Creating a culture of continuous improvement to enable staff to deliver high quality care for the people we serve

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Northumberland, Tyne and Wear NHS Foundation Trust
About NTW

Mental Health & Disability Foundation Trust

Local population of 1.4 million

Employ around 6,000 staff

Local catchment area of 2,200 mi²

We work from over 60 sites across
Northumberland, Newcastle, North Tyneside, Gateshead, South Tyneside & Sunderland

We also have a number of regional and national specialist services to England, Ireland, Scotland & Wales

Five local Clinical Commissioning Groups and Six Local Authorities

Turnover of around £300 million
Three organisations merge to create Northumberland, Tyne & Wear NHS Trust

New Chief Executive appointed

Organisational Restructure

Delivery model for SMR is developed and signed off by board including radical redesign of service provision

John Lawlor appointed as Chief Executive

CQC rated as Outstanding

2006

3 Major incidents occur

2007

NTW join the North East Transformation System (NETS) with VMI

2008

Independent inquiry take place with recommendations including service improvement team

2010

Awarded Foundation Trust status

2011

Service Model Review (SMR) – development of clinical service strategy

2013

Devolution and Collective leadership introduced

2016

NTW join the North East Transformation System (NETS) with VMI

2017

Operation restructure to move to locality / place based services
What we were really trying to do through transformation

- **Improve quality for the patient**
  - Improve patient outcomes
  - Improve patient experience
  - Improve clinical effectiveness
  - Improve safety

- **Be sustainable for the long term**
  - Comply with legislation and deliver performance
  - Have the capacity and capability to do the work
  - Have good relationships with our partners and staff

- **Reduce Cost**
  - Focus resources on what matters to patients
  - Strip out the waste
The symbiotic relationship
Community Services and Inpatient Services

52% of resources are used to support 3% of patients

- Finance from ward closures
- Protect Community Services
- Double run to keep safe
The symbiotic relationship
Transformed Community Services and Bed Model

**Virtuous Circle**
- Better Community
- Reduced Beds
- Fewer inpatients
- Reduced cost
- £
- Make savings
- £

**Vicious Circle**
- Poorer community
- Less Money available
- Not as few inpatients
- More beds than realised
- More cost than realised
- £
- Make savings
- £
Service Model Review Principles

• You should reach us, quickly and simply
• The earlier the better
• To get the right help and care, safely and easily
• From our flexible and skilled workforce
• In collaboration with you and your carers and partnership organisations
• So that you can gain / re-gain independence, as far as possible
• By making smooth and sustainable steps forward
• Reaching us again, simply and quickly
**Strategic Driver**

**Improve QUALITY for the patient**
- Improved outcomes and effectiveness: Substantially more evidence-based interventions; recovery focus; care pathways and packages; time well spent with patients
- **Improved experience:** patient and carer-centred services; care closer to home in the community; partnership approach; service user and carer involvement in design, collaborative ways of working, easy access and re-access of services
- **Improved environments:** good quality venues, accessible locations

**Strategic Driver**

**Reduce COST**
- Reduced reliance on inpatient beds
- Efficient services
- **Improved flow:** Align pathway across community and inpatient services; fewer admissions; reduced length of stay; better discharge planning; better transitions & partner working; balanced flow of access and discharge

**Efficient clinical services:** New systems and processes; IT revolution; reduced bureaucracy and waste

**Strategic Driver**

**SUSTAINABLE services**
- Skilled workforce
- Partnership and integration
- **Improved skills:** Clinical skills development programme; evidence-based interventions
- **Improved teams and team-working:** Aligned to patient need; new systems and processes; MDT working; team resources aligned to demand
- **Willing partners and integrators:** This can only work well as part of an aligned whole system
Our quality improvement Journey

2007
NTW became one of the 6 early adopters to sign up to the North East Transformation System (NETS) supported by Virginia Mason

2009
Board of Directors established the Continuous Improvement System (CIS) tasked with implementing lean thinking into the organisation

2010
it was reframed as the Continuous Improvement System and Knowledge programme (CISK), thereby better aligning with the regional NETS programme and also incorporating a programme and project management approach.

2015
CISK programme was formally closed as part of the restructure and devolution agenda and continues to be embedded across all levels of the organisation
Our aspiration

• To create a different level of thinking (i.e. lean thinking). Einstein has two quotes which perhaps neatly sum up why different thinking is key to our approach:

\[\text{Problems cannot be solved by the same level of thinking that created them}\]

\[\text{The definition of insanity is to keep trying the same things over and over but expecting different results}\]

• Ability to use new thinking to improve services. This includes imparting knowledge and skills in tools and techniques, but it also draws on leadership, courage and the ability to influence, especially given people do not always have positional power and leaders may not necessarily be receptive to change or to the different thinking.
Our model for building capacity and capability in Improvement

- Sponsors
- Certified Leaders
- Bespoke training designed for operational Leaders
- General Principles and Tools for Activists
- Awareness training for all staff
Devolution

Key Messages

- Two ways of leading an organisation – manage the business and/or manage culture
- Devolution is an approach to managing the culture to manage the business
- Organisations have centralists and devolutionists – some tension here
- Culture change is achieved by having a different conversation about the same old issues
- Devolution is a licence (Freedom to Act) within an agreed framework
- A key to success in Devolution is to be ‘United in Purpose and Independent in affairs’
- Devolution is achieved through emergent rather than planned change
- We work it out as we go along through conversation
- Devolution requires learning new ways of thinking and acting for everyone
- Devolution requires ‘mutual accountability’ and proactive assurance
- Satisfying Regulators and delivering performance is a given
Collective Leadership

• Command and control cultures in the context we find ourselves are inappropriate and unsustainable
• Too many levels of hierarchy in NHS organisations
• Front line staff should have the autonomy and control to provide care (within safe boundaries) in the way they know is most effective
• Empower staff to try things out, without fear of retribution
• We must create shared leadership in teams via collective leadership

Ref: ‘Caring to Change.’
The King’s Fund, May 2017
Collective leadership means:

**WE** are the Trust say patients who want safe, timely, targeted, and quality services delivered by skilled practitioners who can collaboratively develop a set of expectations and a road map for the journey ahead.

**WE** are the Trust say the organisational cogs – explicitly compassionate, patient and staff-focused, looking out for others, transparent and honest, respectful and fair, and striving for good communication.

**WE** are the Trust say the Clinical team who feel positive about their work and roles, working for a shared vision with focus, and opportunities for growth, owning their expertise and able to tolerate the unknown and discomfort the job often brings.

I am the Trust, say I who feels valued, secure, protected and supported whilst I play my part in joining others to say that WE are all the ‘Trust’.

*Community Teams, Phase One NTW Collective Leadership Programme, 2017*
Leadership style: top tips form our experiences

- Always taking the time to explain why something needs to be changed. Engage, engage, and engage again.
- If there is a reason a leader feels it necessary to intervene, make clear what that reason is.
- Seek to provide the context, as everyone’s take on the world is not the same.
- Keep people up to date with what is going on around them. It is particularly important to communicate even when there is little to say. Otherwise, the rumour mill will do it for you.
- Prioritise regular timeouts with the Board, the Executive Team, the Collective Leadership Teams, the wards and departments, and in support of all leaders at whatever level in the organisation.

\[\text{And above all: be yourself, be honest and transparent, engage and be genuinely interested in others. Support people through the hard times, always say thank you, celebrate your staff’s successes and keep a clear focus on morale.}\]
“Empowering all staff to lead continuous improvement is a key leadership role as chief executive, as well as supporting staff when the going gets tough – this is exactly when, as chief executive, you need to hold your nerve and encourage staff to keep focused on being the very best they can be.”

John Lawlor, Chief Executive, Northumberland, Tyne and Wear NHS Foundation Trust