Linking patient experience and staff experience – common themes from successful trusts

NHS Employers commissioned the Institute for Employment Studies (IES) to look at the relationship between staff engagement and positive patient experiences at high performing NHS trusts in the North East of England.

The research highlights some common themes between the organisations and lessons for other employers in taking forward work in this area.

North East trusts case studies: approaches that work

This report looks at how NHS organisations have sought to link staff experience with patient experience. It highlights lessons learned in four case studies focusing on a group of trusts in the North East: Northumbria Healthcare Foundation Trust; The Newcastle Upon Tyne NHS Foundation Trust; Gateshead Health NHS Foundation Trust; and Northumberland, Tyne and Wear NHS Foundation Trust. These organisations have had a long-standing focus on the issues of staff engagement and patient outcome, discussing the approaches they have implemented and the potential lessons for other trusts. These approaches do not usually require significant upfront spending, although they will need an organisational focus and, in some cases, a shift in priorities.

Staff experience drives patient experience

All four trusts are firm in the belief that staff experience and behaviours are inextricably linked to patient experience, to the extent that they see the patient experience as being partly an outcome of the staff experience.

Interviewees for the case studies mentioned Michael West’s work¹ and had used his research to raise the status of staff experience on the trusts’ agendas.

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This underpinning belief has led to action in various areas aimed at establishing a clear link between what staff do and the patient’s experience, so that the organisations really are putting patients at the heart of everything they do.

Many of the lessons learned could be adopted elsewhere without too much financial outlay.

- HR departments in the four sites demonstrated an impressive level of understanding that all staff should be supported to recognise the links between their work and patient experience. This is especially important for staff who do not have direct patient contact, where the line of sight between work and patient experience is much harder to see.
- These HR departments have put a lot of effort into identifying what might make a difference to patients, such as recruiting staff faster, which reduces pressure on frontline staff and cuts agency spend.
- The HR teams have also sought to put trust values at the forefront when drawing up or amending HR policies and when designing training events for staff or managers.
- Providing continuous real-time patient feedback requires a level of investment that might be challenging for some trusts, but feeding back patient scores to all staff quickly, and in as much detail as possible, helps to encourage ownership – especially if the statistics are made real by being supplemented with comments from patients and patient stories. Examples of ways of doing this, taken from the case studies, include:
  - incorporating the ‘patients first’ value into the behaviours framework and, from there, into performance targets such as time to recruit to vacancies; induction, training and development; and recruitment, appraisal and promotion
  - publicising the negative as well as positive patient feedback widely and visibly to both staff and patients/carers – and also publishing the responses to less positive feedback, such as ‘you said, we did’ posters in prominent positions
  - making staff aware of the importance, to patients and carers, of small gestures that can make a real difference, such as making eye contact and offering help to people who seem lost or confused, without having to be asked
  - having patient stories at the start of board meetings, and sometimes executive team and senior management meetings, to ‘ground’ the discussions
  - intensive meetings or away days at which the staff and patient survey results are examined in detail, to look for trends and links - team leaders then having responsibility for translating any concerns into direct action at local level.
The sites all emphasise the need to take complaints seriously, and deal with them in a positive way rather than defensively. Learning from mistakes and complaints is achieved by circulating them widely around the trust and discussing them rather than hiding them. One trust described weekly monitoring of complaints, serious incidents and suggestions for improvement, and disseminating any lessons quickly to all staff.

**Using evidence from staff and patients as a basis for action**

The trusts all stressed the need to use evidence to make business decisions, to prioritise where to put funds, to monitor the impact of interventions, to make improvements as the basis for action, and generally to feed back to the board and managers and staff on how things were going.

* Rather than collect new data, the case study trusts mostly use existing data, in particular the Friends and Family Test, the annual published patient and NHS Staff Survey data, and patient satisfaction data collected on a continuing basis. These data sources give insights into how the trust is progressing over time, and how people are responding to interventions such as different ways of delivering a service or a new performance appraisal process. Not all trusts will be able to emulate the case study sites’ speed of feeding back patient experience data to staff, as this requires additional resources. However, all trusts should be able to use existing in-house analytical expertise to delve deep into their survey results to understand areas that are performing particularly well or otherwise, and examine patient and staff data for correlations.

* All four organisations move quickly to investigate survey findings that give cause for concern, such as increased levels of violence against staff. This gives a clear message that the trust is willing to tackle serious issues speedily.

* Less immediate survey findings are typically tackled centrally or locally, but always with the aim of ensuring that action is taken. Departments are usually empowered to select the areas to be addressed and form their own action plans, with a degree of central monitoring.

* Examples were given from the case study sites of using evidence to construct a business case for more resources. For example, for a new post in HR or to make changes after an evaluation, such as an appraisal process or a development programme.

* The case study sites also believe that using values for recruitment is an evidence-based approach that enables them to make fair comparisons and objective decisions.
Using evidence also means examining and sharing incidents and mistakes involving patients, to learn lessons and revise procedures where appropriate.

**Values and behaviours**

Most trusts have developed values, sometimes with input from staff, but do staff know what the values mean in terms of their behaviour and attitudes? Are the values truly embedded? The four trusts in the case studies have worked with staff (and sometimes with service users, carers and governors) to identify the behaviours, both positive and negative, associated with each value. These are used in recruitment and selection; appraisal; promotion; disciplinaries and training. The values-led behaviours are owned and embedded, to the extent that staff and even patients feel comfortable in challenging behaviours that they perceive are not in line with the values.

It takes time to embed values and behaviours. Managers, for example, might need training in values-based recruitment interviewing, but the first step of assessing recruitment and appraisal processes might yield benefits for a relatively small outlay of effort. Adoption and demonstration of values-led behaviours by the executive team would set an excellent example to staff.

**Empowering staff and managers**

Although many trusts will not have a large amount of money for staff and leadership development programmes, most should be able to examine their use of funds and assess whether they are being best used. All four of the case study sites have shifted resources from senior leadership development to supervisory, first line and middle management. This is partly because they have realised that the majority of staff are managed by people in these positions, and partly because of the body of evidence about the importance of the day-to-day manager. Rather than assume they know what is required in terms of content and delivery style, the trusts asked their supervisors and managers and shaped their offer accordingly.

A clear message from all the trusts is that it is vitally important to listen to staff.

Empowerment also means delegating decision-making, although the case study sites indicated that this might not be appropriate unless the trust was stable, with good governance.

Finally, engaging and involving clinical staff, particularly consultants, is seen by the case study sites as highly important – not only because they are so knowledgeable, but also because they are very influential.
Health and wellbeing

Caring for staff at the case study sites is demonstrated by extensive and visible wellbeing programmes. Again, many trusts will have only limited funds, but the general view from the trusts is that it is short-sighted not to make as much effort as possible to look after staff health and wellbeing. Even a simple thing like shifting the emphasis of absence management from a punitive approach to a caring and supportive one is likely to have a positive impact. The case study sites said that staff valued honesty, including openness about financial difficulties, so were likely to respond well to being asked what would benefit them most within a very limited budget.

Working well in partnership

All four of the case study trusts emphasised the positive working relationships and partnerships with their staff side organisations. These were variously described as bringing insight, adding context, and being constructive. The key message is that staff side organisations can help trusts to achieve their aims with genuine partnership working and positive, open relationships.

Using evidence to plan for a sustainable future

Although the case study sites, along with many employers in the North East, are fortunate in having stable staff with a low turnover, they do not take this for granted and are not immune to national shortages. Part of the rationale for offering extensive development programmes for staff is to ensure a good supply of highly trained staff and managers for the future. They typically have formal succession plans in place for key positions.

The trusts also know that they have many baby boomers in their workplaces, who are retiring in large numbers, so it is extremely important to attract young people. Ways of ensuring that people will want to come and work for them in the future, which do not come with a high price tag, include:

- giving students on placements and doctors in training a very good experience, so they will want to return when fully qualified
- introducing apprenticeships in different areas, including corporate services
- having large volunteer programmes, with a focus on young people still at school or in college.
The Institute for Employment Studies (IES) is an independent, apolitical, international centre of research and consultancy in employment policy and human resource issues. The author of these case studies is Dilya Robinson, a researcher on employment issues who has worked extensively on staff engagement issues in the NHS.