Case Study

The Newcastle upon Tyne Hospitals NHS Foundation Trust – staff engagement in improving patient experience

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

The Newcastle upon Tyne Hospitals NHS Foundation Trust (Newcastle) is one of the largest NHS trusts in the UK, offering a wide range of tertiary and specialist services, as well as acute and out-of-hospital services. It employs around 14,000 staff, operates primarily over two main sites and several smaller ones, incorporates community services, and covers a large geography. It has a reputation for attracting and retaining high-quality staff and this is due partly to its ability to offer experience in a range of specialties. In 2016 it gained an outstanding rating from the Care Quality Commission (CQC).

In the 2017 NHS Staff Survey, the trust had a higher than average engagement score of 3.91, when compared to similar trusts where the average is 3.78. In addition, a summary of all key findings shows the trust as being above average for acute and community trusts for 20 out of 32 key findings.

Newcastle is frequently recognised at national and regional awards ceremonies. For example, in 2015 it won the Health Services Journal (HSJ) award for enhancing care by sharing data and information.
Approach to people management

Recruiting and retaining the best

Newcastle has a big advantage when it comes to attracting staff. It is one of the top ten teaching hospitals in the country, it is research active, has a national and international reputation, and a strong brand.

To maintain this position and continue to be an employer of choice, its workforce strategy has five key aims.

1. Implementation of professional and leadership development including talent management and succession planning.
2. To be a centre for excellence providing high-quality education, training and development.
3. Workforce planning informed by robust data aligned to service demands, financial sustainability and harnessing use of technology to provide services and improve outcomes.
4. To facilitate workforce transformation and change.
5. Workforce engagement and wellbeing to enhance the staff experience.

The trust is very successful in attracting research funds due to its leadership of the local research and development agenda. This enables investment in patient care, staffing, equipment and facilities. It also has a relatively stable local workforce, which ensures key skills and experience are retained. However, it is not complacent given the significant number of high-quality NHS organisations in the region.

When recruiting more widely than in the North East, recruitment material emphasises benefits such as the quality of life and house prices. In addition, it attempts to give medical, other pre-registration and undergraduate students from the local universities a good and supportive experience to encourage them to positively seek employment with the trust, post-qualification.

Newcastle also uses some more unusual sources of recruitment to ensure it is not missing an opportunity to attract staff with particular skills and experience. An example is the support that the trust gives to the Armed Forces, via employing ex-military personnel and by supporting members of staff who belong to the military reserves. The trust believes this brings benefits due to the skills and experiences of veterans and reservists, and is part of a set of measures intended to widen access to employment within the trust and maintain an inclusive workforce.

A further source of future supply is the trust’s volunteer service which, with only a limited infrastructure, has grown exponentially resulting in some volunteers going on to become paid members of staff. There are up to 90 volunteer roles with role descriptors, from which directorates can select to support the delivery of a high-quality patient experience and there is a particular focus on attracting volunteers aged 16 to 24 to the organisation.
In total, there are around 300 volunteers administered directly by the trust, and a further 600 third-party volunteers who provide their services via other organisations.

Staff shortages

Like all NHS organisations, there are specific workforce group shortages and difficult to fill vacancies. Examples include senior medical roles such as radiologists, paediatricians and neuroscientists which are challenging in part due to national shortages. To address this, the trust is proactively engaged in hosting local careers events, works closely with local universities and colleges to promote employment in the NHS, and has also successfully delivered international recruitment campaigns, for example in the Philippines. This has been supported by the trust’s well-established, long-serving community of Philippine nurses who ensure their new colleagues are welcomed into the trust and provide help settling into a new home and work environment.

Values and behaviours

The trust’s values are deliberately simple and straightforward.

- Patients come first.
- People and partnerships are important.
- Professionalism at all times.
- Pioneering services.
- Pride in what we do.

Aligned to the trust’s values and to the NHS Constitution is the core professional and leadership behaviour (PLB) framework. This focuses on areas such as recruitment, development and appraisal. PLBs are embedded in day-to-day people management throughout the trust; use by medical staff is improving. PLBs were developed in partnership with staff and were very clearly understood.

Learning and development

Education, training and development is a very significant activity for Newcastle. There are around 65 whole-time equivalent staff in the team. Their focus is to work with clinical, professional and business development leads to enable the workforce to deliver high-quality patient care, in terms of capacity, capability, competence, attitudes and behaviours. Although quality is the primary driver, learning and development within the trust also has a succession planning focus, to ensure the security of the future staff pipeline.

Leadership and management development is a key strand of activity. The trust is conscious of the many targets that managers and leaders are expected to meet, so the focus is on delivery through the workforce, which means that the workforce has to be well managed. To improve flexibility of approach in response to operational challenges, the
trust has moved to a modular basis for delivering some development programmes, for example modules on financial awareness, enhancing talent, and performance management.

The golden thread running through leadership and management development is the set of PLBs applicable to corporate and clinical leaders, this is because of its impact on service improvement and quality. New managers are offered an enhanced induction which features the behaviours framework and is delivered in multi-professional groups. Early evaluations of this enhanced induction are positive, and the trust has noticed an increasing trend of attracting some consultants. The response to a new aspiring clinical directors programme was also very encouraging, attracting almost 30 colleagues.

Another intervention available to support skills and competence development is a community of trained coaches from within the workforce who, where appropriate, may also facilitate team interventions, such as tackling the local quality of responses to complaints.

**Involving, recognising and valuing staff**

The trust enjoys a good working relationship with staff side and welcomes its involvement and engagement in shaping the staff experience agenda, particularly in working towards an inclusive workplace.

Within the equality and diversity agenda, the trust facilitates a number of networks including black, Asian and minority ethnic network, a disability network and a lesbian, gay, bi-sexual and trans network, enabling staff to come together and be involved in discussions to improve the experience at work.

Further evidence is the multi-award-winning initiative Project Choice, which provides training to people with learning difficulties, disabilities or autism. Supported by staff mentors and managers, this scheme provides sustainable and successful pathways to work. Many former interns have achieved paid and fulfilling employment with the trust.

There is a very active staff social club within the trust, funded through a small monthly subscription scheme. It is administered by staff and provides access to social, cultural and recreational events, inclusion in a monthly lottery, and support for the provision of two fitness centres. Strong staff benefits provide added value to employees, including salary sacrifice schemes, discounted public transport costs and services, and access to reputable credit unions. These benefits can be reviewed by employees through access to a bespoke website.

Newcastle has a range of well-embedded recognition and reward schemes, intended to express gratitude and to celebrate outstanding efforts of staff in how they best represent the trust’s values.

Staff, patients, visitors or carers can nominate individual staff, teams or volunteers for quarterly Personal Touch awards, which culminate in an annual celebration and confirmation of an overall individual, team and volunteer winner. Winners are determined
by a panel of judges comprised of clinical, non-clinical, union, patient and governor representatives. Information about nominees as well as winners is published on the intranet.

In addition, long service awards and events recognise and thank loyalty and commitment from staff who have worked for the organisation for 25, 35 and 45 years.

Annual educational ceremonies for colleagues who achieve leadership, healthcare or other qualifications, a nursing, midwifery and allied health professional conference and a medical education conference also provide platforms to facilitate recognition of staff.

Health and wellbeing

Newcastle’s health and wellbeing policy incorporates an attendance management procedure, which provides a framework for managers both to support staff health and wellbeing, and also manage situations where staff are unable to attend work. The overall sickness absence rate is 4.2 per cent which is above the trust’s target of 4 per cent. This emphasis on supporting staff through a number of interventions includes individual stress management advice, individual stress management assessments, stress awareness training, return to work plans for those on long-term sick, and support from occupational health including physiotherapy and psychological services. The stress management offerings are based on the Health and Safety Executive’s standards.

The occupational health service manages a stress prevention website and delivers staff support through the Working on Wellbeing (WOW) programme for persistent absentees; a wellbeing and resilience workshop to enhance personal resilience and workplace effectiveness; and an early access advice service involving contact with staff on their first day of sickness absence to offer appropriate help and support.

Rapid access to a health and wellbeing support system has been in place for a number of years. This facilitates access to hospital appointments for staff with a health condition which has an actual or potential impact on their ability to attend work and carry out their duties. There are also 50 trained mental health first aiders within the trust who can help spot early signs of staff in difficulty and signpost them to relevant support.

The trust achieved the North East Better Health at Work gold award and is working towards the continuing excellence standard. It is a signatory to the local employer pledge, Time to Change, to demonstrate its strong commitment to addressing mental health discrimination. The focus on health and wellbeing is supported by a community of staff health champion volunteers who, for example, may lead a local weight management or lunch-time walking group.

Newcastle regards cost as a key driver for managing attendance rates and is mindful of the impact this can have on delivery of patient services. It has an emphasis on enhancing the staff experience by seeking to create a working environment which enables them to flourish at work and this in turn enhances the experience of patients. Sickness absence rates and levels of stress can be higher in some areas due to staffing levels, which has
confirmed the importance of filling vacancies quickly and making big recruitment efforts in hard-to-recruit areas.

**NHS Staff Survey results**

Newcastle’s NHS Staff Survey results for 2017 were very good and compared favourably with similar trusts. However, in common with many trusts, the results dipped slightly in many areas compared to the 2016 results. It is acknowledged that the hard winter, and pressures to achieve targets probably contributed to this. There are some concerns that this staff experience dip might lead to a less positive patient experience, on the basis that one tends to drive the other.

**Making the links between the patient experience and the staff experience**

The 2017 Staff Survey results show that staff rate the effective use of patient/service user feedback at 3.85, well above the average of 3.69 for similar trusts.

The main sources of patient feedback are the Friends and Family Test, patient survey data, complaints data and serious incident reviews.

Patient feedback is shared at regular communications meetings, various clinical and non-clinical forums, via email and intranet bulletins, and on noticeboards and this includes patients’ and carers’ examples of excellent care. On top of this, the board has a patient story at the start of every public meeting.

The analysis and dissemination of patient experience data is well resourced, with a small team of people devoted to this work. There is also a list of key indicators with warnings when things are going wrong and this is monitored very carefully at board level as part of the quality and safe care agenda – this includes data such as ward staffing levels and ratios (e.g., the ratio of registered nurses to healthcare assistants), patient incidents (e.g., falls), patient feedback and complaints.

Making patient feedback real to staff in some corporate services areas can be difficult, especially when some support functions are not based at a hospital/service delivery location. For HR, one example of contributing to putting patients first was addressing the lengthy amount of time taken to recruit. Investment in technology to accelerate recruitment management, having key performance targets, and streamlining processes has resulted in significant reductions in this metric. The staff and locum bank function also understands its contribution to driving down temporary workforce costs.

In recent years, the trust has operated a patients first staff engagement programme. This started in response to complaints that frontline staff were not sufficiently caring and could improve their basic communication and interaction with patients. Part of this initiative included the trust being more explicit in stating its expectations of staff with regard to guaranteeing a positive patient experience.
This work resulted in the production of a bespoke internal DVD intended to underpin cultural change and aimed at supporting staff to improve customer care among all staff, not just those in patient-facing roles providing direct clinical care. The design of the content was supported by colleagues and focused on how staff could improve the patient experience, asking them to explain what healthcare at its very best meant to them as individuals. All staff were encouraged to view the film.

Simple courtesies like making eye contact with patients or smiling and offering help to carers/relatives who appeared lost or confused, were identified as far more important than previously appreciated. The trust continues to work on its patient experience programme using different interventions to enable staff to understand how they contribute to this. The experience shows that targeted learning and development has a direct impact on the quality of patient care.

A staff experience co-ordinator has been appointed within the workforce engagement and information team, who, as part of the role, analyses the NHS Staff Survey results within the overall framework of Michael West’s research. The results are now broken down by directorate, providing a better understanding at local level. The workforce engagement and information team also helps directorates to operationalise their action plans, by collating and sharing information under the You Said, We Did feedback model and facilitating team conversations and events to involve staff in formulating solutions. Directorate-level infographics have been produced to assist the discussions, and focus groups facilitated to discuss specific issues raised, such as the availability of flexible working.

There are plans to further link staff and patient experience data although progress with this is in early stages. There is an expectation that there will be correlations and it may be possible to identify drivers which will inform future actions.

**Advice to other trusts**

- Consistency and transparency of message is very important, so staff know where they are and where the trust is going.
  - This means collective responsibility and recognition that the senior leadership team is working towards the same goal.
  - HR policies and practices should be joined up, providing a framework to support the organisation to achieve its goals.
  - Increase integration of approach wherever possible and in particular, through proactive commitment to multi-professional learning and development.
  - Really engage staff rather than just communicating with them. Identify and create opportunities for greater involvement in decision-making and policy shaping.

- Developing and training the workforce is an essential requirement, not a luxury. Consider the impact of the return on that investment – the benefits and outcomes – not just the cost of development.
- It helps to ensure staff understand the overall aim of the trust. Above all, deliver to the patient.
- Use the evidence base (surveys, the GMC survey, the Friends and Family Test, focus groups, staff forums, programme evaluations), when bidding for resources, making a business case, or deciding where to invest resources. Link data from different sources, such as patient and staff experience data, to gain insights.
- Encourage the development of collaborative working relationships, within and between different departments, functions and locations, to share best practice.

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.