Building a Better Health Service

CARE COMPASSION TRUST LEARNING

Staff Engagement

A practical toolkit
Leadership Skills for Engaging Staff in Improving Quality



Our Values
Care Compassion Trust Learning

Human Resources
Leaders in People Services

Framework for Improving Quality

This document was developed in collaboration with the National Staff Engagement Forum and the Quality Improvement Division Staff Engagement Improving Programme.
It is a dynamic document which will change as needed.



Pictured above are some members of the National Staff Engagement Forum.
Please find available resources on www.staffengagement.ie.

For more information about the National Staff Engagement Forum click:
https://www.hse.ie/eng/staff/staff-engagement/

"The journey of a thousand miles begins with one step".
Lao-Tse

"I can do things you cannot, you can do things I cannot, together we can do great things".
Mother Teresa

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I. Welcome to our staff engagement guide

In healthcare, how we engage with staff and each other impacts everything we do. Staff Engagement is extensively highlighted in international literature as the key indicator of organisational performance[1]. There are correlations between engagement metrics and data in relation to patient mortality and patient experience[2] and staff well-being, morale and retention[3].

If you are interested in the welfare and experience of your service users and staff, in improving clinical outcomes or value improvement, then staff engagement is critical. It is an organisational priority of the HSE[4] and is a key driver of the Framework for Improving Quality in Our Health Service and the People Strategy. More importantly, we cannot be true to our values of care, compassion, trust and learning if we do not engage with staff.

So what is it?

The National Staff Engagement Forum define staff engagement as follows:

> **Staff are engaged when they feel valued, are emotionally connected, fully involved, enthusiastic and committed to providing a good service... when each person knows that what they do and say matters and makes a difference.**
>
> **National Staff Engagement Forum 2016**

What does this mean for you as a leader?

Traditionally, the most prevalent leadership style in healthcare is 'command and control'[5] and while that can be beneficial in an emergency situation, when it becomes the norm, it can disengage and disempower. Traditional styles of leadership often relied on leaders having 'all the answers'. However, leadership is changing and the skills to engage staff are an intrinsic part of the leadership style needed to meet the complexity of modern healthcare delivery.

[1] Bailey et al., 2015; Charles, McKee, & McCann, 2011; Hawkins, Glenn, Oswald, & Conway, 2013; Rayton & Analeze, 2012; Studer, Hagins, & Cochrane, 2014
[2] Dixon-Woods et al., 2014; West & Dawson, 2012
[3] Anitha, 2014; Bailey et al., 2015; Cullen, 2012; Macleod & Clarke, 2009; The King's Fund, 2012
[4] Health Service Executive, 2015, 2015, 2016a
[5] Grint & Holt, 2011; The King's Fund, 2013; West et al., 2015

We believe strongly that all staff have a unique insight into the challenges faced by their service and so are often best placed to identify areas for improvement and solutions when given the scope to do so. Today, successful leaders encourage members of the team to work together to identify strategic goals and act on ideas to improve quality. However, as you begin to delegate autonomy of decision-making, your role changes.

Conversations with staff about how you work together are essential and you become a central figure to help staff navigate and negotiate change. In this role, you guide the team as they learn new skills, emotionally connect with the purpose of their work and help staff realise their potential to take action and create a workplace where joy and meaning are central to how we work. It can be exciting and challenging, however, when your day to day leadership style includes staff engagement you have the power to change culture.

How can this toolkit help?

At its simplest, engagement is meaningful conversation. This toolkit is designed to give you ideas on how to start the conversation. You will find out more about engagement, some ideas on how to engage staff on organisational priorities and things that are important to them and guidance on where you can get more information. We hope it will support you in your work.

Dr. Philip Crowley, Juanita Guidera, Maureen Flynn
Quality Improvement Division
Health Service Executive

II. Glossary of terms

Front Line Ownership

Front Line Ownership is a quality improvement approach which deeply engages with staff to empower and encourage them to creatively develop solutions to challenges they face daily. Front Line Ownership (FLO) encourages frontline staff to acknowledge their own capacity and potential.

FLO focuses on positive deviances and the use of liberating structures.

Liberating structures

Liberating Structures can be described as a structured facilitation approach that seeks to encourage participation and trust in a group with the aim of including everyone and enhancing the potential of the participants. They were developed by Keith McCandless and Henri Lipmanowicz and are underpinned by complexity science.

Positive deviance

Positive Deviance is that approach used by some individuals or group that allow them to find solutions to challenges faster than colleagues in the same set of circumstances by using uncommon behaviour or strategies.

Staff engagement

Staff are engaged when they feel valued, are emotionally connected, fully involved, enthusiastic and committed to providing a good service... when each person knows that what they do and say matters and makes a difference.

III. Executive Summary

This toolkit has been developed to support leaders in their work as they continue to create workplaces which value staff. We want all staff to feel they can improve the care they provide and the services they deliver.

So where to start? The toolkit is divided into six sections with supporting appendices as detailed below. You may decide to read sections that immediately appeal to you or you might decide to start at the beginning and work through. We have included some examples of how we've used these approaches within services throughout and we will continue to add to these as we update this toolkit in the future. We have also included some examples of how we structured several sessions which you can also use or adapt as you need.

Part one: What is staff engagement?	**Part two: Developing an engaged team**
Part three: Before you start	**Part four: Moving to action - Practical examples for listening to, acting on and implementing staff suggestions**
Part five: Sharing Success	**Part six: Measurement**

There are many forms of engagement from informal conversations to structured sessions. We encourage you to find the style that will suit your personality best and to try new approaches.

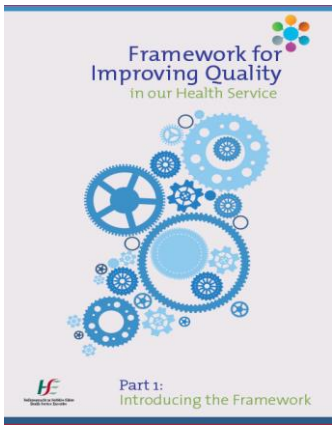
Engagement is never just a tick box or an approach to be used. For positive engagement to exist in our organisations, it needs to be part of the culture, part of the day to day. In every decision we make, we need to ask 'are we valuing staff?' and 'How can I enable staff to be involved in making the changes they see as important to improve care?'

We also need to ask staff 'Do you feel valued? What would help you to feel valued? What's important to you? What small thing would help you?

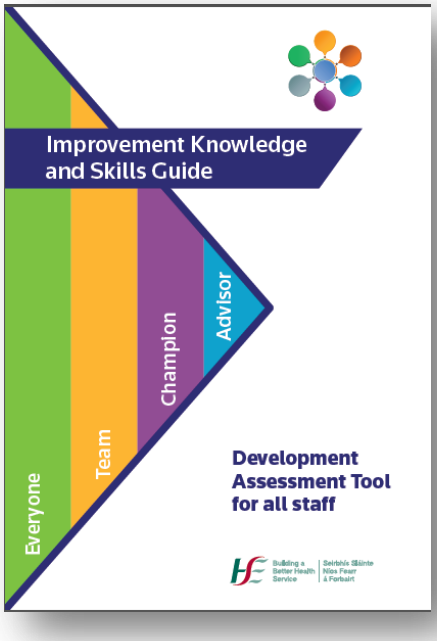
It's also important to note that staff engagement is one of six key drivers within the Framework for Improving Quality in Our Health Service. Staff engagement in isolation will not improve quality. When you are focusing on improving service delivery, it is also helpful to consider how you partner with patients and those who use our services, how you lead and govern, how you measure success and what methods will support you in your work.

Often the great challenge in improvement work is sustaining the changes made. By considering the six drivers of the framework together, you will increase your chances of sustainable QI.

The resources available on the QID website will assist you as you explore the other drivers and how they will help you make changes
https://www.hse.ie/eng/about/who/qid/framework-for-quality-improvement/







You may also find the Knowledge and Skills Guide helpful
https://www.hse.ie/eng/about/who/qid/improvement-knowledge-and-skillsguide/improvement-guide-intro-sectionnew.pdf

This guide outlines the quality improvement knowledge and skills for everyone, team, champion and advisor. It is designed to assist you as you self-assess your current knowledge and skills in relation to improvement and your learning and development needs for current or future roles.

Engagement is also a mindset and while you can be technically competent, your behaviours - how you use what you know and in particular how you trust, respect and value the contribution and insight of others will determine the true ethos of engagement.

The following is an extract from the guide. Remember, it is the combined force of the drivers working together that create the environment for improvement.

To assess your current knowledge and skills and identify areas for development:

1. Print off the section of the guide relevant to you for example - Everyone, Team , Champion or Advisor
2. Using the development assessment tool, follow the scale bellow to assess your learning and development needs and tick as appropriate against the knowledge and skills listed.
    - **Confident:** I feel confident about my knowledge and skills in this area
    - **Some development:** I require some development in my knowledge and skills in this area
    - **A lot of development:** I require a lot of development in my knowledge and skills in this area
3. There is a Personal Development Plan page at the end of each section where you can summarise your development actions.

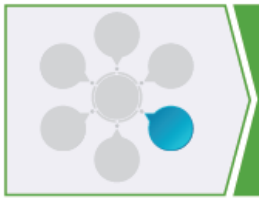
Development Assessment Tool

Everyone - Understanding

This section of the guide identifies the foundation knowledge and skills for improvement. It will give you an understanding and knowledge of the basic techniques and concepts for improvement.

Who is it for?

This applies to all staff both clinical and non-clinical working in the health service as everyone can initiate and deliver improvement.



Staff Engagement

Staff are engaged when they feel valued, are emotionally connected, fully involved, enthusiastic and committed to providing a good service... when each person knows that what they do and say matters and makes a difference.

Everyone	Knowledge and Skills	Confident	Some development	A lot of development
1.	I know what staff engagement means			
2.	I know the benefits of staff engagement			
3.	I know how to ask for and listen to colleagues ideas for improvement			
4.	I know how to encourage colleagues to ask questions			
5.	I know how to introduce myself to colleagues			
6.	I know how to show appreciation to colleagues			
7.	I am aware of staff engagement initiatives			

Development Assessment Tool

Improvement Team - Delivering

This section of the guide identifies the improvement knowledge and skills for a team and is in addition to the knowledge and skills listed in 'Everyone'. You will increase your understanding of terminology, concepts and principles that relate to improvement. You may need help from a champion or advisor from time to time but you can usually perform the skills independently.

Who is it for?

This section may be completed collectively by a team who are planning to deliver an improvement, or it may also be completed by individual staff or team member. Please remember that you do not have to be part of a team to deliver improvement.



Staff Engagement

Staff are engaged when they feel valued, are emotionally connected, fully involved, enthusiastic and committed to providing a good service... when each person knows that what they do and say matters and makes a difference.

Team	Knowledge and Skills	Confident	Some development	A lot of development
1.	I understand the evidence base for staff engagement			
2.	I can apply the principles of staff engagement			
3.	I am aware of the resources and tools that support meaningful staff engagement			
4.	I know how to use social media and other communication channels for engagement			
5.	I know how to collaborate effectively with individuals and teams for improvement			
6.	I know how to use staff stories effectively to improve experience			

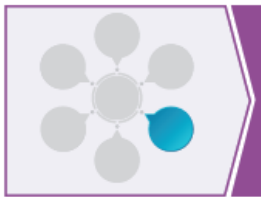
Development Assessment Tool

Improvement Champion – Leading

This section of the guide identifies the improvement knowledge and skills for a champion. You can perform the actions associated with the knowledge and skills without assistance. You are recognised as 'a person to ask' when difficult questions arise about improvement. You consistently provide practical ideas and perspectives on process or practice improvements. You participate in discussions about the sustainability and spread of improvement within your department, organisation or service.

Who is it for?

Anyone can be a champion for improvement. You may work in leadership role or lead a team or service within your organisation. However, you do not have to work in a leadership role to champion improvement.



Staff Engagement

Staff are engaged when they feel valued, are emotionally connected, fully involved, enthusiastic and committed to providing a good service... when each person knows that what they do and say matters and makes a difference.

Champion	Knowledge and Skills	Confident	Some development	A lot of development
1.	I am able to effectively engage staff at all levels of the organisation			
2.	I can involve staff in the co-production or co-design of a service			
3.	I know how to encourage trust and team work to improve staff engagement			
4.	I can create space and time for staff creativity and innovation for improvement			
5.	I am able to identify and manage staff expectations			
6.	I can acknowledge and celebrate the success of staff engagement initiatives			
7.	I know the benefits of actively promoting health and wellbeing to staff			

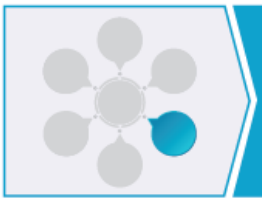
Development Assessment Tool

Improvement Advisor - Supporting

This section of the guide identifies the improvement knowledge and skills for an advisor. You have demonstrated consistent excellence in applying improvement across an organisation or service and you can provide guidance and direction to teams and organisations. You are considered the 'go to person' within and outside your organisation. You are able to coach, mentor and train staff in improvement as you have a high level of expertise in improvement theory, methods and concepts.

Who is it for?

An improvement advisor is typically someone who is passionate about improvement and will focus a lot of time and effort in advising and coaching others on improvement. Improvement advisors may be leaders or coaches within an organisation who have specialised in improvement as well as their subject matter field.



Staff Engagement

Staff are engaged when they feel valued, are emotionally connected, fully involved, enthusiastic and committed to providing a good service... when each person knows that what they do and say matters and makes a difference.

Advisor	Knowledge and Skills	Confident	Some development	A lot of development
1.	I am able to coach, mentor and train staff in the principles of staff engagement			
2.	I am able to present examples and case studies of staff engagement			
3.	I can advise staff and teams on how to overcome the barriers to staff engagement			
4.	I know how to assess staff readiness for engaging in improvement			
5.	I can advise on the development and implementation of staff engagement strategies			
6.	I can advise on how to conduct, analyse and action staff surveys			

IV. Acknowledgements

We would like to thank everyone who has contributed directly and indirectly to the development of this toolkit. We would especially like to thank the people of University Hospital Kerry, Cavan and Monaghan General Hospital, Kerry Mental Health Services and Primary Care Area Two (Ennis) for partnering with us to test Staff Listening Sessions.

We thank wish to thank the staff who engaged in the process and / or provided cover so that others could attend the sessions. Full support, leadership and commitment from the management team was critical to the success of the test of concept and in this regard, we wish to thank the Executive Management Boards of each of these sites for their willingness to engage in the process and their commitment to listen to the feedback and action the top three suggestions from staff.

We wish to thank the local co-ordinators on each of these sites Ms. Majella Daly, Ms. Mary O'Callaghan, Ms. Kate Duggan, Ms. Gillian Whyte and Ms. Margaret Sorohan and Mr. Adrian Morrison for co-ordinating the sessions locally - their contribution has been invaluable. We wish to thank the staff of the Catering Departments on each site who looked after staff during the process.

The sessions were endorsed and supported by Mr. Tony O'Brien, Director General. We acknowledge his support with thanks.

We wish to thank the National Quality Improvement Division staff, Ms. Elizabeth Kinneen, Dr. Catherine Diskin for their continued support and encouragement of this work.

Liberating Structure are used throughout this toolkit. These are made available through a Creative Commons Non-Commercial, Attribution, Share-and-Share Alike License with the kind permission of founders Keith McCandless and Henri Lipmanowicz. Permission is granted to use them, share them but not sell them.

We especially wish to thank Dr. Michael Gardam, Leah Gitterman and Liz Rykert for introducing us to front line ownership as an approach and liberating structures as tools to assist in this work. The guidance and willingness of this group to share their knowledge and expertise has been invaluable to us and is so much appreciated.

We wish to thank the staff of the Mercy University Hospital who tested the toolkit and subsequently won the Lead Non Consultant Hospital Doctors (NCHD) Award for their efforts working on NCHD wellbeing - Dr. Mortimer O'Connor, Fiona Lynch, Victoria Collins and Dr. Meghan Alcock. We also wish to thank, Dr. Noirin Russell, Cork University Maternity Hospital and the team of staff there who are supporting the next phase in the development of this work through the CUMH Ideas Forum.

Finally, we wish to thank the National Staff Engagement Forum for their invaluable input into the development of this toolkit and the practical advice they provided for inclusion throughout.

Part One: What is Staff Engagement?

Part One: What is Staff Engagement?

1. An introduction to staff engagement

1.1. Defining staff engagement



In 2016 National Staff Engagement Forum defined engagement as:

"Staff are engaged when they feel valued, are emotionally connected, fully involved, enthusiastic and committed to providing a good service... when each person knows that what they do and say matters and makes a difference."

The National Staff Engagement Forum was established to create a space for conversations about what matters to staff in terms of engagement and gather suggestions on how to improve it by building on existing approaches and continually looking for new ways to engage staff. It replicates the organisation in the room with a proportional representation of staff. It is co-chaired by Dr. Philip Crowley, National Director Quality Improvement and Ms. Rosarii Mannion, National Director HR.

In the literature, engagement is referred to as staff engagement, employee engagement or work engagement, yet work engagement is the primary term used. A google search for a "definition of work engagement" results in over 4,210,000 results. One of the most common definitions used is from Schaufeli et al (2002) which describes work engagement as "a positive, fulfilling, work-related state of mind" where "vigor, dedication and absorption" are present[6]. This is measured by the Utrecht Work Engagement Scale.

There are many other formal definitions of engagement with factors reflected in the HSE definition

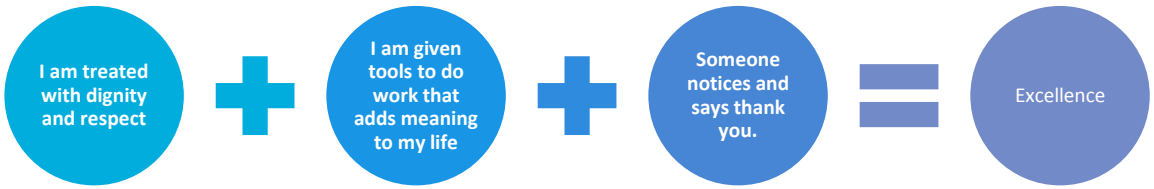
Macey and Schneider (2008) suggest that the key elements of engagement can be understood by examining psychological traits, states or behaviours underpinned by job attributes, trust and transformational leadership.

The Institute of Employment Studies refers to work engagement as "A positive attitude held by the employee towards the organisation and its values.".

Kahn (1990) in a seminal article on work engagement refered to the emotional connection that staff have with their work and the meaningfulness they take from it.

[6] Schaufeli, Salanova, González-Romá, & Bakker, 2002, p.74

Don Berwick of the Institute for Health Improvement talks about motivating for excellence. There are lots of helpful YouTube clips that you can access to learn more, however, simply he suggests motivating for excellence is led by feeling:



The National Staff Engagement Forum also suggest that we too say thank you. Thank you starts with me and is an important part of feeling valued and valuing each other.

In 2015 and 2016 the Quality Improvement Division facilitated a number of listening sessions with staff throughout the country. In these sessions staff told us…

Happy staff - happy patients.

"Helping make a difference in the lives of those who use our services and working collaboratively with our colleagues are the greatest positives of our work. Please ensure we have sufficient staff to do our jobs safely and well. Help us to continue to learn so that we can continue to improve service delivery. Help us commit to a culture of mutual respect, kindness and compassion.

To improve services, improve communication - keep us informed, listen to us and value our opinion. Support us with access to email and relevant IT necessary to do our jobs. Ask us - we can help reduce waste and improve processes. Introduce flexible working. Happy staff - happy patients. And finally recognise the work of staff - say thank you and acknowledge us when we do a job well."

Figure one: Summary Feedback Quality Improvement Division Staff Listening Sessions

Many leaders within the service do this work naturally and engagement is most effective when it's part of your day to day style of management rather than a tick box series of must do tasks.

Leaders recognise that an engaged workforce is essential, however, it can also impact you on a personal level. When you are ultimately responsible for service delivery, it may be a cause of concern if others are more autonomous or self-directed and you do not have the same perceived oversight of their work. The changes in behaviour that are fundamental to engagement (encouraging staff to act on their ideas, sharing ownership of decision making etc.) may mean you feel your sense of identity as the manager / leader and role is challenged. You may feel threatened by someone you perceive is making more progress or has the ear of leaders outside of your system.

If this happens to you, recognise what is important to you and think about how communication can help. Do you want staff to keep you updated regularly or consult you

on key decisions. The most effective way of managing this is having a very open conversation with staff about boundaries around role and task, establishing an agreed communication approach around work and how you can work together to deliver on the objectives set while stepping forward together on your improvement agenda.

There are many useful resources available for leaders to access and in particular the NHS Employers Agency, the Kings Fund, IHI and the Point of Care Foundation are all worth looking at.



We especially recommend reading the document 'Leadership in Healthcare - A Summary of the Evidence Base' (West et al. 2015). The full version is available on https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/leadership-leadership-development-health-care-feb-2015.pdf.

Another excellent resource is the Institute for Healthcare Improvement, Framework for Improving Joy at Work. This document has some excellent ideas for improving joy in work, along with examples and some measurement and assessment tools. http://www.ihi.org/Topics/Joy-In-Work/Pages/default.aspx

The Kings Fund "Staff Engagement. Six building blocks for harnessing the creativity and enthusiasm of NHS staff" summarised below is also recommended.

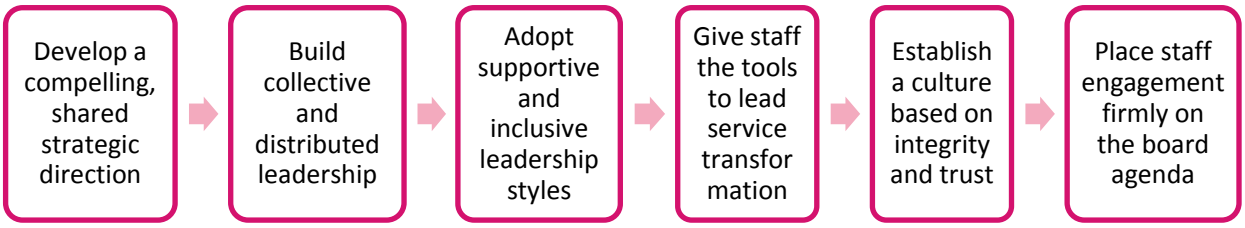


Figure three: The Kings Fund Staff Engagement. Six building blocks for harnessing the creativity and enthusiasm of NHS staff (2015)

We also have a link to a presentation by Dr. Wilmar Schaufeli on our website www.staffengagement.ie. Wilmar B. Schaufeli, PhD, Social and Organisational Psychology an expert on employee engagement and has kindly given us permission to share this short presentation. For more information on his work, please see www.wilmarschaufeli.nl.

In an extract from their publication *Staff Care - How to engage staff in the NHS and why it matters 2014,* the Point of Care Foundation, noted that in comparison to other public sector workers, healthcare professionals generally had higher rates of stress, depression and burnout than their counterparts. At present there is no equivalent data set in Ireland, however, the results of the Health Sector Survey for staff gives us a strong indication that there is room for improvement.

***"Your Opinion Counts"* Health Sector Staff Survey**

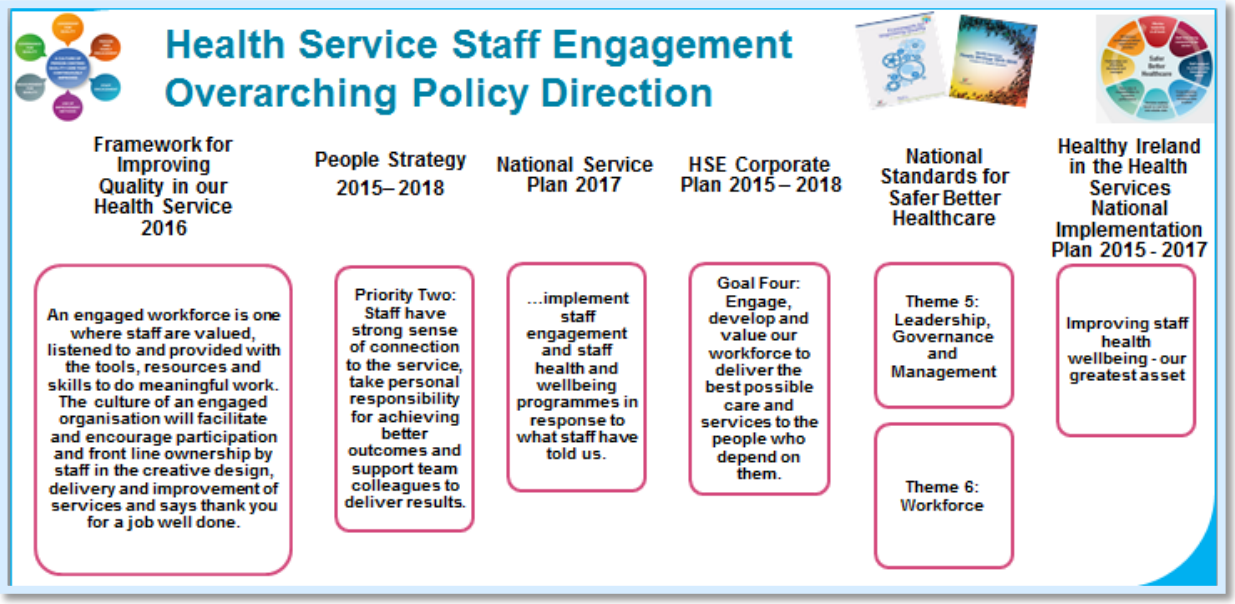
In 2016, the HSE commissioned it's second health sector employee survey called *"Your Opinion Counts"* (Health Service Executive, 2016b). 19,288 staff completed the survey which reported that

- **67% stated they intended to be working in the organisation in two years,**
- **60% said communication was good within their team,**
- **49% indicated that they were not satisfied with opportunities to express their ideas at work, and**
- **45% of staff were dissatisfied with the extent to which their work was valued (Health Service Executive, 2016b).**

The results of the staff survey for your service are invaluable. Where possible it would be helpful to track the staff survey results against other important metrics from your service including patient satisfaction, service users experience / outcomes etc.

Your Opinion Counts
Health Sector National Staff Survey 2018

There is a strong focus on engagement within existing policies in the Irish health sector which includes but is not limited to the following:



Part Two: Developing an engaged team

Part Two: Developing an engaged team

2. Introduction

In part two we have included some top tips for creating an engaged team and some of our learning on this work so far. Ultimately, effective communication is key and while there is a lot more we can add in, the feedback from the National Staff Engagement Forum is to do the simple things well…

2.1. Understanding staff engagement in your area

When we consider engagement in terms of quality improvement, we have developed a set of prompt questions for leaders which are detailed in Figure One. If you would like to review these in the context of your own organisation see Appendix One: Framework for Improving Quality Key Components for Staff Engagement which sets out the questions in tabular format.

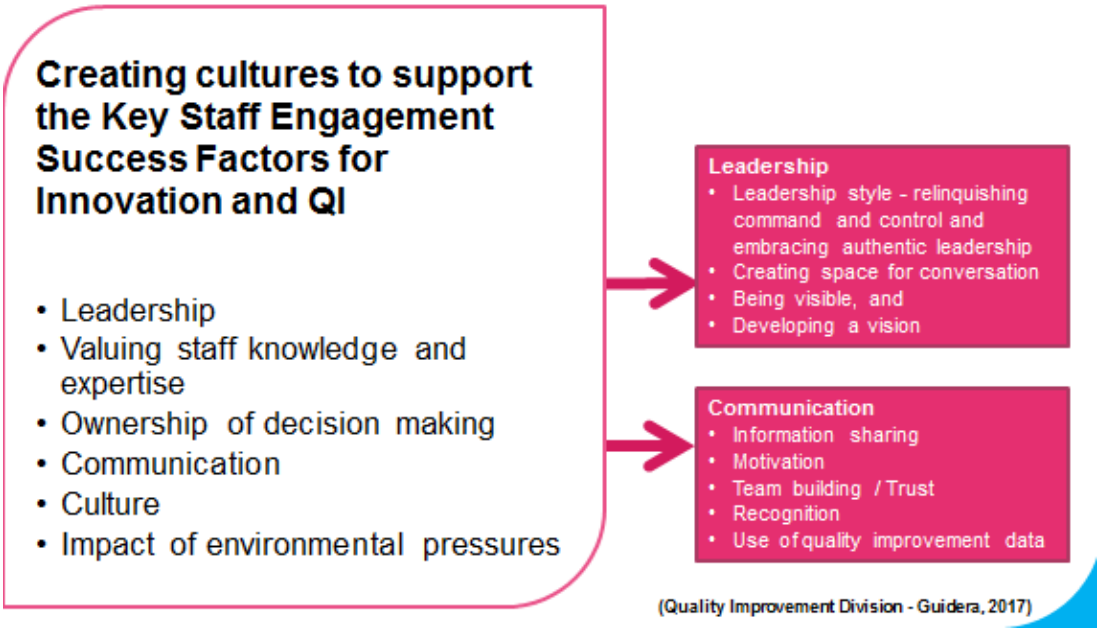
We recommend that each team uses these prompt questions as a starting point in their engagement work. The list can be adapted as needed. Ideally, leaders would discuss these with teams to identify what is working well or if there are suggestions for improving engagement in each of these areas. The list in section 2.2 "Tips and questions to consider in creating an engaged team" provides additional prompts for leaders.



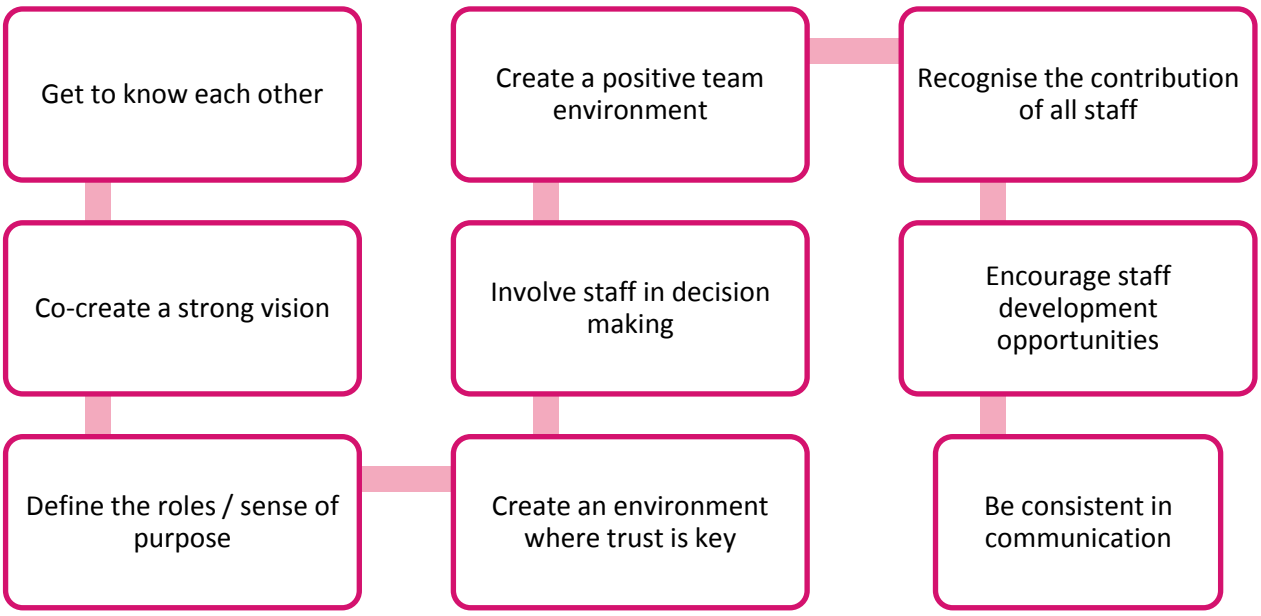
Figure two: Framework for Improving Quality in our Health Service - Staff Engagement Prompt Questions

2.2. Tips and questions to consider in creating an engaged team

To support all of this work, think about how you can encourage teamwork which is essential for sustained success. In particular, the following six components have been found to influence successful innovation and Quality Improvement.



In your day to day work the following practical tips may help...



Get to know each other

- Take time to get to know your colleagues. Don't underestimate the power of a cup of tea!
- If you are working remotely you might enjoy a 'virtual tea break' where staff are randomly assigned a partner and arrange to call each other over tea! You can use some prompt questions to get the conversation started if helpful.

Co-create a strong vision

- Do you have a vision that is defined, well communicated and understood by all staff? Why are you here? Why is your service important to those who use it? Work with your staff and service users to clarify what the vision is. It also needs to match with the HSE values - care, compassion, trust and learning.

Understand our role and purpose

- Does each staff member have and understand their defined role and responsibility? Do staff know what's expected of them? Do they have a job description? In more flexible roles, staff will move between teams to respond to the needs of the organisation, however, communication and trust are key to supporting this style of working.
- Is there a performance achievement process to enable staff consider if they are meeting their goals or if they need guidance / assistance to do so?

Be consistent in communication

- Introduce effective internal channels for communication to enable staff to share knowledge within the team, raise concerns, celebrate success and suggest improvements.
- Some suggested ways of doing this are:
  - Team Huddles / meetings
  - Departments briefings - invite members from other teams to participate in team meetings to enhance working relationships across the site
  - Introduce a weekly update email / notice board / suggestions board
  - Add staff engagement to the agenda for team meetings
- Develop a full contact details list for all team members and share it so that people can access it when needed.
- Post photos and names of key staff on duty in a public place with a telephone number if possible.
- Introduce Hello My Name is
- Where you do hold meetings, ask are they meaningful…

Trust

- Is integrity a core value for you and your team? Are you consistent in how you work? Are the same rules applied for everyone?
- How is information shared in relation to developments? Do staff hear of developments from within the team or outside of it?
- Are staff consulted and listened to during change processes?
- Is personal time respected? How often are staff called in from leave?

Involve staff in decision making

- Are there mechanisms in place and used that involve staff early in the decision making processes in particular for the strategic direction / change within your department?
- Have you delegated autonomy of decision making with responsibility?
- Do team members have a structured time and space or forum to propose an idea for improvement and how they will implement it?
- Do you have an ideas board in each team/department with a team member who facilitates update of the board and team discussion/review of each idea to action/outcome/decision (best as standing item on the team meeting agenda)?
- Do staff know who to talk to if they have an idea?
- Introduce an ideas hub / clinic where people can pitch ideas with small amounts of funding available to support them?

Team Environment

- How is team work encouraged?
- Do all staff have the tools to do their work safely?
- Enable a knowledge share so that everyone knows the purpose of each team / what everyone is involved in / who does what. For example:
  - Shadowing of team members / walk in my shoes
  - Multi disciplinary listening sessions
  - Celebrate each others success and milestones
  - Walk rounds

Staff Recognition

- Do staff feel acknowledged and valued as part of the team?
- Do staff know that their ideas are important, and they have a sense of ownership and belonging as part of the team? Involve staff in decision making
- Do you say thank you or ask how they would like to be acknowledged or appreciated?
- Celebrate good ideas from staff - what did they do that made a difference?
- Recognise the personal achievements of staff and let other staff and senior management know about their achievements.

Staff Development

- Does any staff member who wishes to have an opportunity to learn / progress?
- Does each staff member have a personal development plan?
- How can you focus on developing the skills of leaders to help them achieve their role in distributing leadership to frontline staff?

Top Tips: Helping the team gets to know each other…

These ideas provide a unique opportunity for staff to get to know each other which supports open communication.

- Encourage staff to take their tea breaks / set up a virtual tea break
- Establish a staff engagement forum: Is there interest in establishing a staff engagement forum? If so see the National Staff Engagement Forum guidance.
- Establish a 'Lunch and Learn Day'. Do staff have an opportunity to learn new skills to make changes? If not establish a Lunch and Learn Day each month – Beaumont Hospital and Temple Street Children's Hospital are excellent examples of this!
- Start a choir, social club
- Bake offs
- Handover day where new staff meet the team
- Suggestion boxes
- Christmas Party
- Sharing my favourite food night
- 'Pay a compliment day'
- Culture night

Part Three: Before you start...

Part Three: Before you start…

3. Introduction

In this section we share some of our learning to date! Some of this may be familiar; however, we hope our insights may be helpful to you...

It's said that you are not learning if you are not making mistakes. We have happily learned a lot in our journey to date! In the true spirit of quality improvement, we're sure you'll have your own learning to add to this list so let us know as we'd love to include it.

3.1. Our learnings from staff engagement work

We hope these tips based on our learning from our engagement work will help you in your role as a leader…

- **Create space for conversation**: listen to, acknowledge and utilise the expertise of staff in a meaningful way. Don't fear the negative. Many leaders are worried about managing expectations and negativity if they begin a conversation about what needs to change… take the plunge, be honest in what can be achieved and know that if it's not working well, there's a good possibility people know about it already and have ideas about what will help! This is an opportunity to change the dynamics.

- **Create change platforms and networks to connect:** create opportunities for staff in different departments to connect informally. Staff will use those connections and networks to integrate service design and co-design change. Diversity of ideas and involvement = sustainable, powerful change.

- **Capitalise on social energy:** often staff have an interest in a particular challenge – where possible encourage staff to get involved in areas that they are passionate about – it makes all the difference. Focus on staff pride and the potential positive impact of the work to build relationships.

- **Look after yourself along the way:** manage the emotional impact of your own work and encourage colleagues to do so. Cultural changes are unlikely to happen overnight and if you find a way to do it quickly, we want to know how you did it! In healthcare, we work in environments where our emotional connections leave a powerful impact on our lives. Build in time to look after yourself.

- **Release staff to participate:** we have seen staff participating in change work on days off, working through their lunch or breaks and staying late to act on their ideas. No one minds giving extra once in a while, however, if it becomes the norm then it becomes an extra job and people will feel they are being taken advantage of and / or work life balance begins to suffer. We need to acknowledge that the time spent on this work is more than a nice to have and is an investment. If we can improve in this area and release staff to attend or give them time back if they do come in on days off, eventually the tables turn and that time spent on managing complaints or incidents,

identifying staff to cover shifts due to sick leave and recruiting staff can be used for continuous improvement work.

- **Relinquish control safely**: in healthcare we work in a risk adverse culture - it's understandable as the stakes are higher than most other industries. We've also seen managers struggle with the question "if I delegate this work, what's my role, will people still see me as a leader?".

  The fear of a loss of control or a desire to manage every risk can inhibit true change. When engaging staff, your role becomes that of the enabler. You provide advice and you help staff navigate the road blocks to achieve their goals. You help staff make it happen. However, you also help manage the risk so if there are minimum specifications that must be followed or if there are absolutes, it is helpful to discuss these with staff early in the process. Sit down regularly to discuss and agree how you will communicate within and outside of the team. Identify a process to help staff raise queries in a timely way. You'll need to check in regularly to make sure the process does not inhibit progress! Success will grow from the dialogue!

- **Include patients and service users:** when patients and service users are involved, you have an opportunity to open the ideas pool further. It also gives you an opportunity to identify what expectations people have. Many staff became healthcare professionals because of the desire to help and their compassion for others – by creating that opportunity to connect with people using our service in a meaningful way, staff also have an opportunity to connect with that same compassion they felt early in their careers which can sometimes be difficult to maintain.

- **Say thank you!** Say thank you and say it regularly! Staff tell us that while a bonus would be nice, often a simple thanks is all that's needed when someone goes above and beyond. We'd also suggest displaying progress in public areas to spread the word, send emails acknowledging work, write it up and present it, enter the Health Sector Excellence Awards. Just say thanks!

Our work is underpinned by the principles of "Front Line Ownership". While they can be counter cultural, our advice is TRUST them – they work… There are eight principles…

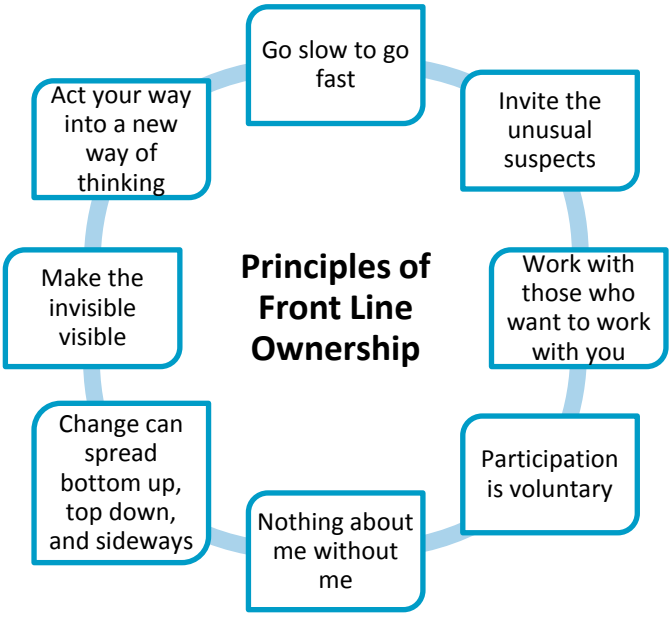


Figure three: The Principles of Front Line Ownership

In using these principles we've found…

- **Go slow to go fast:** we always want to go faster but engagement takes time. People will set their own pace. That's ok.
- **Invite the unusual suspects:** look at how you engage with people. Not everyone will be able to attend every meeting so where possible make it accessible. Use different communication mediums like whats app (obviously not for confidential information) but it works to help people connect. One of the greatest positives in this work is staff getting to know professionals from other disciplines and recognising that other disciplines are the professionals at what they do.

What is Front Line Ownership?

Front Line Ownership is a quality improvement approach which deeply engages with staff to empower and encourage them to creatively develop solutions to challenges they face daily. Front Line Ownership (FLO) encourages frontline staff to acknowledge their own capacity and potential.

FLO focuses on positive deviance and the use of liberating structures. Positive Deviance is that approach used by some individuals or group that allow them to find solutions to challenges faster than colleagues in the same set of circumstances by using uncommon behaviour or strategies. Liberating Structures can be described as a structured facilitation approach that seeks to encourage participation and trust in a group with the aim of including everyone and enhancing the potential of the participants. Typically Liberating Structures are considered to be a disruptive innovation. **For more information on liberating structures see the next section or www.liberatingstructures.com.**

There are eight key principles of Front Line Ownership. Two papers worth reading on this approach are:

- Gardam M, Gitterman L. If you don't succeed the first 20 times, please try something different… Accreditation Canada Qmentum Quarterly 2013; 6(2):6-11.
- Zimmerman B, Reason P, Rykert L, Gitterman L, Christian J, Gardam M. Front-line ownership: generating a cure mindset for patient safety. Healthc Pap. 2013;13(1):6-22.

When you hear about Front Line Ownership at the start, it draws comparisons of the Emperor's New Clothes or as it has been described by Dr. Michael Gardam and Leah Gitterman it's like 'hugging a cloud'. You think you have heard it before, however, it is not until you truly embrace it that you realise that what appears deceptively simple, is beautifully complex. However, it is worth the investment of time and effort and has been used in healthcare internationally with great effect in a number of settings to improve patient safety.

For more information on Front Line Ownership, please see a case study in Appendix X from our work in University Hospital Kerry which summarises our key learning along the way.

- **Work with those who want to work with you:** often we want to have everyone involved at the beginning. There's a great relief in knowing that it is ok to start with the willing. Others will join when they see the success or they have time.

- **Participation is voluntary**: This is essential. The 'tap on the shoulder' is notorious and 'ask a busy person' could have been written for our service. Ask everyone and work with who turns up. If someone has been 'voluntold' they'll resent being there and it changes the dynamic.

- **Nothing about me without me**: while we'll work with the willing, we need to apply the principle nothing about me without me. Even if someone cannot be in the room for all of the sessions, we need to consult with them if change affects them. This includes patients and staff!

- **Change can spread bottom up, top down, and sideways:** you do not have to rely on traditional methods of change. We've seen staff members gaining the confidence from this work taking on challenges and projects in their own areas. Give it space and you'll be surprised what happens.

- **Make the invisible visible:** sometimes if there's a block in the system we need to name it so that we can manage it. Staff can be aware of it or it can be an unconscious block that needs to be discussed. Putting something on the table or making a space safe for honesty means that you now have an opportunity to use the collective knowledge in the room to solve the challenge!

- **Act your way into a new way of thinking:** just start. Planning is essential but sometimes you just need to trust the knowledge and experience of staff. Answers will present or staff will know who to call. And there are millions of ways to get to the same destination – the scenic routes are often more highly valued in hindsight.





Organisational Development takes time. Bartunek and Woodman (2015) talk about the temporal dimensions of change - pace, timing, sequencing and rhythm are all dependent on the service involved. It reminds us of the go slow to go fast principle and helps us remember that what works in one service may not work in another - if fact it very likely will not. You will also need to factor in political considerations, competing demands for people's time and the need to improvise. Many of the principles of Front Line Ownership will allow you to meet the organisational development considerations especially when you work with the whole system. The idea here is that in gathering the views of many, there is a greater opportunity to understand the organisation and ultimately give greater insight into what the challenges are and how they might be resolved. Finally we'd say use the resources available to support you, some of which are included in the next section.

3.2. Innovative ways of getting staff engaged

There are numerous ways to engage staff and there a growing number of innovative facilitation techniques, you may helpful. For some examples, please see. http://masterfacilitator.com/collaborationtools/. This site has lots of links to facilitation and collaboration techniques. You may also find the Q Community "Creative Approaches to Problem Solving toolkit" a useful resource – it can be found at https://q.health.org.uk/get-involved/creative-approaches-problem-solving-caps/

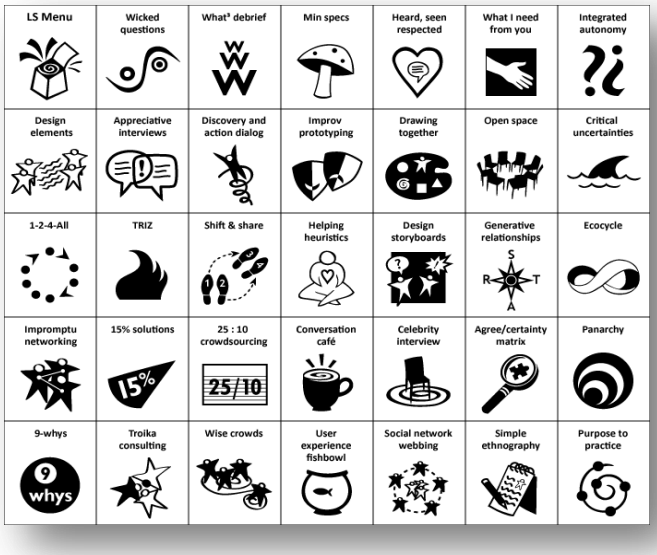
There are also countless tools to support quality improvement many are available on www.ihi.ie. Separately, the HSE has recently produced a guide called 'People's Needs Defining Change' https://www.hse.ie/eng/staff/resources/changeguide/ which is a comprehensive guide to change management with active links to resources to support the transition from discussing ideas to action and sustainability

We've found the use of liberating structures helpful as a technique to engage with staff in everything from team meetings to strategic planning, the next section includes a brief introduction...

3.2.1. What are Liberating Structures?

Liberating Structures are structured facilitation techniques designed to energise and inspire. They can replace more conventional approaches to facilitation and will especially appeal to those interested in quality improvement, disruptive innovation, behaviour change, collaboration, staff engagement, diffusion of innovation or positive deviance. They were developed by Keith McCandless and Henri Lipmanowicz and are underpinned by complexity science.

Each liberating structure has a symbol. A number are included on the cover artwork which is from the Liberating Structures website www.liberatingstructures.com. The website includes detailed instructions for each technique. Permission is granted to use them, share them but not sell them with the kind permission of founders.



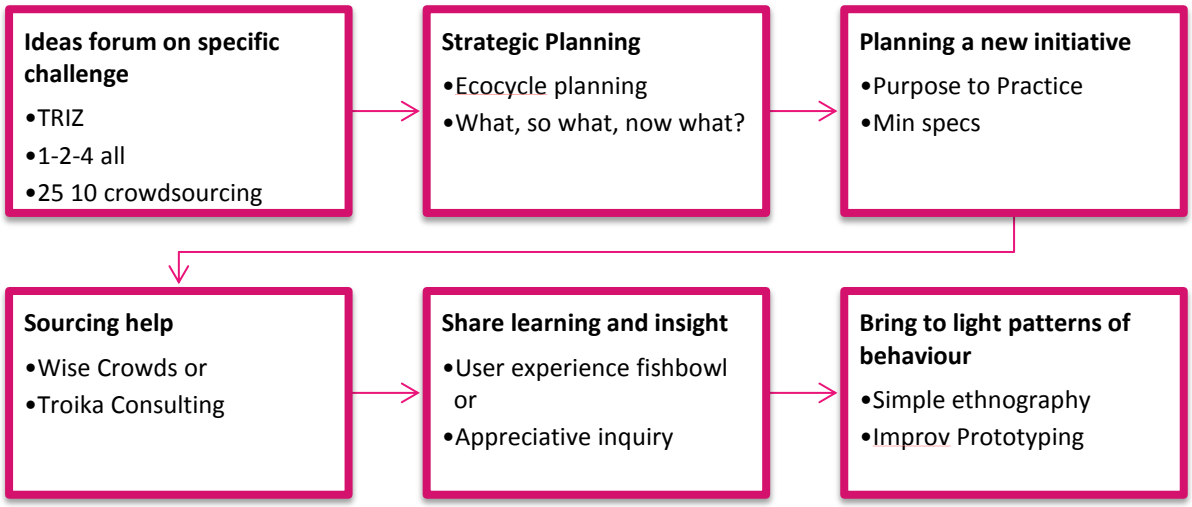
3.2.2. How can Liberating Structures be used?

Liberating Structures can be used to:



You can also 'string' a number of liberating structures together so that you can plan a workshop or event. Some examples for using liberating structures to get started with are detailed below – feel free to adapt and explore how you can use them. If you are getting started, we would recommend the following as a helpful starting point – impromptu networking, 1-2-4-all, crowdsourcing, TRIZ. The names may be strange to begin with, however, become easier to navigate when you are using them yourself.

Examples of how you might use liberating structures…



3.2.3. Where can you get more information on Liberating Structures?

For a full range of Liberating Structures see Liberating Structures. You can also download a free app on google play, just search for Liberating Structures. This is a resource we found helpful, however, we have no responsibilities in relation to your personal use of same.

You might also enjoy our introductory QITalktime on Liberating structures!

If you're interested in learning or practicing using liberating structures with a group of, you may be interested in joining or starting a Liberating Structures User Group. In 2017 we established a user group in collaboration between the HSE and RCSI Institute of Leadership. It's open to all and gives you an opportunity to learn and practice in a safe

environment. To find out when the next user group is meeting follow us on twitter at @LSusers or see the website www.staffengagement.ie.

3.2.4. Staff Experience of using liberating structures

"We adapted TRIZ approach for tackling some issues and to improve quality of few services. The topics discussed were respite services, modified diets, laundry and communication. It was huge success. The staff participated in this with enthusiasm. It was fun and a new way of learning. Most importantly every one participated. And we were able to find areas that we could improve on" Acting ADON.

Useful Liberating Structures Resources

The following list includes some suggestions for useful resources in this area…

- For a full range of Liberating Structures see liberatingstructures.com
- Download the Liberating Structures app
- Follow @LSUsers on twitter
- Participate in training - keep an eye on our website for details of upcoming events www.staffengagement.ie
- Read the paper Gardam M, Gitterman L. If you don't succeed the first 20 times, please try something different… Accreditation Canada Qmentum Quarterly 2013; 6(2):6-11.
- Read the paper Zimmerman B, Reason P, Rykert L, Gitterman L, Christian J, Gardam M. Front-line ownership: generating a cure mindset for patient safety. Healthc Pap. 2013;13(1):6-22.
- Read the book - The Surprising Power of Liberating Structures: Simple Rules to Unleash A Culture of Innovation by Henri Lipmanowicz and Keith McCandless

Part Four: Moving to action

Practical examples for listening to, acting on and implementing staff suggestions

Part Four: Moving to action - Practical examples for listening to, acting on and implementing staff suggestions

4. Introduction

In the following sections we will share some ideas on how you can engage staff in conversations about quality improvement. The upcoming sections will touch on the key considerations and suggestions for the facilitating listening, action planning and implementation sessions. The approach outlined below has been called the Valuing Voices ELIAS Programme - Engage Listen Inspire Act and Share.

In the coming section you will find information on identifying your key stakeholders and the key steps in the process including the following:



Later in the toolkit, we include some ideas for sharing success and measurement and we'd recommend reading these before you start as it will influence your actions and sustainability along the way.

There are also a number of templates included in the appendices to give you some suggestions and a case study in Appendix Two.

4.1. Why the Valuing Voices ELIAS Programme?

There are many forms of engagement, however, the Valuing Voices - ELIAS Programme combines staff listening with a front line ownership approach to enable services to understand matters to staff, understand their experience of working in the service and how engaged and valued they feel right now. Valuing Voices - ELIAS sessions also encourage staff to share their ideas on how to improve services and make changes where possible. This type of engagement has been directly linked to improvements in staff experience and wellbeing as it connects to the key components of engagement.

We believe the programme will help staff continue to develop their skills to engage with patients and colleagues.

The objectives of this approach are to:

- **Engage**: Build leadership capacity to engage staff and enhance teamwork
- **Listen:** Create opportunities to proactively listen to staff and service users about their experiences and enhance person centred compassionate care
- **Inspire:** Embrace a positive values based culture by creating joy and meaning in work - continuing to inspire the inspired.
- **Act:** Encourage staff to *Be the Change* - using their knowledge, skills and attitudes to creatively design and implement solutions to improve quality.
- **Share:** Create opportunities for staff to continue to learn and spread successes.

You can do each step individually over a period of weeks, or alternatively you can do the listening and action planning session over the course of a focused session. It depends on your service and what is least disruptive. You can also go to the ward / offices and have conversations with staff there as they go about their work. However, when doing this always check that it is a good time.

4.2. The role of key stakeholders

There are lots of stakeholder analysis templates on line. For this work, there are a number of key stakeholders and as an example, the potential commitment is outlined in the sections below.

4.2.1. Senior management

Senior management commit to giving visible and verbal support to this work including the planning process, releasing staff and leaders (facilitators) to take part, active listening and follow up on feedback with staff. When commencing this work, it's important to make sure the commitment is there because if staff invest their time and heart into creating a better service and it is not fully supported by senior leaders, they will disengage from the process and potentially any goodwill will be lost.



In advance of the programme commencing it can be helpful to do a Preparedness Checklist with the senior leaders. We've included a sample one in Appendix Seven: Checklist to support health care services in the preparation for Valuing Voices Programme. Appendix Nine also includes some sample text to support leaders as they open sessions.

Please also see our learning for leaders on relinquishing control safely earlier in this document.

4.2.2. Coaching support

If possible, it's always helpful to link with people who can support you in your work. This may be through joining a network of like minded people through staffengagement.ie or linking with a colleague who has done improvement work previously. This person may help the groups and facilitators to navigate the organisational culture and help to make things happen where there are 'roadblocks'. They also have an essential role to play in guiding staff in relation to minimum specifications or organisational considerations that must be factored into any change.

4.2.3. Staff and service users

It's important that staff and service users who participate at any stage of the process do so willingly and fully. In this space, there is the potential for true engagement.

4.2.4. Facilitators / Leader

In addition to facilitating the sessions, the role of the facilitator may also include the tasks below.

- Complete a brief readiness assessment in preparation for signing by senior management (Appendix Seven)
- Collate the introductory survey and closing survey (if you are using a survey) (See Section Five)
- Identify what staff will attend the sessions and organise the sessions, venue, follow up etc.
- Work with services to facilitate the release of staff to attend the initial sessions and supporting them to work on agreed quality improvements
- Give feedback to staff about progress on suggestions and if it was not possible to commit to something, the reasons why.
- Share feedback in relation to the programme.

If staff with strong administrative skills are involved in this process, it can be helpful to include them in planning the sessions from an early stage and to share the ethos with them as their role can be key in engaging staff.

4.3. Sample resources available to support facilitators

The following sample resources are available to support facilitators in this work and can be adapted as needed:

Resources available	Executive Management Team	Staff	Senior Manager	Facilitator
1. Pre implementation preparation				
1.1. Information leaflet	√			
1.2. Introductory presentation	√			
1.3. Preparedness Checklist	√			
1.4. Introductory email for staff with invitation		√		
1.5. Posters		√		
1.6. Information leaflet		√		
1.7. Facilitator checklist				√
2. Implementation				
2.1. Sign in sheet				√
2.2. Sample briefing to open staff listening session			√	
2.3. Presentation		√		
2.4. Evaluation form		√		
3. Post implementation				
3.1. Template with themes for analysing data				√
3.2. Information leaflet / invitation to action planning		√		

4.4. Step One: Overview of facilitating listening sessions

There are many ways you can host a listening session with staff - from a very informal session to more complex. We encourage you to find what works best for you. We've included four sample sessions in Appendix Three including:

A. Relaxed: Semi structured listening session (as time allows)
B. Active: Structured listening session (one and a half hour duration)
C. Focused: Focused listening session (half hour duration)
D. Active, Structured listening session (one and a half hour duration)

"Being listened to and heard is one of the greatest desires of the human heart"
Richard Carlson

We've also included a sample Case Study NCHD Wellbeing which used option D.

As you become more familiar with the process and more comfortable in your role, you can change and adapt these to suit your own requirements. You'll also become more familiar with liberating structures which we use during the process that you can include or adapt. Before you undertake a listening session, we recommend reading Part Three.

To date feedback on staff listening sessions has been positive and some sample comments include the following, however, we have some key learning that may also be helpful below.

"It was time out, time to reflect and look at the bigger picture – to change culture of the HSE in general".

"I would hope that more listening sessions would improve staff morale."

"Hopefully change will happen if staff on front line are listened to."

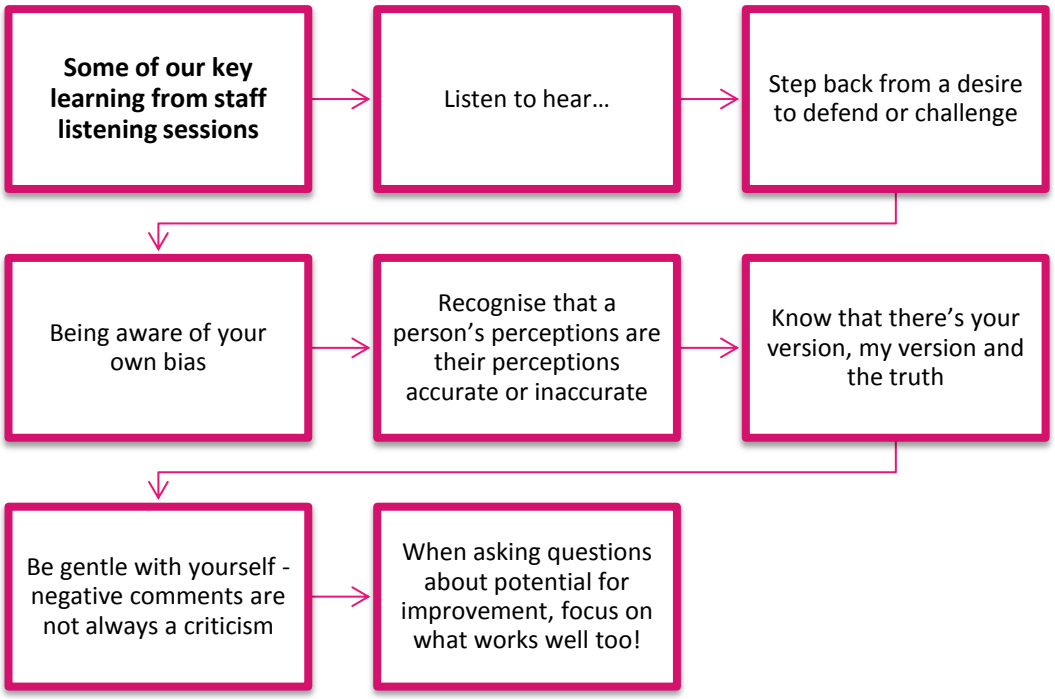
"Make you more pro-active and try influence your own working environment".

"If the suggestions are implemented then they have the potential for vast improvement and increased job satisfaction".

4.4.1. Key learning from staff listening sessions

The greatest learning we had is that staff listening sessions are invaluable, however, capturing the feedback takes time so you will need to tailor your reporting approach based on your available time or resources. Initially the depth of reporting combined with existing work commitments significantly delayed our response time to the service. This was a very difficult lesson to learn on our part as we were conscious of the commitment made and the impact on morale. We have since adapted the process significantly, reducing the reporting time from three months to one day.

Other learning included:



- **Identifying organisational readiness**
  - If you're not already the senior manager, when asking for commitment to this process, you can use the organisational readiness checklist. However, the checklist alone is not enough. This work warrants a discussion on the level of commitment needed by the organisation to release staff to participate. The decision to proceed should be based on this commitment.
  - In completing the preparedness checklist it can be helpful to explore if there has been any media publicity or incidents in recent times if you are not already aware of same. This can be useful to help you understand the organisation further.

- **Logistics**
  - Unless you are that person, you may wish to identify a senior manager to open each session to demonstrate the importance of this to the organisation.
  - Visit the location of the listening session in advance so that you know the layout.
  - Check if the room is available in advance to maximise time with participants when they arrive.
  - Do you need signage or directions to the room?

- We recommend that tea, coffee and water along with some fruit or biscuits are available for staff for sessions.

- **Timing of sessions**
  - Seek guidance from colleagues as to the best time to hold sessions. This will often be impacted by service needs.

- **Who to invite**
  - Depending on whether you are doing a focused listening session or an open listening session the advice is invite everyone who has a stake or an interest.
  - As a principle of this work we work with the willing so staff participate voluntarily.
  - The numbers attending, timing, groupings will be determined by what works for each service.

- **Communication**
  - Make a plan to contact all key stakeholders and follow it.
  - Check if heads of discipline / consultants / managers are aware that this is happening. They have a role to play in giving a high level context to staff, releasing staff to attend and attending themselves, however, they are less likely to engage if they do not understand what is happening and why.
  - Have you considered how to get the message to staff who do not have access to email? Existing team meetings and posters in canteens and locker rooms can be helpful.

- **Requesting suggestions**
  - If people are writing notes remind them to write clearly or you will not be able to read it later!
  - Ask people to be as specific as possible. Making a comment about 'Communication' is helpful, however, making a suggestion about how to improve communication is far more useful.
  - Build in ways for introverts to contribute fully.
  - Be mindful of the audience and factors which might influence a person's willingness to speak or write frankly. Some staff were concerned about managers recognising their writing or being seen as 'difficult' if they raised a point that might be perceived as negative.
  - If you are asking staff to write labels, some staff may have literacy or accessibility needs. You can suggest that people can work in pairs.
  - It may be helpful to remind staff that for a session to be constructive we need to be respectful and that everyone is doing their best.

- **Self regulation**
  - If you are the manager of a service, you will need to balance the need to listen with your desire to provide information or respond to comments immediately. Imagine yourself as a small child wanting to tell a secret and multiply it by 100. Unless people are misinformed in a way that is damaging to the service, this is one of those times when silence is golden!
  - Be prepared to hear both the positive and negative and take it as a compliment if staff speak freely.

- Remember, someone's perceptions of an experience, may not reflect the full story, however, they are someone's perceptions and as such need to be considered. You will have an invaluable insight into the thoughts of staff working in a healthcare system which in the context of moratoriums, budgetary constraints and significant change has continued to provide and develop services for people in need.

- **Reporting feedback**
  - Use people's own words where possible in the feedback - so much can be lost in translation.
  - Tell staff how you will communicate feedback and the next steps at the end of the process.
  - Be up front also about your commitment – start small, often it's enough to tackle one key challenge at a time starting with what was most pressing rather than committing to addressing every suggestion which may not be realistic, manage expectations.
  - Start as you mean to go on - this is an opportunity for everyone to work together rather than for staff to escalate feedback for someone to 'fix'.

- **Identifying staff top priorities for quality improvement within scope - data analysis**
  - In collating the data you may need to apply themes and sub themes based on your interpretation the data. Alternatively you can ask staff to do this as they work.
  - Please see the document Sample Headings for Data Analysis for headings that we found useful. Please notes some data may fit into multiple categories.

4.4.2. Recognising negative roles in the group

While it is rare that you will have to deal with negative roles within a group, as staff are generally positive, the following advice may be helpful…

https://www.hse.ie/eng/about/who/qid/other-quality-improvement-programmes/opendisclosure/opendiscfiles/guidetomanagingdifficultparticipants.pdf

4.5. Step Two: Overview of facilitating an action planning session

Once you have completed the listening session with staff, as you review the feedback with staff, identify the top suggestions for improvement. We've found it helpful to focus on three to five to start. In larger organisational projects like the Cork University Maternity Hospital Ideas Forum, we are using ten.

If you find that there are items there that are beyond your control, be transparent and share this with staff to create greater understanding of the challenges. Perhaps they may be able to suggest other solutions during action planning. If this happens you may need to move to the fourth item on the list and so on.

The next phase is often to gather more information and to plan your next steps. Some examples of how to do this are included below:

4.5.1. Patients, service users or staff experience gathering (minimum 30 minutes per staff member)

When considering the areas for improvement, it may be helpful to ask staff to consider these areas and ask them to think about what question they might ask a patient or another staff member about this topic.

Staff may find it useful to go in pairs or by themselves to speak with patients, service users or staff to ask their questions. You can advise them that they just need to introduce themselves to the person and tell them that they are involved in a quality improvement project.

Sample questions for patients / service users:

- What was the best thing about your visit here today?
- If you were to recommend that staff experience any aspect of your visit what would it be?
- If you could tell staff anything about your experience what would it be?

Sample questions for staff

- Do you feel fulfilled working here?
- Do you feel listened to?
- Would you recommend this as a place to work?
- Would you recommend your service to family and friends?

4.5.2. Interactive session based on service needs as gathered in section 4.6.1 (2 hours)

As a facilitator, if you are looking at utilising patient or staff experience feedback to create greater compassion and emotional connection in the workplace, it may be helpful to capture the feedback from the action and replicate the experiences referred to if appropriate. The liberating structure Improv Prototyping is an excellent resource to do this. This is subject to it being psychologically and physically safe to do so. For example, in a previous experience we helped staff experience what it was like without sight or hearing. One staff member went to use the stairs and without the guidance of a colleague almost bumped into another person which may have had a serious outcome on the steps. Following this near miss, we had to encourage staff to think about safety through the experiential learning!

Another useful tool is the User Experience Fishbowl. You might also consider bringing several patients, service users or staff together to share their experiences). Another structure you could use is Simple Ethnography which involves learning from observation - it's very simple but can be immensely powerful.

We've also found shadowing a patient journey / staff at work to provide powerful insights. When timed this can also form the foundation of improvement measures.

Considering how you can gain insight into the patient / staff experience is worthwhile step in information gathering in advance of developing action plans.

You may also decide to include patients / service users in the action planning section. For more guidance on partnering with patients, see the Quality Improvement Division website.

Suggested ideas to tap into service user experience are:

a) Shadow a patient (with their permission) for their journey)
b) Use the liberating structure 'Simple Ethnography'
c) Use the liberating structure 'Improv Prototyping'
d) Use the liberating structure 'User Experience Fishbowl'.

See www.liberatingstructures.com for guidance on the latter three. Allow time within this process to debrief from this experience.

4.5.3. Action planning (2 hours)

Once this element of your work is completed, you can use a "world café" style approach to get staff to consider:

- **WHO**: Who does this affect?
- **NOW:** What's our current position? What's in place at the moment?
- **THEN:** What's our objective? Where do we want to get to?
- **HOW:** How do we make it happen? What do we need to do?
- **WHO:** Who should be involved? Who is required to achieve the action?
- **WHEN:** What is the target date?

When doing a large action planning session, we recommend setting up tables and then having one staff member remain at each to facilitate and one staff member to stay and scribe. Others in the room can rotate to find topics they are interested in contributing towards. This is done three times. On the final time, staff go to the topic they are most interested in working on. The final group summarises the action plan back to the group.

Another option is using the IHI, Model for Improvement prompt questions (1-3 in the template below). For more information see http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementHowtoImprove.aspx. The model for improvement is a technique which uses these three questions and a Plan Do Study Act Template to support small tests of change.

The mini template below may provide some prompt questions to get started and you can then use a Plan Do Study Act Template to support your work as you test the changes… See Appendix Five for more information)

1 **Thinking about…what we trying to accomplish…**	**2** **Thinking about… how we know that a change is an improvement**	**3** **Thinking about… what changes we can make that will result in an improvement**

NOW:
• What's our current position? / What's in place at the moment?
• What additional information do we need? / What evidence can inform our decisions?
• Who does this affect?
 	
You can use 1-2-4 all if group is very large or you've dominant speakers…
	FUTURE:
	• What does success look like?
	• How will we measure the success?
	• What information can we use / or collect to capture where things are at right now?
		HOW:
		• How do we make it happen? / What do we need to do?
		
		• The Generative star liberating structure can be helpful here to identify key stakeholders…
		
		• What are our next steps? (Have you covered…)
		  • Who else do we include and how?
		  • When will we meet next?
		  • Where will we meet?
		  • How will we communicate between meetings?
		  • Contact details for the group

Ask group to summarise "What are we trying to accomplish?" **Next steps / Actions**	**Ask group to summarise "How will we know that a change is an improvement?"** **Next steps / Actions**	**Ask group to summarise "What change can we make that will result in an improvement?"** **Next steps / Actions**

You may also find it helpful to:

a) Use the liberating structure 'Ecocycle Planning' to help visualise the existing cycle / stage applicable to the work
b) Use the liberating structure 'Purpose to Practice' to plan the work
c) Use the liberating structure 'Generative Star' to identify who needs to be involved.

You might also find it's useful to create a driver diagram – see the IHI website for tips on developing one! http://www.ihi.org/resources/Pages/Tools/Driver-Diagram.aspx A driver diagram helps you focus on what drives the changes you want to see!

It is also helpful to start to think about measurement and governance. For information on these topics, see the Quality Improvement Division Website https://www.hse.ie/eng/about/who/qid/.

Top Tip:

At this time it's also beneficial to review the People's Needs Defining Change to see what other resources are available to help

https://www.hse.ie/eng/staff/resources/changeguide/

4.6. Step Three: Overview of facilitating an implementation session

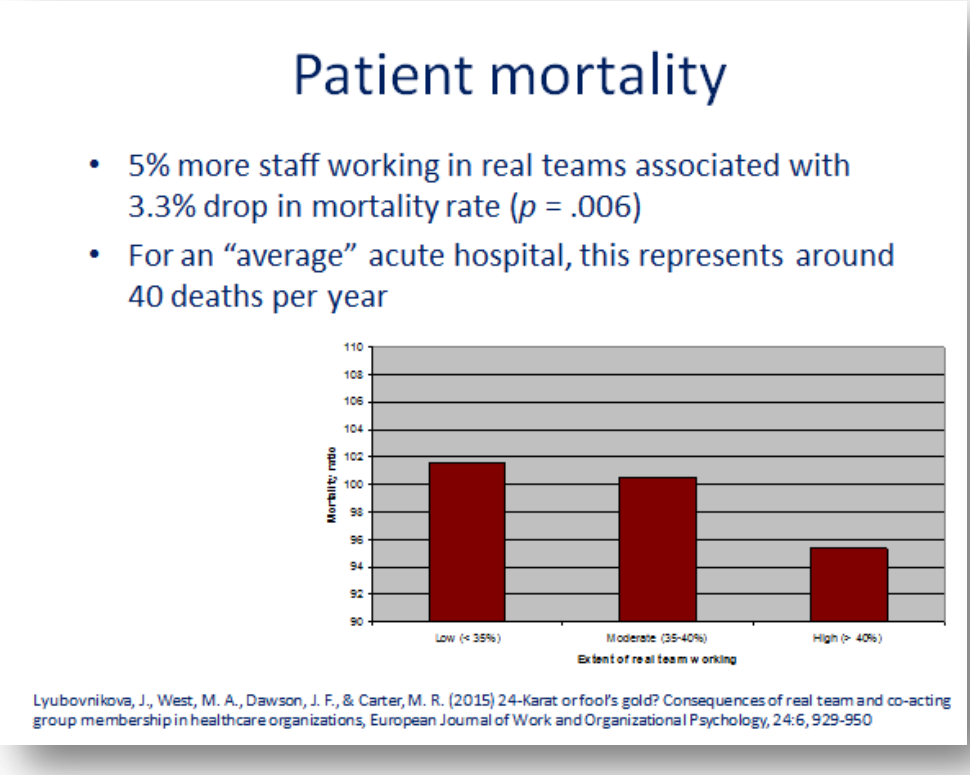
Your group has the power to decide how to act on the plan of action! At this stage trust the group - see if a leader emerges, ask do people know where to source help if they get stuck, do they have access to speak to others who may have worked on this topic previously.

Useful liberating structures for the implementation phase are

- Impromptu networking - building a sense of team
- Wise Crowds - channeling the knowledge of the group
- Generative Star - understanding if you have the right people around the table to make the difference
- Triz - naming the range of behaviours
- Appreciative inquiry - getting to know the strengths of the group

A useful app is the Liberating Structures App which is used to support you to identify the best structure for the task. If you're looking for other innovative facilitation techniques, you may find the following website helpful http://masterfacilitator.com/collaborationtools/. This site has lots of links to facilitation and collaboration techniques. You may also find the Q Community "Creative Approaches to Problem Solving toolkit" a useful resource – it can be found at https://q.health.org.uk/get-involved/creative-approaches-problem-solving-caps/

We recommend taking steps to build your sense of team with colleagues as team work has significant implications for patient outcomes and experience. The statistics below have been kindly shared by Professor Michael West, Head of Thought Leadership, The King's Fund.



4.7. Influencing Change

To help you in your work we would recommend that you access The HSE Change Model - 'People's Needs Defining Change' https://www.hse.ie/eng/staff/resources/changeguide/. The diagram below is taken from work done by the team working on this in consultation with staff to visualise how to bring change to life and we hope you find it helpful.



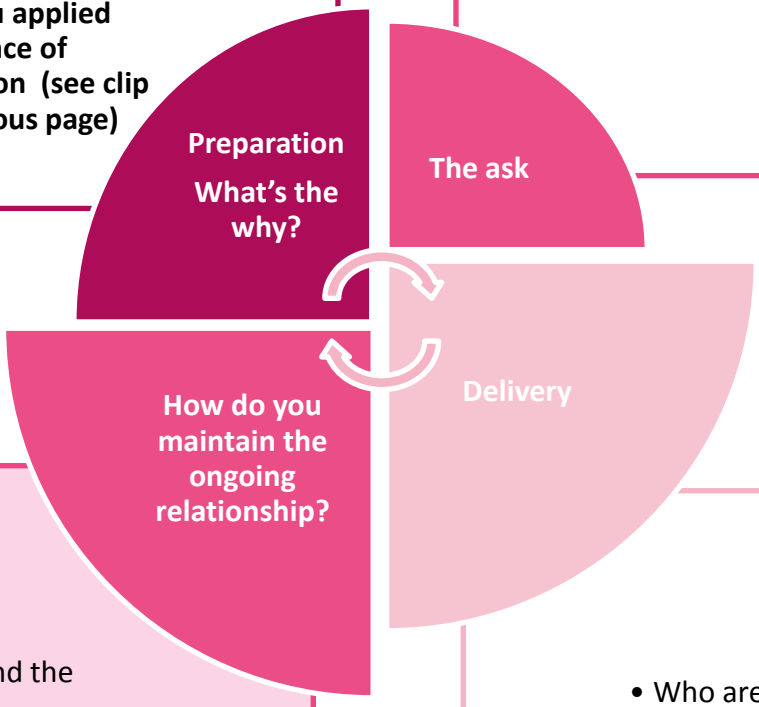
While building relationships with trust at the centre of them is key to effecting real change, you may find the follow guidance helpful. There is a clip called "Science of Persuasion" and it summarises the six key principles of influencing change - click here https://www.youtube.com/watch?v=cFdCzN7RYbw



Considerations…

- What's the why?
- What information do you need to make your case?
- Who is your audience?
  - Who has the power to make the decision?
  - Who has the power to influence the decision?
  - Have you put yourself in their shoes?
  - **Have you applied the Science of Persuasion (see clip on previous page)**

- What are common principles you can agree on?
- What are you prepared to compromise on?
- What are the benefits?
- What might be contentious?
- What do you need to leave with / leave them with?



- What's behind the words?
- How can you both win?
- Focusing on Behaviours v Feelings
- When do you push / give more time?
- Being true to you
- **What do you need to leave with?**
- **What do you need to leave them with?**

- Who are your advocates?
- How will you get the message across?
- When is a good time?
- Where will you ask the question?
- What are your own triggers?
- What might distract you?

Part Five: Sharing success stories

Part five: Sharing success stories

5. Introduction

We recommend that where possible you share the success of your work with others. This can be within the hospital, through conferences or alternatively through publications either in Health Matters Magazine or in relevant journals.

On a more fundamental level, it is essential that you celebrate success with your team.

- Visit staff the ward / in their offices / on site to see their efforts
- Host a celebration event to acknowledge success
- Have a poster board of improvements
- Use email communication to share improvements and acknowledge team and individuals who contributed
- Have photos of the teams involved in the staff newsletter
- Simply say thanks!

These seemingly small actions can have a real impact on how staff connect with the work in the future and also with you as a leader.

Part Six: Measurement

Part Six Measurement

6. Measuring the change

While measurement is not always apparent to us when we start the journey, it helps us define what we want to change and tell us if we are making a difference! You may wish to commence capturing your learning using a Plan Do Study Act template. This will help you to keep track of small changes made which is the essence of quality improvement. Please see Appendix Five for a sample PDSA template.

The QID Measurement Team have developed some excellent resources to support you to measure change and start you on your journey. Take a look at the QID section of the website on measuring the change itself…
https://www.hse.ie/eng/about/who/qid/measurementquality/

While measurement may seem like a luxury when you are busy, in fact it can be a fundamental tool to help recognise achievement of staff, help sustain change and encourage spread. Having clear data about what you did and improvements made is invaluable.

6.1. Measuring engagement

You may also be interested in measuring staff engagement… There are many ways to do this. You can design your own evaluation forms to identify how successful your listening sessions and action planning session are if you wish. We can also provide generic evaluations that you can adapt.

The following three surveys are recognised and validated surveys which may be helpful to you. We have included the references to same in the Reference section. Please see Appendix Four for a copy of the surveys.

You can also read the staff survey results relating to your area.

a.Utrecht Work Engagement Scale (UWES) (Schaufeli & Bakker, 2003)	a.Healthcare Team Vitality Instrument (HTVI) (Lee & Upenieks, 2008)	a.Professional Quality of Life Scale (ProQOL) ("Professional Quality of Life Scale," 2016)
•Measuring vigor, dedication and absorption	•Measuring team vitality	•Measuring compassion satisfaction, burnout and compassion fatigue

6.2. Guidance on calculating results for staff engagement surveys

These surveys are available on line where you can get guidance on calculating the results:

- Lee, B., & Upenieks, V. (2008). *Healthcare Team Vitality Assessment*. Retrieved from http://www.ihi.org/resources/Pages/Tools/HealthcareTeamVitalityInstrument.aspx
- Professional Quality of Life Scale. (2016). Retrieved July 1, 2016, from www.proqol.org
- Schaufeli. (2003). Work & Well-being Survey (UWES) ©, 2003.

Appendices

7. Appendices

Appendix One: Framework for Improving Quality Key Components for Staff Engagement

Framework for Improving Quality Key Components for Staff Engagement	Prompt Questions	Your organisation
Listening	What are we doing to value staff ideas (asking, listening to and hearing what's important to staff)?	
Action using creative problem solving	How do we encourage staff to act on their ideas (create space for creativity and innovation)?	
Teamwork in a culture of respect and integrity	How do we encourage teamwork and say thank you to build trust?	
Health and wellbeing	How do we help staff manage the emotional impact of care?	
Continuous learning and development	What training do we need to engage staff for quality improvement?	
Coaching and mentoring	How do you prepare yourself to encourage staff to act on their ideas and share decision making?	

Appendix Two: Case study - University Hospital Kerry - Valuing staff knowledge and creativity. Using Staff Listening and a Front Line Ownership Approach to Improve Quality

They say there's nothing as powerful as being heard and University Hospital Kerry (UHK) have taken this message to heart - in 2015, in partnership with the Quality Improvement Division (QID), the hospital commenced a programme seeking to value staff voices through Staff Listening Sessions and encourage creative problem solving through quality improvement and Front Line Ownership (FLO). FLO is an internationally recognised and successful quality improvement approach which encourages staff to acknowledge their own capacity and potential to improve service delivery and make creative sustainable changes.

69 staff from all disciplines in University Hospital Kerry participated in listening sessions designed and facilitated by the Quality Improvement Division. Before beginning this work, the Executive Management Board (EMB) agreed to support and act on the top three suggestions for improvement. The key feedback from staff at these sessions was:

> "Helping make a difference in the lives of those who use our services and working collaboratively with our colleagues are the greatest positives of our work. Please ensure we have sufficient staff to do our jobs safely and well.
>
> Help us to continue to learn so that we can continue to improve service delivery. Help us commit to a culture of mutual respect, kindness and compassion. To improve services, improve communication - keep us informed, listen to us and value our opinion.
>
> Ask us - we can help reduce waste and improve processes. Introduce flexible working. Happy staff - happy patients. And finally recognise the work of staff - say thank you and acknowledge us when we do a job well."
>
> *University Hospital Kerry - Staff Listening Sessions 2015 - 2016*

In a follow on action planning session with staff and management which included engagement with patients, staff formed five teams: *Communication, Culture, Flexible Working, Waste and Training and Education.*

Using a Front Line Ownership approach, Dr. Michael Gardam and Leah Gitterman, Ignite Consulting coached approximately 50 staff members during three on-site visits and through regular coaching calls on these themes. A member of EMB acted as a sponsor for each of the group to raise issues at board level if required. The Quality Manager who was also a member of the EMB provided coaching and leadership support locally. Four HSE staff shadowed this work to sustain and spread the learning.



Staff participating in Front Line Ownership in UHK

Some challenges included having time to meet together. One group utilised 'What's App' and Twitter to communicate regularly. The methods used to communicate and engage with other hospital staff included informal get togethers, canteen focused events, and conversations with staff. Coaching via teleconferencing was more feasible than videoconferencing due to IT restrictions and access.

So what happened?

The Communications team introduced the 'Hello My Name' is initiative, completed a social network mapping exercise and established a UHK choir 'The Frontliners'!

The Culture group introduced 'Happy Mondays' and social events to improve staff culture, held a free staff draw with prizes from local businesses, improved car parking, raised awareness of staff uniform policy- clerical staff have now a standard uniform, staff outdoor seating area provided.

The Training and Education and Flexible working time completed a review of mandatory training and flexible working was agreed; with staff self rostering systems in place in most wards.

Today the teams continue to work on new ideas and with new and original members.

The Waste team established a pilot for recycling in theatre and outpatients, provided recycling awareness training for staff, introduced patient menu cards to reduce food waste by introducing portion sizes (also meeting HIQA Nutrition standards).



Pictured at the sessions are Margaret Coffey, Karen Ahern and Marguerite Daly

Staff celebrating the success of the work in University Hospital Kerry.





Majella Daly, worked as the Quality Manager in Kerry at the time and she described the experience as follows.



Majella Daly. I worked as Quality Manager in UHK and was the local co-ordinator for the Front Line Ownership initiative in the hospital.

The hospital has almost 300 beds and over 1000 staff delivering services across wide range of specialities such as maternity services, orthopaedics, oncology, palliative care, acute medicine as well as a very busy Emergency department and outpatient services. So you can imagine the span and scope of issues and problem facing staff and patients. This is why I feel we are really benefiting from being part of the Front Line Ownership initiative.

Firstly the staff listening session held in May/June 2015 offered staff the opportunity to identify first-hand what their main issues of concern was. The National QID team supported this work, provided the final report and worked with myself and staff to prioritise the top five issues to address. My role was to encourage staff to continue their engagement after the listening session to actually sign up to join working groups to progress improvements in the five themes and keep FLO on the Management team agenda. The role of the local co-coordinator is key in moving into the stage of improvement as otherwise we could fail to walk the talk!

Support staff, management and different professions were keen to become engaged in making changes. They signed up to join working groups and attended training in Frontline ownership methods - to be honest staff and I weren't really sure what Front Line Ownership and liberating structures methods were all about but we adopted an open mind and 'suck it and see' approach!

We were still learning and having fun! For me I had to unlearn some of my traditional QI methods such as PDSA as Front Line Ownership and liberating structures is more about listening helping staff you work with think in a different way, ask questions, drill down to find out why and then come up with solutions together which staff can try. It's ok to fail with the solutions, you just learn, and try a different approach. The Liberating structure tools provide different ways to ask the questions, seek the solutions but most importantly allow staff themselves to come up with those solutions and own the implementation of them. So it has been liberating for me in my role! I no longer feel I have to be the doer/come up with the solutions; staff can do this themselves with the techniques- they're the best people to do it. We've even started involving some of our volunteers in the hospital.

I believe this approach will build a sustainable approach to QI in the hospital now and in the longer term.

Appendix Three: Sample Listening Session Approaches

In the following sections, we have included some high level guidance on several sample listening sessions. You can also tailor your own one depending on your needs. We're looking forward to adding to the toolkit shortly with the process document for a large ideas forum in a maternity service which focused on specific challenges for the service.

7.1.1. Sample A: Relaxed, Semi structured listening session (as time allows)

One of the easiest listening sessions you can do is an informal one!

You can hold a semi structured or 'informal' listening session as part of a normal team meeting, team huddle, you can arrange to meet a small group of staff over a cup of tea or you can go on a walking meeting.

In any of these forums you can advise staff that you can ask staff an open question asking them what's working well and what needs to be improved or alternatively you can ask them about a specific target area that they may be working in.

If you wish you can use a TRIZ (a liberating structure) in a team setting to open the conversation about a specific topic. See www.liberatingstructures.com for more information. However, the key focus of this session is to create an opportunity for staff to share their ideas easily and freely so that it becomes the norm.

7.1.2. Sample B: Active, Structured listening session (one and a half hour duration)

The following is a high level overview of a structured listening session including the key discussion points and approximate timings. This session is structured to run for an hour and a half (90 minutes). The facilitators will need to use their discretion to judge if timeframes need to be adjusted throughout the session - the proposed timeframes are approximate to accommodate some discussions which run over.

The 1-2-4-all may be shortened to be a 1-2 all. **This sample is similar to sample D which uses the liberating structure Crowd Sourcing to capture key ideas. Sample D is more efficient when capturing the participant's preferences, however, each individual can decide which approach suits their style.**

In order to run this session, you will need the following materials:

- Flipchart paper or A3 paper (preferably coloured card to stimulate creativity)
- A supply of labels
- Pens
- Flipchart markers
- Stars
- Easter egg (Creme Egg)
- Laptop, projector and speakers
- Tea, coffee, water and fruit may be available for staff during the sessions.
- See Appendix Seven and Eight for a checklist to support services preparing.

Approximate timings for staff listening session	Key points	Approximate timings
Sign in - settle group and survey	When staff come into the room, introduce yourself if they do not know you already. Ask them to sign in.	5
Leadership intro	Welcome and introduction by management to thank staff for attending, explain the purpose, acknowledge the role of staff in quality improvement including their knowledge and ongoing work, introduce the facilitators if unknown and explain how the sessions work and what will happen with the information.	3
Facilitator intro	Explain further regarding background and purpose.	2
Impromptu networking	See www.liberatingstructures.com for full instructions. ▪ Give everyone a card to fill in with their answers to your preselected questions… and ask them to fill it in. For example ▪ Name	10

Approximate timings for staff listening session	Key points	Approximate timings
	▪ Area of work ▪ Why did they become a healthcare employee? ▪ What's their favourite place in the world? ▪ Encourage everyone to stand up and find someone they don't usually get to meet / don't know / or haven't spoken to yet. ▪ In each round, allowing one minute per person, answer the questions above (2 minutes in each round). ▪ Complete the sequence 3 times with two minutes per round. ▪ You may wish to use a bell to move participants between rounds ▪ Do not participate yourself as you won't be able to manage the time. ▪ Ask people to share anything that struck them from their conversations. Ask - is the reason they became a healthcare employee the same as when they started…	
Cleveland clip	**Cleveland Clip - The Human Connection**[7] **- a YouTube clip** which emphasises that person centred care includes not only the patient but staff also and to give attendees an opportunity to pause and reflect prior to participation in the discussion. • Ask staff who did they notice in the clip • Ask did anyone notice the staff • Ask are we good at looking after ourselves • Note the fact that often relatively few staff notice the balance in the clip, focusing on patients only. • Note that one of the reasons we do this work is to allow staff an opportunity to create happier workplaces by improving how things are done and this is their opportunity to do this. • Depending on the focus of the listening session you might ask do staff feel supported to do their work. Ask if staff are aware of the Employee Assistance Programme and if not share where they can get information on	5

[7] www.youtube.com/watch?v=cDDWvj_q-o8

Approximate timings for staff listening session	Key points	Approximate timings
	same. www.youtube.com/watch?v=cDDWvj_q-o8	
Giving feedback / ground rules	Explain the ground rules, ask does anyone wish to add anything.	1
What works well?	Ask staff what works well or What is positive about working in the service. You may need to let people sit in silence for a moment.	10
Notes (labels on chart)	Following a general discussion under the question heading, ask participants to write their thoughts on a label and stick them to the prepared sheet.	5
What can we improve?	Ask staff what can we improve? You may need to let people sit in silence for a moment.	10
Notes (labels on chart)	Following a general discussion under the question heading, ask participants to write their thoughts on a label and stick them to the prepared sheet.	5
What are the barriers to improvement? 1,2,4 all (stickers on chart)	See www.liberatingstructures.com for full instructions. What are the barriers to improvement? Use 1, 2 4 all liberating structure for this exercise. Ask staff to take one minute alone and write down what they think the barriers to improvement are. Ask them to be specific. (1 minute) Ask them to join with a colleague they haven't spoken to yet, to introduce themselves and in a minute each to share their notes (2 minutes). Then ask each pair to join with another pair (groups of four). The groups of four should now take one minute each to discuss. (4 minutes) You can ask them to identify if there are any commonalities as a large group.(5 minutes)	12
What can we control? (circle on chart)	Ask them to stick the labels onto a sheet and group them as they do so with similar themes (if time) You can do a rapid fire buzzer round and read through them quickly or else get the group to do so	6

Approximate timings for staff listening session	Key points	Approximate timings
	asking them to quickly identify if they can a) Control b) not control or c) influence the list. Usually teams find that they can influence more than they thought. At this time introduce the egg exercise. (If you have time you can use the liberating structure 15% solutions here to encourage teams to consider what they can change today.)	
Egg	Ask if someone has seen this before not to give it away. Ask: is it possible to get an egg to stand freely on the narrow end without rolling off the table? You cannot use any external supports. Hand out eggs for each table / person. The purpose of this exercise is to allow an opportunity to stimulate the knowledge that creative thinking is often necessary to prompt change and that staff have the power and capacity to change much more than they imagine. Recommend using chocolate eggs that staff can eat afterwards. Also recommend asking them to get it to stand on the narrow side of the egg. When someone cracks the egg (usually by banging it gently on the table), draw the comparison between what we can control, influence or not control and how our thinking is often conditioned to make us abandon an idea because we think it is outside our control when sometimes we just need to look at it differently or question why we believe these constraints exist.	3
One suggestion for improvement you'd like to work on with your managers"	Ask staff to write on labels "One suggestion for improvement you'd like to work on with your managers" on a label	3

Approximate timings for staff listening session	Key points	Approximate timings
Star (select your preferred suggestion)	Staff are asked to use their stars to select their top priorities under the last heading	5
	If you are continuing on to do a day long session including action planning, this is the connecting point in the presentation to open the Action Planning Presentation.	
Evaluation form	Give staff the evaluation form to complete.	3
Contact details	Thank everyone for their time and reiterate next steps...	1
		90
Post implementation	In the coming days after the session, the management team with staff, can consider the top three pieces of feedback for discussion, action planning and quality improvement within the setting Enable staff to work on agreed quality improvements. Give feedback to staff about the sessions, the progress on suggestions and if it was not possible to commit to something, the reasons why. **See the Action planning and Implementation sections for more information**	

7.1.3. Sample C: Focused listening session (half hour duration)

The following is a high level overview of a focused listening session including the key discussion points and approximate timings. This session is structured to run for half an hour (30 minutes). Facilitators will need to use their discretion to judge if timeframes need to be adjusted based on the flow of discussion.

The 1-2-4-all may be shortened to be a 1-2 all.

In order to run this session, you will need the following materials:

- Flipchart paper or A3 paper (preferably coloured card to stimulate creativity)
- A supply of labels
- Pens
- Flipchart markers
- Stars
- Easter egg (Creme Egg)
- Laptop, projector and speakers
- Tea, coffee, water and fruit may be available for staff during the sessions.
- See Appendix Seven and Eight for a checklist to support services preparing.

Focused Listening Session C for specific challenge

Approximate timings for staff listening session	Key points	Approximate timings
Sign in - settle group and survey	When the team come into the room, introduce yourself if they do not know you already. .	5
Facilitator intro	Welcome and introduction to thank staff for attending, explain the purpose, acknowledge the role of staff thanking them for taking the time to participate. Explain how the sessions work and what will happen with the information. Explain the ground rules, ask does anyone wish to add anything.	2
General discussion	How can we improve X?	10
One suggestion for improving X you'd like to work on with your managers and what first step would you take to get started?	Ask participants to write on labels "One suggestion for improving / your big idea for improving X you'd like to work on with your managers and what first step would you take to get started?"	2

Focused Listening Session C for specific challenge		
25/10	See www.liberatingstructures.com for full instructions. Please note this is a version of 25/10 Crowd Sourcing Everyone stands up in a circle • Swap cards to the left until you hear the call to stop • Individually score the care in your hand (1 low, 5 high) • When the bell goes, swap cards until you hear the call to stop, repeat the cycle x 5 • Now add the numbers on your card – does anyone have 25, 24 etc and similar themes? Facilitator reads the card with 25 and asks anyone else with a similar theme to come forward - staple cards together with that theme and so on down through the numbers.	4 5
Contact details	Thank everyone for their time and reiterate next steps...	2
Post implementation	Consider the top three pieces of feedback for discussion, action planning and quality improvement within the setting Enable staff to work on agreed quality improvements Give feedback to staff about the sessions, the progress on suggestions and if it was not possible to commit to something, the reasons why.	

A variation on this version is to introduce a TRIZ (this liberating structure is helpful for encouraging a team to identity key challenges and behaviours in existence).

7.1.4. Sample D: Active, Structured listening session (one and a half hour duration)

The following is a high level overview of a structured listening session including the key discussion points and approximate timings. This session is structured to run for an hour and a half (90 minutes). The facilitators will need to use their discretion to judge if timeframes need to be adjusted throughout the session - the proposed timeframes are approximate to accommodate some discussions which run over.

The 1-2-4-all may be shortened to be a 1-2 all. **This sample is similar to sample B, however, it uses the liberating structure Crowd Sourcing to capture key ideas**.

In order to run this session, you will need the following materials:

- Flipchart paper or A3 paper (preferably coloured card to stimulate creativity)
- A supply of labels
- Pens
- Flipchart markers
- Stars
- Easter egg (Creme Egg)
- Laptop, projector and speakers
- Tea, coffee, water and fruit may be available for staff during the sessions.
- See Appendix Seven and Eight for a checklist to support services preparing.

Approximate timings for staff listening session	Key points	Approximate timings
Sign in - settle group and survey	When staff come into the room, introduce yourself if they do not know you already. Ask them to sign in.	5
Leadership intro	Welcome and introduction by management to thank staff for attending, explain the purpose, acknowledge the role of staff in quality improvement including their knowledge and ongoing work, introduce the facilitators if unknown and explain how the sessions work and what will happen with the information.	2
Facilitator intro	Explain further regarding background and purpose.	2
Impromptu networking	See www.liberatingstructures.com for full instructions. ▪ Give everyone a card to fill in with their answers to your preselected questions… and ask them to fill it in. For example ▪ Name ▪ Area of work	7

Approximate timings for staff listening session	Key points	Approximate timings
	▪ Why did they become a healthcare employee? ▪ What's their favourite place in the world? ▪ Encourage everyone to stand up and find someone they don't usually get to meet / don't know / or haven't spoken to yet. ▪ In each round, allowing one minute per person, answer the questions above (2 minutes in each round). ▪ Complete the sequence 3 times with two minutes per round. ▪ You may wish to use a bell to move participants between rounds ▪ Do not participate yourself as you won't be able to manage the time. ▪ Ask people to share anything that struck them from their conversations. ▪ If you have time, ask are the reasons they became a healthcare employee still the same as the reasons they continue?	
Cleveland clip	**Cleveland Clip - The Human Connection**[8] **- a YouTube clip** which emphasises that person centred care includes not only the patient but staff also and to give attendees an opportunity to pause and reflect prior to participation in the discussion. • Ask staff who did they notice in the clip • Ask did anyone notice the staff • Ask are we good at looking after ourselves • Note the fact that often relatively few staff notice the balance in the clip, focusing on patients only. • Note that one of the reasons we do this work is to allow staff an opportunity to create happier workplaces by improving how things are done and this is their opportunity to do this. • Depending on the focus of the listening session you might ask do staff feel supported to do their work. Ask if staff are aware of the Employee Assistance Programme and if not share where they can get information on	5

[8] www.youtube.com/watch?v=cDDWvj_q-o8

Approximate timings for staff listening session	Key points	Approximate timings
	same. www.youtube.com/watch?v=cDDWvj_q-o8	
Giving feedback / ground rules	Explain the ground rules, ask does anyone wish to add anything.	1
What works well?	Ask staff what works well or What is positive about working in the service. You may need to let people sit in silence for a moment.	10
Notes (labels on chart)	Following a general discussion under the question heading, ask participants to write their thoughts on a label and stick them to the prepared sheet.	5
What can we improve?	Ask staff what can we improve? You may need to let people sit in silence for a moment.	10
Notes (labels on chart)	Following a general discussion under the question heading, ask participants to write their thoughts on a label and stick them to the prepared sheet.	5
What are the barriers to improvement? 1,2,4 all (stickers on chart)	See www.liberatingstructures.com for full instructions. What are the barriers to improvement? Use 1, 2 4 all liberating structure for this exercise. Ask staff to take one minute alone and write down what they think the barriers to improvement are. Ask them to be specific. (1 minute) Ask them to join with a colleague they haven't spoken to yet, to introduce themselves and in a minute each to share their notes (2 minutes). Then ask each pair to join with another pair (groups of four). The groups of four should now take one minute each to discuss. (4 minutes) You can ask them to identify if there are any commonalities as a large group.(5 minutes)	12
What can we control? (circle on chart)	Ask them to stick the labels onto a sheet and group them as they do so with similar themes (if time) You can do a rapid fire buzzer round and read through them quickly or else get the group to do so	6

Approximate timings for staff listening session	Key points	Approximate timings
	asking them to quickly identify if they can b) Control b) not control or c) influence the list. Usually teams find that they can influence more than they thought. At this time introduce the egg exercise.	
Egg	Ask if someone has seen this before not to give it away. Ask: is it possible to get an egg to stand freely on the narrow end without rolling off the table? You cannot use any external supports. Hand out eggs for each table / person. The purpose of this exercise is to allow an opportunity to stimulate the knowledge that creative thinking is often necessary to prompt change and that staff have the power and capacity to change much more than they imagine. Recommend using chocolate eggs that staff can eat afterwards. Also recommend asking them to get it to stand on the narrow side of the egg. When someone cracks the egg (usually by banging it gently on the table), draw the comparison between what we can control, influence or not control and how our thinking is often conditioned to make us abandon an idea because we think it is outside our control when sometimes we just need to look at it differently or question why we believe these constraints exist.	3
One suggestion for improvement you'd like to work on with your managers"	Tell people you'll explain what's happening as you go. Ask people to sit in silence for one minute and write on a card one suggestion for improving x they'd like to work on with their managers and What first step they would take to get started? Ask everyone to stand up in a circle and to bring a	1 1

Approximate timings for staff listening session	Key points	Approximate timings
	pen and their card with them.	1
	Ask everyone to swap cards to the left until they hear the call to stop.	
	When you call stop ask them to read the idea, individually score the card in their hand out of five (1 low poor, 5 high excellent) and write the number on the back of the card.	5
	If someone ends up with two cards ask them to pass their second card to the person with none.	
	Ask them to swap cards again, call stop and ask them to read and mark. Do this for a total of 5 times.	
	On the final time each card should have 5 numbers on it. Add the numbers and write it in a circle on the front.	
	If there are less than five, Ask people to get an average by asking people to add the total, divide the number by the number of entries and multiply by 5.	
	You can play music during this exercise if you wish.	
	At this time ask the group, does anyone have 25. If yes read it out and then ask does anyone else have a similar themed idea on their cards. If yes collect them and put them in behind the 25. Do this down along the list 24, 23, 22, 21. Do it for the top five scored ideas. Gather the rest of the cards. It can be helpful to have a stapler to hand to staple the grouped cards by their individual themes.	
	Ask everyone to take a seat again and you can recap on the top five.	
	At this time, recommend recapping on what will now happen with the action planning session. Manage expectations are remind the teams that the commitment is to examine the top x ideas and that their ideas will be amalgamated with the ideas from the other listening sessions.	

Approximate timings for staff listening session	Key points	Approximate timings
	For a more detailed version of this exercise see the liberating structure 25/10 (Crowd Sourcing) on liberatingstructures.com	
Evaluation form	Give staff the evaluation form to complete.	3
Contact details	Thank everyone for their time and reiterate next steps...	3
		90
Post implementation	Consider the top three pieces of feedback for discussion, action planning and quality improvement within the setting Enable staff to work on agreed quality improvements Give feedback to staff about the sessions, the progress on suggestions and if it was not possible to commit to something, the reasons why.	

7.1.5. Sample session and case study

Case Study: 'Work Life, Wellbeing and Efficiency: Valuing Voices Programme - Improving Quality Through Staff Engagement'

In 2017, in partnership with the Quality Improvement Division (QID), the Mercy University Hospital commenced the test of a programme called Valuing Voices - the ELIAS Programme Engage, Listen, Inspire, Act and Share.

The programme is designed to build leadership capacity by training and mentoring local facilitators to engage staff and enhance teamwork using a combination of staff listening, action planning and Front Line Ownership techniques. On this occasion the team chose to focus on improving Non Consultant Hospital Doctor (NCHD) Wellbeing. We know from international evidence that when staff are given an opportunity to share their ideas for improvement and act on them, that morale improves. This is in turn linked to improved service user outcomes, mortality and experience. The programme won the Lead NCHD Award in 2017.

The QID Lead Staff Engagement trained and coached four local facilitators (pictured below left to right) including Dr. Megan Alcock and Victoria Collins, Talent Acquisition Specialist, Fiona Lynch, Medical Manpower Manager and Dr. Mortimer O'Connor, Lead NCHD. The programme was based on the simple concept of finding out what staff want to improve and working together to make it happen whenever possible.

Fiona Lynch, Medical Manpower Manager said:

> "NCHD's had the opportunity to engage, their voices were heard, listened to and it was a forum for our NCHD's to make improvements and the hospital to make strides in making their working lives easier".

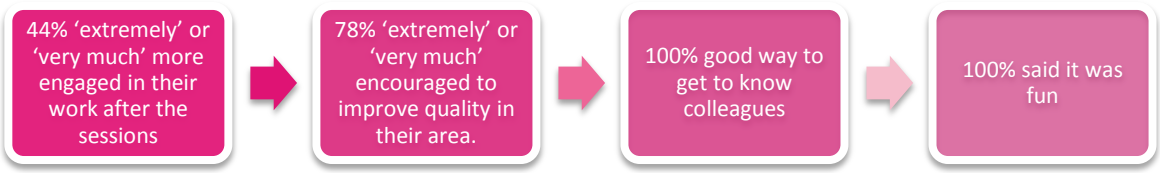


Following the initial training, the team invited NCHDs to attend a listening session where they had an opportunity to share their ideas and suggestions for improvement. 20 NCHDs participated in staff listening sessions with the goal of improving NCHD wellbeing. NCHD selected four areas of greatest interest to develop and twelve NCHDs participated in a follow up action planning session. Using a frontline ownership ethos, the Lead NCHD and Medical Manpower Manager coached 12 NCHDs to act on these themes of

- enhancing the oncall rota and distribution of work on nights and weekend call so that they were less tired dealing with patients,
- improving the practice around the use of bleeps to minimise interruption at the bedside and reduce personal stress levels, and

- improving IT access to computers on the ward so that they could access patient results faster.

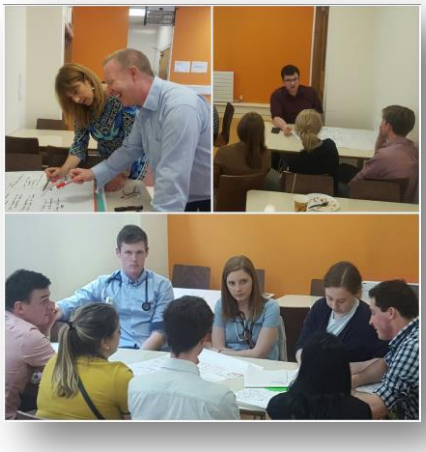
While the focus of the work was to improve NCHD wellbeing, one nursing colleague spoke of "the positive ripple effects" that other staff were experiencing as a result of the programme. The methodology was well received at both the training for facilitators and the staff listening sessions with staff saying following the listening sessions that:



When asked **"What is one thing you will START doing as a result of this work?"** they said:

"Discussing issues with nurses, maybe we could come up with a more efficient way of communicating together"
"Talk about wellbeing more openly with colleagues"
"Engage more with management to change problems"
"Making my suggestions for improvement known"

When asked **"What is one thing you will STOP doing as a result of this work?"** they said:
"Ignoring problems as I'm only temporary"
"Focus on factors uncontrollable".



This feedback is positive as staff have significant potential to make lasting changes in their areas of work. Dr. Mortimer O'Connor, Lead NCHD said:
"The power of the people you work with is the greatest asset on your side when trying to implement change. All colleagues have something to add. The people within the system know the most about the system and what needs improvement and how best to achieve it."

Victoria Collins, Talent Acquisition Specialist told us that:
"I am a great believer in staff engagement as an integral tool for quality and improvement in the workplace… Today's workplace is a tough environment and we must be mindful to take care of each other, Valuing Voices was a wonderful initiative that helped enable us to do just that."

Following the initial listening session, the team moved onto the action planning, implementation and sharing the learning which they did through poster presentations and their local Lunch and Learn session.

For a variation on these approaches you can use the exercise TRIZ to reverse engineer challenges experienced and then explore how to improve the service.

Appendix Four: Sample Staff Engagement Measures

Part A: Work & Well-being Survey (UWES) ©[9]

The following 9 statements are about how you feel at work. Please read each statement carefully and decide if you ever feel this way about your job. If you have never had this feeling, cross the "0" (zero) in the space after the statement. If you have had this feeling, indicate how often you feel it by crossing the number (from 1 to 6) that best describes how frequently you feel that way.

0 Never	Almost never 1 A few times a year or less	Rarely 2 Once a month or less	Sometimes 3 A few times a month	Often 4 Once a week	Very often 5 A few times a week	Always 6 Every day

1. _____ At my work, I feel bursting with energy
2. _____ At my job, I feel strong and vigorous [energetic]
3. _____ I am enthusiastic about my job
4. _____ My job inspires me
5. _____ When I get up in the morning, I feel like going to work
6. _____ I feel happy when I am working intensely
7. _____ I am proud of the work that I do
8. _____ I am immersed in my work
9. _____ I get carried away when I am working

[9] This survey is the Schaufeli & Bakker (2003) Utrecht Work Engagement Scale. Please note the work energetic has been inserted in question two for clarity.

Part B: Healthcare Team Vitality Instrument (HTVI)[10]

The following questions ask you about your current work environment. Circle the number that most closely indicates the extent to which the item is present in your current job:

#	Question ☹ ☺					
	Please circle the correct numeric response to each question **Survey Scale: 1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree**					
1	I have easy access to the supplies and equipment I need to do my work on this unit.	**1**	**2**	**3**	**4**	**5**
2	The support services to this unit respond in a timely way.	**1**	**2**	**3**	**4**	**5**
3	I can discuss challenging issues with care team members on this unit.	**1**	**2**	**3**	**4**	**5**
4	My ideas really seem to count on this unit.	**1**	**2**	**3**	**4**	**5**
5	I speak up if I have a patient safety concern.	**1**	**2**	**3**	**4**	**5**
6	Care team members on this unit feel free to question the decisions or actions of those with more authority.	**1**	**2**	**3**	**4**	**5**
7	Important patient care information is exchanged during shift changes.	**1**	**2**	**3**	**4**	**5**
8	If I have an idea about how to make things better on this unit, the manager and other staff are willing to try it.	**1**	**2**	**3**	**4**	**5**
9	Care professionals communicate complete patient information during hand-offs.	**1**	**2**	**3**	**4**	**5**
10	Essential patient care equipment is in good working condition on this unit.	**1**	**2**	**3**	**4**	**5**

[10] Please note Part B is adapted from the Healthcare Team Vitality Instrument by Betsy Lee and Valda Upenieks, August 2007

Part C: Professional Quality of Life Scale (PROQOL)[11]
Compassion Satisfaction and Compassion Fatigue (ProQOL) Version 5 (2009)

When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

1=Never 2=Rarely 3=Sometimes 4=Often 5=Very Often

1. _____ I am happy.
2. _____ I am preoccupied with more than one person I [help].
3. _____ I get satisfaction from being able to [help] people.
4. _____ I feel connected to others.
5. _____ I jump or am startled by unexpected sounds.
6. _____ I feel invigorated after working with those I [help].
7. _____ I find it difficult to separate my personal life from my life as a [helper].
8. _____ I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].
9. _____ I think that I might have been affected by the traumatic stress of those I [help].
10. _____ I feel trapped by my job as a [helper].
11. _____ Because of my [helping], I have felt "on edge" about various things.
12. _____ I like my work as a [helper].
13. _____ I feel depressed because of the traumatic experiences of the people I [help].
14. _____ I feel as though I am experiencing the trauma of someone I have [helped].
15. _____ I have beliefs that sustain me.
16. _____ I am pleased with how I am able to keep up with [helping] techniques and protocols.
17. _____ I am the person I always wanted to be.
18. _____ My work makes me feel satisfied.
19. _____ I feel worn out because of my work as a [helper].
20. _____ I have happy thoughts and feelings about those I [help] and how I could help them.
21. _____ I feel overwhelmed because my case [work] load seems endless.
22. _____ I believe I can make a difference through my work.
23. _____ I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].
24. _____ I am proud of what I can do to [help].
25. _____ As a result of my [helping], I have intrusive, frightening thoughts.
26. _____ I feel "bogged down" by the system.
27. _____ I have thoughts that I am a "success" as a [helper].
28. _____ I can't recall important parts of my work with trauma victims.
29. _____ I am a very caring person.
30. _____ I am happy that I chose to do this work.

[11] Please note Part C is from B. Hudnall Stamm, 2009-2012. Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL).

Appendix Five: Sample Plan Do Study Act Template

Date:		**Cycle:**	PDSA One

Aim: (Big = what is the overall goal you are trying to achieve? Small= what is the first step?)

Big aim:			
Small aims:			
Describe what your first test of change will be (*Every goal will require multiple tests of change)*	**Person responsible**	**When will the test take place?**	**Where will the test take place?**

Plan:

List the tasks needed to set up this test of change *(include getting ready to measure)*	**Person responsible**	**When to be done?**	**Where?**
Predict what will happen when you carry out your test	**How will you know whether the change is an improvement?** *(What will you measure and how?)*		
1.	**Measure A:**		

Do:

Describe what actually happened when you ran your test *(note any unexpected events or problems)*

Study:

Describe your results and how they compared to your prediction	
1.	
2.	
3.	•
4.	•
5.	•
6.	•
7.	
8.	•
9.	•
10.	
Measures	

Act:

From your learning above, what modifications you will make to your plan for the next cycle of tests	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Appendix Six: Sample Sign in Sheet

Date: Time: Location: _____

Name	Department	Email address *Please use block capitals*	Please tick which staff group you are part of:					
			General Support	Health and Social Care Professional	Management / Admin	Medical / Dental	Nursing / Midwifery	Other

Appendix Seven: Checklist to support health care services in the preparation for Valuing Voices Programme

In advance of completing the Valuing Voices programme, please complete the following document.

Prompt question for consideration	Comments
Diagnosing the current engagement processes	
1. Are there current initiatives in place in the setting for engaging staff?	
2. If yes, please specify	
3. If there were previous methods used, please specify what they were, when they ended and why.	
4. If applicable how does the service measure itself against the Mental Health Commission National Standards for Mental Health Services or the HIQA Standards for Safer Better Healthcare 2012 relating to staff engagement?	
Gaining commitment to the vision	
5. Is there board level/senior management level commitment to implementing the Valuing Voices Programme for quality enhancement?	
6. How will the service promote the sessions to staff e.g. via newsletters team meetings, intranet, special interest meetings, governance meetings, quality and risk committees or any other suitable existing forums?	
7. How will managers give visible and verbal support to the sessions i.e. how will senior management support be evident to staff working in the service?	
8. Has a key lead / champion for driving this process been identified? e.g. key contact for liaising with senior management, staff, arranging venue, follow up etc.	
9. Are senior managers in all areas willing to release staff to attend?	

Prompt question for consideration	Comments
Developing an action plan and implementing change	
10. Will staff be released to participate in the action planning and follow up?	
11. Do senior management make a pledge to consider the top three pieces of feedback for discussion, action planning and quality improvement within the setting? (this is not limited to three – however, we focus on three to make it realistic).	
12. Do senior management commit to enabling staff to work on agreed quality improvements – this includes providing advice and guidance and relinquishing control to create an environment so that staff can act.	
13. Do senior management commit to giving feedback to staff about progress on suggestions and if it was not possible to commit to something, the reasons why?	
Assess and reinforce the change	
14. How will the service share the learning from listening sessions with staff?	
15. Do senior management commit to continuing engagement with QID and providing a progress report regarding follow up?	

We understand that information will be shared via Inspire regarding the listening sessions and that corporate suggestions may be presented at the leadership team and via the Inspire Hub for organisational action and learning.

Through our participation and commitment to the listening sessions, it is our intention to further develop an environment which values staff by listening, empowering and enabling them to continuously improve the care they provide.

Hospital Manager / Senior leader _____ **Executive Clinical Director** _____

Date _____ **Date** _____

Appendix Eight: Sample Preparatory Checklist

Note	Local	Other
Preparation		
▪ Name and telephone number of contact for the room		
▪ Map/Directions required		
▪ Data gathered on location		
▪ Checklist signed and agreed		
Check the following:		
▪ Rooms are booked and available for set up one hour in advance of the training		
▪ Capacity		
▪ Heating / ventilation / air conditioning		
▪ Suitable chairs and tables		
▪ Lighting		
▪ Background noise		
▪ Access		
▪ Facilities (toilets, fire exits)		
▪ Acoustics – is a microphone necessary?		
▪ Power outlets		
▪ Extension leads required / provided?		
▪ Distractions on walls / outside		
▪ Car parking		
▪ Availability of training aids – flipchart / projector etc.		
▪ Signage required for the rooms		
▪ Refreshments - to be ordered locally, to be paid for by QID		
▪ Screen to project onto		
Have the attendees been advised:		
▪ Start time and duration		
▪ Preparation		
▪ Venue		
▪ Map to location and parking facilities		
▪ High level context for session		
▪ Have they been issued with a reminder?		

Note	Local	Other
Equipment / Materials		
▪ Projector, laptop and speakers		
▪ Power extension lead		
▪ Flipchart paper / boards		
▪ Flipchart markers		
▪ Pens		
▪ Name tags / labels		
▪ Labels		
▪ Bluetack		
▪ Lollypop sticks		
▪ Stars		
▪ Stapler		
▪ Mini eggs		
Facilitators		
▪ Copy of material		
▪ Correct presentation saved onto laptop / memory stick		
▪ Map with directions to location		
▪ Meeting time for location arranged		
▪ Individual responsibilities before, during and after the presentation agreed and communicated		

Appendix Nine: Notes for Senior Management Team member opening the Staff Listening Session

Thank you for attending today's session.

Purpose
We want to strengthen and improve how we listen to staff suggestions for quality improvement.
We want to listen to your experience of working in the services and their ideas on how to improve services.

Acknowledgement
We recognise

- the importance of the role of all staff in quality improvement
- the effort and work you do on a daily basis
- your involvement in continuing to improve how services are delivered often in very challenging situations.

We know that a number of staff here today may have given feedback via *Patient Safety Culture surveys or the Health Services Employee Survey* (which was managed by HR).

Both of these surveys tell us that staff don't feel heard and more importantly the low uptake of the survey is a possible indicator that staff morale may be low and you don't feel as supported by the organisation as you should.

We do a lot of work well and we need to recognise the positive in our work.

However, we also know that staff have solutions to many of the challenges they come across daily and we know from recent national reports and from complaints management that staff have in many cases identified those challenges before they became serious incidents.

How will the Listening Sessions work?
Each listening session will be facilitated by XXXX

We'll ask you to share what you think is working well, what you think can be improved and any barriers to improvement that you can see.

There are refreshments so help yourself. The team will ask you to decide the top three things you want to see change.

What will happen with the information?
Following the sessions, the facilitators will present all of the information to XXXXXXX for discussion, action planning and quality improvement with you.

The Executive Management Board, have pledged to examine all of your feedback, to review the top three suggestions you make and to work with you do something about them where possible. We have also pledged to keep you informed about what happens with the top three suggestions and give you feedback on the sessions overall.

I'd like to encourage you to speak freely – this is your opportunity and we look forward to hearing your suggestions and very much thank you for attending today and the time you've given to come.

Thank you.

Appendix Ten: Useful Resources

- Framework for Improving Quality in Our Health Service http://www.hse.ie/eng/about/Who/qualityandpatientsafety/qpsfocuson/Framework-for-Improving-Quality-in-Our-Health-Service.html
- Healthy Ireland Strategy
- HIQA Standards (HIQA,2012) https://www.hiqa.ie/standards/health/safer-better-healthcare
- People Strategy 2015 -2018 http://www.hse.ie/eng/staff/resources/hrstrategiesreports/peoplestrategy201518.html
- HSE Corporate Plan 2015 – 2017 http://www.cuh.hse.ie/Careers/HSE-Corporate-Plan-2015-2017.pdf
- HSE People's Needs Defining Change
- HSE Service Plan 2017 https://www.hse.ie/eng/services/publications/
- Report of the Quality and Safety Clinical Governance Development Initiative (2014) https://www.hse.ie/eng/about/Who/qualityandpatientsafety/Clinical_Governance/CG_docs/SharingOurLearningfinal.pdf

Some useful websites include:

- HSE
  National Staff Engagement Forum https://www.hse.ie/eng/staff/staff-engagement/
  Quality Improvement Division www.staffengagement.ie
  www.workwell.ie
  http://www.hse.ie/eng/about/Who/qualityandpatientsafety/About_QPS/
  http://www.hse.ie/eng/about/Who/qualityandpatientsafety/resourcesintelligence/
  http://www.hse.ie/eng/about/Who/qualityandpatientsafety/Clinical_Governance/Walk-Rounds/
- Health Foundation
  Creative Approaches to Problem Solving toolkit https://q.health.org.uk/get-involved/creative-approaches-problem-solving-caps/
- Institute for Healthcare Improvement www.IHI.org in particular Joy at Work Framework
- Kings Fund www.kingsfund.org.uk
- Liberating Structures www.liberatingstructures.com
- NHS
  https://improvement.nhs.uk/resources/culture-and-leadership-programme-phase-2-design/

- NHS Employers Agency
  http://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/staff-engagement
  School for Healthcare Radicals
  Culture and Leadership Programme phase 2 Design
  https://improvement.nhs.uk/resourcesculture-and-leadership-programme-phase-2-design

- Point of Care Foundation www.pointofcarefoundation.org.uk

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Thanks to all involved in the development of this toolkit.

Act with integrity
Encourage your team to get to know each other - meet in person where possible
Communicate - tell each other what's happening
Ask, listen, hear and respond - know what's important to colleagues
Trust each other - include people in decisions that affect them
Encourage each other to act on your ideas and be there to help each other
Take your breaks and look after your own wellbeing
Say thank you!!

Contact us

If you are interested in speaking with a member of the National Staff Engagement Forum just let us know and we can connect you.

Find us on: www.staffengagement.ie #engaginghealthstaff #SchwartzRounds or contact us on:

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We'd love to hear from you if you have ideas you would like to share with us or you are interested in learning more about ways to engage staff to improve quality.