Staff engagement in the NHS

Staff engagement and the potential impact it can have on morale, productivity, organisational performance and patient experience are a high priority in the NHS. A wide ranging body of research now points to staff satisfaction and associated benefits (such as retention, discretionary effort and productivity) having a close association with how staff feel about their employer and, particularly, their sense of engagement with their place of work.

This Briefing brings together the evidence and good practice to support trusts with making NHS staff engagement a reality.

Background
With modernised NHS contracts for all staff groups and frameworks for new career and educational pathways in place, many organisations are now shifting their focus to the workforce priorities of staff morale and organisational culture.

The evidence from the NHS staff survey – the largest of its kind – is that staff are generally satisfied at work. However, there is clearly more to be done to ensure that they feel involved and engaged and there is huge variation in results between NHS organisations. There are pockets of low morale, resistance to change and loss of goodwill as well as more endemic problems with stress, violence and bullying.

Better engagement will be critical to making the NHS a better employer, particularly ensuring it can recruit and keep staff in a fast-changing competitive global market.

The benefits of staff engagement
Several studies in the last few years have pointed to the benefits of staff engagement to organisations.

In its 2004 research the Institute for Employment Studies (IES) described an engaged employee as “aware of business context, and works with colleagues to improve performance within the job for the benefit of the organisation.”

Its later review of evidence in the five years to 2008 found that staff engagement is linked to performance in terms of:

- revenue growth
- customer satisfaction/loyalty, profitability, productivity and labour turnover
- trust and confidence in public institutions
- retention of staff
- facilitating change.

In the 2008 publication, Going the Extra Mile, it reports that revenue in organisations with high levels of engaged
What is engagement?

The term engagement has become widely used in the past five years. It is seen as going beyond involvement, to capture the ‘hearts and minds’ of staff, with benefits to the organisation.

The Institute for Employment Studies (IES) says it is achieved when “a positive attitude is held by the employee towards the organisation and its values”. It places an emphasis on a sense of feeling valued and involved. An element of this, staff involvement, is generally seen as being about local negotiating machinery and structures for sharing information and gathering views, such as staff forums and consultative committees. These arrangements are well established in most organisations.

Partnership models have increasingly been established across the NHS in the past decade and much of their success has been attributed to the lengthy but successful negotiations between the Government, employers and NHS trade unions on Agenda for Change.

The national Social Partnership Forum (SPF) retains this tripartite arrangement, meeting regularly to discuss key issues affecting the working lives of staff. Additionally, ten regional social partnership forums focus on local priorities. A national review of the SPF infrastructure in 2008 aimed to ensure the model could be sustained and developed. The Department of Health (DH) is also looking at further support to build on local partnerships.

For more information see www.nhsemployers.org/spf

Staff engagement covers partnership, involvement, and more, to encompass an organisation’s culture, including how staff feel about their job, the organisation and its values.

Key measures of this are that staff participate in decision making, are informed about the priorities and direction of the organisation, and understand how individuals fit in.

The 2004 IES report, *Drivers of Employee Engagement*, found that the most important drivers were:

- job satisfaction
- feeling valued and involved
- perceptions of equality of opportunity
- satisfaction with health and safety.

Also important, but less so, are length of service, ethnicity, satisfaction with communication and views about co-operation within the organisation.

Figure 1: The IES description of staff engagement

Source: IES. The IES describes engagement as a combination of the organisational-facing aspects of commitment, organisational citizenship behaviour (OCB) and motivation.
employees is 6 per cent higher than in those with a less engaged workforce. It also cited US research findings showing that increasing an individual’s level of engagement can improve their performance by up to 20 per cent and reduce the probability that they will leave by 87 per cent.

The Cabinet Office and Trade Union Congress (TUC) Drive for Change project highlights staff engagement as the key factor in any successful change programme and a survey of local councils, conducted by PricewaterhouseCoopers in 2004, found that staff engagement was associated with positive benefits in terms of improved service performance, productivity, morale, recruitment and retention.

The Chartered Institute of Personnel and Development (CIPD) also points to the benefits to the organisation’s brand, saying that engaged employees will help promote the brand and protect the employer from the risks associated with poor service levels or product quality.

In the NHS, the importance of staff engagement is seeing increasing recognition. The Department of Health’s (DH) director general of workforce, Clare Chapman, described staff engagement as “crucial” to meeting the future expectations of patients in her speech to the Guardian’s Public Service Summit in January. Furthermore, in our own survey of trusts in July 2008, 73 per cent of respondents said that staff engagement was more important to the senior management of their organisations now, than it was a year ago.

The psychological contract – the reciprocal sense of fairness and commitment between an employee and employer – is seen as particularly important in the NHS. A model from Professor David Guest of King’s College London explains that where the psychological contract is positive, increased employee commitment and satisfaction will have a positive impact on business performance.

The International School of Human Capital Management also sees the link between staff engagement, productivity and organisational performance and has applied its theory to the NHS. It sees staff engagement as a term to describe “the degree to which employees can be ascribed as ‘aligned’ and ‘committed’ to an organisation such that they are at their most productive.” See Figure 2 below.

In a study of NHS trusts, the school found a good degree of correlation between a trust’s employee engagement score and its perceived focus on patient care. Recent work carried out

Figure 2: Employee alignment and commitment to an organisation

Source: International School of Human Capital Management
by the Healthcare Commission supports this.

It looked at the results of the NHS staff survey and the survey of adult emergency and elective inpatients for NHS acute trusts in England to see if there was an association. The aims of this analysis were to maximise the potential of the survey data and to explore the relationship between feedback from staff and patients.

The Healthcare Commission used data from the 2006 surveys of staff and inpatients in 166 acute and specialist trusts in England (inpatient survey: 81,000 respondents, staff survey: 69,500 respondents). The analysis showed several negative and positive associations, for example:

- staff intention to leave was associated with work-related pressure and stress
- well-structured staff appraisals were associated with managerial support, job satisfaction and a good working environment
- working extra hours and stress were associated with poorer patient experience across a range of factors
- managerial support, error reporting and availability of hand washing materials were associated with a more positive experience for patients
- positive staff feedback on availability of hand washing materials was reflected in positive patient feedback about the cleanliness of wards/toilets and hand washing by doctors and nurses.

The Healthcare Commission notes that its analysis cannot demonstrate that staff experience impacts directly on patient experience, and that it is also possible for patient experience to impact on staff experience. However, most of the associations were in the expected direction and logical, for example, positive staff experience equals positive patient experience.

The staff factors that appeared frequently as being associated with patient experience include witnessing/reporting errors, managerial support, health and safety training, stress and working hours, but the most frequent association was with the availability of hand washing materials. The analysis concluded that working conditions and staff morale appear to have an impact on patient experience, a result which correlates with other research.

The Healthcare Commission is in the process of updating its analysis using data from the 2007 surveys of NHS staff and inpatients.

Earlier research from Aston University also supports the association between people management, staff attitudes, patient satisfaction and clinical outcomes.

National policy context

At national, regional and local level a range of new projects and initiatives to improve staff experience have been developed throughout 2008.

Much of the national work has built on the DH’s What Matters to Staff in the NHS research, which Ipsos Mori conducted with thousands of NHS staff. The research identified ten factors that matter most to staff, which are grouped under four themes.

Theme 1 – the resources to deliver quality care for patients:
- I’ve got the knowledge, skills and equipment to do a good job
- I feel fairly treated with pay, benefits and staff facilities.

Theme 2 – the support I need to do a good job:
- I feel trusted, listened to and valued at work
- my manager (or supervisor) supports me when I need it
- senior managers are involved with our work.

Theme 3 – a worthwhile job with the chance to develop:
- I’ve got a worthwhile job that makes a difference to patients
- I help provide high-quality patient care
I have the opportunity to develop my potential
I understand my role and where it fits in.

Theme 4 – the opportunity to improve the way we work:
- I am able to improve the way we work in my team.

Meeting these factors is essential to improving staff engagement and to taking forward this agenda.

In spring 2008, the DH established a national policy group on staff engagement and involvement, including representatives from NHS Employers, Unison, the Healthcare Commission and the IES. The group makes recommendations to the People Matters executive group, one of five reporting to the DH board.

The group’s work programme will include commissioning and overseeing research to explore what inputs from management can have a positive impact on the employee experience, in particular: productivity, quality and patient experience.

This longer-term research project will build on the Healthcare Commission’s recent analysis of the correlation between the patient and staff surveys. Aston Business School will further develop this and it will be tested with the NHS and other stakeholders.

The NHS Constitution: staff pledges and staff responsibilities

The NHS Constitution was launched for consultation in July 2008 as part of the NHS Next Stage Review, establishing the principles and values of the NHS in England.

The pledges have been designed to set out for the first time what the NHS expects from its staff and what staff can expect from NHS employers. The DH sees this as part of the commitment the NHS has to being a good employer and helping staff feel valued.

- The NHS will strive to provide well-designed and rewarding jobs.
- The NHS will strive to provide all staff with personal development, access to appropriate training for their jobs and line management support to succeed.
- The NHS will strive to provide support to staff to keep themselves healthy and safe.
- The NHS will strive to engage staff in decisions that affect them and the services they provide, both individually and through representatives.

The constitution also proposes a set of responsibilities for staff. These responsibilities would not be legally binding on staff, but would enable employers to have clear expectations of staff. A consultation on the pledges formed part of the wider constitution consultation.

While the final wording of the pledges will be refined following the consultation exercise, discussions are also continuing about their status and measurement and monitoring of each organisation’s success in delivering against them.

There is evident support across the NHS for the sentiments expressed in the pledges, however, there is still uncertainty about how they can both be ambitious enough to continue to drive improvement in staff experience and employment practice, while allowing for local autonomy and avoiding additional performance management regimes.

For more details on the pledges visit www.nhsemployers.org/constitution
Measuring engagement

There are a number of levers and incentives in place to drive improvements in staff satisfaction and engagement.

The NHS operating framework 2009/11 will include a requirement to sustain and build upon existing levels of staff engagement, including local social partnership working. Primary care trusts (PCTs) are expected to make sure that the services they commission adhere to the commitments expressed in the staff pledges. An indicator or ‘vital sign’ has been developed, based on the staff survey score for staff job satisfaction, as part of the operating framework.

The Healthcare Commission’s annual health check uses a range of measures relating to the staff survey such as violence, training, appraisal and work-life balance. The new Care Quality Commission is expected to retain such workforce measures in future minimum standards.

The foundation trust application process also includes staff engagement components, with phase two requiring aspirant trusts to demonstrate that staff have been involved in vision and service development.

The new NHS standard contract requires contractors to take the NHS constitution into account when making decisions and contractors will also be required to undertake a staff survey each year, and publish the results and actions in response to them.
The DH is developing a balanced scorecard for SHAs, with key metrics on workforce responsibilities in areas such as developing the future workforce, leadership and talent management, and staff empowerment.

**The national NHS staff survey**

The national NHS staff survey – the largest of its kind – has been conducted in its present form for the past five years. It provides the most reliable source of national and local data on how staff feel about working in the NHS and what staff experience in their working lives.

The results of the NHS staff survey 2007 again showed high levels of general satisfaction with working in the NHS and improvements in areas such as staff undergoing appraisal and experiencing stress. However, on engagement-related questions it is clear that more can be done to improve results.

Only 26 per cent of staff said they were satisfied or very satisfied with the extent to which their trust valued their work. Just 23 per cent said senior managers involved staff in important decisions and only 22 per cent said communications between senior managers and staff was effective.

There is considerable variability in how individual NHS organisations use the survey as a lever for improvement and in local responses and response rates.

Development work on the survey is continuing with a national group including NHS Employers and the trade unions looking at ways to improve its effectiveness, including response rates and local action planning.

Questionnaires are completed during the autumn and a number of changes have been made to the 2008 questionnaire to introduce measures relating to *What Matters to Staff*. These include inviting staff to agree or disagree with a number of statements such as:

“I feel that my role makes a difference to patients/service users.”

“Senior managers act on staff feedback.”

“There are opportunities for me to progress.”

The IES is currently working on a business case for undertaking and using the staff survey, which includes case studies from both NHS and non-NHS organisations. It will feature high-level and more detailed information, including an updated summary of the evidence and presentations for use within trusts. This will be made available on the NHS Employers website.

The Healthcare Commission and the DH are further developing benchmarking reports for trusts to help with local action planning. For more information visit [www.nhsemployers.org/staffsurvey](http://www.nhsemployers.org/staffsurvey)

**Case study: defining values**

Guy’s and St Thomas’ NHS Foundation Trust has carried out work to define its values and associated behaviours. The work has been a success, partly due to the fact that there is clear buy-in from the top and the work is led by the trust’s medical director.

The trust wanted to define values because they:

- define culture and are visible through behaviour
- are central to effective leadership
- enable staff to work together towards shared goals
- cannot be imposed, they already exist implicitly
- define what we expect from our staff.

There were some ‘value’ themes to start with, which were grouped together and translated into the trust’s final values. These include inviting staff to agree or disagree with a number of statements such as:

“We will:

- put patients first
- respect others
- strive to be the best
- take pride in what we do
- act with integrity.”
Using values used to define behaviour
The trust’s next task was to work with staff to look at the different behaviours that define each of the five values.

1. Putting patients first:
   • caring for patients as individuals
   • treating patients with compassion
   • judging every issue by considering the outcome for patients
   • giving priority to actions that will improve patient care and promote patient safety
   • listening to and acting on the views of patients and their carers.

2. Respecting others:
   • showing commitment to working together
   • contributing to effective teamwork
   • supporting and collaborating with colleagues
   • appreciating and celebrating diversity in staff and patients
   • engaging with and supporting our local community
   • working in partnership with others outside the trust.

3. Striving to be the best:
   • constantly seeking to improve quality and efficiency
   • eradicating waste of resources, time and effort
   • seeing change as an opportunity rather than a problem
   • challenging the status quo
   • tenacity in achieving goals
   • resilience in the face of setbacks.

4. Taking pride in what we do:
   • leading by example
   • promoting confidence in colleagues, teams and the organisation
   • recognising and rewarding achievement
   • valuing our workplace
   • celebrating success
   • learning from experience.

5. Acting with integrity:
   • maintaining the highest standards of behaviour and accountability
   • openness and honesty in communication
   • working to ethical principles
   • respecting confidentiality
   • doing the right thing for the right reasons.

Next steps
This work is an ongoing process. The trust is focusing on defining behaviours for each of the staff groups and plans to use the behaviours in performance management, appraisal and recruitment.

Case study: Listening into Action

Sandwell and West Birmingham Hospitals has used the ‘Listening into Action’ (LiA) approach to staff engagement as a vehicle to engage with staff at all levels, with the aim of delivering better outcomes for patients and for staff.

Since LiA was launched across the trust in March 2008, tangible improvements for patients and staff are already evident, more than 1500 staff are directly involved in LiA as a way of working (this will increase to 2000 by the end of the year), and there is a tangible shift in the style of leadership, putting staff at the centre of change. The LiA approach has had top-level sponsorship from the chief executive, medical director, chief nurse and other key influencers. Optimise Limited, the organisation that developed the LiA approach, has worked hand-in-hand with leaders across the trust to develop and mainstream this as a way of working. This will be sustainable without external support by the end of the year.

About the Listening into Action approach
The Listening into Action approach:

• is simple, with a clear aim to transform the way the trust
works, ‘putting staff at the centre of change’

• is based on powerful evidence about the link between engagement and outcomes – engaged staff deliver better care

• connects with staff right at the beginning around ‘what matters’ and then immediately moves into action in key clinical and enabling areas

• quickly mobilises the right people – across the usual boundaries – around the challenges they have a role in addressing

• builds pride in the results they achieve together

• involves a trust-wide campaign to raise awareness, profile stories from early work, share progress, and encourage spread

• involves management focussing on supporting, encouraging and unblocking the way

• plans for sustainability from the beginning.

Staff conversations
Work started with the chief executive hosting conversations with members of staff across all levels and roles. They were asked:

• what gets in the way of us working as well as you would like to?

• what would make us feel really proud?

• what should we prioritise changing together?

The response from staff was excellent and exceeded all expectations:

• 98 per cent rated the events ‘good’ to ‘excellent’

• around 80 staff attended every event which exceeded the target of 50.

The feedback received was very encouraging: “Made me feel...”

“...involved, hopeful for the future”

“...recognised, appreciated and valued”

“...empowered. A very positive opportunity to express how I feel to others, and hear how they feel also.”

“...not alone. Everyone is experiencing similar difficulties”

“...proud that our trust is working like this”.

From these initial conversations, nine themes surfaced about what really matters to staff.

The trust then moved straight to action, starting with the quick wins, such as:

• ‘top ten eyesores’ decided by staff

• 50 additional car parking spaces for staff

• new ‘team brief’ process

• long service recognition

• monthly ‘message to our leaders’ direct from chief executive

• compulsory use of name badges to help patients

• review of catering for staff and patients

• ‘Listening into Action’ message boards to share progress

• email etiquette

• two weeks taken out of the recruitment process

• immediate changes to the staff satisfaction survey.

A number of early adopter projects were identified where
staff are at the centre of change and are connected by a common vision. These are divided into two areas: ‘enabling our people’ and ‘clinical and frontline’.

**What are the results so far?**

More than 1500 staff are already directly involved, taking ownership of changes to the way the trust works and the way care is delivered.

LiA is spreading rapidly. Based on the impact in ‘early adopter’ areas, an increasing number of others are signing up and are using LiA to engage staff around their own challenges.

LiA is also being used to engage with patients. For example, stroke patients and carers were invited to a LiA event to share their experiences and inform future services. Patient stories have also been filmed. This insight is being used to set the tone in staff events and focus attention on the patient experience.

**Case study: forum for success**

Warwickshire Primary Care Trust (PCT) has a staff support forum that aims to identify and develop policies, processes and strategies to promote a supportive working environment for staff. The forum works in partnership with staff side representatives and meets on a regular basis. It was originally set up to help staff through a change management programme but now has a far more proactive role to engage staff and improve their working lives.

- Members are from a range of disciplines and include staff from the commissioning and provider arm.
- HR representatives make sure that issues are raised through the trust board’s HR and OD board sub-committee.
- The chairman of the PCT is an active member of the forum and acts as its champion at board level.

The forum is delivering a number of initiatives to support staff, for example:

- a cycle scheme which enables staff to make savings on a bike for work
- production of a carers hand book
- supporting the 8-week challenge, an initiative piloted by the PCT to promote healthy working and living
- arranging pre-retirement workshops
- providing harassment and bullying awareness training sessions.

It is also responsible for putting together and taking forward the action plans to address issues highlighted in the NHS staff survey results.

**Next steps for the forum**

The forum has ensured that staff views have been taken into account and members are now exploring ways to further involve staff and get regular feedback that will inform the agenda for future meetings.

The next staff survey will be the first time the PCT has been able to do a year-on-year comparison and the forum will be actively involved in this.

**Case study: Big Conversation**

South Tees NHS Trust was one of 12 trusts selected to pilot the ‘Big Conversation’ initiative, a forerunner to the *What matters to staff* research.

The results revealed that staff in lower grades did not feel engaged or effectively communicated with. The chief executive felt that there needed to be a more co-ordinated staff engagement strategy and work commenced to implement this in November 2007.

There were two main strands to the engagement strategy, improving communication and improving engagement.

**Improving communication**

A sub-group of the trust’s workforce strategy group met to consider what exemplary communication would look like. The group considered the communication standards used by Improving Working Lives and looked to enhance these. It produced a set of...
Staff engagement in the NHS

Working group we are working to help maximise the potential of the staff survey, including sharing good practice on using the results effectively and local action planning.

We will continue to collect examples of projects and initiatives on the subject of staff engagement, and will publish case studies on our website to share this learning.

Further information
Institute for Employment Studies (IES): www.employment-studies.co.uk
Chartered Institute of Personnel and Development (CIPD): www.cipd.co.uk
Aston Business School: www.abs.aston.ac.uk
International School of Human Capital Management: www.ISHCM.com
Drive for Change: www.driveforchange.org.uk
Optimise Limited www.optimiselimited.co.uk

Improving engagement

The 2007 Staff Survey indicated that while the trust still came in the top 20 per cent of all acute trusts, the raw data saw a slippage of staff involvement. A sub-group of the trust’s workforce strategy group considered models of best practice and how they could be applied within the trust. With the help of a trust-based psychologist, the model agreed was for a scaled-down version of the ‘Big Conversation’ to be held in every trust business unit.

Each business unit held focus groups involving a cross-section of staff. They were asked what three things they enjoy about working in that area and what needs improving. They were then asked to score how well the area does against a list of engagement criteria, which was taken from question 15 of the staff survey. Business units would repeat the exercise, with the intention of seeing demonstrable improvement against key issues identified in that time.

What are the results so far?

There has already been positive feedback from the business areas. The ‘Big Conversations’ have given staff in Bands 1-4 a platform to have their views and ideas heard, while managers have seen the communication standards as a useful tool.

NHS Employers’ work programme

NHS Employers hosted a national event in July 2008, Engage, involve, improve: making staff engagement a reality. Around 300 delegates attended, marking the start of a national conversation about staff engagement.

The event focused on the top priorities facing NHS organisations, giving delegates an understanding of how staff engagement underpins the NHS Next Stage Review and world class commissioning agendas, and supports the drive for change in the NHS.

NHS Employers will continue to support employers to improve the experience of staff working in the NHS in the following ways.

• We are working closely with the DH and the NHS trade unions as members of the national policy group on staff involvement and engagement.

• Through our membership of the national staff survey working group we are working to help maximise the potential of the staff survey, including sharing good practice on using the results effectively and local action planning.

In March 2008, trust senior managers began to audit their departments against the standards by asking staff whether they felt communication in their areas met those standards. This enabled feedback at a very local level and action plans in each area are being developed to address communication issues.

Standards based on principles of consistency, timeliness, equity, respect, two-way and terminology.

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Optimise Limited www.optimiselimited.co.uk
Sharing good practice

We are keen to facilitate sharing of good practice and to develop tools to support trusts with their work in this area. To help us to do this we would like to hear about any work you are undertaking around staff engagement and the staff survey. If you have any case studies to share with the wider NHS, please email a brief overview to staffengagement@nhsemployers.org

NHS Employers

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NHS Employers represents trusts in England on workforce issues and helps employers to ensure the NHS is a place where people want to work. The NHS workforce is at the heart of quality patient care and we believe that employers must drive the workforce agenda. We work with employers to reflect their views and act on their behalf in four priority areas:

• pay and negotiations
• recruitment and planning the workforce
• healthy and productive workplaces
• employment policy and practice.

NHS Employers is part of the NHS Confederation.

Contact us

For more information on how to become involved in our work, email getinvolved@nhsemployers.org
www.nhsemployers
enquiries@nhsemployers.org