NHS STAFF SURVEY: LESSONS FROM THE MOST IMPROVED NHS ORGANISATIONS

Introduction

In the 2016 Staff Survey 25 NHS organisations made significant improvements to their scores for staff engagement. This was a major achievement given the increased pressures on the NHS. These organisations were then inspected by the Care Quality Commission (CQC) in 2017 and continued to make progress on staff engagement. NHS Employers has looked at the experience of these organisations to see what can be learned from how they improved and maintained staff engagement. This briefing note discusses the range of approaches in these organisations with the aim of assisting other organisations to benefit from their experience.

The improved organisations are a diverse group, including both some of the largest and smallest acute hospital trusts, community, and mental health services. A notable feature of these organisations is that most had historically been lower or average scoring in the survey. Very few high scoring organisations have made further substantial improvements in 2016/17, though three did manage further significant progress. Eight of the most improved were historically challenged organisations, so improvement demonstrates that progress is possible even in the most difficult contexts. The majority of improvers moved from average to the upper quartile.

In almost all cases the improvers were organisations that had adopted a new approach to staff engagement in the recent past. Most had begun work in 2015 and then implemented plans fully in 2016. Almost all have continued to extend and develop their approach into 2017.

The lessons from the most improved organisations will be of relevance to all NHS organisations. Even those with high scores and good ratings overall may have areas which could be developed. The lessons will be of most relevance to organisations that are seeking to improve their scores. NHS Employers has over twenty case studies that detail how organisations
have approached staff engagement. A recent case study from Imperial College Healthcare NHS Trust shows how the trust made progress in 2016 and has sustained this into 2017.

This note aims to share some lessons from their experiences to help all organisations foster and sustain staff engagement. If you have any local experiences, queries or questions we are keen to hear from you.

Example 1: the leading edge organisation

A mental health and community services trust in the North West has 3500 staff across 65 sites. It has had a long-standing commitment to staff engagement and its approach has an emphasis on communication, values and involvement with a clear link to providing high quality care. The board and chief executive are strongly supportive of engagement.

It has been praised by the CQC which rated it as Good for ‘Well Led’ and recognised its open culture. In 2017, it was one of only a handful of high performing organisations that were able to make further progress.

As part of its ongoing work to sustain staff engagement the trust is developing its approach in three main areas.

- Improved communications - with the roll out of a mobile app which provides information to its dispersed staff and allows for real time feedback.

- Building on its existing conversation groups, which in the past have focussed on Staff Survey related issues, and shifting their focus to larger scale community conversations on ideas for changing services. It has used techniques such as appreciative inquiry and will build on this for more OD work. It aims to create a culture of continuous improvement in which all staff feel able to suggest and implement ideas.

- Making major changes to how it approaches appraisal with a more person based and development approach linked to values and engagement. There will continue to be a performance element and the trust is developing its support for line managers to support this shift.

The trust believes the main factors in its success are that it is seen as being committed to engagement and this is reflected in their leadership style. The trust has adapted tools to meet the needs of its dispersed workforce and has sustained commitment to engagement during expansion.
It is all about the patient

There is no one single solution to the staff engagement challenges in the NHS, but there are some common characteristics of how the most improved organisations have approached the challenge. The most striking theme, common in all the organisations that have made improvements, is that addressing staff engagement has been part of a wider approach to improving the quality of patient care. Even those that were already rated as good or outstanding by the CQC have sought to improve staff engagement as part of a wider programme of quality improvement. In all cases the overall programme of change in the organisation has been triggered by a desire to improve patient care. In most cases the catalyst for change was a recognition that the historical quality of care being provided was no longer sufficient. Critical CQC reports have also confronted organisations with unwelcome assessments and in a large minority of cases led to some form of intervention including in nine instances special measures.

In response, organisations have looked at the data from the Staff Survey and recognised the link between staff engagement and patient care. The link between staff engagement and patient care has also been a powerful mobilising message which has helped HR teams to secure support from clinicians and strengthened board support for new approaches. Many organisations have had a specific focussed on involving staff more in generating ideas for improved patient care. This is discussed in the recent NHS Employers case study on staff involvement in quality improvement.

Getting the basics right

In most cases these organisations had other challenges as well as staff engagement levels. Around a third had long standing financial issues and most did not have good scores in areas such as appraisal and health and wellbeing. Organisations which made progress on staff engagement tended to be those where the financial challenges were brought under control but without making short term savings in ways which damaged staff support. Most of these organisations have made some progress on financial position though, along with almost all organisations, they continue to have significant challenges. Seven of the improvers have been in special measures, but were able to make sufficient progress to get out of them during 2017.

The improved organisations have adopted new approaches to people management, covering issues such as appraisal and support for better line management. Most have also invested in health and wellbeing support for staff, recognising the links between health and wellbeing and staff engagement. Improvers in staff engagement also tended to score better health and wellbeing measures and saw a positive impact on absence rates. These organisations recognise that individual staff motivation is a
key element of overall engagement and that this can be adversely affected by a negative work experience. For more information on NHS Employer work in this area see our health and wellbeing web pages.

There has been a growing focus on organisational development and developing positive workplace cultures. As part of this, many improvers began to use the culture assessment tools that have been developed, such as the NHS Improvement culture tool, or have made more systematic use of the data from the Staff Survey. See also the NHS Employers web pages for resources for organisational development interventions.

Some improving organisations had a specific aim of changing their local culture and their staff engagement approaches were tailored toward this. Creating a culture that supported by continuous quality improvement is a particular focus in many improvers, as is tackling bullying and harassment in a small number of the organisations.

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**Example 2: the ‘supertanker’ trust**

This is one of the three largest acute trusts in the country with over 15,000 staff across five sites, two of which are hospitals with distinct histories and came together into one organisation a decade ago.

The trust traditionally scored below average on the staff survey especially low on engagement. However, two years ago a new chief executive and director of HR and OD brought a new commitment to engagement. They sought to adopt a distinctly different approach and support a range of new staff engagement interventions ranging from development of new organisational values to the innovative use of online technology to gather staff ideas for service improvement.

The trust sees the main lessons of its success as:

- knowing the evidence - good staff engagement is good for patient care.

- using the Staff Survey to identify areas where the trust could improve.

- being intentional – having a strategy for improving staff engagement and track progress.

- using technology, such as crowdsourcing and social media -you can be physically visible to some of the staff some of the time, but with social media you can listen more effectively to more people and be visible to more of the staff more of the time.

- seeing trade unions as allies and listening to the points they raise.
Approaches to engagement

The organisations with most improvement addressed staff engagement through a comprehensive approach rather than as a series of individual tools or techniques. In the main they did not have a separate staff engagement strategy but instead ensured engagement was considered as part of their overall approach to people management. These organisations tended to have developed their own approach to staff engagement rather than adopting one from an external consultancy although seven of them had successfully worked with Optimise [Listening into Action] and three were part of the Virginia Mason Institute learning programme sponsored by NHS Improvement.

The organisations looked at and addressed issues such as staffing levels or lack of health and wellbeing support, which could undermine staff motivation. They focused on the key relationships between staff and their line managers to see what more could be done to support managers to foster engagement. In some cases, this meant new training and development for line managers, in other cases the organisation sought to ensure those with line manager roles had protected time to undertake this. The other areas these organisations looked at included communications, seeking staff views and how to involve staff effectively.

Communication matters

All of the improvers had a renewed focus on communication with staff and in particular finding ways to overcome the obstacles to communication. All the improvers found ways to create better communication within their organisation. Most had placed a strong emphasis on greater face-to-face communication with an emphasis on senior leaders being visible, for example, going out to wards on regular basis. However, some recognised that this was very resource intensive and may not be sustainable, so they looked to ensure that formal communication methods were improved and extended. A small number had invested in new online communication tools and/or greater use of social media.

Seeking feedback (and acting on it)

The organisations recognised that effective communication could not simply use better methods for conveying messages: they also needed to find ways to get feedback from staff and show that they had acted on it.

Some instituted regular discussion with senior leaders, including chief executives, and when conducted in a way which supported staff to raise issues this helped change the culture of the organisation. The constraints
of large NHS organisations meant this could not always be done face-to-face so there was a growing use of online forums for discussion. In larger trusts, big events were organised on a regular basis to enable staff to give their views. On top of this, senior leaders and managers at all levels were encouraged to adopt a more participative style and seek out views of staff before implementing changes.

The improvers placed a particular emphasis on getting regular feedback from staff and, in most cases, had introduced or further developed a localised staff survey which enabled them to get more regular and in-depth views from staff than the National Staff Survey. They also tended to make greater use of the Staff Friends and Family Test than the average organisation, usually by adding their own questions. They analysed and responded to the information they received from such surveys with a ‘you said, we did’ model. These organisations were also willing to respond to staff feedback with an explanation of why ideas could not be acted on or to challenge staff to take ownership in order to find a solution to an issue.

A growing number used online staff engagement tools which enabled real-time assessment of staff opinion and ongoing feedback, such as in this case study from North Devon. In one case, a trust had developed its own staff engagement mobile application which gave highly localised and frequent barometers of staff happiness.

In many cases the improvers also enhanced their local partnership working arrangements with staff side organisations in order to ensure they were a more effective channel for staff feedback, often creating forums to work jointly on issues of common interest.

**Working with others**

In many cases the organisations that made the most improvements worked with other organisations adopting a particular staff engagement. This appears to have assisted organisations to make the improvements. The main approach that was used was "Listening into Action". More information on LIA can be found here. In addition, four organisations are part of the programme sharing lessons from the Virginia Mason Institute, which has a focus on staff involvement for quality improvement. There are also examples of trusts in special measures making improvements. These organisations also shared ideas with other NHS trusts and contacted NHS Employers for information. NHS Employers is not able to provide direct support but can share ideas and identify potential learning opportunities.
Example 3: a city hospital’s sustained turnaround

This trust is a large university hospital in a major city. In 2014 it had serious quality issues leading to a CQC rating of inadequate and very poor Staff Survey scores. Over a two year period it has significantly improved both its service quality and its Staff Survey scores. It was re-inspected and rated as no longer inadequate in 2016: a remarkable turnaround in delivery. In addition, it moved from below to above average on staff engagement indicator one of the only five trusts to do so.

The trust has implemented a comprehensive programme of measures to improve staff engagement.

- Senior leaders have adopted an open and engaging leadership style with a wider range of ways for staff to give feedback.

- Staff have helped develop and implement trust values which are linked to behaviours and the appraisal process.

- The trust seeks to involve staff in quality improvement.

- There is support for line managers and it is able to break down its staff survey scores to local area level to enable managers to take action on engagement and other issues.

The aspect of the trust approach which has received a lot of publicity is the adoption of a mobile application which asks staff to rate their experience on each shift. Through this collection of real time data the trust is able to identify and take action quickly. The application data is linked to other data as part of heat maps used to track trends.

Improving Involvement

Improving levels of involvement was important for these organisations, and in particular, they implemented new methods for tapping into staff ideas. These include updating traditional suggestion schemes, creating ‘dragons den’ type panels to evaluate staff proposals and, in a growing number, using online crowd sourcing tools to gather staff ideas, such as at Leeds Teaching Hospitals. The improvers have been especially innovative in approaches to involving staff in quality improvement, building on traditional lean techniques with more staff led approaches such as those outlined in our briefing on staff involvement in quality improvement. The improvers used a wide range of techniques with the common aim of
creating a culture in which improvement is an integral element of all staff roles, and not seen as solely for specialists or managers.

**Example 4: the mental health trust**

This trust provides community mental health and inpatient services across a large, mostly rural, area. In the past it had faced financial and service issues leading to intervention by regulators. Historically it had poor staff survey results, but over a two year period it focussed on better people management and improved staff experience.

In 2015 it had the third biggest improvement in staff engagement scores in the survey. The trust identified the main lessons of its improvement as being down to a developed strategic vision, and that clinical services and the workforce ensured that its strategic goals were consistently communicated and embedded.

The trust undertook listening events involving over 1,300 staff, service users and carers, equating to 2,000 hours of listening. This resulted in the co-production of trust values. The focus was on embedding these values into how the trust does things, providing an anchor for how to make decisions and support staff and patients.

By placing such a key emphasis on staff, the trust helps them to be the best they can and enables them to provide the best possible care for patients. It has placed a strong emphasis on staff wellbeing, setting out a five year delivery plan. A big element of the plan is about raising the profile of staff wellbeing, including the development of over 100 staff wellbeing champions across services whose roles are to translate plans into local action, working collaboratively with staff and managers, and to provide a channel back to corporate services on what is and isn’t effective so learning can be shared.

**Valuing staff**

Almost all NHS organisations have developed organisational values. The improvers have developed these further and often linked to behaviour standards and embodied them in their appraisal systems.

In order to give greater recognition to staff contribution and help individuals to feel more valued, many improvers introduced or updated local recognition schemes. Almost all improvers have such schemes and in most cases they implemented changes in recent years to link the awards to the values and behaviours of the organisation. Most have mix of
team and individual awards and have retained some form of ceremony as a public symbol of appreciation of staff. Many are continuing to develop their approach in this area. The NHS Employers reward network shares regular updates on employer approaches to this issue.

**Lessons from the most improved NHS organisations**

There is considerable diversity in the tools and techniques adopted by the most improved organisations. There are many common elements to their overall approach and they key lessons outlined below.

- Staff engagement requires a comprehensive and sustained approach with a range of interventions tailored to local circumstances.

- Organisations need to address the basics of good people management at the same time as focussing on specific staff engagement interventions.

- There is now a tried and tested set of approaches to improving involvement in NHS organisations which should be shared.

- Employers need to be constantly innovating and reviewing their tools and using the latest available technology.

- Technology can assist organisations with engagement as a supplement but not a substitute.

- Progress can be made with sustained focus and commitment across the organisation.

The organisations that have made the most improvement in their staff engagement are united by a common commitment to putting people first. By improving staff experience through better people management, they are also improving patient care and overall effectiveness. These organisations have overcome obstacles and addressed challenges. None of them would claim to have all the answers and they are constantly reviewing and developing their approach. They use evidence to inform what they do and work with staff to try to find solutions. They do what they can with what they have, drawing on the commitment and ingenuity of staff.
Online opportunities
For a month following publication NHS Employers will be hosting an
online area where you can upload observations and requests for
assistance on themes raised by the report. Just email us with ideas.

We look forward to hearing from you.

For more information about staff engagement in the NHS, please
email steven.weeks@nhsemployers.org

You’ll find more resources on our website –
www.nhsemployers.org/staffengagement