Developing People – Improving Care

Future NHS Stage

Tuesday 12th September 2017

10:00 – 11:00

Speakers:

- Ed Smith, Former Chair, NHS Improvement
- Adam Sewell-Jones, Executive Director of Improvement, NHS Improvement
- Lynne Winstanley, Director of Sustainable Improvement, NHS England
- Dr Malte Gerhold, Executive Director of Strategy & Intelligence, CQC
- Nicky Latham, Executive Director of Performance and Development, Health Education England

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Ed:

Good morning. Thank you very much and thanks for joining this session. I'm delighted to be here as the co-chair of the team that collaborated on developing people and improving care, it was a great collaboration, and just for the avoidance of doubt and really importantly it included colleagues from the LGA so that we encompass social care which I think is increasingly important aspect of how we look at health and social care together.

I'm pleased to be joined on the panel by Adam, Nicky, Lynne and Malte, to see what progress has been made in the past year since the document was launched; and see what the wicked issues are that we are still grappling with. Let me briefly explain why I think it is important, why I have been such an advocate of focusing on the people agenda in the health and care system, in the six years that I spent in the NHS.

The NHS is a massive, massive ecosystem, one-and-a-half million people

working in hundreds of organisations and quite frankly there is a danger of losing sight of our purpose, which is to improve and sustain high-quality care for our patients and public. In doing that we would argue that the focus on people, developing people across and at all levels of organisations leads directly and indirectly to the improvement of care for our populations. What does it mean? I draw on the analogy between geography and climate, quite frankly.

People live in geographies, but they experience the climate of the geographies in which they live. We work in organisations but it is the culture that is most important that affects our daily lives. It is the culture set by our leaders and managers and the needs and expectations of our public.

Organisations or structures, quite frankly should be subservient to the cultures of organisations and the work that we do. And you know quite frankly often they get in the way. A bit like the Pennines sometimes, it gets in the way of the love between Lancastrians and Yorkshiremen, but that is another thing. Let me remind you, providing local quality care at all levels in partnership with each other. Compassionate and inclusive leaders at all level, knowledge of improvement methods at all levels of organisations, support systems and development of people at all levels locally and nationally, and enabling supportive and aligned regulation and there is probably much that can be said on that subject and oversight.

I think it is generally recognised that the current structures are suboptimal, a bit like physical geography, but that's what we have got. So developing people working across boundaries and working in this instinctive collaboration in teams I think very important. It tends to push geography into the background and it is hard to do.

I hope this morning we are going to see the progress made in developing the people-focussed system, the leaders who work in our systems, working across those boundaries, across those structures, I hope it's not just about the biggest

beast in the forest, but about all of us working together in a way which is actually sensible, constructive and focussed on outcomes for patients and the public. In doing that I do hope it genuinely leads to improved care systems and improved climate where all the talents of all the organisations and people who come to work day in day out facing the battles and challenges of an increasingly demand-driven health and care system find support from the leadership and the teams.

So if you think that is just a pipe dream really read the research, read the research and the academic studies about how high-performing organisations focus on people, not on structures, not on process and not on bureaucracy. You will see that the high performing health systems are those focussed on the people agenda. So it's really no pressure guys, over to the team to explain what we have been doing, how it's going, what the challenges are and Adam, you are going to kick off.

Adam:

Thank you. All four of us feel passionately about this work and could each talk for an hour so we are going to share a couple of personal points. It's referenced all conditions and if anyone has not seen the Framework it's on the NHS improvement website and it's not a big document and you can grab yourself a coffee and it will still be warm by the time you finish it!

I am going to pick up on some of the work we are doing on two of the condition, about the system leadership and building improvement capability and I want to spend a couple of minutes sharing what we are doing around the pledges we have made as arm's length bodies because we want to be held account for making a difference in this area. In terms of building improvement capability and an offer around systems thinking we have a team within our organisation called the Act Academy who deliver fully-funded quality improvement capability building and transformation of change using system leadership, their programmes. The key element and why it's important is that the team don't train individuals to become QI experts but they train them to teach QI.

So very quickly we can enable, as national organisation, local teams local organisations and systems to be self-sufficient with the tools they need with individuals that are trained to spread the learning in the systems because we really want to enable the climates as I said, as a local level rather than feeling the need as national bodies to be doing the doing. Similar to that we run a programme that many people will be aware of in partnership with Virginia Mason using a Toyota-based need for improvement.

Still early days a key part of this programme we have worked on is giving people the time and space to make improvements. We are only about a year in but we are already seeing progress and we are finalising a proposal to try and find an NHS offer so we can work with more organisations so that the NHS opens the capability and can work it out further, with loyalty, not looking across the pond or externally to get the expertise because we are confident we have it.

The other area we are working on improvement is about the principle of measurement for improvement, those of you who work in organisations where you are in board discussions will be familiar with the idea that we present data at two points in time and we want to know our people have got better or got worse and ask the difficult questions. The truth is we need to use data in a different way, over time to understand, to inquiry when improvements take place and we have launched a programme around measurement for improvement that includes that a community of practice for those people interested and at this event we have launched a new flow tool which changes the dynamic around urgent and emergency care which challenges people to say this is data that you are doing over time, areas you can improvement that is one area we are doing practical thing, but briefly on the pledges we made three pledges in this the Framework. The first is we will use it to guide everything we do in leadership.

What we don't want to have is have random initiatives thrown out that people are on the receiving end of it and it doesn't align with what we want to do. Over the

next 10-15 years we will come back to this Framework.

The second thing is we want to work on the regulation and oversight infrastructure and Malte will talk about the work on CQC to have one Framework so that those on the receiving end have some coherence about the work on a national level. We have an awful lot of work to do. The data burden is far too big, some of what you will be exposed to with NHSI about different slide decks talking about the same thing. We are aware of that and we are committed to improvement.

Thirdly we need to outline the models, compassionate leadership in our interactions with the service, the way we look after our own staff in terms of talent management and people development and making sure we have a continuous improvement to our work so that we constantly get better rather than feeling we are satisfied with what we are doing and it's other people who have the problem. So I will stop there.

Lynne:
From a Health Education England, I with would like to pick up on three points, the first one will be around inclusion and the second around diversity and the third one that we are all leaders.

If we pick up on the first one of the key principles of improving care is that we are all leaders. So for health education England one of the key areas we have is on the undergraduate curriculum.

How do we, we are working with stakeholders at the colleges and universities to make sure that it's suitable for the future and our future leaders, our current students are all aware they need to be looking at being a compassionate leader from day one. It's really getting in at the start.

The second area is around having a role model, many of us here today will recognise that one of the biggest influences for us is that we have all been

influenced by role models, whether it's got us into a particular area we wanted to work in or it's how we learn from the chairs that we sit around as we are numerous, far too numerous meetings actually. So its how do we make sure that our programmes that led through the leadership academy have those programmes that are fit and appropriate with the right skills and behaviour

Finally I think as well in that area it's really important that we talk about the current workforce, we often focus too much on the future workforce and yet over 50% of our current workforce will still be working in the NHS in 20 years' time so how do we make sure we get the right skills and behaviours of our current workforce? That is really important.

They are the ones that are really going to impact on the culture and behaviours going forward. So the second area I would like to talk about is the inclusion and diversity agenda. Health Education England host a leadership academy and one of the key things is around inclusion and diversity.

What we want to do is raise the aspirations around inclusion, so we are setting up work around building and inclusion which is linked into the Equality Standards Board, the second area we want do is around Quicken the Pace, so we have started to do, we have two positive action plans for BME colleagues that we believe is really important that we do that and the third one is through the programmes that leadership academy are currently providing is to make sure that we have a sustainability of inclusion going forward.

I think we still have a number of challenges so Ed himself has led or chaired a piece of work on 50/50, 20/20, so how do we get all of our boards to have 50% women by 2020. I think if I am honest on this organisation of the staff have a white male, middle aged male as their Chief Executive and I am not sure what I will say about the chairs, but white male chairs as well so we still have a huge way to go in that aspect and I think we need to be honest and challenge ourselves.

Obviously, we have opportunities with new roles at NHSI to look at that and challenge ourselves. Finally I want to pick up on talent management. So for us at the leadership academy it's very much about the who, the what and the how.

So the who is around capability, sorry about capacity, so make sure we have the right pipeline. I know Lynn will talk about that in a little while, it's about capacity, have we got the right skills? As we go into the digital age, making sure our future leaders have got the right skills and that is again something we are going through building a digital ready workforce and that is linked in very much with developing people, improving care.

Finally it's about the how, so the collaboration, so one of the pieces of work we have set up is two pieces of work and the first one I think we should be really proud of and one that a colleague in the room has set up for us, Martin Hancock is around the Talent Management Board in the midland and east and they have really challenged and made sure they have stuck to the principles of talent management around collaboration and making sure they are not competing around talent and that is being led by Nick Carver, the Chief Executive, so it's for the midland and east and by the midland and east. It's a locally led piece of work.

Those were the three points I wanted to talk about. My final point was a key contribution that both Health Education England need to make but also Adam as the SROs for the work is to continuously hold the mirror up to the system to check we are influencing and holding ourselves to the account and supporting the cultural and leadership changes we need for our contemporary healthcare system.

Lynne:
So NHS England, a powerful, how do you empower people to improve care to align everything we are doing within NHS England? And that is the approach that Karen Wheeler, who was our Executive Lead who has led on to another and I took

So we took it in NHS England as a unique opportunity to really understand

A. what we are doing as an organisation around the pledges and around the areas of action and to ensure that we weren't duplicating. I am sure many of you working in the service would criticise all of our arm's length bodies that are duplicating effort and creating more and more work. So what we wanted to do was simplify.

So the approach we took in NHS England was to first of all understand what work we were actually doing, where was our CCG Development Programme, where was our STP programme, what was going on in primary care development, where was our improvement offer and actually align all of our internal work and get our own house in order was a huge undertaking to see how we could contribute. That was the most important thing we needed to do first of all.

The second point for me is I have worked in national improvement ten years next month, I said I would come for two years and ended up staying for ten. This is the first time I have ever seen arm's length bodies work together in a united way. I think we should acknowledge that Ed was the driving force for that through the Smith Review who identified the need for the Framework and I was part of that process and it's always so much more pleasurable to bring that forward. We have to keep holding the mirror up to show we are not just enjoying the ride of working together we are making a demonstrable difference because it is pleasurable being part of this team.

One of the key deliverables that we as NHS England have contributed to and it will be normally launched in an hour's time is our offer to the system on leading large scale change and this was a key piece of work that we put down in a very early stage as one of our key deliverables. As Adam said about the ACT Academy, what we mustn't do as arm's length bodies is confuse the situation.

So our other contribution to this Framework has been that we will have one site/portal where all digital resources will be able to be accessed for the system. So again it's about those messages of aligning and un-complicating, making

simple access to information. So our belief is that the structures, process and patterns of behaviour all need to be considered when we are looking at change and it's those values and behaviours we are particularly interested in how we are organising ourselves as a huge national body

How we use talent and the talent management pipeline that Nicki has just talked about. We are very interested in using the framework to stimulate our apprenticeship model and looking at new talent and new ways of working. My personal belief is every single manager and clinician in the system should understand improvement science. How you actually move, as Adam said, from point A to point B, to not be on the radar, to be able to get it right first time every time for patients that we have a privilege of caring for.

So this framework talks about a difference in culture and working together. That for me has been the most important part of this framework that we need to change the way we work together. For me, having the privilege of representing NHS England today is the first time that we are actually working as one voice across national bodies. Thank you.

Malte:
Thank you Lynne, the work coming out of developing people and improving care is incredibly important for us at the Care Quality Commissioner, as it is for all of us. Improving quality is part of CQC's purpose and part of the remit and we have made it one of the four priorities of the strategy, how we encourage improvement, we know we don't get it right, we get in the way or don't do it as efficiently and effectively as we k we are on a journey to do that. Let me give you five concrete examples of what we have been doing to try to achieve that.

First is to try to do our role as a regulator in a more aligned way with other organisations. I have already mentioned the work on developing an assessment framework for how services are assessed for the national leader shared between NHS improvement and CQC, an assessment framework we are using together

and have one view of the leadership as an organisation. We have set out and developed together how we are going to assess how Trusts are using their resources and put that alongside how we are assessing the quality of care. We are going to do this -- going to do this work together. We have set up programme boards with NHS England and the GDC on how to regulate primary care GP practices and dental service, including what information we collect through our organisations and improve the flow of that information between each other together.

The importance of the work is not just to align the framework but also to get the people to work together, that is the journey we are going on as an organisation is to learn how our teams are working together locally and working with you, that is a journey for them just as much as it is a journey for us at our position in the organisation

The second example I wanted to give how is we are trying to work with those models of care and areas that are developing new models of care, whether it is the vanguards or the STP areas, whether it is now the accountable care systems and accountable care organisations that are coming together and emerging. We are not trying to predict how those services are going to look and predict how we are going to regulate them but trying to talk to and learn alongside those of you who are developing those services what it would mean to regulate those services well and do it so it does something for the services as much as for the regulator and we are trying to learn with those services rather than trying to set everything out at the beginning alongside you.

That brings me to the third concrete example, which is the fact that as the regulator every year we are having thousands and thousands of conversations about quality of care and improvement with staff, with managers, with patients who use services, people using services with patients and other stakeholders, and actually we want to make more out of the fact that we are having these conversations day in and day out and how we are having the conversations. We

are strengthening the way we are training our own staff. We are having conversations and so they become inquisitive about what is going well and what they are proud of and what is going well as much as focusing on the challenges they may see.

So those conversations may become part of the improvement conversation. Fourthly, we put a lot more effort in trying to collect and share what we have seen where good quality care exists or where we have seen improvements.

So we have got a couple, while we are advertising a couple of developments, outstanding care that we have had examples and these are case studies of NHS Trusts, that have improved, some of being in special measures from inadequate to good and we will share that for people to see what it looks like to improve what good care looks like.

And finally to practise what we preach, this is a journey into quality improvement, not just the serves we work with but also for ourselves, we are now having a conversation within CQC about how to move towards a quality improvement culture in our organisation, so our own staff feel empowered every day to improve wait they work and we will improve the way we work with all of you and for you. As Ed was pointing out at the beginning, this is a journey that takes time and it won't happen tomorrow, the most important part of it is to all learn from each other and with each other. Thank you.

Ed:

So you have heard from us and now I think we would like to hear from you. I would use one liners around the enemy is outside, not inside, so why do we regard often other organisations in the system as the enemy, focus on people as people, oxygenate the work force, don't allow it objective suffocated by unnecessary regulation and targets and things.

And we think this is quite an important agenda. I will do a quick poll, whilst the

audience builds social media is working about how important this session is.

Nothing to do with somebody turning up at 11.00 for the next session! Here it is, and I think you know how to use it, I would be quite interested to hear, I think, it would be interesting to hear what you think, so if you can vote now, and not quite sure how long you have to vote, but shall we say, ten seconds. Then there are some guys behind there closing the poll and then we are going to have a little look at the result. Are we ready. There we go.

That's quite good, there was a slightly leading question, particularly for this session, but thank you very much for giving that support. We have also got a whole load of questions that you might have been tipping into the system. I think we should get the guess up on the stage, up on the screen, there we go. And Adam, when do you hope. Where is the first one, that is the first one.
Is it possible for the regulators to truly align without a restructure? I think that is a really, really good one.

Initially for Lynne! And then we will ask Malte, because the work, quite frankly they have been doing and Adam, between CQC and NHS I, I think is the start of something really quite big.

Lynne:
My personal thought on this is absolutely we can. We are seeing it at local level already, with how NHS Improvement and NHS England at a local level are trying to have joint posts and uncomplicate the whole system. So I think it is about a mindset, we always turn to structural changes, if we always do what we always do, we always get what we have always been given. This time it is about working in a different way. Do we need to restructure, who knows, does it matter? Let's actually commit to work differently and align at local level, regionally and nationally I think you can see here.

Malte:

Thank you, I think that last point that Lynne made is most important. We can focus on the distraction of how we bring together at organisational and structural level, but the real benefit of working together for all of you is how teams are working together locally and concretely working together. And we have all seen many initiatives of trying to align things from the top down and not many of them have succeeded and personally I think the real success and benefits we can achieve is lots of small initiatives of concretely working together and we have already started to talk about doing that in small areas rather than start from the very top.

Ed:
I'm very strongly of the view, quite frankly, and always have been, we don't put the structures in place, structures change over time what doesn't change over time, if you get it right is the deeply ingrained climate of how people work together.

And what we miss in this system is that focus on climate, on engagement, on the things that really matter in organisational culture and climate. And I think this is beginning to happen. There is a long way to go and there are a whole load of factor that is get in the way of doing what we think is important. Let's move to the next question.

The one on how do we convince boards and governing bodies to fully commit, given the massive burdens they are in under day in day out. Adam you have some work going on over that, Lynne you will see it from a developing leaders' perspective. Why not Adam and then Nicki, and then you come in as well.

Adam:
It is a difficult one, developing the framework it was very much co-produced, we spoke to well over 4,000 people in the service and asked for inputs and challenged how we did it.

There was a Chief Executive who spoke to us and said can you make sure you build in new KPIs around leadership and improvement. It felt kind of counter cultural, but I knew exactly what I meant, because he was someone who gets this stuff. He said when I'm sat around the board table and we are talking about the money and A&E and the performance next week, they are the things we worry we will be held to account for, but we know the things that matter about developing our people, building long-term improvement capability.

So the conversation then going how do you start to persuade people, that's the right thing to do. And on one of it we can put in, so the new well-led framework, specifically requires evidence, as our oversight framework does of a recognised improvement methodology, going forwards it is signalling to boards when inspections happen they would expect to be, based on the evidence of that approach, certainly taking strides to go forward.

So I think there is some ways we can do that engagement, we are trying to speak a lot. Because there are people out there that get it and need to be able to influence their own boards rather than the regulator coming and telling boards what to do. So we need to give the framework as a support for people who are really kind of fighting this agenda, but I think the last thing I draw on that is really important is the concept for measurement improvement.

If we can start to change the narrative in every board meeting; frankly including our own, where we still talk about the best performers from last month to this. If we can start to change that at the board level it will start to embed in a different way of conversations taking place.

Lynne:
Just to build on what Adam said, I think that response was superb. I think it is also about organisations having a shared purpose. And actually you know leadership and improvement comes so easily out of that, I struggle to understand why the essence of the framework isn't the centre of everybody's organisation, it

shouldn't be enforced by the regulators, it should be something that's actually developed and nurtured from each organisation. Did you want to add?

Nicky:

I think it has been answered, in one word, the answer is culture and unless we change the culture of organisations, this shouldn't be just dependent on the Chief Executive or the chair, saying this is how we are going to be, the chair or Chief Executives should be challenged and we as leaders should be charged, it is about the culture, and that is why we are all very passionate about it and it is not going to happen tomorrow, it is about how do we change the culture to ensure we have compassionate and inclusive leadership from across the piece.

Ed:

Let me take the one about how do you improve improvement capability and how do you get the staff to do it. Quite frankly I have spent a lot of time when I was chairing NHS I, going around hard-pressed hospitals and frontline teams, particular units, they were absolutely gagging for the oxygen to allow them to do what they knew they needed to do. It all happens out there, close to the patient interface, and often we get in the way of that happening. It is the same as retail. It is the same as any customer, consumer-orientated organisation.

Help the improvement happen at the levels of the organisation that interface with patients. Allow it to bubble up and then learn from it. There is too much not invented here syndrome in the NHS. How do we oxygenate, bubble up, share across, instead of believing we are the only people that can think of the best idea on the planet? I would push quite hard in that area.

One piece of advice from each of you and then we are going to have the second poll. Piece of advice you would give local leaders to drive compassionate leadership and quality improvement. Malte?

Malte:

The two things I would say from what we have seen in the organisation that were truly outstanding were a really strong sense of the vision and purpose of the organisation as part of the local area, the context that they were working in and a strong sense of not just thinking within their own boundaries but thinking what part of the system the context and the local area and community they are in setting the vision out in that way.

And the second aspect has been the engagement with people in those areas and their own staff, so those organisations we have seen in delivering outstanding and good care and leadership have been those who have been known, who have been visible, who have been available to talk to all of their staff, to be well aware of what their staff are thinking, having conversations day in and day out and are part of understanding what their staff are going through day in day out, and those organisations we have seen struggling the leadership has been detached

When I say the leadership it is not just the Chief Executive, it is the managers, it is the middle managers within that. So it is that connection to the staff as well as connection to people on the community around the service. For us that has been two outstanding factors, that can really help with us.

Lynne:

Just to build on that, leaders are in such a privileged position, they have to be visible. But also what is your board actually considering, what is the first agenda item that you consider at your board each month or each second month.

But if it's not about listening to your customers and patients then you are getting it wrong, you know. Be in contact with those you care for and those who work for you.

Nicky:

The first one is around collaboration, I have enjoyed working with senior colleagues. The second is about fun, if you don't have connections and have fun

and try and make this work together it's going to be very difficult to do that and the third one is I think we have got to challenge ourselves to do things differently and to do different things so we can't go we are never going to change the culture, the one piece of advice is to take some risks, obviously within a risk appetite but do things differently and do different things.

Adam:
I would say two things. Find a friend to help your leadership, but if you can't, it gives you a vehicle to come back to and frankly some ammunition to do up the line. I think our staff get this stuff and want to do it and when you go out and see organisations that are really investing in this it unlocks enthusiasm, it unlocks the potential that people have, but I think what leaders need to be doing is A being brave and they need to commit to this for the long-term and when 16, 18 months in it starts to go rocky, hold firm and be brave to challenge organisations like ours when we start to ask questions to say this is how we are doing it, it's the right thing, justify why your question is better. Most of those conversations they say we can't do it or they will be an informed conversation so when we are blocking it you need to step up and put those challenges in answering this.

Answer this, when is the Adam's consulting going to be ready?

Adam:
I spent 23, 24 years as a provider, you think you have bureaucracy to deal with, you come work in the centre.

I am hoping we will be launching something in October with a view to getting something off the ground that we are part of in April. We have the last couple of hurdles and the technical things to talk about, if anyone wants to chat about anyone wants to chat about it come along and I am happy to chat.

Let me take the levy point. We need to break down the concept that it's university and then job and until we do that, quite frankly and it involves the Royal colleges

and a whole load of people we will suffer shortages in workforce in the years ahead, so I am a massive promoter of the apprenticeship levy and the drive towards apprenticeships despite the fact I chair a university, so I think we should be pushing that very hard in all walks of life and I hope, Nicky, I haven't spoken out of turn.

Nicky:

My personally opinions are that the personal levy gives the value of improving care another area we can really influence.

I think it's exciting, we will have test beds we can work with and we have a number of programme, particularly like the Nursing Associate already so we are making sure that we are influencing both the clinical and the educational practice to make sure we again have it aligned so that we are promoting inclusive and compassionate leadership from day one. It's going to be a really exciting and important part of our Framework and for Adam it's saying this is the Framework for apprenticeships and that is what we are pushing forward.

Ed:
I was told I had to start ahead of time despite the fact we started late. I am not sure why. I almost suggested that Simon might want to start until 11 or something like that, but decided it wouldn't be good for the guys and ladies working the team so we are going to finish now.

I think two things. I would like it if we can answer the questions we haven't answered back in the session website for this and the second thing is we are going to do a very quick second poll, here we go with, there is the one.

It takes longer to read this one because it has the five primary drivers but it will be really helpful to know what you think is the most important of those five primary drivers. We think they are all important, but ranking them somehow and getting a

view from those of you, which one you think is the most important would be really helpful.

Look at this, this is great technology. It's shifting and it does come back very clearly to the compassionate leadership at all levels. Changing the tonality of how we interface with people that work with us, people that work across the organisations that we work in and the way in which we interface with patients.

So look, you have been fantastic in the year that, the years that we led that collaborative piece of work, you have been brilliant at leading your teams through the foothills of what we have to do, there is a massive amount we have to do, thank you for joining us, I will look from the side-lines as to how progress is being made and I may be a critical observer from time to time but in the right sense of the word. Thank you for joining us and good luck with the next session.