Lessons from high performing health care organisations and systems

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1 March 2018
Reforming the NHS from within
Beyond hierarchy, inspection and markets

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June 2014
Key questions

• What have been the main approaches to NHS reform in last 15-20 years?
• What impact have these approaches had?
• What can be learnt from approaches used in other systems?
• What are the implications for future NHS reform in England?
External stimuli

• Targets and performance management
• Inspection and regulation
• Competition and choice
• Plus substantial investment from 2000-10
The impact?

• External stimuli have had a modest impact
• There have also been negative consequences e.g. from targets
• Inspection and performance management are still used heavily
• The evidence on competition and choice is limited and contested
Approaches in other systems

• Bringing about reform from within organisations and systems (Jonkoping, Intermountain, Virginia Mason, Canterbury, Salford)

• Devolution and transparency: collecting and reporting performance data to stimulate improvement
Implications

• It’s time for a fundamental shift in approaches to reform
• There should be much less reliance on external stimuli
• And much more focus on bringing about improvement from within
• The focus should be on commitment and not compliance
• Complementary changes should be used
Learning from high performing organisations

- Set ambitious goals for improvement
- Measure progress towards them – relentlessly
- Support clinicians and others through training and development
- Engage staff and devolve decision making
- Develop collective and distributed leadership not heroic leadership
Salford Royal Hospital

• Goal – to become the safest hospital in England
• To save 1000 lives and reduce harm by 50% in three years
• To support staff through training in quality improvement methods e.g. PDSA cycles
• To invest in developing medical and other leaders
• To improve bottom up through teams and by involving staff
• A case study in complementary changes
Patience and urgency

- Real and sustainable improvement takes time
- It occurs through ‘the aggregation of marginal gains’ not big leaps forward
- NHS organisations need space to be able to build capabilities for the long term
- But growing pressures in NHS demand urgency too
- The VA achieved major transformation in 5 years
The role of boards

› To set direction – vision linked to strategy
› To measure and review progress on goals
› To put patients first: experience and safety
› To value and engage staff
› To adopt a QI method (Sheffield)
› To develop leaders from ward to board
› To align through objectives and appraisals linked to desired behaviours
It’s the leaders in organisations who really make a difference to the cultures of organisations – by what they attend to; what they value; what they monitor and what they model in their behaviours. The challenge for us is how can we ensure we have leadership, which ensures that there is a focus on the vision of providing high-quality, continually improving and compassionate care at every level of the organisation? Not just in the vision or mission statements but in the behaviours throughout the organisation. (CQC 2014, p 19)
Developing collective leadership for health care

Delivering a Collective Leadership Strategy for Health Care

By: Regina Eckert, Michael West, David Altman, Katy Steward, and Bill Pasmore