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BRIEFING 110

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# STAFF INVOLVEMENT, QUALITY IMPROVEMENT AND STAFF ENGAGEMENT

## THE MISSING LINKS?

Improving staff engagement is a key objective for NHS organisations in England. In recent years, different approaches have attempted to boost engagement levels, staff experience and improve patient care.

An encouraging number of local engagement strategies have been developed that have resulted in staff engagement levels holding up well, despite the ongoing challenges and pressures the NHS faces.

### Key points

- Staff involvement is an essential ingredient of a sustainable approach to quality improvement.
- There are a range of ways in which staff can be involved in quality improvement activity. The key change is for organisations to see staff involvement as an integral part of their approach.
- In order to participate effectively in quality improvement, staff need protected time and training in quality improvement techniques. Greater staff involvement has been shown to deliver sustainable improvements.



## SUSTAINING, IMPROVING AND PERCEPTION

A key focus for NHS organisations is the assessments from NHS Improvement and the Care Quality Commission. Carried out annually and ad-hoc, they focus on the quality and impact of the services provided to ensure they can be sustained, while always striving to improve.

Over the past decade, the NHS has adopted a range of quality improvement techniques including [NHS] Lean, [NHS] The Productive Ward, and more recently the partnership with the [NHS] Virginia Mason Institute (VMI). Individual organisations have also increasingly used tools such as [NHS] 'Dragons' Den' and staff-suggestion style schemes through which staff can put forward ideas for improvement.

Staff involvement has shown to be a key factor in the success of these quality improvement techniques. A growing number of organisations are increasing staff involvement through their quality improvement initiatives.

Staff survey data indicates that there is generally a high level of staff involvement in the NHS. However, evidence shows variation between organisations, and that staff feel more involved at ward level. Perceptions of involvement with wider decision-making, for example on service improvement, is lower, and organisations are addressing this.

To support this, the recently [NHS] updated Care Quality Commission's well-led framework, puts greater emphasis on staff involvement in quality improvement. This is likely to mean a greater focus on this area in the inspection reports. NHS Improvement is seeking to encourage greater sharing of experience and provide more support.

This briefing document explores the benefits, approaches and working examples of how organisations are involving staff in quality improvement activities.

## THE BENEFITS OF STAFF INVOLVEMENT IN QUALITY IMPROVEMENT

Healthcare research studies highlight the benefits of staff involvement with quality improvement. The Productive Ward: Releasing Time to Care programme was a nationally sponsored quality improvement programme implemented in 2007.

Ward teams were encouraged to review the way in which certain activities happened, with the end goal of removing waste and releasing time to provide direct patient care. Staff were centrally trained on the Lean process analysis techniques, and then assigned to work with their local teams. The involvement of staff in implementation of the tools was identified as a key factor in long-term impact by the national evaluation.

In 2015, the Health Foundation worked with a small group of trusts on the implementation of a range of quality improvement tools. Its report highlighted the need to free up staff time to enable them to participate and to give power to staff in front-line positions to solve problems. Discover more about the [NHS] findings from the research.

# APPROACHES TO STAFF INVOLVEMENT IN QUALITY IMPROVEMENT

A number of different methods have been adopted to involve staff with quality improvement initiatives in the NHS.

In the initial phase of adoption techniques, such as Lean, many trusts focused on training up a group of staff in Lean technique skills. These specially trained staff were then deployed to work with individual areas to lead improvement projects.

Although this approach can be effective and acts as a catalyst for improvement, it can also be expensive and can lead to staff feeling excluded from the process or they begin to see quality as a specialist and separate role.

More recently there has been a shift away from the specialist model to focus on creating a culture of sustained organisational improvement.

## EXAMPLES OF INVOLVING STAFF IN QUALITY IMPROVEMENT

### Salford Royal NHS Foundation Trust

The trust describes its strategy as seeking to widen the pool of staff trained in improvement skills to develop a culture of continuous improvement. It will continue to train staff with quality improvement tools, with a focus on developing training for middle managers.

It will move to involve front-line staff more directly through bringing staff together for rapid learning sessions. In these sessions subject experts help local teams to:

- develop ideas for change
- implement change
- assess impact
- learn and evaluate impact.

### Tees Esk and Wear Valley

Tees Esk and Wear Valley is a specialist mental health organisation and has a long-standing commitment to staff engagement and service improvement. It started out with a focus on Lean methods.

It has a large number of staff trained in using quality improvement tools, and recently it has developed a local quality improvement system (QIS), which emphasises that staff know best. The aim of the QIS is to:

- analyse existing practice
- enable staff to determine what is changed and how
- provide staff with tools to make change.

### Wrightington, Wigan and Leigh NHS Foundation Trust

The trust has a locally-led quality improvement approach where:

- ward teams work on quality issues identified by staff
- the nursing leadership team has protected time to work on improvements with the whole team
- the nursing leadership team is responsible for developing the ideas for change and putting them into practice, calling on support from staff with quality improvement skills where necessary.

### Ashford and St Peter's Hospitals NHS Foundation Trust

Be the Change programme launched in February 2014 and was initially developed by junior doctors. The trust focussed on involving as many staff as possible in making small improvements in their own areas, with the aim being to build up a culture of improvement. It provided:

- the opportunity to share ideas for improvement
- the opportunity for frontline staff to become change champions
- developmental opportunities.

Hundreds of postcards were submitted with ideas for improvement, and over 40 quality improvement projects were launched with a junior doctor and change champion leading each one. The top three projects received recognition by the executive team and support to full implementation. Areas where improvement ideas were developed and implemented ranged from improved signage to better handover arrangements.



## Sheffield Teaching Hospitals NHS Foundation Trust

Sheffield Teaching Hospitals NHS Foundation Trust has developed its own coaching academy. The aim of the academy is to:

- build improvement capability into the workforce
- maximise quality and value to patients
- help multi-disciplinary front-line teams rethink and redesign services.

Staff are trained at team coaching in the science of quality improvement to work with front-line teams to help them redesign the services they deliver.

The Micro Coaching Academy core objective is to develop staff to work with teams within Sheffield Teaching Hospitals, Sheffield Children's NHS Foundation Trust and Sheffield Health and Social Care Trust. The academy also works with other organisations. [Read more](#) about what the team at Sheffield is doing.

## Shared governance model

A number of organisations are looking at an approach to quality improvement known as 'shared governance'.

Central London Community Healthcare NHS Trust (CLCH) is building on its past model of being a specialist quality department working with operational divisions. It's moving to a shared governance model, whereby staff and patients work together in quality councils to develop ideas for improvement.

The initial work will focus on areas ranging from improved patient experience to effective care, with the aim of developing sustainable change and empowering front line staff.

- Each division has formed a Quality Council, which has patient and staff representation.
- Each council will work out objectives for change and ideas for implementation and can call on specialist support if needed.

CLCH is still at an early stage of implementation of this approach, which has not been widely used before in the NHS.



## Insight from other organisations

Five NHS organisations are currently working in partnership with the Virginia Mason Hospital, Seattle, USA. The hospitals are:

- Leeds Teaching Hospitals NHS Trust
- Western Sussex Hospitals NHS Foundation Trust
- University Hospitals Coventry and Warwickshire NHS Foundation Trust
- The Shrewsbury and Telford Hospital NHS Trust
- Barking, Havering and Redbridge Hospitals NHS Trust

These organisations are applying techniques developed by the VMI to improve healthcare processes. Staff take the lead on a range of quality improvement initiatives across their organisations. The results show a much greater staff participation in quality improvement initiatives.

## KEY CHALLENGES AND LESSONS

Effective staff involvement is key to successful quality improvement programmes. With any new initiative or approach there are always steps to consider and potential challenges to overcome.

**The greatest challenge in developing sustained staff involvement in quality improvement is the day-to-day pressure on staff.**

- The level of demand and the range of operational pressures means that staff simply do not have the time or the space to consider how best to improve services. Organisations need to allocate resources to release staff for improvement activity and, in particular, support middle-level clinical leaders to focus on improvement. Simply adding this as an expectation will not work.
- Where organisations have found ways to enable staff to participate and middle-level leaders to focus on improvement, results have been impressive and organisations have been able to sustain progress.
- Traditional approaches to quality improvement have a tendency to overlook staff involvement. The medically-led improvement model was only sporadically successful as it focused on research for publication or service-specific changes in a narrow field. It was often led by senior doctors and did not promote involvement from other staff groups.
- The nationally sponsored efforts to encourage the NHS to adopt quality improvement tools from other industries had initial successes. However, they proved more difficult to sustain in longer term as they relied either on use of external consultants or training up a small number of staff in improvement skills. Some of the tools such as Lean also required adaptation for an NHS context.
- Approaches to staff involvement based on creating campaigns for change had good results in the short term, but have been hard to sustain over longer periods.
- Partnerships between the NHS and specialist support organisations have proved successful. Working examples of staff involvement initiatives include the partnership with the Virginia Mason Hospital (USA) and the Productive Ward programme.
- Optimise (LiA), the Point of Care Foundation and the Health Foundation have also demonstrated progress on staff involvement in quality improvement. The Schwartz rounds developed by the Point of Care Foundation can help staff develop new ideas and LiA has been a catalyst for staff-led quality improvement in many NHS organisations.

“The greatest challenge in developing sustained staff involvement in quality improvement is the day-to-day pressure on staff.”

## RESOURCES

There are resources available on staff involvement and quality improvement to help you decide on the best approach to take for your organisation.

🔗 **NHS Improvement:** Improvement tools, resources and ideas from across the health sector.

🔗 **Point of Care Foundation:** Programmes designed to create open and compassionate organisational cultures and give individuals the tools and support to bring about radical change within their own workplaces.

🔗 **Optimise – Listening into Action (LiA):** Extensive experience in leading complex change and passionate about improving healthcare.

NHS Employers will publish case studies on the involvement of staff in quality improvement in the near future. If you are doing something different and innovative that you think would be good to share with colleagues across the NHS, please email 🔗 [steven.weeks@nhsemployers.org](mailto:steven.weeks@nhsemployers.org) with the details.

🔗 For more details about staff engagement in the NHS, visit our web pages.



## NHS Employers

The NHS Employers organisation is the voice of employers in the NHS, supporting them to put patients first. Our vision is to be the authoritative voice of workforce leaders, experts in HR, negotiating fairly to get the best deal for patients.

We help employers make sense of current and emerging healthcare issues to ensure that their voice is front and centre of health policy and practice. We keep them up to date with the latest workforce thinking and expert opinion, providing practical advice and information, and generating opportunities to network and share knowledge and best practice.

We work with employers in the NHS to reflect their views and act on their behalf in four priority areas:

- pay and negotiations
- recruitment and planning the workforce
- healthy and productive workplaces
- employment policy and practice.

The NHS Employers organisation is part of the NHS Confederation.

## Contact us

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