



**AGENDA ITEM**

4.4

**CTM BOARD**

**STAFF SURVEY 2020**

<b>Date of meeting</b>	28/01/2021
<b>FOI Status</b>	Open/Public

<b>If closed, please indicate reason</b>	Not Applicable - Public Report
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<b>Presented by</b>	Hywel Daniel, Executive Director of Workforce & OD (Interim)
<b>Approving Executive Sponsor</b>	Executive Director of Workforce & Organisational Development
<b>Report purpose</b>	FOR NOTING

**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)**

<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
		Choose an item.

**ACRONYMS**

ILGs	Integrated Locality Groups
CTMUHB	Cwm Taf Morgannwg University Health Board
CAMHS	Child and Adolescent Mental Health Services
HoWOD	Heads of Workforce and Organisational Development

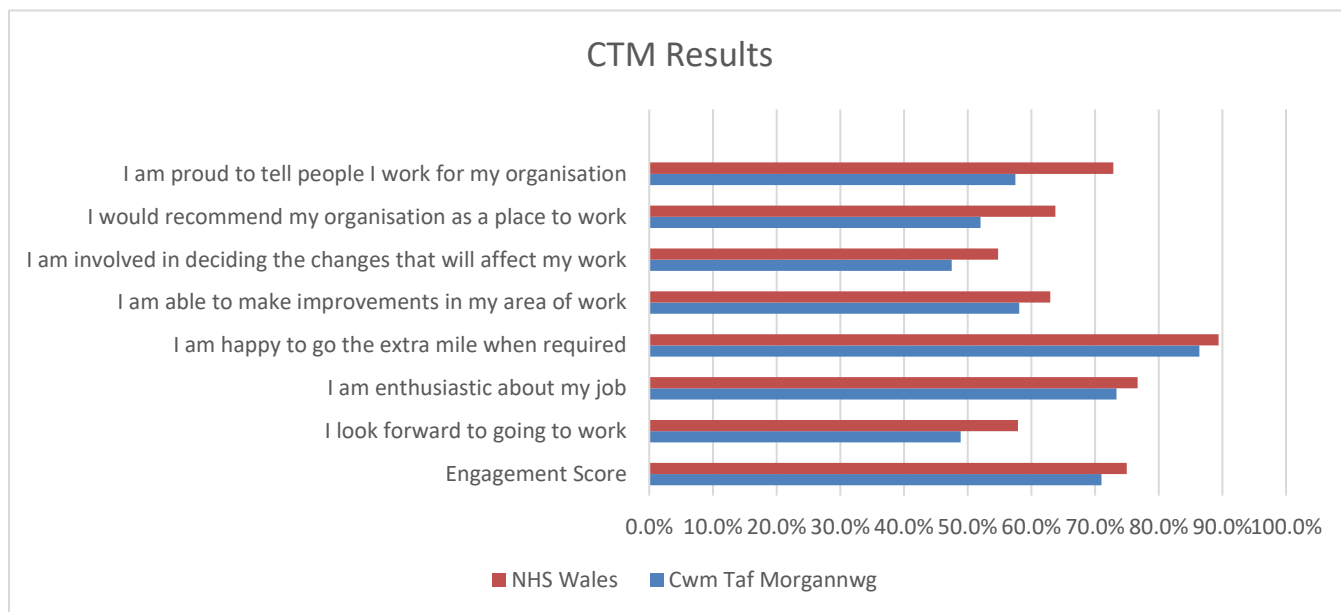


## 1. SITUATION/BACKGROUND

- 1.1 The purpose of this report is to update the Board on the Health Board’s response to the 2020 NHS Wales Staff Survey and plans to engage the wider CTMUHB in discussions and action planning. Further detailed updates will be submitted once wider discussions with the Integrated Locality Groups (ILGs) have taken place.
- 1.2 The national NHS Wales staff survey launched in all NHS Wales organisations on 4 November 2020 for a period of three weeks, closing on 24 November 2020. The survey results were released on the 9 December to all staff (appendix 1). ILGs were also provided with ILG specific reports around the same time. At the time of completing the survey 13,207 staff and 1,791 (approximately 15,000 in total) bank workers were engaged within CTMUHB – bank workers were also invited to respond to the survey, in a change from previous years.

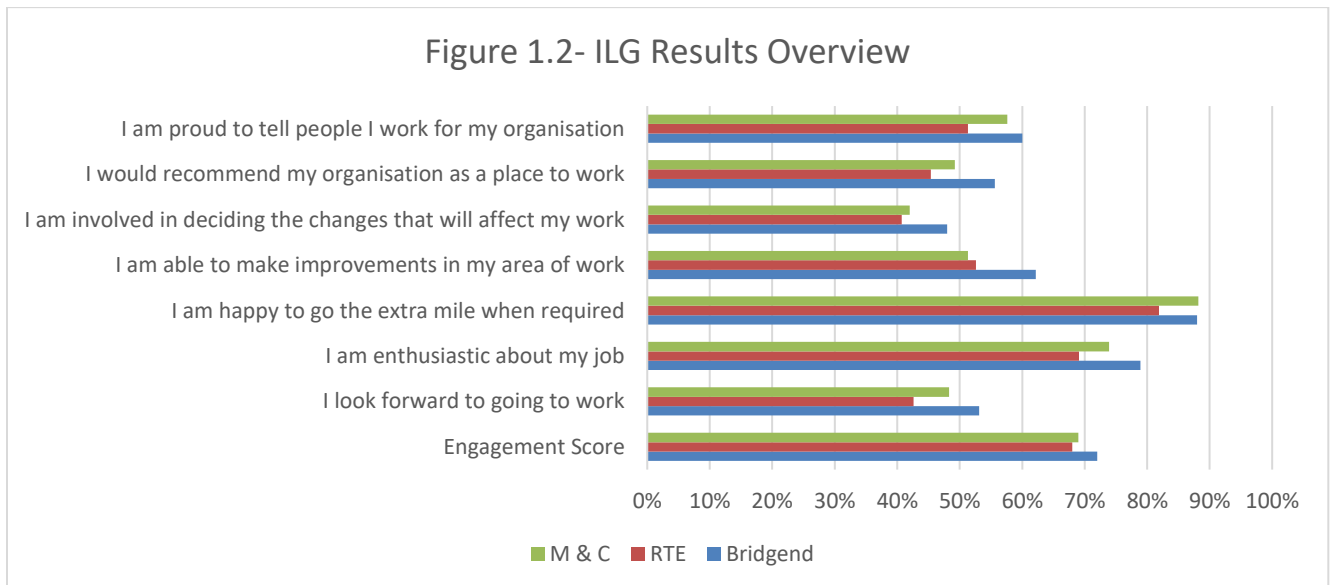
## 2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 It is of significant note that CTMUHB had lower engagement scores in all seven survey categories than the NHS Wales average (see figure 1.1 below), resulting in an overall engagement score of 71% compared to the NHS Wales average of 75%.





- 2.2 It is difficult to make a full comparison against the 2018 staff survey results for the former Cwm Taf UHB, and when it participated in the 'Let's Talk Culture' seven Index Questions in 2019. The reason for this is that we have used different engagement scoring methods in both years, and in 2018 three of the seven survey questions were excluded. Indicatively, our engagement score from 2018 of 3.79 translates to a percentage engagement score of 75.8%, which would indicate a possible 5% decrease in our overall engagement score based on our 2020 results.
- 2.3 Across the three ILGs, there were marginal differences in engagement scores. Significantly, scores were higher on the '*I am happy to go the extra mile*' and '*I am enthusiastic about my job*', with average scores of 86% and 74% respectively in these categories (see figure 1.2 below). Conversely, scores were significantly lower in the '*I look forward to going to work*' and the '*I am able to make improvements*' categories (see figure 1.2 below).



### 3. QUALITATIVE DATA REVIEW

- 3.1 Comments have been extracted from the raw feedback, which have provided some qualitative data and insights into what we are doing well as an organisation, what we could do better, and what we could improve to enhance employee experience. Some of these comments are collated into themes below. This data is however caveated with the fact that it only represents the views of 10% of our workforce, as was the response rate.



- 3.2 In terms of what we do well, feedback pointed to our ability to pull together when needed for the good of our patients, share knowledge and challenge each other's clinical thinking, and look at ways of improving service delivery. Conversely, morale is perceived to be low with more work to do to increase collaboration and connection whilst the new ILG structures continue to embed. Other comments related to perceived constraints around space for creativity and innovation and time to excel.
- 3.3 There is some perception that there is a need for more direction, transparency, and leadership from the Executive Team, as well as improved cascading of information from senior management to middle managers and their teams. Notably, issues of bullying, poor performance left unmanaged, inadequate resourcing, lack of management training and lack of accountability are consistent with the issues emerging from deeper OD diagnostic work being undertaken in services such as Maternity and Child and Adolescent Mental Health Services (CAMHs).
- 3.4 The potential for quick wins appears to be largely around the availability of resources and better workforce availability and planning to minimise the pressure on staff and improve working conditions. The need to provide more support for managers around building more effective relationships with their teams and managing difficult issues was also perceived as needing significant attention. Some of the more prominent longer term strategic actions were cited as having a more integrated system for health and social care, improving our IT facilities, and creating a less top-down culture where teams can be more autonomous in the day to day decisions that they make about their individual services.

#### **4. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE**

- 4.1 The low survey response rates suggest that we need to take a measured, proactive, and inclusive approach in the way that we engage staff to tackle some of the issues which have emerged. In doing that, we need to generate trust that we value the views of those who took the time to complete the survey. In terms of next steps, our plan is to engage leaders and their teams on multiple levels.
- 4.2 The first step is to facilitate a survey review workshop with each of the ILGs, to absorb, process and validate the feedback from the survey, and also to take a more granular look at the data to identify any irregularities in the employee experience across different services. Plans are

underway for initial meetings to take place week commencing 18 January 2021 with ILGs. An intended outcome from these meetings is to identify 'just one thing' that can be done now to demonstrate the first of our values, 'we listen, learn and improve'.

- 4.3 In parallel with the staff survey review workshops, we need to provide assurance to staff that their views are being taken seriously. Our suggestion is therefore that an all staff communication is sent out from our Chief Executive setting out our plan to listen, involve the wider team in discussion around the results, and take meaningful action to address those results. It is proposed that an all staff communication is sent out no later than Monday 25 January 2021.
- 4.4 Once the ILG has had an opportunity to reflect on the data, the OD/HR team will support the initiation of wider discussions with managers and their teams by producing a simple conversation toolkit. This will help managers to facilitate discussions around the results and get alignment with their teams on specific and relevant actions to take forward. The Organisational Development team will also support managers with a simple guide to help them understand their role in the process of engaging staff and enabling meaningful conversations which generate confidence.
- 4.5 A further round of discussions with the ILGs is planned for the beginning of March, to develop ILG action plans, drawing on the outputs from the team conversations. Additionally, a Staff Survey Trade Union Workshop has been set up to draw on the insights of our Staff Representatives. The first of these workshops is scheduled for Wednesday 27 January 2021.
- 4.6 The next step is to bring the outputs from the second round of discussions with the ILG back to the Executive Team, to align action plans emerging from the employee conversations, and to set our intentions for how we will address some of the broader leadership and cultural issues which have materialised. It will take some time to work through the process of engaging the ILGs and the wider teams and it is therefore proposed that further updates are submitted to Management Board at the end of February and the end of March 2021. These timescales will allow time for meaningful conversations to take place and realistic action plans to be agreed.
- 4.7 There is a wider piece of work to do around aligning the results of the staff survey with the continuing work around values and behaviours. We already have an established Values and Behaviours Project Working Group who meet fortnightly, and there is an opportunity to expand that group to create a wider representation of both corporate and ILG staff. The OD team are in the process of launching a series of workshops



across the ILGs to get deeper engagement with staff around how to embed the values into their teams and reflect those values in the way that they interact with each other and with patients. A pilot of these workshops is planned for the 8 February 2021 with the Dietetics team, and with representatives from the wider workforce and OD team.

- 4.8 We recognise that there is a need to maintain momentum and engagement around the staff survey results and actively demonstrate our commitment to the actions agreed. We have now re-established a monthly ILG Forum where the staff survey and action plan will feature as a regular agenda item. We plan to set up a series of staff survey action groups and will ask the Locality Managers to nominate representatives from each ILG to participate in these groups. It is anticipated that these groups will meet on a bi-monthly basis over a period of six months and will be facilitated by a representative from each ILG. We are also working with the Communications Team to develop a post survey communications plan to ensure that timely and relevant messages are disseminated at regular intervals.

### High Level Timeline

Activity	Timeline
ILG Survey Review Workshops	Week commencing 18 January 2021
All Staff Communication	22 January 2021
Staff Survey Trade Union Workshop	27 January 2021
Team Conversations	1 - 28 February 2021
Action Planning	1 February 2021 – 31 March 2021
Values & Behaviours Pilot	8 February 2021
Management Board Updates	(February and March – dates TBA)

### 5. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 5.1 There is a critical role for the Executive team to provide assurance to staff that we have listened to their feedback and to give a clear signal that we intend to act on it. Without this visible and genuine assurance, there is a real risk of undermining trust, of minimising levels of participation in future surveys, and ultimately reducing our engagement scores further. Executives can exert their influence to improve employee engagement in a number of tried and tested ways, which include:
- 5.2 Role modelling our values and behaviours by participating in team conversations with other managers and referencing actions agreed in regular meetings and staff forums.



- 5.3 Aligning the results of the staff survey with the bigger picture. While acknowledging that we are an organisation dealing with an acute crisis, reminding staff of our vision will help to give a sense of direction and focus, and establish a firmer foundation for increasing engagement.
- 5.4 Engage with the detail behind the high level results, start to have conversations with own direct reports, and remind their teams to ensure that the results of the survey are distributed.
- 5.5 Share our intentions for and commitment to action and highlight any successes.

## 6. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	There are no specific quality and safety implications related to the activity outlined in this report. There are no specific quality and safety implications related to the activity outlined in this report.
<b>Related Health and Care standard(s)</b>	Governance, Leadership and Accountability Governance, Leadership and Accountability If more than one Healthcare Standard applies please list below:
<b>Equality impact assessment completed</b>	Yes
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report. There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	There is no direct impact on resources as a result of the activity outlined in this report.
<b>Link to Main Strategic Objective</b>	To Improve Quality, Safety & Patient Experience



<b>Link to Main WBFG Act Objective</b>	Work with communities to prevent ill-health, protect good health and promote better health and well-being
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## 7. RECOMMENDATION

The Board is asked to:

- 7.1 **NOTE** the results of the survey (see attached report - Cwm Taf Morgannwg University Health Board, NHS Wales, Our Reflections, Our Decisions, Our Future appendix 1)
- 7.2 **NOTE** the actions and timeline outlined to engage staff in the process of reviewing the results and developing action plans (see 4.1 -4.8).
- 7.3 **NOTE** the risks and suggestions for the Executive Team in leading the employee engagement process (see 5.1 – 5.5).