“The only survivors will be companies with constancy of purpose for quality, productivity and service.”

“The timid and the faint hearted, and people that expect quick results, are doomed to disappointment.”

(W E Deming, 1986)
Session Summary

• Why we need a sense of urgency
• The case for investing in improvement capacity
• Building a system and culture for continuous improvement
• Transformational leadership
• A sense of hope
In UK - large and growing gaps in health and social care funding

Health care funding gap

Source: J Appleby, The King’s Fund

Funding has not kept up with demand

Source: The Dilnot Commission
NHS: No one is safe

How to avoid toxic divorce

I failed over NHS deaths but will not quit

NHS starves 1,165 to death

New NHS hotline is putting people's lives at risk, say doctors

NHS failings cause 1,600 child deaths every year

Hospital hired me to fiddle death figures
A Sense of Urgency

- The NHS and social care need a substantial and sustained increase in investment
- Economics, politics and Brexit mean this may not happen in the short term
- There are great opportunities in the meantime to reduce waste, improve productivity and enhance quality...across systems and within institutions
- NHS leaders *can* do this...it’s difficult, but we don’t need permission!
- It will be a long journey...we need to start now
The Case for Improvement
There is a growing evidence base on what makes for a great healthcare organisation...
Reforming the NHS from within
Beyond hierarchy, inspection and market

Author
Chris Ham
**DRIFT**

**INVESTMENT**

**CUTS**

**REDESIGN**

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**Costs**

**Reducing**

**Increasing**

**Quality**

Source: Jim Easton
Building a system and culture for continuous improvement
Building A System For Improvement

Vision
- Long-term commitment
- Few bold aims
- Robust delivery plan
- Inspiring and engaging

Leadership and Culture
- Leadership at every level
- Patient and family centred
- Empowered engaged staff

Aligning Support Services
- Human Resources
- Estates
- Information Technology
- Finance

Developing an Operating System
- Embedded in planning and performance review
- QI Delivery on biggest goals
- Improvement as daily work

Capability
- Consistent method
- Multi-level approach
- Leaders as coaches and role models
- Lived experience partners

At least a 3 to 7 year plan to evidence the wider-scale results
Our assumptions...

- The framework is aimed at providers, but CCGs should be encouraging such approaches.
- It’s not yet aimed at ‘whole systems’, (e.g. ACOs) but could and should be developed for them in time.
- It will help organisations make their improvement activity more impactful, targeting both quality and productivity.
- It will not be easy for Boards and leadership teams to embark on a long term journey of transformation in the face of severe short term pressures.
- But this type of approach *is* now strongly encouraged by regulators, through the NHSI framework, ‘Developing people, improving care’ and through the CQC Well Led domain.
Vision

Long-term commitment
Few bold aims
Robust delivery plan
Inspiring and Engaging
Leadership and Culture

Leadership at every level
Patient and family centred
Empowered engaged staff
Is this typical NHS decision making?

- Manager led
- Retreat to the Boardroom
- Little if any data
- Speculation and anecdote
- “Monovoxoplegia”
Manager led vs. Fully engaged front-line staff
Retreat to the Boardroom vs. Based in actual workplace
Little if any data vs. Data driven / evidence based
Speculation and anecdote vs. Rigorous improvement method
“Monovoxoplegia” vs. Consensus decisions based on cycles of trial and error
Capability

Consistent method
Multi-level approach
Leaders as coaches and role models
Lived experience partners
To Develop a Change Culture:
You have two jobs: to do your job and to improve it

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<thead>
<tr>
<th>Professional knowledge</th>
<th>Improvement knowledge</th>
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<td>Specialist knowledge</td>
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<td>Personal skills</td>
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<td>Values, ethics</td>
<td>Psychology</td>
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<td>Knowledge</td>
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Improving diagnosis, treatment, care, rehabilitation and follow up

Improvement in processes and systems in healthcare

Increased value for the patient

Paul Batalden
Aligning Support Services

- Human Resources
- Estates
- Information Technology
- Finance

Developing an Operating System

- Embedded in planning and performance review
- QI Delivery on biggest goals
- Improvement as daily work
Leading Transformation
Developing People – Improving Care

A national framework for action on improvement and leadership development in NHS-funded services

Source: NHS Improvement
Common Objections

bullet "We’re not Japanese and we don’t make cars"
bullet "We’re too busy to do this"
bullet "This improvement stuff is okay, but we’ve got targets to hit and a deficit to tackle"
bullet "The regulator isn’t requiring us to do it"
bullet "Our Board/CEO aren’t interested in this"
bullet "We don’t have the know how"
bullet "This will go away in a month or two when the Chief Exec reads another new book"
Tackling these barriers

- Not Japanese  Adapt as well as adopt
- Too busy  Invest in protected staff time
- Targets to hit  Focus improvement on big goals
- Regulation  Reframe regulation
- Leadership will  Develop CEOs and Boards
- Skills gap  Build capability
- Faddism  Constancy of purpose
A joined up system for improvement

- Local Systems for Improvement
- Regional Level Capability Building and Networking
- National Level Leadership
The Stockdale Paradox
• We need leaders who have both honesty and faith

• We need to instill a sense of urgency and also inspire a sense of hope
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