Making the NHS Staff Survey more inclusive:

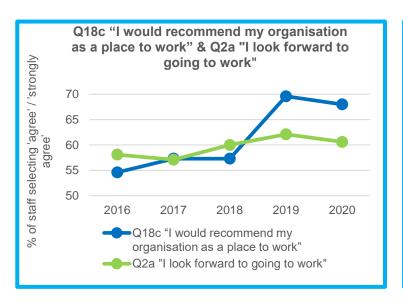
Shropshire Community Health NHS Trust

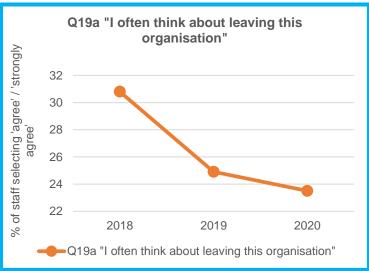


Shropshire Community Health NHS Trust provides a range of community-based health services for adults and children in Shropshire, Telford and Wrekin, and some services to people in the surrounding areas. The services provided by the trust range from district nursing and health visiting, to physiotherapy and specialist community clinics. Shropshire aims to be the best local provider of high quality, innovative health services near to people's homes, working closely with partners to deliver well-coordinated, effective care.

Operating in a predominately rural setting, the services provided by the trust are spread across one hundred individual locations. This has made it difficult to create a sense of cohesion across the organisation, with the trust experiencing different 'micro cultures' at its various locations. Despite the challenges posed by geography, the trust has nevertheless taken strides to ensure that all staff feel listened to, included and that they belong at the trust. This is reflected in the trust's NHS Staff Survey results. Indeed, between 2016 and 2020:

- The percentage of staff who look forward to going to work increased.
- The percentage of staff who would recommend their organisation as a place to work increased.
- The percentage of staff who often think about leaving the organisation decreased.





Further testament to the growing sense of belonging is the trust's survey response rate, which increased from 47.3% in 2018 to 56.5% in 2020. Staff feel more involved at the trust, and participating in the survey is seen as an opportunity to share feedback and engage anonymously with senior leaders. This is particularly important for a dispersed trust like Shropshire, where it can be challenging for leaders to visit all colleagues in person.

Making staff feel included in both the survey and the trust's wider improvement journey has underpinned the success at Shropshire. Senior leaders, for instance, have spearheaded a culture of accountability and transparency, in which survey trends are discussed with staff during weekly briefings and actions are taken year-round based on feedback. Leadership buy-in - coupled with effective comms campaigns and targeted support for less responsive teams - have seen the survey gain recognition as a key mechanism for employee voice. Some of the approaches taken by the trust to make the survey more inclusive include:

Visible leaders encouraging staff to take part:

A conscious effort was made by the Chief Executive to demonstrate visible leadership all year round, especially during the launch of the survey. At each weekly briefing, for instance, the Chief Executive encouraged staff to have their say by taking part in the survey. This continued following the publication of the survey results. Here, teams were encouraged to participate in discussing the data, patterns and action planning. In addition, the trust also implemented a Culture Working Group made up of staff and volunteers from across the trust. Focusing on cultural change, the group was supported by the Chief Executive, who invited challenge on difficult subjects and

encouraged staff to voice their concerns. Ultimately, visible leaders have helped staff to feel that their participation in the survey is valued and that their voices will be heard.

Running a communications campaign:

A dedicated NHS Staff Survey campaign, run by the trust's Communications Team, helped to promote the survey and encouraged staff to have their say. In the run up to the survey launch, the team focused on the actions taken by the trust based on the previous year's survey results. This 'changing things together' approach showed staff that taking part in the survey can lead to real, tangible improvements.

Alongside the campaign, healthy competition between service leaders provided further encouragement to take part in the survey. Survey response rates were published in a league table which all staff could see, with the winning service awarded a prize. While incentives were indeed used at a *service* level, the trust decided not to offer incentives to *individuals* for completing the survey. Instead, the trust decided that the actions taken based on staff feedback would represent a stronger incentive to participate. This has helped to ensure that all feedback received by the trust is authentic and meaningful.

Supporting groups and areas with low response rates:

Hotspot intervention was used to support teams and areas with low survey response rates, who perhaps felt less included in the trust's action planning. This involved visiting services and teams which had historically performed well in the Staff Survey and sharing of best practices. At the same time, the Leadership Team worked through the trust's line managers to ensure that everybody was able to access a computer and was receiving the Staff Survey email. This was reinforced by staff networks, who helped to promote the survey and to ensure that all groups felt represented, included and had the opportunity to participate.

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