

CENTRES OF EXCELLENCE STAFF ENGAGEMENT REPORT JANUARY – OCTOBER 2019

This report provides a summary of staff involvement and engagement work carried out by Gloucestershire Hospitals NHS Foundation Trust (GHFT) from January to October 2019. The focus of the engagement activities has primarily been the care in hospital model described in the centres of excellence vision.

The focus of the staff involvement and engagement work has been:

- getting clinical input into the development of a clinical model
- testing the vision with wider staff groups and system partners
- testing and adapting the clinical model and possible solutions
- raising awareness of the programme
- seeking feedback on the programme as it progresses



In total 1624 staff¹ from across GHFT and the wider Integrated Care System (ICS) have been asked for their views on the programme and to contribute their ideas to its development.

The activities are summarised below, with a brief report and embedded documents provided in the remainder of this report.

Staff engagement activity	Total staff
Clinical model development:	72
• Semi-structured interviews	70 CPG members (estimate)
• New Models of Care Board (x 3 meetings)	Average 13
Model of Care workshop – April 2019	65 (plus 14 lay representatives)
Staff workshops	40
Staff engagement roadshow	1291
Trust management and leadership	75
Total	1624

¹ This will inevitably include some duplication but this has been avoided as far as possible.

JANUARY – APRIL 2019: SEMI-STRUCTURED INTERVIEWS

Objective

To gain widespread involvement in the **clinical model options** for Centres of Excellence.

Method

Lead clinicians from all 27 in-scope specialties were invited to a semi-structured interview with the programme. Most interviews were conducted with a clinical lead and non-clinical programme member. At this point in the programme, the interviews were designed to test the vision of further separation between the two main sites' functions – with CGH posited as the planned/cancer site and GRH as the emergency site. The questions were intended to test this vision for feasibility, safety and interdependencies as well as alignment with specialty and ICS objectives.



Semi-structured
interview process- v0



Semi-structured
interview proforma - 1

As part of this process the programme team also attended the six ICS Clinical Programme Groups covered by the scope: diabetes, eye health, circulatory, respiratory, frailty, MSK. This was to ensure the CPGs were aware of the programme, and to ask for their views on clinical configuration and future pathway developments which might affect it.

Finally, the development of the clinical model was discussed with the ICS New Models of Care Board in January (initial process) and March (update) and a workshop session in May to present and test the emerging thinking on the clinical model options.

Staff involved

60 interviews with 72 staff completed covering all 27 specialties within scope as outlined below, as well as approximately 70 staff through the ICS Clinical Programme Groups.

Key messages

This work allowed the Trust to explore key clinical configuration issues raised by the South West Clinical Senate in 2017, coming up with further potential solutions around configuration and clinical adjacencies. It also helped to refine the vision from a concept of elective/emergency sites, to one in which each specialty could be optimised in several ways over two or more sites depending on the mix of specialties and services in each place. The options by the end of the process included: centralisation and co-location as well as separation (elective/emergency flows).

SYSTEM ENGAGEMENT – MODEL OF CARE WORKSHOP APRIL 2019

Objective

‘Conversation not conclusion’ – the workshop was deliberately designed to enable conversation and capture a range of views, rather than seek decision or consensus.

Through an interactive format we wanted to:

- Get participants’ input into the Centres of Excellence Case for Change and suggestions so far
- Raise awareness of the Centres of Excellence vision
- Gather feedback and content to be used for further involvement and engagement activities as well as material for potential business cases and public engagement/consultation.

Method

This was an interactive day, with the first session designed around a ‘poster gallery’ setting out items from the case for change, and the remainder of the day run in ‘world café’ style allowing participants to interact with a range of elements in the centres of excellence model.



Centres of
Excellence Workshop

Staff involved

There were 79 attendees on the day, of which 14 were lay representatives and 65 were staff from across the Trust and wider ICS.

Key messages

The full workshop report is embedded below.



Centres of
Excellence Workshop

Participants valued the opportunity to get a more rounded view on the Centres of Excellence ideas. They were particularly positive about the mix of clinical and patient representatives on the day, which led to a more rounded discussion. There were plenty of suggestions about what was missing, not right, or needed further work and these were taken forward into the development of the draft pre-consultation business case in July 2019 and additions to the planned focus and activities in the engagement phase August – October 2019.

STAFF ENGAGEMENT – WORKSHOPS

Four staff workshops were held in June 2019. These were advertised across all divisions in the Trust and senior leaders were encouraged to release staff across all bands and disciplines to be able to attend. The same workshop was repeated four times in the morning and afternoon at both sites.

Objective

The objective was to share the progress to date with the clinical model, and ask for staff views on gaps, risk and issues. They were also asked how they would prefer to be involved going forward.

Method



June19 CoEx Staff
Engagement Workshc

Staff involved

40 staff attended the four workshops.

Key messages

The final report was presented to the Centres of Excellence Delivery Group in July 2019.



Staff Engagement
write-up 6 & 25 Jun19

As well as some changes to the scope and content of the clinical model, these workshops have informed the development of the Communications and Engagement plan. In particular, staff requested that email was not used to communicate with staff, asking that there was more face to face communication. This led to the delivery of the staff involvement roadshow outlined on the following page.

STAFF COMMUNICATIONS – ROADSHOW

Objective

The objective of the roadshow was to reach as many staff as possible with the following three key messages:

- There is a public engagement underway at the moment and we want to hear your views about urgent and hospital care in the county;
- You can find out more by reading the engagement booklet, or going online to www.onegloucestershire.net, and you can share your views by completing a survey, either paper/freepost from the engagement booklet, or online;
- No decisions about the future of services have been made and your views matter.

Method

The Trust was divided into 43 'routes'. Each route was designed to take approximately 2 hours to walk, taking in every single clinical and non-clinical department. The Estates department provided links to site and floor maps for all routes.

Centres of Excellence Delivery Group members were asked to 'adopt' as many routes as they felt able to complete over a 3 week period. Dates were not set in advance. Route leads were asked to fit routes into their schedule, calling departments to check availability wherever possible.

As dates were set, Trust volunteers and governors, and some system partners were sent the dates to ask if they would like to accompany the route lead.

During the visits, route leads distributed *Fit for the Future* engagement booklets and flyers with the website address and a guide to finding the e-survey. They counted the staff they spoke to and completed a feedback form with key messages and any further actions required.



Engagement events

- briefing for bus and



Staff involvement -

Fit for the Future



FFTF Staff

engagement feedback

Staff involved

1291, with feedback outstanding on 14 completed routes.

Key messages

Feedback still being compiled, but generally staff awareness was relatively low while belief in misleading messages via leafleting and the media was relatively high.

MANAGEMENT AND LEADERSHIP – TLT/ADVISORY GROUP/DELIVERY GROUP

Objective

The ongoing governance of the Centres of Excellence Programme is overseen by a programme board called the Centres of Excellence Delivery Group. A Centres of Excellence Advisory Group made up of clinical Specialty Directors and Chiefs of Service acts as a clinical reference group for the programme, as well as the ‘divisional triumvirates’ made up of the Chief of Service, Divisional Director and Chief Nurse . The formal line of reporting goes through Trust Leadership Team to the Board.

Method

Between January and October 2019 centres of excellence was discussed in the following meetings:

Centres of Excellence Delivery Group	10 x monthly meetings
Centres of Excellence Advisory Group	Feb, Mar, Apr, Jul, Oct
Trust Leadership Team	Apr, May, Jun, Jul, Aug and standard programme progress reports in Sep, Oct
Trust Board strategy/closed sessions	May, Jun, Jul, Oct

Staff involved

The Centres of Excellence Delivery Group is made up of programme team members, divisional leads (clinical and operational), Trust executives, GP representatives and lay representatives.

The Centres of Excellence Advisory Group is main clinical Specialty Directors and Chiefs of Service, but also includes ICS partners (CCG).

Trust Leadership Team is attended by the Trust Executive Directors and Divisional Triumvirates as well as corporate leads.

There are 75 individuals involved in the Centres of Excellence Delivery and Advisory Group membership. This number is used as the total as many of these people are also TLT or Trust Board members.

Key messages

The governance process has supported the programme to develop thinking about the clinical model which was incorporated into the draft pre-consultation business case in July. This provided the basis for the public engagement process from August to October 2019, which in turn will support further development of the clinical model according to preferred solutions.