

Learning Bulletin

Developing Clinical Engagement as part of major service change/transformation



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Introduction

This Learning Bulletin captures the learning from a workshop run on 2nd November 2017 in Birmingham by the West Midlands Clinical Senate on Developing Clinical Engagement as part of major service change/transformation. The workshop was built around 5 presentations and discussions developed by Clinical Senate Council members, drawing on their first-hand experience.

The bulletin provides an overview of the main themes that emerged from the day, then captures the learning connected to 4 topics from the workshop:

- 1 Making the case for change
- 2 Identifying, analysing and engaging stakeholders – in particular clinicians
- 3 Change management and transformation frameworks
- 4 Collaborating effectively

Themes from the day

- Identify and work with the energy and the drivers for change.
- Actively manage engagement with stakeholders – look across the system and identify stakeholders, assess priorities and decide on the timing of engaging particular individuals and groups.
- Actively manage clinical engagement in particular.
- Listen to a wide range of stakeholders – not always comfortable but important.
- The importance of site visits in conducting Assurance Reviews, and in supporting clinical engagement.
- Review and re-assess after 6 months when you can see what is working in practice.

1

Making the case for change

Learning about making the case for change

- Identifying the drivers for change is a key part of making the case. Some may be clear including financial drivers, and safety. There may also be drivers that are not obvious, for example, being able to recruit the right staff to work in a particular unit.
- Build a good clinical case - use data about care, and national comparisons on efficiency and safety when presenting the case.
- Sometimes be more radical than others would dare. Look outside – you don't know where the solution for a reconfiguration might lie.
- Manage the potential pitfalls (see box 1).
- Reassure patients.
- Actively manage what happens after the change as well - go back to staff, and capture learning as you go through the process for next time.
- Re-assess after 6 months – the case for change cannot predict all of what works and what doesn't work in practice.

Box 1

Pitfalls in making the case for change

Pitfalls in making the case for change include overemphasising the financial case, not paying enough attention to the emotional impact, and really understanding the whole patient pathway as part of the process.

In practice managing these pitfalls include:

- Getting consultants, GPs and senior nurses on board early. Meet the clinicians making the change.
- Actively communicating with the press, the public and MPs.
- As a clinician, do I really understand what the patient pathway experience is in practice? What it has taken for the patient to see me?
- Really understanding staff perspective, and the impact on them. Meet unselected groups of staff (don't let managers and commissioners cherry pick or stage manage who you meet). Listen to the criticism – it may be hard to do so, but there may be validity in what's being said.
- What might seem to you as the 'little stuff' has an impact.

2

Identifying, analysing and engaging stakeholders – in particular clinicians

Stakeholders for major service change / transformation include a wide range of people. It is important to work with stakeholders from across the whole system, and to spend time identifying stakeholders, thinking about priorities (e.g. getting a senior clinician to be at the forefront of the change) and the timing of engagement (when to engage local elected Council members and MPs).

Leadership and Engagement for Improvement in the NHS – together we can,
King's Fund 2012 says:

- Engagement is not only a topic of academic interest: it has enormous practical significance.
- Engagement is not an optional extra but essential in making change and improvement happen.

There is no doubt that the level of **clinical engagement** makes a real difference to making change and improvement happen, and be sustained over time.

Stages of engagement

- Identify stakeholders
- Assess the current level of engagement – for staff these include proxy indicators such as staff survey data, absenteeism etc.
- Decide on the approaches you want to take to engaging key individuals and groups.

There is some really helpful guidance available on approaches.

The principles below are from work done in Public Health on community engagement. They've also been added to by the discussion at the workshop.

- Use evidence based approaches.
- Be clear about which decisions staff can influence and how this will happen.
- Recognise, value and share the knowledge, skills and experiences of all staff, particularly those from the 'non-doctor' groups
- Make each partner's (e.g. commissioners and hospital management) goals for clinical engagement clear.
- Respect the rights of staff to get involved as much or as little as they are able or wish to.
- Establish and promote social networks, and the exchange of information and ideas (on issues such as different cultural priorities and values).

Box 2

So what does clinical engagement look like for a Senate Stage 2 assurance review panel?

Expectations need to be proportionate to the extent of change planned.

Things to consider, and some indicators of clinical engagement:

- Who has led the clinical engagement?
- Have they involved the right range of staff?
Are any groups missing?
- How have they engaged staff?
- What is the level of ownership of the clinical changes by the staff?
Think about the ladder of participation (Arnstein, 1969)
- Has there been healthy challenge?
- You cannot expect everyone to agree—that's ok
- Is groupthink happening?

3

Change management and transformation frameworks

- There is a difference between change (e.g. closing a department or service line; reconfiguring services across different sites) and transition (the psychological response to change), and they don't take the same amount of time. *Managing Transitions*, William Bridges, 1991.
- People resist change for a number of reasons – try to understand. Their anxiety may be triggered by fear of failing in a new situation, the loss of territory and power, future opportunities and meaningful work, the relationships they have at work, and the sense of identity that their job, or membership of a group or team gives them.
- Don't promise or reassure in areas where you can't provide assurance.

We explored Kotter's Eight Steps to Transforming your Organisation (1995) and discussed:

- Where the energy driving the change is coming from e.g. system failure, system redesign. Show the downside of the status quo in order to reinforce the energy.
- You also need a vision for the change. Communicate about the vision, and the change in different ways, and do it more than once. People can hear information about the vision underpinning the change when they are ready to, rather than when it's communicated.
- Short-term wins can reinforce the change, and build momentum.
- What else needs to happen in the system to ensure things don't go back to where they were before?

4 Collaborating effectively

Organisations and stakeholder groups involved in and impacted by major service change need to collaborate before, during change and after in order to meet the needs of the local population.

Being able to collaborate is affected by a number of dynamics.

These include:

- Values and culture – can't assume that all of us in the NHS have the same values and culture.
- Power, and how it's used.
- Agendas – including hidden and changing agendas.
- Difficult behaviour, and different levels of emotional intelligence.

Definition of collaboration ([businessdictionary.com](https://www.businessdictionary.com))

Cooperative arrangement in which two or more parties (which may or may not have any previous relationship) work jointly towards a common goal.

Box 3

Effective collaborations

- Take time.
- The stages of development are not linear – you go back and forth.
- Need talking and communication to make them work.
- Change, and are dynamic.
- Have issues about equality. Who has most power? Who does most of the heavy lifting?
- Need acceptance that people have interests /allegiances / alliances. Make them transparent.

Questions that underpin effective collaboration

- How do we ensure that we are working for the good of the place and the system, and not just one's own organisation and interests?
- How do we build trust?
- What sorts of conflicts of interest might we have, and how do we deal with them?