Case Study

Northumberland, Tyne and Wear NHS Foundation Trust – patient experience in improving staff engagement

This case study is one of four, commissioned by NHS Employers and written by the Institute for Employment Studies (IES). The case studies and research highlight the relationship between patient experience and staff engagement at high-performing trusts in the north east of England, and identify common themes between them.

Read all the case studies and a summary of the common themes at www.nhsemployers.org/staffengagement

The trust

Northumberland, Tyne and Wear NHS Foundation Trust (NTW) provides a wide range of mental health, learning disability and neuro-rehabilitation services and employs over 6,000 staff. It was formed by a merger of three trusts in 2006 and covers a large geographical area serving a population of approximately 1.4 million people. In a relatively short time, the trust had overcome a number of issues following its merger (fragmentation, varied systems and processes, different cultures) to acquire foundation trust status in 2009.

The 2017 NHS Staff Survey results showed that the trust’s score for overall staff engagement, at 3.83, was above the national average for similar trusts, as was key finding 1: staff recommendation of the trust as a place to work or receive treatment.

In 2015, the Health Service Journal (HSJ) named NTW as one of the top 100 NHS trusts to work for, and in 2017 NTW won the prestigious HSJ Provider of the Year award.

Getting the fundamentals right

NTW has spent a lot of time and effort on embedding the fundamental governance and accountability structure. In 2017, an operational restructure took place which introduced a model of three localities, each containing four clinical business units (CBUs). The localities have a triumvirate of three directors (operational, nursing and medical). Each CBU has a leadership team that includes associate directors of operations, nursing, allied health
professionals, medical and psychology, to ensure that each profession has an equal voice in decision making. Team members have shared or collective responsibility for decisions and actions, rather than being responsible primarily for their own areas and profession. Each locality has its own practitioners in workforce and organisational development, finance, quality assurance and service improvement, who are line managed within the locality but professionally managed by their function.

The structure is popular because of the devolved responsibility it gives the CBUAs, although a key element of this collective leadership model is that with this responsibility comes accountability. In addition, the CBU model has removed a layer of management at the corporate centre, which reduces the distance between ward and board.

**Putting the service user at the heart of things**

**Understanding the service user experience**

Information about the service user experience – both quantitative and qualitative – is gathered and presented within each locality and disseminated quickly to ward or front line level. In the in-patient areas there are frequent meetings with service users, and there are also regular community meetings with service users and their carers. You said, we did’ information is displayed on local noticeboards to describe the action taken in response to feedback and suggestions from service users and carers. A learning improvement group [LIG] meets monthly to discuss feedback and learning from serious incidents, complaints, tribunals, grievances and disciplinaries, and there are also new clinical networks for specific pathways (such as crisis and liaison and older people) to share learning and best practice. The LIG meeting is now also shared across the trust with the hubs across the locality able to participate in the meeting via video conferencing facility.

A business delivery group holds weekly meetings to examine complaints, serious incidents, patient feedback and staff feedback from across the trust, and a summary of information and learning points is given to the executive team. There is also a safer care bulletin which is shared widely across the organisation. Finally, there is a central alert system - if an incident occurs in one CBU that could be replicated elsewhere, other CBUs are alerted.

An example of the way in which data about service users is being used relates to the work that is being done around violence and physical restraint. Staff can use the data and learning when dealing with particular individuals. Service users whose condition means that they tend to be involved in a lot of such incidents are involved in conversations with staff about how they will be treated.

The 2018 CQC report made specific mention of the ready access that staff had to up-to-date feedback and performance data: “The quality of performance data was outstanding.
Staff at all levels had access to a wide range of real time data which was used to actively inform and shape how services were delivered and how care was provided.”¹

Involving service users in delivering

Board meetings always start with patient stories, usually from people who lead very complex lives, which helps to ground the meeting.

Former service users are invited to become involved in helping current patients, which the trust describes as very successful, because those who have experienced mental health distress and despair have a real understanding of what people are going through. They are involved either as peer support workers employed by the trust, or as volunteers to give support to people who are recovering. Although the use of former service users might be considered risky, and they need support, NTW believes the accountability framework is robust and points to the advantages and to the very positive feedback from existing service users and their carers. One interviewee thought it was a trust responsibility to look for employability opportunities for service users.

Living the values

The trust’s vision and values were developed in consultation with service users, carers, staff, governors and other partners. This involved meetings of staff, community meetings and posters on walls, enabling suggestions to be added by service users and others.

The vision – ‘to be a leader in the delivery of high quality care and a champion for those we serve’ – is underpinned by values under the three headings of caring and compassionate; respectful; and honest and transparent. Following agreement about the values, sessions were held with staff to identify the behaviours that illustrate the values, and these are now used in recruitment and appraisals. Staff are encouraged to challenge and speak up if they experience or observe behaviours that are not in line with the values.

The values are used to recruit staff and also form a big part of corporate and local induction, at which expectations about behaviours are made clear. The focus on values drew people together and was seen as driving behaviour and shared identity. The values give consistency and clarity.

Managers are expected to be visible, approachable and available to staff. This includes senior visibility. Members of the executive team and non-executive board members carry out informal visits and a more formal programme, for example visiting wards to meet service users and staff. Board meetings are held at a different venue every month, with staff invited to come and meet board members at lunchtime.

NTW has recently drawn up its five-year strategy, using same process as for the values, with a lot of involvement of staff in the CBU$s$. This was a lengthy process of engagement, but ensured the strategy was developed by everyone with a large number of focus groups, rather than the CBU$s$ commenting on a strategy document drafted by the corporate team.

**Valuing and listening to staff**

The chief executive was determined to engage fully with staff to establish a positive, open and trusting culture. The move towards collective leadership and engagement involved a big language change, with an emphasis on trusting and empowering staff while also providing high levels of support.

In addition to involving staff at all levels in discussions about giving the best care to service users, NTW makes a big effort to listen to staff and hear their concerns and uses a number of methods to gather feedback.

- **Speak easies**, at which people can talk about what is working well, any problems, and how these are being tackled. Meetings are typically attended by 20 or 30 people at all levels with different backgrounds, who take away actions. At the outset, these meetings were organised quarterly by the corporate centre, but are now carried out at locality level.

- A question of the week with multiple choice answers pops up on the intranet when people log on, to involve and share information with staff and encourage discussions. An example is “How much do you think DNA (do not attend) appointments have cost the trust during the past month?”

- Staff and patients are encouraged to speak up if they see problems, and there is a Freedom to Speak Up Guardian and speak up champions volunteers from among the staff who receive training for their role.

- There is good partnership working with unions so that if individual staff members raise an issue, it is often resolved via informal discussions, sometimes involving HR, without going to a formal grievance. The staff side representative described the relationship as, while not perfect, a lot better than experienced elsewhere.

- The trust takes a proactive approach to staff wellbeing and health with one of the strategic aims in the workforce strategy focused on this area. In the 2017 Staff Survey, 95 per cent of respondents felt the trust took positive action in terms of staff wellbeing and health. In addition to the annual staff survey, there is a health and wellbeing survey
circulated to all staff every two years, and stress risk assessments are carried out at individual and team level. The survey is backed up by an extensive wellbeing programme involving, for example, trained facilitators who can help draw up wellness action plans and campaigns to promote positive mental and physical wellbeing, such as walking challenges.

Developing people

With a stable and long-serving workforce, NTW feels that it is important to develop staff so they reach their full potential, to benefit themselves, service users and the trust. This includes developing line managers to equip them with the skills to get the best out of their teams. Examples of the development on offer include:

- a strong induction, at which the trust’s vision, values and expected behaviours are made clear
- a management skills programme and healthy leadership programme for line managers
- masterclasses on different topics such as performance management and budgets
- a three-day leadership course and collective leadership events overseen by the head of team and people development.

The trust is also looking at:

- the introduction of a new nursing academy, which will enable healthcare assistants to obtain qualifications and apply for nurse training if they would like to do so. This is seen as a clear example of the trust’s focus on growing their own
- the development of apprenticeships in different areas, including in clinical roles.

Equality and diversity

The refreshed equality and diversity strategy is an example of something that was worked on with the localities rather than being produced at the centre. This has a two-fold benefit, in that it encourages local ownership but also shifts the focus away from compliance towards maximising the benefits for staff and service users.

The trust is trying to get a better gender balance in nursing for mental health service users because the nursing workforce, especially at the younger end, is predominantly female. NTW is building relationships with police and fire service, where people often retire early so could be interested in a second career. The Armed Forces are also seen as a recruitment source, for example via the Step into Health pledge.
It is also looking at how it can improve rates of female consultants winning clinical excellence awards and is investigating why their male counterparts seemingly do better.

Clinical leadership

NTW is fortunate to have a stable, mostly local workforce, and has good relationship with nearby universities which helps to ensure its future supply of nurses, allied health professionals and psychologists. However, there is a national shortage of psychiatrists, so the trust has made particular efforts to overcome this, including an international recruitment programme. In line with the trust’s general focus on supporting staff, new medical recruits are given a lot of support on joining, such as help to find housing and schools. In addition, there is a big effort to give doctors in training a positive experience, to encourage them to return.

- A specific intervention for medical staff involved focus groups and meetings to discuss the role of clinicians and their involvement in management and leadership. A clinical leadership programme is available to all doctors, whether they hold a management position or not, the aim being to foster positive team working and ensure that doctors are well-rounded and able to contribute to decision-making.

- The focus on involving staff and on clinical leadership is believed to have made a big difference in nursing, too. The turnover of qualified nurses is low, at 8 per cent, and there are currently 50 vacancies, which is a marked improvement compared to previous years.

The 2017 NHS Staff Survey results

Despite all the trust’s efforts, the NHS Staff Survey results, while above average for a mental health trust, were not quite as good as in 2016. The survey results have been used as a conversation opener with the CBUs, and the trust has worked to break down what the results mean. The speak easy sessions were used for these discussions and the CBU structure is seen as helping with these discussions, as results have been broken down into localities and are being discussed locally, with local action plans. One big positive about the survey was a significant increase in response rate, indicating that more staff are willing to engage with the process.

Advice to other trusts

- Always have the line of sight to patient care, and keep reminding everyone about this. If you focus on the patient and on quality, and get this right, productivity looks after itself.

- Value and engage staff. Do not assume you know what staff think and how they feel – ask them. Always bear in mind the possible impacts on staff of decisions. Above all, value everyone’s contribution. You have a resource in your staff, so use it. The wisdom
is with staff and service users, so forget roles, seniority and who is paid the most- listen and hear.

- Empower staff - encourage proactivity not reactivity, and encourage everyone to raise issues and ask questions. However, the executive team must then be prepared for:
  - hard questions
  - allowing mistakes
  - not jumping in to solve problems
  - not taking things personally.

- Adopt a learning style and a focus on continuous improvement – and share learning, about successes and mistakes.

- Do not rush into change and devolution – you need strong leadership and a strong governance framework to build on, or it is too risky. Frameworks for devolved decision-making and accountability need to take account of clinical standards, legislation, standards and NHS Improvement requirements.

- Understand it takes time and you have to put in a lot of effort to ensure that changes (such as values) are embedded.

- Honesty and openness is very important, so if a change is partly about costs, say so. But talk about the positives too and stress the benefits of empowerment.

- Evaluate what you do, including investment in staff, so you can show its worth.

- Be truly collaborative with other agencies and with commissioners and local authorities – see the whole health system.

One caveat is that it is very important to pay attention to the nature of organisation and its life stage and maturity.

The 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 Dilys Robinson, a researcher on employment issues who has worked extensively on staff engagement issues in the NHS.