



# Staff care

How to engage staff in the  
NHS and why it matters

2014



The  
Point of Care  
Foundation

## About The Point of Care Foundation

The Point of Care Foundation is an independent charity working to improve patients' experience of care and increase support for the staff who work with them.

Our vision is to put patients at the heart of the healthcare system. We believe a truly patient-centred approach – focused on listening, understanding and responding to the needs of the whole individual – is essential to the delivery of the best possible quality of care.

The Point of Care Foundation aims to become a leading source of information and practical solutions for health and care providers. Our first priority is to expand the support we offer to organisations that want to run Schwartz Center Rounds®.

[www.pointofcarefoundation.org.uk](http://www.pointofcarefoundation.org.uk)

# Contents

Introduction	5
The state of play	8
Reality not rhetoric: good staff engagement in action	10
Staff engagement matters: the evidence at a glance	12
Whose job is it anyway?	14
A round-up of good advice	16
Useful resources, references and acknowledgements	18

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## Foreword

The Point of Care Foundation exists to improve the experiences of patients, so it follows that improving the experiences of healthcare staff is a top priority. Research tells us that it's the experiences of healthcare staff that shape patients' experiences of care, for good or ill, not the other way round.

Working in healthcare ought to rank among the best jobs in the world, but far too many healthcare professionals feel overworked, disempowered and unappreciated. Healthcare professionals generally suffer higher rates of stress, depression and burnout than their counterparts in other areas of the public sector. This is not just an NHS problem: the same applies in most advanced societies. In part it is a function of the nature of the work of caring for people. It's also a function of staffing levels and we welcome the attention the NHS is beginning to pay to safe staffing.

But high-quality, patient-centred care depends also on managing staff well, allowing staff to exercise control over their work, listening to what they have to say, involving them in decisions, training and developing them and paying attention to the physical and emotional consequences of caring for patients.

We'd like the NHS to be notable for being not just the largest but the best employer in the country. This report aims to remind people of the evidence that staff engagement, in its widest

sense, matters, that there is substantial room for improvement in the NHS and little cause for complacency. Most importantly we want to offer ideas and inspiration.

The report is intended to be read by chief executives and boards, but we also hope it will inspire and inform everyone who has the important responsibility of supervising, managing and leading groups of staff. The message of the report is that caring about the people who work in healthcare is the key to developing a caring and compassionate health service. More than that, it is the key to finding innovative solutions to the challenges that face the services on which we all depend in these financially straitened times.

DR JOCELYN CORNWELL

*Chair of the advisory group  
Director, The Point of Care Foundation*

*'It's the experiences  
of healthcare staff that  
shape patients' experiences  
of care, for good or ill, not  
the other way round.'*

# Staffing, management and morale: the need to accelerate change

2013 was a year in which conversations about the NHS became dominated by questions of culture, compassion and quality. Many column inches have been taken up with discussions around staffing, management and morale, on top of financial pressures, organisational change and high-profile failures of care. But daily life in the NHS in 2013 carried on: 1.7 million people went to work and three million patients a week were treated.

The Point of Care Foundation aims to transform the experiences of patients and service users. It works to understand what helps and hinders staff in providing high-quality care, and to provide the support they need.

Providing care can be frustrating, rewarding and inspiring – often all at the same time. The Point of Care Foundation is interested in the everyday achievements and challenges of everyone working in the NHS, particularly people at the frontline of clinical care. Fundamentally, it is their

conversations, emotions and experiences that shape an organisation's culture and the care that patients receive.

In developing this report, the Foundation has drawn on the invaluable insights of our advisory group and sourced a range of case studies. To supplement the research and analysis of existing materials, we undertook a survey in July/August 2013 – to which 52 NHS chief executives responded – to gauge their attitudes to staff engagement and their concerns.



people went to work and three million patients a week were treated.



*'Investing in improving how staff feel is not just a "good thing"; it is nothing less than a necessary condition for a sustainable future as an NHS organisation.'*

**Ian Black**  
Chair, South West Yorkshire Partnership  
NHS Foundation Trust

## TIME TO ACT

This report aims to bridge the divide between conceptual debates about culture and staff engagement and the reality of daily life in the NHS. It puts the case for NHS organisations to make supporting staff a central driver of strategies to improve patient care, productivity and financial performance.

We are interested in the apparent gap in parts of the NHS between knowledge and action, between rhetoric and reality. The relentless pressure on resources and the need to satisfy policy and regulatory requirements are powerful and not always positive influences on day-to-day life. And change takes time.

This report argues that it is not only necessary to encourage bottom-up change but also possible to accelerate it. This report aims to inspire you, whether you manage a small team or lead an organisation, to take action and make a difference.

# The jargon and evidence

There is evidence that the way staff feel – about their jobs, their colleagues and the organisations they work in – has a demonstrable impact on the quality of patient care and on efficiency and financial performance. The shorthand for this is the term ‘staff engagement’.

## What does staff engagement mean?

Staff engagement is a broad concept. It is not just about job satisfaction or staff feeling committed. It is not just a management technique to do with listening and involving staff, though good people management is key. It is a two-way process that results in staff feeling engaged with each other and with the organisation for which they work.

The Institute of Employment Studies defines engagement as *“a positive attitude held by the employee towards the organisation and its values. An engaged employee is aware of business context, and works with colleagues to improve performance within the job for the benefit of the organisation. The organisation must work to develop and nurture engagement, which requires a two-way relationship between employer and employee.”*<sup>1</sup>



*‘There are three things we know about [employee engagement]: it is measurable; it can be correlated with performance; and it varies from poor to great. Most importantly, employers can do a great deal to impact on people’s level of engagement.’*

**Engage for Success<sup>2</sup>**  
www.engageforsuccess.org

See **p12** for an at-a-glance summary of the evidence

## GOOD EXAMPLES AND USEFUL RESOURCES

There are places all over the NHS where staff feel good about where they work, patients experience excellent care and care is provided efficiently and effectively. This report shares a number of these stories. However, levels of staff engagement remain varied, and poor in places. There is some evidence that this is improving, but the picture is not all positive.

NHS organisations have access to a wealth of data about how staff feel and what they experience, not least from the NHS staff survey. Beyond this report, there is also no shortage of valuable research and useful resources, designed to help understand and tackle the challenge of changing culture and improving staff engagement.

**p8**

See p8 for an overview of the state of play on staff engagement in the NHS

**p20**

See p20 for a list of useful resources

# The state of play

The NHS is like a small nation, with a diverse population made up of people from all sorts of backgrounds doing radically different jobs in a huge range of settings and geographies. Yet, like a nation, they have much in common too.

## A diverse nation

Staff engagement has been measured through the annual NHS staff survey since 2009. As you would expect in this diverse NHS nation, aggregated survey findings mask significant variation. In general terms, engagement is higher among managers than frontline clinical staff, and higher in acute specialist trusts than other NHS organisations. Ambulance staff consistently show lower levels of engagement than others. Nevertheless, there are strong themes in the evidence.

## Improving, but from a low base

Having fallen year on year since 2009, NHS staff engagement rose very slightly in 2012. The composite score takes account of questions on staff involvement, overall job satisfaction and willingness to recommend the organisation as a place to work.

NHS chief executives appear confident about their focus on staff engagement. In our survey of chief executives, most (70 per cent) believe that staff engagement is generally improving. One in five rate staff engagement as high and 61 per cent acknowledge it as mixed.

Most claim it is a top priority and say they are investing in improving staff engagement. In a survey carried out by the Foundation Trust Network<sup>4</sup>, nearly all trusts (97 per cent) say they have the infrastructure and systems in place to engage effectively with their staff. Nevertheless, the Chartered Institute of Personnel Development reports that engagement levels in the NHS are relatively low<sup>5</sup>. Fewer than a third are actively engaged, according to its index, and only 27 per cent of nurses (compared with 37 per cent of employed people in the UK).

## Engaged staff? A mixed picture




Satisfaction is slowly improving, but only two in five feel their work is sufficiently valued. Managers are doing some of the right things, such as appraisals, but most of these are not seen as well-structured (something that is crucial if they are to be a positive contributor to staff engagement).

There are signs of disconnect. Staff are being invited to have their say on what could be improved, but left feeling that their view makes little difference. Levels of stress and presenteeism (where people feel pressure to attend work even though they are unwell) are striking. There appears to be commitment and confidence at the top, but this is not fully reflected in what staff say in surveys.



**Professor Michael West**

## USEFUL INFORMATION

 <p>70%</p>	<p>of NHS CEOs we asked believe that staff engagement is generally improving</p>	 <p>32%</p>	<p>of NHS staff are engaged, according to the Chartered Institute of Personnel Development index</p>	 <p>97%</p>	<p>of trusts asked by Foundation Trust Network said they had systems in place to engage effectively with staff</p>
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# Aspects of staff engagement: what the surveys say

These are different surveys conducted on different samples for different purposes, but they highlight some themes and contrasts which are instructive.

THE VIEW FROM STAFF	SOME VIEWS FROM THE TOP
<b>STAFF SATISFACTION</b>	
<p>74% are satisfied with their level of responsibility Only 40% are satisfied with how their trust values their work 55% would recommend their organisation as a place to work</p>	
<b>LINE MANAGEMENT</b>	
<p>55% say they get clear feedback from managers 65% are satisfied with the support they get 83% had an appraisal; only 36% say it was well structured</p>	<p>CEOs identify people management skills as their top concern (a) Every CEO and HR director surveyed says robust appraisal systems are in place (b)</p>
<b>LISTENING AND INVOLVING</b>	
<p>74% say they are able to make improvement suggestions; only 26% say senior managers act on it Only 35% say communication between senior managers and staff is effective</p>	<p>69% of CEOs we surveyed strongly agreed that the level of staff engagement was in their top three priorities as chief executive (a) 46% of trusts rely solely on the annual survey to formally canvas staff opinions (b)</p>
<b>WALKING THE TALK</b>	
<p>62% say care of patients and service users is their organisation's top priority 86% feel encouraged to report errors, near misses and incidents BUT the CIPD found something different: fewer than six in ten say they feel confident about raising concerns; a quarter of doctors and a third of nurses had felt excessive pressure to behave in ways counter to patient care in the past two years (d)</p>	<p>95% of CEOs surveyed believe that most departments in their trusts are fully focused on quality of patient care (a) 86% of CEOs surveyed are confident that staff are able to raise concerns about quality of patient care (a)</p>
<b>HEALTH AND WELLBEING</b>	
<p>38% say they had felt unwell as a result of work-related stress in the previous year. Among nurses, the figure is higher at 55% (c) 69% say they had attended work in the previous three months despite not feeling well 55% say their manager takes a positive interest in their health and wellbeing 30% say they experienced bullying, harassment and abuse from patients, their relatives or the public in the previous year Among nurses, one in five had experienced bullying from a manager or colleague (c)</p>	<p>CEOs place evidence of poor behaviours and practices and levels of work-related stress in their top three concerns (a)</p>

**SURVEY SOURCES:** NHS staff survey, 2012 *Findings are from this survey except where stated*

(a) Point of Care Foundation survey of NHS Chief Executives, 2013

(b) Realising the benefits of employee engagement, survey of CEOs by Unipart and Foundation Trust Network, 2013<sup>4</sup>

(c) Survey of Royal College of Nursing members, September 2013<sup>6</sup>

(d) Employee Outlook, Chartered Institute of Personnel Development, Autumn 2013<sup>5</sup>

# Reality not rhetoric: good staff engagement in action

Engage for Success, a voluntary movement inspired by the Macleod Report, promotes staff engagement as a better way to work. It has identified four ‘enablers’<sup>2</sup> of good staff engagement – each of which are illustrated by the examples in this section.

## A STRONG STRATEGIC NARRATIVE AND VISIBLE, EMPOWERING LEADERSHIP

## MANAGERS WHO ARE ENGAGING AND FOCUSED ON INDIVIDUALS

### Work Well the Walton Way

Staff, unions and management at The Walton Centre NHS FT have together made the health, wellbeing and engagement of staff central to improving patient care and patient experience. The initiative Work Well the Walton Way is truly embedded in daily life. It is reflected in staff summits, executive walkabouts, awards schemes, a staff-led improvement programme, volunteer-led sports programmes and easier access to occupational health services.

In early 2010, The Walton had high and rising sickness absence, and average or below average staff and patient survey results. In 2013, absenteeism is reduced, survey results have improved, more staff receive appraisals, there are fewer complaints and incidents and productivity (patient flow through the trust) has improved.



*‘The key is having a strategy that is owned by staff and embedded within the organisation. Work Well the Walton Way will outlive any executive changes we go through as it’s got its own momentum.’*

**Ken Hoskisson**  
Chair, The Walton Centre NHS Foundation Trust

### Sodexo CARES

Sodexo provides non-clinical services to 20 NHS trusts and is working to embed a customer service and patient-centred philosophy in all hiring, training and team management activities. Everyone, from team leaders to hospital porters and cleaners, participates in an empathy and awareness programme to understand their impact on patient experience and how they can show the Sodexo CARES behaviours (Compassion, Accountability, Respect, Enthusiasm and Service) daily in their roles.

Managers at every level are encouraged to consistently engage their teams using a set of tools covering communication, recognition, appraisals, learning and direction. One simple tool is the regular team huddle to share CARES stories, introduce new team members and exchange ideas.<sup>7</sup>



*‘Focusing our management energy on supporting people to demonstrate the CARES behaviours is fundamental to our services. At its core are simple management practices, delivered consistently.’*

**Victoria Morton**  
Head of Product Development,  
Sodexo Healthcare



## EMPLOYEE VOICE THROUGHOUT THE ORGANISATION

### Staff input and continuous feedback

Improving paediatric asthma care became a necessity at Walsall Healthcare NHS Trust when a child died from asthma in 2011. While a major review involving everyone from GPs to schools made slow progress, the paediatric team decided to focus on what they could control.

Reviewing feedback from both patients and staff was the starting point. One problem was inconsistent care. The team took the complex and little-used documentation to support the clinical pathway and started to redesign it. Each iteration was informed by staff feedback, captured on a graffiti board and through a brief questionnaire.

Patient information was another issue. Staff have created a simple patient journey map and give patients their own plan, called My Asthma Plan, at discharge to help with self-management. Staff are motivated and enthusiastic because it is they who have made the difference.



*'It was a lightbulb moment. We realised we didn't need something enormous to change the world, it was all about the little things.'*

**Emma Hughes**

Senior Sister, Paediatric Assessment Unit,  
Walsall Healthcare NHS Trust

## ORGANISATIONAL INTEGRITY

### Values-based recruitment

Derbyshire Healthcare NHS Foundation Trust has made a culture of compassionate care and a stronger sense of belonging among staff an integral part of its quality and safety strategy.

Having embedded values into appraisals, assessing values, attitudes and behaviour is now a pivotal part of recruitment. This is achieved through a questionnaire devised by independent occupational psychologists, an assessment centre involving patients and carers and a six-month post-probation assessment. Benefits have included lower recruitment costs, reduced staff turnover and fewer patient complaints, as well as the 2013 Healthcare People Management Association award for innovation in Human Resources. Plans to evaluate the programme are currently under way.



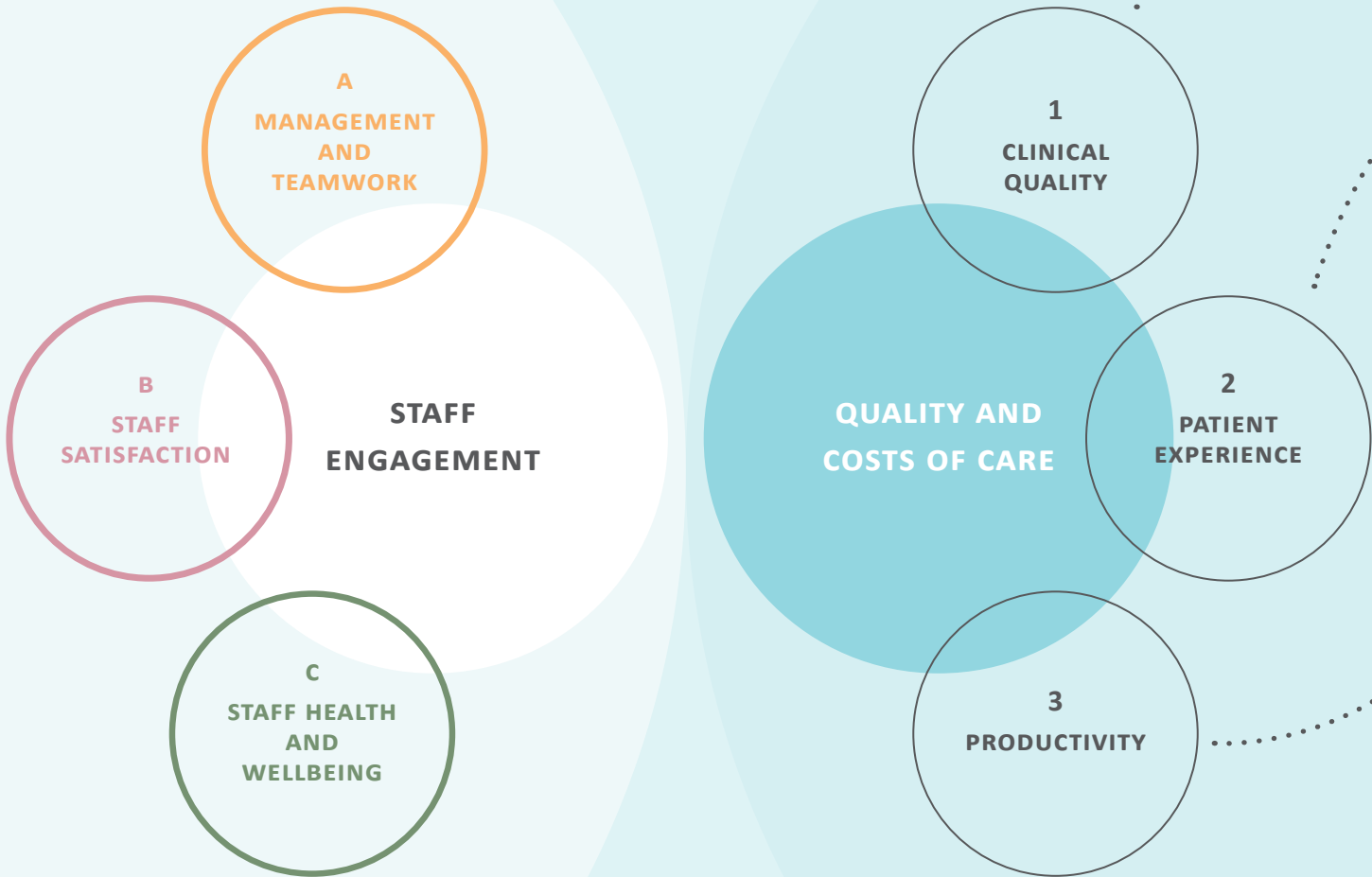
*'I have experienced the values-based assessment centre. It helped to clarify the values and behaviour expected of me as a leader and of all staff. It confirmed my impression that the trust was serious about recruiting the best staff with the right attitudes and approach.'*

**Professor Steve Trenchard**

Chief Executive,  
Derbyshire Healthcare NHS Foundation Trust

# Staff engagement matters: the evidence at a glance

Staff engagement is a function of good management and teamwork, staff satisfaction and staff health and wellbeing. These are, in turn, related to a number of aspects of clinical quality, patient experience and productivity and costs. Staff wellbeing, for example, is an important antecedent of patient care performance.



The following highlights are extracted from a substantial body of research that has established strong associations between aspects of staff engagement and indicators of the quality and costs of care.

## 1 Clinical quality and...

### A GOOD MANAGEMENT AND TEAMWORK

Mortality rates could be reduced by almost eight per cent by improving HR systems alone.<sup>8</sup>

A five per cent increase in staff working in real teams is associated with a 3.3 per cent drop in the mortality rate (around 40 deaths a year in an average acute hospital).<sup>9</sup>

### B STAFF SATISFACTION

The link between staff satisfaction and mortality rates held true for both non-clinical and clinical staff, with the strongest correlation among nursing staff.<sup>10</sup>

Staff satisfaction is related to hospital-acquired infection rates.<sup>11</sup>

### C STAFF HEALTH AND WELLBEING

Stress and burnout are more frequent in the healthcare sector than elsewhere<sup>12</sup> and are detrimental to the ability of staff to provide high-quality care.<sup>13</sup>

Presenteeism, where staff feel pressure to attend work even though they are unwell, has a knock-on effect for patient care.<sup>14 15</sup>

## 2 Patient experience and...

### B STAFF SATISFACTION

Trusts with high levels of unsatisfied staff and staff who intended to leave their jobs had lower levels of patient satisfaction, and vice versa.<sup>14</sup>

'Staff feedback [is] associated with patient-reported experience... and the consistent direction of the findings is indicative of [causality].'<sup>16</sup>

### C STAFF HEALTH AND WELLBEING

Patient satisfaction rates were consistently higher in trusts with better rates of staff health and wellbeing, as measured by injury rates, stress levels, job satisfaction and turnover intentions.<sup>11</sup>

Individual staff wellbeing is best seen as an antecedent rather than as a consequence of patient care performance.<sup>13</sup>

## 3 Productivity and...

### STAFF ENGAGEMENT OVERALL

High staff engagement is associated with significantly lower levels of absenteeism<sup>17</sup>. Approximately 30 per cent of sickness absence in the NHS is due to stress.<sup>18</sup>

Employers spend in the region of nine or ten per cent of their annual payroll managing the direct and indirect consequences of sickness absence.<sup>19</sup>

The NHS could release as many as 3.4m additional available working days each year if it reduced current rates of sickness absence by a third – a potential saving of £555m.<sup>11</sup> The number of staff who intend to leave is significantly related to the proportion of staff costs spent on agency staff.<sup>20</sup>

Turnover rates are approximately 0.6 per cent lower in trusts that have a one standard deviation higher engagement score. That's a potential saving of around £150,000 in salary costs for an average acute trust.<sup>17</sup>

## Key facts

### BEYOND THE NHS

Securing high levels of employee engagement is the top workforce priority for UK businesses, above even containing labour costs.<sup>21</sup>

94%

of the world's most admired companies believe that their efforts to engage their employees have created a competitive advantage.<sup>22</sup>

78%

of engaged employees in the public sector felt they could impact public service delivery positively. Only 29 per cent of the disengaged felt the same way.<sup>23</sup>

Replacing employees who leave can cost up to 150 per cent of the departing employee's salary. Disengaged staff are four times more likely to leave the organisation than the average employee.<sup>24</sup>

[www.engageforsuccess.org](http://www.engageforsuccess.org)

## Whose job is it anyway?

Leaders and managers have significant responsibility for organisational culture, the experiences of staff at work and how engaged staff feel with the organisation. However, this responsibility does not solely fall on those with the words director or manager in their job titles.



Culture is influenced by the words, actions and behaviours of those at the top of an organisation. But it cannot be shaped in a formal, linear or controlled way. It is just as much shaped by the gossip, the anecdotes, the jokes that people share – and by a variety of people who are influential by virtue of their relationships with others rather than their formal position in the hierarchy.

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### The distinctive responsibilities of leaders and managers

NHS organisations are subject to a huge range of competing demands and external pressures.<sup>25</sup> The job of leaders and managers is to reconcile these in a transparent way, and to lead by example.

## Leading by example: Oxleas NHS FT

In 2012, Oxleas achieved some of the best scores in the NHS in the staff survey. Simon Hart, Director of Human Resources, attributes this to two things. First, a strong trickle-down effect from the CEO and the board. The board is stable and collaborative, and it operates according to the principle that the trust shouldn't do anything it can't justify to staff. The induction of new staff is led by the CEO and executive directors. Staff complaints are treated with the same importance as patient complaints.

Second, a head of partnership engagement (the staff-side chair but also acting as an advocate for all staff) has open access to HR and senior management and reports directly to the CEO. This person plays a critical role in running focus groups with staff, walking the floors with senior managers, supporting service change and feeding issues back to the trust's board. The management commitment is to be prepared to respond and act on what it hears.

## A manager by any other name

**It is interesting that only three per cent of those who work in the NHS are officially classed as managers or senior managers.<sup>26</sup>**

In fact, if a manager is simply someone who has responsibility for managing people, more than 30 per cent of hospital staff are 'managers'. These include team leaders, supervisors and consultants. People who combine managerial responsibilities with other clinical duties outnumber 'pure' managers four to one. Many of these may not see themselves as managers and may not have had much training in managing people.<sup>27</sup>

What matters is not so much that such people start to define themselves as 'managers' but that they recognise – and are supported in – their role of motivating and involving the people they work with.

**Allison Graham** Consultant, Buckinghamshire Healthcare NHS Trust

*"Clinicians, especially senior ones, sometimes get a bad name for appearing resistant to change. In fact, we know the internal environment and our specialty better than anyone, including what could work better, how best to make change happen and who needs to be involved. We also often know more of the history when there is high turnover at executive level."*

*"My experience is that things work best when managers and clinicians collaborate – and have some freedom – to enable a ward to work both for staff and patients. Creating opportunities for the teams around patients to get together and reflect on how they work, particularly when the trust is facing challenging circumstances, is also really effective in creating a sense of community and shared purpose."*

“

*'Raising issues about poor care or bullying is intimidating. We need to simplify the processes and get back to the basics of common sense and common courtesy. It takes more than the CEO saying the right things to change a blame culture.'*

**Helene Donnelly**  
Mid Staffs whistleblower  
and Ambassador for  
Cultural Change

## A collaborative effort

**There is much that managers can do, but how individual staff and teams respond is also crucial.**

The evidence says that being part of a team and the way that team members work together is a powerful influence on how staff feel and how they perform. Improving staff engagement, and reaping the benefits both for patients and for the organisation, has to be a collaborative effort between managers and staff, between clinicians and managers and between team members.

**Jo Cubbon** Chief Executive, Taunton and Somerset NHS FT

*"To those who say staff engagement can't be a top priority when money is so tight, my response is that engaging staff is not an add-on or an extra expense; it is a fundamental part of how you operate as a hospital. And when staff believe they have the power to change things, they create the time to make it happen."*

*"My job has been to get a 'just do it' message out to staff. Giving people the freedom to act can be both scary and extremely liberating, and we have to be brave in allowing people to make mistakes along the way without fear of blame."*

“

*'Giving staff responsibility – and authority – to fix problems is still counter-cultural in parts of the NHS. There are real barriers and real risks, so it takes courage on the part of both managers and staff.'*

**Brendan Martin**  
Managing Director,  
Public World

# A round-up of good advice

**This report puts the case for NHS organisations to make supporting staff a central driver of strategies to improve patient care, productivity and financial performance.**

We asked our advisory group to share what they have learnt and observed about creating and sustaining organisations in which people “think and act in a positive way about the work they do, the people they work with and the organisation that they work in”. They emphasised that there is no simple prescription for good staff engagement, though there is evidence (from sources including West, Dawson, Maben, Robinson and Dixon-Woods) that some things do work.

These include:

- Giving all staff well-structured appraisals, and ongoing training and support for personal and career development.
- Training line managers in people management skills.
- Having well-defined teams that regularly review how they are doing and get to know each other.
- Creating space for staff to reflect on patient care challenges.
- Setting coherent goals for quality and safety, from board to ward.
- Articulating values and showing how they translate into behaviour.
- Acting on staff feedback – and letting staff make the improvements they identify.
- Using hard and soft intelligence about staff experience and morale to seek out problems and target support for solving them.

See **p18** for references and useful resources

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*‘There is no step-by-step manual for staff engagement. You have to work in partnership with staff to figure out what works for your organisation.’*

**Donna Green**

COO/Chief Nurse/Deputy CEO,  
Hampshire Hospitals NHS  
Foundation Trust

## **1. A GOOD APPROACH IS TO TRY OUT SMALL CHANGES RATHER THAN GO FOR A ONE-OFF ‘TRANSFORMATIONAL’ PUSH**

### **Clinicians and managers collaborating to ‘sweat the small stuff’**

DA Buchanan<sup>27</sup> studied a small-scale initiative designed to address ‘annoying’ problems in an acute hospital. What he found was the potential to generate savings, increase morale, improve quality of patient care, and strengthen clinical–managerial relationships.

The gastroenterology team was invited to identify small problems that affected patient care. With a commitment to get those issues addressed within five days, a three-person team sorted out fixes quickly and at minimal cost. For example, they purchased a scanner for £89, saving 30 minutes a day of manual data entry. They created simple patient pathway maps to help appointments staff book patients into the right clinics, which reduced wasted consultant time by 420 hours a year. And they got coding requests resolved, allowing income to be generated.

Not only did these fixes relieve staff irritation, they also addressed patient safety issues, reduced waiting times and cut down on unnecessary hospital visits by patients.

420  
hrs

**consultant time saved  
by booking patients  
into the right clinics**





## 2. YOU HAVE TO LET PEOPLE TAKE RESPONSIBILITY FOR SOLVING PROBLEMS, OFFER TARGETED SUPPORT AND REMOVE OBSTACLES.

*'You need to light fires inside people not under people'*

### South Tees Hospitals NHS FT

Sustaining a culture where people 'support, respect and value each other' is something that Professor Tricia Hart describes as a constant challenge, a journey which has been ongoing for 20 years at South Tees. One of the trust's tried and tested techniques is an approach to providing targeted organisational development support to teams in difficulty; teams where a variety of hard and soft intelligence suggests patient care may be at risk.

One ward that went through this process emerged in 2013 to win the trust's Nightingale Award. In 2009, 93 per cent of staff said they did not believe that the care on the ward was of a suitable standard for their relatives. By 2013, the turnaround was complete: 97 per cent of staff agreed that care would be good enough for their relatives.



*'The thing that made this ward stand out as being different from the other nominations was that it demonstrated one of the key elements of the Francis Report, which has been so topical this year; that of changing culture. This ward has gone on a journey which has developed it into a centre of excellence.'*

**Lynne Paterson**  
Nurse Consultant and Nightingale Awards panel judge

## 3. HEALTHCARE IS A DIFFICULT JOB, AND IT'S IMPORTANT TO ACKNOWLEDGE THIS. YOUR PEOPLE NEED SPACE TO REFLECT TOGETHER AND TALK ABOUT THEIR WORK.

### Creating space to reflect: Schwartz Rounds® in action

Schwartz Rounds® are a simple but powerful tool: monthly one-hour meetings in which staff come together to talk about the emotional and social challenges of caring for patients. The meetings start with a group of staff telling a patient story and involve anything from 20 to 120 staff from all disciplines reflecting on what they have heard. They are facilitated according to clear ground rules to protect confidentiality and maintain the focus on reflection rather than giving advice or problem solving. More than 20 trusts and nine hospices are currently running these Rounds. The evidence base<sup>28 29</sup> is growing that Rounds are a valuable source of support, which translates into benefits for patients and team working, as well as having the potential to effect cultural change.



*'Tools to support staff through stressful situations are few and far between, yet we know it stands to reason that staff who feel looked after give better, more compassionate care to patients.'*

**Dr Sean Elyan**  
Medical Director, Gloucestershire Hospitals NHS FT

*'Our philosophy, backed up by evidence, is simple: patient-centred organisations pay attention to their staff. We hope this report inspires you to take action.'*

Jocelyn Cornwell Director, The Point of Care Foundation

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## Useful resources

The Point of Care Foundation: [www.pointofcarefoundation.org.uk](http://www.pointofcarefoundation.org.uk)

Engage for Success: [www.engageforsuccess.org](http://www.engageforsuccess.org)

Implementing NICE public health guidance for the workplace:  
a national organisational audit of NHS trusts in England,  
Royal College of Physicians, 2011

Foundation Trust Network report: Realising the benefits of employee  
engagement: [www.foundationtrustnetwork.org/resource-library/  
realising-the-benefits-of-employee-engagement](http://www.foundationtrustnetwork.org/resource-library/realising-the-benefits-of-employee-engagement)

Investors in People Framework: [www.investorsinpeople.co.uk](http://www.investorsinpeople.co.uk)

NHS Employers Staff Engagement Toolkit: [www.nhsemployers.org](http://www.nhsemployers.org)

NHS staff surveys: [www.nhsstaffsurveys.com](http://www.nhsstaffsurveys.com)

Public Health Responsibility Deal: Health at Work Network:  
[www.responsibilitydeal.dh.gov.uk](http://www.responsibilitydeal.dh.gov.uk)

The NHS Constitution, Department of Health

Insights into Developing Caring Cultures: A Review of the  
Experience of the Foundation of Nursing Studies (FoNS)

Public World: The Best Workplace – How staff involvement can  
transform health care: [www.publicworld.org/files/The\\_Best\\_  
Workplace\\_approach.pdf](http://www.publicworld.org/files/The_Best_Workplace_approach.pdf)

Public World: Staff involvement to improve employee engagement, service  
quality and resource use – lessons of international experience in health  
care: [www.publicworld.org/files/NHSE\\_staff\\_involvement\\_paper.pdf](http://www.publicworld.org/files/NHSE_staff_involvement_paper.pdf)

**Forthcoming** Review of staff engagement and empowerment  
in the NHS through provider models and other approaches  
(Professor Chris Ham)

**Forthcoming** Enhancing and Embedding Staff Engagement in the NHS:  
putting theory into practice (National Institute for Health Research)

### **Forthcoming**

- The DH has commissioned NHS Employers to provide tools and training for employers to support the engagement, health and wellbeing of their staff
- The DH has asked the Social Partnership Forum, which brings together representatives of staff and employers in the NHS, to produce guidance on good staff engagement

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