



Links between NHS staff experience and patient satisfaction

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- Jeremy Dawson's (2009) seminal report: 'Does the experience of staff working in the NHS link to the patient experience of care?'
- 2007 staff and inpatient surveys 163 NHS trusts
- Exploratory approach led by data analysis c.f. theoretical or policy implications (correlation analysis and regression analyses)
- Summary results:
 - Staff survey item most strongly linked to patient scores was discrimination (on the basis of ethnic background)
 - II. Strong link between all staff experiencing **bullying**, **harassment or abuse** from relatives or patients and whether patients felt they were treated with respect and dignity in hospital
 - III. Clear **staff goals/commitment to organisation** associated with better communication with patients







- Building on the 2009 analyses, and also looking specifically at the experiences of staff and patients from BME backgrounds
- 2014 and 2015 NHS staff surveys and NHS acute inpatient surveys
- Multiple years' data and more sophisticated data analysis
- Summary results patient satisfaction associated with:
 - Work pressure
 - Belief that trust provides equal opportunities for progression
 - Experience of physical violence / discrimination at work
 - Effective team working







- Treatment of BME staff was a good barometer for patient satisfaction
 - Increased percentage of BME staff agreeing their role made a difference to patients resulted in increased patient satisfactions
 - Higher proportion of BME staff experiencing discrimination at work resulted in lower patient satisfaction
 - Increased belief in contributing towards improvement at work resulted in higher overall patient satisfaction
 - Other important relationships with patient satisfaction: feeling secure raising concerns; effective team work; support from manager; overall staff engagement





Impact upon the care of all patients

- Freedom to Speak Up:
 - More BME staff are unsatisfied with the outcome of workplace investigations than white staff (40%:27%)
 - ➤ BME staff are more likely than white staff to <u>not</u> raise a concern for fear of victimisation (24%:13%)
- Poor staff engagement:
 - > *For every 1 s.d. point of increased staff engagement there are 2.4% less deaths in acute hospitals: improved patient safety
 - *For every 1 s.d. point of increased staff engagement there is a saving of £150k in terms of agency and absenteeism costs: increased organisational efficiency

Impact on patient care...!







- Developing a framework for Commissioning for a Positive Staff Experience
- Experience of Care programme: Examining the interface between patient and staff experience
- Testing and refining both of these models and frameworks in 4 STP areas
- Code Lavender about supporting staff in crisis: Two organisations keen to see if the model can be adapted for the NHS in England



FTSU



 NHS England has committed to widening the network of FTSU Guardians across the organisation from the one national lead to 14 as Lead Guardians to be supported by 25 Support Freedom to Speak Guardians with a commitment to 40% of the network being from BME background



Digital stories



- A powerful medium to illustrate experience of working for the NHS, and of delivering patient care;
- We want to expand their use, and expand the types of stories told;
- Complementing equality programmes;
 - WRES
 - Learning Disabilities Employment Programme;
 - WDES
 - EDS2
- Also considering Whistleblowers stories



What can the EDC do?



Work already underway:

- Research forms the foundations of the WRES strategy
- Current partnership working with the National Guardian's office
- Staff experience programme

Further opportunities:

- Further infusion within policy levers and regulation?
- NHS workforce strategy undergoing consultation
- Opportunity for inclusion in the emerging EDC task and finish groups
- Aligning successful staff experience programmes (such as DNA of care) with equalities work across the system

