aware of the actions that took place as a result of the last surveys • Some employees may not be given the time to complete the survey during work hours • Literacy level (reading or IT) may be an issue for some staff <p>Rolling out survey results and taking action:</p> <ul style="list-style-type: none"> • Quality Health will be ready to present the results to ABMU Executive Team and Board at the end of September 2018. • Delivery Units and Corporate Directorates will have access to their results in October 2018 and these will be triangulated with LOLA (Listen Observe Learn Act) so that both sets of results do not sit in isolation of each other. • There will also be some comparison to the Values Survey and the previous NHS Wales survey results. Delivery Units and Directorates will then start working on their action plans in partnership with staff at a local level and using a co-productive approach. 			
Specific Action Required	Information	Discussion	Assurance	Approval
				✓

<i>(please ✓ one only)</i>				
Recommendations	Members are asked to ratify : Members are asked to ratify the approach planned for creating action plans and rolling them out, following the results of the survey being released at the end of September.			

NHS Wales Staff Survey 2018

1. INTRODUCTION

The aim of this paper is to update the Workforce & OD Committee on the NHS Wales Staff Survey activities that have taken place since its launch and gain approval on the timetable and approach planned post-survey results.

2. BACKGROUND

2.1 The NHS Wales Staff Survey was available from 11th June to 5th August 2018 to all NHS Wales employees who were employed with the organisation as at 1st May 2018. The staff survey has 4 main aims:

- Provide all NHS Wales employees with a chance to provide feedback on the experiences of their workplace
- Ensure that the subsequent information is available across the organisation and is used to improve working practices, engagement and wellbeing
- Create ownership and responsibility for change and improvement across all organisations within NHS Wales
- Develop a culture where seeking, providing and using employee feedback to increase engagement and wellbeing is the norm

2.2 Some assumptions were made prior to launching the survey. The assumptions helped the national and local lead to identify the benefits and risks of each assumption, and to make decisions where needed.

- Assumption 1: The majority of employees will complete the survey online, either via ESR or on the survey website, using their payroll number
 - Benefits: provides staff with choice and flexibility over when and where to complete the survey; less costly than using paper questionnaires; provides stakeholders with just-in-time results
 - Risks: ESR uptake at ABMU is one of the lowest in NHS Wales; staff concerns around anonymity and confidentiality
 - Mitigating actions: address the concerns of anonymity and confidentiality in various forms of communication; employees who don't want to access the survey via ESR can do so from the main survey website
- Assumption 2: Staff groups who don't have easy access to computers should receive paper questionnaires
 - Benefit: gives opportunity and access to those staff groups and helps obtain a higher response rate in these areas
 - Risks: paper questionnaires are costly and the resourcing involved in distributing the copies is significant

- Mitigating actions: a decision was made to provide all employees from Estates and Facilities with a paper questionnaire; employees on parental leave or sick leave (<12 months) also received a paper questionnaire
- Assumption 3: Some employees are suspicious of confidentiality / anonymity around survey reporting, and fear being identified
 - Risks: employees not being honest and open when filling out the survey; lower response rate
 - Mitigating actions: address the concerns of anonymity and confidentiality in various forms of communication; showing care and professionalism when responding to comments; there were two joint statements issued during the survey period as a show of confidence from both the Executive Team and Union Representatives on the survey confidentiality
- Assumption 4: Some employees have expressed survey overload and have raised that they are not aware of the actions that took place as a result of the last surveys
 - Benefits: opportunity to highlight actions taken since the last surveys; new Chief Executive is keen to hear from employees and views survey as a key mechanism to gather information
 - Risks: employees don't see the point in filling out the survey; lower response rate
 - Mitigating actions: sharing of the actions implemented from past surveys via Unit Team Briefs; mention of the survey in Chief Executive's blog and vlog linked to wider plans to Listen, Observe, Learn and Act (LOLA)
 - Lesson learned: there needs to be more communication and staff involvement post survey, with actions linking back to survey feedback i.e. 'you said, we did' approach
- Assumption 5: Some employees may not be given the time to complete the survey during work hours
 - Risks: disengaged workforce, lower response rate
 - Mitigating actions: Communication reminded employees that online completion offered flexibility in terms of time and location of completion; the Mobilisation Project Team provided the Staff Experience Team with iPads to visit wards and departments to bring the survey closer to employees

- Assumption 6: Literacy level (reading or IT) may be an issue for some staff
 - Risks: employees uncomfortable talking about their literacy level and unable to complete it; lower response rate
 - Mitigating actions: for the first time this year, employees had the option to call Quality Health’s Freephone helpline and complete the survey over the phone with a trained research; employees could complete the survey from home with a friend or relative to guide them through

2.3 Response rate per health board and trust (as at 6th August):

- Abertawe Bro Morgannwg University Local Health Board: 25%
- Aneurin Bevan Local Health Board: 23%
- Betsi Cadwaladr University Local Health Board: 28%
- Cardiff and Vale University Local Health Board: 21%
- Cwm Taf Local Health Board: 20%
- Hywel Dda Local Health Board: 24%
- NHS Wales Shared Services (Velindre): 51%
- Powys Teaching Local Health Board: 45%
- Public Health Wales NHS Trust: 54%
- Velindre NHS Trust: 49%
- Welsh Ambulance Service NHS Trust: 38%
- WIS NWIS (Velindre): 54%
- **NHS Wales overall: 27%**

2.4 ABMU’s completion rate, overall and by directorate (as at 6th August):

Overall -- As at Monday 6 th August, 9:00	Sample Size	Completed	Response Rate
Basic	15966	3936	25%
By directorate	Sample Size	Completed	Response Rate
Board Secretary	38	23	61%
Clinical Medical School	20	7	35%
Clinical Research Unit	43	22	51%
Delivery Unit	33	13	39%
Director of Strategy	1661	287	17%
Director of Therapies & Health Sciences	27	7	26%
EMRTS	30	11	37%
Finance	98	72	73%
Informatics	409	166	41%
Medical Director	45	20	44%
Nurse Director	71	32	45%
Workforce & Organisational Development	140	104	74%

Mental Health & Learning Disabilities	2063	517	25%
Morrison Hospital	3709	631	17%
Neath Port Talbot Hospital	1473	480	33%
Primary Care & Community	1797	569	32%
Princess of Wales Hospital	1835	390	21%
Singleton Hospital	2474	585	24%

2.5 The survey was promoted in a variety of ways:

- Weekly intranet bulletins -- including posting the joint statements and responding to comments; the survey was placed at the top of the intranet for the last 3 weeks of roll out for more visibility
- Monthly Chief Exec blogs & vlogs
- Team briefs presentations – POWH, NPTH, MH&LD, and 2 team briefs at Morrison
- Unison Domestic Meeting
- Promotional table in delivery units – The Staff Experience Team set up a table to promote the staff survey and other services (e.g. Chairman’s VIP Awards, NHS@70, lamp relay). We set up the table by the canteen at Morrison and POWH, in the atrium of NPTH, and during Singleton Stronger Together.
- iPads in wards to bring the survey closer to employees – Equipped with 4 iPads from the ABM Mobilisation Team, the Staff Experience Team approached triumvirates to have a presence in wards. Typically we dedicated a specific week to a delivery unit and set up in wards for a period of two hours, at a convenient time identified by the ward sister/manager. Approximately 150 staff used the iPads to complete the survey.
- Communication on social media platforms – The NHS Wales survey twitter account was quite active. ABMU was re-tweeting some of the messaging, and the Staff Experience Team and other employees posted their own comments with the survey hashtags to raise awareness.
- Direct email messaging to colleagues who:
 - started ABMU prior to 1st May
 - attended programs such as Footprints and Coaching with Impact
 - participated in corporate activities such as NHS@70, Chairman’s VIP Awards
 - Groups such as Calon
- Direct emails to consultants

2.6 Survey timetable and roll-out plan:

- 11th June - 5th August – Survey available
- End of September – Quality Health delivers organisational reports
- October/November - Feedback and workshops to support the development of action plans
- November/December – Co-production of action plans with staff in Units/Directorates

- December/January 2019 – finalising action plans, ready for roll out along with communication plan developed by each Unit/Directorate

2.7 The NHS Wales Staff Survey 2018 offered enhancements:

- all employees were asked to participate
- the survey was considerably shorter
- colleagues in Facilities and Estates received a paper copy of the survey; all were distributed to line managers by the end of the 2nd week of the survey
- enhanced accessibility via a variety of web-enabled devices and social media platforms

2.8 The Health Board is represented as part of the NHS Wales implementation plan by Rhiannon Walton as National Programme Manager and Marie-Andrée Lachapelle as the Organisational Lead.

3. GOVERNANCE AND RISK ISSUES

3.1 Our Information Governance Manager reviewed and approved the Data Sharing Agreement that allowed the transfer of ABMU ESR information to Quality Health.

4. FINANCIAL IMPLICATIONS

The financial implications so far for ABMU consists of mailing 765 paper surveys to employees who are on a parental, maternity, sick leave or recently retired during the period of the last 12 months. The total cost for posting the surveys is £596.70 (765 envelopes @ 78p each).

5. RECOMMENDATION

It is recommended that the Workforce & OD Committee:

- ratify the Staff Survey roll-out plan (linked to national plans) and collaborative approach for creating local action plans and rolling them out, following the results of the survey being released at the end of September

Governance and Assurance											
Link to corporate objectives <i>(please ✓)</i>	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability		Securing a fully engaged skilled workforce		Embedding effective governance and partnerships		
							✓				
Link to Health and Care Standards <i>(please ✓)</i>	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources				
							✓				
Quality, Safety and Patient Experience											
<p>Explain in no more than [5] lines the quality, safety and patient experience implications of the proposal. Once again, this should take the form of an executive summary approach.</p> <p>The NHS Wales Staff Survey is endorsed by Welsh Government and National Partnership Forum and is the principal measurement of staff experience and staff engagement across NHS Wales. It enables benchmarking across organisations and allows individual Health Boards and Trusts to identify areas of good practice and areas for development. The direct correlation between patient experience and staff experience is well documented and this survey provides important feedback from our workforce so that we continually listen, learn and improve.</p>											
Financial Implications											
<p>Explain in no more than [10] lines the financial implications of the proposal. Once again, this should take the form of an executive summary approach.</p> <p>The cost of producing the survey is met nationally, however there is a cost of £596.70 to the Health Board for postal to home addresses. Other local resource implications were those associated with protected time for staff to complete the questionnaire (as appropriate), the time to distribute the paper copies and corporate/local engagement to promote the survey and encourage completion. Further resources will likely be required to address actions and priorities once the report and its findings are published.</p>											
Legal Implications (including equality and diversity assessment)											
Ensure compliance with the recently published GDPR Regulations.											
Staffing Implications											
<p>Briefly identify the known and/or potential staffing implications of this proposal/paper.</p> <p>Wherever possible, staff were encouraged to complete the survey during their working day/night with the support and leadership from local managers. The survey took approximately 10-15 minutes to complete online. Other options were available to staff to complete the survey, e.g. at home, via mobile devices.</p>											

Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)

Briefly identify how the paper will have an impact of the “The Well-being of Future Generations (Wales) Act 2015, 5 ways of working.
--

The survey analysis provides benchmarking opportunities from previous surveys and enables focussed planning for future workforce development. There are specific questions that relate to Wellbeing and work/life balance.
--

Report History	
-----------------------	--

Appendices	Supporting information to the report should be listed here.
-------------------	---