WORK FOUNDATION

Solving the Employee Engagement Puzzle in the NHS: making a better case for action

Overall Report

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Picture credits

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Executive Summary

Introduction

This research has explored the role of employee engagement in the NHS. The intention was to provide a review of what employee engagement means in the sector, its importance in enhancing performance and NHS outcomes such as patient care and quality, and to understand whether the case for better employee engagement has effectively been made or further improvements are needed. To that end, the research aims to improve the steps taken to ensure healthcare workers are valued, supported and engaged in their work.

Employee engagement is a term that has emerged as a topic of significance among organisational psychologists, businesses and HR consultants over the last decade, as a result of the claim that employee engagement can drive bottom-line results and improve productivity. It was the 'Engage for Success' initiative[1] that brought the topic to centre stage, citing clear examples where improving employee engagement was associated with better performance, and the scale of potential benefits were reported to be large and significant. For instance, some studies suggested that improving widespread engagement within the UK to match the levels seen in the top tier of high performing countries could add £25.8bn to the economy. This has sought to inspire the development of a wider movement through the sharing of good practice around what works to create a more committed, happier and engaged workforce. Wider recent initiatives, such as those associated with the business-led community interest company, *be the business*, are also drawing attention to the importance of a more engaged and empowered workforce[2]. However, there are continuing debates about its definition, and theoretical basis, which may have hampered how effectively it has been achieved in practice across different parts of the economy, giving rise to what some have called *an engagement deficit*. The consequences of disengagement can be severe and undoubtedly shed some light on the persistent productivity problems seen across the UK. In the NHS the effects can be particularly profound, with some studies demonstrating that employee disengagement can literally be a case of life and death.

Significant steps to advance employee engagement in the NHS have been taken since 2008 and, there has been a growing interest in supporting improvements in practices over the last decade with a basis to measure, monitor and benchmark engagement levels across the sector, having been in place since 2009. Positively, engagement outcomes have been rising overall since 2012, according to the NHS Staff Survey. However, a closer examination points to variation in engagement levels, between and within Trusts, suggesting that in reality there may be a more complex employee engagement story. This implies further work still needs to be done to understand what employee engagement means in practice within different parts of the NHS, and what barriers and challenges are getting in the way of securing better engagement outcomes and a happy and more empowered workforce. Two high profile reports within the NHS (the Francis Inquiry[3] and the Keogh Report[4]) have drawn attention to the vital role that employee engagement can have for better staff morale and in turn NHS performance. In addition, although there is now a stronger research base highlighting the link between employee engagement and NHS outcomes (informed by for example the work of West and Dawson[5]), questions remain about whether the business case has been sufficiently made, especially at a Trust level. As staff wrestle with a number of ongoing day to day challenges at the coalface, which tighten resources and introduce service pressures, this continues to threaten the conditions that will enable more consistent levels of staff engagement across the sector to be achieved. In the absence of any strong strategic approach, this also risks substantial fragmentation locally in what engagement practices are pursued. There has therefore been a growing interest in what interventions can drive a more integrated approach that ensures engagement permeates right through the organisation.

Study Aims and Objectives

The study was designed to explore staff engagement in more depth in the NHS, looking at a range of evidence to see how this may be linked to patient outcomes and organisational results. The high level research question set was: *'Based on published evidence from performance data, qualitative research and case studies, what is the business case for investing time, money and other resources in engagement exercises?'*

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[1] Engage for Success (2014) "Nailing the evidence" Bruce Rayton *University of Bath School of Management*http://engageforsuccess.org/

[2] IPA (2016) Improving Productivity: Employee engagement and high performing working practices. Be the business (2018) https://www.bethebusiness.com/business-practices/

[3] Francis R (2013) Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry.

[4] Keogh B (2013). Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report

[5] West, M. & Dawson, J.F. (2012). *Employee engagement and NHS performance.* The King's Fund: London.

Four wider and related sub-questions were also posed considering:

- What does employee engagement mean in the NHS?
- Why is employee engagement important in the NHS? What do we know about its effect on other outcomes (including for patients, individuals and the organisation)?
- What drives or creates the circumstances in which engagement can happen in the NHS? and
- What interventions are effective in improving employee engagement in the NHS?

A mixed methods approach was designed to answer these questions, including: a review of the literature of evidence on NHS staff engagement (qualitative and quantitative); a series of expert interviews; and three in-depth case studies. The key findings around the research questions are considered below.

What does employee engagement mean in the NHS?

As with previous research, this study recognised the difficulty in finding a unified definition of employee engagement in the NHS and, as a result, the research found *differences in how employee engagement is conceptualised* between varying levels of staff. For example, executive staff defined employee engagement strategically in line with how engagement is measured in the NHS staff survey. For frontline staff, engagement primarily centred around their role in the delivery of high quality patient care and working closely with colleagues to ensure their team was not let down in anyway. Middle managers saw engagement as a core part of effectively developing the employment relationship and achieving two-way communication. These results led to questions as to whether the current measure of employee engagement in the NHS staff survey is "engaging enough" in itself and therefore sufficiently understood and "owned" by all levels of staff. As such there were risks that formal measures did not take into account what the majority of NHS staff consider employee engagement to be. The absence of understanding and ownership meant *concerns were raised as to the efficacy and representativeness of the survey.* Consequently, teams locally felt it necessary to supplement the survey within wider intelligence to get a fuller and more frequent perspective on developments with their employees.

Why is employee engagement important in that NHS?

The study results provide evidence that a business case for employee engagement in the NHS can be made. Both the qualitative and quantitative research converged on the principles that organisational outcomes (e.g. employee commitment, turnover, sickness absence) are improved with high levels of employee engagement, as well as direct and indirect improvements for financial outcomes. Although causation cannot be proved, the weight of evidence supported a commonly held assumption that improved engagement levels were linked to improved patient experience and patient outcomes. A wide range of evidence also converged on the positive association between employee engagement and individual outcomes (e.g. psychological health, wellbeing and job satisfaction). A key issue therefore related to whether *enough use was being made of such evidence to inspire and/or support action* generally across the NHS, beyond isolated examples of good practice, seen for example in the case studies. Evidence was clearly important but not enough, and pointed to the need for an understanding of wider enablers.

What drives or creates the circumstances in which engagement can happen in the NHS?

The research explored a number of drivers or enablers that were supporting better engagement, as well as barriers that were inhibiting it. These drivers converged around three main themes: Management, Human Resources Management (HRM) and Culture.

Managers at all levels of the organisation were seen to play a vital role in driving engagement: developing a cohesive, visible approach for engagement practices; building a culture where engagement behaviours can flourish; and line managers especially were seen as important for developing the employee relationship and rooting engagement in local practices that really make a difference to frontline staff.

Several HRM practices were also associated with enabling employee engagement, including: improving job design; personal development and training; improving appraisals; and developing health and wellbeing initiatives.

Finally, improving 'organisational culture' was also seen as crucial to embed employee engagement in the ways things are done: improving organisational communication and team cohesion; enabling co-created Trust values; as well as providing employee collaboration such as train union support.

However, several barriers to the development of employee engagement were also identified, including: the external political and regulatory environment; limitations to staffing levels; constraints on financial and physical resources in NHS Trusts; and the increase in patient expectations placing additional pressures on staff.

What interventions are effective in improving employee engagement in the NHS?

A number of workplace practices were outlined during the study, offering a range of interventions that could be implemented to improve aspects of employee engagement in future. For instance, Trusts mentioned HR management practices and training programmes, communication tools and employee health and well-being initiatives. However, given that practices had often not been shaped purely to support employee engagement, there was a risk that such interventions might become fragmented and disconnected, and were *not sufficiently working together* to drive up improvements in employee engagement as the overriding outcome. This identified a greater need to look at the interventions from a more strategic perspective and through an employee engagement lens, to review the employee engagement approach from different angles and to think how employee engagement aligns with wider NHS priorities. Most crucially too it became clear that effective employee engagement must be seen as more than a programme of practices and interventions but depends on setting the right climate for nurturing, supporting and managing staff. As a result, a model of strategic change and implementation has been developed through the study, with three distinct stages not only to encourage greater coherence but better reflection and co-ordination in what's done to achieve impact through different measures over time. These cover the areas of: Strategy, Implementation and Evaluation.

The starting position, at a strategic level, relates to the importance of developing an employee engagement strategy that has official ownership and backing from the top of the organisation and strong systems of governance. Having this strategy ensures that that there is leadership and co-ordination of engagement activities as well as clear accountability so that interventions are taken seriously, maintained and updated so as not to become stagnant. When developing the strategy it is important to understand the current nature and levels of employee engagement locally so that any actions to improve can be developed through a prioritised and targeted action plan, customised to local issues. This can be done with the use of diagnostic tools such as HR analytical data and pulse surveys.

The second aspect of the model concerns implementation and considers the actual range of practices or interventions that might act independently, and most importantly, together as key drivers of engagement. These include practices such as: senior management role modelling and visibility; line management training and development; undertaking well-structured appraisals and performance reviews including the identification of employee training needs and feedback on employee engagement improvements; co-created organisational values; structured communication plans and the proactive management of positive team goals and targets. Employee engagement should not be seen as a separate initiative or range of interventions, divorced from other priorities but an integrated approach, which is owned at different levels of the organisation and creates a climate for supporting staff and day to day ways of working that encourage and value staff and give them the space to make ongoing contributions.

Finally, it is important that *evaluations* and reviews of interventions are undertaken, formally and informally, to support an environment for reflection and a process of continuous learning and incremental improvements. The environment and conditions for achieving employee engagement are dynamic and continually changing. So, it is vital that engagement outcomes can be regularly assessed. This supports a growth in the capacity, capability and know-how to reflect on what works formally, as well as informally through observation, feedback and tacit knowledge, to support ongoing employee engagement improvements.

Discussion and Recommendations

The research has identified important steps to advance employee engagement within the NHS with Trusts having developed a range of strategies and practices. But, as approaches have developed at different points in time, there is a risk different interventions are in practice competing, with unintended consequences for employee engagement outcomes. Differences between and within Trusts in employee engagement scores mean there will not be a one-size fits all approach and some variations in practices will be required. But, local approaches need to be regularly reviewed with employee engagement considerations explicitly taken into account to ensure any conflicts can be identified and actively managed to avoid under-mining the engagement goals. The research has outlined important factors for consideration. For instance: using the core principles of a holistic employee engagement vision, evaluating interventions and supporting continuous reflection, enables Trusts to recognise engagement "*hotspots*", and to "*course correct*" to find ways to improve. The research has shaped a number of recommendations to facilitate such improvements:

Recommendations for leaders in delivery organisations:

- An employee engagement strategy should be developed where outcomes of employee engagement are clear, including the aims and vision of the strategy, what practices are explicitly supporting implementation, and evaluation and monitoring of what's being done.

- The employee engagement strategy needs to be owned at Board level with all members assuming a responsibility for regularly tracking results and discussing the implications for improvement plans with the Executive team. Reports considered by Boards need to incorporate narrative accounts around HR issues such as diversity, sickness, recruitment difficulties and development opportunities.
- NHS leaders and managers need to be trained and developed to equip them to understand the link between employee engagement on the one hand and outcomes on the other, whether organisational performance, employee health and wellbeing and/or patient outcomes. Further, their actions need to be judged in terms of whether they contribute or undermine employee engagement.
- Training on employee engagement should be an integral part of line management training and leadership development (at local, regional and national levels). Training into conducting appraisals and managing employees should also be provided to line managers.
- Organisational values should include employee engagement, and should be co-created to support widespread ownership, and then regularly monitored with employees at all levels. Additionally, employee behaviour should be monitored according to the values at all employee-facing opportunities, including: values-based recruitment, values-based inductions and values-based appraisals and performance reviews.
- Regular review is important: undertaking pulse surveys; recognising where change needs to take place; reducing education and implementation gaps; and ensuring that the employment engagement does not remain stagnant and continues to be embedded effectively into the Trust.

Recommendations for National policy makers and other arms-length bodies:

- The employee engagement composite measure in the NHS Staff Survey should be amended to include other scores identified by NHS employees to be relevant for employee engagement, e.g. satisfaction with patient care, effective team work and effective management.
- Options should be explored for enhancing the speed of staff survey feedback to NHS Trusts.
- NHS Trusts should broaden the metrics that regulators and commissioners use to assess Trust performance and measure employee engagement.
- Creating geographical networks for peer learning, discussion and mentoring about developing employee engagement good practice should be established and encouraged.
- NHS providers and other arms-length bodies should provide a more proactive and supportive approach, moving away from solely performance management measures.
- The evaluation of employee engagement interventions are to be undertaken, including regular monitoring and reviews so a richer evidence base and business case for employee engagement can be made.

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1. Introduction

1.1. Background to the study and its purpose

The purpose of this research was to explore the role of employee engagement in the NHS. Its core intention was to provide a comprehensive review of the influence of employee engagement in the sector, and how this is linked to performance and in particular is affecting patient and organisational outcomes. Whilst there is currently significant debate about what employee engagement is, and what are the best ways to achieve it, there is nevertheless significant acknowledgment of its importance in the workplace not only in bringing benefits to individuals but in driving organisational performance. Yet, with variations in the nature and levels of engagement within and between NHS Trusts, and at the same time persistent questions over ongoing performance, this has placed an emphasis on the need to examine practices more closely. A key objective is to establish whether the full potential of employee engagement is being realised in practice and improvements in the engagement interventions can be secured in future. The study has also aimed to contribute to such improvements. But, if this was the key purpose of the project, it needed to start from a basis of understanding why engagement is so important.

1.2. The growth of employee engagement

Employee engagement has emerged as a topic of significance among organisational psychologists, business academics and HR consultants in the last decade. Despite the fact that there still remains a great deal of uncertainty about what employee engagement means, and its theoretical underpinnings, employee engagement has attracted, and continues to attract much attention in academia and in organisations. Much of its appeal to organisational management is based on the claim that employee engagement drives bottom-line results. Indeed, according to the Institute of Employment Studies employee engagement, is '*a positive attitude held by the employee towards the organisation and its values. An engaged employee is aware of the business context, and works with colleagues to improve performance within the job for the benefit of the organisation.*'[6] As such employee engagement places the importance of workforce empowerment and unleashing the commitment, and capability of employees at the heart of organisational success. This is a position that resounds well among organisations wanting to sustain a happy, healthy and productive workforce and with an interest in producing more good work[7]. This is something that has also achieved increasing recognition following the recent Taylor review[8] and draws attention to a wider body of evidence highlighting the benefits of good work[9]. As such, employee engagement has assumed increasing interest given the significant productivity problems, being experienced across many OECD countries, but especially marked by the severe productivity slowdown seen in the UK since the global crisis in 2008.[10]

As a basis to enhance understanding and management of employee engagement, Guest (2014) has drawn attention to two conceptual dimensions, noting differences between 'work engagement' (which has as its main outcome a concern for employee wellbeing, operating at a more individual level of analysis) and 'organisational engagement' (primarily concerned with improving organisational performance). It seems some of the first academic insights about employee engagement were provided by Kahn (1990)[11], who offered employee engagement as a new approach to employee motivation. This was concerned with the 'behavioural perspective' of engagement, based on the three dimensions of physical, emotional and cognitive engagement. Further academic attention arose after a measure of attitudinal engagement was developed and validated[12], and the Utrecht Work Engagement Scale (UWES) is now used in many countries and settings as a measure of organisational engagement. But, initially, the primary academic focus was more on understanding disengagement, and its associated effects, such as work-based stress and associated problems of sickness

[6] Bailey C, Madden A, Alfes K, Fletcher L, Robinson D, Holmes J (2015) Evaluation the evidence on employee engagement and its potential benefits to NHS staff: a narrative synthesis of the literature.
[7] Work Foundation (2016) What does Good Work mean in a modern Economy.
[8] Taylor (2017) Good Work: The Taylor Review of Modern Working Practices.
[9] See for example Work Foundation 2016) The Commission on Good Work http://www.theworkfoundation.com/wp-content/uploads/2016/10/The-Commission-on-Good-Work.pdf
[10] Macey, W.H. & Schneider, B. (2008). The meaning of employee engagement. *Industrial and Organizational Psychology, 1,* 3-30.
[11] Kahn, W.A. (1990). Psychological conditions of personal engagement and disengagement at work. *Academy of Management Journal, 33,* 692-724.
[12] Schaufeli, W.B., Salanova, M., Gonzalez-Roma, V. & Bakker, A.B. (2002). The measurement of engagement and burnout: a two sample confirmatory factor analytic approach. *Journal of Happiness Studies, 3,* 71-92.

absence, burnout and labour turnover rather than advice on how to achieve it[13].

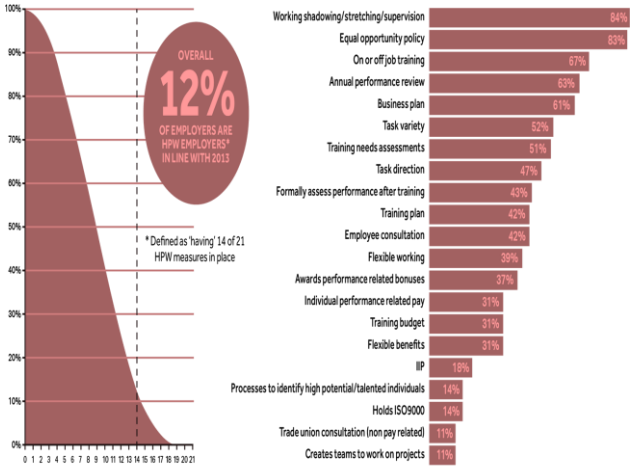
The central role of employee engagement to improving productivity and competitiveness in the UK did not really take hold until the 'Engage for Success' movement. This was set up to take an in-depth look at employee engagement and to report on its potential benefits for companies, organisations and individuals[14]. It has argued that, *'Engagement, going to the heart of the workplace relationship between employee and employer, can be key to unlocking the productivity and transforming the working lives of many people for whom Monday morning is an especially low point of the week'.*

Whilst the 'Engage for Success' review found over 50 different definitions of employee engagement when developing its report, it sought to provide some clarification too, arguing that if employee engagement were more widely understood then this would support improved sharing of the management practices most likely to achieve it. As such, the 'Engage for Success' review cites many examples of organisations where a 'clear correlation' between improving engagement and improved performance was noted, as well as improvements in organisational profitability and transformations to the working lives of individuals to try and extend the benefits to more UK plc's. The magnitude of potential benefits to be realised have been reported as substantial and significant. For instance, some studies suggested that improving widespread engagement within the UK to match the levels seen in the top tier of high performing countries could add £25.8bn to the economy.

That said, there have been difficulties achieving this in practice. Therefore, levels of adoption have not been seen in scale, involving large numbers of businesses; giving rise to what some have referred to as an *engagement deficit*. As pointed out in research conducted by IPA for the Productivity Leadership Group (now *be the business*) in 2016: " *We have known for a long while that a bundle of workplace and shop floor practices and strategies, when implemented effectively, can help to raise performance. But we also know that these High Performance Work Practices (HPWP) are not widespread, and where companies do try to implement them, it tends not to be* ***a co-ordinated strategic approach****, but a set of individual initiatives that do not add up to more than the sum of their parts."*[15]

For instance, according to the UK Commission for Employment and Skills[16], only 12 per cent of employers across the UK have adopted a sufficient number of these practices to be classified as HPW employers. This is a level that has remained unchanged since the last survey in 2013.

Figure 1: The take up of High Performance Working practices



Source: UKCES Employers Skills Survey 2015

Guest's work (2014)[17] has supported this perspective and also pointed to the lack of a systematic approach as a significant factor inhibiting success. Realising that there will be no single universal solution that will be effective, he has been working to produce case studies, seeking to understand how engagement interventions have been used to improve engagement in different workplaces and what principles are important to success.

Wider recent initiatives such as those by the business-led body, *be the business*[18], are also seeing the importance of building expertise from a range of different business communities about what works in securing a more engaged and empowered workforce. As they build knowledge, they are pooling insights from case studies, business stories, peer to peer learning and wider intelligence of good practice from businesses and organisations to shape future practices. These initiatives support better practices by encouraging collaboration

[13] Purcell, J. (2012). *The limits and possibilities of employee engagement.* Warwick Papers in Industrial Relations Number 96: Warwick Business School.
[14] MacLeod, D & Clarke, N. (2009). Engaging for success: Enhancing performance through employee engagement. Department for Business, Innovation and Skills: London.
[15] IPA (2016) Improving Productivity: Employee Engagement & High Performance Working Practices. Productivity Leadership Group.
[16] UKCES (2016) The UK Employer Skills Survey
[17] Guest, D. (2014). Employee engagement: a sceptical analysis. *Journal of Organizational Effectiveness: People and Performance, 1 (2),* 141-156.
[18] https://www.bethebusiness.com/business-practices/

across business communities, sharing best practice and lessons of what works. Business development programmes have also been designed to enhance what is being delivered in firms and strengthen within-firm capacity and capability, amongst managers and their staff (see for example Productivity Through People)[19].

Figure 2: An employee engagement initiative

Productivity Through People (PtP)

PtP is an innovative programme co-designed through **a unique collaboration between industry and Lancaster University to enhance competitiveness and efficiency of UK small-and-medium-sized enterprises** (SMEs) and supporting action at a grass roots level. It has been developed as an industry led 12-month experiential programme for leaders within SMEs, wishing to 'work on the business not in the business'.

It creates deep trust networks amongst delegates and aims to secure sustainable lasting improvements in practices through the empowerment of the workforce & by creating high performance working practices. PtP is being piloted with manufacturing and engineering SMEs in the North West and South West of England with support of regional bodies and trade associations. *Be the Business,* backed by £13m government seed funding, plans to expand PtP to other regions and sectors in the UK. Feedback from delegates confirms that the content is transferable to other sectors.

But, given the persistence of concerns around engagement deficits, and the positive role employee engagement can play in tacking the ongoing productivity problem, it isn't an agenda that is going away quickly. Rather, it shows the ongoing importance of employee engagement to policy and highlights the need to continue to promote effective ways to define, measure and achieve it amongst different business communities and sectors, including the public sector. It's in this context that the study has been commissioned, highlighting the perspective of the NHS.

1.3. The importance of Employee Engagement in the NHS

The importance of driving forward better employee engagement in the NHS is evident in various ways and its significance has grown overtime. For instance, it is central to the key principles of the NHS Constitution (2015)[20]. Indeed, at the heart of providing a comprehensive service that is available to all, is the importance of achieving the highest standards of excellence and professionalism within the workforce. There is also an emphasis on rewarding all staff with worthwhile jobs, where they are to be trusted, actively listened to and provided with meaningful feedback, have the tools, training and support to develop and be supported to maximise the time they spend contributing directly to patient care.

The position has been further endorsed over time through more focused research and a number of NHS reviews, and initiatives. These have helped to evolve what it means for the sector and to inform what role 'engagement style activities' might play to improve patient services.[21] This is particularly, in relation to two of its most important outcomes: patient quality; and patient safety[22]. For example, research conducted by West and Dawson (2012)[23] has helped to define more explicitly the performance benefits. Indeed, they reported that a culture of engagement, positivity, caring, compassion and respect for all; staff, patients and the public, leads to an environment in which positive patient care will be provided (in terms of patient satisfaction, mortality, infection rates). This in turn supports positive organisational outcomes (including reduced absenteeism, turnover and financial performance). The authors concluded that: '*When we care for staff, they can fulfil their calling of providing outstanding professional care for patients'.*

Some of the wider initiatives picking up and emphasising core principles have included:

- *Working Together: Securing a high quality workforce for the NHS.* This signalled a new service-wide approach to managing human resources in the NHS ensuring that staff are fully involved in change processes, and know their contribution is valued, with the overall aim to improve patient care.
- *Shifting the Balance of Power.* highlighted that improvement in performance outcomes are driven by NHS employees, and thus it is essential that the frontline staff are best placed

[19] http://www.lancaster.ac.uk/lums/business/programmes/sme-programmes/productivity-through-people/
[20] Department of Health. (2015). The NHS Constitution for England.
[21] Ellins, J. & Ham, C. (2009). *NHS Mutual: Engaging staff and aligning incentives to achieve higher levels of performance*. The Nuffield Trust for Research and Policy Studies in Health Services.
[22] Care Quality Commission, 2010 (2010). *Essential standards of quality and safety.* Care Quality Commission: London.
[23] West, M. & Dawson, J.F. (2012). *Employee engagement and NHS performance.* The King's Fund: London.

to implement improvements to ensure that the key challenges facing the NHS are met.

- *High Quality Care for All.* provided by Lord Darzi recommended that frontline staff should have empowerment and greater freedom to develop locally led patient centred care.

In 2007, the NHS National Workforce Projects team defined engagement as: *… a measure of how people connect in their work and feel committed to their organisation and its goals. People who are highly engaged in an activity feel excited and enthusiastic about their role, say time passes quickly at work, devote extra effort to the activity, identify with the task and describe themselves to others in the context of their task (doctor, nurse, NHS manager), think about the questions or challenges posed by the activity during their spare moments (for example when travelling to and from work), resist distractions, find it easy to stay focused and invite others into the activity or organisation (their enthusiasm is contagious).*[24]

The topic of employee engagement was then brought to the fore in the NHS by the Department of Health in 2008 when it initiated a *Staff Engagement Policy Group*, and in 2009 employee engagement questions were introduced in the NHS Staff Survey. Its intention was to assess the levels of staff engagement within and across NHS Trusts, providing a benchmark against which progress can be measured[25] and improvements made. NHS Employers has also developed and promoted a range of resources to advance employee engagement, adopting a broad model which focuses on employees' attitudes towards the workplace not just their role. Importantly, practices seeking to realise the benefits of an engaged workforce look for motivation, satisfaction, commitment, meaning at work, pride in and advocacy for the organisation and aim to unlock discretionary effort of staff over and above their normal role expectations.

1.3.1. The Challenges of Employee Engagement in the NHS

Although there have been various attempts to endorse the vital role of employee engagement as a strategic goal, and numerous policy reviews have sought to promote the benefits and build the case for action, there have been a range of challenges that practically risk inhibiting what can be delivered on the ground. For instance, there are pressures on advancing service effectiveness and efficiency which can significantly challenge employee engagement goals:

- **Service Pressures:** Whilst the *NHS Five Year Forward View (2014*[26]*)* highlights that that the core NHS value of providing high quality care for all has not changed, there are growing demands being placed on the sector, and in turn workforce, which will need to be met. For instance, there are the challenges that society is now experiencing people living longer and with more complex health issues which raises the potential demands on the sector. At the same time service users also have higher expectations of the level of care that should be provided.

- **Efficiency Challenges:** But growing demands are not necessarily replicated with growing resources and as such there is an ongoing call for greater efficiency as well as effectiveness. In *Operational Productivity and Performance in English NHS acute hospitals (2016)*, it was reported that the NHS has to deliver efficiency savings of 2-3% a year, effectively setting a 10-15% real term cost reduction by 2021. This effectively means that the NHS has to find £22 billion of efficiency savings.

The NHS is an intensively people focused sector. This challenge of managing the dual objectives of efficiency savings and continued quality improvements, within the changing pressures of the society, therefore relies heavily on the capability of the NHS workforce for success[27].

Yet, the workforce has often been a neglected area of policy and pursued as an afterthought (The Health Foundation, 2016b). This has not been helped by a number of workforce pressures, not least:

- **Student numbers are falling:** Data shows that the overall applications to university to study medicine and dentistry and subjects allied to medicine (including nursing) have fallen, and any drop in the number of staff starting training is a cause for concern.

[24] NHS National Workforce Projects 2007

[25] Mailley, J. (undated). *Engagement: The grey literature. What's known about engagement in the NHS and what do we still need to find out?* Aston Business School: Aston University.

[26] NHS England. (2014). *Five Year Forward View*. Accessed at: https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf.

[27] The Health Foundation. (2016). *Fit for Purpose? Workforce policy in the English NHS*. The Health Foundation: London.

- **Constraints on training costs:** The fall in applications could be related to the change in NHS bursary provision. From August 2017, nursing, midwifery and AHP students no longer receive NHS bursaries. Early data suggests that overall applications to university have fallen by 4% across all subjects.

- **The long lead time for training** This means that any current pressures will not be resolved quickly. Additionally, the change in social and technological practices that are occurring in medical practice makes healthcare work practices more difficult to plan for and future skills needs may not be sufficiently understood thus inhibiting future preparations.

- **Recruitment difficulties:** Following the Mid-Staffordshire tragedy there has been a drive for safer staffing including delivering over 40,000 additional posts for registered nurses in the NHS. However, more posts have been created than the NHS has been able to fill and recent statistics[28], and total vacancies for nurses, midwives and AHPs are almost 42,000 (9.4%).

- **Retention problems:** However, recruitment is not the only concern. The Health Foundation (2017) noted that official NHS projections indicate that the NHS will lose 84,000 nurses before retirement age over the next 5 years. This will contribute further to the overall staff vacancies that are currently faced by the NHS. There is also wide variation in turnover between NHS organisations in different locations (which could be explained by skill mix, regional related differences, workforce profile etc.) around the national figures and in some areas problems may be more intense.

- **Low Pay:** Although 2/3 of the NHS budget is spent on staff, pay is still a significant factor in both the recruitment and retention of staff, inhibiting the resolution of some problems.

- **Brexit pressures:** The UK has often recruited internationally educated health professionals, and this has remained a continuous source of new recruits. In April 2017, it was reported that there were over 60,000 people from the EU countries outside the UK working in the NHS in England[29]. Early indications have suggested that Brexit has had a negative impact on the future retention of doctors and wider professionals in the UK. Immigration rules have then inhibited the recruitment of wider talent from abroad to replace them.

- **A reliance on temporary, bank and agency staff:** To respond to staff shortages, there has been an increase in the use of bank and agency staff, which is driving up staffing costs, as well as raising concerns about the continuity and quality of care that temporary staff provide.

This has important clinical, operational and financial implications for the frontline, their levels of engagement and in turn performance, as exemplified by two recent studies.

For example, the potential implications of poor staff engagement for quality for care has been brought to the forefront by two high profile reports: the Francis Inquiry and Keogh Review. The *Francis Inquiry Report (2013[30])*, conducted to identify the causes of organisational degradation at Mid Staffordshire and the resulting failures of care concluded that the culture was not conducive to providing good quality care for patients or providing a supportive work environment for staff. The report described a culture of fear where there was an excessively high priority placed on achieving targets, low morale amongst staff and a lack of openness. This was worsened by a management failure to acknowledge and address these failures, and remedy any deficiencies, despite clear ongoing signs of dissatisfaction from both staff and patients. The report recommended that to reduce the risk of this being repeated in the future, there is a need for a common culture throughout NHS systems. It highlighted important enablers of employee engagement to build openness, honesty and trust amongst staff, including greater transparency of information about performance and outcomes.

The *Keogh Review (2013)*[31] into patient safety reviewed the quality of care provided by a number of Trusts, and recommended a number of actions to improve patient outcomes. One of the actions was that all NHS organisations seek to understand the positive impact that

[28] Public Health England, 2017

[29] The Health Foundation. (2017). *Rising pressure: the NHS workforce challenge. Workforce profile and trends of the NHS in England.* The Health Foundation: London.

[30] Francis R (2013) Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry.

[31] Keogh B (2013). Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report

happy and engaged staff can have on patient outcomes, including mortality rates, and that this should form a key part of their quality improvement strategy. In the report, staff discussed being unable to share their anxieties about staffing levels and other issues with their senior managers which suggested that staff engagement was not good. The review recommended that all NHS organisations need to be thinking about innovative ways of engaging their staff.

The results of the NHS Staff Survey might at face value appear to counter these concerns. Indeed the 2016 Survey demonstrated continued progress in the improvement of staff engagement levels (this being despite the recognised pressures on the service outline above). Further, the staff employee engagement score showed a small increase from 3.78 to 3.79, forming the highest scores achieved since 2012. In addition, Public Health England (2017)[32] has also drawn attention to an increase in levels of job satisfaction, with 80% of staff saying that they are able to do their job to a satisfaction that they are pleased with.

However, below the national scores, a closer examination reveals significant variation between employee engagement levels and employee turnover between Trusts. In addition, although satisfaction scores are high overall a significant minority of staff said they were unable to deliver the care they aspire to, which does require closer attention. Furthermore, employee engagement is a dynamic issue, which means with ongoing pressures, positive scores may change from one year to the next and will need to be a continued priority. Indeed, there are concerns as to how long employee goodwill will remain. Taken together, this suggests that more still needs to be done to understand employee engagement and to deliver high levels of engagement consistently through the sector.

1.3.2. Confronting the Challenges

The sector is starting to take decisive action. For instance, in Public Health England's (2017) '*Facing the Facts, Shaping the Future',* working towards a workforce strategy for health and social care, the sector sets out an aspiration to ensure: '*the NHS and other employers in the system are inclusive modern model employers'.*

This employment model highlights the need to attract, develop, and retain dedicated staff through effective management practices. Employee engagement is emphasised as is the need to drive values to support health professionals every day, whilst protecting their health and wellbeing.

However, there remain a number of unanswered questions regarding employee engagement in the NHS. These cover the mechanisms through it can be best developed and maintained, and ultimately whether the case for employee engagement in the NHS has been effectively made which inspires performance improvements and action, rooted in local practices and owned by front-line staff in a way that supports and secures the best out of people.

Whilst various inquiries have emphasised certain enablers and practices to support better staff engagement, questions remain about the degree to which this constitutes a comprehensive strategy to drive effective employee engagement and the kind of holistic approach advocated in research by Guest and others.

1.4. Study Aims

The research question posed for the study to address was: *Based on the published evidence from performance data, qualitative research and case studies, what is the business case for investing time, money and other resources in engagement exercises?*

The study aims '*to improve the quality of debate around staff motivation and the business case for health care professionals to be engaged in their work, valued and supported'.* To answer the question and meet the study aims, a number of sub-questions were developed:

- What does employee engagement mean in the NHS?

Figure 3: Case study 1

[32] Public Health England. (2017). *Facing the facts, shaping the future. A draft health and care workforce strategy for England to 2027.* Public Health England: London.

Tess, Esk and Wear Valley (TEWV)
TEWV is a mental health and learning disability NHS Foundation Trust providing services for over two million people in a geographically wide area encompassing the Tees Valley, County Durham, Scarborough, Whitby, Ryedale, Harrogate, Hambleton, Richmondshire and the Vale of York. It covers industrial and urban as well as remote rural and coastal areas. The population profile is diverse, with high levels of deprivation in former mining and steel industry areas as well as large pockets of agricultural land. The trust employs 6,400 staff with an operating income of around £345million per annum. The deficit for 2016/17 was £19 million against a target of £8 million. The most recent inspection by The Care Quality Commission in 2017 has given TEWV an overall rating of 'Good.' TEWV is currently accredited as an Investors in People Gold Standard organisation

- Why is employee engagement important in the NHS? What do we know about its effect on other outcomes (including for patients, individuals and the organisation)?
- What drives or creates the circumstances in which engagement can happen in the NHS? and
- What interventions are effective in improving employee engagement in the NHS?

A mixed method approach was designed to address these questions. This consisted of:

- A review of the evidence on NHS staff engagement
- A series of expert interviews, and
- Three in-depth case studies exploring engagement good practice. (One at Kettering, Leeds and Tess, Esk and Wear Valley)

The study has used data from a wide range of NHS staff to improve our understanding of how employee engagement is conceptualised in the NHS, and how engagement practices are best implemented in NHS Trust.

The research therefore has aimed to provide a robust and in-depth analysis of employee engagement from a number of data sources, to provide a 'full-story' as to how employee engagement translates across organisational outcomes.

Ultimately, the research has intended to develop practical recommendations for both NHS National Bodies, and Senior Leaders in NHS Trusts to both improve employee engagement and the quality of patient care moving forward.

Report structure

The remainder of the report consider the results addressing the key questions and provides recommendations for action.

Figure 4: Case study 2

Kettering General Hospital (KGH)
KGH is an acute trust providing healthcare services to a population of around 320,000 in North Northamptonshire. It has outpatients' services in Corby, Wellingborough and Rushton. There are currently 3,700 whole time equivalent staff and it is an affiliated teaching hospital to the University of Leicester. The operating income for the Trust was £236.5 million for 2016/7. The deficit for 2016/17 was £25.6 million. KGH provides an emergency department, speciality acute services, obstetrics, and maternity services. The Trust has reported a considerable increase in demand for services throughout the last few years and that has impacted on performance, quality outcomes and financial position. Year on year, A&E attendance has increased by around 10%. From 2015/6 to 2016/7 there was an increase in inpatients of 11%. During 2016/7 KGH financed 60-80 more beds but bed occupancy still ran at over 100%. The most recent review and rating by the CQC was published in April 2017. The Trust was rated as 'good' for being caring and found that staff were professional and passionate about providing high quality patient care. Despite this, the overall rating for the Trust was assessed as 'inadequate' and the Trust was placed into special measures.

Figure 5: Case study 3

Leeds Teaching Hospitals NHS Trust (LTHT)

LTHT is one of the largest Trusts in the United Kingdom and is one of the busiest NHS acute health providers in Europe. The most recent Care Quality Commission (CQC) inspection report in May 2016 moved the Trust from 'Requires Improvement' to 'Good' indicating significant improvement in the quality, culture and safety of care across the Trust. LTHT had the highest employee response rate in the latest NHS Staff Survey, where engagement was measured at 3.83; the Trust's highest score over the last 5 years. Staff at LTHT have worked with the Executive Team to develop the Leeds values, known as 'The Leeds Way' based around 5 pillars (patient-centred, fair, collaborative, accountable and empowered). The Trust has also been working with the Virginia Mason Institute on a programme to provide a framework for improving quality and efficiency across the organisation.

2. Results

In this section we outline the key results.

2.1. What does employee engagement mean in the NHS?

The purpose of this research was not to develop another definition of employee engagement in the NHS, but to gain clarification about how it is currently conceptualised and defined across the organisation by the stakeholders operating within it. Findings from the data provided evidence for two related yet separate themes: how employee engagement is *defined* by different NHS stakeholders and how it is *measured*. It is important to recognise both, not only to assess current progress but in drawing implications for what future improvements to take for policy and practical engagement interventions.

2.1.1. Definitions of employee engagement

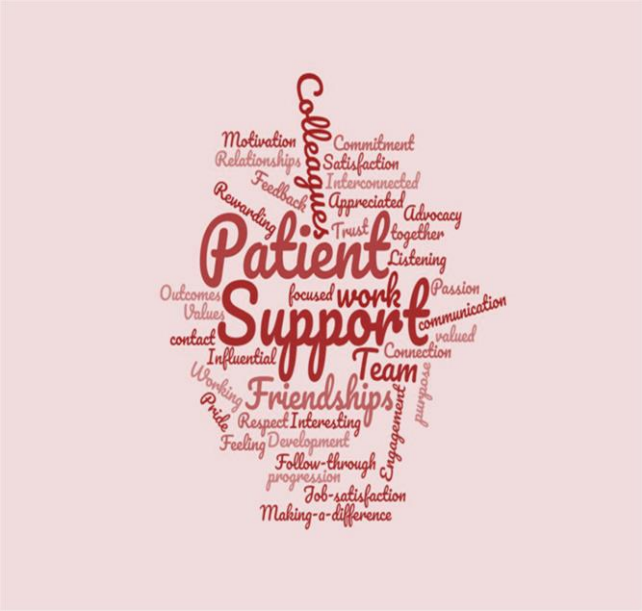
As with previous reviews on this subject, the results of this study highlight the difficulties in finding a unified, accepted definition of employee engagement in the NHS. How employee engagement is defined in the NHS was very much dependent on the lens through which the topic is viewed. This was clearly represented in the expert interviews and the case studies. For example, there are higher level academic discussions highlighting the distinction between 'work' and 'organisational' engagement, indicating the difference between employee engagement to improve an individual's job role and their wellbeing at work, and employee engagement to align and motivate staff to become more productive towards meeting organisational goals.

Practitioners often voiced the opinion that due to the vocational element of working in the NHS, employee engagement was a 'means to an end' or a process through which this vocation could be used to motivate employees to feel engaged to organisational aims – positive patient care.

In the case studies, employee engagement was considered to be important by all Trusts, and across all levels of staff, and all staff reported the organisational priority of achieving good patient care. However, there were definitional differences between different NHS staff levels.

NHS staff at the executive level often defined employee engagement in line with how it is measured in the NHS Staff Survey (motivation, involvement and advocacy), and reported that organisational performance including financial outcomes, staff productivity and patient outcomes were why employee engagement is important.

Figure 6: Capturing what employee engagement means



Managers defined employee engagement in a way that was important for their role – developing positive employee relationships in the hope this would lead to both improved patient care and positive staff wellbeing.

Frontline staff were very much focussed on patient welfare and viewed employee engagement as developing their role in a way that helped them to be committed to their patients. This focused on their immediate relationships with their work colleagues and team and ensuring that teams worked effectively. They also highlighted that efforts towards improving employee engagement should be directed towards valuing staff over and above organisational targets. It is important to note these differences as this could have an impact on both the implementation and the effectiveness of any employee engagement intervention.

2.1.2. Measuring Employee Engagement

A number of different methods for measuring employee engagement were discussed in the research. Once again this not only highlights the complexity of the term and its multiple dimensions, but how this then informs assessments of progress and steps to more effectively manage staff and advance it. The NHS Staff Survey was an important baseline measure of employee engagement, which allowed comparisons. The engagement score made up of three dimensions: motivation, involvement and advocacy. Although

acknowledged for its role in allowing benchmarking across different parts of the sector, both experts and our case study sites also highlighted concerns with the measure. For instance:

- **Ambiguities in questions:** The way in which some of the questions are worded may have an impact on the accuracy of the level of engagement reported. For example, for frontline staff employee engagement was concerned with the level of patient care they are able to provide, and engagement with their team. They questioned whether the survey is a sufficiently full measure of engagement and whether these perspectives were adequately captured in the composite measure.

  Further, some of our experts questioned how the survey can effectively *measure organisational engagement* when staff can only respond to how they feel in their ward or their department.

- **Low response rates:** The average response rate for the staff survey in 2016 was 44%, and thus questions over how representative the tool is have been raised. High scores could perhaps be misleading not representing the workforce as a whole effectively.

- **Timing issues:** The study identified problems with timing. The case study sites reported that the time between when the staff were surveyed and when results are received is too long, meaning that what was thought to be an issue of priority may have changed. Concern was also expressed, about whether interventions put in place, allow sufficient time for any results to be effectively captured in subsequent staff surveys before changes are made.

'Of the 50% who do not respond, what do they really think? It could be because they are quite content and have better things to do or it might be that they are pretty disengaged and think "what's the point, no one will listen to us".' (Director/Manager)

The broader review of evidence further highlighted the complexities in measuring and reviewing NHS engagement levels as wider NHS surveys, such as the NHS Healthy Workforce and Britain's Healthiest Workplace (BHW), use different measures of engagement. The BHW survey includes the 9 item Utrecht Work Engagement Scale that constitutes three dimensions of work engagement (vigour, dedication and absorption). However, the NHS Healthy Workforce survey does not include questions relating to the UWES-9, or any questions about organisational commitment.

Other methods of collecting employee engagement scores were also used by the case study sites – for example using the Staff and Patient Friends and Family Tests (although these weren't without fault), which were often deployed alongside other HR metrics such as turnover, sickness absence, temporary staff spend, and patient outcome metrics including mortality, falls, ulcers, infection rates etc. Whilst the use of multiple measures can allow a more holistic and rounded review of employee engagement, the range and nature of additional data needs to be carefully deployed to ensure it helps rather than complicates the effective monitoring and management of engagement practices. This is especially where results are not mutually reinforcing but contradictory.

Figure 7: Range of tools used for measuring engagement

Tools for Measuring engagement	Pros	Cons
NHS Staff Survey. Annual. Composite engagement measure made up of questions around: tendency to recommend trust as a place to work or be a patient; staff motivation at work and staff ability to contribute towards improvement at work'	– Statutory measure therefore available for longitudinal analysis and comparison (internal and external) annually	- Results slow to emerge - Low response rates - May not accurately measure engagement as defined particularly by frontline staff - Staff reported length of survey was a disincentive to completion - Non responder bias
Patient Friends and Family Test. Ongoing.	- Provides data at ward/team/service level to inform improvement - Gives patient related data which staff value and can improve morale - Local questions can be added - Comment and response can be posted online or displayed	- Completion rates variable and generally low. - Does not cover all services. - Cannot be reliably compared to other services within and beyond the Trust
Staff Friends and Family Test. Flexible, usually quarterly.	- Quick to complete - Provides data that can be drilled down to ward/team level to inform improvement - Feedback more timely and immediate than Staff Survey - -Local questions can be added.	– Completion rate varies.
Other organisational intelligence including staff sickness rates, retention figures, CQC ratings, exit interviews, anecdotal data.	– Helps triangulate data from other sources.	– Several indicators define staff engagement but risks complexity and conflicting signals
Locally collected qualitative data.	– Provides richer picture of local issues.	– Resource intensive to collect

Overall, the results highlighted concerns with the efficacy of the current NHS Staff Survey as the sole tool for measuring employee engagement. This was aggravated by a lack of consistency in how engagement is

theoretically conceptualised in other measurement tools. This is important, as it seems a range of tools are being used locally and this may have undesirable consequences in how data is used and what actions are taken. It is important to take a strategic view on the range tools and robustness of data potentially being derived and deployed within the sector and to consider what guidance and support might ensure better and more consistent measurement, monitoring and management across the NHS.

2.2. Why is employee engagement important in the NHS?

The research identified a range of evidence to demonstrate the importance of employee engagement for organisational, individual and patient safety outcomes.

2.2.1. Organisational Outcomes

The literature review provided evidence to suggest that organisational outcomes in the NHS are similar to those found in the general workforce. As such, employee engagement was found to be positively related to organisational commitment and better use of organisational resources, and negatively associated with turnover. Both academics and practitioners in the expert interviews also reported anecdotal evidence suggesting that improved employee engagement has a positive outcome for organisational productivity as a result of higher levels of employee commitment, efficiency (in both time and organisational resources) and working to complete organisational demands.

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 a staggering £1.75 billion. Total absenteeism equates to the loss of 45,000 whole-time equivalent staff annually.

Source: Boorman Review (2009)

Similarly, there was evidence that higher levels of employee engagement were associated with lower levels of presenteeism and sickness absence, and more efficient operational management. As demonstrated by previous research by Boorman[33] the cost implications of reducing absenteeism are considerable.

Results from both expert interviews and the case studies reported the current economic environment and the need to recruit and retain staff in the NHS. Retention was seen as a particular issue in the case studies. Whilst senior managers reported retention as important to reduce organisational vacancies and the indirect financial implications this could have (in terms of recruiting new staff and the costs associated with the use of bank and agency staff), employees on the frontline discussed retention in terms of maintaining team stability and continuity of patient care.

The research also found that Trusts which have higher levels of employee engagement have a better self-reported financial situation. The links to financial outcomes were discussed by some of the expert interviewees too. They argued that as a result of employee engagement having positive effects for sickness absence and turnover, there could be an indirect positive impact in reducing the need to use expensive temporary staff. That said, there was a caveat that financial outcomes are difficult to prove in the NHS.

2.2.2. Individual Outcomes

There was a range of support across the research that employee engagement was positively associated with individual employee outcomes. Although the literature review indicated that evidence about individual outcomes in healthcare is limited, what was reported suggests that there is a positive association between employee engagement and outcomes such as general and psychological health, wellbeing and job satisfaction. These findings were similar to the general workforce, where employee engagement was also found to be positively associated with life and job satisfaction, and negatively associated with burnout, ill-health and depressive symptoms. Both expert interviewees and case study staff reported that there was a need to focus on the 'whole person', especially as staff are pivotal to the NHS and are their most valuable asset. In addition, there was support for a link between improved health and wellbeing and better employee engagement, which clearly then in turn can bring productivity and performance benefits, through reduced absenteeism. The research highlighted views that if employees felt their health and wellbeing was being invested in, then they would feel more inspired about, and engaged in, the work they do. The wider link identified earlier between employee engagement and reduced sickness absence, adds further corroboration and weight to this viewpoint.

[33] Boorman (2009) *NHS Staff Health and Well-being. Boorman Review*

2.2.3. Patient Outcomes

A range of evidence also provided support that better employee engagement is positive for patients too. Interestingly, responses provided a distinction between *patient clinical outcomes* and *patient experience of care*. Patient experience in the expert interviews and case studies was described as an *'intuitive link'* - when staff are more engaged they would provide better patient care, resulting in higher levels of reported and observable patient satisfaction. Additionally, it was argued that engaged staff would spend more face-to-face time with patients and take time to ensure patient's needs were met, therefore improving levels of patient experience. These intuitive links were supported by the literature review which provided wider evidence that employee engagement was related to positive-patient centred care. For instance, the work of West and Dawson was noted, which found a link between employee engagement and outcomes such as mortality levels, infection rates etc.

> *"If people are enthusiastic about their role, they will carry it out better, especially when there is direct patient contact, this discretionary effort will spill over to patient care." (Executive Team Member)*

Whilst various sources in the research that referenced the important link between employee engagement and patient outcomes, could not prove causation, the extent of evidence pointing to the association was itself significant. As highlighted by some departmental managers in the case study sites.

Figure 8: The benefits of engagement

Some of the benefits of employee engagement
A study from a sample of 2,115 Dutch resident physicians, and found that doctors who were more engaged were significantly less likely to make mistakes
A study of 8,597 hospital nurses by found that higher work engagement was linked to safer patient outcomes.

Source: West and Dawson (2012)

The Trusts used a range of patient metrics in their work, and whilst they recognised a range of influences on these outcomes (e.g. number of staff present, resources available), they reported an important correlation between employee engagement and patient outcomes.

There was also evidence to suggest indirect ways through which employee engagement can have positive implications for patients. This was usually where there were improvements in sickness absence levels amongst permanent employees. This led to a reduction in the need for bank and agency staff and was thought to have a positive impact on the continuity, and in turn, quality of care provided by staff.

2.3. What drives or enables engagement in the NHS?

The research converged around a number of key drivers in the NHS that create or enable the circumstances in which employee engagement can develop. These have been pulled together into three main categories:

- Management
- Human Resources Management Practices, and
- Culture.

2.3.1. Management

The research highlighted the crucial role of *different levels of managers* in enabling employee engagement. Whilst different managers clearly have varying responsibilities, as managers they will all have an important contribution to securing overall success. As such, a key condition was to get different managers to work together, and to connect the varying sum of parts to create a greater whole that ensures employee engagement priorities permeate throughout the organisation.

Executive Level Management

A first vital ingredient was commitment from the top. The importance of Board members and an Executive Team which valued and recognised employee engagement, and role modelled the behaviours required of staff, was often reported.

> *"The key change has been the change from the top, the leadership and the Executive Team...there has now been a real focus on employee engagement, a sense that we are in this together…I am inspired by them and want to work for them, and hope they stay" (Senior Manager)*

The role of the CEO was particularly emphasised through the case studies, especially in relation to providing visibility, stability and continuity in what was done, and cohesion with other members of the Executive Team.

Senior Management

Senior managers were then seen as performing a pivotal role in supporting the conditions for implementation: overseeing what's done and ensuring practices are followed through; developing a culture in which positive, reciprocal behaviours occur and are reinforced; enabling communication structures; ensuring trustworthy messaging between all levels of the organisation; and tracking whether improved levels of employee engagement are secured and maintained as a result.

Line Managers

But, line managers also have a vital role too, providing an essential link "*on the ground*" between the Executive Team, senior managers and local teams of frontline staff. Line managers were essential enablers at the coalface, having to adopt and reinforce certain practices every day. For instance, the research emphasised the need for them to provide a positive interface between themselves and the people they manage, to be empathetic, inclusive and to engage in two-way communication.

> *"Our manager is open and spends time with each of us. Whenever there is a plan about how we are going forward, (name of manager) involves everyone in it. It's that opportunity for a two-way conversation and making sure that people are happy with the chance to have voiced their opinion. I feel valued in my job now which I didn't get before. In the other CSU you only get feedback when you were in trouble, but here I get the chance to influence practice. That makes the difference." (Focus Group)*

Crucially, it was seen that line managers needed to show staff that they are valued and that the employee voice and improvement recommendations are recognised within the Trust. Consequently, the importance of line managers having regular contact with their direct reports to understand what affects staff on a day to day basis was discussed, and one of their main roles was considered to be ensuring that staff embody Trust values in their everyday roles.

> *'We are encouraged by the organisation to suggest improvements; if we can make it any better we will do that. We work in a fairly autonomous way. If I do have an issue, I would pass it on my line manager'.* (Focus Group)

2.3.2. Human Resource Management

Previous research focussing on employee engagement has highlighted the role that Human Resource Management (HRM) policies and practices can have for employee skills, knowledge and motivation. The findings from this study have indicated that HRM practices are also important enablers for employee engagement in the NHS.

Job design

The research highlighted the importance of job design in supporting engagement because of the need for work to be conducted in a way where there are appropriate resources and mechanisms in place for staff to feel valued and able to have autonomy in their everyday role. Those employees who perceived a lack of control in their work, and who were not clear about their role, reported lower levels of employee engagement. The risk of such job-related factors therefore was that frontline staff were left feeling unable to fulfil their mission of providing the level of patient care they were satisfied with.

Personal Development Opportunities and Training

Senior managers and frontline staff in the case studies reported that the provision of training and development was significant because it meant staff felt valued and that they were worth investing in. These findings support some of the theories around what enables employee engagement in the academic literature. These suggest that when employees perceive that they are treated well and that their employment needs are identified, they will be more likely to respond by raising employee engagement levels and working towards organisational targets.

> *"There was at one point a halt on staff training, you literally came in and worked and had no time for development…but there is now a greater emphasis on staff development. The organisational*

learning is great now – it is a huge development." (Focus Group)

'I feel valued by other members of the team; we have to help each other out and other team members are really grateful for that'. (Focus Group).

Appraisals

Appraisals were another mechanism acting as an important enabler due to their role in identifying training and personal development needs. But they also proved valuable where employees were given the opportunity to provide feedback. Not only might this relate to how their role could be developed, but it also provided a mechanism to identify other areas of concern that could have an impact on employee engagement and productivity. The case study Trusts highlighted the need for appraisals to: be well structured; set clear objectives; and be associated with the organisational values.

'We were supposed to have them (appraisals) *back in the day, but we just had a quick chat and that was it, you didn't even know that you have had your appraisals. It has been formatted, and we are happy that they are now being delivered.' (Focus Group)*

Health and Wellbeing

The research also indicated that Trusts displaying outward consideration of, and concern for, employee health and wellbeing and offering certain health and wellbeing interventions was associated with higher levels of employee engagement. There was a view that where more active steps were taken to support more flexible working patterns and work-life balance practices, and emphasising the value of equal opportunities this led to staff feeling more valued in their role, and more willing to engage in organisational activities (usually over and above their duty to patients).

2.3.3. Culture

The phrase 'improving organisational culture' was continually discussed in expert interviews and in case studies, as a crucial enabler. Within this however, there were a number of organisational culture sub-themes through which employee engagement could be improved.

Organisational Values

Having a set of organisational values focussed towards the direction in which the Trust wants to move, including values such as creating a patient focussed vision and an open and transparent 'no-blame' culture helped to develop employee engagement. This was especially as these values were important to staff. Having the opportunity to co-create the values was also appreciated and enabled employee engagement, as well as how they were communicated within the Trust and used in everyday Trust practices. Additionally, the wider literature noted that a positive work environment is important for engagement levels.

Feeling valued by patients, other staff, managers and the wider organisation was consistently reported by staff as a factor that fostered wellbeing. This was not solely about individual practices but the wider positive climate that supports staff. Across the case study sites, mechanisms included:

- Patient feedback either directly or through managers from data collected by the Friends and Family Tests;
- Positive feedback by managers e.g. acknowledging the individual contributions staff might make to improvements or paying staff for their overtime without them requesting it;
- Award and reward schemes such as smile awards, team of the week, wall of thanks and annual reward events to recognise achievement. Awards at all levels were invariably shared on social media to act as motivators to other teams and share good practice;
- Staff valuing each other with support and acts of kindness

'The NHS survives on good will. Almost everyone goes above and beyond. If we all worked to rule the whole thing would come to a halt. We dig deep and do things off our own backs. For example, I make cakes for staff – it makes them feel appreciated and they are more likely to give of themselves.' (Focus Group)

Teams

Throughout the case studies, frontline staff particularly mentioned the importance of being in a team, developing team cohesion, and how being engaged towards meeting team goals, and not letting other employees down was an enabler for employee engagement. Transparency in team communication was found to be necessary to enable engagement as well as having stability and a

sense of permanency in teams, especially in times of pressure, which ensured relationships were stronger.

> *"I feel valued by other members of the team, we have to help each other out and other team members are always really grateful for that." (Focus Group)*

Communication

Having an open and honest culture was enabled by having clear and transparent forms of communication. This needed to support two-way feedback, and the clear cascading of any messages throughout the Trust (importantly how messages were delivered was as important as the content of the communication). Communication of the Trust values was necessary, as well as providing employees with the opportunity to voice quality improvement options.

Trade Unions

Trade unions were less commonly mentioned then other enablers. However, the ability to have a structure where conflict resolution between staff and managers could occur and collaborative working was supported, were examples offered as a driver for employee engagement in the case study sites.

2.3.4. Barriers to Employee Engagement

As well as identifying a large number of drivers for developing employee engagement, the research also highlighted a range of barriers. It is important to understand these too, as if not addressed they risk inhibiting engagement efforts, no matter what interventions Trusts implement.

A number of these were related to *internal Trust resources and procedures*. For example, the *national shortage of staff* in certain professions added to the work pressures on remaining staff, and enhanced the risks of: greater staff sickness absence; lower employee satisfaction; and growing concerns about the quality of care that remaining staff were able to provide. Whilst there was an increasing use of bank and agency staff to reduce understaffing on wards, frontline staff commented on the disruption to team dynamics, and potentially to the continuity of patient care that their use could have.

Financial restrictions were often discussed, as these led to difficulties in both ordering and updating the equipment needed to provide improved levels of patient care.

Organisational structures and processes were also seen to have implications for employee engagement and potentially on quality of care. These included: labour intensive and seemingly bureaucratic data collection processes (and the difficulties using the technology to input certain metrics); inefficient communication structures; and when Trusts were split across multiple locations, then Trust size and geography led to difficulties in the level of face-to-face managerial communications that were preferred by frontline staff. The case study sites were all undertaking a process of Quality Improvement (QI), with the hope that providing employees with the opportunity to suggest improvements to staff and organisational practices would improve employee engagement levels. However, the case study results suggested that the ways in which QI methods were implemented (including the language used) had an impact on the success of the improvement programme and the levels of employee engagement secured in practice.

Finally, further barriers to employee engagement referenced the *growing external pressures* affecting Trusts. These related to factors such as: the rising demands of a changing and ageing population; increasing patient expectations as to the level of treatment expected in the NHS; the climate of financial austerity and political uncertainty; and the ongoing transformation process within the health system, with the onset of Sustainability and Transformation Plans and Accountability Care Organisations. Such developments risk enhancing difficulties in managing case-loads and increasing uncertainty, and competing demands in the external environment. Additionally, the role of external regulatory bodies were discussed as having negative implications for employee engagement, especially when any measures were perceived as punitive rather than opportunities for positive change.

2.4. What interventions are effective in improving employee engagement in the NHS?

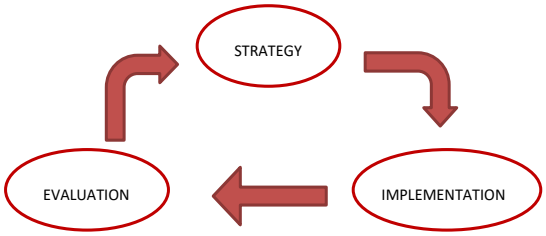
The research highlighted a wide range of workplace practices that can act as interventions for improving different aspects of employee engagement in the NHS. For instance, Trusts mentioned HR management practices and training programmes, communication tools and employee health and well-being initiatives. However, what became evident, especially in the case studies and looking at the implementation of interventions on the ground, was that there was a danger that these practices were operating in a way that was too fragmented and disconnected. Practices had often not been shaped purely to support employee engagement. As such, this

risked an insufficient focus on how the interventions could be most effectively implemented together, specifically to improve employee engagement as the overall outcome. Effectiveness depended on much more than purely listing practices. This identified a greater need to look at the interventions from a more strategic perspective and through an employee engagement lens and to review the employee engagement approach from different perspectives.

This means that having recognised that employee engagement is a key goal, steps would be taken not only to understand what practices and interventions are contributing to that goal but to keep this under review and to periodically consider where implementation gaps to interventions are as a necessary part to successful strategic change.

Consequently, the research has developed a strategic model considering the factors involved in the delivery of employee engagement interventions. This needs to operate end to end, thus supporting the development of an effective strategy and implementation process. The research has drawn on lessons derived from a review of the evidence, especially around the role played by varying workplace practices and how the enablers and barriers work as levers to successful implementation.

Figure 9: Model of strategic change for improving employee engagement



2.4.1. Strategy

Improving employee engagement in any organisation, including the NHS is not easy, and can involve a shift in a number of processes over time, with competing priorities. A vital first step to an organisation demonstrating a clear commitment at all organisational levels to employee engagement, and consistency in purpose, is the need to develop an *employee engagement strategy* or vision. Importantly, it is essential this has *official ownership and governance* and backing from the top usually through members of the Board, and senior executive team.

A specific focus on employee engagement as *an explicit and critical goal* within the strategy, then provides a clear rationale for why employee engagement should be pursued. It also allows for better co-ordination and alignment of any subsequent employee engagement practices developed and implemented. With clear ownership of the strategy, especially at the most senior level, this provides the basis for clear accountability, so that interventions are maintained and updated. This in turn then helps to ensure that employee engagement practices do not become stagnant.

The employee engagement strategy is important in building a locally owned narrative which binds the workforce around its delivery and can include considerations such as:

- **Making the business case** for why employee engagement is important within a Trust.
- **Defining what engagement means:** What a highly-engaged workforce would look like and means in the Trust and how success would be measured.
- **How it can be achieved**: How to involve all employees in the organisation in the delivery of the strategy.

When developing the strategy it is important to understand the current nature and levels of employee engagement locally so that any actions to improve can be developed through a prioritised and targeted action plan, customised to local issues. This can be done with the use of diagnostic tools.

The *NHS Staff Survey* can be used as an identifier of employee engagement scores. But, there are also a range of wider tools used at an organisational or departmental level. For example the use of *HR analytical data* that is routinely collected (e.g. turnover, sickness absence, bullying and harassment etc.) could also be used to assess employee engagement. *Pulse surveys* provide a further method. Once these tools establish levels of engagement and what the differences are between high and low areas of engagement, it is then possible to determine what engagement practices may be needed and the necessary enablers to aid successful implementation. It is to this we now turn.

2.4.2. Implementation

The second aspect of the model concerns implementation and considers the actual range of practices or interventions that might act independently, and most importantly, together as key drivers of engagement, and seeks to identify some of the conditions for success.

Implementing interventions may be challenging as a result of cultural, organisational and procedural pressures the NHS faces. Key enablers of engagement were identified through the research to overcome these challenges, such as the vital role of management, human resource practices and culture. An active focus on these enablers through an employee engagement lens can then determine how staff understand employee engagement, and how empowered they are to own and implement employee engagement interventions effectively. Employee engagement should not be seen as a separate initiative divorced from other priorities, but requires an integrated approach. The different aspects of this are considered in turn below.

Management

Effective leadership and management were perceived as fundamental to ensuring the improvement of employee engagement in the NHS at a number of levels. This needed to include top-level, *CEO and Board* commitment to championing engagement practices, and offering support to the organisational-wide strategy. But, in addition, initiatives needed to raise *senior leadership visibility to frontline teams* too. This is, not only to support front-line practices, but to enhance senior level awareness of constant challenges staff were wrestling with at the coalface, which could be inhibiting practically what can be done. This too was key to securing ongoing improvements.

However, it is at the *line management* level where the employment relationship is strongest that employee engagement enablers are so crucial. Line managers are central to engaging their line reports and need to have the relevant skills required to identify employee engagement issue. If there is an implementation gap at this level, then *line management training* may be necessary to develop line management competencies and train managers in appropriate employee engagement methods. There are a variety of ways this can be done on and off the job, through coaching and mentoring, or through more tailored training programmes. Simple *line management behaviours* were identified through which the employment relationship could be enhanced, including open-door policies, lunch-break meet-ups and working clinically alongside direct reports.

Human Resource Management

The human resource management (HRM) approach adopted is of vital importance to championing and delivering an organisation-wide strategy for employee engagement. This is not least because, many of the practices discussed require people-centred, positive management relationships. This is illustrated by considering the range of HRM interventions deployed in the NHS.

One crucial way of maintaining positive employee engagement was through *job design* so that work was organised in a way where staff had sufficient autonomy and control in their everyday role to actively contribute and therefore felt valued. Job design was also key to ensuring agreement between employees and managers about the efficient divisions between roles and responsibilities to develop mutual positive behaviours.

A vital mechanism through which job design was effectively managed was the appraisal. Indeed, the case study sites showed how *well-structured appraisal seasons* were crucial to improving employee engagement. This was especially where all employees had their appraisal within the three-month season. A number of critical success factors were identified. In particular, it was important: appraisals were *structured around organisational values;* they allowed the *opportunity for employee feedback;* supported regular conversations between managers and their staff; *employees were rewarded* for the work they had done; and *employee engagement could be monitored as an outcome* of the appraisal. Appraisals were also important to identify *training and development needs* for all employees allowing employees to develop and use their skills efficiently. Where appraisals were found to be unsatisfactory, then it was also crucial action was taken such as directing line management to appropriate training that would improve appraisal management and outcomes.

The research also showed an important link between employee engagement and wider HRM initiatives such as those supporting better *health and wellbeing, equal opportunities, and bullying and harassment.* It was important these were managed in an integrated way so that they could be mutually supportive, and operated through core HR practices such as: strong communication processes; training for critical staff involved in delivery such as lie managers; and deployed consistent metrics and HR analytics to track and review progress.

Culture

Employee engagement scores differ among similar staff groups that comprise the NHS population, and areas that outwardly seem to have similar pressures can still perform differently on certain engagement metrics. This

in part indicates the role that organisational culture can play in employee engagement. Although culture in itself is not a driver of engagement, there are a number of cultural factors that can create the conditions through which employee engagement can develop and hence be enabled. There are ways in which such conditions can be more effectively influenced and managed. The most prominent of these were identified by the research.

One intervention highlighted involved developing *co-created organisational values*, that all employees own and can work towards, and which emphasise employee engagement as an outcome measure of success. There are certain factors critical to the values being effective not least, they have to be: *visibly embraced and supported by senior management; effectively communicated* and; *embedded in all employee facing processes.* These values would then be adopted through various practices including, values-based recruitment, values-based inductions and values-based appraisals. Additionally, with high levels of staff turnover currently reported by Trusts, it is important that the values are updated to ensure they still represent the needs of and are owned by the staff population as it evolves.

Interventions such as *Quality Improvement Methods* were also mentioned. These were seen to be vital mechanisms through which staff can contribute to and improve the employee engagement approach. But the success of this is reliant on the management of the process by senior staff and the sufficient allocation of resources (including time) to follow activities through.

Structured communication plans with the aim to improve employee engagement were also discussed. But the success of these tended to be enabled through managers working with their individual employees and teams. *Managers* were essential to ensuring that *employee voice and feedback loops (e.g. you said, we did)* can occur and that team briefs, organisational briefings and information are appropriately cascaded to all employers.

Frontline staff also highlighted the importance of team interventions and reported that *team goals* needed to recognise and support employee engagement too. This was especially as employees did not want to let work colleagues down. It was therefore also thought to be key to connect team/department goals at different levels to individual goals and to ensure that these were readily and clearly communicated and managed with reference to each-other. This would then help to deal with conflicting and competing priorities, which may otherwise inhibit delivery.

Finally, a further intervention was the role of *trade union support.* Reference was made during the research to different trade union services but the role that these could play was not always sufficiently exploited. There was a recognition that ensuring more joined up and consistent messaging and could also significantly enable improvements in employee engagement delivery.

2.4.3. Evaluation

Finally, it is important that *evaluations* and reviews of interventions are undertaken, formally and informally, to support an environment for reflection and a process of continuous learning and incremental improvements.

One of limitations when considering workplace employee engagement interventions reported in the current literature was the notable lack of evaluation of specific approaches or interventions to improve employee engagement. The environment and conditions for achieving employee engagement are dynamic and continually changing. So, it is vital that engagement outcomes can be regularly assessed. This is helpful to understand whether the engagement strategies have been successful, where implementation or educational gaps may lie, and what other barriers to employee engagement have arisen in the NHS. As such it supports a growth in the capacity, capability and know-how surrounding employee engagement. This, in turn, supports ongoing reflection on what works formally, as well as informally through feedback, and the developments of tacit knowledge, making improvements integral to “what’s routinely done”.

If, as the case has been made, employee engagement can have positive implications for patient care, organisational outcomes and individual wellbeing, then increasing our knowledge, understanding, and developing a process of continuous improvement should occur.

3. Conclusions and recommendations

3.1. Conclusions

Although research into employee engagement in healthcare and the NHS is not new, growing pressures place an increasing onus on the importance and vital role of staff to respond and ensure the highest possible care can be maintained in future. Staff recruitment and retention concerns; challenges that Brexit may bring to staff levels and shortages; adaptations to the training bursary and service and efficiency pressures, are just a few of some of these increasing issues, highlighting the need more than ever to attract, retain and develop staff in a way that supports employee engagement, commitment and the delivery of good quality patient care for all.

Although results from the NHS Staff Survey suggest that employee engagement has risen over the last 5 years, there are concerns that this does not convey the full picture. There is significant variation between employee engagement levels and turnover between Trusts and a view that the current level of goodwill from NHS staff will not remain much longer.

The aspiration of the sector is high. Indeed, the recent workforce strategy from Public Health England (2017) states ongoing commitment for the sector to be an inclusive, model employer and ensuring the principles of good work. One of these principles is the need to value and engage staff. But, whilst this is an important strategic goal, there remains questions about whether it can be achieved in practice and hence the case for employee engagement in the NHS has effectively been made to inspire action on the ground.

This research has sought to shed light on this situation examining:

- Why is employee engagement important in the NHS? What do we know about its effect on other outcomes (including for patients, individuals and the organisation)? Why employee engagement should be a priority for NHS Trusts
- What does employee engagement mean in the NHS?
- What drives or creates the circumstances in which engagement can happen in the NHS? and
- What interventions are effective in improving employee engagement in the NHS? How it might be better achieved within the reality of the everyday pressures and challenges the NHS is currently facing.

It has involved reviewing and bringing together a range of evidence: academic and grey literature; qualitative and quantitative evidence; and real life case studies in a diverse range of Trusts to get under- the skin of the key enablers and barriers.

3.1.1 Why is it important?

The results from this research provide evidence to suggest a business case for employee engagement in the NHS can be made. This may be vital if Trust Boards question why employee engagement should be a priority, especially if financial investment is needed. Although it could be assumed that improving work for employees should be the norm, the fact that there are large variations in employee engagement scores between and within NHS Trusts, indicates that there are significant operating challenges inhibiting effective delivery.

The research found that:

- **Organisational outcomes**, in terms of improved employee commitment, better use of organisational resources, reduced turnover and sickness absence were reported, as well as both direct and indirect evidence showing that financial outcomes are improved when there are higher levels of employee engagement. There is evidence to suggest that employee engagement was associated with improved patient care.
- **Patient outcomes**, although not proving causation, there are convincing pieces of evidence suggesting an association with improved employee engagement and better clinical patient outcomes. The research also supported the 'common sense' assumption that when employees are engaged, patient satisfaction and experience scores are improved.
- **Individual outcomes** were also associated with better employee engagement in areas such as psychological health, wellbeing and job satisfaction. There was a negative associations with negative effects like individual burnout. Anecdotal stories were provided by employees in the case studies, who provided personal examples of when a Trust invested in health and wellbeing initiatives they became more engaged.

But, evidence alone was not enough and the research also explored wider enablers supporting the achievement of better levels of employee engagement.

3.1.1. What does employee engagement mean?

As with previous research into employee engagement this research recognised the difficulty in finding a unified and accepted definition of employee engagement in the NHS. Rather, the research revealed significant differences in how engagement was understood and conceptualised between different levels of NHS staff.

- *Executive level staff*, although recognising the priority of achieving good quality patient care discussed employee engagement in very 'organisational terms' – focussing on the need for employee motivation towards organisational goals and the importance of Trust advocacy.
- *Middle management* tended to define engagement in a way that related to an important element of their role, developing the employment relationship and two way communications.
- However, *frontline staff* were very much focussed on engagement towards their role of providing positive patient care and ensuring that their local team worked well together.

The difference in these conceptualisations is important with regards to how employee engagement should be measured, and what interventions would be effective in a Trust in future. The NHS Staff Survey composite measure of employee engagement currently includes scores for motivation, involvement and advocacy, therefore focussing on the executive conceptualisation of engagement. Clearly, this means it may *not* be truly representative of what employee engagement is understood to be amongst all levels of NHS employees, but especially those at the frontline. Although other employee engagement measures are used by NHS Trusts locally, this mismatch in understanding risks a lack of ownership in different parts of the sector. This could create tensions around any subsequent actions taken that need ideally to be investigated and resolved.

3.1.2. What drives or enables engagement in the NHS?

A number of drivers through which employee engagement can be developed were identified and converged around three main themes: Management, Human Resources Management (HRM) and Culture.

- *Management:* Managers at the macro, meso and micro level of the NHS were all considered important as drivers for engagement. The *Executive Team*, especially the CEO were seen as vital to support, understand and have a cohesive, visible approach towards employee engagement practices in NHS Trusts. *Senior managers* were crucial to the development of a departmental culture where engagement behaviours could flourish, often supported by positive reciprocal behaviours. *Line managers* provide the positive interface between themselves and their employees, and key to showing that staff are valued and engaging in two-way communication.
- *HRM practices.* There are a number of HRM practices that were associated with enabling employee engagement including: job design (the level of autonomy and resources staff have to conduct their role); personal development and training (if employees are provided the opportunity to develop skills and feel valued in their roles they are more likely to respond by raising engagement levels); appraisals (having the opportunity to discuss their roles, development and two-way feedback was an important factor for enabling engagement); and health and wellbeing activities (showing concern for employee health was a factor that contributed to improved engagement scores).
- *Improving 'organisational culture'* was often cited as an important condition that enabled engagement. This was aided by the co-creation of Trust values, focussing on the direction in which the Trust would like to travel. Generally, the values aimed to encourage a climate that focused on: how both patients and staff are treated; having team cohesion and clear team goals; developing clear, open and safe communication pathways; and providing trade union support.

However, ***a number of barriers*** to developing employee engagement were also identified. Some of these were internal such as the *limit of resources* (time, financial or staff) which increased the pressure on staff to deliver good quality patient care. *Organisational structures* (including the physical geography of NHS Trusts, and administrative and bureaucratic processes) resulted in dissatisfaction in relation to clear communication pathways and labour intensive processes taking time away from patient care. Finally, external barriers were a problem too. For instance, *political and regulatory conditions* external to Trusts, which created high levels of uncertainty, were often seen as punitive rather than creating change opportunities. The ongoing pressures of *financial austerity* and wider transformation processes in the wider health system were also an issue. If these barriers are not recognised by the NHS and Trusts, and actively managed with employee engagement in mind,

then there will be a significant risk that any existing engagement interventions will be inhibited.

3.1.3. What interventions are effective in improving employee engagement in the NHS?

A number of workplace practices were described as interventions that could be implemented to improve employee engagement in the NHS. What is clear is that there has been little focus on evaluating engagement interventions, and that employee engagement interventions need to be managed and embedded into NHS Trusts systematically through an employee engagement strategy, which can then be updated or improved through on-going evaluation. When considering the employee engagement strategy, a number of considerations need to be taken into account:

- *Trusts may have competing strategies*, for example: recruitment strategies; retention strategies; safe care strategies etc. Employee engagement should be recognised in these strategies if it is to be considered as an important outcome.
- *NHS Trusts are often subject to internal and external political, financial, operational and regulatory pressures* which may take both time and resources away from any employee engagement strategy and/or lead to Trust measures that seem contradictory to employee engagement interventions. This may mean that employee engagement strategies may have to be aligned with the wider priorities of the healthcare system.
- The differences within and between Trusts with reference to employee engagement scores means that *there will not be a 'one-size fits all approach'* to what the 'best' or 'most effective' intervention for employee engagement is. But using a holistic employee engagement vision, within a cycle of continuous improvement enables NHS Trusts to recognise where 'engagement hot-spots' within the Trust are, and implement the intervention to enable change, followed by evaluating whether the change has been successful.
- In future Trusts need *to develop a consistent organisational approach, with employee engagement as a priority outcome*. As indicated by the case studies, in many cases it is not a case of re-inventing the wheel, but Trusts need to put into practice what they already know and have learned about existing interventions already adopted to secure further improvements.

3.2. Recommendations

Throughout this research, while evidence of good practice regarding employee engagement practices have been identified, NHS organisations still report varying levels across and within their Trusts. A number of recommendations for strengthening the case for action, and improving employee engagement have been made, to ensure that employee engagement is consistently delivered in the NHS in future.

Two main gate-keeps for the recommendations have been identified:

3.2.1. Recommendations for leaders in delivery organisations

A number of recommendations have been developed at the delivery level for leaders of NHS organisations that fit in line with the model of strategic change for improving employee engagement.

Strategy

The research highlighted the need for a more systematic and integrated process through which employee engagement should be embedded in Trusts and different practices can work together to support employee engagement as an explicit strategic goal.

It is recommended that:

- ***An employee engagement strategy should be developed where an outcome of employee engagement is clear, including the aims and vision of the strategy, its implementation and evaluation.***
- As well as developing an employee engagement strategy ***there should be a Board ownership of the strategy, and a collective commitment by the Board and the senior Executive team, working alongside middle managers and front-line staff, to understand what and how improvements should be made.***
- It is important that the strategy ***is developed in consultation and partnership with employees at all levels and trade unions.***

Implementation

The Executive Team and senior management approaches to employee engagement were important enablers for employee engagement. It is therefore recommended that:

- ***NHS leaders and managers are developed and equipped to understand the link between employee engagement, organisational performance, employee health and wellbeing and patient outcomes, and their actions to be judged in terms of whether they contribute or undermine employee engagement*.**

- ***NHS leaders are encouraged to think about what "being visible" means, modelling the values they espouse and promoting the importance of advancing employee engagement practices through compelling stories and language that connects to frontline staff and the pressures they are wrestling with***.

Line managers were often viewed as a key link in the employment relationship. As a result it is recommended that:

- ***Training on employee engagement should be an integral part of line management training (to those both currently in line management positions, and those to be recruited to line manager posts) and leadership development (at local, regional and national levels).***

- ***Training into conducting appraisals should also be provided to line managers, as these are an important tool through which engagement can be developed, and should be used as a means for continuing talking about engagement and not solely a one-off annual exercise. Additionally, employee engagement should be built into a line manager's annual appraisal and personal development.***

- ***Measures are put in place to recognise the value of staff reflection and allow time for peers to communicate and support each-other.***

An organisation's culture was seen as an important driver in which employee engagement can develop. One enabler of this culture was the development of organisational values and behaviours.

It is recommended that

- ***Organisational values should include employee engagement, and should be co-created and regularly monitored with employees at all levels. Additionally, employee behaviour should be monitored according to the values at all employee facing opportunities, including: values-based recruitment, values-based inductions and values-based appraisals.***

There are a number of HRM practices that were associated with enabling employee engagement. It is recommended that:

- ***An analysis is undertaken locally into how key practices such as job design, flexible working, and personal development are working so that resources are being managed appropriately and staff feel valued, supported and understood.***

Frontline staff often discussed the importance of being part of a team, and team stability for developing employee engagement. It is recommended that:

- ***Actions to promote flexibility in teams and maintain team stability including the reduction in use of temporary staff are implemented for team cohesion.***

The associated link between employee engagement and employee health and wellbeing were reinforced from a range of evidence across the research.

- ***The recommendations made regarding health and wellbeing provided in the Boorman (2009) review into NHS health and wellbeing are fully supported.***

Evaluation

As reported in the current literature there is a notable lack of formal evaluation of employee engagement interventions, and as a result organisations can undertake a number of workplace practices to indicate whether interventions have worked, using different diagnostic tools and metrics.

It is recommended that senior leaders take action to develop an environment for continuous learning and incremental improvements regarding employee engagement by:

- ***undertaking regular assessments and evaluation of the effectiveness of their employee action plans, recognising where change needs to take place, reducing education and implementation gaps and ensuring that the employment engagement does not remain stagnant and continues to be embedded effectively into the Trust.***

- ***All organisations need a dash-board of metrics they use to monitor the effectiveness of their engagement strategies. In large and small organisations levels of engagement vary between occupational groups and service units, and change over time. Leaders and managers need information, derived from formal and informal methods of data collection, that allows them rapidly to identify areas where engagement is low, and OD approaches and resources that can be deployed to strengthen it. The metrics required will be a mix of feedback from surveys and near real time data collection methods.***

- ***working with national policy makers and arms-length bodies to strengthen evaluation approaches and capacity and capability.***

3.2.2. Recommendations for National policy makers and other arms-length bodies

A range of recommendations have also been developed for national policy makers and arms-length bodies.

The current challenges in recruitment and retention of NHS staff has emphasised the need to look more holistically at employee engagement across the NHS. With this has come a recognition of thinking about how to deliver employee engagement more strategically, linking workplace practices in a more integrated way and highlighting the principles for good work.

It is therefore recommended that

- ***there should be a requirement for employee engagement to be included in national and local governance frameworks to reflect this broader perspective and to ensure proper Board accountability for its implementation.***

There are a number of NHS Trusts where good practice of employee engagement practices are occurring, and thus creating geographical networks for peer learning. It is recommended that:

- ***Action is taken centrally to support better networking, and mentoring and to advance employee engagement good practice across the sector.***

As a result of economic, political and operational pressures currently being faced by NHS staff, it is recommended that

- ***NHS providers and other arms-length bodies provide a more proactive and supportive approach, moving away from solely performance management measures.***

Poor ratings and repeated inspection can make staff feel more pressure and stress. It is recommended that:

- ***Further consideration should be given to how results are communicated and what additional measures of support can be put in place to help those organisations rated as inadequate.***

Although the current NHS Staff Survey does include a composite measure for employee engagement, the research has indicated that the current measure does not accurately reflect what NHS employees report employee engagement to be. It is therefore recommended that:

- ***Consideration is given to whether the employee engagement composite measure is right and needs to be amended to include other scores identified by NHS employees e.g. satisfaction with patient care, effective team work and effective management.***

- ***Further thought is given to how the information is reported and used alongside other tools***

Alongside this, a criticism of the NHS Staff Survey was the length of time it took for results to reach Trusts and to allow for any improvements to be made before employees are surveyed again. Consequently it is recommended that:

- ***Options are explored for enhancing the speed of staff survey feedback to NHS Trusts.***

All NHS Trusts collect a wide range of HR analytics, through which Human Capital Reporting is provided to both internal and external committees. It is recommended that

- ***NHS Trusts should broaden the metrics that regulators and commissioners use to assess Trust performance and measure***

employee engagement. This includes expecting NHS Boards to provide reports on human capital data and an associated narrative that could be incorporated into standard workforce metrics regarding what Trusts are doing about job satisfaction, sickness absence, turnover, diversity, inclusion, bullying and harassment, etc. This data can also be used internally in Trusts to anticipate where difficulties are going to occur and take a preventative rather than reactive approach.

Alongside improving Trust human capital reporting, it is recommended that

- ***steps are taken centrally to develop a standard methodology for NHS Trust Boards to calculate levels of staff engagement and standardise reporting measures.***

Although a range of workplace practices to improve employee engagement have been developed, there has been little, if any, evaluation of these practices, both in terms of financial analysis and implications for organisational outcomes. It is therefore recommended that

- ***Steps are taken to support the evaluation of employee engagement interventions, including regular monitoring and reviews so a richer evidence base and business case for employee engagement can be made nationally and locally.***

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