



# Measuring and improving your engagement with staff in major change

A how-to guide



Q is led by the Health Foundation  
and supported by partners across  
the UK and Ireland



## Acknowledgements

More than 300 participants took part in this piece of work. Their contributions formed the bedrock of this work and we would like to thank each of them. Thanks are also due to those who helped with cognitive testing and to the external reviewers, who increased the quality and actionability of this guide.

This work was led by the Q team including Henry Cann, Matthew Hill, Gillian Connor, Louise Smith and Kate Allison. The team at Thiscovery included Jordan Moxey, Luke Steer, Sam Minter and Ruth Cousens.

## Q: Together, to improve health and care.

We are a community of thousands of people across the UK and Ireland, collaborating to improve the safety and quality of health and care.

With members at the heart of Q, the community thrives on its diverse range of skills, knowledge and perspectives. We collectively boost the resilience, capacity and impact of the community when it's needed most. Inspiring and supporting each other every day, we find new and inclusive ways for everyone to progress.

We equip people to bring about change across the sector. By combining our energy and actions, we multiply our power to create more effective, equitable and sustainable health and care.

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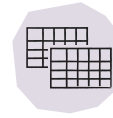
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# 1 | Introduction



## Introduction

The UK health and care system is facing multiple severe pressures, including chronic workforce shortages, record waiting lists<sup>1</sup> and public satisfaction levels at their lowest since records began.<sup>2</sup> Confronting these challenges will require change that is broad in scope and scale, including service innovation, tackling health inequalities and serious reform of social care.<sup>2</sup>

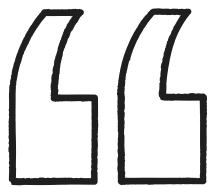
This guide is designed to support organisations that are planning to engage staff in these major changes. It has been co-developed with more than 300 participants from across the health and care sectors. As well as providing practical guidance and signposting to existing resources, it presents two new tools. Designed to be used together, these both directly measure staff experience of engagement during major change, and also support those who are responsible for planning and leading change. Its overall aim is to help those leading change to better understand, measure and improve the engagement of staff within their change processes.



## Why is engaging staff well in change so important?

Engaging staff well can make a real difference – both to staff experience and to the success of the change in question. Yet many change projects fail because they neglect ‘the human dimensions of change’.<sup>3</sup> Indeed, there is growing evidence that change can be more successful and sustainable where:

- staff have been able to influence and recognise the value of change<sup>4</sup>
- stakeholders at different levels are engaged throughout design and delivery<sup>5</sup>
- change processes are underpinned by positive collaborative cultures.<sup>6,7</sup>



*At the moment staff do not feel that they have control over the services that they provide and are under immense pressure. Purposefully involving them in any major change and giving them the power to use their expertise and creativity to shape that change will engage them at their best.”*

**Participant**

## Why focus on measurement?

The quality of measurement in health and care improvement is often too low.<sup>8</sup> This is often because of capacity and capability constraints. At Q, as a community working to improve health and care, we believe that measuring and understanding the quality of engagement during change is fundamental to improving it.



## What do we mean by 'engagement'?

The word 'engagement' has a variety of meanings and the way the term is used often differs between academics and practitioners.<sup>9</sup> Sometimes, 'staff engagement' relates to employees' engagement with their work – including the dedication and vigour they bring to tasks.<sup>10</sup>

This is the definition explored in the [NHS Staff Survey](#).

In contrast, this guide focuses specifically on effectively engaging staff in major change. It addresses questions including how different staff shape the change, how to communicate with them, and some of the cultural underpinnings of good change.

The importance of this type of engagement is emphasised in a range of policies and guidance within health and care (see the box on the right). These sources also stress that engaging patients and the public in major change is essential, but this how-to guide focuses purely on engaging staff.



### Find out more

Bevan H, Plsek P, Winstanley L (2011). [Leading Large Scale Change: A Practical Guide](#). Coventry: NHS Institute for Innovation and Improvement.

Department of Health and Social Care (2021). [The NHS Constitution for England](#). London: DHSC.

NHS England (2023). *NHS Impact: Improving Patient Care Together*. Web resource. [Available online](#).



# What do we mean by 'major change'?

Meeting the many challenges facing the health and care system will require major change, sustained over many years. Although major change is hard to neatly characterise, it is likely to have at least one of the features set out below.<sup>11</sup>

**Figure 1: Features of major change**

**1**  
**Size**  
The change may affect many individuals or different groups of individuals.

**2**  
**Depth**  
The change may have a profound impact on staff ways of working, behaviours, and ways of thinking.

**3**  
**Breadth**  
The change may involve actors across the system rather than in one discrete part of the system.

**4**  
**Complexity**  
There may be challenges defining the problem, diagnosing the solution or predicting the precise consequences of the change.

The features shown above are present in many types of changes, including innovative service models, technological transformation, integration across health and social care or tackling longstanding health inequalities. The guide focuses on major change but this could be at the team, project, organisational or local system level.

The guide doesn't focus on organisational restructures, as these are often governed by legal or human resources policies – but many of the principles highlighted in this guide will still apply in those situations.



# The key elements of this guide

The guide is designed to support people in health and care undertaking major change. It presents collaboratively developed tools and approaches that can give you a more detailed understanding of the principles that underpin good engagement and measure your progress along the way.

A key strength of the tools and guidance is their roots in the direct experience of those already practicing this important and challenging work. Some of what is presented is new but much of it is an attempt to consolidate learning from existing good practice across a diverse range of settings and share it in a concise and actionable way. The key elements of the guide and how they interrelate are set out below.



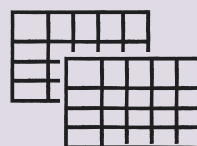
**10 collaboratively developed principles** for how to engage staff well in major change. These are the key considerations for those leading change. They go on to underpin the approach to measurement set out in the rest of the guide. See [section 2](#).



We offer guidance on the **key considerations** underpinning a good measurement approach. See [section 3](#).



Explore our collaboratively developed **survey of staff tool**, along with a selection of other methods to measure engagement. See [section 4](#).



Our new **planning and reflection tool** can help you make sure you have what you need for good engagement. This tool is based on the 10 principles and should be used with the survey of staff tool. See [section 5](#).



**Equity, diversity and inclusion** should be addressed throughout the whole change process. We have suggested some important EDI considerations when measuring engagement in change. See [section 6](#).



Finally, we offer guidance on moving from data to **analysis and action**. See [section 7](#).



'Find out more' and 'Tip' boxes to useful resources are included throughout

## Who is the guide for?

This guide is designed to support anyone responsible for understanding, measuring, and improving major change across health and care.

As well as leaders and decision makers, this includes those involved in managing and coordinating these processes, such as named lead individuals, sponsors or team members with a specific area of responsibility within the change.

It will be equally useful for communication leads, learning leads and others working to improve health and care.

## How was it developed?

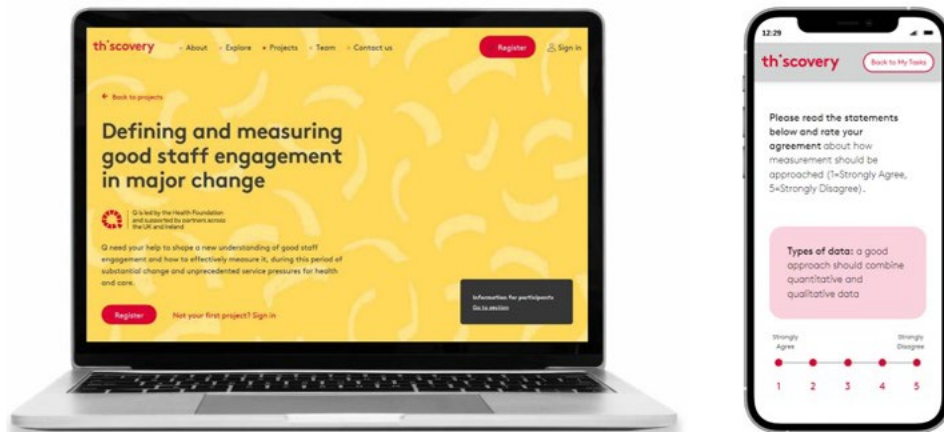
This guide is the result of a research project led by Q's insight team.

We used **Thiscovery** – an online platform for collaboration, innovation, and improvement – to connect with more than 300 people working to improve health and care, and other professionals across the UK and Ireland with an interest in this area.



We worked closely with the **Thiscovery** team as well as consultants in staff experience and engagement to design our research. We then tested our findings with Q members and experts

in the subject. The result is this collaboratively developed approach to measuring the engagement of staff in major change. For more information on how we developed this, see our full report (see the box on [page 11](#)).



## A flexible, actionable approach

This guide sets out a flexible, pragmatic and – crucially – actionable approach to engagement and measurement that reflects the views and contributions of our participants.

They helped co-develop key elements of this guide, including choosing an approach based on the principles of measurement for improvement. This emphasises measurement for continuous learning and improvement rather than for compliance or judgement (see [section 3](#)).

Participants also highlighted that different groups of staff often have differing experiences of change, and of engagement in change. So, this guide pays particular attention to understanding and improving these disparities (see the [equity, diversity, and inclusion](#) section).



### Find out more

Cann H, Hill M (2023). *Co-developing an approach to understanding, measuring and improving the engagement of staff in major change*.

London: Health Foundation.

The full insight report, available on the [Q website](#), provides more information about the methods used and more detail on our findings.



# 2 | 10 principles for engaging staff well in major change



# 10 principles for engaging staff well in major change

This section sets out what good looks like when it comes to engaging staff in major change. These 10 principles are all important and, to some extent, interconnected. However, you will need to consider exactly what they mean in your context and for the type of change that you are implementing.

It is also important to note that the principles represent an ambitious standard for engaging staff. You should aim to achieve positive improvement across them, within your existing context and organisational constraints.



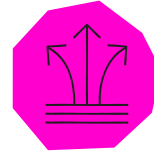
What do these principles mean in your context?



Which of these principles are you doing well and which need the most improvement?

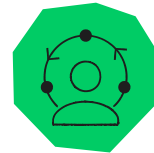
## Main categories

The 10 principles are grouped into three broad categories. These categories are also useful for structuring the later measurement tools.



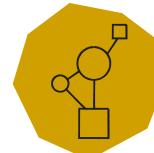
### Foundations for change

These are key requirements you should aim to establish from the outset.



### Culture and context

These relate to the broader environment and backdrop to your change.



### Processes and methods

These represent important practices and behaviours to be employed throughout a change.



*Good staff engagement happens where the right foundations are in place – often the difference between good and bad is less about the methods or approach (although this is also relevant) but the context in which the engagement is being done.”*

**Participant**



Figure 2: 10 principles for engaging staff well in major change

Principles		Descriptor
 <b>Foundations for change</b>	1 Clear rationale	The purpose of the change and its connection to staff and patient experience are clear.
	2 Shared ownership	Staff can shape and influence the change, including defining the problem.
	3 Capacity and capabilities	Staff have protected time and are given the skills and knowledge they need to engage in change.
 <b>Culture and context</b>	4 Honesty and transparency	Challenges, limitations and risks are acknowledged and there is no hidden agenda.
	5 Psychological safety	Engagement enables staff to share opinions and voice concerns without fear of judgement or consequences.
	6 Appreciative and compassionate	Engagement builds on staff achievements and recognises emotions.
	7 Inclusive and non-hierarchical	There is a core belief that everyone has a valid point of view, and something to contribute, and that no one person has all the answers.
 <b>Processes and methods</b>	8 Structured	There is a plan for how and when to involve staff, which is followed and made widely available.
	9 Clear and consistent communications	Engagement includes regular two-way sharing, including different formats and channels.
	10 Continuous learning	Staff are involved in open, ongoing reflection, testing and assessment of the change, including its outcomes and any unintended consequences.

# 3 | Key considerations for good measurement



## Key considerations for good measurement

Before you start collecting any data, spend some time identifying what you'll need to support you in the process. This will likely include putting resources in place (not least, time and capacity), meeting governance requirements around gathering data, and ensuring your measurement considers equity, diversity and inclusion. This section, while not exhaustive, suggests some important first steps in your preparation.



## Putting resources in place

This guide is designed to be applied flexibly in proportion to the scale, scope and nature of change, but doing this work well will require some investment of staff time and resources. For most organisations, this will mean devoting more time and resources to this aspect of their work. You will also need to think about the infrastructure needed to carry this out, such as IT platforms or licences.



### Tip

Ask yourself: given the importance of engaging staff well in change, what is an appropriate and achievable amount of resource to devote to understanding and measuring it?



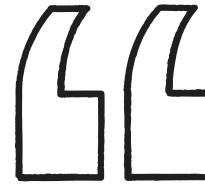


## Involving the right people

Ultimately, understanding, measuring, and continuously improving how staff are engaged in change is a leadership responsibility. But it is often a good idea to make a named individual responsible for the hands-on work of measuring the quality of that engagement. Ideally, this should be a different person to the one responsible for engaging staff in the change itself.

Depending on what types of data you are collecting, and how you are going about it, your team may need some specialist skills to analyse the results. These skills will help you understand what is, and isn't, statistically significant and how to weight the different findings.

If your team lacks quantitative or qualitative analysis skills, connect with people in your organisation who have this capability – early on if possible, even if only in a light touch way. If you can't do this, you will need to explore bringing in external resource.



*Having someone allocated [to measurement] as a job role ensures consistency of process.”*

**Participant**



## Reviewing existing data sources

Use all existing relevant data and analysis that may help inform your approach to engaging staff and measuring this engagement. This could include measures of organisational culture, staff experience or previous measurement of work to engage staff in change.

This may include results from the NHS Staff Survey. Although the survey uses a different concept of staff engagement to this guide, it is an invaluable source of evidence on a range of different aspects of staff experience that could help to inform your approach.



### Tip

Review what existing data you have about each of the 10 principles shown on [page 14](#). This will inform what needs most improvement and what areas should be the focus for further measurement.

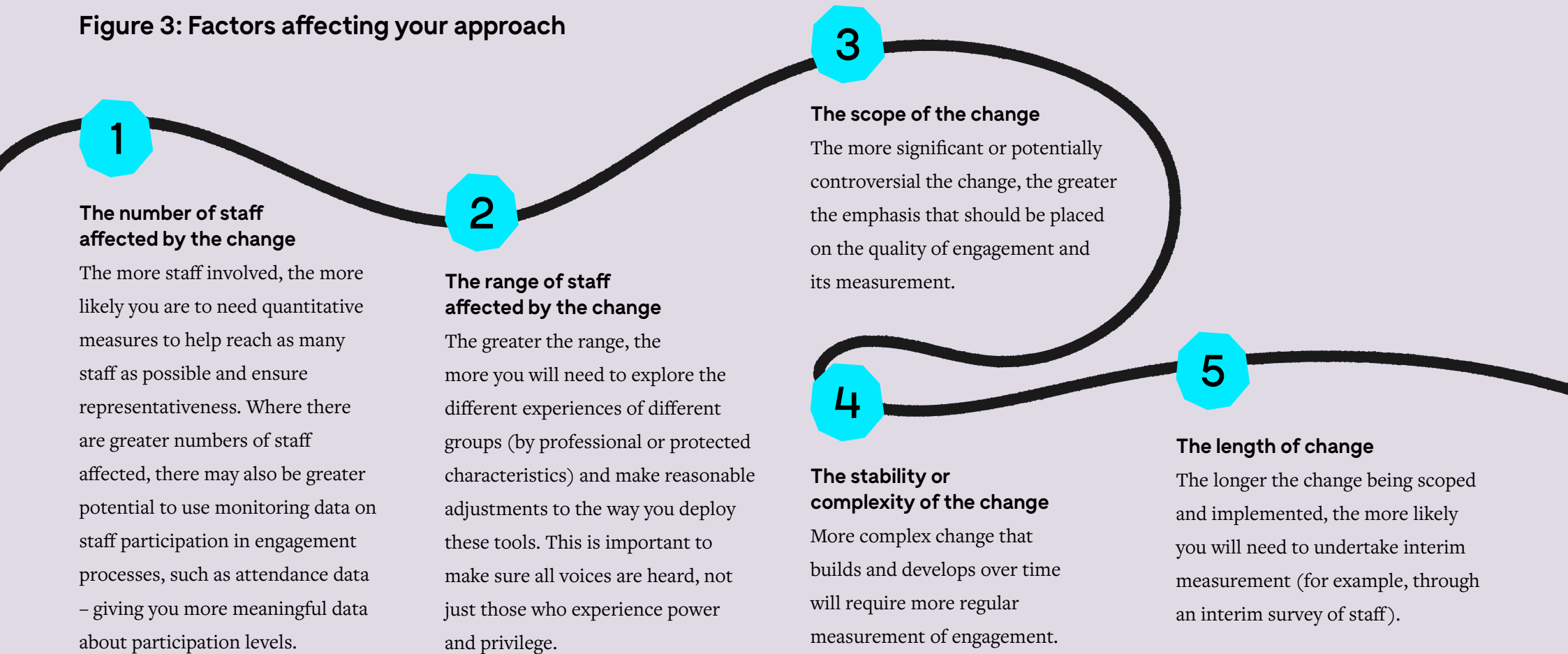


# Adapting your measurement approach

To implement this measurement approach, we recommend that you use the [Survey of Staff Tool](#) with the [Planning and Reflection Tool](#). This will help you to balance rigorous measurement with collecting proportionate

amounts of data. However, you may want to add additional elements or adapt some aspects of these tools to your change context. Before adapting the tools, you will need to consider these factors:

**Figure 3: Factors affecting your approach**



## Ethics and data protection

The person responsible for understanding, measuring, and improving major change also needs oversight of ethics and data protection. That means making sure the design, collection, analysis, storage, and use of this data complies with relevant policies and regulations, alongside your local organisational policies. See more information about legislation and good practice in the box below.



### Find out more

General Medical Council (2010).

[\*Good Practice in Research\*](#). London: GMC.

Social Research Association (2021). [\*Research Ethics Guidance\*](#). London: SRA.

UK Government (2018). [\*Data Protection Act 2018\*](#). London UK Government.

Your responsibilities depend partly on whether your measurement comprises research, evaluation, or reflective practice (see Find out more, [page 21](#)).



## Offering support

Engaging in change may provoke a range of emotions and feelings from staff. This will depend on the type of change, the sensitivity of the topic, and the questions you are asking about people's experience. From the start, you need to plan how you will support staff through this process.

## Balancing anonymity with openness

Given the focus on people's experience of engagement in change, and the perspectives that can provoke, we recommend collecting anonymous data through the survey tool. For qualitative approaches, you will need to consider the trade-off between privacy, anonymity and confidentiality and the openness and informality of the engagement method.



### Find out more

Medical Research Council. *Is My Study Research?*  
Online tool. [Available online.](#)



# Measurement for improvement

Before getting into the specific tools, this section describes the features of measurement for improvement that have informed the development of this guide. As Clarke et al explain ‘measurement for... improvement does not have to be complicated. Tracking a few measures over time and presenting the information well is fundamental to developing a change that works well and can be spread.’<sup>12</sup>

Measurement that is driven by an aim to inform improvement contrasts with measurement used for research, judgement, or compliance. It typically incorporates the features shown in the figure below.

**Figure 4: Key features of measurement for improvement**

## 1 Iterating your measurement

This involves testing and refining the approach to measurement. This could include adding more detailed measures for specific areas of focus (see [page 34](#)).

## 2 Being proportionate

This involves collecting just enough data to know whether things are improving, rather than answering all possible questions just in case. Taking a light-touch approach to measurement is especially important in the current context.

## 3 Using existing data where possible

Not all organisations will have access to the data needed, but the process should start with an analysis of what is already available and, where possible, integrating it into the measurement approach.

## 4 Using data to improve, not judge

The tools and approach outlined here are not designed to assess performance (for example, by funders or regulators), nor to make formal, rigorous comparisons between organisations.



### Find out more

Institute for Healthcare Improvement. *Successful Measurement For Improvement*. [Available online](#).

Institute for Innovation and Improvement (2017). *The How-To Guide for Measurement For Improvement*. London: NHS England.

West of England Academic Science Network. *Measurement For Improvement*. [Available online](#).



# 4 | Measuring how well you are engaging staff in change



## Measuring how well you are engaging staff in change

This section sets out a range of tools and resources to form the basis of your efforts to measure the engagement of staff in major change.

It includes a new survey of staff tool that we have developed as part of our research, along with guidance on how to use it. It also summarises other existing approaches to measurement and outlines how they can be combined with the survey tool to form a comprehensive measurement approach.



*The measurement strategy needs to be practical and pragmatic. Ideally, the core of the strategy should be applicable over a range of different staff engagement.”*

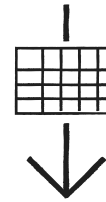
**Participant**





# Survey of staff tool

This section presents the Engaging staff in major change: survey of staff tool. This was developed as part of the research that underpins this guide. Mindful of the current context and demands on health care staff time, it is relatively concise and links directly to the 10 principles of good engagement (see [page 12](#)), with two survey questions relating to each principle.



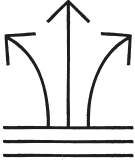
## Download the tool

This editable tool is [available for download](#) for use in your context.

Figure 5: Engaging staff in major change: survey of staff tool – overview

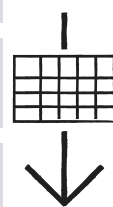
Statement		5 Strongly agree	4 Agree	3 Neutral	2 Disagree	1 Strongly disagree	Not applicable
Foundations for change	<b>1 Clear rationale</b>						
	1a I understand the rationale for the change and the difference it aims to make.						
	1b I understand how the plans link to improvements in staff experience and patient care.						
	<b>2 Shared ownership</b>						
	2a I have been involved in defining the problem that the change aims to solve.						
	2b I feel able to help shape and influence the change that is happening.						
	<b>3 Capacity and capabilities</b>						
	3a I have the skills and knowledge needed to meaningfully contribute.						
	3b I have the time I need to meaningfully participate.						
	1-3 Additional comments						
Culture and context	<b>4 Psychological safety</b>						
	4a I feel able to be myself in the change process without worrying about judgement or consequences.						
	4b I feel able to speak up about anything that concerns me, including concerns about patient care.						
	<b>5 Honesty and transparency</b>						
	5a I am confident the real motivation for the change has been shared with staff.						
	5b The limitations and potential drawbacks of the change are being shared.						
	<b>6 Appreciative and compassionate</b>						
	6a The impact of the change on staff is recognised and understood.						
	6b The talents and achievements of staff are being used to support the change.						
	4-7 Additional comments:						
Processes and methods	<b>8 Structured</b>						
	8a Opportunities for engaging are being carefully planned and designed.						
	8b My individual preferences for engaging (for example, written feedback or focus groups) are being met.						
	<b>9 Clear and consistent communications</b>						
	9a I have access to clear and consistent information about the change when I need it.						
	9b I have opportunities for two-way communication with those leading change.						
	<b>10 Continuous learning</b>						
	10a The change is being tested by staff before being more widely implemented						
	10b There is space to reflect, learn and adapt to what's working well and less well.						
	8-10 Additional comments:						

# Engagement of staff in major change: survey of staff tool

Statement		5 Strongly agree	4 Agree	3 Neutral	2 Disagree	1 Strongly disagree	Not applicable
	<b>1 Clear rationale</b>						
	1a	I understand the rationale for the change and the difference it aims to make.					
	1b	I understand how the plans link to improvements in staff experience and patient care.					
	<b>2 Shared ownership</b>						
	2a	I have been involved in defining the problem that the change aims to solve.					
	2b	I feel able to help shape and influence the change that is happening.					
	<b>3 Capacity and capabilities</b>						
	3a	I have the skills and knowledge needed to meaningfully contribute.					
	3b	I have the time I need to meaningfully participate.					
	1-3	<b>Additional comments</b>					

Foundations for change

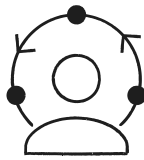
SAMPLE



### Download the tool

This editable tool is [available for download](#) for use in your context.

Statement	5 Strongly agree	4 Agree	3 Neutral	2 Disagree	1 Strongly disagree	Not applicable
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**4 Psychological safety**

4a I feel able to be myself in the change process without worrying about judgement or consequences.

4b I feel able to speak up about anything that concerns me, including concerns about patient care.

**5 Honesty and transparency**

5a I am confident the real motivation for the change has been shared with staff.

5b The limitations and potential drawbacks of the change are being shared.

**6 Appreciative and compassionate**

6a The impact of the change on staff is recognised and understood.

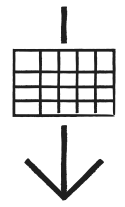
6b The talents and achievements of staff are being used to support the change.

**7 Inclusive and non-hierarchical**

7a I am confident that my opinion is listened to and appreciated.

7b A range of views are involved and considered in reaching decisions.

4-7 **Additional comments:**

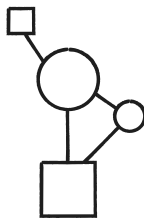


SAMPLE

**Download the tool**

This editable tool is [available for download](#) for use in your context.

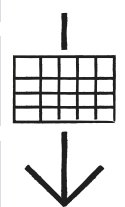
Statement	5 Strongly agree	4 Agree	3 Neutral	2 Disagree	1 Strongly disagree	Not applicable
-----------	---------------------	------------	--------------	---------------	------------------------	----------------



**Processes and methods**

<b>8</b>	<b>Structured</b>						
8a	Opportunities for engaging are being carefully planned and designed.						
8b	My individual preferences for engaging (for example, written feedback or focus groups) are being met.						
<b>9</b>	<b>Clear and consistent communications</b>						
9a	I have access to clear and consistent information about the change when I need it.						
9b	I have opportunities for two-way communication with those leading change.						
<b>10</b>	<b>Continuous learning</b>						
10a	The change is being tested by staff before being more widely implemented						
10b	There is space to reflect, learn and adapt to what's working well and less well.						
<b>8-10</b>	<b>Additional comments:</b>						

SAMPLE



**Download the tool**  
 This editable tool is [available for download](#) for use in your context.

## How to use this tool

### Selecting questions

These questions are designed to be used together. If this is the first time you have measured engagement in change, we recommend using the whole survey. However, if space and time are limited, you could adapt the questions. For example, you could choose one measure per principle or focus on a selection of key areas (perhaps those that have been identified as the most open to improvement).

To understand the experiences of different groups we advise that you supplement these questions with a small selection of demographic questions. Exactly what information to collect will depend on your context (see the [Equity, diversity and inclusion](#) section for more guidance).



### Tip

If you want to explore some of the principles of engagement in more detail, see useful resources to explore (see [page 34](#)). For example, to understand psychological safety in more detail, you could supplement these questions with the seven-item psychological safety scale.

### Regularity and timing

Ideally, you should use this tool at the beginning, during, and end of the change process. This is common practice in measurement so that changes over time can be observed. However, this may depend on the nature and scale of change. For shorter change processes, this may not be appropriate, whereas for longer change processes, consider conducting several survey rounds.

There are no set rules, but consider the length of your change and the other demands on staff. Bear in mind that if staff start to feel that surveying is too frequent, that their contribution doesn't make a difference, or that they are not seeing changes between rounds of feedback, this could affect your response rate.



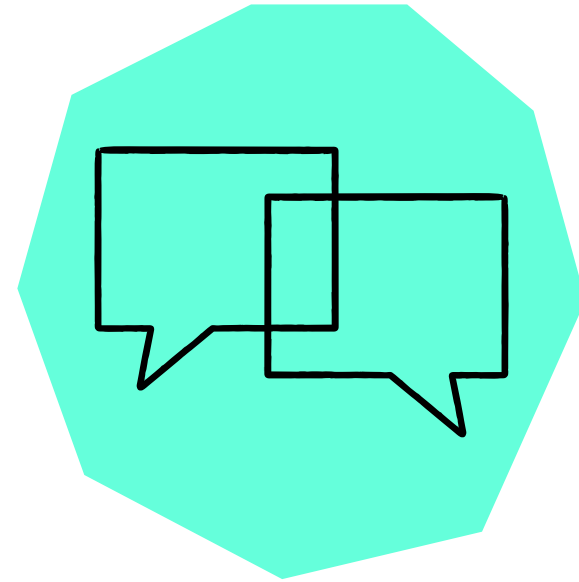
## Sampling

Aim for the largest response possible. Ask all staff involved in the change to complete your survey so that everyone feels valued and can give feedback. Be alert to potential biases among your respondents and assess whether there are any groups that have not been sufficiently included.

Reasons for under-representation may include the time needed to respond (for example, some clinicians may struggle to find the time) and preferences for different methods of survey delivery. Try to anticipate where these issues might arise so you can address them. For example, you could consider additional ways to share a survey with clinicians.

## Gathering data

There are many different mechanisms for collecting data, from online surveys to paper copies handed out at team meetings. Both have strengths but, for ease of collection, analysis and storage, you may prefer online methods. GDPR-compliant survey platforms include [Qualtrics](#), [Survey Monkey](#) and [SmartSurvey](#).



## Communication

Staff surveys should never arrive unannounced. They need to be introduced by those leading and organising the change in a psychologically safe way. Make sure the survey itself is accompanied by a concise explanation of its goals in the context of the wider change and how these align with other milestones of the change process.

You should include:

- when it will start and finish
- how you will share the results
- how the results will be used to influence the change.

## Interpreting your score

When it comes to interpreting the results, what ‘good’ looks like will depend on your unique circumstances and goals. In this guide, we do not give comprehensive or fixed rules for interpreting your score.

Instead, we recommend you consider your scores across the different measurement areas relative to one another.

This can help you prioritise by indicating the areas with the greatest scope for improvement. You may decide to do this at an individual question level, at a principle level (for example, clarity of rationale) or even across the three broad categories of:

- foundations for change
- culture and context
- processes and methods.

You may find it helpful to compare variation in scores between different areas of your organisation – for example, across different teams, departments and sites. Be mindful of the instinct to blame or single out low performance.

Broadly, a score of 4 (‘agree’) for a given question indicates reasonably positive results. Since there are 20 questions in the full version of the survey tool, a score of 4 (‘agree’) on every question would result in a score of 80 out of 100 across the 20 questions. In contrast, a score of 2 (‘disagree’) for a question, if given across all 20 questions, would result in a score of 40 out of 100.



### Tip

To understand the overall scores, we suggest you take the mean average across the scores of all staff. It may also be useful to look at the distribution of scores: staff may be tightly clustered, with scores around the same level, or they may be more spread out.

In the broadest terms, a score of 80 or more would be positive, and a score of 40 or less would be challenging. We expect that most organisations will score somewhere in the large range between 40 and 80.

Scoring is likely to vary between questions rather than being uniform. Even if you achieve high average scores across your staff, there are likely to be areas where you can improve. We recommend that when you communicate back to staff about the results, you clearly acknowledge areas for improvement and your commitment to doing this, alongside showing the positive or successful results.



## Other forms of measurement

When measuring engagement in change, focus first on quantitative measures to give you a robust overall picture at scale. However, to supplement the survey of staff tool, we recommend considering using some other forms of measurement. For guidance on when to use these, see [page 19](#).

### Qualitative measurement

Qualitative measurement can provide a richer understanding of staff experience, drawing on qualitative opportunities such as workshops and focus groups. This can be helpful for:

- **Assessing the quality of engagement within engagement sessions** For example, if you are facilitating a staff workshop to let them know about the change, consider allocating time to gain staff views on the quality of engagement itself.
- **Interpreting or understanding the quantitative data findings in more detail** For example, interviews or focus group discussions will help you understand the factors driving your survey results in more detail and inform your improvement efforts. Always include free text options for additional comments in surveys to give staff opportunities to share their views.

There are many other qualitative methods available to explore engagement in change, from observation to ethnography. Some of our participants cautioned that qualitative methods can be susceptible to bias and require specialist skills – especially in analysis. As such, and depending on the skills in your team, you may need to draw on expertise in this aspect of your measurement – from within your organisation or externally.



#### Find out more

University of York. Qualitative Data Analysis. *Data: A Practical Guide*. [Available online](#).





## Monitoring data

Monitoring data can provide an objective record of different aspects of your engagement with staff. This kind of data can play a valuable role in tracking and improving implementation. For this work, it could include data directly related to your engagement processes, such as:

- the number of people attending engagement sessions
- viewing rates of written communication
- where possible, rates of engagement of different demographic groups.



### Tip

If you are familiar with measurement for improvement, our 'monitoring data' is closely aligned with 'process measures'.



### Find out more

Better Evaluation. *Monitoring*.  
[Available online.](#)

## Balancing measures

Even if you are achieving high-quality engagement, your work may be having unforeseen or inadvertent consequences in other areas of your organisation. Balancing measures are a core element of a measurement for improvement approach and aim to capture these impacts. These measures may be either positive or negative. For example, your approach to engaging staff may impact staff workload, wellbeing or engagement in other change processes.

If you collect data in these areas, it's a good idea to explore any potentially unforeseen consequences of your approach to engagement on these indicators.

## Outcome measures

Engaging staff well in change can have many aims - increasing wellbeing and retention, improving the effectiveness of change and, ultimately, achieving better care for patients and other users. It isn't always possible to link the data relating to the quality of engagement to these wider outcomes. However, over time or where a lot of data is being captured, it could be possible to explore the relationship between them. This could include:

- patient and service-level data
- data from staff wellbeing measures
- objective measures, such as staff retention rates.



## Useful resources to explore

The measurement approach outlined in this guide is relatively concise. You may want to supplement it with more detailed measurement of some aspects of engagement.

Edmonson A (1999). *Psychological Safety Scale*.

[Available online](#).

Seven-item scale to measure psychological safety. Includes an item similar to the two tools presented in this guide around ‘appreciation and compassion’ – valuing the skills and achievements of staff and looking to build on these. Framed at a team level but can be adapted.

---

NHS Leadership Academy. *Compassionate and Inclusive Leadership*.

[Available online](#).

A collection of resources designed to support senior leaders in creating inclusive, compassionate organisational cultures (in which change is more likely to be successful and sustainable).

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NHS England/National Guardian (2022). *Freedom to Speak Up Guide. A Guide For Leaders In The NHS and Organisations Delivering NHS Services*.

London: NHSE/National Guardian. [Available online](#).

Guidance that aims to help senior leaders develop a culture in which leaders and managers encourage workers to speak up and where matters raised by workers drive learning and improvement. It aims to support NHS organisations and others that provide services to the NHS.

Spurgeon, Professor P (2013). *An introduction to the Medical Engagement Scale*. London: Faculty of Medical Leadership and Management.

[Available online](#). Access to FMLM members only.

An unobtrusive but reliable and valid measure of medical engagement, useful for tackling an issue around engagement of medical staff, such as involving them in strategic planning or decision making.

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The King’s Fund. *Compassionate and Inclusive Leadership: Creating Supportive Leadership Cultures to Deliver on The NHS Long-Term Plan*.

[Available online](#).

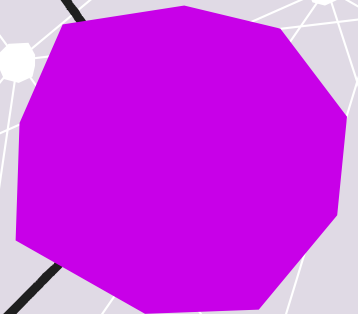
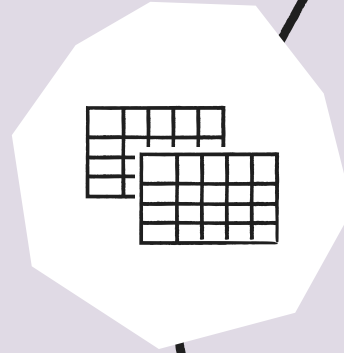
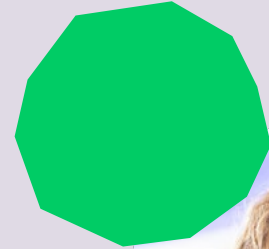
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What Works Centre for Wellbeing (2020). *Workplace wellbeing question bank*. [Available online](#).

A bank of questions to measure and monitor staff wellbeing that can be used to identify any outcome measures that you are measuring separately. Includes a section on purpose and engagement, covering areas such as organisational engagement, motivation and prospects.

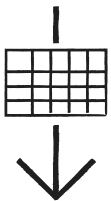


# 5 | A tool to support planning and reflection



## A tool to support planning and reflection

This section presents our second new tool, designed to support the measurement process. It supports you to put the right things in place for good engagement throughout. As well as helping to consolidate your learning for the future. By using this alongside the survey of staff tool, and other measures you may have chosen, you can help reduce the data collection burden on staff. To be useful, the person or team using this must have the autonomy and responsibility to make sure each item is carried out.

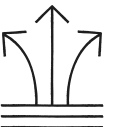


### Download the tool

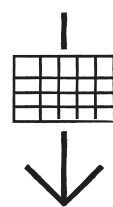
This editable tool is [available for download](#) for use in your context.



Figure 6: Planning and reflection tool

Item	Planning	Tracking Progress (Briefly summarise how you have achieved this progress)			Reflective self-assessment and continuous improvement			
		How will you ensure this?	Not started	In progress	Completed	Rate the presence of this in your change	What went well? (WWW)?	Even better if (EBI)
 <b>Foundations for change</b>	<b>1</b> Staff are actively involved in defining the problem and co-developing a shared purpose for the change being made. This happens early.	For example, sessions using fishbone or driver-diagram tools				Met/ partially met/ not met		
	<b>2</b> An evidence-based statement of the rationale and plans for the change is accessible to all relevant staff. This includes the benefits and limitations. It is kept up to date.	For example, a co-created problem statement						
	<b>3</b> Staff have protected time to engage in the change process and this is agreed with their line manager.							
	<b>4</b> The skills and support that staff require to fully engage in the change are assessed and necessary provision is put in place.	For example, skills for collaborative change						

SAMPLE

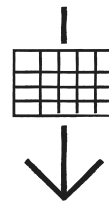


**Download the tool**  
 This editable tool is [available for download](#) for use in your context.



## Culture and context

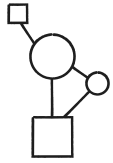
Item	Planning	Tracking Progress (Briefly summarise how you have achieved this progress)			Reflective self-assessment and continuous improvement			
		How will you ensure this?	Not started	In progress	Completed	Rate the presence of this in your change	What went well? (WWW)?	Even better if (EBI)
5 A clear statement of the values underpinning engagement in change is accessible to all relevant staff (including that it is co-owned, appreciative and compassionate, psychologically safe and values all perspectives).						Met/ partially met/ not met		
6 Engagement of different groups is clearly mapped out, challenges of engaging them explored and resulting actions taken. Extra effort is made to ensure inclusion of often-marginalised groups.								
7 A record of key themes and suggestions from staff, with details of what alterations have been made as a result (or why they have not been), is kept and shared.								



### Download the tool

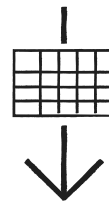
This editable tool is [available for download](#) for use in your context.





## Methods and processes

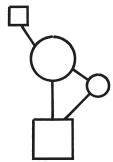
Item	Planning	Tracking Progress (Briefly summarise how you have achieved this progress)			Reflective self-assessment and continuous improvement		
		How will you ensure this?	Not started	In progress	Completed	Rate the presence of this in your change	What went well? (WWW)?
8 Details of the opportunities, processes and procedures for staff to engage in the change are clearly mapped out and shared as early as possible.							
9 Staff representatives within the change process are identified and their role established and communicated.							
10 There are different mediums for engagement depending on the time available, what feels comfortable (including anonymity) and individual preferences of staff.	For example, huddles, recorded sessions or online collaboration tools						
11 Some participatory, creative and energising methods of engagement are used throughout the process.	For example, liberating structures or human-centred design						
12 Staff (or a subset of staff) are engaged in actively testing and iterating the changes before they are more widely implemented.							



### Download the tool

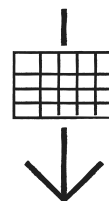
This editable tool is [available for download](#) for use in your context.





## Methods and processes

Item	Planning	Tracking Progress (Briefly summarise how you have achieved this progress)			Reflective self-assessment and continuous improvement		
		How will you ensure this?	Not started	In progress	Completed	Rate the presence of this in your change	What went well? (WWW)?
13 Staff have opportunities to reflect and feed back at the end of the change process (including on engagement itself).	For example, after action reviews						
14 Learning around engagement in the change is consolidated, shared and used to inform future change work.							
15 Staff experience of engagement is systematically measured throughout the change (in line with this guide), with some focus on understanding the experience of different groups. Staff are engaged in interpreting the results and planning for the future.							



### Download the tool

This editable tool is [available for download](#) for use in your context.





## How to use this tool

This tool has 15 items. Each item is designed to provide enough detail to stimulate clear and targeted action. You will need to think about how to apply each item in your specific context.

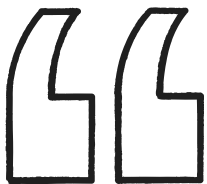
The items are directly informed by the 10 principles for engaging staff well in major change, but they do not directly align with each principle. This is because those leading change are unable to assess all aspects of engagement on their own – they also need staff views to do this. Instead, the tool focuses on areas for which those leading change have clear responsibility and can assess directly.

The rest of this section explains how to complete specific columns within the tool.



### Tip

The tool is not a formal checklist and should not be used as a performance measure or as part of an organisational audit. To highlight where improvement is needed most effectively, you need to use the tools in this guide in a way that is open and free from formal judgement.



*Leaders need handrails to help them navigate complex change. The planning and reflection tool appears to me to be a useful simple tool to help me (and them!) proceed thoughtfully.”*

**Participant**



### Completing the 'planning' column

This column invites you to consider how you will make sure each item is in place. As the person leading the change, you need to have the ability to influence each item. But you may also need to collaborate with others, such as line managers or other leaders, to achieve this.

This tool also sets out some examples of tools and approaches you could use. These are for inspiration and are not requirements.

### Completing the 'tracking progress' column

You can use the tool to record your progress throughout the change process and assess what status you are at ('Not started', 'In progress' or 'Completed').

### Completing the 'reflective self-assessment and continuous improvement' column

You can also use the columns to complete an assessment of your achievement of each item and to consolidate your learning ('What went well' or 'Even better if') and then share this learning with others.

If you are working on this alone, it's a good idea to involve others leading change to review your responses. You may even want to share your completed form with all those involved in the change.



#### Tip

The tool includes a short 'after action review' structure, labelled 'What went well (WWW)' and 'Even better if (EBI)'. This simple exercise can help you reflect on how different elements of your engagement went – and how they can be improved.

A more detailed approach involves reflecting on what was expected to happen and what actually happened and then exploring reasons for any differences. This exercise can be as light touch or intensive as you need, depending on the time available and what questions you have.



#### Find out more

NHS Improving Quality. ['After action reviews' in Learning Handbook](#). London: NHSE.



# 6 | Equity, diversity and inclusion



## Equity, diversity and inclusion

You need to make sure you hear from and understand the experiences of different groups of people and plan your approach for doing this. This is particularly important for groups known to be disproportionately disadvantaged in the workplace.<sup>13</sup> This section shares guidance from participants and the wider literature.

Take the time to understand what the current reality is for your organisation, including checking whether your engagement aligns with your wider equity, diversity and inclusion policies. Use any of the broad range of quality resources on workplace equity, diversity and inclusion as a guide. Some fundamental points and building blocks are highlighted below.



### Find out more

Chartered Institute for Personnel and Development (2022). *Equality, Diversity and Inclusion (EDI) in the Workplace.*

[Factsheet available online.](#)



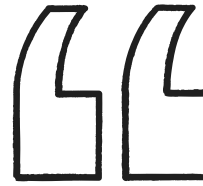
## Acknowledging power

There are always power dynamics at play between employers and their staff. Staff experiences vary significantly between different demographic groups, and these can influence the nature of people's relationships with their employers.<sup>14</sup> For example, some staff may have had past experiences of discrimination and inequality in the workplace, which will be relevant for them as they consider engaging.

Indeed, the power that organisations and their leaders have is manifest in their interactions with staff, and this can play out in engagement efforts. The best starting point from which to engage different groups is to acknowledge this and think about how best to provide an enabling, psychologically safe environment.

## Involving different groups

It is important to value and proactively seek the views of different groups in change – particularly marginalised groups. Without this, the insights you gather will lack validity and representativeness. Effective measurement will assess the level and nature of engagement of different groups, in terms of both professional and protected characteristics.



*Demographic data is important for equity and to ensure that a diverse range of staff have been engaged. That should be mapped to the organisation to make sure it is representative.”*

**Participant**



### Tip

Ask yourself, ‘Which staff groups need to be engaged and how will I know whether they have been successfully engaged or not?’ Some of the tools already set out in this guide include items in relation to this question. But you will need to use additional measures to gain a fuller understanding.

## Collecting equalities data: surveys

To understand variation in experience, you need to collect the right data. Start by including demographic questions in your survey to allow comparison across groups. You will need to identify what professional and protected characteristics to focus on.

When it comes to designing questions, it could make sense to replicate the questions and categories in the NHS staff survey,<sup>15</sup> but you may also need to tailor questions to your organisation or context. For example, this could be departmental teams/structures or different sites.

There are currently nine characteristics protected under UK law<sup>16</sup>. Many organisations gather data for all these, but not all will identify an equal case for doing so. Think carefully about whether this is proportionate and in scope, and don't collect data that you will not use.

Note that there are other data points that are not protected characteristics but that may be important for you to understand, such as qualifications and educational attainment.



### Tip

We recommend a targeted approach, to reduce the burden on respondents: only collect data you will use.

The justification for collecting this data is to better support staff, so the way you collect and use the data, should always reflect that.

## Collecting equalities data: attendance

The purpose of gathering equalities data is to understand participation and variation in experience of engagement. This could apply equally to other ways in which people engage – for example, through attending a workshop. However, when collecting this data you need to follow the same principles. This will help you determine what is essential and achievable in your context.

The guiding question should always be ‘What will we do differently as a result of having this data?’ If the answer is ‘nothing’, don’t collect it until you have a clear purpose for it and are ready to use it. This will often mean that you shouldn’t collect EDI data when monitoring attendance in formats such as workshops, focus groups or ‘huddles’.

## Collecting professional data

Monitoring across professional characteristics is valuable. Particularly in the NHS, where staff survey results show significant differences in experience between trust and role types.<sup>17</sup>

You will still need to consider how you communicate your rationale to staff (see ‘Communicating your approach’ opposite) and be mindful of the risk of individuals being identified by elimination. Each organisation will have different categories that are most relevant to them. Identify what these are and build them into your measurement.

## Communicating your approach

Collecting personal data can be controversial. Staff need to understand that providing this data is optional and that they will remain anonymous. They must not be identifiable from the data, and so take steps to make sure of this. They also need to understand how their data will be used, including who will be using it and it will be stored.

Finally, you need to communicate why you’re collecting this data. What will you do with it, and what outcomes will it achieve?



# 7 | Analysis and action





## Analysis and action

Having collected your data, the next stages are to analyse what it says and then plan what action should be taken as a result. The literature about how to carry out high-quality analysis of different forms of measurement is already well established.

Rather than summarising or duplicating it, this section sets out some key activities that draw on the wider evidence and participants' input through our work, to guide your overarching approach to analysis.

### Follow a structured process through analysis, interpretation and action

First, build a collective understanding of what the data and analysis is telling you. Then move on to planning actions based on the data. This needs to be as collective a process as possible. Make sure the key findings and subsequent actions are clearly documented.

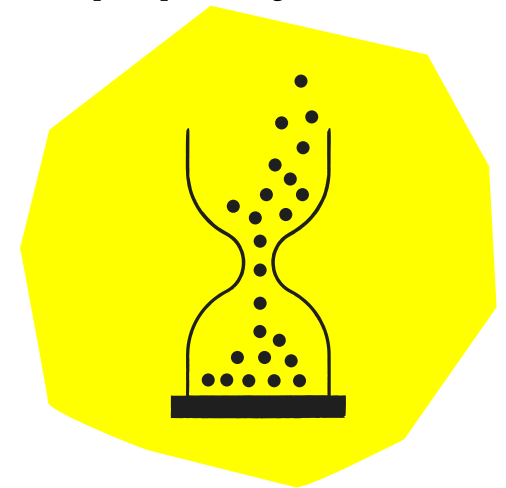


#### Find out more

Hardie T, Horton T, Thornton N, Home J, Pereira P (2022). [Developing Learning Health Systems in the UK: Priorities For Action](#). London: The Health Foundation/Health Data Research UK.

### Devote sufficient time and resources to analysis and interpretation

In many sectors, there is a tendency to collect too much data and then devote insufficient attention to analysing it and acting on the results. It's worth getting the balance right so you can do justice to the data you have collected, and the time people have spent providing it.



## Encourage and support people to get involved

Some aspects of data analysis require specific skills to carry them out, but any staff member who is affected by the change should have the chance to help make sense of the data and share what it means to them. Many of the principles outlined in relation to data collection, in terms of who to involve and the need to engage and support them, also apply to analysis. Effective involvement in analysis and interpretation is likely to include the elements shown in Figure 7.

**Figure 7: Elements of effective involvement in analysis and interpretation**

1

### Transparent data sharing

You need to present sufficient detail to empower staff to draw their own conclusions about the data and present it openly. The only situations where analysis should not be shared are where it compromises anonymity or if it is unhelpfully personal in its findings. Outline how you plan to share the data at the start of the process.

2

### Ensuring accessibility

Not all staff will have the time or appetite to digest detailed data. Make sure you present it in summary formats and use visualisations that allow people to actively engage with it.

3

### Skill building

You may need to build people's data-analysis skills, especially where staff are being asked to understand conclusions that can be drawn from different sources and types of data.

## Balancing different sources of data

Often, a single data source won't give you a full picture. By triangulating (comparing and validating the consistency of findings across multiple data sources) you can increase confidence and deepen your understanding of the issue – for example, by cross-referencing data on levels of staff participation with survey feedback.

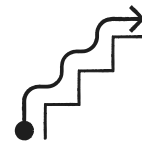
[Section 4](#) recommends combining quantitative and qualitative methods, although analysing the results of mixed-method measurement can be challenging, especially where the results are contradictory (see [page 32](#)).

## Consolidate learning

At the end of your measurement cycle, you need to consolidate the learning from your engagement process and share it verbally and in writing, for others to learn from. This learning should include reflections on your approach to measurement. There will usually be something you've identified to do differently next time.

## Commit to action

Once you have created actions from the data analysis and interpretation, identify who will take the actions forward. You will need to make sure a measurement approach is in place to understand whether the actions have been effective. Your measurement then becomes part of a continuous and ongoing learning and improvement loop around engagement.



### Next steps

We are eager to hear about how you are using this guide in your work and to receive any feedback you have. If you are interested in using these resources in your organisation and happy to share your experience with us, please get in touch at [Q@health.org.uk](mailto:Q@health.org.uk).

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