Staff Engagement

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Aim

• Present the relevance of staff engagement and subsequent initiatives at King’s and across KHP to optimise engagement and improve patient care
I'm not bossy!
I have skills...leadership skills!!
Understand?
Why bother with staff engagement?

- The more engaged staff members are, the better the outcomes for patients and the organisation (Black 2012, West and Dawson 2012). A direct correlation between positive ward climate and patient-centred care can also be demonstrated (Abdelhadi & Drach-Zahavy 2011).

  - 2009 Boorman Review, NHS Staff Health and Well-being. NHS staff are absent from work for an average of 10.7 days each year, losing the service a total of 10.3 million days annually and costing £1.75 billion. Total absenteeism equates to the loss of 45,000 whole-time equivalent staff annually. For this reason, any factors that are linked with absenteeism should be of great importance to NHS managers as they could provide the key to increasing both efficiency and quality. Engagement was also a critical factor in explaining absenteeism.

  - For an ‘ordinary’ (one standard deviation) increase in overall engagement, mortality rates would be around 2.4 per cent lower.

  - Where 10 per cent more staff feel able to make contributions to service improvements, there would be on average .057 fewer cases of methicillin-resistant Staphylococcus aureus per 10,000 bed days.
87% of the 56% who completed more than 23% of the survey thought it was a waste of time.
Organisations are complex

"He takes his organization chart seriously."

— Ron Morgan

Search ID: rmon700
Organisations are complex
Engaging staff

- recognised
- empowered
- expectations
- tools
How?

• Staff surveys?
• Listening events; Kings in Conversation?
• Kings Behaviours?
• A different approach
  – Going to staff; focus groups, audit days, ward meetings, visibility
  – Do something different!
  – Really measure their engagement and do something about the results
Do you feel:

Enabled to do your job by your senior team
Nurtured by your manager
Glad to come to work
Acknowledged by your senior team
Guided by your manager
Empowered to improve patient care

YES       NO

COMMENT IF YOU WISH:
RN or HCSW
Enabled to do your job by your senior team

March N=33
June N=30

Yes
No
Sometimes
Nurtured by your manager
Glad to come to work

<table>
<thead>
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<th></th>
<th>March</th>
<th>June</th>
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<tr>
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<td>6</td>
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<td>Sometimes</td>
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Acknowledged by your senior team

Yes

No

Sometimes

March

June
Guided by your manager

Yes

No

Sometimes

March

June
Empowered to improve patient care

![Bar chart showing responses to the question about being empowered to improve patient care. The chart compares the responses for March and June. The 'Yes' category is significantly higher than the 'No' and 'Sometimes' categories. The chart indicates that a majority feel empowered in March, compared to June.]
Example results – in patient haematology

N=68
Total staff= 99
Interventions

• Bespoke:
  – Make the staff part of the solution
  – Leadership coaching
  – Governor input
  – Increased visibility, values and thankyou
  – Specialist projects
Do something different
Outcomes
PUSHING THE BOUNDRIES OF CARE - THE COLLECTIVE LEADERSHIP CHALLENGE
Working assumptions?

• *Creating Cultures of compassion is a ‘wicked’ problem that demands clumsy solutions* (NHSE 2014)

• *Compassionate leadership is not ‘soft’ leadership* Rob Webster – CEO NHS Confederation 2014
Next steps

King’s led KHP initiative: The aim of the ENGAGE© programme is to implement a diagnostic and intervention tool that optimises staff engagement and impact on wellbeing in healthcare that correlates with improved patient care. Pilot, 4 wards per KHP site, commencing March 2016. Evaluation strategy facilitated by KCL > scale up
Conclusion

• Looking after staff results in better care for patients
  – Make engagement real for all staff
  – Give them the skills to do their job with compassion and competence
References & further reading


Day, H. 2014 Leadership: Engaging staff to deliver compassionate care and decrease harm *British Journal of Nursing* 23(18):17-21

