

**NHSBT Board  
Our Voice Update  
27<sup>th</sup> September 2022**

**Status: Official**

## **1. Summary and Purpose of Paper**

The Our Voice update paper is being brought to the NHSBT Board to set out what we've done, what we learned from our results, the key actions taken and next steps. Our Voice is a key enabler of our strategic ambition to be a high performing and inclusive organisation. In addition to the drivers of engagement the Our Voice survey includes the WRES/WDES and equality questions, allowing managers and leaders to gain insight into priorities and strengths affecting diverse groups.

## **2. Action Requested**

- a. To support the recommendations.
- b. To note the next steps and plans for our future engagement survey.

## **3. Background**

This paper provides an overview of the Our Voice survey, which finished at the end of March 2022 using our Employee Engagement tool, Peakon. In June 2022 ET reviewed the Corporate Results in detail and agreement was made on three strategic priorities. The full paper with an update on actions, was presented to ET on 17<sup>th</sup> August 2022.



Board Slides  
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## **4. Sign off**

The next stages will be to track, monitor and embed the actions from the 2022 survey, build organisational readiness in preparation for the next survey and will provide a further update to the Board in early 2023.

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**Date:** September 2022

## 1. Background

In October 21 the 'Our Voice' project team were tasked with launching an organisation wide survey (using NHSBT's existing methodology system: Peakon) to create an engagement benchmark and provide us with the insight to start fulfilling our strategic ambition of being a high performing, inclusive organisation.

Over a period of 3 months the project team was successful in launching the survey across the whole organisation, including both static and mobile teams. To support organisational capacity and demand, it was agreed that the survey questions would be spread over a 3-month window, starting in January 22 and concluding at the end of March 22.

During April 22, we took the opportunity to make sense of the data and through the summer, we provided the ET with a whole data set, including heatmaps for directorate, location, grades and protected characteristics, providing us with the most comprehensive data set since pre-pandemic.

This paper seeks to set out what we've done, what we learned from our results, the key actions taken and next steps. However it is pertinent to call out that there have been significant organisational changes since the survey was closed in March 22, and there is a likelihood that these changes will affect ongoing data sets.

## 2. What we've done

We launched the survey to all colleagues in January 22 starting with an announcement from our CEO to our senior leadership community and the message was included in all the Team Brief sessions across the organisation.

The survey covered all directorates, roles and locations. We built a communication weekly drumbeat, to ensure engagement and to drive completion rates throughout the survey window.

In anticipation of the launch, during December 21 (and beyond), we ran a series of workshops to equip the management community with the knowledge and skills, to navigate the peakon system and the insights it generated. By the end of April 22, 95% of Managers (with access to a survey report) attended a workshop. For managers not able to attend, a recorded session was created and shared via our collaboration platforms.

The survey results have been shared with the ET, the SLT, ED&I council and at the Staff Partnership Committee. In addition, each ET member has shared their directorate specific results across their teams.

Our ET used survey insights to agree the three strategic priorities, whilst the SLT developed directorate level action plans and all managers have been encouraged to develop actions for their own teams.

## 3. What we learned

The survey feedback concluded with an organisational engagement score of 7.5 out of 10. Which means it has 'Passive'<sup>1</sup> levels of engagement with its colleagues. This is equal to the 2020 survey, and in line with the decline in post pandemic engagement trends and yet still higher when compared to the NHS National Survey score of 6.8 out of 10. Scrutiny of the survey data reveals significant variance of working experiences across NHSBT. Examples include sites, centres, directorates, job role and if you have a protected characteristic.

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<sup>1</sup> While not actively disengaged, these employees are still held back from applying their full selves at work. Source: Peakon NPS categories

The Quality directorate was the highest performing, seeing an overall engagement score of 8.2. The Blood Supply and Donor Experience and Communications directorates had the lowest of engagement scores with 7.3.

The response rate was 55%, compared with the response rate of (71%) 2020 however higher than the NHS National survey of 48%. 55% remains statistically significant and provides a rich data set for managers who lead teams of six or more colleagues. The most significant influence on this year's lower response rate was due to operational pressures and specific time not being allocated in rotas for survey completion.

### Key insights from the survey and initial findings

Four themes that *drive* engagement here at NHSBT are:

1. **Goal setting:** our people understand why their work is important. They have clear expectations and measures and understand the impact of their work. (8.4 out of 10)
2. **Peer relationships:** Our people value having healthy relationships with their peers. There are good levels of trust and support amongst peers and people feel like they can count on each other to produce high quality work. (8)
3. **Meaningful work:** Our people feel that their efforts make a difference to patients, donors, and their colleagues. (7.9)
4. **Management support:** Our people feel supported by their manager, both for work and personal issues, which has been particularly welcomed during the pandemic. (7.8)

Four themes that *detract* from engagement here at NHSBT are:

1. **Reward:** Our people feel that they are unable to have open informative conversations with their managers about their pay and reward. They need to feel that how they are rewarded is fair and consistent across the organisation and reflects their contribution. (5.9)  
Whilst this is our lowest scoring driver, it is in line with other organisations with Reward scoring an average of 10% less than any other driver. The NHS National Survey reported a 5.9/10 and a comparable NHS ALB also seeing this being their lowest scoring driver for 4 years.
2. **Growth:** Colleagues in bands 3-6 believe more can be done to create growth opportunities to enable them to grow professionally (6.4)
3. **Autonomy:** Our people do not feel that they have freedom and control over how they carry out their work and are dissatisfied with amount of flexibility and limited options for working remotely. (6.6)
4. **Environment:** Our people feel that there are limited spaces for them to socialise with their co-workers due to both the imposed restrictions during lockdown and how some of their physical work environments are designed. (6.7)

Additionally, we found several 'hot spots' which affected specific populations of the organisation including:

- In general, engagement scores increased as Bands increased. However, Band 8c- has a lower-than-average engagement score (7.4), in comparison to the other senior management grades.
- Workload becomes a higher priority as bands increase.
- Growth becomes a higher priority, as bands decrease.
- The centres Southampton and Plymouth had the highest overall Engagement scores 8.4 and 8.5.
- The centres Basildon & Liverpool had the lowest overall Engagement scores 6.6 and 7.1.
- Bullying, Harassment and Abuse from Managers is higher for our BME colleagues (18%) vs 14% for non BME. Disability engagement scores are lower than other protected characteristics.
- Addressing priorities in Blood Supply will positively increase the overall engagement score of NHSBT.

## Our strategic priorities

As a result of sharing the key insights and initial findings with the ET in April, the Our Voice project team were commissioned to carry out deeper analysis, as a result identifying the following themes which the ET agreed as NHSBT's three main strategic priorities:

1. **Colleagues with Disabilities:** Our colleagues with disabilities had an overall engagement score of 7.1 (compared to NHSBT - 7.5) and this was the lowest engagement of all our colleagues with protected characteristics. The majority of their engagement driver scores either fell within 'Passive' or 'Detractor' and the lowest score was 'Reward' (5.5). Our disabled colleagues experienced the highest percentage (18%) of harassment, bullying, or abuse from donors, patients, relatives, or members of the public.
2. **Bullying, Harassment and Abuse, along with Racism:** Our WRES data highlighted poor experiences for many colleagues and particularly for our ethnically diverse colleagues. Whilst our BME colleagues had a nominal increase of 0.1% in engagement scores (7.5). The majority of their engagement driver scores either fell within 'Passive' or 'Detractor' and the lowest score was again 'Reward' (5.9). Our BME colleagues also experienced the highest percentage (18%) of harassment, bullying, or abuse from managers and/or colleagues.
3. **Reward:** was the lowest scoring engagement driver overall for our people, as described above. Our people feel that they are unable to have open informative conversations with their managers about their pay and reward. Transparency in discussions about pay processes will help increase a sense of fairness across NHSBT.

## 4. Actions

The three strategic priorities address wider organisational issues, including our strategic cultural ambition to create a high performing inclusive organisation and support work force retention.

This table sets out the progress to date and actions against NHSBT's three strategic priorities.

| Priority (and why)  | Responsibility   | Planned Actions  | Progress to Date  |
|---|--|--|---|
| <b>Colleagues with Disabilities</b><br>Lowest overall Engagement Score of 7.1   | People Directorate, D&I Team, DAWN, and Neurodiversity Network                       | Work in collaboration with DAWN network to embed 10 new priorities, including: <ul style="list-style-type: none"> <li>• A new reasonable adjustments policy</li> <li>• Reviewing our attendance policy to reflect disability inclusion</li> <li>• Improved measures for those with disabilities to escalate concerns</li> </ul> Also: <ul style="list-style-type: none"> <li>• Implement a Tailored Adjustments Recording Tool</li> <li>• Establish a SEARCH Programme</li> <li>• Create a new applicant tracking system to support diversity monitoring</li> <li>• Promote and deliver associated interventions with Disability History Month</li> </ul>                            | <ul style="list-style-type: none"> <li>• The SEARCH internship programme for colleagues with disabilities is in progress.</li> </ul>  |
| <b>Bullying Harassment and Abuse</b><br>14% of us have experienced harassment, bullying and abuse from Donors, Patients and Service users (27.5% NHS), 13% from Managers and other Colleagues (11.6 & 18.4% NHS, respectively). | Blood Supply, SMT Leadership Performance and Culture Team, D&I Team, and EDI Council | <ul style="list-style-type: none"> <li>• Targeted interventions among directorates, including Blood Supply</li> <li>• Launch a new conflict resolution framework</li> <li>• Deliver Masterclasses in Blood Supply to address areas with highest numbers of grievances</li> <li>• Develop a new Bullying, Harassment, and Abuse Toolkit</li> <li>• Deliver Bullying, Harassment, and Abuse Masterclass training sessions on positive culture change and addressing psychological harm.</li> <li>• Launch a new Freedom to Speak Up Guardian training programme</li> <li>• Promote and deliver the associated interventions with Freedom to speak up month in October 2022.</li> </ul> | <ul style="list-style-type: none"> <li>• Launched a new reverse mentoring programme</li> <li>• Ongoing promotion of NHSBT's Code of Conduct, and included into our Mandatory Training</li> <li>• Delivered Bullying, Harassment, &amp; Abuse Masterclasses</li> </ul> |
| <b>Reward</b><br>Increase our score from the current 5.9 to be in line with the industry standard of 6.6  | People Directorate, & Directorate SMTS   | <ul style="list-style-type: none"> <li>• Launch reward and recognition virtual sessions for Line Managers including toolkits</li> <li>• Launch Open house sessions for Line Managers with recognition and reward being the first of the topics</li> <li>• Develop of a new Employee Value Proposition (EVP)</li> </ul>   | <ul style="list-style-type: none"> <li>• 27/9 - Virtual sessions go live</li> <li>• Recognition and Reward brainstorming sessions within Blood Donation</li> </ul>  |

## On Directorate priorities:

Each directorate has identified its own specific priorities (including the original 'hot spots identified) and have created appropriate action plans, supported by a communications plan:

|                           |   |
|---------------------------|---|
| <b>People:</b>            | Work/life balance, equality, goal setting and interactions with one another.  |
| <b>Blood Supply:</b>      | Separate action plan for each region in development   |
| <b>Blood Donation:</b>    | Growth, Development, Communication & Tools/Resources  |
| <b>Finance:</b>           | Separate Action plans for Finance & Estates   |
| <b>Quality:</b>           | Workload, Environment, Growth   |
| <b>OTDT:</b>              | Action plan in development for each department, including TES, Organ Donation, Strategy, Education, UK Commissioning. |
| <b>DDTS:</b>              | Growth, reward & recognition, Workload  |
| <b>Clinical Services:</b> | Reward, Autonomy, Growth  |
| <b>Donor Experience:</b>  | Reward, Growth, Environment, Workload   |

It is our intention, through combining both strategic and directorate specific action plans, it will increase our engagement score from 7.5/10 to 7.7/10<sup>2</sup> over the forthcoming year.

## Communications Plan:

Since April 22, our Internal Communications team working with Our Voice project team, has used our established channels to highlight our survey results and actions being taken. SMTs have also been asked to share action plans with their teams for feedback and involvement and the Internal Communications Team will continue to maintain a regular Our Voice drumbeat across the organisation for the rest of the year.

## 5. Next steps

- We will share the current survey results organisation wide, using our collaboration platforms to ensure transparency. For future surveys, we will ensure that we generate a pack of results, for circulation to all colleagues, as soon as possible after the survey has closed.
- To role model optimal behaviours from the top, ET to share their own team action plan, as well as publicly advocating the strategic priorities.
- ET to include Directorate action plan progress as part of their ongoing meeting schedules.
- Our Voice will be a standing agenda item on the D&I Committee, to report progress against our 3 strategic priorities and offer assurance.
- For future surveys, team rotas in Blood Donation allow time to complete the survey and create action plans and act on them.
- To ensure that we continue to drive engagement and measure progress against ALL actions we recommend we run a further survey in Q4 of this year, however we recommend that the survey runs over one month to ensure engagement and completion rates.
- In Nov 22 we will establish a multidisciplinary working group to ensure there are clear lines of governance and accountability, which will inform and steer the next survey round and insight reporting. This will include representative from across the organisation including our Trade Union colleagues.

## The Board is requested to:

Note the update and support the recommendations

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<sup>2</sup> Source: NHSBT business plan