

Staff

Engagement Strategy



The strategy

What is staff engagement?

At RDaSH, we strongly support positive staff engagement and have been building upon how we engage staff in different and more creative ways over the past 18 months using 'Listening into Action'. We feel that the NHS Employer's (2015) definition of staff engagement is most aligned to our Trust values.

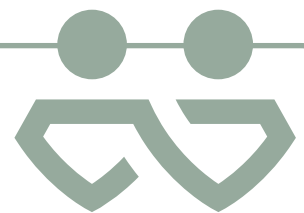
“Staff engagement is a measure of employees' emotional attachment to their job, colleagues, and organisation, which profoundly influences their experiences at work and their willingness to learn and perform”

What is the strategic context of staff engagement in the NHS and at RDaSH?

This Staff Engagement Strategy (2017-2021) is aimed at improving the way in which we engage with our staff and also increasing staff response rates to staff surveys which rate culture and engagement. We aspire to improving the way that all of our staff self-rate their engagement with services, leadership, and change processes.

Through the development of a more engaged workforce, we will both improve patient care and also improve workplace culture. This more engaged workforce will be optimally placed to deliver both our Forward View Operational Plan and our Workforce Strategy 2016-2021. Although optimal staff engagement is not the end goal of our engagement strategy, achieving good engagement is critical to providing quality patient care and delivering upon our core business within the context of our internal transformation and the transformation of the wider Health and Social Care System within our locality and region.

How does staff engagement link with our RDaSH Workforce Strategy?



Our RDaSH Workforce Strategy 2016-2021 is supported by this Staff Engagement Strategy. The Workforce Strategy provides a framework to support the transformation of the workforce, enabling the delivery of sustainable, effective, caring, responsive, and well-led services. The key elements of our Workforce Strategy concern effective leadership and management development that supports equality and diversity, focused upon how we optimally attract, grow, and engage staff. This Staff Engagement Strategy focuses our approach to the engagement component of the workforce strategy, which is key to the delivery of efficient services. Optimally engaged staff will demonstrate our Trust values through aligned behaviours that are:



What does having optimally engaged staff mean?

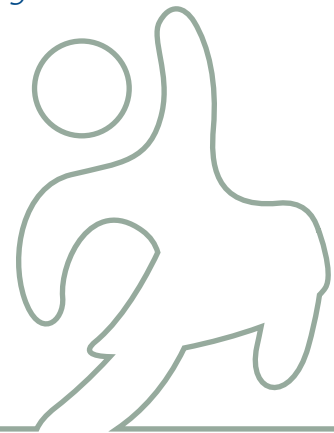
Engaged employees are evidenced to:

- Improve their own self-care and have increased personal well-being
- Behave, think and act in a more positive way that supports Trust values
- Result in an improved sense of job satisfaction and commitment
- Result in better team morale
- Become improved advocates for the service they and the organisation provide
- Become more engaged in innovation and service change within their teams
- Feel an enhanced connectedness in terms of the positive effects they have upon the lives of their patients and colleagues
- Show increased pride in the way they work and advocate others to use their services
- Feel more able to raise concerns and suggestions knowing that they will be listened to and responded to.

Research suggests that high levels of engagement are developed when staff are fully aware of their service objectives and how their personal job role contributes

to the organisational objectives involving direct patient care. This pertains to both staff working in operational and support service roles.

Our leaders and managers (clinical and non-clinical) in all areas of RDaSH have a responsibility to communicate in such a way that people's individual work roles are connected to the patient journey, in order to create a positive culture of engagement.



Why do we think staff engagement is important at RDaSH?

Engaged employees are evidenced to:

At RDaSH we strive for excellent patient care and excellent levels of patient safety. This is achieved through focus upon three factors: high performance, organisational productivity, and financial efficiency. Health and Social Care research and policy shows us that that improving staff engaging has a positive impact upon all of these factors, leading to enabling achievement of excellent patient care. Improving staff engagement in line with our RDaSH quality priorities which are:

- 1 Provide safe effective care.
- 2 Services that actively listen and respond to our communities, patients, service users and our people.
- 3 Holistic integrated physical and mental healthcare.
- 4 To create a single, Trust-wide clinical quality information system.
- 5 Develop and implement a Quality Improvement (QI) model and methodology.



What does the evidence show us about staff engagement?

There is significant evidence within NHS research regarding the positive effects of having a highly engaged workforce. Evidence to support the need for staff engagement can be found within reports and publications from NHS Improvement, NHS England, the King's Fund and also the Care Quality Commission. What this evidence tells us is that highly engaged and empowered staff not only generate better outcomes for patients, but there are further benefits, such as:

- improved service quality
- reduced patient mortality
- improved staff health and well-being
- lower levels of sickness/absence
- greater financial efficiencies
- improved service productivity
- increased innovation among individual staff and teams
- increased staff retention
- increased levels of health and safety within the organisation.



What are the benefits to the employees at RDaSH?

There is significant evidence concerning the connection between staff engagement and staff health and wellbeing in the NHS. Reports such as the Boorman Review (2009) demonstrate that the level of general health and wellbeing of any workforce is a key indicator and contributor to organisational performance.

Within the past 18 months we have embarked upon our Listening into Action (LIA) journey at RDaSH. This is an organisational development approach to quality improvement which has significant focus upon the importance of staff engagement, coproduction, delegated leadership, and action-focused conversations. What this journey has provided us at RDaSH is significant amounts of information concerning how we can engage our staff differently, and what our staff prefer in terms of engagement interventions.

Over the next six months, our aim will be to consolidate our learning pertaining to our: LiA journey, our recent large scale service transformation, and our latest NHS staff survey feedback, and ensure that this informs our next iteration of organisational development and quality improvement. A significant part of this next step involves the development of this staff engagement strategy.

Listening into Action



What are enabling factors to good staff engagement?

Following the publication of the NHS Constitution, staff made pledges in regards to positive engagement approach. These pledges resulted in the generation of "Staff Engagement Star" (pictured right) in 2012, which illustrates how five different factors contribute to overall enhanced engagement of staff.

These factors are not intended to be an exhaustive list, but do capture the overarching cultural environmental factors that support healthy engagement.

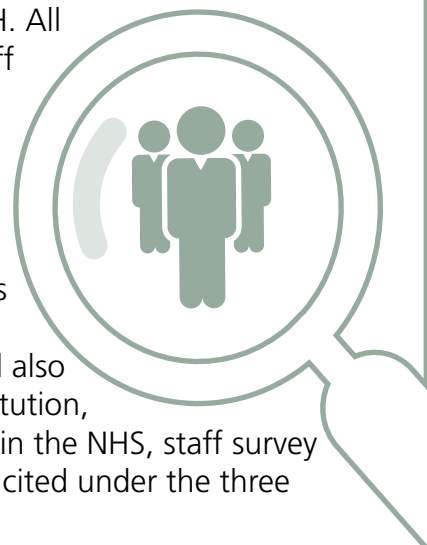
The five factors are to be interlinked in two ways:

- 1 achieving well in one factor is likely to support the parallel development of other factors, and
- 2 once all five points are operating effectively, evidence has shown that higher levels of engagement are achieved, demonstrated by evidence such as increased response rates in staff surveys.



How will we measure employee engagement at RDaSH?

The NHS Staff Survey is a key measure of staff engagement at RDaSH. All NHS are required to participate in the NHS Staff Survey. The NHS Staff Survey results are predominantly aimed at NHS organisations. These results are helpful in informing Trusts concerning how their staff feel and how they perceive RDaSH as their employer, and what local improvements are required in terms of staff experience and well-being. As well as being used on a local level to drive and focus improvement, staff survey results are used nationally by organisations such as NHS England and the Care Quality Commission to provide comparisons, support national assessments of safety and quality, and also measure performance against the pledges defined in the NHS Constitution, which outlines the values and principles of the NHS in England. Within the NHS, staff survey and engagement rating can be defined by examining nine questions cited under the three headings of Involvement, Advocacy, and Motivation:



	RDASH 2015 Results	RDASH 2016 Results	Comparator Results
NHS Staff Survey Questions			
Involvement			
Q4b. I am able to make suggestions to improve the work of my team/department	77%	76%	79%
Q4a. There are frequent opportunities for me to show initiative in my role	74%	73%	75%
Q4d. I am able to make improvements happen in my area of work	57%	56%	58%
Advocacy			
Q21a. Care of patients/service users is my trust's top priority	75%	73%	73%
Q21c. I would recommend my trust as a place to work	59%	57%	57%
Q21d. If a friend or relative needed treatment I would be happy with the standard of care provided by this trust	68%	65%	66%
Motivation			
Q2a. I look forward to going to work.	59%	58%	59%
Q2b. I am enthusiastic about my job	73%	73%	74%
Q2c. Time passes quickly when I am at work.	75%	76%	79%

What does our staff survey tell us?

The overall results from the 2016 Staff Survey showed that 46% of the Trust responded; this is above our national average, which is ranked at 44%. Although we have a slightly better response rate to our staff survey than many of our NHS colleagues, this percentage still means that a considerable number of our workforce are not contributing their views, and we are unable at the current time to understand their level of engagement and/ or reasons for non-engagement.

When considering the specific questions which are specifically cited as related to staff engagement at RDaSH, we have scored slightly below that of our comparators in seven out of the nine questions, demonstrating that these are areas we need to improve upon, which is one of the driving factors for developing this engagement strategy.

Apart from our staff survey, what other ways do we assess employee engagement at RDaSH?

At RDaSH, employee engagement is core for all managers and clinical leads, not only within their own team or service, but across our site. We use various methods of staff engagement alongside of the staff survey, examples of which are:

- Via team meetings
- Locality Meetings
- Via 'Big Conversations' focused upon specific service issues
- Via our 'listen to learn' events
- Staff forums
- Patient and carer forums
- Individual one to one meetings/supervision.



Engagement Surveys



As part of our 'Listening into Action' (LiA) work, we have been utilising the LiA Pulse Check© at 6-monthly intervals between our staff survey to help us monitor staff engagement. This is a short 15 question census focused upon staff self-rating their experiences and engagement.

As we progress over the next year at RDaSH, we aim to transition from using the LiA Pulse Check© to using the "Culture of Care Barometer". This is a tool that has been validated as a measurement instrument with which to gauge the different attributes of environments in which care is delivered, and so help understand the culture of care in healthcare organisations. This questionnaire has been tested in terms of its efficacy for performance and quality by Kings College London, it is endorsed by the Chief Nursing Officer for England, relates to the "Compassion in Practice" agenda. In terms of cost efficiency, there is no license cost for its use.

The use of the Culture of Care Barometer will assist in a number of ways in RDaSH, including helping enable people to 'speak up', monitoring 'compassionate care culture', and also assessing staff engagement. In terms of staff engagement, four of the 30 questions in the Culture of Care Barometer posed specifically link to staff engagement, which are:

- Q15 – Trust managers know how things really are
- Q21 – My line manager gives me constructive feedback
- Q27 – I am kept well informed about what is going on in our team
- Q29 – I feel well informed about what is happening in our Trust.

NHS Staff Friends and Family Test (Staff FFT)

The Staff FFT is a mechanism for assessing staff opinion on their overall experience at work, and their views on standards of care. The Staff FFT is connected to models developed in other industries and also on the Patient FFT commenced in 2011. The Staff FFT has a single question which acts as an overall barometer of staff experience and views on quality. It asks if staff would recommend their organisation as a place to work or to be treated. This question forms part of the staff engagement score, and is seen as important indicator of staff confidence in the quality of care.



What outcomes would we like to be delivered at RDaSH?

The quality focused outcomes that aim to be delivered by this strategy are primarily achieving a more engaged workforce – highlighted by improvements in staff survey engagement scores which then, as research evidence suggests, should create demonstrable benefits, including:

- Improved safety and care quality for patients
- Improved safety and well-being for staff
- Improved worker and team productivity
- Improved financial performance
- Reduced levels of sickness and absenteeism
- Improved patient feedback
- Increased service innovation
- Reduced turnover rates, resulting in reduced recruitment costs and improved staff retention.

Our Engagement Plan

Action Area	Activity	Who	When
Staff Survey	<ul style="list-style-type: none">• Operate the NHS staff survey as mandated, on an annual basis.• Focus upon the NHS staff survey and engagement rating 9 questions, exploring variation between our whole Trust response and comparator response, as well as identifying variation in engagement levels in different parts of our organization.• Increase the promotion of the NHS staff survey within the Trust in an attempt to increase engagement and correspondingly results that can generate the most accurate picture of staff perceptions at RDASH, on which coproduced actions and be taken.• Identify hard to reach sections of our RDASH staff, specifically where low levels of feedback have been previously obtained in the staff survey.	Care Groups & Support Directorates Trust Communication Team	Annually in October
LiA Pulse Check	<ul style="list-style-type: none">• Disseminate the findings from the LiA pulse check conducted in summer 2017.• Ensure that this is disseminated through the Senior Leadership Team who then can disseminate and take appropriate action through their own directorates in order to focus upon increased staff engagement.	Care Groups & Support Directorates	September 2017 Repeat pulse check throughout the organisation in Dec 2017/ Jan 2018

	<ul style="list-style-type: none"> • Ensure that actions taken as a direct result of the Pulse Check feedback are publicised and communicated so that staff see that providing feedback results in change. • Plan for the last phase of LiA Pulse Checks planned for winter 2018 – aiming at increased levels of participation to gain the greatest understanding and representativeness of staff feeling. 		
Introduce Culture of Care Barometer	<ul style="list-style-type: none"> • Review the evidence related to the organisational aspects that can be focused upon by using the culture of care barometer, to ensure strategic alignment and maximisation of the use of the results gained when this tool is commenced. • Make contact with the Culture of Care Barometer designers to gain an electronic version and access to software enabling electronic dissemination and scoring, which both increases the potential for anonymised feedback and aims at improving the time between closure of questionnaire and results being generated. • Plan the commencement of the Culture of Care Barometer 3-6 months after the final pulse check. • Communicate to staff the reasons for the progression from 'LiA Pulse Check' into Cultural Care barometer, promoting the enhanced features that this tool provides in terms of cross-indexing engagement scores with WRES characteristics, the increased number of questions and also the reduced cost in conducting and processing the results. • Conduct a meeting with the Senior Leadership team to explore the full use of this tool, the frequency directorates and care groups wish to use this tool to monitor engagement, and also to plan the disseminating and governance of results. 	<p>Deputy Director for OD and Deputy Director of Nursing</p> <p>Operational Leaders and Support Team Directorates</p>	<p>Winter 2017</p> <p>Spring 2018</p>
Integrate engagement scores as a service measure in the balanced scorecard	<ul style="list-style-type: none"> • Within the current transformation of Trust meeting structures and accountability framework, we will explore having an agreed engagement target score for the overall Trust, and also each care group and directorate, by which they are measured against. • The measure will include the annual staff survey results, Staff FFT and pulse check scores, followed by the barometer scores as proactive engagement measures. 	<p>Senior Leadership Team</p> <p>HR&OD teams for scores</p>	<p>October 2017 Annually – staff survey & Staff FFT</p> <p>Pulse check in barometer 6 monthly</p>
Modelling and Sharing good practice	<ul style="list-style-type: none"> • Where good examples of engagement (on an individual, team or service level) are identified, ensure these are written up and communicated to all, to ensure the spread of good practice. • Create a 'repository of positive practice' held within the Project Management Office (PMO), for staff to be able to access in terms of planning change in a coproduced way that encourages engagement. • HR and OD practitioners will work with the 	<p>HR&OD Teams</p> <p>Internal Trust Comm's</p> <p>PMO</p> <p>All Operational Leads</p>	Autumn 2017

	<p>identified (i.e. high turnover areas), focused Big Conversations are to be conducted in order to explore engagement difficulties and enable staff engagement in a safe space.</p> <ul style="list-style-type: none"> • Introduce 'itchy feet' conversations which are aimed at reducing risk in terms of retention rates, and identifying where ruptures in engagement may be occurring which could be rectified with reparatory actions. 		
Engagement support and Talent management	<ul style="list-style-type: none"> • Support the continuation of the newly formed Leadership Development Forum which has created a community of practice focused upon staff engagement linked with service transformation and change management. • Explore the development of workshops to support managers and clinical leads to improve the engagement of their teams. • Develop skills workshops and podcasts in relation to talent management approaches and pathways for managers, supervisors, and clinical leads in all professions and non-professionally qualified staff groups. • Develop the provision of coaching, mentorship, resilience training, and leadership skills, for staff in different professions and in different roles, with specific focus upon engagement. • Support the development of PDR processes to focus upon values-based appraisals which build engagement into appraisal process. • Provide specific training to clinical and managerial leaders in the use of Appreciative Inquiry (AI) which involves a small group of staff being released to focus on key questions. It can be applied to reviewing projects through a series of structured questions covering vision, design and delivery. 	<p>COO supported by Nursing and Quality and HR&OD Teams</p> <p>HR&OD Teams – specifically RED centre training team</p>	Over the next 12 months
Communications Plan	<ul style="list-style-type: none"> • Publication of award nominations and feedback to inspire others. • Publication of when wider regional and national awards open for staff and managers to nominate. • Creation of a feature within Trust Matters devoted to monthly publication of GEM awards. • Publicise within Trust News actions that different directorates and care groups have taken as a direct result of feedback from staff surveys and pulse checks. • Continue to publicise "Listening into Action" achievements that are generated through staff engagement in Big Conversation events and through staff surveys. As progression is made beyond the LiA programme this publication is to be sustained, but transformed into "RDaSH into Action", detailing case studies of change and also responses to staff feedback. • NHS employers have evidenced how social networking and the use of social media can increase staff engagement. Over the past 18 months our RDaSH team social network accounts 	Internal comm's team	Ongoing

	<p>and following have increased, supporting this to continue and using it as another strand for employee engagement is considered as positive.</p> <ul style="list-style-type: none"> • Ensure that actions taken as a direct result of the Pulse Check feedback are publicised and communicated so that staff see that providing feedback results in change. • Plan for the last phase of LiA Pulse Checks planned for winter 2018 – aiming at increased levels of participation to gain the greatest understanding and representativeness of staff feeling. 		
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Monitoring and Reviewing

The RDaSH Staff Engagement Strategy will be monitored by:

Operational Governance:

- Care Groups
- Operational Management
- Executive management team
- Board of Directors Meeting.

Assurance:

- Quality Committee
- Board of Directors Meeting.

Tools used to indicate of success

The indicators of staff engagement success will be:

- Staff Survey Response rates
- Results of Listening Into Action Pulse Checks
- Ratings in the Staff Friends and Family Tests
- The Culture of Care Barometer ratings which will commence after we cease using the LIA Pulse Checks
- Staff feedback in 'Big Conversation' events and team & locality meetings
- Overall engagement score.

Further Information:

- RDASH Workforce Strategy 2016-2021
- RDASH Organisational Plan
- RDASH and NHSi Retention Improvement Plan
- Team Big Conversation Results and Actions.
- CEO Board Papers regarding LiA progression, actions and 'quick wins'.

For questions or feedback please contact

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