Gloucestershire Hospitals
NHS Foundation Trust

Research Development 03 – Staff Survey

IT IS THE RESPONSIBILITY OF ALL USERS OF THIS SOP TO ENSURE THAT THE CORRECT VERSION IS BEING USED

All staff should regularly check the Research & Development Webpage for information relating to the implementation of new or revised versions. Staff must ensure that they are adequately trained in the new procedure and must make sure that all copies of superseded version are promptly withdrawn from use unless notified otherwise by the SOP Controller.

The definitive version of all Gloucestershire Hospitals NHS Foundation Trust SOPs appear online. If you are reading this in printed form, check that the version number and date below is the most recent one as shown on the R&D website:

http://www.gloshospitals.nhs.uk/en/About-Us/Research--Development/

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Version:	3.0	
Author:	Janet Forkes	Signature
Reviewed by Associate Director of R&D	Julie Hapeshi 27/03/2018	Signature
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Date of Review:	01 / 08 / 2019	

The Gloucestershire Hospitals NHS Foundation Trust wishes to acknowledge York Hospitals NHS Foundation Trust and University Hospitals Bristol NHS Foundation Trust who gave permission to use their templates in the development of these SOPs.

Version History Log

This area will be updated with details of all changes made to the SOP whether due for full review or not.

Version	Details of Change	Date Implemented
1.0	Original SOP	
2.0	Review and update along with reorganisation into the Gloucestershire R&D Consortium suite of SOPS	20/01/2017
3.0	Rebranding to GHNHSFT, updating of contact details and reference documents	31/03/2018

This SOP will be reviewed every two years unless changes to any relevant legislation require otherwise

Contents

1. Introduction, Background and Purpose

Surveys are an effective tool for gathering information from large numbers of individuals or groups in a reasonably short space of time when undertaken correctly and efficiently. However, to conduct a good survey is not a simple process and a seemingly cheap and easy exercise can lead to the collection of data that are not useful in providing the information required. This wastes time and money and affects the goodwill of those who are asked to participate.

All non-research related surveys such as satisfaction surveys, intended for patients, are reviewed by the patient involvement team to ensure quality and robustness to deliver the information required. There is a separate process for this activity. Surveys involving staff regardless of the purpose (research, service evaluation and satisfaction) no longer require review and approval by an NHS Research Ethics Committee (GAfREC 2010). This does not mean that the ethical and governance issues can be ignored.

This document provides guidance and a process for the conduct of surveys involving staff to ensure that the ethical and governance aspects can be assessed independently of the teams conducting the surveys across the Trust and that a quality assurance process can be implemented to improve the quality of surveys presented to staff.

2. Who should use this SOP?

The Survey Project Lead (SPL) for a staff survey and the R&D Department will use this SOP to ensure the process for approving surveys involving NHS staff, whether related to research, service evaluation or service satisfaction.

3. When this SOP should be used?

The SOP should be read at the earliest opportunity to ensure the Survey Project Lead is familiar with the process for approving such surveys.

4. Roles and Responsibilities

4.1. Project Sponsor

All surveys will require a Project Sponsor. This is not the same as a Research Sponsor, and should be a suitable Senior Manager, Divisional Lead or Board Member who is supportive of the survey project and recognises the importance of its undertaking. The Project Sponsor is also not the same as the Project Lead.

4.2. Survey Project Lead

All surveys will require a Survey Project Lead (SPL) who will take overall responsibility for the design, management and conduct of the study. The equivalent of a "Chief Investigator" for a research project.

5. Protocol

All survey projects require a clear, written protocol, which details how the survey will be conducted. This will include a full description of the following:

- Background to the need for the survey, including a review of the literature if appropriate.
- Aims and Objectives
- Sampling frame and sample size
- Data protection safeguards
- Consideration of Ethical implications
- Distribution method(s) including return process and reminders
- Final version of questionnaire to use
- Analysis Plan
- Dissemination plan including responsibilities for the development of action plans
- Full costings

6. Governance

6.1. Peer Review

The study documents, including the protocol and agreement from the Survey Project Sponsor, should be sent to the Trust R&D office for Scientific Review (See R&D SOP RDVL 01)

- The survey will be reviewed by the Scientific Review Committee (SRC) and comments will be sent to the SPL.
- The SPL will be expected to make appropriate changes or provide clarification where changes are not to be made.
- When a satisfactory response has been received from the SPL, the survey can proceed to Trust Approval.

6.2. Trust Approval

The survey project documents will be collated in the Trust R&D office and will be reviewed by an R&D Manager for Trust approval.

- The review will look at the documents provided by the SPL as well as any paperwork related to the Scientific Review.
- As Scientific Review is conducted largely by the Trust R&D office team which includes R&D Managers, the R&D Governance Approval Process should be completed rapidly following satisfactory Scientific Review.
- The R&D Manager will endeavour to provide approval from the Host Trust for the survey within 3 working days of receiving a satisfactory submission following Scientific Review.

7. Post Approval

All Staff Survey Projects will be monitored where they are expected to run beyond 12 months. (see R&D SOP MR 05)

A copy of the final report/findings from the survey will be submitted to the Trust R&D Office upon completion of the survey.

Address R&D Office
Leadon House
Gloucestershire Royal Hospital
Great Western Road
Gloucester
GL1 3NN

Alternatively, submissions can be emailed to the Trust R&D Office at ghn-tr.rdsu@nhs.net and marked for the attention of the R&D manager.

8 SOPs and other related documents

R&D SOP RDVL 01 Scientific Review
R&D SOP MR 05 Monitoring