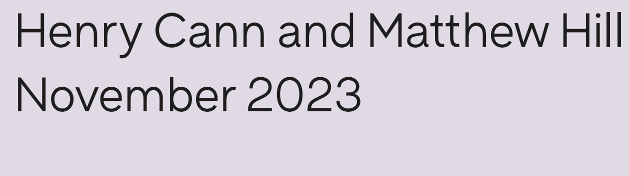
Co-developing an approach to understanding, measuring and improving the engagement of staff in major change



Q insight report

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November 2023

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

About Q

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.

Q insight

Through our insight work, we tap into the rich knowledge and diverse experiences of the Q community. We surface stories and generate and share actionable insight. This insight can be used by members and others across the health and care system to help them deliver improvement work more effectively.

Collaboration is at the heart of what we do. To ensure the greatest impact in our work, we aim to involve members at all stages and, where possible, collaborate with others working on the same topic. We use a variety of systematic methods to draw out the diverse experience and expertise of Q members relating to system priority areas. These include member surveys, workshops, case studies to amplify members' work and ongoing share and learn projects.

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1. Introduction

1. Introduction

One of Q's priorities for the recovery period following the COVID-19 pandemic is to boost collaboration and improvement, in order to support sustainable change that is shaped and owned by those who deliver and receive care.[1] As part of this, between September 2022 and April 2023, we carried out a participatory research project that involved co-developing:

- a new, detailed set of 10 principles for engaging staff well in major change
- an accompanying measurement approach to support those aiming to improve their work in this area.

The primary output in which we share these is our how-to guide, *Measuring and improving your engagement with staff in major change*[2]. The guide was designed to support people aiming to understand and measure – and, thereby, improve – the way they engage staff in major change projects and initiatives. This insight report shares the findings and approach of the research we undertook, to inform the guide in more detail.

Section 2 (immediately following this introduction) presents the background and rationale for the work, locating it in the wide and growing literature around engaging staff well in major change, and defines the core terms of our enquiry.

Section 3 outlines the consensus-building methodology we used, including the Thiscovery platform, and shares the limitations of the research.

Section 4 discusses in detail the 10 principles for engaging staff well in major change and describes how this is rooted in what participants shared with us.

Section 5 details what we learned about different approaches to measurement, combining what we heard from participants with the wider evidence on good measurement practice. This section also presents two new tools that we developed as part of the project and our findings in relation to equity, diversity and inclusion. Finally, it sets out our findings around approaches to analysis.

Section 6 summarises the key conclusions from the research.

The report will be most useful for readers who are interested in how to engage staff in major change, as well as different approaches to measurement for improvement and participatory research methods.

2. Background and rationale

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The COVID-19 pandemic had profound impacts on the health and care system, now giving way to a prolonged recovery effort. Within this recovery context, the system is facing multiple severe pressures, including chronic workforce shortages, a cumulative sense of staff fatigue and burnout and public satisfaction levels at their lowest since records began.[3, 4]

Furthermore, pressures around access to care in the UK and Ireland are intense, including record-high waiting lists for elective care[5] and waits across many other parts of the system.[6, 7] At the same time, the need to tackle health inequalities is becoming more urgent as evidence of differing outcomes mounts – especially around ethnicity[8] and socioeconomic deprivation.[9]

Meanwhile, substantial changes have taken place across the system. For example, in England, the Health and Care Act 2022 resulted in the formal division of England into 42 area-based integrated care systems responsible for planning local services.[10] This created a need for new and improved forms of collaboration and coordination across the system.

Why focus on engaging staff in major change?

Confronting these challenges will require change over the coming years that is large in scope and scale, including service innovation, tackling health inequalities and serious reform of social care.[11]

During COVID-19, there were clear examples of how change at scale could be achieved collaboratively in spite of – perhaps at times because of – the challenges of that crisis context.[12] In Q's own insight work, we explored the rapid implementation and rollout of video consultations.[13] This showed that complex changes can be achieved more rapidly when the situation requires it and when resources are targeted at achieving a shared goal.

Yet, wider research shows that many change projects fail – and 'the most commonly cited reason is neglect of the human dimensions of change.'[14]

Although it remains a relatively under-researched aspect of change,[15] there is growing evidence that effectively engaging staff in change increases the likelihood of success, especially in health care settings. The evidence highlights the following factors as important for success:

- the ability of health and care staff to influence, be prepared for and recognise the value of change[16]
- collaboration, strong communication and conflict resolution[17]
- change being implemented in contexts where there are already mature approaches to engagement in place[18]
- engaging stakeholders across different levels from design through to delivery.[19]

What do we mean by 'engagement'?

The word 'engagement' has a variety of meanings, and understanding of the term often differs between academic and practitioner perspectives.[20] Sometimes, it has a specific meaning in relation to employees' engagement with their work 'characterised by vigour, absorption and dedication'.[21] (This is the construct explored through the NHS Staff Survey in England.[22])

There is some crossover, but this research is focused on a different sense of engagement – specifically, in major change. As part of this research project, we developed a detailed set of principles for good engagement – presented in *Section 4* of this report (page 21). However, broadly this research was focused on work:

- that attempts to substantially involve and include staff in change
- that proactively seeks their perspectives on change
- where staff influence key decisions and have a clear understanding of the rationale and different elements of change
- where staff take an active role in change implementation and beyond.

In some recent literature, there has been a particular focus on 'change engagement', which recognises the context of frequent change in which many organisations now operate.[23, 24, 25]

The importance of this type of engagement in major change is emphasised in a range of policies and guidance within health and care. For example, the NHS constitution for England includes a series of pledges that form 'a commitment by the NHS to provide high-quality working environments for staff.'[26] These contain a pledge to 'engage staff in decisions that affect them and the services they provide.'

A more recent example is NHS Impact, the new single, shared NHS improvement approach.[27] It sets out five components that form 'the DNA of all evidence-based improvement methods.' Across the first three of these (building a shared purpose and vision, investing in people and culture, and developing leadership behaviours) it stresses the centrality of engaging staff in 'a powerful purpose-driven context', including through dedicated engagement events.

Many of these documents, and the wider literature, also highlight the need to engage patients and the public in major change. This is undoubtedly an important element of successful change, but this research project has focused solely on the engagement of staff.

What type of change are we focused on?

Despite the relative consensus on the need for major change, the task of neatly characterising exactly what this change entails is far from straightforward.

This research starts from a broad definition that includes a wide range of changes. It draws on a practical guide for those leading large-scale change, developed by NHS England.[28] Although that guide is focused more closely on transformational change, it presents some useful dimensions to define the type of change our research was focused on (adapted below):

- **Size**: change affecting a large number of individuals or different 'groups' of individuals.
- **Depth**: the level of impact the change will have on ways of working, behaviours and ways of thinking.
- **Breadth**: change involving actors across the system rather than in one discrete part of the system.
- **Complexity**: challenges relating to defining the problem and diagnosing the solution, or the precise consequences of the change being difficult to predict.

Major change is also often distinguished from more incremental change.[29] The broad definition employed in this research could include many different types of change but specific examples include:

- innovative service models (such as patient-initiated follow-up or pathway redesign)
- technological transformation (such as telemedicine or implementing artificial intelligence)
- wider structural shifts (such as integration between health and social care)
- initiatives to tackle persistent challenges across health and care (such as tackling health inequalities).

The change could take place at the team, project, organisational or local system level. Our approach does not focus on organisational restructures, which are often governed by legal processes. However, many of the same principles may still apply.

Why focus on measurement?

Due to constraints in capacity and capabilities, the quality of measurement in health care improvement is often low.[30] At Q, as part of a community of people working to improve health and care, we believe that a fundamental requirement for improving the engagement of staff in change is having a high-quality approach to understanding and measuring it.

Indeed, participants in this project articulated a strong appetite for developing an approach to measuring engagement in change that was flexible, consistent and, most crucially, actionable.

The focus on actionability runs throughout this research and it both informed, and was informed by, the decision to draw heavily on the underpinning philosophy of measurement for improvement.[31] Measurement for improvement is discussed further in *Section 5* but fundamentally it is distinct from measurement for either judgement or research.[32]

Research participants stressed that the measurement approach developed as part of the research needed to be realistic and pragmatic, given the current demands on staff. Measurement for improvement can offer an appropriate frame for this, enabling a focus on continuous learning, improvement and testing to determine the efficacy of changes.

One further motivation for this work was the recognition that different groups of staff often have different experiences of change, and of engagement in change. Our how-to guide gives particular focus to understanding, and thereby improving, these disparities. See Equity, diversity and inclusion in *Section 5* of this report (page 53).

3. Methodology

3. Methodology

Our goal was to create a new definition of good engagement in major change and to unpack in more detail the principles that sit beneath it. Our core rationale was that in order to measure and improve engagement, practitioners need a more granular understanding of its different components.

The research then aimed to build a measurement framework. This would tell practitioners whether the engagement of staff was being done well and provide tools and guidance to help them measure this more consistently.

To ensure the work would be strongly rooted in, and true to, the experience of staff working in health and care, we chose an approach that drew heavily on consensus-building methods of research. In particular, our design was influenced by the Delphi method, first used by RAND research in the 1960s as a rigorous, systematic way of gaining a reliable consensus from a group of subject-matter experts.[33]

To achieve this, we conducted all of our formal research tasks using *Thiscovery* – an online platform for collaboration, innovation and improvement that connected us to more than 300 people working in quality improvement and other professionals across the UK and Ireland. Thiscovery enabled us to employ an online consensus building approach, which, across four separate research tasks, has led to the co-creation of a definition, measurement approach and guidance for use in major change contexts.

Researchers using Delphi methods will often set an agreed statistical threshold for achieving consensus. We chose not to do this, partly in light of the exploratory nature of our topic, which encompassed a large range of areas and ideas. We needed to be able to synthesise a wide range of these ideas coherently, focusing on prioritising the most important ones and acknowledging that they may apply to different extents in different settings.

Our commitment was to build our research around the contributions that our participants made and to offer opportunities for each participant to see, and vote on, the contributions made by others in relation to our key questions: What constitutes good engagement of staff in major change? and How can we effectively measure it?

Thiscovery

We worked with the Thiscovery team in the design and implementation of the project. Thiscovery is an online platform that allows the health and care system to improve and innovate through collaboration. It enables knowledge-led organisations to understand problems, gather evidence, build shared visions, and co-design solutions and evaluate them.

At its core, Thiscovery is a high-quality mechanism for conducting research and consultation projects online. We would encourage others to consider using it for future projects. Projects are held on the platform so that people using, working in, managing and studying health and care services can have meaningful involvement in improving them, and organisations can deliver actionable results quickly in an engaging and inclusive way.

Each Thiscovery project consists of one or more tasks with varying methods used, including questionnaires and interviews. We worked with the Thiscovery team and the platform across four such tasks, described in greater detail in the section below.

In between each participant-facing task, there was a rapid round of analysis and synthesis conducted by the Q team in preparation for the next task, and to ensure each task was truly responsive to the previous round's results.

Participants

This project drew on the expertise and experience of two main groups:

- **The Q community**
  A community of thousands of people across the UK and Ireland, collaborating to improve the safety and quality of health and care.
- **Members of the Thiscovery network**
  People with an official NHS email address who had signed up to receive notification of relevant research and consultation projects on Thiscovery. This makes sure members of the network receive notification only of projects relevant to them, so that researchers can hear from those with the right expertise.

Stages of the research

This section sets out the different stages of the research in more detail.

Stage 1: Scoping

This stage included informal conversations with experts in change work and a non-systematic review of the literature in relation to engaging staff well in major change and existing measurement approaches. As well as informing the scoping and design of the research, this literature review was drawn on and integrated into the analysis of each task.

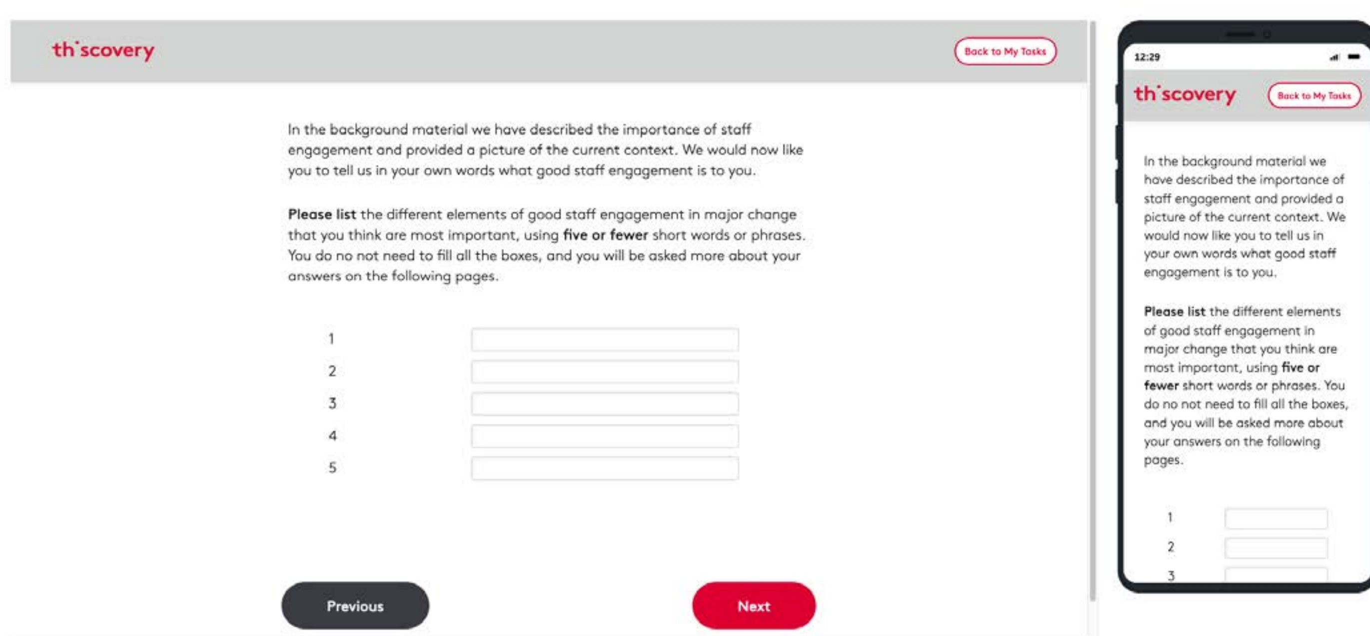
Stage 2: Research tasks

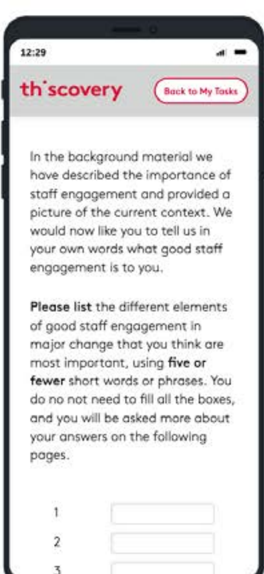
Task 1

In this task, we briefly outlined the context and rationale for our project. We then laid the foundations for the rest of the research by asking participants to list up to five key elements that they thought were at the heart of good engagement. We then asked them to elaborate on what each idea meant to them.

During the task, we also asked for some examples of good engagement that participants had experienced. 171 individuals took part in Task 1.

Task 1





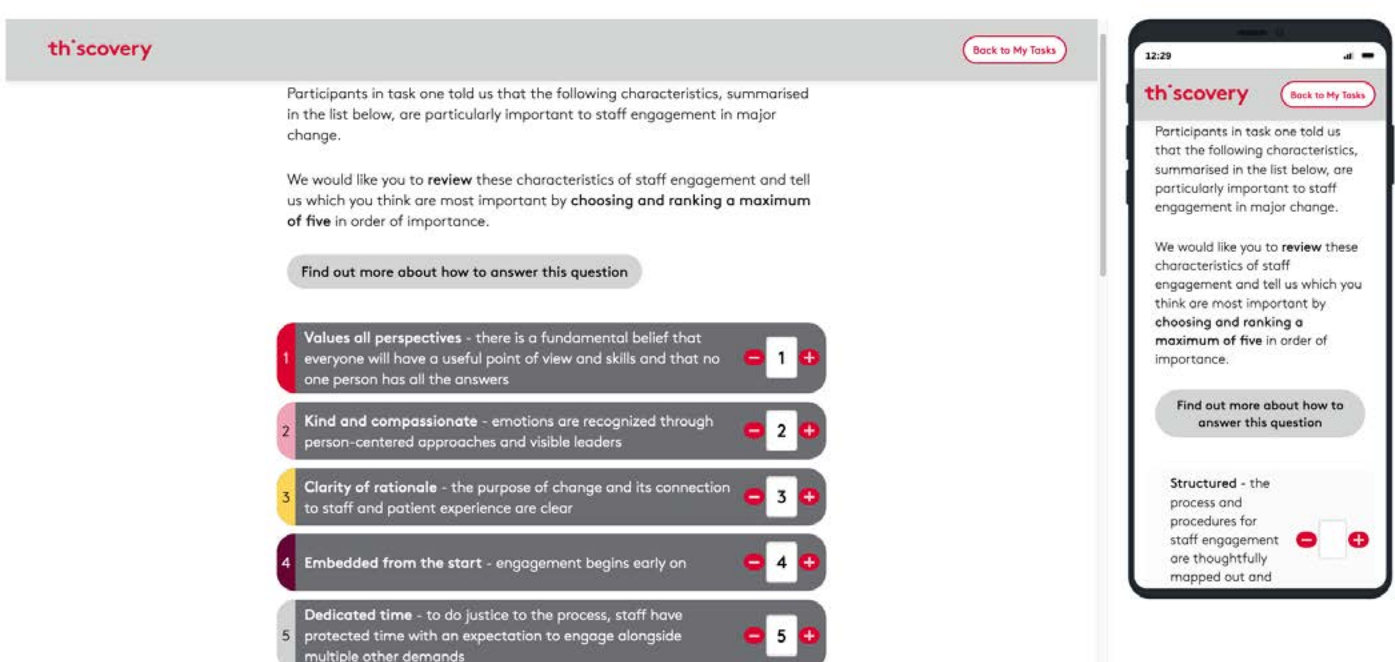
Task 2

To design Task 2, we needed to analyse a large quantity of free-text data produced in Task 1. To do this, we conducted a rapid synthesis of the key themes that arose, using an inductive thematic analysis approach with reflexive coding. This enabled us to update our codes as we went. This eventually resulted in a condensed list of 17 key dimensions of good engagement that we could 'play back' to participants in Task 2.

In Task 2, we asked participants to choose up to five of these dimensions that they saw as most important to good engagement in change and asked them to rank these in order of importance (with 1 being the most important out of 5).

We also asked them to pull out anything they believed was particularly important about these dimensions in specific applications, including in reference to the specific context we had described. 76 individuals took part in Task 2.

Task 2



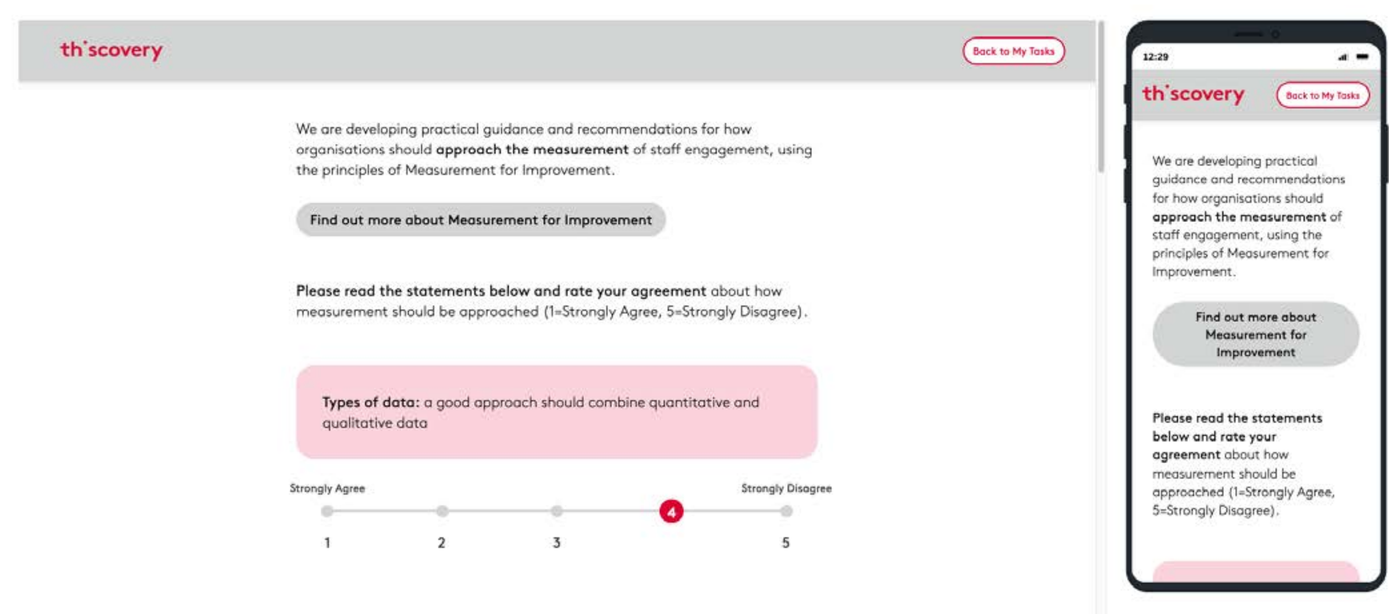
Task 3

The voting exercise in Task 2 enabled us to construct an overall prototype definition of good engagement of staff in major change, structured by an overall points ranking.

In Task 3 we used this as a basis for asking participants to identify key features of a new measurement approach for engagement. We then asked participants for their ideas about how to measure six of the key dimensions from Task 2, including their knowledge of any existing measurement tools relating to these dimensions. Our team selected these dimensions, identifying them as some of the most challenging to measure.

This yielded rich responses, ranging from well-known validated tools to lighter-touch individual survey measures that could be used flexibly in different areas and were not tied to an overarching measures system. 92 individuals took part in Task 3.

Task 3



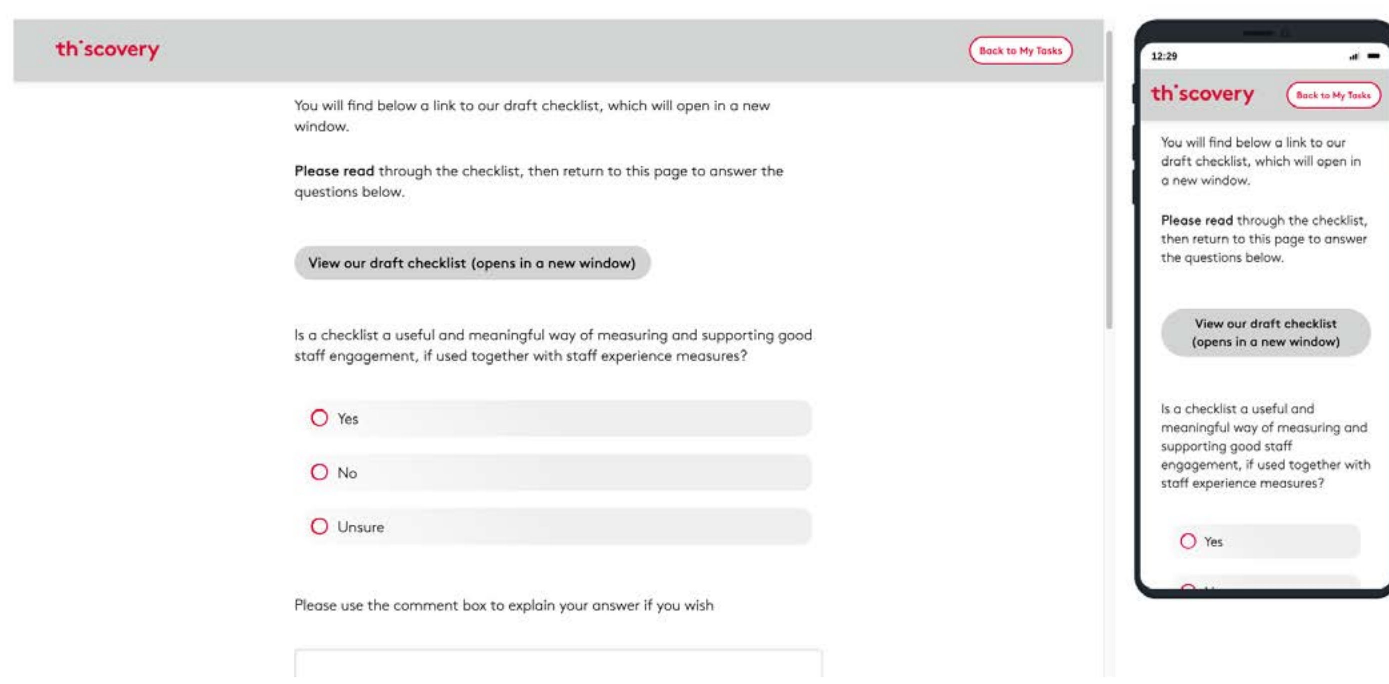
Task 4

Following Task 3, we used our refined prototype definition of good engagement in change to create two new accompanying measurement tools:

- **Engaging staff in major change: survey of staff tool** is a set of direct survey questions, structured according to our principles of engaging staff well in major change, which is intended for organisations to administer to staff during change processes.
- **Engaging staff in major change: planning and reflection tool** (which we originally described as a checklist) is directly aimed at supporting organisations and change leaders to think about what steps they were putting in place to ensure a high quality of engagement in change.

We asked participants for feedback (both general and specific) on these measures, including what was missing. 174 individuals took part in Task 4.

Task 4



Stage 3: Testing and review

After completing Task 4, we produced new versions of our principles and tools, using collated feedback. We condensed the original principles into a final list of 10 for engaging staff well in major change. We were able to reduce the number of dimensions in two ways. The first was by looking at conceptual similarities within our key principles and identifying overlap. The second was, in several cases, absorbing a narrower theoretical concept into a broader one.

Working with Q members who had not participated in the original research project, we undertook individual cognitive testing for our survey of staff and planning and reflection tools. This involved conducting semi-structured interviews using a 'think aloud' approach. Participants were prompted to share their real-time thoughts and understanding of questions, with occasional probing questions by the interviewer.

After the interviews, we made changes in line with interview feedback, along with further adjustments to language and framing, to ensure clarity and usability.

In between each research task, we benefited from feedback from staff experience experts working in Quality Improvement. After Task 4, and following individual cognitive testing, we also involved a range of subject-matter experts in a final review and quality assurance process of the how-to guide and measurement tools.

Limitations

The research included a number of limitations, some of which we tried to overcome within analysis, as follows:

- **Representativeness**
  The participant group overrepresented those working to improve health and care. This was a deliberate aspect of the recruitment strategy. However, those working to improve health and care are likely to have a somewhat different perspective on change than others – albeit a perspective that has an important contribution to make.
- **Generalisability**
  Although some quantitative data is presented within this report, this is not an attempt to 'measure' the perspective of a wider population of people working in quality improvement or staff in health and care. Instead, it aims to understand the strength of consensus within the participant group. The level of consensus did inform the development of the how-to guide, but it did not aim to draw wider conclusions.
- **Changing engagement across tasks**
  Levels of participation varied across different tasks. After the first two, we proactively expanded recruitment to engage people with measurement expertise. This meant that some participants were not directly involved in co-developing the definition during the initial tasks.
- **Different understandings of major change**
  Despite attempts to clearly define the research focus within each task, we detected that some participants had a broader interpretation of major change and of the sorts of changes we were focusing on. In particular, it was clear that a small number of respondents were drawing on experience of engagement in formal organisational restructures, despite this type of change not being the focus of our work. We occasionally needed to exercise judgement on whether to include these perspectives as part of our analysis.

Future work

Our definition of how to engage staff well in change, and the accompanying measurement tools and guidance, are our first – but not necessarily final – contribution to this space. We believe that, in line with a measurement for improvement approach, there is likely to be a need for further revision and development in future, in line with feedback from the experience of practitioners applying these resources to their own change projects.

Future work would be likely to prioritise validating the measurement tools, both on the constructs being measured and the content within it.

4. Developing 10 principles for engaging staff well in major change

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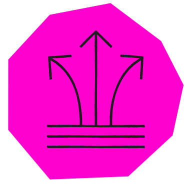
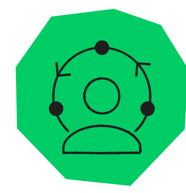
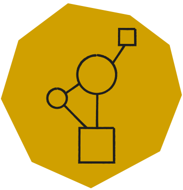
As outlined in the introduction to this report, we co-created our new set of principles for defining good engagement of staff in major change with participants from across the UK and Ireland (see Figure 1, page 22). It covers 10 key areas that we think are most important. We have divided these 10 areas into three themes.



Foundations for change



Culture and context



Processes and methods

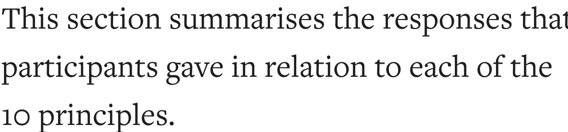
It is important to note that this definition of good engagement represents a gold standard across all areas. All three themes interconnect in some way, and the best approach will be one that acknowledges these connections and develops a comprehensive approach in response to each individual area.

Participants said it was important that change leaders do not feel there is too high a bar for what they need to do to engage staff. Good engagement is hard to ensure amid change, but participants felt that 'perfect does not need to be the enemy of good' and that leaders should do as much as they can within the constraints they have.

> *'I'm noticing how these facets of engagement are entwined – for example, honesty needed regarding purpose of change. They rarely stand totally alone as concepts, but one leads to the next.'*
> **Project participant**

Figure 1: 10 Principles for engaging staff well in major change

	Principles	Descriptor
Foundations for change	**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.
Culture and context	**4** Psychological safety	Engagement enables staff to share opinions and voice concerns without fear of judgement or consequences.
	5 Honesty and transparency	Challenges, limitations and risks are acknowledged and there is no hidden agenda.
	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.
Processes and methods	**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.



This section summarises the responses that participants gave in relation to each of the 10 principles.

Principles 1–3: Foundations for change

Participants described the following principles as an essential starting point for any successful engagement in change, encompassing the resources needed and the direction behind the planned changes. They argued that these areas should be in place from the beginning.

Principle 1: Clear rationale

Definition: The purpose of the change and its connection to staff and patient experience are clear.

Participants stressed that where a change is being planned, staff need to understand what will be changing, and why. Without this, participants felt that staff may assume that change is happening for its own sake or for other underlying reasons that are not being shared with staff. This, in turn, could lead to a lack of trust in the process and a general lack of engagement.

In relation to leading change and engaging staff in change, some participants also mentioned the importance of being mindful of the 'change fatigue' that can set in among health and care staff – especially given the high number of changes that have taken place over the past decade.

Staff have seen changes take place for a variety of reasons and they may not have agreed with them, or felt the benefit. Establishing a clear rationale can help distinguish the current change initiative from others that have taken place.

Some participants said that ideally, this rationale should encompass two elements: first, the specific reasoning for what needs to change and second, a clear link to the broader vision for what that change will look like and its potential impact. Indeed, participants mentioned that given that quality and patient outcomes are at the heart of care, being able to show what the change means – for staff and patients alike – is key.

Clarity of rationale was the single most highly voted item in the Task 2 ranking activity, with over half of participants ranking it in their top five most important elements of good engagement.

Participants said:

> *'Often, change just arrives with people and teams, without any of the context and the reason why change needs to happen.'*

> *'You should be able to describe the reasons and aims of the engagement in a succinct and easy-to-understand way that makes sense and is unambiguous. People on the receiving end should be able to describe easily the reason why they are being engaged with.'*

Principle 2: Shared ownership

Definition: Staff can shape and influence the change, including defining the problem.

Participants argued that staff need agency and influence in the change from as early on as possible, as opposed to playing a more passive role in which they simply have sight of what is happening.

Ownership is closely tied to clarity of rationale because, as participants outlined, one part of good shared ownership involves being present at all stages – including the essential early exploration of what the problem is that needs to be addressed. Ownership can take different forms and can exist to different extents, but overall we heard that, as a minimum, there should be some form of collaboration to create shared goals and solutions.

Some participants shared that staff are much more likely to see their involvement as meaningful if they have had agency and influence in what happens and how it develops – not least because they felt that this sends the message that the engagement is genuine and not a tick-box exercise.

This idea of shared ownership – sometimes referred to by participants as 'co-ownership' – was the second most important area, according to Task 2 participants, with over half of them ranking it in the top five.

Participants said:

> *'Give power and control to people (when I say "people", I mean staff and patients) who need to deliver the change. As leaders, create safe spaces and environments to support and enable this.'*

> *'Together, we can flatten the hierarchy and move forwards for a common purpose. Drop the egos and draw on each other's strengths. Remember, the patient is at the heart of everything we do.'*

> *'Recognition that those closest to the front line have a rich understanding of the system they are working in and are most likely to be able to find solutions to problems. Ensuring those at the front line are empowered and supported to find and implement.'*

Principle 3: Capacity and capabilities

Definition: Staff have protected time and are given the skills and knowledge they need to engage in change.

Participants said that staff need key resources in order to participate in the process. They felt that having clear, protected time is essential for staff to be able to get to a place where they feel able to contribute. This could take different forms, but essentially involves time carved out and built into staff working schedules, to enable them to participate.

Participants felt this issue relates not only to the amount of time given to staff but also how the requirement interacts with other demands made of them. This is because if staff feel overwhelmed with other activities, they will not find the headspace to be properly present and contribute to the best of their ability.

Nevertheless, participants acknowledged that making this happen can be challenging. In general, it is not enough to simply give permission. The conditions for engagement might require careful review of the other demands being made to create space. This, in turn, may require action on the part of line managers.

On a related point, participants described the need for certain skills and capabilities that would equip staff to support and contribute to the change. These may vary significantly with different types of change, but there are some common themes during a time when digital solutions and technology are increasingly key to the future efficiency of health care.

The research also found that a wider set of skills is needed to enable staff to fully engage in an improvement-focused way of working. This is characterised by planning, testing and iterating solutions based on effective feedback loops, rather than aiming at a one-shot approach to lasting change.

In the ranking exercise, the key principles of dedicated time and staff skills and capabilities were included as separate items. Time was voted slightly more highly than skills (by around one-third of all participants), but having merged these items into one broader requirement, we would expect this principle to come out even more highly in a hypothetical repeated ranking exercise.

Participants said:

> *'With lots of pressures in a system, often it is very difficult to dedicate time for improvement. It often relies on enthusiasts who are able to dedicate their own time to engagement and improvement.'*

> *'Time is very important when change is approaching. As humans, we don't do well with dramatic change and we tend to fight it rather than engage with it. Having time for digestion and reflection offers staff the opportunity to ask questions, get involved and fully embrace the change.'*

Principles 4–7: Culture and context

Participants throughout the research stressed that successful change requires the right culture and context to hold it. Participants defined this as a healthy, open and safe environment for staff to participate, with trust in leaders and in the process and freedom to contribute, in the knowledge that their views will be heard and respected.

Principle 4: Psychological safety

Definition: Engagement enables staff to share opinions and voice concerns without fear of judgement or consequences.

Psychological safety is about staff feeling able to bring their whole selves to work and, particularly, to any process involving change. This key idea has its roots in organisational change research[34] but was first popularised by Amy Edmondson and is now widely seen as relevant well beyond that context.[35]

Participants talked about bringing their whole self to their work environment, to the extent that individuals and their teams feel safe and have permission to speak up, share their opinions and challenge others' viewpoints without having to consider their position in an organisational hierarchy.

What can prevent staff feeling able to speak up, as participants shared, is the worry that doing so will have negative consequences, through judgement or adverse changes to existing relationships.

For organisations committed to drawing on a range of skills and perspectives to find the best solutions, participants shared that where staff avoid speaking up, this poses a risk to the quality and integrity of change engagement processes. This means that organisations cannot benefit from the contributions of those with the best vantage point of what is happening.

This includes sharing clinical concerns – for example, in how the proposed changes may affect matters of the quality and safety of patient care.

Although not explicitly about leadership, the research found that leaders have an important role in creating a wider no-blame culture where people have permission to speak up, try different solutions and be open about mistakes and even 'failure'. Psychological safety was voted one of the most essential principles by close to 45% of respondents, reflecting its prevalence in the literature on organisational change and team culture.

Participants said:

> *'Everyone should feel safe to speak up, regardless of their position within organisational hierarchies, and know that dissenting opinions will be encouraged and listened to. If staff are unable, or discouraged, from speaking up, problems go unrecognised.'*

> *'Leaders [should be] creating culture that encourages mutual support, no blame, openness to new ideas and giving them a go, honesty and integrity, willingness to admit mistakes.'*

Principle 5: Honesty and transparency

Definition: Challenges, limitations and risks are acknowledged and there is no hidden agenda.

Participants felt that staff need to have a fundamental trust in the honesty and transparency of the change, and its core rationale, if they are to get behind it. Honesty and transparency are connected to the core rationale of the change but represent a much broader ethos.

Participants said that staff are more likely to engage in a process in which they trust, adding that this means believing that the organisation and its leaders are being open about the process, its goals and drivers. Participants argued that people want to feel that 'what you see is what you get', with no hidden agenda. Again, this is particularly important in light of systemic resourcing pressures in health and care and the recent history of cuts.

Most changes are complex processes, with strengths, weaknesses, opportunities and risks. In most cases, the outcomes – including their ultimate success –are not predetermined and will depend on a range of factors – not least, staff buy-in. Participants argued that being able to openly share all this background, complexity and reasoning (including the possibility that the change will be less successful than hoped) can help build trust – even where staff still disagree with decisions being taken.

They also felt that trust is built through the way communication is approached. They said it was important that staff – particularly front line staff – feel there are opportunities for leaders to hear their views, rather than receiving a one-way flow of information. This is at least partly because one-way communication suggests there is no room to influence or affect decisions.

In the Task 2 ranking, the idea of honesty (acknowledging challenges, limitations and disbenefits) was the third-most-popular item, placed in the top 5 by over 40% of respondents.

Participants said:

> *'Being open about the good, bad and ugly during change builds trust. Hiding our thinking and decision-making damages trust, and staff are less likely to participate or accept change moving forward.'*

> *'The credibility of any engagement is dictated by how transparent the person leading the engagement is able to be.'*

> *'It is important that staff trust in the process and in the change leaders. It is very demoralising if staff feel there is a sub-agenda or things going on in the background that they are unaware of.'*

Principle 6: Appreciative and compassionate

Definition: Engagement builds on staff achievements and recognises emotions.

As discussed above, participants felt there is a need for leaders and organisations to be mindful of the environment in which the change is happening. Many staff in health and care have become used to frequent changes over which they have had little influence. Several participants described this as 'change fatigue'.

Building on this, appreciation and compassion require change leaders to show an awareness of the difficulties, pressures and stresses in the current health and care landscape. Beyond this general context is the appreciation that this change – and indeed, any substantial change – can be hard and have an emotional and physical impact.

Participants shared that sometimes, staff simply want this impact to be seen and acknowledged, even if it does not alter the decisions taken. This can be achieved through the right approach to communication, including one that creates room for two-way sharing, whether of ideas or of frustrations and challenges.

Participants also identified the need to acknowledge what staff have achieved in the past, and what they can contribute in the future, given the chance, recognising the skills and capabilities each person can bring to a process. This requires two activities:

- Looking backwards, to identify what is already good and aiming to build on it. Appreciative Inquiry offers one option for putting these ideas into practice.[36]
- Looking to the future, to understand how the capabilities and talents of staff can be at the centre of successful change.

Compassion is often described in relation to the qualities needed from leadership[37] – especially in times of crisis and change – and there is evidence that this type of leadership results in more motivated staff with greater wellbeing[38]. However, participants articulated that, ideally, this extends beyond leaders into a broader culture of kindness and compassion across an organisational setting.

Participants said:

> *'People are tired. Something needs to be the motivating factor to drive enthusiasm to pursue things. Those in leadership positions can acknowledge this and be compassionate and kind to ensure staff wellbeing is key: otherwise, people will resist change suggested by them.'*

> *'Often, people who work really hard are not adequately supported or rewarded for their efforts. Due to lack of support, they often burn out trying to improve things.'*

> *'Many health care staff already feel overworked and undervalued, especially following COVID-19. Appreciation of contribution would allow people to feel that their work is valued, and that they are a valued part of the system within which they work.'*

Principle 7: Inclusive and non-hierarchical

Definition: 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.

This principle is about creating an inclusive and non-hierarchical environment to support engagement in a given change. Participants urged that the process should be underpinned by an underlying belief about how points of view interact to create shared knowledge and decisions. This included two views:

- That the best solutions will be reached by combining a range of perspectives.
- That hierarchy and seniority should not be a lens through which to decide which opinions are the most important.

This point was about the variety of perspectives in terms of background but also skills and functional expertise, which can all lend something different. To enable this, leaders need to think about how they can create the most inclusive and non-hierarchical process and conditions for change. This relates to equity, diversity and inclusion, which we explore in Section 5.

Participants said:

> *'Staff engagement and interaction should not be constrained by traditional hierarchical lines or silos. Everyone should have an equal voice, regardless of formal positions or reporting relationships within the organisation.'*

> *'It doesn't matter if you clean, do administration or see patients: your voice matters. Major changes ripple through the organisation, and sometimes, we don't see those changes in the way that people in the situation do.'*

Principles 8–10: Processes and methods

Participants shared that there needs to be some common, consistent principles applied, throughout the process, to engage staff and share information, along with opportunities to build, test and learn.

Principle 8: Structured

Definition: There is a plan for how and when to involve staff, which is followed and made widely available.

Throughout the research, many participants said it was important that staff understood the plan for engaging them, including the different opportunities and mechanisms available. They believed this would help them understand and have confidence in the overall process, rather than feeling overwhelmed, so they could identify the best points and opportunities to feed in.

It is important to plan the engagement process in advance, in a timely way. This makes sure engagement isn't rushed or tokenistic, especially when making rapid changes.

Participants felt it was particularly important to have a clear plan mapped out in complex and major change processes and, as we heard, can give space to identify the different means of participation (which participants flagged as important). This is because, as was discovered, staff are likely to have varied needs and preferences for how they engage.

Working to a clear plan can enable change leaders to identify how they can cater to these, thereby reducing the risk that some staff will feel excluded.

Participants saw working in a structured format as central for using improvement as a way of working – for example, building in scope for different iterations, with time for learning, feedback and revision.

Participants said:

> *'Updates on progress, even if it seems there hasn't particularly been any, keeps up engagement,* [*provides*] *opportunity to allay concerns and continues momentum.'*

> *'Enabling the necessary time and methods to maximise the opportunity for staff to be heard.'*

Principle 9: Clear and consistent communications

Definition: Engagement includes regular two-way sharing, including different formats and channels.

The research found that engagement with staff needs to be underpinned by good quality communication and information sharing throughout. Communication is inextricably linked to many, if not all, the other areas in this definition. Participants shared that staff need to hear consistent messaging that reflects the goals and the process being followed.

There should be an agreed regularity of updates, ensuring that staff always know what is happening. This avoids the risk (raised by a number of participants) that communication is a one-time exercise, often early on, that is not followed up until much later in the process. Irregular or one-off communication can also risk playing into a narrative that decisions have already been reached and that further staff involvement is fruitless.

Participants generally felt that *'over-communication'* is preferred: continued, predictable and structured communication, even where there are few updates to give. Sharing timescales of when more information and updates are expected to be available can also give clarity. This can assuage the worries or doubts of staff who have seen previous change processes, perhaps with undesirable outcomes.

However, participants also stressed the importance of communication being not just a tool for top-down information sharing and that it should also include mechanisms for two-way communication, such as opportunities for asking questions of leaders. A range of channels and mechanisms could also be used to reach staff in different ways, recognising the different constraints on their time as well as individual preferences. Participants suggested that information should be made available as supporting documentation, which can be consumed at people's convenience.

Participants said:

> *'Telling people about upcoming change needs to be done in several different ways and materials. They say for someone to hear something, you need to say it in seven different ways. Using various materials, formats and tools to get your message out can really improve the engagement of staff.'*

> *'Meaningful engagement requires clear information sharing that is accessible to everyone and shared with enough time for people to digest and understand it.'*

> *'Front line health care staff want opportunities for senior leaders to listen to their views, not just the cascading of information in one direction. There needs to be bottom-up communication as well as top-down.'*

Principle 10: Continuous learning

Definition: Staff are involved in open, ongoing reflection, testing and assessment of the change, including its outcomes and any unintended consequences.

It is rare that change is 'right' first time – particularly with complex changes. Participants clearly expressed that, instead, there should be an inbuilt expectation that this will not be the case, and that there will need to be time for testing, scope for ongoing learning, and feeding this back into changes.

Participants felt that building in space and time for this, and acknowledging that it will not be right first time, can improve trust in the process. It signals that there is room for changes and improvements along the way and a philosophy that the change leaders themselves do not necessarily have all the answers.

Some participants shared that all too often, the level of effort that goes into implementing a change is not matched by the resources and attention given to supporting and sustaining the change over time.

Participants said:

> *'Sometimes, we are stuck in a way we do things and apprehensive about changing or trying new things. In order to progress, we need to change our mindset and stimulate problem solving and experimentation.'*

> *'Change/improvement does not stop with implementation, but the same amount of work needs to go into sustaining the change/improvement.'*

The evolution of the key principles

This set of principles evolved throughout the work, beginning with a longer 17-item list that came directly from the first task of the project. Participants used a range of different ways to highlight what they thought was important. The analysis required a judgement around the grouping of different ideas, acknowledging that some level of interrelation would always exist between items.

The final set of items is presented without suggested weighting of each item in importance. However, the project did shed light on items that participants felt to be more or less important. These choices were not always predictable based on the wider literature.

In the initial 17-option voting exercise, a clear rationale and shared ownership emerged as the two strongest items, scoring significantly higher than all other options. At the other end of the scale, an original item around the 'creative, energising and meaningful' nature of engagement was ranked highly by only 10 participants, and 'catering to individual preferences' by only four individuals (out of 76 participants).

There were examples of items – such as 'creative and energising' – that appeared to come up frequently in Task 1 but were rarely voted highly in the formal ranking of Task 2. Conversely, some items emerged somewhat less frequently in Task 1 but came out very strongly in the ranking exercise. One example of this was psychological safety.

Nevertheless, it is important to note the constraint of Task 2 – that participants were allowed to choose only their five most important items. This decision was taken to avoid cognitive overload of participants and to understand where their priorities lay. This meant that items that performed less well in Task 2 are not necessarily unimportant but, rather, participants did not rank them highly when assessing priorities with a large number of options.

5. Developing the measurement approach

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Developing the how-to guide on measurement

As well as building consensus around the definition of good engagement in major change we have developed a *how-to guide* on measuring it well. This includes some general guidance on measurement approaches and two new measurement tools. This section outlines the findings around different aspects of measurement and how they were integrated into the how-to guide.

This includes presenting the two new tools that were co-developed as part of the research process. The more detailed guidance itself is contained in the how-to guide. For some aspects of measurement there was a clear consensus among participants whereas for other aspects we had to draw on wider evidence in developing the guidance.

Existing measurement of engagement in change

Across all four tasks, participants used the free-text boxes to describe the current state of measurement of engagement in change within their context. This included a direct question about existing measurement in Task 2.

Overall, respondents presented a picture of mixed and inconsistent engagement practices. Some respondents described no current efforts in their organisation to measure the nature or experience of engagement in change. Others reported that their organisation relied on monitoring data, such as the number of people who attended engagement sessions, while still others said their organisation relied on qualitative approaches, such as focus groups or in-depth interviews.

Many respondents referenced various existing survey approaches, including the NHS Staff Survey, which was seen as a useful top-level indicator of staff involvement in decisions across the organisation. Other surveys included more regular pulse surveys, wellbeing surveys, surveys of organisational culture, monthly staff surveys, daily 'good day' surveys, the medical engagement scale[39] and R-Outcomes[40].

A small number of respondents described measures that were directly embedded within the change process itself – whether feedback surveys or the Q&A and polling platform Slido.

In the context of varied and inconsistent approaches to measurement overall, participants showed a strong appetite to co-develop an approach to measure the engagement of staff in major change. In particular, they said this should focus on the more detailed underpinning of engaging staff well and generating actionable data to inform improvement planning – including embedding this within a change process itself.

Participants' views on different aspects of measurement

In Task 3, we explored participants' views on different aspects of measurement around engagement. Participants were asked to rate their views on a five-point scale, from 'strongly agree' to 'strongly disagree'. It should be noted that although this section presents quantitative analysis, it does not aim to measure the perspectives of a wider population. The data measures only the strength of consensus among the participant group in this project.

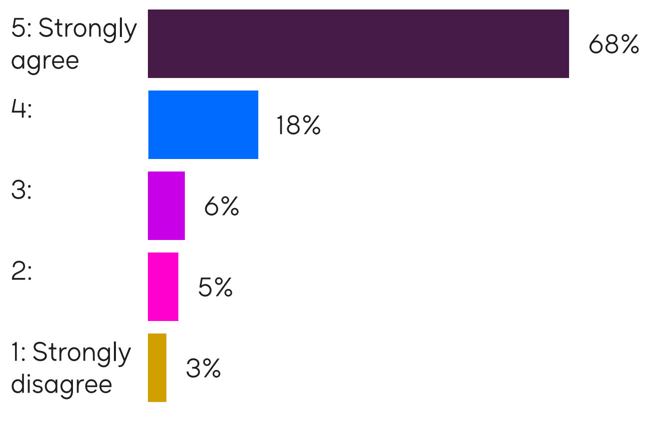
The questions set out below (in the form of responses to statements) were designed to explore different aspects of research good practice and to understand whether participants felt there were particular implications for measuring the engagement of staff in major change.

In Figure 6, there was a large majority consensus that quantitative and qualitative data types need to be combined for measuring engagement in change. This reflects wider trends in practice towards favouring combining and comparing data from different sources to strengthen and give confidence in research findings.[41]

In relation to this type of work – and measurement, specifically – participants emphasised the importance of offering staff the opportunity to feed back their perspectives through multiple mediums, in order to meet individual preferences and be more inclusive of different groups. Interestingly, although there was clear consensus for combining quantitative and qualitative data, participants highlighted different limitations for different types of data (see Figure 6).

This included the potential limitations of quantitative approaches in dealing with the sometimes complex and sensitive issues that can be raised around this topic. It also included limitations in qualitative approaches in terms of the potential bias in analysis. Participants also highlighted the specialist skills required to undertake qualitative research well.

Figure 6: A good approach should combine quantitative and qualitative data (n = 88)



Views on the primacy of measures of staff experience over other data sources were more mixed (see Figure 7). Many participants emphasised the need to hear directly from staff themselves in order for effective measurement but also the value of combining different sources of data.

Participants revealed a range of views on the proportionality of collecting detailed demographic data on those who take part in the engagement process (see Figure 8). Overall, they were in support of collecting detailed demographic data. Half (50%) disagreed with the statement, one-third (30%) were neutral and the remaining one-fifth (21%) agreed.

Participants' comments suggested a clear commitment both to the need for demographic diversity and inclusion within the process and the need to measure it. However, wider evidence varies on how and when to collect demographic data.[42]

Participants said:

> *'Demographic data is important to ensure equity, and that a diverse range of staff have been engaged, [and] should be mapped to the organisation to ensure it is representative.'*

> *'Demographic information needs to be sensitively collected but is essential to understanding key issues.'*

Figure 7: A good approach should prioritise measures of staff experience over other data sources (n = 88)

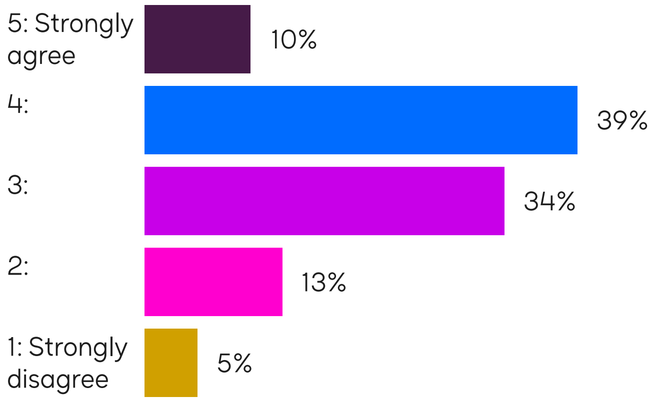
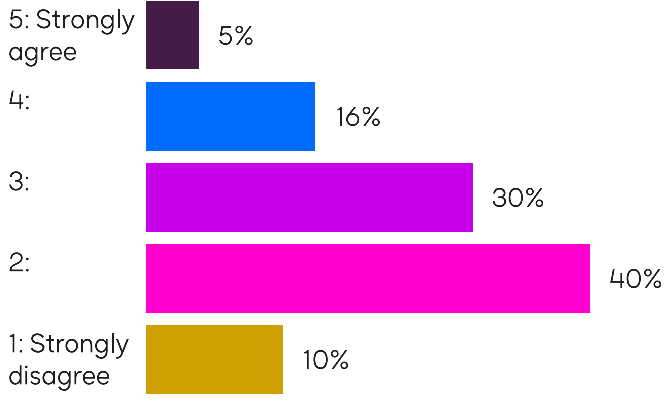


Figure 8: It is not proportionate to collect detailed demographic data on who has participated in an engagement process (n = 88)



Participants generally agreed (73%) that the measurement approach needs to be substantially tailored to different contexts (for example, different types of change or different types of organisation), with 17% neutral and 10% disagreeing. (See Figure 9).

Indeed, some participants flagged that they had responded neutrally to other statements because they felt that whether they agreed or disagreed with the statements would depend on the context.

As we heard, any good measurement approach certainly needs to be adapted to the specific context. However, with all measurement there is a trade-off between the advantages of context-specific approaches and the benefits of more standardised and consistent measures, which can make comparison and interpretation more straightforward.

Guided by participants in the project, we developed a set of tools that include some standardisation. These are focused on measuring those principles of good engagement that the research has shown are consistent across different contexts. However, they have been intentionally developed with the expectation that they can be used flexibly and tailored to the specific needs and context of those drawing on them.

The guidance document includes details of this flexibility and sets out some of the factors to consider when adapting the tools.

Participants said:

> *'I agree that measurement should be context specific but it would be especially useful to develop a framework where many of the elements can be used quite consistently from context to context.'*

> *'It's about the right data for your context.'*

Figure 9: the measurement approach needs to be substantially tailored to different contexts (for example different types of change or different types of organisation) (n = 88)

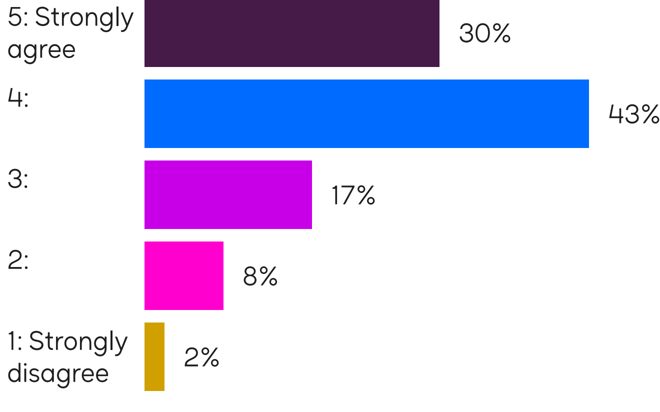
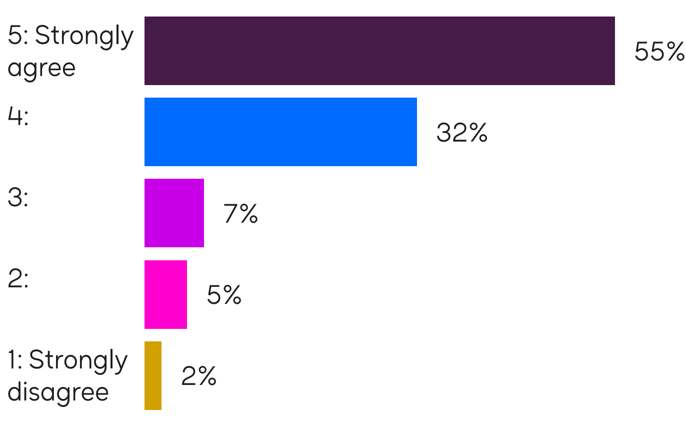


Figure 10: there should be an opportunity for staff to get involved with interpretation and sense-making (n = 88)



There was strong agreement (87%) with the statement that there should be an opportunity for staff to get involved with interpretation and sense making (see Figure 10).

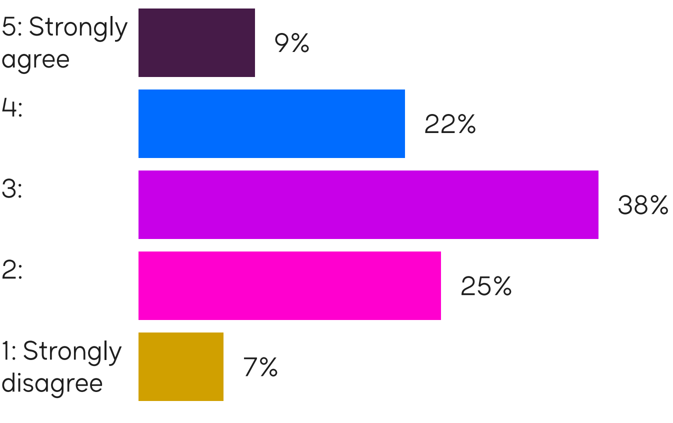
This is a fundamental aspect of a good learning loop and represents many of the principles of good engagement itself. The how-to guide recommends this stage of analysis and shares some potentially useful tools.

As can be seen in Figure 11, ('The overall measurement approach should prioritise being time efficient over being comprehensive'), participants' views were mixed. Here, 31% agreed, 38% were neutral and 32% disagreed.

Overall, participants' input clearly supported the wider rationale for this research – that there is a need for change leaders across health and care to devote time and thinking to better understand and measure engagement.

However, they also stressed that within the current context, staff time and headspace for engaging in change – and measuring that engagement – is likely to be severely limited.

Figure 11: the overall measurement approach should prioritise being time efficient over being comprehensive (n= 88)



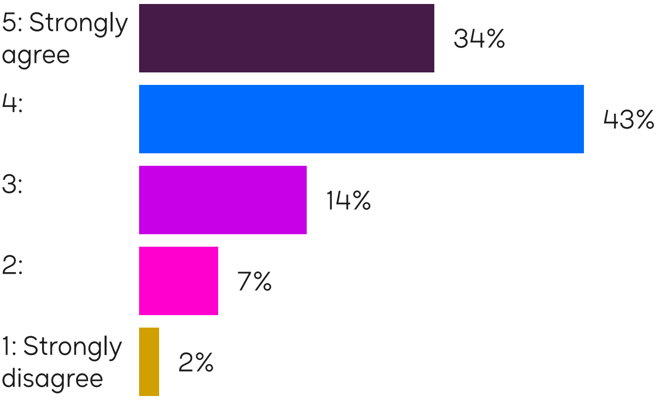
The approach outlined in the how-to guide attempts to balance these considerations while outlining a substantial and multi-dimensional measurement approach.

Participants said:

> *'A good measure of staff engagement should help to improve a live process or a future process. Because engagement draws on staff time, often volunteered outside of people's core roles, the measurement should be light touch, to make it manageable alongside contributing to the process itself.'*

> *'Measurement is [an] essential aspect of improvement but should not become [a] burden over staff. Collect only relevant measures.'*

Figure 12: there should be dedicated roles for carrying out and supporting the measurement process (n = 88)



As can be seen in Figure 12, there was clear support for dedicated roles for carrying out and supporting the measurement process, with 77% agreeing.

Comments suggested that this was partly to do with a belief that some aspects of measurement require specialist skills. However, the research didn't collect substantial data in relation to the different roles that are necessary to underpin good measurement.

The how-to guide draws attention to the need for specialist skills. It cautions against interpretation without this and recommends connecting with analytical capability within organisations. It also offers some suggestions of the different roles that could help support the measurement process.

> *'Expert support in interpreting measurement and data is essential to getting meaningful outcomes.'*
> **Project participant**

Measurement for improvement

The approach outlined in the how-to guide, and adopted throughout the project, is also underpinned by measurement for improvement. The Q team drew on this approach from the outset, and this was supported by research participants.

There is already detailed guidance on a measurement for improvement approach, including in a guide from NHS England,[43] guidance from the Institute for Healthcare Improvement[44] and a more recent guide from the West of England Academic Health Science Network.[45]

'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.'[46]

Fundamentally, measurement for improvement distinguishes itself from measurement that is done for judgement or research.[47] The key elements of measurement for improvement are:

- **Be motivated by improvement**
  Measurement is driven by the central question of whether the engagement of staff in change is an improvement or not, and what needs to be measured to inform actionable decisions. This actionability has been a fundamental aspect of our approach.
- **Iterate approaches to measurement**
  As in all improvement efforts, test and refine approaches to measurement. This could include adding more detailed measures for specific areas of focus.
- **Be proportionate**
  Collect just enough data to know whether a change is an improvement, rather than answering all possible questions just in case. This light-touch approach to measurement is especially important given the current context.
- **Use existing data where possible**
  This could involve including routine and administrative data.

The two new measurement tools

During the course of this project, participants consistently articulated a clear appetite for a better approach to measuring the quality and nature of engaging staff within change.

As well as integrating participants' overall perspectives on measurement into the how-to guide, the primary aim of the second half of the research was to develop two new tools to support those leading change to understand and improve their practice.

These were developed based on the 10 principles for engaging staff well in major change, our learning from participant contributions, and the wider literature on engagement, staff experience and quality improvement. This section of the report introduces these two tools and describes some of the thinking that informed them. The two tools are:

- **Engaging staff in major change: survey of staff tool** that practitioners can apply, with more detailed questions available where needed.
- **Engaging staff in major change: planning and reflection tool** for people leading change, designed to act as a self-assessment measure without any burden on the wider staff team.

The survey of staff tool

We developed the survey of staff tool to help organisations ensure they meet the key principles underpinning a good engagement approach. Mindful of the current context and demands on time for health care staff, the tool links directly to the 10 principles, with two survey questions relating to each area.

To reduce the survey tool to two questions per area, we thoroughly tested different question versions with participants and reviewers and prioritised the most important items to ensure we remained true to the spirit of pragmatic measurement.

Guidance on question selection

The questions were designed to be used together, but we recognise that practitioners may need to flex and adapt depending on their constraints and priorities.

The specific questions chosen attempt to draw out the more specific elements of the overall definition areas, and to act as indicators that should help change leaders and organisations answer the question 'How would I know if we were doing this well?'

In narrowing down the initial list of indicators, we prioritised measures that would be applicable in most organisational change contexts, with the caveat that every project is slightly different and will have its own, unique requirements.

We were also influenced by existing work in some particular areas of our definition, such as on psychological safety, where there is now extensive work on which to draw.[48]

> *'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 [projects].'*
> **Project participant**

Regularity and timing

In our guidance, we recommend that this survey be used at the start, middle and end of the change process, while again acknowledging that this may depend on the nature and scale of change. Participants were clear that regularity and timing would always need to be context specific, to an extent, so we provided no set rules to determine this.

However, one key reoccurring theme was that measurement needs to be timely, relevant and actionable and, therefore, happening in a live process. Another was that it generally needs to be light touch – especially when staff take part in engagement, as this is often additional to their core roles.

> *'Much of this will depend upon context – staff engagement in a major organisational development process will need more time and more in-depth work, and, therefore, measures that reflect this – [for example] staff engagement in… a volunteering day – could be much lighter touch.'*
> **Project participant**

Indeed, there was a fear from some participants that if the exercise was not executed proportionately, the engagement itself could become (and be seen as) additional work for staff. Nonetheless, on balance, there was a clear consensus that time and resources should be invested into doing this well.

Sampling

Our how-to guide outlines that all staff should be invited to take the survey, rather than using a sample-based approach. This is based on best practice[49, 50] as well as on what we heard during the course of our research.

Specifically, surveying staff should not be seen as a temperature check but as an opportunity to hear from everyone who will be affected by a change and giving all staff a voice. This links back to several aspects of the principles – in particular:

- the importance of appreciation and compassion, which starts with simply listening to and hearing staff
- being non-hierarchical – with the key philosophy that success will be a team effort, with no individual having all the answers.

> *'*[It is] *vital to engage staff of all levels who will be impacted by the change – they know what that impact will potentially be – communicating to all and allowing everyone to express their opinion.'*
> **Project participant**

Mechanisms

The guidance does not issue any strong steers around the possible mechanisms for collecting data (for example, digital versus non-digital). This is because needs will vary, both between and within organisations, and because participants emphasised that there was no single right way to approach this.

Neither did participants highlight a need to use digital tools for surveys, although this was implicit in some responses. However, practitioners are most likely to use online survey tools, for a range of reasons – including ease of synthesis, analysis and managing anonymity and GDPR. So our guide recommends the leading online survey tools that we have used ourselves.

Communication

The importance of communication was a recurring theme that emerged throughout the research. Participants flagged this issue not only in relation to communicating the change itself, but throughout the process of measuring engagement. Indeed, the engagement of staff should form part of a continuous flow of communication between those leading change and the staff who will be affected.

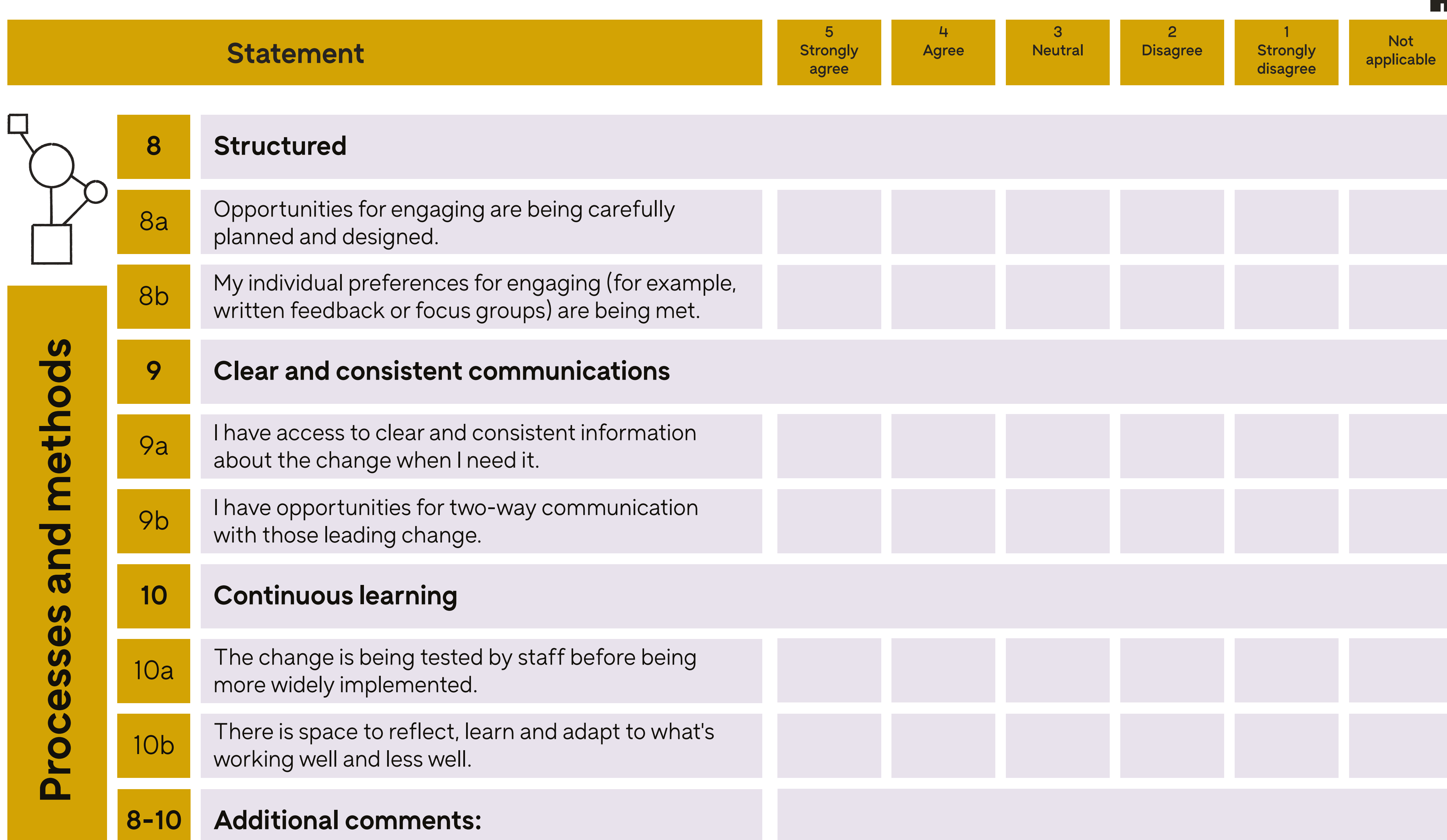
The survey of staff tool is presented on the following page. To find out more about how to use it, download the *how-to guide* and download the *editable tool*.

Foundations for change

	Statement	5 Strongly agree	4 Agree	3 Neutral	2 Disagree	1 Strongly disagree	Not applicable
1	**Clear rationale**						
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.						
2	**Shared ownership**						
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.						
3	**Capacity and capabilities**						
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

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



	Statement	5 Strongly agree	4 Agree	3 Neutral	2 Disagree	1 Strongly disagree	Not applicable
8	**Structured**						
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.						
9	**Clear and consistent communications**						
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.						
10	**Continuous learning**						
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:**						

The planning and reflection tool

As part of the focus on improvement and continuous learning, we developed and tested a tool called 'Engaging staff in major change – planning and reflection tool', to be used by anyone leading, or involved in leading, the change process.

Its development was driven by the need to reduce the burden on staff as much as possible. However, it is designed to be used alongside other measures, including the survey of staff tool.

When we tested the draft planning and reflection tool with research participants in Task 4, the feedback was very positive – both in terms of the usefulness of this type of tool and the specific design of the tool.

Research participants and expert reviewers were clear that the planning and reflection tool should not be used as a performance measure nor as part of an organisational audit. The tool was originally presented as a checklist but was reframed based on this feedback. Participants identified risks around it either becoming a tick-box exercise or being used inappropriately for accountability purposes, which would compromise its usefulness.

These fears are supported by wider evidence on the use of checklists in health. There is evidence that checklists can improve outcomes – especially in surgical settings[51] – but their application needs to be sensitive to, and supported by, the often complex culture within health and care settings.[52]

Some participants and reviewers stressed that for a tool to be both effective and useful, the individual or team using it must have sufficient scope and autonomy to make sure each item is carried out.

Some participants also asked for greater clarity on how the initial checklist related to the 10 principles of the definition of good engagement.

The items in the tool are directly informed by the principles and the three overarching areas: foundations for change, culture and context, processes and methods. But it does not directly align with each one. This is mainly because those leading change are not in a position to assess all principles, without also hearing directly from staff. Instead, the tool focuses on the aspects for which those leading change have the clearest responsibility and ability to assess. This is explained within the how-to guide.

Based on feedback, the tool has been designed so it can be tailored to support those leading change throughout the change process – including planning, tracking progress, reflective self-assessment and continuous improvement.

The planning and reflection tool is presented on the following page. To find out more about how to use it, visit the *Q website*. You can also download the *editable tool*.

Planning and reflection tool

Foundations for change

	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)
1	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		
2	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						
3	Staff have protected time to engage in the change process and this is agreed with their line manager.							
4	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 [53]						

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 staff 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.							

Processes and methods

	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)
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.							

	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)
Processes and methods	**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.							

Other forms of data

As well as the two new tools, the how-to guide includes guidance on the use of data from a range of different sources and in different formats, including:

- **Qualitative data** such as from focus groups or workshops that can provide a richer understanding of staff experience and help interpret quantitative data.
- **Monitoring data** including participation and attendance data within engagement opportunities.
- **Balancing measures** which capture unforeseen consequences of the approach to engaging staff specifically.
- **Outcome measures** which capture the relationship between the approach to engaging staff in change and the success, effectiveness and sustainability of that change.

Equity, diversity and inclusion

Participants provided substantial feedback in relation to equity, diversity and inclusion (EDI). This feedback relayed people's understanding how issues of EDI were playing out within engagement, as reflected in the 10 principles, and their views about how best to measure it.

Participants often identified a key risk: insufficient focus on EDI, with change leaders not adequately understanding, targeting or addressing it when engaging staff.

This is a huge and crucial topic. The how-to guide focused on three key aspects of it, drawing on participant perspectives and the wider literature.

> *'Include all staff groups in the intervention. Tailor each session for the target staff group. For example, some teams will need different approaches to others, being sensitive to their specific language, culture or work patterns.'*
> **Project participant**

Acknowledging power

There is strong and growing evidence that staff of different groups and backgrounds have different experiences in the workplace.[54] This is in addition to existing power dynamics between employers and their employees, which are generally already complex and varied.[55]

Participants often highlighted that these experiences can influence how different groups take part in future engagement processes (if they do so at all). Participants stressed the need to build an organisational awareness of these issues.

The guidance was also strongly influenced by participants' feedback about the importance of an appreciative approach to engagement, starting with compassionate, visible leadership. They also voiced a need for the overall approach to be non-hierarchical and to appreciate all perspectives.

> *'Be curious about the experience of others and create spaces where different staff feel able to talk about work as experienced.'*
> **Project participant**

Involving different groups

The risk that participants identified most often was that the voices of particular groups may not be adequately captured within engagement processes or the measurement of them.

> *'People are tired. Something needs to be the motivating factor to drive enthusiasm to pursue things. Those in leadership positions can acknowledge this and be compassionate and kind to ensure staff wellbeing.'*
> **Project participant**

Participants raised concerns that where data is not drawn from an accurate representation of all staff, there is a real risk to the validity of the process and the resulting decisions. To address this, the how-to guide recommends proactively considering who needs to be engaged and who needs to be included in the measurement of engagement.

Assessing this aspect of engagement is built into the two new tools that have been developed as part of this project. The how-to guide recommends that organisations consider additional approaches to measurement, too.

> *'[Use] voting mechanisms that allow you to look... at all votes equally and consider patterns by groups to avoid over dominance by certain groups.'*
> **Project participant**

Collecting equalities data

The how-to guide does not offer definitive guidance on collecting equalities data when measuring engagement. Instead, it asks organisations to consider their own context and needs.

For most employers, collecting employees' diversity data is not a legal requirement. However, participants broadly agreed that this activity is essential to determine whether practice is equitable and fair. When engaging staff, this means integrating demographic questions into staff surveys in order to make comparisons between different groups.

Gathering a detailed understanding of how organisations should prioritise different types and categories of diversity data was outside the scope of our research. Indeed, there is no established consensus that can provide a uniform rule for organisations and leaders in navigating this choice.

There are currently nine characteristics protected under UK law,[56] and many organisations will incorporate all of these into their monitoring, but not all will identify an equal case for collecting all this data.

There are other types of data that, although not protected under UK law, may provide equally important information for organisations, such as the highest level of educational attainment or self-described social class.

Collecting professional data

The guidance talks about collecting 'professional characteristics' (such as role type or organisation type). We see this data as valuable – even, essential – for understanding where there are variances in different results, depending on a range of professional factors.

Most often, respondents highlighted as examples the importance of looking across different functions or role groups, as well as different sites. (The question of sites is most applicable for organisations with wide geographical coverage across sites, such as NHS trusts or teaching hospitals.)

The NHS Staff Survey is one example of a tool that thoroughly explores the differences between types of organisation (such as trusts), sector (such as community or ambulance) and role (such as health care assistants or doctors). This is an essential lens that makes the survey results meaningful and actionable.

Analysis and action

The how-to guide includes some brief guidance on good approaches to analysis, drawing on participant input across our work and the wider literature. Much of this relates directly to analysing the data from the two new measurement tools we developed.

More generally, there is already a considerable amount of established good practice around approaches to analysis, so we did not seek to reproduce this in the how-to guide. However, we did link to useful existing resources and provided some overarching actions that underpin a good approach to analysis and, crucially, the importance of acting on that analysis. These included:

- Follow a structured process through analysis, interpretation and action.
- Devote sufficient time and resources to analysis and interpretation.
- Encourage and support people to get involved – for example, through transparent data sharing, ensuring accessibility and skill building.
- Balance different sources of data.
- Consolidate learning.
- Commit to action.

6. Conclusions and next steps

6. Conclusions and next steps

Major, widespread change is needed across health and care to overcome the current pressures and challenges facing services.[57] The research described in this report was motivated by the belief that these changes will be more effective and sustainable if staff are fully and successfully engaged in them.

Throughout the project, we heard about the need for a clearer definition of what 'good engagement of staff' entails, and for better guidance on how to measure it well. We responded by developing the 10 principles for engaging staff well and the accompanying how-to guide on measurement, with the two new tools for those leading change.

All 10 principles are important. But participants particularly emphasised two points: the importance of a clear rationale and purpose for any change, and the need to make sure staff can influence it, including in defining the problem itself. There is growing evidence for the need to engage staff well in these aspects of change,[58, 59] and this element is increasingly stressed in policy documents – for example in NHS Impact (the new single improvement approach in England).[60]

Participants also highlighted the importance of honesty and transparency throughout the change process. Some contrasted this with their experiences in their own organisations. Finally, some strongly emphasised their understanding of the importance of, and expectations around, psychological safety, reflecting the growing literature in this area.

As we developed our guidance around measurement, the research revealed a clear appetite for a high quality, adaptable and actionable approach. This resulted in us recommending a multi-faceted approach to measurement centred around a concise survey of staff tool but also drawing on a range of different forms of data. Although this was not a core focus of the research, the need for structured and inclusive approaches to analysis and action also featured strongly. Finally, the importance of issues relating to equity, diversity and inclusion arose, both across the principles themselves and the approach to measurement.

Apart from the research content, the project has reaffirmed the potential for using Thiscovery for collaboration, innovation and improvement projects. The platform was able to provide participants with a high-quality online experience that secured high engagement and good data. There are considerable opportunities for using Thiscovery further in understanding problems, gathering evidence, building shared visions and co-developing solutions to a range of challenges across health and care.

We hope that the 10 principles, the two new measurement tools and the supporting guidance provide those leading change with the resources they need to better understand, measure, and improve their engagement of staff in major change. In line with our approach to continuous improvement, we encourage users to test the tools and provide us with feedback. If you would like to discuss this work, please contact us: *Q@health.org.uk*

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