

Staff involvement to improve the NHS

Introduction

On 16 May 2013, with the participation of [NHS Employers](#), Public World held a roundtable for invited National Health Service policy and practice leaders and staff side representatives in England to discuss how staff involvement could improve employee engagement, service quality and resource use.

The event was stimulated in part by publication of the [Francis Report](#) in February this year, following the public inquiry into the causes of care failures at Mid Staffordshire NHS Trust. The Francis Report ran to more than 2,000 pages and 290 recommendations, but in convening the roundtable, we referred in particular to paragraph 1.118, which states: “The patient must be first in everything that is done: there must be no tolerance of substandard care; **frontline staff must be empowered with responsibility and freedom to act in this way** under strong and stable leadership in stable organisations.” (Our emphasis.)

The central question explored at the roundtable was what it means to enable staff to have the *freedom to exercise more responsibility to put the patient first*. How can that be done in practice in hierarchical, multi-professional organisations delivering care services in a highly political environment at a time of increasingly constrained resources and structural change?

The roundtable took place over a full morning. The first half was devoted to exploring the participants’ perceptions of the current condition of the NHS, their visions of where they would like it to be, and ideas for getting from here to there. Some of the session was conducted in plenary but most was in small groups. The second half was a workshop about staff involvement led by Lars-Åke Almqvist of Public World’s Swedish partner, Alamanco.

A social enterprise originally created by the public service workers union Kommunal, Alamanco has 20 years experience of staff involvement projects to improve employee engagement, service quality and resource use, mainly in the health and social care sectors. This experience has been distilled into a methodology with a name that translates into English as The Best Workplace. Following the roundtable, Public World is now offering training and consultancy services in [The Best Workplace](#) approach in Britain.

Public World works to improve jobs, livelihoods and quality of working lives in ways that also improve democratic governance and public service quality and productivity.

We offer research, consultancy and training services to our clients in the public, private and voluntary sectors, in Britain and internationally.

In an exclusive partnership with Alamanco, Public World is now offering training and consultancy services in The Best Workplace approach to providers of health and social care in Britain.

For further information and to arrange to discuss how we can help you, please write to managing director Brendan Martin at admin@publicworld.org

www.publicworld.org

public
world
democracy at work

The roundtable was conducted under a modified form of the Chatham House Rule, which reads: “When a meeting, or part thereof, is held under the Chatham House Rule, participants are free to use the information received, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed.” Our modification, agreed at the outset among the participants, was that the identity of the participants could be revealed, but no particular point would be attributed to any particular participant. We agreed that this struck the right balance between the principles of transparency and openness, encouraging candour in a responsible context.

We were fortunate to attract to the event some highly insightful and experienced people with a fascinating variety of points of view, and to receive very positive feedback from them about the value of the event. The list of participants is attached as Appendix 1.

After this introduction, this report is in four sections. The first, second and third try to capture the key points made by participants during the whole morning, without attribution, in a way that reflects the structure of the discussion, looking in turn at:

- Where are we now?
- Where do we want to get to?
- How do we get there?

We have reproduced these points in the raw form in which they were recorded on openly displayed whiteboards and flip charts. We reproduce them in that form to deliberately avoid putting too much of our own interpretation on them, although of course the process of recording itself introduces some degree of subjectivity.

The fourth section of the report outlines [The Best Workplace](#) approach as presented and discussed at the workshop.

Where are we now?

The NHS -- as it is and as it is changing

- As the NHS develops with a mixture of providers, will they share an identity?
- What is the role of Monitor and CQC as the NHS changes?
- There is professional ‘tribalism’ in the NHS.
- Some of the problems in the NHS derive from the hierarchies within it.
- The increasingly adversarial nature of how we solve problems (through litigation, for example) is having a negative effect on the culture.
- I have no time to ask what am I doing here, never mind why!
- What is the roll of appraisal, and the effect of individual rather than team appraisal?
- Staff do their best and are highly committed.
- Staff are largely well regarded by patients.
- It is a pleasure to work in the NHS.
- Too much change impedes improvement.
- What is the impact of constant political scrutiny?
- The service is overwhelmed by regulation and structural change.

- What is the impact of economic pressures?
- How can those pressures be dealt with safely?
- Core/periphery tensions not good for continuity and care.

The NHS narrative

- How has the narrative about the NHS changed after Francis?
- The Department of Health is giving mixed messages.
- Is the Secretary of State giving the right signals, particularly by attacking nurses, GPs and other staff?
- If we could see the NHS as others see it abroad we would see it as a success.
- It says something that Don Berwick (safety tsar) praises Obamacare, “which leaves only 30 million people still in the gutter of no coverage”: shows how much better off we are.
- As a result of Mid Staffs, and the changing narrative that has resulted, patients and carers are responding to problems by demanding to see CEO, or filming the interaction. This is putting extra pressure on staff and changing the culture in negative ways.
- Have we got it right at board level? Many NEDs not providing scrutiny effectively.
- The Secretary of State is promoting a culture of fear.
- We need to change the language. For example, government ministers should stop saying health care workers are coasting or lacking in compassion, or calling people who raise concerns trouble makers.
- Conspiracy theory: If the government succeeds with a narrative of “NHS is broken” it paves the way for privatisation.

Staff involvement/engagement and culture

- We should use the term engagement rather than involvement.
- Involvement implies a more active role than engagement.
- The lack of nurses on boards is a problem, like the loss of the voice of specialist engineers when British Rail was privatised.
- Tensions between professional accountability and management systems.
- Tensions between regulatory framework and need for duty of candour and open culture.
- There is a widespread acceptance of ‘engagement’ in principle.
- Data is used by staff to inform practice and by external agencies to monitor it: a tension?
- What is the relationship between organisational culture and individual culture?
- This is a good time to be promoting and doing staff involvement/engagement.
- People who have been affected by care failures or who have suffered for raising concerns need reparation and accountability.
- How do we value care plus compassion?

Where do we want to get to?

- Support for NEDs so that they know their role better.
- People who raise concerns must receive feedback and there must be public exposure of the concerns.
- The frontline must know who is at the top table -- e.g. CEOs walking the patch.
- Staff having more control over their work.
- Find the good, praise the good -- not criticise and punish.
- Focus on the problem we need to solve rather than blame culture.
- Creation of more teams comprising specialists and generalists.
- Increased trust.
- Dealing effectively and openly with mistakes.
- Less competition between clinical and management leadership.
- Good leadership that finds out what is going on in the organisation and encourages feedback and learns from it.
- Adequate staffing levels.
- A culture of problem solving and leadership support for it.

How do we get there?

National

- We need good news stories -- changing the narrative.
- What makes success? Francis has 290 recommendations about what went wrong, but where are the recommendations about what goes well and why?
- Build on the staff survey.
- Relaunch NHS constitution.
- Use international evidence of impact.
- Where things go well replicate -- e.g narrative in NHS based on problems such as loss of out of hours services.
- Promote good practice, learn from experience.
- Promote ideas via taskforce.
- Promote best practice about making actual improvements.

Boards and Executive leadership and management

- Learn lessons from the National Institute on 'Productive Ward'.
- Consider the role of boards and identify supportive NEDs.

- Enable the voice of the voiceless to be heard.
- Supporting staff in dealing with the emotional and psychological impact of their work (e.g. Schwartz rounds).
- Sponsor and evaluate new engagement methods.
- Ask staff:
 - what do you like about working here?
 - what don't you like?
 - what would you do if you were CEO?
- Incorporate work on leadership development into staff involvement/engagement process.
- Develop mechanism for feedback influencing decision-making.
- Gather evidence of positive impact.
- Make the case for improved staff involvement/engagement post-Francis.
- Link up with Engage 4 Success and use their 'enablers'/'drivers'.
- Develop specific techniques to enable staff to develop ideas in team-based ways.
- Enable staff voice processes such as in the Best Workplace approach.
- Trial/pilot Best Workplace model.
- Set an example ourselves.
- Use new methods heard today.
- Start with individual units.
- Reflect on own practice.
- Identify lessons learnt by reflection and good practice to share.
- Create the team you want, as an example to others.
- Use 'mobilisation' -- social movement techniques.

The Best Workplace approach

Introduction

The Best Workplace is a model of workplace partnership between managers, professionals and other staff in health and social care services. Its general principles apply to other services too, but it was developed mainly in the health and social care environments, in Sweden, over a 20 year period.

Unlike some employee engagement approaches, it does not pretend that all stakeholders have identical interests. On the contrary, starting from the reality that there are inevitable and unavoidable tensions between different interests, The Best Workplace develops relationships to resolve those that can be resolved through the process while enabling others to be identified openly and dealt with through other appropriate channels, or lived with.

The aim is to improve resource use and care standards in ways that also improve working lives, job satisfaction and staff wellbeing. The route is to build a culture of mutual respect for the legitimacy of other points of view and to identify and build on shared values to overcome differences of perspective and achieve collectively agreed goals.

The premise is that the results of an organisation's work depend a great deal on its health and the health and wellbeing of its workers. The staff are the most important resource of the organisation. That is said so often that it can sound trite -- but we have to keep coming back to the fact that it is true and fundamentally important.

If the organisation suffers from a lot of frustration, powerlessness, unhappiness and many unresolved conflicts, this will undermine its efficiency and effectiveness. In an effective and healthy organisation, staff are able to develop as individuals while working in teams. Good cooperation comes from respect for each other's differences and understanding that we all produce each other's working environment.

Open communication

The Best Workplace approach helps to build a climate of open communication in which everyone learns to resolve conflict constructively and to focus on how to resolve concrete problems in daily work. Raising challenging issues is welcomed, and processes are developed for resolving them in collegiate ways.

In an effective organisation there is alignment between management and other staff about division of responsibility between the individual, the team and the rest of the organisation, and how each and every member of staff relates to the patient or client. That is what the Best Workplace approach strives to achieve by enabling processes of dialogue that lead to decisions about action, and by enabling organisations to learn from that action and deliberate about how to make continuous improvement.

As Lars-Åke Almqvist puts it:

“Managers and workers, workers and other workers, and we as human beings feel, think and act in a variety of ways. This can be seen as a problem but it is natural -- in fact, it is a great asset if we learn to use our differences in the right ways.

We need to reach beyond our own opinions -- we can learn to listen to others and cooperate to create common solutions. You don't have to lose face simply because you accept that a fellow worker -- including a more junior worker -- has a better idea of how to solve a problem!

An important aim of this approach is to develop better cooperation and in order to cooperate you have to develop a common view about the task and what is needed to succeed.

We need to be trained in ways of cooperation and many research projects have shown that there are basically the same factors that make us cooperate in a better way that makes us happy, healthy and effective at work.”

Using time more effectively

The Best Workplace approach helps all staff to analyse how they use time and to make better use of it by dividing it into three categories:



GREEN: delivering service to the patient or client.



YELLOW: learning, preparing, planning, researching, evaluating, thinking, developing.



RED: wasting time on doing the wrong things or doing them in the wrong way.

The method has evolved through scores of workplaces projects that have shown that the effective use of working time is determined by five factors:

- Alignment of values, attitudes, purpose and mission among all staff.
- Alignment between management and workers about the tasks of the organisation and the benefits to be provided by services.
- Alignment between management and workers about staffing levels, timing and use of working time.
- Managers in the organisation working purposefully to enable involvement and develop cooperation to reach common goals.
- Management and workers having the skills they need to carry out the tasks for which they are responsible.

Five elements of the methodology

The Best Workplace methodology sets out to achieve those alignments through a process that has five key elements:

To create confidence and trust: Feeling vulnerable is normal, but there are different ways of dealing with it. Some are defensive or cautious, while others can be aggressive or complacent. Accepting our own vulnerabilities and those of others means being open about them but also putting personal conflicts aside and learning to listen to each other.

To focus on common results: Effective teams have clear common goals and these goals are built on a holistic view that cover finances and the quality of both services and the working environment. They put the service user first but in a way that enables quality standards to be maintained in the most cost-effective way.

To dare to resolve conflicts: Resolving conflicts constructively is a way of growing together and increasing trust in each other. There is no purpose in chasing after scapegoats or focusing on who is at fault. Instead what is needed is to face the reality of problems, focus on solutions and plan how to achieve them.

To carry out the decisions that have been made: Groups that are good at cooperating manage both to take decisions and to carry them out promptly, and to learn from both success and failure. They have open processes so that everyone is heard -- but once a plan is reached all agree to carry it out and learn together from that how to improve it.

To take responsibility and demand it of others: Effective teams work systematically with feedback. It is a natural part of their cooperation to challenge each other supportively about how decisions that have been made are actually carried out and how goals are followed up. They learn, they act, and they learn more.

A series of five workplace meetings

The Best Workplace approach is realised through a series of workplace meetings in which groups of around eight workers meet five times over a six month period. They use Visual Dialogue techniques to establish a clear common picture of:

1. Where we are now: The group talks about expectations and worries with The Best Workplace project; agree how to behave towards each other during the process; talk about the tasks of the process and the benefits it is to produce for service users; and analyse the strengths and weaknesses of their current situation.
2. Where we want to get to: The group creates a vision about what they want their future to be, what improvements are needed, what the obstacles are, what should not change and what does need to change.
3. How to get there: The group tackles the questions: Which areas need to be improved most urgently? How can we make better use of existing resources? How are we using our working time? How could we use it better? What resources are needed that we don't have?
4. Developing an Action Plan: The group formulates goals and determines activities, decides on responsibilities, time limits and evaluation; sets priorities; assesses what would happen if nothing was done and what success would look like.
5. Evaluation and follow up: About four months after developing the action plan the group follows it up by talking about how the work has developed, whether the action plan needs to be added to or changed, and what lessons can be learnt.

More step-by-step detail about the process can be found in our outline of [The Best Workplace](#) approach.

Conclusion

Public World is now working with NHS Employers to develop pilot projects in The Best Workplace in NHS hospitals during 2014. If you would like to take part in such a project, or to discuss the approach in more detail, please contact our managing director, Brendan Martin, via admin@publicworld.org. We look forward to hearing from you.

© Public World Ltd.

Public World,

34b York Way,

London N1 9AB.

www.publicworld.org

admin@publicworld.org

public
world
democracy at work

Appendix 1

Roundtable 16 May 2013 -- Hub Westminster -- Attendance list

<i>Last name</i>	<i>First name</i>	<i>Organisation</i>	<i>Position</i>
Adgie	Gill	Royal College of Midwives	Northern Team Manager
Almqvist	Lars-Åke	Alamanco	Chief Executive
Beach	Jane	Unite the Union	Professional Officer for Regulation in the Health Sector
Brown	Shona	Barts Health NHS Trust	Director of Organisational Development
Catton	Howard	Royal College of Nursing	Head of Policy and International
Cochrane	Paul	Public World	Associate Consultant
Cornwell	Jocelyn	Point of Care Foundation	Director
Fitzsimmons	Beverley	Point of Care Foundation	Programme Manager
Foster	Andrew	Wrightington, Wigan and Leigh NHS Foundation Trust	Chief Executive Officer
Gayle	Elsie	Independent Midwives Association	
Henderson	Alastair	Academy of Medical Royal Colleges	Chief Executive
Hills	Emma-Louise	Public World	Associate Consultant
Ingham	Nicky	Bolton NHS Foundation Trust	Director of Workforce and Organisational Development
Johnson	Nick		Independent consultant
Kline	Roger	Public World	Associate consultant
Lees	Peter	Faculty of Medical Leadership and Management	Director
Lewis	Mary	NHS South Central	Strategic Workforce Planner
Makonyola	Grace		Independent consultant
Martin	Brendan	Public World	Managing Director
Restell	Jon	Managers in Partnership	Chief Executive
Sagoe	Augustine		Independent consultant
Saville	Eddie	Hospital Specialists and Consultants Association	General Secretary
Weeks	Steven	NHS Employers	Policy Manager