REALISING THE BENEFITS OF EMPLOYEE ENGAGEMENT
A PUBLICATION FROM UNIPART AND THE FOUNDATION TRUST NETWORK
As the NHS looks to deliver more with ever tightening financial constraints we need, as never before, to harness the skills and knowhow at the frontline to deliver high quality services that are fit for the future. Academic research demonstrates a strong connection between engaged and empowered employees and improvements in quality of care. Leaders in the NHS are fully aware of the need to realise the potential of their staff to help to deliver and, if needed, reconfigure services in a way that meets the needs of patients, is affordable and has the support of the public.

Good employee engagement is something every trust can deliver. Over the last decade many organisations have been building on what is best about the NHS and its values, while moving away from the historic command and control culture to something that is much more open and participative. But that cultural shift presents a significant challenge at a time when the demands on staff members are growing and the sector is under increasing scrutiny. Nonetheless the best time to act is now. If we acknowledge these obstacles and look for solutions together, we stand every chance of success. I hope that this publication makes a contribution to taking the employee engagement agenda forward in the interests of NHS leaders, employees and patients.

Chris Hopson
Chief Executive,
Foundation Trust Network

The changes in our society are dramatic and fast moving, impacting those in the private sector and public sector alike and nowhere are those changes more keenly felt than in our National Health Service. We at Unipart believe the best response to these challenges, whether you work in the public or private sector is to ensure that the potential of our most important asset – our employees – is realised.

The concept of knowledge, ideas and innovation as an asset in its own right was first postulated by Peter Drucker in the 1960’s and as the traditional industries declined, the ‘Knowledge Economy’ was born. However, Unipart’s approach unlocks the potential of employees so that they are much more than an information and ideas repository; they set the tone of the organisation creating enthusiasm, commitment, fun and operational excellence.

The timing of this publication is important. The reports from Francis, Berwick and Keogh have all been published in 2013 and the financial challenges are now well understood. Now is the time to ensure we have engaged our staff to unlock their potential and energise them to support the future of our NHS.

Neil Smith
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INTRODUCTION

Organisations which have improved their levels of employee engagement, claim considerable benefits including:

• increased productivity;
• increased quality;
• greater innovation;
• better customer service.

Methods for engaging employees have therefore understandably become a keen topic of discussion across the public and private sectors. But despite this, reported levels of employee engagement across all sectors in the UK are still surprisingly low. This publication aims to explore what role employee engagement can play within the NHS, particularly with regard to improving the quality of care. We explore existing practice, unpack the potential barriers and benefits of engagement, and share good practice from FTN member trusts, as well as from organisations across the private sector.
WHAT DO WE MEAN BY EMPLOYEE ENGAGEMENT?

There are myriad ways in which trusts seek to engage with employees, patients, carers and families, and (for foundation trusts) governors, members and the wider public. Engagement is central to ensuring foundation trusts are locally accountable for the services they provide, and forms an important source of intelligence for the board to gain assurance about how the trust is being run.

Although ‘engagement’ has a wider meaning in the NHS, this publication focuses predominately on exploring the benefits of employee engagement.

At the simplest level employee engagement occurs when an employee is willing to put discretionary effort into their work in the form of time, thought and energy above and beyond the call of duty. It can mean many things from providing information to staff, to individual supervision; from asking employees’ opinions through to actively involving them in the way in which their work is organised and the shape and structure of their day to day jobs. It may not be about employee ‘happiness’ as such, but it is about unlocking potential.

To engage with employees, the organisation must have a culture in place that inspires and enables their people to go the extra mile and actively seek opportunities for continuous improvement in all that they do, for the benefit of themselves, the organisation and its customers. We use the term employee engagement in this publication in the broadest sense to take on board all of these activities.
WHAT IS THE EVIDENCE THAT EMPLOYEE ENGAGEMENT DRIVES UP QUALITY?

In ‘Engaging for Success: enhancing performance through employee engagement’, a report to government in 2009 by David MacLeod and Nita Clarke, the authors bring together much of the academic evidence on the advantages that accrue from building higher levels of employee engagement. They cite many instances of success, drawn from both the public and private sectors.

For instance, in one example, from the private sector, they note the following:

Both Sainsbury’s and O2, two companies that have recorded significant recent successes, believe that their recent growth has been predicated on a transformation of their approach to their workforce, based on highly developed engagement models. ‘In our business with almost 150,000 people, engagement is a key concern. In businesses of our scale, you don’t even get started without engagement.’
Justin King, CEO of Sainsbury’s

In contrast, the report goes on to set out that low levels of engagement are more typical of businesses across the UK. The results are no better when they look at the public sector, with only 12% of UK public sector staff being highly engaged – figures borne out by results from the 2008 NHS staff survey.

As an example of the impact that low engagement can have on quality, the report adds that: ‘70% of engaged employees indicate they have a good understanding of how to meet customer needs; only 17% of non-engaged employees say the same.’

Within the NHS, there is an intuitive understanding that there is a strong correlation between employee engagement and the delivery of effective services to the required quality standards, and this is underpinned by research into organisational culture which examines employee engagement as a subset of cultural activities. For instance, research by Lancaster University Management School, Aston University and the Work Foundation investigating the correlation between NHS trusts with good financial management, high Care Quality Commission scores, high patient satisfaction and low standardised mortality rates found the common factor to be high levels of staff engagement.

An article published in June 2012’s International Journal of Older People
Nursing found similar correlations with "variations in patient experience significantly influenced by staff work experiences" in an environment where staff had high demands on their time, and little control over how best to meet these demands. The article also points to the differential levels of care experienced by patients on the same ward from the same staff.

The NHS produces a range of hard data on employee engagement activities and the outcome of those activities, the most prominent of which is the annual NHS staff national survey. However, softer intelligence supporting a strong link or suggesting a causal relationship is relatively sparse. To an extent therefore, comments on the success of employee engagement within the NHS in this publication rely upon research on wider organisational culture, as well as on data collected through a qualitative questionnaire completed by over 100 trusts among FTN’s membership during the summer of 2013.
If improving employee engagement has the potential to deliver so many benefits across the public and private sectors, then what is holding it back? The following section addresses some of the barriers which chief executives in both the private sector, and within the NHS, may face:

- In the context of rising pressures on the NHS, amid a need to deliver increasing efficiency targets and sustain the quality of care, finding leadership time to invest in engagement programmes can be difficult;

- Some chief executives and senior managers remain to be convinced of the benefits of engagement, as indeed do some employees if they have had negative experiences where their views were not taken seriously in the past;

- Sometimes those who are interested do not know how to go about implementing an engagement programme, or are unsure who can help them get started;

- There is also the challenge of sustaining the results from an engagement programme. The experience of many private sector organisations is that unless this new culture is truly embedded it will not succeed;

- Learning and best practice about engagement is not necessarily easily accessible or shared across the NHS.

We hope that by sharing the learning and evidence of improvement which engagement can bring through publications such as this will go some way to addressing these issues.
WHAT IS THE CURRENT STATUS OF STAFF ENGAGEMENT IN THE NHS?

The following section sets out the findings of an FTN survey sent to chief executives and human resources directors over the summer of 2013. We received over 100 responses, an analysis of which is summarised below.

LEADERSHIP AND TESTING STAFF OPINIONS

‘Employee engagement emerges as the best predictor of NHS trust outcomes. No combination of key scores or single scale is as effective in predicting trust performance on a range of outcomes measures as is the scale measure of employee engagement.’
Professor Michael West, University of Lancaster.

The vast majority of trusts, 97%, say they have the infrastructure and systems in place to engage effectively with their staff. Rather less encouragingly while 54% of trusts formally canvass the opinions of their staff more frequently than annually, this still leaves a significant minority that rely solely on the national survey. This is significant because while the NHS survey is important and provides a local perspective, it does not help trusts to understand all aspects of what their employees think in respect of a number of key issues regarding the quality of local leadership – issues which often require deeper analysis include the leadership style of the board of directors, whether the board models the organisation’s values and the degree to which these behaviours are adopted by senior and middle managers and therefore impact on the front line.

Of the trusts that undertake their own research in addition to the national survey, 35% conduct local surveys between two and 12 times a year or more often and a further 18% carry out surveys twice yearly. Large numbers of those responding said that they triangulate intelligence from their staff by obtaining information from more than one source including directors going ‘back to the floor.’ By doing this, they can interact with staff and gain a better understanding of the reality of the working day in a particular setting. Respondents also reported holding focus group sessions or meetings with cross sections of staff to talk though specific issues or to test opinion. Most of those responding said that their non-executive directors found one-to-one conversations with employees an effective means of taking the temperature of a particular service and

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understanding fully the opportunities for improvement.

Staff governors also play an important role in engagement both through canvassing the views of members and in feeding back to senior managers and the board.

While a large majority of trusts responding to our questionnaire said that they had policies and procedures in place to support whistle-blowers, it is perhaps concerning that the response was not 100%. For example only 73% said that they have a confidential whistle-blowers line.

The importance of feeding back on what the board has done with data and intelligence was emphasised by a significant number of trusts using ‘You said, we did’ feedback techniques.

**WORK DESIGN, SUPERVISION AND SUPPORT**

Trusts use a wide variety of well developed techniques, Lean and Six Sigma among others, to involve their staff in the design of their work. Research by Mary Dixon-Woods et al suggests that some organisations invest too much confidence in a belief that the application of a single technique will provide a ‘magic bullet’ that will solve all of their service delivery problems. They went on to suggest that those organisations that take a problem solving approach when seeking information, be it through engagement exercises or other means, tend to have a well-grounded understanding of performance in their organisations and what needs to be done to improve it. The research also identified those organisations that seek data solely to confirm compliance as being less likely to have a comprehensive understanding of performance issues or how to tackle them.

Use of appraisal as a means of aligning the efforts of staff to the organisation’s objectives and developing and supporting staff is increasing year on year, with 100% of respondents saying that they have robust appraisal systems in place across their organisation.

The delivery of quality services is complex and it would be unwise to overplay the role of individual factors. There are however some strong correlations that are instructive. The Schwartz Center for Compassionate Care advocates ‘Schwartz rounds’: opportunities for staff to discuss openly and frankly the frustrations and challenges inherent in their work. The Schwartz Center reports that the adoption of Schwartz rounds increases insight into the emotional aspects of patient care, promotes stronger team working and decreases the feelings of stress and isolation sometimes felt by care providers. Many trusts are now using Schwartz rounds or other ward

>> Trade unions are generally regarded as having a beneficial impact in helping to support staff. 95% respondents said they have processes in place to facilitate trade union representation. Just over half those responding said they had sought external help in improving staff engagement, while half relied on their own resources.
leadership techniques to develop stronger teams and better teamwork. Access to counselling is also reported as having a beneficial effect by all trusts.

It is difficult to establish causal relationships between staff engagement measures and improved service quality. However those responding report strong correlations. What is more, these correlations seem to be replicated as organisations work to improve the ways in which they engage with their staff. A good 60% of trusts said that they had gathered solid evidence of staff engagement leading directly to improvement in how they operate or to the quality of care they provide.

PUBLIC, PATIENT AND SERVICE USER ENGAGEMENT

Although this publication focuses on employee engagement, we thought it would be helpful to include some insights into the range of good activities trusts are running for patients, service users, carers, families and the wider public. As with employee engagement, public, patient or service user engagement is open to a range of interpretations and has a number of potential meanings. We use it here to mean any activity in which information is gathered about the experience of patients and service users and then used systematically. So while the use of the information needs to be systematic to fit our criteria, the gathering of such information does not.

Just under 80% of trusts said that they had a strategy for engaging with patients and the public, but all reported that they had an infrastructure in place to help them to engage with patients: a Patient Liaison Service (PALS) and regular ward walks for board members and often for governors for example. Board level ward visits are crucial in ensuring that directors are able to triangulate the data they receive in board reports to ensure that what is reported conforms to lived experience at the point of service delivery.

Nearly all have a trust volunteers’ scheme, a patient forum and means by which they engage with the voluntary and community sectors. Not all respondents felt that they currently have meaningful engagement with their local Healthwatch group and this may reflect the levels of maturity among these new groups as they become established.

In foundation trusts the role of governors in helping boards to understand both the patient and to a lesser but still important degree, the staff experience is of increasing importance. In response to the provisions of the Health and Social Care Act 2012, anecdotal evidence suggests that governors are becoming more proactive in seeking to represent the interests of patients, service users and the public, while foundation trusts are actively seeking out better intelligence about the interests of those who use their services.
This widespread commitment to patient engagement is reflected in the efforts made by trusts to ensure that they obtain feedback of sufficient quality from those who use their services. 98% go beyond the ‘friends and families’ test, for example in seeking more detailed feedback on quality and the patient experience and using that information to help them understand and improve service quality. This includes working to ensure that more vulnerable people are better able to comment on and where necessary to complain about service quality. More than 86% of trusts have patient stories told at board meetings to provide a context for their work and anecdotal evidence supports the usefulness of this approach in enhancing board awareness of patients’ experiences, and driving up quality.

A number of trusts have been systematic in developing a body of locally derived evidence on the correlation between staff and patient engagement and improvement in the quality of services patients receive. This is sometimes a stand alone piece of work, but is more often part of a programme of culture change. Sometimes the work has been service specific, for example conducting a listening exercise in a maternity service leading to a significant improvement in the patient experience. In other cases the work has been more generic with trusts compiling a broad range of evidence, so that they can fully understand the patient experience: bringing together feedback on privacy and dignity with data on infection control, falls, nutrition and hydration to improve patient safety through the development of screening tools.

Overall around 80% of trusts were confident that they had strong evidence of a correlation between engaging with and listening to those that use their services and service improvement. This is encouraging, but it does mean that one in every five trusts felt they could not produce such evidence. There is therefore some way to go to ensure that trusts are making best use of all the information available to them to understand the drivers of quality improvement.

Trusts’ approach to using information from employees to improve services is less satisfactory according to our survey, and suggests that overall better use could be made of the broad range of information available to them about their staff and their views. However, only 61% of responding organisations said that they had collected a body of local evidence showing a correlation between the employee experience of the workplace and the quality of the service enjoyed by patients and service users. We would speculate that this evidence exists in most organisations, but either has not been collected or hasn’t been brought together and analysed sufficiently. Given the conclusions of the research carried out by Professor Michael West and others, there is clearly more trusts could do to understand the experience of their employees so that they may understand better the quality of the services they provide.

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WHAT ARE THE REQUIREMENTS FOR BUILDING EMPLOYEE ENGAGEMENT?

There is no magic bullet and no substitute for proper planning. Any programme that sets out to build a new approach to staff engagement must start with unequivocal leadership from the top that inspires the wider organisation and convinces middle managers to become active supporters of the plan.

- It requires information to be shared openly and regularly with all employees, to avoid a silo mentality.
- It means asking staff their views and respecting their opinions.
- It needs the role of middle management to evolve from “command and control” to “coach and enabler”.
- It means supporting staff in speaking out about the problems they are finding and encouraging them to suggest ways of taking action.
- It means substituting a culture of blame with a collaborative search for the root cause of problems.
- It means bringing together cross-functional groups and listening to their views on the reasons for these problems and then encouraging and supporting their ideas for improving both quality and productivity.
- It means empowering and motivating all employees to start solving problems at their own level and providing them with the methods and training to do so.

The result should be shared responsibility for bringing forward ideas that can build the quality of care, improve processes or reduce waste at all levels of the organisation. The problems that front line staff can see are often invisible to managers. But identifying and dealing with these problems is important because sometimes only small changes will be needed to produce significant results over time. The core aim is to build a culture is continuous improvement where innovation is not an occasional event, but is something that can happen every day when employees are encouraged to look out for the opportunities that arise from their everyday work.
The best models of employee engagement are those which have been specially tailored to the needs of the organisation. It is well known that the John Lewis Partnership is owned by its employees. But the company makes it clear that its model of shop-floor voice and engagement is not simply a function of its ownership structure, but stems from a profound belief that people working in the business are central to its success.

Employee engagement enables an adult, two-way relationship between managers and employees, where challenges can be met and goals achieved, from improved patient care to higher quality production or more satisfied customers. Where this has happened, in places like Sainsbury’s, Standard Chartered Bank, Google, BAE Systems, O2 and many more, the results have been transformational. While the approach does need to be adapted to the needs of each organisation, the basic building blocks remain the same.

However, unlocking this potential among all your employees and sustaining the benefits is a big challenge for any institution. At Unipart we learned that it requires a different management approach and the adoption of a new way of working. Over the years we have brought together all our learning, and the many techniques we use, into a method that we call the Unipart Way. We have seen the results of implementing the Unipart Way across our own companies: a factory improved from one of Britain’s worst to being voted one of Britain’s best; a traditional UK rail company found new ways of saving Network Rail £25 million; a warehouse was recognised by a senior client as having become ‘better than world class’.

We believe that these lessons from industry can be successfully adapted to the needs of the NHS because it is an approach that starts with a deep belief in people. Indeed, where Unipart has had the opportunity to work closely with trusts, the Unipart Way has shown its ability to create engagement and culture change in the NHS, at all levels and with clinicians and administrators alike. The outcome in those hospitals adopting the approach has been not only a significant improvement in patient services but also substantial savings in costs.
We have set out a suggested approach to transforming employee engagement below:

• **Start by visiting at an organisation that has already built high levels of employee engagement.**
  This will demonstrate what people are capable of when they are really are engaged in the programme. This visit will also help you begin to see what is required from top management if change is to be sustained.

• **Consider the extent to which you will need external help to provide expertise and build capability within your organisation.**
  Not all organisations will have in house capability.

• **Set out a vision of what you want your organisation to achieve, in a way that allows individuals, at every level, to see how their work fits in.**
  In any organisation staff will be likely to judge the commitment of top management not just by what they say – but by what they do. So, there is a need for senior management to create new ways of engaging directly with front line staff to reinforce top level commitment.

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• **Recognise the vital role of middle managers.**
  Research shows that within any large organisation, with its multiple layers of management, the actions of individuals are primarily determined by their immediate boss – what the CEO says has only marginal impact. Unless there is real employee engagement and in-depth understanding of what is now expected across the entire organisation, then people will make assumptions about what they think the people at the top want. So, gaining the active support of middle management is vital, with the need for these managers to evolve from the more traditional role of ‘command and control’ to that of ‘coach and enabler’. Providing them with the methods to make this transition is an area where external expertise can help.

• **Look for early wins that show your vision in action.**
  Start off by only introducing this new way of working to a limited part of your organisation to create advocates for the approach as well as a showcase of results. As you build your capability, extend the programme to other areas of operation. Having your own front line employees talk about the benefits it brings for them and their work will often help create demand from other areas.
As evidenced by the McLeod Report and researchers including Professor Michael West, Mary Dixon-Woods and others, there is a clear evidence of a correlation between employee engagement and quality in a number of industries, including the NHS. As all our public services now face financial constraints and rising customer expectations, it is hard to see how the quality of care we all aspire to can be achieved, without putting the enthusiasm, commitment and knowledge of all NHS staff at the forefront of delivery strategies. High quality care cannot be mandated from on high – it needs the active involvement of employees at every level.

Unlocking that potential is a major opportunity for the NHS and the benefits it could bring are considerable:

• Frontline staff taking real ownership of improving the quality and safety of patient care;

• More cross functional teamwork, with fewer examples of a silo mentality to deliver more joined up, co-ordinated care for patients and service users;

• Innovation right across the workplace that directly supports the needs of patients and the goals of the trust;

• Higher staff retention and lower absenteeism as people feel valued and rewarded when their ideas are taken on board;

• Productivity improvements which improve patient satisfaction and also deliver cost savings;

• An improved working environment, based on calm efficiency and a respect for the contribution of others.

Unlocking the hidden potential and the collective creativity of employees in the NHS, whatever their position or level of seniority, can play a major role in helping build a new culture of care – it could also have the extra advantage of being the best way of finding a new range of opportunities for more efficient, productive and joined up working in the best interests of patients.

NOTES

1 http://www.bis.gov.uk/files/file52215.pdf


3 Poppets and parcels: the links between staff experience of work and acutely ill older peoples’ experience of hospital care’ (p.83): http://www.ncbi.nlm.nih.gov/pubmed/22531048

The Foundation Trust Network (FTN) is the membership organisation and trade association for the NHS acute hospitals and community, mental health and ambulance services that treat patients and service users in the NHS. The FTN helps those NHS trusts deliver high quality, patient focussed, care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate.

The FTN has over 225 members – more than 90% of all NHS foundation trusts and aspirant trusts – who collectively account for £65 billion of annual expenditure and employ more than 630,000 staff.

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Unipart Expert Practices is part of the Unipart Group, a diversified industrial company, whose operations include manufacturing, logistics and consulting.

We help healthcare organisations to deliver better patient care, increase capability and reduce costs. We are practical people that work alongside you to help turn your strategy into action. We help break down silos and create a new way of working.

The approach we use to achieve this is not new; we have been developing it for the last 20 years and it has enabled us to completely transform our own organisation.

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