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Case Study

Northumbria Healthcare 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

Northumbria Healthcare NHS Foundation Trust (NHFT) employs around 10,000 staff and serves a population of 500,000 people living in Northumberland and North Tyneside. Its staff survey results have been consistently high in recent years and in 2016 it gained an outstanding rating from the Care Quality Commission (CQC), with the four categories of effective caring, responsive and well-led being assessed as excellent and the fifth category of safe as good.

The 2017 NHS Staff Survey results show Northumbria's overall engagement score, at 3.91, as being in the highest 20 per cent when compared with similar trusts. In addition, a summary of all key findings has the trust in the top 20 per cent of acute trusts for 23 out of 32 key findings.

Northumbria rates very highly in the staff survey for key finding 32, effective use of patient/service user feedback. Its score of 3.96 in the 2017 NHS Staff Survey is considerably above the average of 3.71 for acute trusts and puts it in the top 20 per cent of acute trusts.

A focus on the patient experience

The director of patient experience (now chief experience officer, a newly-created role to include both patient and staff experience) attends all board meetings to report on matters relating to both the patient and staff experience. The patient experience team has a high reputation nationally and leads the way in the provision of real-time feedback. The team speaks to around 700 patients a month across all four hospitals and in community settings, feeding back within hours to clinical and corporate services staff. The real time aspect

encourages immediate ownership by staff, which is considered to be really important. This might be seen as somewhat risky, but the trust has very good patient experience scores. NHFT works demonstrably with patients, in that it uses patient feedback to make improvements, then tells patients and staff about the actions it has taken. Complaints are handled in a positive way rather than defensively, and a visitor charter makes it clear to patients and relatives what they can expect.

The link between the staff experience and the patient experience

Some years ago, the trust started to see evidence that the attitudes and processes of corporate service functions had both a direct and indirect impact on the patient experience. This led to NHFT signing up to the Shared Purpose programme, run by the Health Foundation, in 2012. The focus was on older people with dementia, and the trust examined all its activities within corporate services. An example is HR processes – recruitment, selection, induction, appraisals – which were assessed for compassion. Over the period of the programme, patient experience results for dignity and respect increased. The NHS Staff Survey also saw a big increase in the percentage of staff believing patients were the trust's top priority, from 43 per cent in 2007 to 86 per cent in 2015.

Although the Shared Purpose programme has now formally finished, the trust is maintaining its improvement focus, for example by a monthly pulse survey of staff (four or five questions via mobiles); and working with a small number of wards for around ten weeks at a time on a particular theme.

NHFT's starting point is that staff come to work to look after patients and deserve to be engaged with, involved, cared about, developed and listened to. There is some evidence that staff engagement is a predictor of the patient experience within the trust, so the role of chief experience officer will look more formally at the links between wellbeing and engagement, and between the staff and patient experience.

The trust's approach to people management

The importance of staff

Northumbria was one of the first trusts to have a consultant clinical psychology post in occupational health. There is now a team of six, whose members offer a variety of support services to staff, for example:

- counselling and psychological therapies for staff who are referred or who self-refer
- early triage for people off sick with mental health issues; they receive a call on the first or second day of absence
- support for managers who find it hard to cope or have issues/conflict within their team
- resilience training for all groups of staff to improve mental health at work.

The occupational health team now has an established reputation built up over the years. There is integrated working between HR and occupational health, with the latter getting involved in induction sessions and specific promotions.

The trust acknowledges that it is fortunate to have financial security via income sources not available to all trusts, namely the provision of payroll services and fleet and home electronics solutions. This means that additional facilities can be funded for staff and patients, and the trust can give staff time to be involved in projects such as the planning of the Northumbria Hospital, which opened in 2015.

Engaging and involving staff

As the trust is spread out, staff engagement is a huge challenge. The trust tries to be collaborative. For example, there is a lot of positive partnership working with trade unions, with staff side being involved in decisions, and mutual respect between staff side and HR.

Executive team meetings involve managers one level below the senior team, who are invited to present on, and discuss, issues. There is also a clinical policies group including doctors, nurses and allied health professionals. The nursing director is developing a nursing governance structure so all nurses feel they have a voice and regular one-to-ones with their manager. When starting their role, the nursing director ran an expectations survey with nurses, followed by workshops, to find out what the nursing workforce saw as priorities for their development and involvement.

Following the example of the chief executive, executive team members make a big effort to be visible, to interact with people, have an open door and respond to emails. This involves frequent visits to different locations. The aim is to ensure that staff are confident about speaking to them, to raise concerns and make suggestions for improvement.

Hard to recruit?

Northumbria is very aware that a neighbouring trust has a lot to offer by way of tertiary and specialist services. However, its hard work seems to have paid off, in that there is now only a two per cent vacancy rate for nurses and much of the turnover in all staff groups across the trust is due to retirement rather than voluntary resignation.

This said, the trust struggles to recruit histopathologists and radiologists as they are hard to recruit due to national shortages.

Succession planning

The trust has made a big effort to secure the pipeline feed of staff for the future, in terms of both new staff and future leaders among existing staff. This is important partly because of competition for staff between local trusts, but also because of the number of post-war baby boomers among the workforce who are now retiring or coming up to retirement. Examples include:

- more development programmes for nurses, such as a new band 6 programme with the specific aim of ensuring the succession of senior nurses
- in care of elderly, the possible introduction of nurse practitioner and advanced practitioner roles
- a big volunteer programme involving the recruitment of young volunteers via visits to local schools
- giving trainee doctors and nurses on placement a really good experience, in the hope they will return in the future.

Wellbeing

Northumbria has a large occupational health team and there is a strong belief within the trust that staff wellbeing is a core issue, which should be well resourced and run internally.

There is a big focus on the two main causes of longer-term sickness absence: musculoskeletal problems and stress. A variety of facilities are available to staff, such as fitness support (exercise classes and walking groups), advice on diet and nutrition, staff physiotherapists, and a mediation service for bullying/personal relationships. There is a network of wellbeing advocates and a senior champion (the HR director) on the board. Three or four high-profile campaigns a year focus on changing behaviours, not just awareness.

A key part of the health and wellbeing agenda at the trust is the involvement of staff. The trust launched a wellbeing survey in spring 2018 which asked staff about the things they would like support for, linking to the NHS Staff Survey results to ensure that any priority areas for action were identified. Two areas already identified were support for carers (including identifying staff who are carers) and the menopause. The latter is seen by the trust as highly relevant, given that 80 per cent of the staff are female and the majority are aged 40 and over. There are plans to offer support and line manager awareness training.

Values

The trust's values were arrived at via staff focus groups, at which positive and negative behaviours associated with each value were also identified. Once the behaviours had been described by staff, occupational psychologists developed a set of questions to be used during recruitment. An example of an opening question is 'could you please tell me about a time when delivered excellent service?' after which a set of probing questions are available for use. In addition, there is a set of technical/professional questions for each position or type of position. People must pass on the values before getting a job, even if they are excellent technically, with good performance on the values questions being particularly important for managerial positions. Internal promotions also have to go through the values-based recruitment process, with the aim of being evidence-based and objective when making decisions about both new recruits and promotions. The only employee group selected in a different way is medical consultants, who still use a competency framework. However, even here, the values are part of the framework.

Around 500 managers have been trained in values-based recruitment, and the trust is also considering the introduction of super recruiters to sit on every interview panel. There is an expectation that an interview will last at least 30 minutes to allow for probing questions. The approach is also seen as making it much easier to give evidenced feedback to candidates.

In addition to recruitment, the values are used during induction, in appraisals (with examples sought about how individuals are meeting each value) and during disciplinaries, and to assess individuals and teams for staff awards.

Learning and development

The trust has an extensive learning and development offering for all levels and types of staff, with HR and the occupational health psychology team working closely together to plan and deliver the various courses, programmes and support. There are several key components.

- **Resilience training:** this training encourages people to get in touch with what is important to them and to use mindfulness as a means of overcoming barriers to pursuing actions linked to their values. It encourages staff to take a self-compassionate stance, which has been known to reduce risk of stress and burnout. The evidence shows that its positive approach leads to an improvement in mental health and wellbeing, therefore reducing risk of absenteeism. The training is very popular and has led to a further intervention in the shape of a specialist HR advisor for line managers in estates and facilities.
- **Coaching:** the trust sees coaching as a good tool to develop compassionate and inclusive leadership. Different levels of coaching training are available, and are advertised in team briefs. Team coaching is available for teams in need of urgent intervention, or teams that simply think they could benefit from thinking about the way they work.
- **Mediation service:** this offers informal conflict resolution for both individuals and teams in conflict. Eleven people – managers and HR practitioners – have been trained in conflict resolution.
- A new **mentor scheme** is planned.

In addition, there are opportunities for staff to develop by participating in debates and discussions. An example is the grand round – a means of bringing together multi-disciplinary teams to gain insights into issues involving dilemmas and ethics.

Leadership development

NHFT places a big emphasis on leadership development. There is a 35-point action plan on recruiting, inducting and developing leaders, but also the development of the rest of the workforce who might need to adopt leadership behaviours in some circumstances, even if they have no aspiration to become a formal leader. A lot of the training input is around self-

awareness of how behaviour impacts on others and the trust uses 360-degree feedback for managers to assist with understanding.

The leadership programme is based on the premise that the quality of leadership influences culture, culture influences the staff experience, and the staff experience influences the patient experience. The apprenticeship levy has been used to create front line (level 3) and middle management (level 5) programmes. Several cohorts are live with others planned, the aim being to start a new cohort every quarter. The cohorts contain people from different staff groups and work areas to encourage understanding, the sharing of experiences and the cross-fertilisation of ideas. There is a focus on giving people practical tools to apply in the workplace around the themes of self-understanding, interpersonal excellence and organisational performance.

Recently, Northumbria was invited to be one of three trusts to co-create a toolkit to assess readiness for collective leadership. The development of the toolkit is being funded by NHS Improvement, with the involvement of Michael West (via the Kings Fund) and the Centre for Creative Leadership. There are six tools, one example of which is the culture and outcomes dashboard. This uses existing measures such as the NHS Staff Survey and operational and target performance indicators, to show correlations and relationships.

Clinical engagement

The trust is very aware of the need to engage and involve consultants, for example giving them access to meetings where business performance is discussed and to which they can input. When new consultants are recruited, particular attention is paid to their attitudes and behaviours, and there are specific induction programmes and leadership programmes for consultants.

NHS Staff Survey results

The 2017 Staff Survey results decreased somewhat overall in comparison to the previous year. The trust believes this may be partly due to the experience of two difficult winters. However, there is also a concern to be addressed, namely that the trust's culture may be too fragile and dependent on the chief executive, who has recently returned after a secondment to NHS Improvement.

The trust has tackled the score for quality of appraisals by changing the process to give a bigger focus on the style and quality of conversation, and introducing a mid-year conversation. There is also an aim to get the appraisals round finished by December, so they are not cancelled or rushed due to the increased demands for services in the winter. The new process went live in autumn 2017, so the trust is hoping for an improvement in the 2018 NHS Staff Survey results. Another area of concern was the relatively high percentage reporting violence from staff - this is a big cause for concern and the trust is investigating.

Advice to other trusts

- Be honest about any difficulties the trust is facing and admit that not everyone will be happy about planned changes. Do not avoid tackling important issues – be brave!
- Take time to truly engage with your staff and patients. Most problems are about people, so avoid looking first for a technical solution. Be accessible, listen and involve them, because they have insights that will help you to solve problems.
- Staff experiences tend to predict patient experiences, so look after your staff, care about their wellbeing and invest in their development.
- Joined-up working is essential for success. HR needs to work with occupational health and with patient experience to deliver the best deal possible for staff.
- Use the evidence base when bidding for more resources for staff.
 - NHFT employs someone specifically to focus on staff resilience, mental and physical health and wellbeing because it knows the return on investment is high, even if the effect is not always immediate. Typically, morale increases and sickness absence reduces.
 - Measure staff and patient experiences and act on the results.
 - Evaluate what you do so you can see the evidence of success and make a sound business case for further resources.
- Staff wellbeing is part of the trust's core business, so should be managed internally. Outsourcing leads to a loss of ability to make links between the different problems being reported by staff, for example spotting an issue that could be resolved by management training.
- Values are the foundation of the organisation.
 - Both the values and the associated behaviours (positive and negative) must come from staff rather than being imposed from above.
 - Values represent a common language that should be used when assessing people at recruitment, for promotion, at appraisals, to challenge poor behaviour and during disciplinarys.
 - Expect patients to issue challenges based on the values, too.
- Support and advocacy from the top of the organisation are essential to drive improvements to the staff and patient experience. The senior team must display the values expected of all staff.
- Consultants are very influential, so it is essential to involve them in decisions and to support clinical leadership.
- Do not focus on the wrong side of the balance sheet: staff are an asset and a resource, not a cost.

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.