ORGANISATIONAL PROFILE

- Dorset HealthCare University NHS Foundation Trust (DHC) is the principal provider of community and mental health services across Dorset.
- The trust was formed in 2011 following a merger of three organisations - Dorset HealthCare, Bournemouth and Poole Primary Care Trust and Dorset Primary Care Trust.
- It serves a population of almost 700,000 people and employs over 6,000 staff.
- The trust runs 12 community hospitals and minor injuries units, provides adult and children’s community and mental health services, and a range of specialist community services.
- It operates across more than 300 sites ranging from GP surgeries to medium-sized mental health inpatient hospitals and community hospitals.

THE CHALLENGE

Key challenges for the trust have centred around improving results from the NHS Staff Survey. In previous years, employees have felt that information obtained has failed to offer anything relevant or useful. Managers also felt results lacked relevance, were not aligned to how service leads saw their teams, and that group categories were too large to provide anything other than a very broad impression. Managers wanted results in more granular detail, relevant to departments, to help identify where change was needed. Staff wanted to feel that their views would make a difference in informing and influencing change across the organisation.

The trust recognised that having an effective NHS Staff Survey process was integral to accessing and understanding the views of staff. In order to do this successfully, it needed to frame the survey as a year-long initiative, using the plan, do, study, act
(PDSA) cycle. The trust was also keen to focus on the three areas of staff engagement:

1) advocacy – how staff talk about the organisation
2) involvement – how employees decide on the work they do
3) motivation – how enthusiastic staff are to come to work.

A particular emphasis was placed on involvement.

**WHAT THE TRUST DID – THE STAFF SURVEY**

**Pre-survey data structure**

In order to ensure results would provide specific and meaningful data, the trust held a series of pre-engagement discussions with directors, service leads and teams. This helped it to create appropriate groupings matched to cost centres, so that information and results could be better aligned to departments and more effectively triangulated with other organisational metrics, such as the patient Friends and Family Test.

**Running the survey**

Encouraging greater participation in the survey was also important for the trust. Throughout the 10-week NHS Staff Survey process, Gaby Morris, staff engagement and experience manager, issued weekly results to directors and service leads including metrics of who had taken part. This information was correlated with the previous year’s results to give managers a benchmark for comparison, and a further opportunity to promote the survey among teams.

A range of communications channels were used to promote the survey. Following requests from employees, the staff engagement team also offered more face-to-face communication by attending a number of meetings across the trust to dispel myths and answer questions about the survey. Historically, apprehensions in completing the survey were thought to be around confidentiality and anonymity of data. However, when speaking with employees, the reality was that they were more concerned about whether results would make a difference.

In October 2018, the trust took measures to talk specifically to teams about the correlation between results and trust-wide activities, which has received positive feedback.
Response rates

To improve response rates further, research and analysis was conducted on the best methods of circulation for the survey.

In 2015, the trust distributed the survey solely by email, which resulted in a 33 per cent response rate. However, by moving to a mixed channel approach of email and postal survey tailored to specific groups, job category and pay band, there was a rise to 47.1 per cent in 2016, and 49.3 per cent in 2017. This, coupled with an overall personalised approach of engaging teams, more face-to-face communication, embedding results and showing the impact on trust initiatives, has led the organisation to a 51.6 per cent response rate in 2018.

Survey results

To communicate the survey results, the trust adopted a number of different approaches. What had become clear throughout the engagement process was a desire from staff for more direct collaboration and to understand how results specifically impact them and their departments. Because of this, the trust:

- created a service-specific result report tailored to each department
- organised one-hour face-to-face meetings with service leads and their support teams to discuss how results relate specifically to them
- discussed results with teams and helped them create and implement local action plans
- facilitated workshops to develop localised plans
- set up and publicised specific task and finish groups to address wider organisational issues.

Rather than a prescriptive list that would need to be monitored and assessed, local action plans involve team leads providing a list of two to three things they would do differently going forward with their staff. Creating a sense of direct ownership and responsibility among teams, the action plans also provided valuable evidence for the Care Quality Commission (CQC) in demonstrating how effectively the trust was using staff survey results to drive change.

An overall approach to staff engagement

The most effective approach in enhancing staff engagement was found to be having as much face-to-face contact as possible – involving staff early on and having an inclusive approach that allows individuals to take ownership in finding their own solutions.

As well as the work around the NHS Staff Survey, there are a number of robust staff engagement initiatives and activities around the trust. These have included local
drop-in sessions, such as during the 2016 clinical services review where staff engagement events with a director were organised across 15 locations, and DHC Connect where exec and non-exec directors visited 14 sites.

The trust has also improved its Staff Friends and Family Test, and staff have the option of being anonymous. Where anonymity is waived, staff receive a personalised thank you with a link to the latest results on the intranet. Where staff have made specific statements, each is responded to and staff have the chance to discuss their concerns further.

Dorset HealthCare places great emphasis on celebrating success and monthly and annual staff Heroes awards are held. Monthly winners are invited to a local celebration event with a board member and their nominator.

Staff have been given more freedom to innovate and run their own projects. An annual Dragons’ Den-style competition is run where staff can pitch their ideas to secure funding and implementation support.

The trust also runs an annual rapid improvement week, which aims to unblock bureaucracy across the trust and also has a significant staff engagement element. Teams are asked to submit fix-it lists for any niggles, issues or blocks preventing them from delivering services effectively and making improvements. Volunteers from support services meet with teams to go through their fix-it lists and where possible, help teams resolve issues straight away or signpost them to support available, including information on the intranet. Some 54 support service staff volunteered and 53 teams/services were visited resolving over 1,000 issues in 2017.

**BENEFITS AND KEY OUTCOMES**

As well as improved survey response rates, Dorset HealthCare has seen year-on-year improvement to its staff engagement scores, rising from 3.64 in 2012 to 3.91 in 2017.

The organisation was also highlighted in a by LIA (Listening into Action)\(^1\) report. Placed in a benchmark group of 27 mental health, learning disability and community trusts across the UK, from 2016-2017, the trust moved from a ranking of number 19, to number two. This success was due to the improvement in NHS Staff Survey results and because of the strong correlation demonstrated between what staff said and what the organisation did. One notable outcome was the trust openly using its communication channels to share the views of staff and develop new workstreams.

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\(^1\) LIA analysis is provided free to all trusts. DHC does not have a commercial relationship with LIA.
Response rates for the Staff Friends and Family Test also increased from 10 per cent in Q1 2016/17 to 30 per cent in Q2 2018/19.

TIPS FOR OTHER TRUSTS

- Involve staff in identifying the changes required and involve them in making the changes.
- Manage the staff survey process as a continuous cycle rather than separate phases.
- Have as much face-to-face contact with teams as possible.
- Plan meetings early – as soon as the survey ends, keeping the feedback fresh.
- Encourage managers to look at the bigger picture from their local results.
- Identify quick wins for local changes and review results with team leads.
- Make sure feedback is given even if it isn’t good news. Keep people informed and involved.

Further information

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