



NHS CONFEDERATION



# NEW CARE MODELS AND STAFF ENGAGEMENT: ALL ABOARD



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# FOREWORD

I sometimes have to remind myself that the new care models programme has been running for less than 18 months. So much has happened since the first vanguards were chosen back in March 2015.

What started with integrated primary and acute care systems, enhanced health in care homes, and multispecialty community provider vanguards has grown to include urgent and emergency and acute care collaboration vanguards.

While the *Five Year Forward View* set out the vision of a future marked by better outcomes and experiences for patients, residents, and users, and greater sustainability, it is the individual vanguards who are leading and delivering that change for the people they serve. It is the vanguards who are transforming care and it is the role of the NHS arm's-length bodies who sponsor the Forward View to support them to do that and to share their learning more widely.

In my role as director of the new care models national programme I have had the privilege of hearing in detail about the work of all the vanguards and of visiting many of them. It's no secret that achieving transformational change is difficult. But what has struck me again and again is just how crucial it is that staff, including clinicians, are effectively engaged in and empowered to lead the development and delivery of new care models.

This was no surprise to me. There needs to be a compelling story for change that people can buy into – often centred on the difference it will make for patients, residents, and service users – and frontline clinicians and staff need to be supported to help design and deliver it. The service is struggling to cope with demand; we cannot afford to do more of the same and now is the time to be creative and trial new solutions to existing challenges.

So I've been greatly encouraged on my travels to see the steps many vanguards – including the four featured in this publication – have taken to ensure their staff are effectively engaged in new care models. Whether in the community or in the emergency department, whether with full-time paid staff or with volunteers, vanguards are finding ways to put people at the heart of change.

There is undoubtedly a need for all staff across the NHS and social care to get involved and rise to the challenges outlined in the Forward View and lead the way in helping to innovate and transform services to ensure that our current health system is fit for the future. I hope this publication gives you plenty of ideas about how you too can ensure the staff in your organisation are effectively engaged in making new care models a reality.

## **Samantha Jones**

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New Care Models Programme – Five Year Forward View

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# STAFF AT THE HEART OF NEW CARE MODELS

## WHY DOES STAFF ENGAGEMENT MATTER?

There is strong evidence that a high level of staff engagement is linked to better quality of care for patients. Indeed, the level of staff engagement as reported in the NHS staff survey has long been recognised as one of the most reliable indicators of quality, including by the Care Quality Commission. This is supported by extensive academic research which has consistently found a correlation between staff who are highly engaged and a number of quality indicators. This will ring true for anybody who has worked in the health and care system, particularly if they have observed very good or very poor care.

Staff engagement and satisfaction in the social care sector are not yet measured on an annual sector-wide scale, although the 2014 Commission on Residential Care called for this to be put in to practice.<sup>1</sup>

Research on employee engagement and NHS performance carried out by Professor Michael West and Jeremy Dawson in 2012 found a clear link between staff engagement and outcomes within NHS trusts:

“The more positive the experiences of staff within an NHS trust, the better the outcomes for that trust. Engagement has many significant associations with patient satisfaction, patient mortality, infection rates, Annual Health Check scores, as well as staff absenteeism and turnover. The more engaged staff members are, the better the outcomes for patients and the organisation generally.”<sup>2</sup>

A report by The King’s Fund in 2015 confirmed this finding:

“Trusts with more engaged staff tend to have lower levels of patient mortality, make better use of resources, and have stronger financial performance and higher patient satisfaction, with more patients reporting that they were treated with dignity and respect.”<sup>3</sup>

In the day-to-day reality of delivering health and social care, the experience of employers bears this out. Organisations in both the public and private sectors report significant benefits from improving their levels of employee engagement, including:

- + increased productivity
- + higher quality
- + greater innovation
- + better customer service.<sup>4</sup>

Former mental health trust chief executive Steve Shrubbs has put it in words that all of us can relate to:

“The one fundamental factor that decides whether you provide good care or not is how engaged, how supported, if you like how loved, your staff feel. If you can get the staff feeling engaged, informed, involved and cared for then you will deliver good, efficient care and that is what you can do as a CEO.”<sup>5</sup>

The principle then is simple. People who feel committed to the organisation they work for, to their colleagues, patients and communities, will go the extra mile to do their jobs well. If you show that you value people, you will get the best out of them.

## STAFF ENGAGEMENT AND THE NHS FIVE YEAR FORWARD VIEW

When NHS leaders were asked to sum up the best thing about the NHS in one word, more than a third responded: “people”.<sup>6</sup> England is proud of its National Health Service, and rightly so. The staff who work for it are the embodiment of that pride. The sense of identity and belonging that comes from working in the NHS is powerful and should not be underestimated. However, there is sometimes a risk – in the absence of effective engagement – of existing ways of working becoming entrenched, or of a sense that ‘our way’ of doing things is the only way. This can undermine attempts to change the way services are run.

Making new care models a reality across the health, care and voluntary sectors depends on people. The NHS *Five Year Forward View* recognised this: “Healthcare depends on people — nurses, porters, consultants and receptionists, scientists and therapists and many others. We can design innovative new care models, but they simply won’t become a reality unless we have a workforce with the right numbers, skills, values and behaviours to deliver it.”<sup>7</sup>

What is more, people who work in the health and care system want to do the best for the people they care for, but a workforce that does not feel involved in planned changes or does not believe the changes

are the best thing to do can mean that it doesn’t happen. The Forward View acknowledges that realising its vision for new care models:

“will require a greater investment in training for existing staff, and the active engagement of clinicians and managers who are best placed to know what support they need to deliver new models of care.”<sup>8</sup>

This is why staff must be at the heart of new care models, and why this publication brings together the experiences of four vanguards who are putting staff at the centre of the changes they are making. They are:

- ✚ All Together Better Dudley (multispecialty community provider)
- ✚ Barking and Dagenham, Havering and Redbridge System Resilience Group (urgent and emergency care)
- ✚ Better Care Together – Morecambe Bay Health Community (integrated primary and acute care system)
- ✚ East and North Hertfordshire Clinical Commissioning Group (enhanced health in care homes).

We hope that the case studies will be a valuable resource for others who are working with partners in their local areas to develop transformational and lasting change, and want staff to lead the way.

# ALL TOGETHER BETTER DUDLEY

## WHAT IS THE LOCAL CONTEXT?

The challenges facing the health and care system in Dudley mirror those throughout England:

- ✚ 1 in 5 people in Dudley have a limiting long-term illness
- ✚ a quarter of early deaths (aged 40-59) are due to smoking, obesity, cardiovascular disease and lack of physical activity
- ✚ in two decades' time there will be 25,100 more people aged 65+ and 9,900 more aged 85+
- ✚ 20 per cent of single person households are in 60+ age group

All Together Better Dudley is a partnership of the following organisations: Dudley Clinical Commissioning Group (CCG), Dudley and Walsall NHS Mental Health Trust, Dudley Group NHS Foundation Trust, Black Country Partnership NHS Foundation Trust, Dudley Council for Voluntary Services, Dudley Metropolitan Council Services and local GPs. Its aim is to effectively address the challenges listed above and establish a sustainable care model for its current and future community.

## WHAT IS THE CARE MODEL?

The vanguard encompasses more than just health and care, and is designed to support and sustain communities, in partnership with the voluntary sector, and enable people to play a fulfilling role within their local areas. Staff engagement has played a key role in establishing the model.

As part of the model, the vanguard – a multispecialty community provider – brings together GPs, specialist and community nurses, social workers, mental health services and voluntary sector link workers. It has developed a network of integrated multidisciplinary teams working together as 'teams without walls', taking shared responsibility for delivering joint outcomes centred around the person registered with their GP practice.

## HOW HAVE THEY DONE IT?

The partners in the vanguard have placed a strong emphasis on empowering staff to lead service changes so that people and communities are at the centre of making informed decisions about their health.

A primary care development programme has been put in place which focuses on quality improvement and aims to improve practice efficiency; knowledge and skills for clinical and non-clinical staff, relationships and morale; leadership, change management and communication skills; and help to create and embed the skills within primary care to lead and manage change.

Primary care infrastructure and workforce development have also been carried out in partnership with primary care staff. As a result, a model of healthy living pharmacies and opticians are available in the borough and plans are ongoing to extend these to general practice.

In order to develop and evaluate the new care model, All Together Better Dudley partners have sought to develop a collective understanding of its context, scope and boundaries. This has been achieved in part through a range of engagement activities with staff, services users and stakeholders, and primarily by holding in excess of 50 listening exercises and 'activate' sessions.

To understand the impact of the vanguard model, the partnership is working with an evaluation and research partner over a two-year period to gauge the change for staff and service users. The evaluation involves a specific piece of work with an academic research organisation to provide independent authentication on particular elements on the model (system development and the frail elderly pathway).

Additionally, the partnership is conducting 360-degree surveys to understand, set a baseline and track opinions on care provision and ensure changes to the way care is planned and delivered do not have a negative impact on the confidence that people have in local services.

In the past, Dudley CCG has used a CQUIN to measure staff satisfaction based on the American Association for Healthcare Research and Quality. The CQUIN assisted in the understanding of the patient safety culture as a means of influencing staff satisfaction. It will continue to build on this approach using nationally reported staff surveys to focus efforts and engagement.

Over the coming year, priorities include promoting staff engagement and a series of 'design jam' sessions and workshops. These are based on human-centred design and are intended to help unlock staff ambition, bring fears into the open and harness the energy of staff to create a future that supports health and wellbeing for staff and the new models of care. This process is underpinned by an empowerment methodology which enables staff to be involved from the outset of change and encourages the sustainable behavioural and cultural changes that are required.

The vanguard has been selected by the Social Care Institute for Excellence to be a site in their Changing Together work. This programme aims to examine how best to have constructive conversations on the 'wicked issues' of new care models.

Feedback from staff on the new ways of working has been broadly positive:

✚ "The new integrated way of working has helped me: better integrate with teams, understand what services can offer... pulling this all together in a regular meeting has given me greater autonomy and this has directly improved patient pathways of care and reduced unplanned admissions to hospital."

✚ "It is rewarding seeing how integration has re-energised team members and the enthusiasm of key professionals in the service has encouraged more staff to want to become involved."

✚ "In the past... it was often hard to access the services and the help you felt your patient would benefit from. It could be very time consuming finding out the appropriate service and then the appropriate person to refer to, however, with the MDT meetings this has improved considerably. I now have a network of colleagues to whom I can refer or simply ask for advice. This has improved my efficiency greatly and lead to a service improvement for patients and their carers."

## WHAT ADVICE WOULD THEY GIVE TO OTHERS?

- ✚ Involve as wide a range of staff as possible, as early as possible
- ✚ Create a safe space for staff to be honest and express their fears and put in place mechanisms to address these issues and feed back the results
- ✚ Set a baseline and targets, so you know your starting point, progress and impact.

## FURTHER INFORMATION

For further information, please visit [www.dudleyccg.nhs.uk/alltogetherbetter](http://www.dudleyccg.nhs.uk/alltogetherbetter) or [@atbdudley](https://twitter.com/atbdudley)

# BARKING AND DAGENHAM, HAVERING AND REDBRIDGE SYSTEM RESILIENCE GROUP

## WHAT IS THE LOCAL CONTEXT?

Barking and Dagenham, Havering and Redbridge (BHR) residents live in one of the most challenged health and social care economies in the country when it comes to the quality of services and the available finances to deliver them.

People can be confused by the various urgent and emergency care (UEC) options available to them – A&E, walk-in centre, urgent care centre, GP surgeries and hubs, pharmacies, out-of-hours community services provision.

That confusion and fragmentation is one reason why local hospitals see around 800 people per day in A&E at busy times, with 40 per cent or more of those not needing to be there – because they don't have emergency needs.

Patients and staff are at the heart of what the vanguard aims to achieve. The work so far has been hugely shaped by their feedback, ideas and energy.

## WHAT IS THE CARE MODEL?

It is clear there is a need to do things differently. The ambition is to radically transform local UEC, removing barriers between health and social care and between organisations. This vision is in line with The Keogh UEC Review, which proposes 'a fundamental shift in the way these services are provided to all people of all ages'.

Alan Steward, UEC transformation programme Director for BHR, said: "Patients and staff are at the heart of what we aim to achieve. Our work so far has been hugely shaped by their feedback, ideas and energy."

The UEC model builds upon the partners' strong track record of success and incorporates key deliverables within the national UEC review.

The vanguard is looking at new ways of working and changes to the way UEC services are currently provided across the health economy, which together form a transformational new model for UEC care which they believe can be replicated in other areas.

## HOW HAVE THEY DONE IT?

In December 2015, clinicians and managerial staff from different partner organisations sat alongside Healthwatch representatives in a stakeholder group, which agreed the approach to co-design.

This group agreed unanimously that they needed to undertake significant research with local people to provide evidence of their knowledge and use of UEC services, and the drivers for their choices.

They commissioned a telephone survey of 3,000 residents (1,000 per borough), with local Healthwatch organisations teaming up to deliver community research (more than 900 face-to-face interviews and ten focus groups). This was all completed in just three weeks.

Interim findings from the research were shared 'hot off the press' with a UEC stakeholder co-design workshop in March. This was attended by clinicians, health and social care staff, patients, patient representatives and the voluntary sector. No one had advance sight, creating a unique opportunity for all involved to share their thoughts on the findings, discuss where the gaps were and propose next steps.

Terry Williamson from the London Ambulance Service NHS Trust said: "It was a really interesting experience and the feedback from local people generates lots of other questions we would like to explore with our partners in BHR."

Carol White, Deputy Director for Integrated Care at North East London NHS Foundation Trust, said: "Staff who attended on the day fed back that it

was really informative and the detailed research broke down a lot of assumptions about emergency department attendees.

“One example was that the ‘transient population’ are high attenders and yet the research suggested that it was actually people that have lived in boroughs for longer who used emergency departments, with those who are new tending to use internet resources.”

All staff across the health and social care partnership received updates and briefings throughout February and March, as the vanguard team shared information on the vision and how they could be involved.

Focused engagement sessions took place with GPs and primary care staff in each of the three boroughs, with other partner organisations also talking to their staff and sharing the plans.

The research and workshop feedback have both shaped the co-designed model of care and helped focus on key next steps.

This included boosting the numbers of GPs, nurses and specialist clinicians in the clinical hubs, so people who call NHS 111 get even better advice and reassurance, and a project looking at improving the streaming and triage process at the front door of local A&E departments.

Those leading the vanguard programme will continue to co-design the detailed model with patients and staff to create a simplified, streamlined urgent care system delivering intelligent, responsive urgent care for local people.

## WHAT ADVICE WOULD THEY GIVE TO OTHERS?

Getting input from busy frontline staff is a challenge, but it is vital to take the time to do it.

Focusing on a phased approach to co-design has allowed the vanguard team to deliver a high-quality ‘first step’, helping bring all the health and social care partners and local people along on the journey.

The views gathered provide a robust evidence base that will inform the developing programme, and helps tell a clear story of how the views of local people and staff have shaped the model of care.

## FURTHER INFORMATION

For further information, please visit [www.bhrpartnership.org.uk](http://www.bhrpartnership.org.uk) or [@BHRpartnership](https://twitter.com/BHRpartnership)

# BETTER CARE TOGETHER — MORECAMBE BAY HEALTH COMMUNITY

## WHAT IS THE LOCAL CONTEXT?

Morecambe Bay is an area larger than London which is home to a population of 365,000 residents. Three main hospitals serve a population dispersed across 1,800 square kilometres. Health services in the area have long been financially challenged and following a number of serious failings of care, it was clear they needed to do things differently.

Providers in Morecambe Bay wanted to ensure that the local NHS would be safe and sustainable for the future and deliver good health outcomes for the local population. To this end, in 2013 NHS and social care partners came together to develop a clinical strategy for community, primary care and hospital services across the whole area, known as the Better Care Together Strategy. In 2015, Better Care Together joined the national vanguard programme (as an integrated primary and acute care system) and the number of partners has now grown to include two GP federations, making a total of 11 partners across the health system.

## WHAT IS THE CARE MODEL?

The leadership team of Better Care Together knew that the people involved in frontline care were the ones with the great ideas. Staff were aware of the problems and keen to get involved in improving care for local people. They became central to the development of the new care models from the beginning.

In Spring 2013, Better Care Together commissioned a research programme to listen to views from internal stakeholders on the current state of play and what service changes might look like – this included interviews with senior and specialist staff and stakeholders, as well as work with larger groups.

The partners conducted extensive patient, public and staff engagement. All public engagement events were well attended by staff. For example, staff joined a bus roadshow which visited 11 locations across Morecambe Bay.

Initially Better Care Together was set up to review hospital services, but early engagement elicited so much feedback on community and other services that the scope was expanded to include five main work streams:

- ✚ Women, children and young people's services
- ✚ Planned care
- ✚ Unplanned (urgent) care
- ✚ In hospital
- ✚ Out of hospital in south Cumbria and north Lancashire

In designing the clinical models, staff and the change team considered how the system was working, what was good or bad about it, analysed feedback from people who used services, and how things could be done differently.

Today, all of the health work streams are led by health and care professionals working in partnership with managers to develop the clinical models which form the basis of the vanguard. GPs, hospital doctors, community and primary care nurses, allied health professionals and other staff groups have been meeting regularly since 2013, with input from local people, community groups and third sector colleagues. A good example is the work that has taken place between staff, clinicians, patients and the public in designing new pathways for children's care.

## HOW HAVE THEY DONE IT?

The vanguard team held deliberative events across Morecambe Bay with staff involved in designing the care models, such as GPs and consultants. There was also a clinical summit for around 180 clinicians and colleagues, alongside members of the public and third sector, to share the proposed clinical strategy and service models.

In addition, they ran staff drop-in events at the three hospital sites, two community-based locations and three GP practices, as well as drop-in events with clinicians and vanguard team members listening to the public talk about out-of-hospital care. A survey of 20,000 patients and members of the public, along with another aimed at staff, enabled a wide range of people to provide input.

Staff welcomed the opportunity to attend public engagement events – for example, the Furness listening events and new Kendal Integrated Care Community meetings. In addition, staff attended voluntary sector events to strengthen partnership working, and a wide range of staff are increasingly involved in community-led initiatives, for example in Millom and Carnforth.

They communicate the changes through regular updates in staff newsletters and e-communications, the Better Care Together website ([www.bettercaretogether.co.uk](http://www.bettercaretogether.co.uk)) and social media, as well as physical copies of Better Care Together publications available from 'pods' located on hospital sites. Better Care Together is active on Twitter (@BCTMorecambeBay) with a good staff following and its reach increases every day. 'Ask Alison' enables hospital staff to email or phone in a question about Better Care Together and the answer is published in the staff newsletter. They will soon be running a staff roadshow to update on successes and communicate the next set of changes.

## WHAT ADVICE WOULD THEY GIVE TO OTHERS?

### + A vision staff can relate to

Having a clear vision which staff can relate to is essential. Not all staff have access to computers at work – porters, kitchen workers or district nurses might not have the opportunity to read through lots of electronic communications. Simple things like displaying information on posters, using images and providing different avenues for people to get involved can make a real difference.

### + Clear and consistent messaging

A variety of other programmes are underway around the area – including the success regime and smaller-scale staff initiatives. It would be easy for staff to feel overwhelmed. Ensuring that messaging across all partner organisations is consistent can help counter this.

### + Communicate the benefits

Communicate the opportunities to work differently and break down barriers. Staff, as well as patients, get frustrated by fragmented services. New care models can offer different career opportunities for staff and a better experience for patients.

## FURTHER INFORMATION

For further information, please visit [www.bettercaretogether.co.uk](http://www.bettercaretogether.co.uk) or [@BCTMorecambeBay](https://twitter.com/BCTMorecambeBay)

# EAST AND NORTH HERTFORDSHIRE CLINICAL COMMISSIONING GROUP

## WHAT IS THE LOCAL CONTEXT?

For more than 3,000 people in east and north Hertfordshire, 'home' is one of 92 care homes clustered in and around the county's towns.

Most of Hertfordshire's care home residents are elderly, and many have complex health conditions. On average, each takes seven prescribed medicines a day and they're more than three times as likely to be admitted to hospital as other over 65-year-olds in the country.

For residents, particularly those living with dementia, every hospital visit has the potential to be confusing and disorientating – particularly as around a quarter of hospital 'admissions' are for less than 24 hours.

## WHAT IS THE CARE MODEL?

Confident, highly trained and expertly supported care home staff play a crucial role in helping to keep frail, elderly residents with complex conditions out of hospital. To try and improve the health and quality of life of all care home residents, East and North Hertfordshire CCG, Hertfordshire County Council and the Hertfordshire Care Providers Association came together to join the vanguard programme.

Staff 'champions' are nominated in each of the vanguard care homes, receiving training in one of the following six specialist areas:

- ✚ dementia
- ✚ nutrition
- ✚ engagement and wellbeing
- ✚ falls and fragility
- ✚ wound management
- ✚ health – including end of life, continence, neurological and respiratory conditions.

## HOW HAVE THEY DONE IT?

Homes working with Hertfordshire's NHS vanguard programme receive a special payment – a complex care premium – for each resident with complex needs. Homes choose to spend the extra money in different ways – some enhance the pay of staff who have opted for extra training, or use it to provide cover for staff on training courses or extra staffing at meal times. Other homes spend their premium on improvements such as dementia-friendly crockery and coloured toilet seats and light switches, while others may fund new resources, such as electronic care plans or laptops.

A lot of champions say they feel much more confident in their day-to-day interactions with both complex patients and clinical professionals after undertaking the additional training.

Burleigh House in Baldock is a 44-bed award-winning care home specialising in dementia care.

"All homes live and breathe by their staff," said Mihir Shah, who owns Burleigh House, "so supporting them in training and personal development means we can provide excellent levels of care so our residents have the best quality of life."

As part of their training, staff learn to be mentors, spreading their learning to other staff in the home. In turn, they have a mentor from the management team.

Burleigh House has between 30 and 40 staff and all have some degree of training. Complex Care training builds on these skills and, according to care practitioner Jacqueline Costantini, gives them the confidence and increased knowledge to support patients when they are poorly.

Jacqueline has been a senior care worker for five years and recently completed training in general health and falls prevention, becoming the Burleigh House champion in each.

“I thought I was too old to learn anything new,” she said. “But I have learned so much and it has made me feel so much better about myself as well as helping me to care for our residents better. I did lots and lots of training, and it was hard. We had a lot of homework which I had to do alongside the job, but it has definitely been worth it.”

Paula Mortimer, manager of Martins House, Stevenage is also witnessing the impact that the training is having on staff.

“It’s not just the champions who have benefited from this training. Information is cascading to other team members who are finding it useful, especially in the area of dementia care. We’ve put new things in place as a result of dementia training, such as picture cards. We’ve got new ways of working, including completing risk assessments and a new understanding of how to evidence dementia – which is all helping us to have greater understanding of how to help our residents and make them more comfortable and at ease.”

A specialist elderly care consultant makes regular visits to Martins House as part of the vanguard programme. “He comes in mainly to support advanced care planning, but we can talk to him about our most vulnerable residents and put in place plans to prevent their hospital admission. He also liaises with the GP who visits Martins House about medication for residents.”

Martins House has also seen reductions in the number of people being admitted to A&E as a result of falls.

Burleigh House owner Mihir Shah sums up the programme’s benefits, saying: “The vanguard investment in Hertfordshire’s care workforce is hugely important as it is raising the status of careers in care and highlighting the fact that excellent healthcare and a good quality of life are achievable for even our most frail residents.”

## WHAT ADVICE WOULD THEY GIVE TO OTHERS?

- ✚ Valuing and investing in staff brings 360-degree benefits to patients, family members, the care home and the NHS
- ✚ Offer a range of training that meets the needs of staff, builds on their current skills and benefits or develops their role – not courses that fit the needs of management!
- ✚ Sharing the learning across the whole staff will benefit the patient.

## FURTHER INFORMATION

For further information, please visit [www.enhertscg.nhs.uk/better-care-for-care-home-residents](http://www.enhertscg.nhs.uk/better-care-for-care-home-residents) or [@ENHertsCCG](https://twitter.com/ENHertsCCG)

# PRINCIPLES FOR SUCCESSFUL STAFF ENGAGEMENT

## — TAKE HOME POINTS

The benefits of staff engagement, particularly when an organisation is undergoing significant change, are widely agreed upon. As we see in these case studies, the approaches of different NHS and social care organisations involved in the planning and delivery of care to engaging staff are diverse. What works in one place or for one project may not be right for another. That said, it is clear from the work of these vanguards that there are a number of core principles that will always help to make staff feel involved, supported and empowered.

Enabling different groups of staff across health and social care to work together and ‘breaking down the barriers’ between organisations and professional groups can help people to break out of old working patterns and think differently. Leaders can set the example by investing in relationships at the highest level, with partners across the local health and care system, so that staff at the front line are inspired to do the same. Putting staff at the heart of designing and implementing new care models is the best way to ensure their success. This means sharing leadership

and responsibility, talking and most of all, listening. Many of these case studies talk about ‘unlocking the ambition’ and ‘harnessing the energy’ of staff. They recognise that those on the front line of care have the best ideas about how to improve it – but need to feel empowered to do so.

It is important to communicate the opportunities to get involved, provide different avenues for doing so, and to make it easy for busy staff to join in. However, the health and social care sector employs more than 2.5 million people, and not all of them can participate directly in designing new models of care. So it is equally important to communicate change effectively, including the benefits it will bring. This means having a clear vision and consistent messages across all partners involved in change programmes, so that people want change to happen and see themselves as part of it. After all, they are the ones who will have to deliver. Ultimately, if staff feel that their contribution is valued, they will want to do all they can to make new care models a success.

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Thanks to Brickwall for providing the image for the cover of this report.

The NHS Confederation, NHS Providers, NHS Clinical Commissioners and the Local Government Association are working together to help spread the learning from the **vanguard programme** across the health and care sector.

Together, we aim to create greater understanding, involvement and ownership of the vanguard vision, showcasing new ways that health and care economies can help establish a sustainable health service now and in the future.

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