

# Developing People Improving Care **Together.**



**One year on.**

## National Improvement and Leadership Development Board

### How do we work together?

Developing People Improving Care was created by the thirteen organisations that form the National Improvement and Leadership Development Board. Every month the operational leads for **Developing People Improving Care** from those thirteen organisations meet as an implementation group, which drives our approach to the framework, and ensures greater alignment between our work.



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# Together.

In 2016 **thirteen national organisations**, from health, social care and local government **joined together** to create Developing People Improving Care. This is a framework to **develop improvement** and **leadership** capability, based on national and international research, as well as conversations with people across the health and care system.

Developing People Improving Care makes it clear that traditional approaches to capability building and ways of working are no longer what is needed, and that:

Compassionate and inclusive leadership and cultures of continuous improvement are dependent on each other. Building capability and capacity of staff is essential to meet the challenges facing health and social care.

The approach and attitude of oversight bodies need to change<sup>1</sup>.

This is a framework for everyone, clinical and non-clinical, at every level, within health and social care. Only by working together can we achieve the continuous improvement in care for people, population health and value for money that the framework sets out to achieve.

<sup>1</sup> <https://www.hsj.co.uk/policy-and-regulation/nhs-should-not-tolerate-return-to-bad-days-of-bullying/7017107.article>



The national leadership bodies will take action to implement the next steps of the **Developing People Improving Care** framework for improving leadership and improvement capability across the health and care system...

**Next Steps on the  
NHS Five Year Forward View, 2017**

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# What Developing People Improving Care means for us

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## **Being different by working together**

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Developing People Improving Care argued that the challenges we face together mean that there has never been more important time to think about how we lead, and the ways in which we can enable improvement to deliver value.

We can only make the changes **Developing People Improving Care** calls for if everyone is involved, from people involved in the delivery of care on a daily basis through to the CEO of a national organisation. In this section people working across the health and social care system set out what **Developing People Improving Care** means for their organisation and its work. You can read their full articles on the NHS Improvement website.

This publication highlights some of the work that is taking place across the health and care system to develop the five conditions that **Developing People Improving Care** identifies as being required to **deliver a real change** in leadership and improvement capability. It also sets out plans for the year ahead and some of the steps you can take to learn more about some of the things covered here.

Health and social care continues to face considerable challenges. We acknowledge that the approach of oversight bodies needs further change as there are still many examples where those organisations do not model the compassionate and inclusive leadership required at all levels of the system. There is also much work to be done to ease regulatory burden, in particular in relation to data requests.

At its heart **Developing People Improving Care** is about making sure everyone working in health and social care does so in an environment that is compassionate and inclusive, with the time and skills they need to continuously improve themselves and those around them. The challenges we face are great. We will not be successful in meeting those challenges without the fantastic people that work in health and social care. Developing improvement and leadership capability is therefore essential.



**Developing People Improving Care** is aimed at tackling this challenge by developing the compassionate leadership that is so necessary at this time of unprecedented demand on our health service.

In my role as National Guardian, I have seen first-hand the difference that it makes when people are able to speak up about anything that gets in the way of providing great care, knowing that the right actions will be taken as a result and that they will receive feedback on the outcome.

**Dr Henrietta Hughes**

The National Guardian for the NHS

There is no doubt in my mind that the challenges we face are as tough as they have ever been but from my perspective that's even more reason to pay attention to the conditions that enable staff to deliver high quality care. It is only by working together that we can achieve our aspirations. We have to proactively help our people to be the best they can be so that they can deliver the best care and support to the people they serve, to enable them to live the best lives they can.

That's what being a public service leader is all about and that's why the approach within **Developing People Improving Care** is so important to us.

**Heather Tierney-Moore**

Chief Executive  
Lancashire Care NHS Foundation Trust

### **Trevor Fernandes**

A patient leader

Service users and patients know that the NHS is stretched. We are totally aware that there is greater demand and scarce resource. We feel that something has got to change and that is the culture, we need to adopt this continuous improvement.

It's a systematic approach but it works, it works in outside industry and I think we need to do it in the NHS. If we can adopt that, we can have that quality of care we are looking for.

As a leader in social care, it is a delight when staff approach with an idea and it is wonderful to see them implement new ways of working, taking ownership and pride in what they do. With issues around staff retention, rising costs and social care budgets being squeezed, it would be easy to not invest in the workforce. However it is that workforce, that makes the difference between a good and outstanding service to one that is lacking or inadequate.

As a professional, a manager and a leader I believe that we should constantly challenge in order to move forwards. The aging population has changed, the world has become a much smaller place with today's technologies and the expectation of those using our services is greater.

### **Jo-Anne Wilson**

Registered Manager, Social Care

In our local area we have been thinking of ways to approach the issue of unwarranted variation in primary care. Talking to my peers and colleagues it is clear that the case for change does not actually need repeating – people already accept that things cannot continue the way they are if we want to provide consistently high quality care for all our patients. But what is perhaps most interesting is that the conversations we are having are starting to consider people as well as the process. We have recognised that if the answer really does lie within 'the system' then we need to enable the right people with the right tools, as well as provide the headspace, for change to really happen. The framework has helped us to think more clearly about how we can develop our workforce so that a culture of continuous quality improvement exists in every practice, whilst still respecting the individuality of primary care.

### **Dr Yuviraj Pattni**

General Practitioner



# Developing People Improving Care Together.

**Developing People Improving Care** is the national framework to develop leadership and improvement capability throughout the health and care system. It seeks to create the right conditions to equip and encourage all staff and organisations involved in NHS funded activity to continually improve their local health and care systems.

## The change we want to see:

- Behavioural change from the centre, with oversight bodies modelling compassionate and inclusive leadership
- Enhanced systems leadership capacity throughout the NHS
- Improvement skills for all staff
- Compassionate, inclusive leadership delivered by staff at all levels
- The right numbers of diverse, appropriately developed people to fill current and future senior management vacancies.

## Why this is important

Evidence and experience from high performing health and care systems shows that having these capabilities enables teams to continuously improve population health, patient care, and value for money. Developing these capabilities and giving people the time and support required to see them succeed is vital if the healthcare system is to meet the challenges it faces.

## The three pledges

The oversight bodies that are part of **Developing People Improving Care** recognise that our behaviour and approach to how we do our jobs directly affects the time and space that those on the frontline have to focus on leadership and quality improvement.

Because of this, we made three pledges in **Developing People Improving Care**:

**1.**

We will model in all our dealings with the service and in our own organisations the inclusive, compassionate leadership and attention to people development that establish continuous improvement cultures.

**2.**

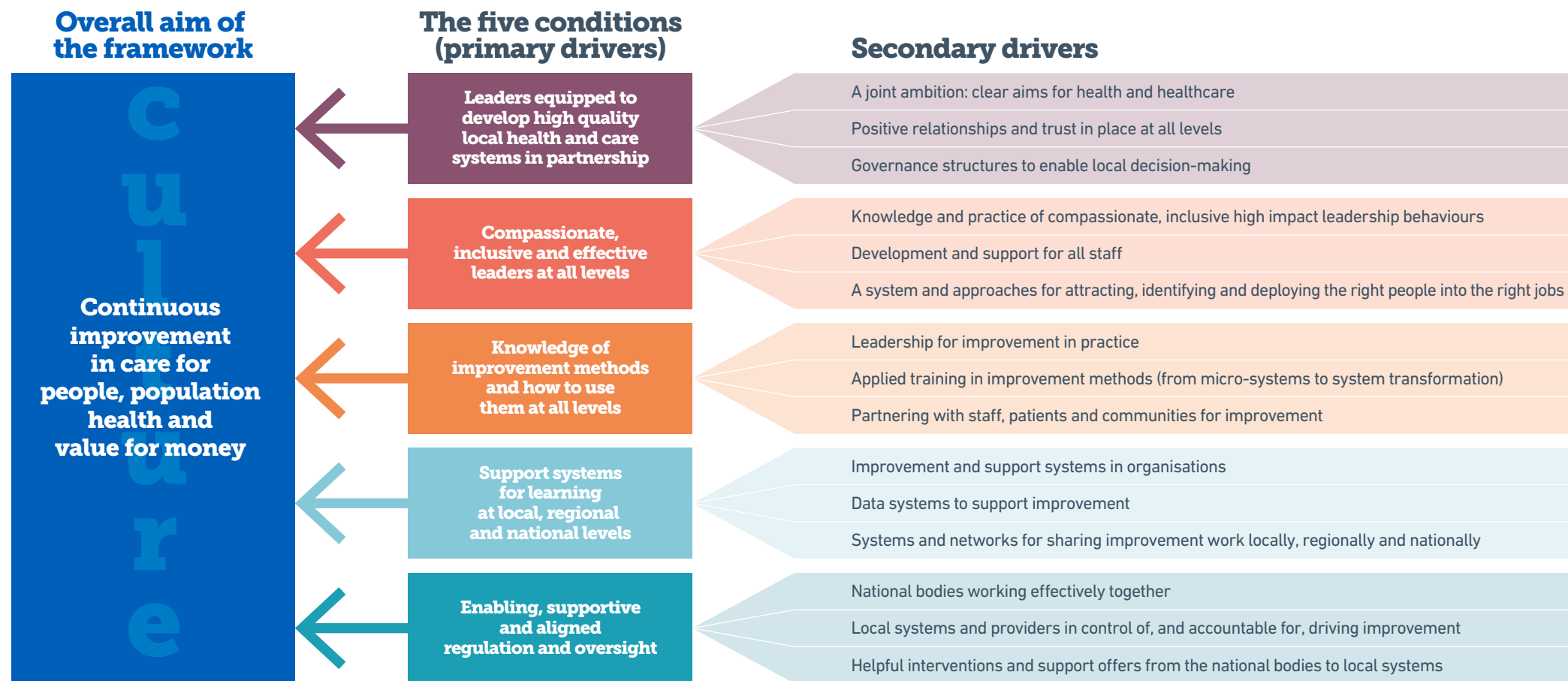
We will support local decision-makers through collectively reshaping the regulatory and oversight environment. In particular, we owe local organisations and systems time and space to establish continuous improvement cultures.

**3.**

We will use the framework as a guide when we do anything at a national level concerning leadership, improvement and talent management so we engage across the service with one voice.

## The five conditions

Developing People Improving Care is a framework for guiding action to build skills, develop current and future leaders and manage talent. The framework we propose for guiding such action is based on evidence and experience from high quality health and care systems. It identifies five conditions common to high quality systems that interact to produce a culture of continuous learning and improvement, with actions to drive these five conditions at a local, regional and national level.



## What should your first steps be?

### Model compassionate and inclusive leadership

Research shows the most powerful factor influencing culture is leadership. Continuous quality improvement and value requires the development of cultures that are compassionate and inclusive.

Here are some resources that you may find useful:



<https://www.england.nhs.uk/wp-content/uploads/2014/12/london-nursing-accessible.pdf>

Short guide: **Why is culture important?**  
[https://improvement.nhs.uk/uploads/documents/01-NHS101\\_02\\_Improvement\\_Mini\\_Guide-Why\\_\\_100417\\_I.pdf](https://improvement.nhs.uk/uploads/documents/01-NHS101_02_Improvement_Mini_Guide-Why__100417_I.pdf)



<https://www.leadershipacademy.nhs.uk/programmes/the-edward-jenner-programme/>  
<https://www.sheffield.ac.uk/news/nr/healthcare-staff-mental-health-research-1.740887>

### Seize every opportunity to improve and innovate

As the Berwick review identified<sup>2</sup>, not everyone needs to be an expert in an improvement approach – but all staff should understand the principles and how they can contribute to improving care. Below are some resources that will help you to develop your own understanding of improvement:



Dosing document (NHS Improvement)  
[https://improvement.nhs.uk/uploads/documents/01-NHS107-Dosing\\_Short\\_Guide-040917\\_E.pdf](https://improvement.nhs.uk/uploads/documents/01-NHS107-Dosing_Short_Guide-040917_E.pdf)

Don Berwick  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2350403/pdf/bmj00532-0035.pdf>



Quality improvement made simple: **What everyone should know about healthcare quality improvement** (Health Foundation)  
<http://www.health.org.uk/publication/quality-improvement-made-simple>

Quality improvement in mental health (Kings Fund)  
<https://www.kingsfund.org.uk/publications/quality-improvement-mental-health>

Guide to Quality improvement methods (HQIP)  
<https://www.hqip.org.uk/resources/guide-to-quality-improvement-methods/>

## Improving:Together

Developing People Improving Care is about doing things in a different way to get a better result.

But we know that one of the challenges in terms of compassionate leadership or quality improvement is that it can be hard for an individual to feel they have permission, to make these changes, within a system that may be inflexible; or because they don't want to do it alone. Improving:Together is about making people feel part of a wider community, to enable them to feel more comfortable when 'doing things differently'.

We are calling for everyone in health and care to start by making one change to their day by day work that contributes to the creation of the five conditions called for in Developing People Improving Care.

Tell us what you are going to be doing differently using

# #improvingtogether

## Facing the Facts, Shaping the Future – a draft health and care workforce strategy for England to 2027

Published in 2017, this draft strategy sets out proposals for the management of workforce issues at both local and national level, and acknowledges the immediate and significant workforce challenges facing the health and care system.



<https://www.hee.nhs.uk/sites/default/files/documents/Facing%20the%20Facts%2C%20Shaping%20the%20Future%20%E2%80%93%20a%20draft%20health%20and%20care%20workforce%20strategy%20for%20England%20to%202027.pdf>

<sup>2</sup> Berwick, D., National Advisory Group on the Safety of Patients in England (August 2013), A promise to learn – a commitment to act: Improving the safety of patients in England, Crown.

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# The Year Ahead

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# Working Together.

We recognise there is a long way to go at all levels of the system in developing the five conditions identified in **Developing People Improving Care**. There are still many examples of unaligned regulation, absences of compassion in leadership and a failure to create environments in which continuous improvement and innovation are possible.

## NHS CONFEDERATION



Because of this, we want to prioritise working together as national partners to meet our three pledges to the system:

- **To model in our dealings with the service and in our own organisations, the inclusive, compassionate leadership and attention to people development that establishes continuous improvement cultures.**
- **We will collectively reshape the regulatory and oversight environment to support local decision makers.**
- **We will ensure we engage with the service with one voice, using the framework as a guide for everything we do relating to leadership, improvement and talent management.**

One of the ways we will do this will be to work in partnership with a local health and care system, to support them and learn from their local work. This pilot will include priority work from the framework to reduce the data burden, support local talent management, strengthen leadership for improvement and implement measurement for improvement. We will also use this opportunity to assess what the three pledges mean for those working in health and care.

To follow each of the organisations that sponsor **Developing People Improving Care** set out their area of specific focus for the year ahead:

The NHS Confederation will continue to support the development of strong NHS leadership. Over the coming year we will particularly seek to support the development of system leadership as the focus continues to shift from organisation to system. Transformation and system-wide change require specific skills and a particular type of leadership and our focus over the next twelve months will be to support our members to manage this shift. We will also continue to work collaboratively with colleagues in local government to support the greater integration of local services and ensure we have the leadership skills required to deliver integrated services.

Our focus will be on nurturing and development leadership skills across the NHS. We will do this by continuing to support the development of the Women Leaders Network and working with newly appointed CEOs. We will also continue to support the NHS through our focus on equality and inclusion across the whole NHS, specifically by supporting the NHS to implement the Workforce Race Equality Strategy.

We will use Confed18, our annual conference, to explore key leadership issues and celebrate innovative leadership across the NHS and wider system.



NHS England is an active member of the **Developing People Improving Care** Implementation group and Board; we will continue to ensure that we contribute fully in the implementation of the framework across our work areas and move to embed the pledges and key priorities within our core business areas, supported by our new National Director Emily Lawson.

Our commitment is to be actively involved in the work, reduce duplication of effort and maximise improvement and leadership offers for the NHS and social care system as part of the delivery of the Five Year Forward View. We will consider how the **Developing People Improving Care** work can also help our internal delivery of the Transforming NHS England programme and our interest in using continuous improvement knowledge across and within our organisation. We have a particular interest in the improvement, talent management, leadership development and retention opportunities that this framework provides for cross organisational working.



In 2018-19 our business plan priorities for our Department of Health funded work fall into two key areas. Both are identified in the DH high level Workforce Strategy: improving recruitment and retention, and integration and workforce development. We organise much of our work beneath these two headings. All of it is designed to help adult social care employers get, keep and develop their workforce.

The success of **Developing People Improving Care** really matters; for us, the role of leadership in the workplace is paramount. This is why we've created a variety of development programmes, tools and resources to help leaders and managers at all levels, feel supported in their roles. In adult social care, Registered Managers play an especially important role in raising quality standards. We support Registered Managers at every stage of their career and have resources to help them with the issues they face on a day-to-day basis. For example, our LQF 360° assessment tool can help managers identify where their strengths and weaknesses are so that they can further develop.

All our activity supports our vision of a confident, caring, skilled and Well-led workforce that is valued by people who need care and support.



## Health Education England

In addition to the extensive activity being led by our national and local leadership academies, Health Education England has committed, through a number of its other work streams, to delivering on the strategic intent of **Developing People Improving Care**. For example:

### **Embed improvement and leadership development in curricula (Action 8)**

HEE has a specific educational relationship with 50,000 doctors in postgraduate medical training for whom it is directly responsible. 2017 saw the development and publication of a strategy to enhance the leadership development offer to this key group of NHS staff. Working in partnership with local leadership academies, postgraduate deans and their teams are now developing a clear, accessible and coherent offer for all trainees that focuses on the future needs of the NHS including compassionate leadership, building skills for improvement and co-production with patients and citizens. A related piece of work is in progress in relation to the undergraduate curricula of healthcare professionals.

### **Ensure easy access to improvement and leadership development resources (Action 9)**

The workforce transformation efforts of local HEE teams have been consolidated around HEE's workforce transformation star tool which places leadership development as one of five key categories of intervention which also include new roles, new ways of working, upskilling and supply. The star articulates HEE's offer to the wider health system and places a person-centred, compassionate approach at the heart of our local transformation activities.

### **Create a consistent, supportive regulatory approach (Action 11)**

Within HEE itself, a structural reorganisation has led to the recent formulation of a national organisational development plan. Although there is much to be done, the proposed approach to organisational development will support staff to behave in line with the principles of the national framework as well as equipping them with the skills for improvement and innovation.





## Leadership Academy

### **Ensuring the presence of inclusive, compassionate, and collaborative leadership knowledge, skills, attitudes, and behaviours at all levels of health and care**

We have established **Building Leadership for Inclusion** – a programme of work to empower and support health and care staff from under-represented groups to lead the changes required to achieve greater levels of equality, diversity and inclusion.

### **Enabling, convening and supporting whole-system talent management**

Locally, we're working with organisations to adopt a consistent talent management approach for health and care staff. Nationally, we will recommend how those staff with the highest potential can access further support. We're running a Regional Talent Board pilot to help local systems collaborate to identify, nurture and appoint talented health and care staff.

### **Increasing the availability, scale and reach of high quality, high impact, leader, and leadership development opportunities**

We have developed, and funded, plans for increasing the scale of our programme offer to reach over 20,000 participants per year. We are also increasing the reach of our programme offer by directly supporting Sustainability and Transformation Partnerships (STP) leaders and other professional groups, such as community pharmacists, commissioning leaders, patient leaders, chief executives and others; with bespoke leadership development. We are also doubling the size of the NHS Graduate Management Training scheme so over 200 of the country's top graduates will be supported to join our health and care services every year.



NHS Providers is the membership organisation and trade association for NHS acute, ambulance, community and mental health services that treat patients and service users in the NHS. With 98% of trusts in membership, we are well placed to support and communicate with those who provide services for patients every day and gain feedback on **Developing People Improving Care** initiatives in action. A year has sped by and we know that there is still a lot to do in supporting organisations to move ahead in this area. It is not a quick fix but wholesale change over the long term. However, we can see the progress that providers and the wider system are making in this, and more importantly, how this is gathering pace.

The challenge now is to see improvement embedded in the culture of each and every organisation, and in the work of every individual in those organisations. So, over the next year, the whole NHS Providers team will continue to encourage and support our members in this work. We will continue to work collaboratively with the **Developing People Improving Care** signatory bodies to encourage whole system improvement – for the good of, and in the interests of, every person using our health services in this country.

## NHS Clinical Commissioners

The independent collective voice  
of clinical commissioning groups

NHS Clinical Commissioners is the membership organisation for clinical commissioning groups, and is the independent organisation of CCGs. We provide a strong collective voice at a national level, and facilitate shared learning. We are working with CCGs to help spread the work of the **Developing People Improving Care** programme, with the aim of sharing best practice.

Over the next year, we will be working with key organisations to develop a support offer to improve commissioning capability within CCG leadership. In line with the pledges of **Developing People Improving Care**, NHSCC will work to support, and build professional resilience, and improvement capability among leaders. As part of NHSCC's work, including the support offer, we support peer-to-peer learning, which contributes to one of the five conditions within **Developing People Improving Care**.

## NICE National Institute for Health and Care Excellence

NICE will continue to be an active member of the NILDS board, and on a targeted basis will contribute to the implementation group proportionate to our role in this field. We have offered to work with the NILDS implementation group to ensure that our guidance, standards and indicators add value to the activities of other partners' organisations. We will continue to promote the use of the framework through relevant NICE communications activities.

As NICE embarks on 2018/19 business planning, we will continue to take account of the **Developing People Improving Care** framework. This applies to all business activities aimed at promoting a culture of continuous improvement, internally and externally, to uphold our ambition to remain a world-renowned organisation. Julie Royce, Associate Director for Implementation Support will continue to support NICE business leads as the implementation lead for this endeavour.

**// NICE continues to commit to the **Developing People Improving Care**. We see it as vital to bring together quality improvement and leadership development, ensuring knowledge in this field is expanded and embedded across the system. We will reflect this in our own internal staff policies, products and services, to contribute to this goal. //**

### **Professor Gillian Leng**

Director of Health and Social Care  
and Deputy Chief Executive at NICE



Everyone who works in, uses or supports health and social care needs to do their bit to improve quality – including CQC.

Our commitment to encouraging this improvement is not just set out in the legislation that governs our purpose. It is also restated in our strategy, where we make clear our pledge to continually evolve the way we work to strengthen our approach to encouraging improvement in the quality of care across the health and social care system.

We also continue to strengthen the way we work with our partners like NHS Improvement and NHS England. We are working to align regulation and oversight, reduce duplication, and make sure we all have a shared understanding of what we mean when we talk about quality. And we are developing the understanding of our staff how to encourage improvement in everything we do, including in how we work with the services we regulate.

Having completed tens of thousands of inspections of health and social care services since 2014, we know that good leadership is crucially important in driving quality improvement. We will support people across health and social care by sharing what we have learnt about how providers make improvements, and the role that leadership plays in driving high-quality care.



## Public Health England

Public Health England is committed to the **Developing People Improving Care** aims. We already have a number of national and local projects underway including:

- Aspiring Directors of Public Health participating on the **21st Century Leadership programme** model inclusive and compassionate behaviours to engage, enable and inspire their teams with confidence.
- Regional Talent Boards in the East of England, collaborative working between PHE, NHS England and NHS Improvement in the North and our commitment to the Health Care Leaders Scheme underscores our internal commitment to develop leaders from all fields equipped to develop high quality local health and care systems in partnership.
- Our partnership with other organisations in health and with local government to influence good public health in all aspects extends to different settings. This is demonstrated in Falls Prevention work between PHE, the NHS and providers in local areas. **Making Every Contact Count** is another fantastic example of collaborative working with the aim of continuously improving the system and user experience.
- PHE is actively participating in national initiatives to promote and develop leadership and talent. As well as activity across the health system and with local government PHE is appropriately engaged with the Civil Service, its talent schemes and **Leadership Academy** so that our future leaders can learn from expanded networks and contribute to broader understanding of Public Health among leaders across the public sector.



The LGA was pleased to be consulted as part of the process of putting this strategy together because, as cross organisational working between health and local government gathers momentum, we recognise the importance of having fantastic leadership at all levels in health organisations. Brilliant leaders inspire and engage their own workforce and that of partner organisations to deliver the best possible health outcomes in local places. That is a shared agenda with councils and we will continue to welcome opportunities to work together to enable our talented workforces to collaborate in the interests of local people.

The purpose of the framework is to equip and encourage people working in NHS funded roles to deliver continuous improvement in health and social care. The LGA is committed to supporting leadership across care and health and the types of support provided with partners in supporting whole system working. These include the following:

### System wide care and health peer challenge

This is a proven tool for improvement that involves a small team of peers from local government and health spending time in a 'system' or place supporting the following:

- local place-based leadership with their particular priorities, approaches and geographies
- progress on locally identified system challenges and opportunities
- relationships across organisations and the local system, including health and wellbeing boards
- sharing and application of innovative practice.

### Leadership Essentials

A two day residential course for political and clinical leaders in relation to health and care systems. An opportunity to reflect on the leadership challenges of these roles, share experiences and actively learn from each other.



## Improvement



Over the past year **Developing People Improving Care** has been the framework for our approach to improvement and leadership development. We have developed a number of support resources for leaders of providers in culture and leadership, measurement for improvement, building improvement capability and patient flow. The framework will continue to be our guide in developing capability in the year ahead.

**We will focus our efforts on three key areas – supporting effective provider and system leadership teams, increasing the supply of diverse and skilled leaders and building capacity and capability for learning and improvement. By focusing on these three areas we will aim to improve the supply, effectiveness and capability of systems leadership.**

It is imperative that we continue to strive to meet the three pledges that the oversight organisations made last year. The Well-led framework is a good example of increased alignment in the regulatory approach, but we need to ensure we are better aligned in order to help and enable people working across the health and care service.



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# Moving towards the five conditions

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The next section sets out examples of progress made by teams across the country over the last year towards the creation of the five conditions. Developing these capabilities across all parts of the system will take time but these case studies demonstrate the steps people are already taking to ensure systems of compassion, inclusion and improvement are at their core.

## condition one

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# Leaders equipped to develop high quality local health and care systems in partnership

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## actions

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Support development of system  
leadership capability and capacity

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Develop and implement strategies for  
leadership and talent development

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## condition one

### Leaders equipped to develop high quality local health and care systems in partnership

## case study Building confidence in social care managers

### Registered Manager Network, Coventry

A new network for managers in social care is providing space for Registered Managers to share their experiences and find mutual support, building confidence and skills.

// I know that the role of the Registered Manager can be isolating... I wanted to make sure that the network was a success so that other managers could access the sort of support that I was looking for. //

### Laura Hambridge

Chair  
Coventry Registered Manager Network

Working in social care can be extremely rewarding, but the Registered Manager role is a demanding one. Dealing with difficult and distressing cases without the support from colleagues can take its toll.

That is why in May 2017 Coventry became the latest town to launch a network for Registered Managers – the latest in a growing number of networks around the country (currently 150 across England), facilitated by Skills for Care.

Network Chair Laura Hambridge helped establish the network because of her own experiences in the role. “I know that the role of the Registered Manager can be isolating,” she explains. “You can often feel alone, particularly if you are working for a small company, with a single location. I wanted to make sure that the network was a success so that other managers could access the sort of support that I was looking for.”

For Laura, the chance to share experiences is invaluable: “It’s a great place to come and have another Registered Manager to speak to away from the office.” Managers receive support and reassurance in a setting that is confidential – crucial because of the sensitive nature of their roles.

The network has already hosted events on a broad range of topics, including staff retention, development for new managers, Deprivation of Liberty Safeguards and local initiatives to combat pressure ulcers and infection. They have made links with other local bodies, including the local authority safeguarding team.

Members find that networks are very different from the other sorts of meetings they attend, because of the breadth of topics on the agenda (set by the managers themselves). They provide a useful opportunity to stay up to date but crucially, says Laura, “it helps you to realise that you’re not alone.”

As a result of these changes, there has been a 61% decrease in the number of falls and a 57% decrease in hospital admissions.



## condition one

### Leaders equipped to develop high quality local health and care systems in partnership

## case study **Developing leadership in Registered Managers**

### The Well-led framework, Skills for Care

Leadership is increasingly recognised as a crucial ingredient in high-quality care. That's why Skills for Care introduced a new programme offering leadership development to adult social care managers.

// Leadership starts with understanding how you tick. I found the dynamics, variety, and knowledge base of the sessions really challenging in a positive way. //

### Jason Denny

Registered Manager  
Old Hastings House

CQC inspections frequently highlight strong leadership as a factor in Well-led rated services. In response, Skills for Care consulted Registered Managers to develop a new programme to support them.

The **Well-led framework** is a national leadership development programme for managers of adult social care services working in the private, public or third sectors. It is designed to provide a stepping stone from management to leadership for the Registered Managers.

Jason Denny was one of the first to sign up, and completed the programme in March 2017. "Leadership starts with understanding how you tick. I found the dynamics, variety, and knowledge base of the sessions really challenging in a positive way."

The programme is taught in-house at organisations or individuals can join open-access programmes. It includes four interactive workshops over a three-month period, exploring live issues, challenges and practical examples of Well-led services.

It provides insight into other leadership approaches, including practical approaches on how to lead high-performing teams and how to become an influential leader outside the boundaries of one's own service.

The course is designed to benefit individual learners but also the organisations they work for, with enhanced emotional intelligence, problem solving, awareness of leadership style and behaviours and improved motivational skills.

Jason is now putting his learning into practice at his own service, but is also actively involved in sharing best practice with other Registered Managers via local networks and as a panel member at national conferences. "Learning from other managers and the facilitators was a great place to reflect on plans for my service, make changes to my approach and forge new plans," says Jason.

## condition one

### Leaders equipped to develop high quality local health and care systems in partnership



## case study Investing in the future though graduate talent

Hertfordshire County Council

For organisations focusing on their talent pipeline, a national scheme is supporting health and social care organisations to employ new graduates, supported by a development management approach.

A sustainable health and social care sector needs a good pipeline of talent to grow through the ranks and become the leaders of tomorrow. The Skills for Care and the NHS Leadership Academy have been collaborating in this area for some time. Their most recent offering is a one-year programme that fast-tracks graduates towards leadership roles within innovative health and social care settings.

Danny Gibb, Head of Practice Development at Hertfordshire County Council, was a Placement Manager for the 2017 graduate programme. For Danny, it was important that both parties benefited from the relationship, so he and the graduate worked together to agree on what they both wanted to achieve. They set some key aims and objectives, and then used these to check how the role was progressing over time.

This was Danny's first experience of directly employing a graduate trainee and he found the direct support and guidance from Skills for Care very helpful in preparing for the post and planning the activities their graduate would carry out. "It was really satisfying supporting an enthusiastic and motivated individual," he says, "watching them grow and develop into a highly regarded, confident and productive professional."

**//** It was really satisfying supporting an enthusiastic and motivated individual; watching them grow and develop into a highly regarded, confident and productive professional. **//**

### Danny Gibb

Head of Practice Development  
Hertfordshire County Council

## condition one

### Leaders equipped to develop high quality local health and care systems in partnership

// At the heart of this approach is an intent to collaborate and work to a common standard of excellence. //

**Developing People Improving Care** Framework aims to create five conditions to enable people to continuously improve care. One is to equip leaders to develop high quality local health and care systems in partnership, collaborating with partners across organisational, professional and geographical boundaries to build relationships and achieve shared system goals. The Regional Talent Board in the Midlands and East is an excellent example of this coming to fruition. Martin Hancock, national head of talent management at the NHS Leadership Academy, explores why.

During the co-design of **Developing People Improving Care**, provider trusts and CCGs said they felt there was insufficient regional presence to convene and coordinate talent management activity. Work to create four Regional Talent Boards (RTBs) followed.

The first RTB was established in the Midlands and East. It's made up of a cross section of the region's health and care stakeholders, including provider trust chief executives, CCG accountable officers, HR Directors and regional directors of arm's length bodies.

While convened and supported by the National and Local Leadership Academies, the Board is self-governing. Its vision for a talent management is characterised by a 'one NHS' philosophy where everyone takes ownership, in partnership with and supported by the regulator and arm's length bodies. At its heart is an intent to collaborate and work to a common standard of excellence for how they will hold themselves to account for delivering on the shared ambition of enabling whole system talent approach.

The Board set out its vision and has agreed the following strategic priorities:

- Create a talent management framework for provider trusts & CCGs and commit to embedding best practice at organisation level in line with the Care Quality Commission's 'Well-led' domain
- Collect and use data to understand the region's emerging talent pipeline and demand need, providing clear visibility of current and future talent at all levels
- Underpin delivery with sustainable, industry-standard systems and processes
- Create a regional talent pool to be the default source of appointable candidates for executive director roles, leading to significant reduced use of commercial suppliers
- Link development to the way senior posts are filled

The programme of work to deliver these strategic priorities was signed off earlier in the year and a virtual programme team established. This is made up of staff from provider trusts, CCGs, the arm's length bodies and national and local Leadership Academies. Delivery has begun on the individual workstreams and dedicated resource is being identified and recruited.

The Academy has initiated early conversations in the other regions with a view to having a Regional Talent Board established in every region by the end of FY2018/19.

## condition one

### Leaders equipped to develop high quality local health and care systems in partnership

## case study Building public health leadership skills

### University of Birmingham

Public health plays a crucial role in the health of our society, but its leaders operate in increasingly complex environments. A new course is helping leaders face these challenges through a new specialist programme.

For the public health leaders of today, work often takes place in environments that are complex, volatile, uncertain and ambiguous. They need to be skilled at building relationships across whole systems of public service provision, and able to operate effectively in a dynamic political landscape.

The 21st Century Public Servant Leadership Programme at The University of Birmingham 2017-2020 is designed to equip leaders to develop high quality local health and care systems. The course was developed jointly by the university's Health Services Management Centre, the Institute of Local Government Studies, the Medical School Public Health faculty and Public Health England.

Aimed at aspiring directors of public health, each cohort includes up to 30 people from across the UK and a variety of work settings. Following a rigorous competitive process, successful candidates attend seminars, experiential labs, skills-based workshops, learning sets and coaching conversations throughout the nine months of the programme.

The programme supports participants to find ways of working successfully as a director of public health in the 21st century. It shows them how to apply the principles of systems leadership to their work, build a connected learning community, and develop the behaviours, skills and knowledge of effective systems leaders.

The programme is evaluated at each stage to assess what the participants have learned and how far they have applied it to their work practice.

#### By the end of the programme participants gain:

- greater self-awareness about their strengths and skills as leaders
- understanding of individual areas for improvement
- the wherewithal and intention to fill development gaps
- an understanding of how to build and sustain system-wide strategic partnerships and collaborate to deliver health improvements in, and for, local communities.

Participants will have made progress on the challenges they brought to the programme and greater confidence in their ability to lead within health and care systems. Ultimately the aim is for many to fulfil their ambitions at director level and to continue making a difference in the communities they serve.

There are plans in the longer term to follow up with participants, sponsors and alumni to evaluate the impact of the programme on goals at individual, organisational and system levels.

## condition one

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**Leaders equipped to develop high quality local health and care systems in partnership**

### **GenerationQ Fellowship**

Health leaders today face a demanding challenge: to meet ever-growing need in the face of a tough economic climate. GenerationQ shares innovation and builds insight to produce a transformative experience.

### **The Health Foundation**

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In the current climate, senior leaders need cutting-edge skills and techniques to drive forward and influence improvements across services and organisations.

GenerationQ is a part time, fully funded leadership programme for senior leaders from health care practice, policy and the charity sector. Funded and delivered by The Health Foundation in collaboration with Ashridge Executive Education, the programme is an intensive, high-impact learning experience that includes individual coaching, residential forums and action learning in facilitated peer groups.

It aims to create a network of skilled and effective leaders who are able to have an impact on improving quality of care beyond their immediate sphere of influence.



To find out more, view the following video and animation

<https://www.youtube.com/watch?v=EdGmakHKPAY>

[https://www.youtube.com/watch?v=my5UWzDn\\_V8](https://www.youtube.com/watch?v=my5UWzDn_V8)

## **condition two**

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# **Compassionate, inclusive and effective leaders at all levels**

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## **actions**

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**Develop compassionate and inclusive leadership for all staff at every level**

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**Embed inclusion in leadership development and talent management initiatives**

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**Support organisations and systems to deliver effective talent management**

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**Improve senior level recruitment and support across NHS funded services**

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## condition two

### Compassionate, inclusive and effective leaders at all levels

## Investing in culture and leadership

A national programme is helping organisations identify challenging areas in their organisational culture and to design their leadership approaches and local strategies to address them.

### NHS Improvement

Organisational culture plays a fundamental role in the success of any system and organisation. Compassionate, inclusive leadership is the key to creating culture that gives health and care staff the freedom and confidence to act in the interests of patients. It also leads to sustainable clinical, operational and financial performance.

But leaders can often find culture difficult to pinpoint and transform. To help address this challenge, NHS Improvement has been working in partnership with The King's Fund and the Centre for Creative Leadership to develop a culture and leadership programme.

The programme draws on national and international evidence that identifies the cultural elements and leadership behaviours needed for high quality care cultures. The team has developed open-source resources available on the NHS Improvement website, designed to enable organisations to discover their cultural challenges and design strategies for developing compassionate and inclusive leadership.



condition two

Compassionate, inclusive and effective leaders at all levels

The five cultural elements and the behaviours that underpin them

Leadership behaviours

Cultural elements

Encouraging pride, positivity and identity in the team / organisation

Facilitating shared agreement about direction, priorities and objectives

**Vision and values**  
Constant commitment to quality of care

Ensuring necessary resources are available and used well

Ensuring effective performance

**Goals and performance**  
Effective, efficient, high quality performance

Valuing diversity and fairness

Modelling support and compassion

**Support and compassion**  
Support, compassion and inclusion for all patients and staff

Helping people to grow and lead

Enabling learning and innovation

**Learning and innovation**  
Continuous learning, quality improvement and innovation

Building partnerships between teams, departments and organisations

Building cohesive and effective team working

**Team work**  
Enthusiastic cooperation, team working and support within and across organisations.

The programme has been piloted in three trusts: East London NHS Foundation Trust, Manchester University Hospitals NHS Foundation Trust and Northumbria Healthcare NHS Foundation Trust. From their work on the design phase of the programme, the three trusts are finalising their leadership strategies, highlighting a range of interventions. For example:

- Manchester University Hospitals NHS Foundation Trust is developing and embedding the vision, strategic narrative and values and behaviours of the newly merged organisation. It is also establishing (and redesigning, where needed) attraction, recruitment and induction programmes.
- East London NHS Foundation Trust is continuing to work on black and minority ethnic (BAME) staff experience and taking a strengths-based approach to areas such as enhancing team effectiveness.
- Northumbria Healthcare NHS Foundation Trust is running a trust-wide review of vision and values to inform its clinical strategies, and asking staff how they connect with the strategies. It is also implementing a range of underpinning strategies, such as a new process for appraisals and personal development reviews, with leadership programmes that include components on compassionate, inclusive or collective leadership.

In Phase 3 of the programme, the trusts will begin delivering their leadership strategies. The Phase 1 tools have now moved beyond the pilot phase and have been used by 28 trusts as part of their culture and leadership work.



Find out more:  
<https://improvement.nhs.uk/resources/culture-leadership/>



## condition two

### Compassionate, inclusive and effective leaders at all levels



## case study Bringing your best self to work

University Hospitals Morecambe Bay NHS Foundation Trust

Jackie Daniel, Chief Executive of University Hospitals Morecambe Bay NHS Foundation Trust, says that one of the ways to drive improvement is to create “an environment where every member of staff can flourish in whatever way is important to them – but bring their best self to work.”

Early on in the trust’s improvement journey, Jackie prioritised improving its organisational culture. One of the obvious expressions of the poor culture in the organisation was the difficulty the trust had experienced in engaging BAME staff.

Jackie spoke about her vision for the trust at a national conference of British Association of Physicians of Indian Origin (BAPIO). For Director of Communication Phil Woodford, this was the turning point: “I think our Indian and Pakistani doctors who were at the conference saw that this was more than a token gesture.”

After the conference, the trust entered into an agreement with BAPIO for development and training, and together they developed a BAME network. Regional BAPIO reps helped the trust to understand the issues that are different for these staff groups.

“If you can’t be who you are at work, you are not going to give 100 per cent,” says Jackie. “In order to help people flourish, we want people to be the best they can be. And I think that equality and diversity work is a real cornerstone of that whole agenda.”

**// To help people flourish, we want people to be the best they can be. And I think that equality and diversity work is real cornerstone of that whole agenda. //**

### Jackie Daniel

Chief Executive  
University Hospitals Morecambe Bay NHSFT

## condition two

### Compassionate, inclusive and effective leaders at all levels



## case study **Championing diversity**

### **North Staffordshire Combined Healthcare NHS Trust**

Engaging LGBT and BAME staff has been a priority area of work for a trust wanting to make wider improvements to its organisational culture.

For North Staffordshire Combined Healthcare NHS Trust, making improvements meant ensuring all staff were engaged.

To this end, the trust focused on inclusion – initially by creating a post with specific responsibility for this area. In particular, the trust felt it needed to engage better with the lesbian, gay, bisexual and transgender (LGBT) members of its workforce. Paul Draycott, Director of Workforce and Leadership, explains:

“We know that around eight per cent of the population identify as LGBT and they are three times more likely to suffer from mental health problems. But less than one per cent of our staff identified as LGBT. We didn’t know where we were from a service perspective, so how could we know if we had services that were responsive to LGBT people?”

The Trust decided it was time to raise the profile of LGBT people across the organisation. “We now have staff who are openly gay, who can support others,” says Paul. “We had our first conference in 2016, got the Board talking about issues, and we had a film night with a showing of Pride.” The trust also became a Stonewall diversity champion, with Stonewall running a focus group for staff, and it has become an NHS Employers diversity partner.

The Trust has a strong focus on engaging with BAME people, with a view to improving its profile and perception in the community. NHS England held a challenging session for the Board looking at the Workforce Race Equality Standard. It also ran a session with the Trust’s leadership academy (for staff at Band 7 and above) and a focus group with BAME staff.

A key event this year marked a further step forward entitled “A Symphony of Hidden Voices”, providing a platform for our staff, service users and carers to tell their stories which organisationally was immensely powerful. This provided a further step in our journey and commitment to inclusivity.

This all helped to get the culture of the organisation moving in right direction.

## condition two

### Compassionate, inclusive and effective leaders at all levels

## case study Striving for greater inclusion

### NHS Leadership Academy

## An ambitious new programme of work is raising the bar for inclusion across NHS organisations.

Tracie Jolliff, head of inclusion and systems leadership, explains how a new programme of work aims to raise the level of ambition on inclusion higher than ever before.

The NHS Leadership Academy has long been aware of inequalities in health and care and has strived for greater inclusion since its inception. The condition “compassionate, inclusive and effective leaders at all levels” which **Developing People Improving Care** aims to help create has further-increased the urgency of this work and the Academy has committed itself to Building Leadership for Inclusion (BLFI).

**BLFI aims to create lasting and positive changes around equality and inclusion through leadership. As part of Developing People Improving Care, it will implement three strategic aims:**

- Raise the level of ambition.
- Quicken the pace of change.
- Ensure that leadership is equipped to achieve and leave an ever-increasing and sustainable legacy.

**A range of workstreams form its foundations, including:**

- Proactively engaging with employees with lived experience to help us create and sustain more inclusive organisations and systems.

- Working collaboratively with academic partners using action research to pilot inclusive leadership development interventions.
- Developing tools and frameworks for the system.

By delivering across these workstreams BLFI will help the system gain, and implement, the knowledge needed for effective leadership development that equips leaders with the knowledge, skills, psychological awareness and resilience necessary to achieve transformed, truly inclusive cultures.

A group of BAME senior system leaders has been formed, with three more groups – LGBT+, disability and women – to follow in 2018. These groups will ensure that BLFI places the voices of lived experience at the centre of all its work, honing approaches to reverse negative trends. Leaders across the service, and at all levels, will be able to use the voices of under-represented employees; those most negatively affected by current cultures, to inform change.

Successful outcomes include embracing and working effectively with equality, diversity and inclusion as an everyday topic of (non-defensive) systemic conversation, an increasing percentage of people from all protected characteristics working and leading at the most senior levels and a more welcoming, supportive culture to drive forward improvements in quality and extend perceptions of what’s possible.

BLFI will give those who are serious about tackling inequality the knowledge, confidence and impact they need to make lasting and profound change.

**// Ultimately, we want the impact of this work to be positively felt by all employees, patients, service users and citizens. The BLFI programme will give those who are serious about tackling inequality the knowledge, confidence and impact they need to make lasting and profound change. //**

### Tracie Jolliff

Head of Inclusion and Systems Leadership  
NHS Leadership Academy

## condition two

### Compassionate, inclusive and effective leaders at all levels

## case study Staff engagement drives special measures exit

### East Lancashire Hospitals NHS Trust

When East Lancashire Hospitals NHS Trust was placed in special measures, the trust's new leadership decided to make a major shift, with huge emphasis on staff engagement.

// One of the first things that we had to do was to change the approach to quality improvement and convey the idea to staff that we are measuring to improve, not to comply or tick a box. //

#### Dr Ian Stanley

Deputy Medical Director  
East Lancashire Hospitals NHS Trust

At board level, the first step after special measures was to make it very plain that quality was a priority. The trust dropped any ambition for foundation trust status. Next, the trust began to move away from being reactive reporters, and started supporting staff to be proactive in identifying and tackling variations in quality.

For Deputy Medical Director Dr Ian Stanley, getting the culture right was key: "At the start, there was a culture of not wanting to measure things, not wanting to monitor things and not wanting to report things, because if you did you might get shot down, because you weren't reporting good stuff."

"One of the first things we had to do was to change the approach to quality improvement and convey the idea to staff that we are measuring to improve, not to comply or tick a box."

The improvement culture was essential for Kevin McGee, who took over as Chief Executive in 2014. In his view, improvement "starts and ends with staff engagement". However, this too had been an issue: "Previously, there had been a profound divide between the board and the staff," explains Non Executive Director Peter Rowe. "So the executive team started spending time being out and about, talking to staff on the front line and letting them know they could approach senior management, and would be supported."

Ward Manager Sarah Vicary feels that the trust is now a "far more open place to work." She says: "If there is any issue that staff feel is not right, they will raise concerns. It was never like that before."

But it is not only the staff who have seen a difference – the focus on quality improvement and harm reduction has led directly to improved outcomes for patients too, explains Dr Stanley: "We have a systematic approach to dealing with harm now, and a clear reporting mechanism. We have reduced the number of pressure ulcers and falls and improved infection control practices. Mortality rates have also improved."



## condition two

### Compassionate, inclusive and effective leaders at all levels

## case study Investing in the leaders of the future

### The Bedfordshire and Hertfordshire Talent Forum

The Bedfordshire, Hertfordshire Talent Forum focuses on a partnership approach to strategic, system-wide talent management. It's led by the chief executives (CEO) and accountable officers (AO) of partner organisations – now including providers and commissioners – across Bedfordshire and Hertfordshire. West Essex HEE is also a member.

Developing People Improving Care aims to help create five conditions common to high quality, high performing health and care systems. One condition is to support systems for learning at local, regional and national levels, for which the Accelerated Director Development Scheme (ADDS) forum is ideally placed. Commissioned by the Talent Forum, it uses a unique approach to support aspiring executive directors at band 8C and above from clinical, operational and corporate backgrounds to progress to executive director roles within nine-24 months. In addition to developing senior leaders, it's also about supporting people to make the transition from operational to strategic leadership, including being skilled system leaders. Participants are continuously reviewed and supported by the Talent Forum and alumni receive ongoing support and development, which also helps with succession planning.

75% of Cohort 1 and 30% of Cohort 2 alumni have held or are in substantive, seconded or temporary executive director roles and 90% of the talent pool has been retained across the region. There have also been financial benefits from substantive appointments, secondments and acting up arrangements. One participant said: "I have learned a whole different way of working and being. I have grown in confidence, with a whole new toolkit of real, practical tools... and I use them."

The Talent Forum is keen to ensure that ADDS remains fit for purpose, so refinements moving forward include revising the assessment centre approach to offer all candidates a better opportunity to shine, regardless of their leadership style. A set of core executive director competencies on which to base the assessment and development components of the scheme are also being developed, and there are plans to expand the partnership across the STP footprints to reflect the emerging system.

The Cohort 3 nomination process is now open and will launch in March 2018. Nominees come from local talent management processes and decisions and all nominees are agreed by the exec teams and sponsored by their CEOs.



To find out more about the scheme, contact Sharon Rouse,  
ADDS programme lead, at

[adds.enh-tr@nhs.net](mailto:adds.enh-tr@nhs.net)

## condition two

### Compassionate, inclusive and effective leaders at all levels

## case study **Actions speak louder than words when it comes to inclusivity**

### Transforming Care, NHS England

Is it enough to be able to claim inclusive leadership by giving everyone a chance to have their say, or do organisations need to go further? **Developing People Improving Care** highlights that planning needs to include creating the conditions in which equality, diversity and inclusion thrive in all teams.

Robin Meader, a learning disabled artist from Somerset, has worked with Openstorytellers for many years and is one of the founding members of the charity. He is experienced in graphic facilitation, helping people follow and understand meetings and discussions.

Here he talks about what it's like to work on NHS England's Massive Open Online Course (MOOC) for Transforming Care, why he thinks it's important and how his drawings can help people to understand the modules better.



<https://www.youtube.com/watch?v=Zg06iTJfL68>

Susie Peachey, Improvement Manager for NHS England's Sustainable Improvement team, helps support 48 Transforming Care Partnerships to deliver their plans for changing how care and support is delivered. She says: "People with a learning disability, autism or both have the right to the same opportunities as anyone else to live satisfying and valued lives, and to be treated with dignity and respect. They should have the opportunity to live in their own homes, to develop and maintain positive relationships and to get the support they need to be healthy, safe and an active part of society. As part of the Transforming Care programme, we try to keep our messages and communications as simple and straightforward as possible; and that's where Robin's work has been fantastic. With lived experience of a learning disability he is ideal for doing our drawings to support our work around the MOOC.

MOOC stands for Massive Open Online Course, which is open to anyone with an interest in transforming services and support for people with a learning disability, autism or both, including carers and people with lived experience – all you have to do is register [https://openeducation.blackboard.com/mooc-catalog/courseDetails/view?course\\_id=\\_1257\\_1](https://openeducation.blackboard.com/mooc-catalog/courseDetails/view?course_id=_1257_1)

Robin's pictures are brilliant, as they capture issues from the perspective of the actual person. We've used them widely to encourage engagement, through a Twitter campaign and by linking them to the MOOC modules, recordings of webinars we host <https://www.england.nhs.uk/learning-disabilities/webinars/> and the ten high impact actions <https://www.england.nhs.uk/wp-content/uploads/2016/11/high-impact-actions-ld-tcp.pdf>

We have also developed an animation using Robin's illustrations – Realising Jim's Dreams that sums up better than any report what really matters." <https://www.youtube.com/watch?v=VgwNaMX6g-o&feature=youtu.be>



Find out more:  
<https://www.england.nhs.uk/learning-disabilities/care/>



**Join the conversation using**  
[#TransformingCare](#)

## condition two

### Compassionate, inclusive and effective leaders at all levels



## case study Developing leadership through hands-on care

Ridge House Residential Care Home, Devon

Collaboration, culture, visibility and learning are fundamental leadership qualities in a Registered Manager whose service delivers outstanding care.

When Ridge House Residential Care Home in Morchard Bishop, Devon, was awarded an 'Outstanding' CQC rating in May 2017, the CQC praised the culture of the home – but also the hands-on approach of Registered Manager Beth Cheffings. What is so special about her approach?

For Beth, collaborating with residents and her wider team is key to achieving the goal of making the home a pleasant place to live, work and visit. She believes that visibility is important too, and she works alongside her wider team taking on care shifts, cooking and cleaning and providing opportunities to provide feedback.

Beth explains: "I feel strongly that managers should take an active role in the day-to-day care of residents and make every effort to be approachable to residents and staff." She adds "Caring is not just a job, it's a passion."

But her approach is strategic too, with an ongoing commitment to continual learning across managers and the wider staff teams. This helps increase responsibilities, satisfaction and retention. Beth develops her own expertise through membership of Skills for Care, which helps her maintain connections with other managers and stay up to date on the latest practice.

**// I feel strongly that managers should take an active role in the day-to-day care of residents and make every effort to be approachable to residents and staff. //**

### **Beth Cheffings**

Registered Manager  
Ridge House Residential Care Home

## condition two

### Compassionate, inclusive and effective leaders at all levels

## case study **Developing inspirational leaders**

### NHS Leadership Academy

**Mike Chitty, head of Applied Leadership at the NHS Leadership Academy, shares how its leadership development intervention aims to help Epsom and St Helier NHS Trust improve performance and staff engagement.**

The Academy's Applied Leadership Team offers a range of in-place leadership development offers to enable boards, and networks across the leadership spectrum to deliver their objectives while inspiring and motivating staff.

**Developing People Improving Care** sets out to create five conditions common to high quality, high performing health and care systems – the leadership intervention at Epsom and St Helier is ideally placed to support the condition of compassionate, inclusive and effective leaders at all levels.

The work we're doing with the trust was designed as a high quality leadership development intervention to help them with performance and staff engagement. This is ongoing work and continues – along with our relationship – to evolve.

The Academy originally met chief executive Daniel Elkeles when he participated in our Newly-appointed chief executive programme. Daniel was keen to improve staff engagement, and in turn, patient care. We discussed the lack of adequate management training to support our high quality leadership development work.

The creation of outstanding development support for leaders at all levels, both on programmes and in-place, is something the Academy is passionate about. In partnership with any organisation or system the Academy can co-design a series of short interventions to develop outstanding managers. These are based on the following equation:

**Outstanding managers = great working relationships when they:**

- Give and get great feedback
- Are a brilliant coach
- Delegate effectively
- Prioritise and manage time effectively

For Epsom and St Helier each of these areas had a two-hour workshop that provides a simple and fiercely practical 'how to' guide. The programme is based on a psychological understanding of what people need to feel engaged and secure at work. At its heart - and indeed that of any of the Academy's interventions - is the unconditional positive regard for all people, and an emphasis on developing behaviours that create 'value'. The values of the NHS constitution are made explicit and brought into everyday management practices.

The programme has been well-supported by the director of transformation at the Trust – Kevin Croft – who is ensuring that every manager has a realistic span of control and the time to provide this level of outstanding management.

The programme is non-mandatory but each session is attracting about 150 managers from all over the trust. An increase in staff engagement scores is anticipated in areas where learnings from this intervention are applied.



## condition two

### Compassionate, inclusive and effective leaders at all levels

## case study Promoting rights, improving care

### Castlebar Care Centre, Lewisham

In times of financial constraint, there can be a tendency to view quality improvement as being incompatible with the need to reduce costs. But at this nursing home, the two go hand in hand.

At Castlebar Care Centre, the mantra is 'you are never too old to try something new'. As well as hobbies, social activities and trips, residents can take ballet classes and join special events such as a Caribbean summer party.

The local community is involved too, through the Sweet Readers programme, whereby a local school uses arts and crafts to forge links with people in the home who have dementia. Castlebar is the first home in the UK to utilise this scheme, which originated in the USA. <http://www.sweetreaders.org/>

People with advanced dementia can join our Namaste programme – a multisensory programme that includes individualised activities and promotes dignity at the end of life. <http://www.namastecare.com/about.html>

Rated 'Outstanding' in January 2017, Castlebar is home to 59 people in Lewisham, South-East London. Castlebar Care Centre is owned by Excelcare – a family-run company that has grown slowly and now owns 33 homes nationally.

Castlebar's organisational culture and values have a strong focus on promoting people's rights. Their proactive approach includes:

- celebrating and recognising diversity (in a care home with residents from 12 countries and staff from 27 countries)
- getting to know people well and discovering their history
- challenging accepted views, to move from 'risk aversion' to enabling people to live more fulfilled lives
- enabling people to do as much as possible for themselves
- offering people choices that recognise their mental capacity, and always looking for ways to provide the least restrictive care possible
- seeing change as the norm, and being open about death and dying.

Excelcare has found that through careful investment, sharing resources and devolving budgets, quality and cost can complement each other. The company has invested in buildings, equipment, and staff recruitment, development and retention, as well as IT systems that incorporate care planning, human resources, audits and daily dashboards.

**// Investment and culture change took patience and trust over time – but has led to big improvements in care and many areas of outstanding practice. //**

### Terry O'Connor

Registered Manager  
Castlebar Care Centre, Lewisham

## condition two

### Compassionate, inclusive and effective leaders at all levels



## case study **Developing leadership among technical and science staff**

**Public Health England**

A leadership programme is harnessing the talent of PHE staff from technical and professional science, to increase the pool of excellent leaders.

Leaders from technical and professional science backgrounds have much to offer Public Health England (PHE), but have not always had the opportunities to move into leadership roles.

In 2015, PHE commissioned a tailored version of the acclaimed Future – Engage – Deliver (FED) leadership programme to its staff.

The programme is aimed at leaders in PHE – particularly those from technical and professional science backgrounds. The content is designed to fully equip them to support their teams and underpin the wider organisational aims around leadership, continuous improvement, change and transformation.

**The bespoke version of FED was co-designed by the PHE Organisational Workforce and Development Directorate and the result was a two-day workshop focusing on helping people managers across PHE to:**

- grow personally as leaders
- create and develop compelling futures in their work areas
- engage their staff and stakeholders
- maximise delivery and service impact.

Since its inception, the programme has been running continuously. It is now exclusively facilitated by PHE staff, for PHE staff, making it more accessible and cost-effective.

To date, more than 15 cohorts have been through the programme. PHE is running a comprehensive long-term evaluation in 2018, but immediate impact evaluations are universally positive.

PHE has seen a year-on-year increase in its Civil Service People Survey staff engagement scores. The 2017 PHE People Survey also shows a four per cent increase in scores around leading and managing change.

### condition three

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# Knowledge of improvement methods and how to use them at all levels

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### actions

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Build improvement capability among providers, commissioners, patients and communities

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Embed improvement and leadership development in curricula, revalidation and awards schemes

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condition three

Knowledge of improvement methods and how to use them at all levels

# Developing a lean culture continuous improvement

## NHS Improvement and Virginia Mason Institute


NHS Improvement and the US-based Virginia Mason Institute are working in partnership with five NHS trusts to support them to develop a local lean culture of continuous improvement that puts patients first.








### The journey of continuous improvement never stops

A unique partnership has been created between NHS Improvement, five hospital Trusts and the Virginia Mason Institute in Seattle, who help healthcare organisations around the world create a 'lean' culture of continuous improvement that puts the patient first.





- Leeds Teaching Hospitals NHS Trust
- The Shrewsbury and Telford Hospital NHS Trust
- University Hospitals Coventry and Warwickshire NHS Trust
- Barking, Havering and Redbridge University Hospitals NHS Trust
- Surrey and Sussex Healthcare NHS Trust







Between them the five Trusts provide care for millions of patients every year and account for over £2.5 billion of expenditure...


	PATIENTS SEEN	4.5 MILLION+
	BIRTHS	30,000+
	STAFF	40,000+
	POPULATION SERVED	3.5 MILLION+
	TURNOVER	£2.5 BILLION+

OVER FIVE YEARS THE TRUSTS RECEIVE A RANGE OF SUPPORT INCLUDING:

-  **Creating the infrastructure** - access to materials alongside formal training and certification for staff. Over time Trusts will be able to train their own staff
-  **Applying the method** - hands on coaching in the application of 'lean' techniques to reduce waste and improve patient care
-  **Sustaining the results** - ongoing mentoring, guidance and support in rolling out a management system across the organisation
-  **The partnership is underpinned by a 'compact' between the five hospital Trusts and NHS Improvement with clear commitments to support each other on this journey**

### THE TRUSTS IN THE PARTNERSHIP AIM TO:

-  Become leaders in quality and safety, with the aspiration to become the safest Trusts in the country
-  Maximise value by reducing waste and freeing up resources and time for staff to care for patients
-  Empower front line staff to make changes, creating a sustainable culture of continuous improvement
-  Share learning and experiences with each other and with the wider NHS to help drive improvements further and faster





The partnership:  
[www.youtube.com/watch?v=lcCqxhH3u48&feature=youtu.be](https://www.youtube.com/watch?v=lcCqxhH3u48&feature=youtu.be)  
Our culture work:  
<https://youtu.be/yFRh1YKivXg>

## condition three

### Knowledge of improvement methods and how to use them at all levels

## case study Improving care for older people in homes

### Sutton Homes of Care

Older people with complex health needs are benefiting from improved care thanks to a new care model supported by widescale staff training.

// Throughout the whole process, we have been actively involved and feel that we have had a voice instead of just being told what to do. //

### Sarah Stacey

Registered Manager  
Crossways Nursing Home

The number of older people with complex healthcare needs is predicted to increase significantly over the coming years. In response, Sutton Homes of Care developed a new initiative to enhance the training and skills of care staff to deliver better care in Sutton, South West London. The aim of the programme is to improve the health and quality of life of all care home residents in Sutton through a new care model that offers older people improved, integrated healthcare and rehabilitation services.

As well as broader aims, the programme wanted to reduce inappropriate calls to the ambulance service, which they addressed by producing up-to-date training resources to share advice on best practice.

The programme is one of 50 vanguard sites, selected to take a lead on developing new care models, intended to act as the blueprints for the NHS moving forward and providing inspiration to the rest of the health and care system.

The programme shaped the new training materials with the support of local expertise, including community nursing services, hospital staff, care home staff and the London Ambulance Service. Registered Manager Sarah Stacey felt this approach provided “the skills and confidence to care for our residents in a much more proactive way.” She added “Throughout the whole process, we have been actively involved and feel that we have had a voice instead of just being told what to do.”

The training materials, which include films and posters (all available online) have improved confidence and helped to standardise the competence among care home staff, with resulting improvements in residents’ care. The initiative was low cost and has led to significant benefits for the NHS, including a reduction of ambulance call outs, A&E attendances and hospital admissions, as well as improved staff morale.

Christine Harger, Quality Assurance Manager at Sutton Clinical Commissioning Group explained the vision: “By developing education and training resources for care home staff that is transferable to care staff across the social care sector, we are empowering care staff with the information they need to provide the best care possible to residents.”



## condition three

### Knowledge of improvement methods and how to use them at all levels

## case study A GP's quality improvement journey

**Dr Farzana Hussain, Newham**

An NHS England improvement leadership programme produced far-reaching changes for Dr Farzana Hussain and her GP practice.



Video resource:

**Dr Hussain shares her quality improvement journey in these three improvement diaries**

Diary 1 July 2017:  
<https://www.youtube.com/watch?v=vukQuIKFIhs&t=170s>

Diary 2 August 2017:  
<https://www.youtube.com/watch?v=dqogiUoVw7k>

Diary 3 September 2017 :  
<https://www.youtube.com/watch?v=FLYhjTt6cS0>



**Building capability for improvement –  
General Practice Improvement Leaders programme**

[england.si-enquiries@nhs.net](mailto:england.si-enquiries@nhs.net) | [@NHSEnglandSI](https://twitter.com/NHSEnglandSI)

Newham-based GP Dr Farzana Hussain has always had a passion for improving patient care. She is quality improvement lead for her federation but, like many GPs, she finds the process of change difficult. Engaging the rest of the team and making changes that stick are particular challenges.

In September 2016 Dr Hussain joined NHS England's General Practice Improvement Leaders programme. Over the course of three two-day residential workshops, she was coached in facilitating teams to use improvement techniques.

The programme, run by NHS England's Sustainable Improvement team, is available free of charge to anyone working in general practice or with a role directly supporting practices to improve their care. The facilitators are experienced clinicians and managers from primary care, together with specialist improvement and team leadership coaches.

#### The impact was wide ranging, including:

- increased leadership across the practice team, resulting in a healthcare assistant being supported to carry out consultations for patients with high blood pressure
- freeing up 10 per cent of the practice's GP consultation time by signposting hayfever sufferers to local pharmacists
- reducing the number of 'did not attends' (DNAs) for the practice's travel vaccine service from 12 to just one or two saving two hours per week of nursing time
- supporting other practices to increase their patient access to GP appointments
- increasing online bookings, freeing up administrative time.

## condition three

### Knowledge of improvement methods and how to use them at all levels

## case study **Boosting efficiency in primary care**

**Hawkesley Medical Practice, Kings Norton**

A GP practice reception team were working long hours to keep on top of their workload. New improvement techniques helped them streamline their processes.

// Staff are now more motivated and energised – much happier in the work they are doing. We never would have seen the improvements we have without the support of these programmes. //

### **Deborah Thornton-Smith**

Practice Manager  
Hawkesley Medical Practice



#### Get in touch

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Hawkesley Medical Practice in Kings Norton, West Midlands, wanted to help its reception team find ways to work together more effectively and productively. Thinking a development programme could be the answer, the practice took part in the General Practice Development Programme. Provided by NHS England's Sustainable Improvement team, the programme guides participants through a number of quality improvement tools and techniques. It also helps build the skills and confidence to support others with making changes.

As well as the programme, the practice also received an on-site Productive General Practice (PGP) Quick Start support package – a hands-on, short-term support package that forms part of the Time for Care programme. This helped the practice team release time for care and build improvement capability.

The combination of these two programmes has re-energised and transformed the practice by developing the team, increasing productivity and improving processes.

The impact has included freeing up six hours a week through faster handovers and checking of jobs, and two hours a week through better management of repeat prescriptions. The resulting eight hours per week are being used to reduce administration backlogs.

This was the first time the reception team had been given an opportunity to develop and have been empowered to make improvements to the way they work. The exercise has significantly improved their morale and job satisfaction. Thanks to their increased productivity, staff now only work within their existing contracted hours.

Practice Manager Deborah Thornton-Smith explains “With money so tight in general practice there has been little, if any, investment in training and development for support teams. So, having access to these free programmes has been invaluable.”

She adds “Staff are now more motivated and energised – much happier in the work they are doing. We never would have seen the improvements we have without the support of these programmes.”

## condition three

### Knowledge of improvement methods and how to use them at all levels



## case study **Putting quality improvement at the heart of organisational culture**

**Ashford and St Peters Hospitals NHS Foundation Trust**

Since 2014, when a group of doctors decided to kickstart quality improvement in the trust, teams from across Ashford and St Peter's have been working together to build skills and capability.



This is their story:  
<https://vimeo.com/180759226>



## condition three

### Knowledge of improvement methods and how to use them at all levels

## case study Embedding leadership development in undergraduate medical education

When it comes to leadership development,  
everyone agrees you should 'start early'.

There have been significant efforts to raise the profile of leadership in undergraduate medical education since the publication of the (UK) Medical Leadership Competency Framework in 2010 and the vast majority of medical schools now report leadership and management content within their curricula with the intent to increase provision. There are some noteworthy initiatives across the country, from sessions on personal impact, team-working simulation exercises and special study modules on quality improvement to introduce new degrees in healthcare management and leadership. But despite broad agreement around the benefits of work-based approaches to learning leadership, there remains some ambivalence about the place of leadership within crowded curricula, and no consensus on teaching content, timing and methods.

Universities design and develop their own curricula which, in medicine, must meet the General Medical Council's (GMC) 'Outcomes for Graduates', previously known as 'Tomorrow's Doctors'. A new edition is currently out for consultation which draws on the GMC's 'generic professional capabilities' framework, launched for postgraduate curricula in May 2017. 'Leadership and team working' and 'patient safety and quality improvement' are two of the domains it covers. Once the new outcomes are published, medical schools will need to respond by reviewing their curricula.

There's much to be done and a programme of supporting work has been initiated by Health Education England working closely with the Faculty of Medical Leadership and Management. Following a stakeholder event held in the summer, a national steering group has been convened to deliver a number of workstreams. These include electives for medical students, support for student-led activity at school level, the development of indicative curricula and sharing of resources. A recent article in *Medical Teacher* summarises some of the approaches that can be taken; 'Twelve tips for integrating leadership development into undergraduate medical education', by Alex Till, Judy McKimm and Tim Swanwick.

A similar initiative is also underway to look at leadership in the undergraduate curricula of other health professions led by the National and West Midlands Leadership Academies.

**Leadership development sits uneasily within the undergraduate medical curriculum, and integration into programmes, historically dominated by the clinical biosciences, is challenging. But it can be done. It needs to be done. For the sake of our future patients and populations, we need to develop tomorrow's leaders, today.**

## condition three

### Knowledge of improvement methods and how to use them at all levels

## case study Building quality improvement in primary care

Quay Health Solutions GP Federation, Southwark

A GP federation wanted to build capability,  
capacity and confidence for quality  
improvement across its 20 member practices.

The federation could see the value in running quality improvement across its 20 practices, but needed to boost staff skills. Working in partnership with NHS England's Sustainable Improvement Team, it developed a team of service improvement leaders, made up of GPs, nurses, Practice Managers and reception staff to lead on the work.

This improvement team took part in the General Practice Improvement Leaders programme (three two-day workshops) to learn quality improvement tools and techniques that could be used in everyday practice.

They also took part in Time for Care learning sessions, which take a collaborative approach to learning and improvement. The videos used in the facilitated sessions can be viewed online.



<https://www.england.nhs.uk/gp/case-studies/building-capability-for-quality-improvement-across-a-gp-federation/>

After the course, the improvement leaders returned to their practice to deliver their first improvement project. They also shared what they had learned among colleagues, supporting other practices in the federation and helping deliver Time for Care learning sessions.

The impacts have already been wide ranging:

- Capability and capacity in quality improvement has increased across the federation, enabling innovation, improvement and the transformation of services to happen at a greater pace.
- Improvement projects that were previously on hold or had difficulties getting started are now progressing.
- Learning is no longer limited or concentrated among a few individuals within the federation.
- Individual practices are already seeing the impact. For example, by looking at frequent attenders, one practice has so far released 81 appointments, equalling 13.5 hours. If this continues, then 164 appointments will be released every year, freeing up 27.3 hours.

"We were so impressed with the Quality Improvement Facilitator Training programme we had done previously that we asked the Sustainable Improvement Team to help our federation design and deliver a development programme for our member practices," explained the federation's Practice Manager and Director Tilly Wright.

**// It is important for us to build the skills and capabilities across roles in the practice. This together with the earlier leadership development programme will make a big impact on our federation's sustainability. //**

**Tilly Wright**

Practice Manager and Director Quay Health Solutions GP Federation

## condition three

### Knowledge of improvement methods and how to use them at all levels



## case study A dosing approach to improvement

### NHS Improvement

Earlier this year NHS Improvement launched a guide for NHS organisations seeking to build improvement capacity and capability in their organisations. It outlines a 'dosing' approach to embedding quality improvement (QI) skills across an organisation developed by the Institute for Healthcare Improvement and already in use by several NHS trusts.

The quality improvement 'dosing' principle was first developed by Dr Robert Lloyd at the Institute for Healthcare Improvement (IHI). It is derived from the principles used to establish the appropriate dose of a medicine. The dosing approach applies this to healthcare providers.



Read our full guide to Building capacity  
and capability for improvement here:  
[https://improvement.nhs.uk/uploads/documents/01-NHS107-  
Dosing\\_Document-010917\\_K\\_1.pdf](https://improvement.nhs.uk/uploads/documents/01-NHS107-Dosing_Document-010917_K_1.pdf)

## condition three

### Knowledge of improvement methods and how to use them at all levels

## case study Building improvement skills in patients and staff

### NHS England

A new guide from NHS England is helping health and social care organisations share ideas, solve problems and make improvement happen.

// This is very useful and timely and gives the knowledge and expertise required to mobilise and implement the changes set out in the NHS Five Year Forward View.

This common-sense, easy-to-read guide will be helpful to system leaders in trying to bring about the sustainable, large scale change that everyone can and is willing to contribute to. I wholeheartedly commend it and would encourage people to use it. //

### Professor Jane Cummings

Chief Nursing Officer for England

September 2017 saw the launch of a new edition of **Leading Large Scale Change: A Practical Guide**. The guide, developed by NHS England's Sustainable Improvement and Horizons teams, is a refreshed version of the earlier resource and is designed to help NHS staff meet the challenges set out in the Next Steps on the NHS Five Year Forward View.

The guide provides a vital and comprehensive round up of the latest thinking and practical approaches and tools that can be used in advancing large-scale change programmes, including:

- updates on the leading models that will enable leaders to address the challenges in achieving large scale change
- the latest thinking from national and global improvement experts and change leaders
- new tools, techniques and tips to help leaders effectively progress large scale change programmes
- evidence-based insights and learning that will help leaders and change agents in healthcare
- thought-provoking content that will help leaders successfully take forward their Sustainability and Transformation Partnerships (STP), vanguard, new care model, accountable care system or other large-scale change programme
- signposting to a host of new online resources, including videos, presentations and digital media links.

The resource is also underpinned by a free skills development programme that includes webinars, masterclasses and consultation surgeries.



Find out more or download the guide at:  
[www.england.nhs.uk/publication/leading-large-scale-change/](http://www.england.nhs.uk/publication/leading-large-scale-change/)  
Join in our social media campaign on Twitter to support the guide and encourage discussion and debate on the subject of large scale change using #LargeScaleChange



### Get in touch

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## **condition four**

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# **Support systems for learning at local, regional and national levels**

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## **actions**

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**Ensure easy access to improvement  
and leadership development resources**

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**Support peer-to-peer learning  
and exchange of ideas**

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## condition four

### Support systems for learning at local, regional and national levels

## case study Improving support for new managers

Partners in Care Bournemouth, Dorset and Poole

A network for new and aspiring Registered Managers of adult social care services is helping new managers form connections and develop confidence.

From its experience of working with Registered Managers, Partners in Care (PiC) Bournemouth, Dorset and Poole knows that new managers often have different needs to more experienced managers. So when they started to run three Skills for Care-supported networks in the South West for existing Registered Managers, they started a fourth as well, dedicated to supporting aspiring and new managers.

This new manager network is linked to the other three, so aspiring managers can join the conversation and draw on existing expertise by dipping into the wider group. But they also have a cohort of colleagues in similar situations to themselves, with whom they can share learning.

The network for new managers became established very quickly. Meetings are regularly attended by more than 25 people, from a cross-section of service types. Already it has become an enthusiastic and vocal group, with a 50:50 split between aspiring and new managers.

“It’s common to hear new managers talk about feeling out of their depth, so following an initial brainstorming session with attendees at the first meeting, we have taken a structured approach to making sure the network is meeting the specific needs of those at the start of their career as a Registered Manager,” explained Kate Blake, Team Manager at PiC Bournemouth, Dorset and Poole.

One early session involved personality testing, to help attendees better understand their own management style and how this affects the way they work with their team. The network has also spent time looking at the differences between leadership and management – an important distinction for those starting out.

The impact of the network has been clear to see. Attendees have become more confident, and have started to bring back information and issues to share within the group. “We know that succession planning and support for new managers is a crucial part of providing consistently great care,” says Kate.

PiC has taken care to ensure that each network meeting is about more than simply sharing information. Time is always built in to ensure that attendees can talk to each other and share contact details. PiC has a clear message for all Registered Managers: ‘You need each other.’

// It’s common to hear new managers talk about feeling out of their depth, so ... we have taken a structured approach to making sure the network is meeting the specific needs of those at the start of their career as a Registered Manager. //

### Kate Blake

Team Manager  
PiC Bournemouth, Dorset and Poole



## condition four

### Support systems for learning at local, regional and national levels

## case study Developing the HR directors of the future

### Buckinghamshire Healthcare NHS Trust

Only eight weeks into her new role as Director of Organisational Development and Workforce Transformation, Bridget O’Kelly is finding the lessons from a specialist leadership development programme invaluable.

Bridget O’Kelly is only eight weeks into her new role as Director of Organisational Development and Workforce Transformation at Buckinghamshire Healthcare NHS Trust and is already finding the lessons learned on the Aspirant Director of Workforce Career Development programme useful in her new role.

The Aspirant Director of Workforce programme was launched in 2016, with the aim of identifying, developing and deploying senior HR leaders who were close to being suitable for a directorship within the NHS.

The programme was sponsored by NHS Employers and developed through collaboration with NHS England and the Healthcare People Managers Association building on the work they had led on developing the role remit and map of influence. The NHS Leadership Academy’s Executive Search Team successfully won the tender to deliver the programme.

“On day one, the role of the human resources director was explained in terms of four broad elements,” explains Bridget: “working in partnership across the

region, the executive responsibilities of the role, the personal leadership elements, and lastly the relationship you build with the chief executive. I’ve found it really helpful to remember these and to approach and reflect on the role in this way.”

“I’m also drawing on the knowledge elements that were shared on the programme as well as the experiential learning – sometimes consciously, and sometimes on reflection.”

The programme seeks to improve talent management by helping candidates to raise their aspirations, broaden their understanding of the health and social care and become ready for interviews, and role itself, though support with applications and mock interviews. Bridget describes it as feeling “like I had a wing man – someone who was on my side.”

For Bridget, being selected in the first place was a boost, too. She explains: “It says to the interview panel here’s someone who has been chosen for a national programme and identified by the Leadership Academy as being close to operating at director level.” As an interviewee, that gives you confidence.’

The action learning sets and informal connections with colleagues have led to a support network developing across the country, which Bridget is finding invaluable, too. “It’s good to have another cross-section of people, in different geographical areas, that you can drop a quick email to, and to know people from outside your patch,” she says.

Three of the people on Bridget’s cohort have already succeeded in obtaining director-level posts.

// I’m drawing on the knowledge elements that were shared on the programme as well as the experiential learning – sometimes consciously, and sometimes on reflection. //

### Bridget O’Kelly

Director of Organisational Development and Workforce Transformation Buckinghamshire Healthcare NHS Trust

## condition four

### Support systems for learning at local, regional and national levels

## case study Engaging citizens in improving healthcare

**Bridgewater Community Healthcare NHS FT, Warrington**

The Expert in Me project is harnessing the talent within the community to involve people in their own care and support with wider service design.

// I'm drawing on the knowledge elements that were shared on the programme as well as the experiential learning – sometimes consciously, and sometimes on reflection. //

**Gail Mann and Heulwen Sheldrick**

clinical leads, The Expert in Me

The Expert in Me is a project working to empower a network of people living and working in Warrington to promote more equal and effective health and care conversations. The project is making great strides, working collaboratively across agencies to deliver services that are more attuned to citizens' needs.

The project harnesses the talents of everyone in the community, including NHS staff and the public, with the message 'We're all citizens'. The ultimate aim is to create the conditions for a shift in mindset – from the idea of delivering healthcare 'to' people, to delivering healthcare 'with' people. The change is subtle but significant, and not always easy to achieve.

The team wants to bring about change by raising awareness of the benefits of better healthcare conversations for citizens and practitioners. The hope is that providers will start focusing services around the lived experience and perspectives of the people who use the services, with connections forming any partners who have a shared purpose.

The approach is informed by the work of person-centred planning pioneer John O'Brien. He describes a 'veil of indifference' between the systems designed to provide healthcare and the lifeworld of the citizens served by that system. He argues that in order to work in truly person-centred ways, we need to actively 'lift the veil'.

True citizen involvement takes work, so the team has invested the time to develop new relationships with community representatives. "Through collectively exploring our different perspectives in an encouraging, patient, respectful, and challenging manner, these relationships have already provided a richer understanding of the necessary service developments," say clinical leads Gail Mann and Heulwen Sheldrick.

"Crucially, this open mindset ensures we don't lose sight of what is important to and for the people we serve."

The project received funding from the NHS North West Leadership Academy, which is funding activities that support evidence-based and experimental work across the system, as part of its work on **Developing People Improving Care**.



## condition four

### Support systems for learning at local, regional and national levels



## case study Improving maternal care

### Maternity Community of Practice, South London

A professional network in London is working to understand the causes of increased blood loss following birth, and improve the quality of care for women having a baby. Women have been losing increasing quantities of blood after giving birth, but it is not clear why.

When it became apparent that the problem of postpartum haemorrhage was on the rise, the first goal of the Maternity Community of Practice was to reduce postpartum haemorrhage to less than 1.5 litres of blood loss.

To tackle the problem, the community began exploring some of the causes of non-massive obstetric haemorrhage, and finding ways to improve the care that women receive before, during and after delivering their babies. One solution was an educational bundle called 'Back to Basics', which it developed for midwives and obstetricians. 'A core approach of the Maternity Community of Practice is to work closely with women, to make sure our work genuinely reflects their needs and priorities.'

The community is also looking to build on the connections and knowledge held among existing networks in South London, such as the Safety in Maternity Services (SIMS) multi-professional network and London's medical networks for labour-ward leads. They have also gathered support and advice from educationalists and improvement methodology experts.

The Maternity Community of Practice is one of several communities of practice set up by the South London Patient Safety Collaborative (SLPSC) – one of 15 regional patient safety collaboratives set up to help deliver the recommendations of the Berwick report in 2014. They were originally led by Academic Health Science Networks (AHSNs) but have now received a licence to set their own safety priorities in line with local needs. Led by the Health Innovation Network, the SLPSC covers 12 London boroughs, with a population of 3 million and a healthcare workforce of 60,000.

The SLPSC also runs Communities of Practice to drive improvement in other priority areas, including medication safety, acute deterioration, sepsis, delirium and duty of candour.

// A core approach of the Maternity Community of Practice is to work closely with women, to make sure our work genuinely reflects their needs and priorities. //

## condition four

### Support systems for learning at local, regional and national levels

## case study Testing quality improvement in care homes

### Could quality improvement methods used in healthcare be adapted to the care home context, to produce improvements for older people with complex needs?

Essex County Council

A high proportion of people in care homes have complex healthcare needs, including long-term conditions, disability and frailty. But in care homes, there is little awareness of systematic approaches to improving quality, even though they are becoming more commonplace in the NHS.

In a ground-breaking initiative, a quality improvement team from Essex County Council worked with residential and nursing homes across the county to see whether quality improvement methods could improve safety culture and performance in care homes. The aim was to reduce the number of falls, pressure ulcers and urinary tract infections.

The project, funded by The Health Foundation under its Closing the Gap in Patient Safety programme, focused on improving system performance and professional development, as well as changing behaviours and culture, by supporting care home teams to run their own projects.

The team applied new data collection methods, along with the Manchester Patient Safety Framework to help understand the safety culture and the principles of the NHS Safety Thermometer, to strengthen insight and understanding.

There were many challenges. It was difficult to balance the competing priorities of care home staff, and there was high staff turnover and difficulties with data collection. Teams needed specialist support with these issues. The project team developed a toolkit of starter interventions, which the local teams found invaluable and helped them generate further ideas for themselves.

An independent evaluation by University College London found that the programme helped to increase knowledge and awareness of resident safety among care home staff, encouraged homes to test new approaches, and in some homes, resulted in tangible reductions of harms. Two-thirds of homes also reported changes in safety culture, including a greater focus on proactive prevention and monitoring of safety incidents.

As part of the project, the team developed a new safety culture assessment tool, adapted from the Manchester Patient Safety Framework.

The programme has generated significant learning. It has shown that quality improvement approaches can be implemented in care homes, with careful adaptation and support. It also fostered collaboration between private providers throughout the region, producing an opportunity for sustainable change.

**// Two-thirds of homes reported changes in safety culture, including a greater focus on proactive prevention and monitoring of safety incidents. //**

### Independent evaluation

University College London

## condition five

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# Enabling, supportive and aligned regulation and oversight

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## actions

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Create a consistent and supportive regulation and oversight approach

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Streamline and automate requests for information

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Balance measurement for improvement and judgement

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## condition five

### Enabling, supportive and aligned regulation and oversight

# Leadership and governance for a new health environment

## CQC / NHS Improvement

An updated version of the Well-led framework is giving NHS organisations updated leadership and governance guidance for our changing times.

The original Well-led framework was released in 2014 and used by CQC, Monitor and The TDA to oversee and support the development of good governance and leadership in NHS provider organisations. As the operating and regulatory environment has evolved significantly in recent years, CQC and NHS Improvement agreed that the Well-led framework should be updated, increasing focus on culture, leadership, improvement and system working, in line with emerging policy and the latest research and evidence.

In **Developing People Improving Care**, ALBs also committed to simplifying and aligning our regulatory approaches where possible. As a result, NHS Improvement and the CQC have worked together to update and harmonise existing approaches to assessing and improving provider leadership and governance. This has resulted in a single, joint Well-led framework of eight Key Lines of Enquiry bringing together content from CQC's previous Well-led question and NHS Improvement's Well-led framework.

### **CQC: The framework structures assessments of the Well-led question, roughly annually.**

- Focuses on current position / immediate actions
- Results in a published rating, identification of areas for improvement and / or regulatory actions
- Informs sharing of good practice.

### **NHS Improvement: The framework structures the guidance for in-depth, developmental reviews owned by the trusts as part of their continuous improvement.**

- Focuses on identifying future risks / development actions
- Reviews strongly encouraged every 3-5 years on 'comply or explain' basis
- Use of peer reviewers promoted.

condition five

Enabling, supportive and aligned regulation and oversight

1  
Is there the **leadership capacity** and **capability** to deliver high quality, sustainable care?

2  
Is there a clear **vision** and credible **strategy** to deliver high quality sustainable care to people, and robust plans to deliver?

3  
Is there a **culture** of high quality, sustainable care?

4  
Are there clear responsibilities, **roles** and systems of accountability to support good governance and management?

**Are services Well-led?**

5  
Are there clear and effective processes for managing **risks**, issues and **performance**?

6  
Is appropriate and accurate **information** being effectively processed, challenged and acted on?

7  
Are the **people** who use services, the public, **staff** and **external partners** **engaged** and involved to support high quality sustainable services?

8  
Are there robust systems and processes for **learning**, continuous **improvement** and **innovation**?

## condition five

### Enabling, supportive and aligned regulation and oversight

## case study **Creation of a measurement for improvement community of interest**

### Developing People Improving Care

Measurement for improvement is a theme which runs through **Developing People Improving Care**, with a focus on the requirement for all staff in health and care organisations to have easy access to improvement resources, guidance and tools.

Lots of materials already exist on the topic of measurement for improvement, so rather than recreate existing materials with a different logo, NHS Improvement has established a Kahootz site which brings existing guidance, analytical templates and academic publications together in one place. This website was promoted in April 2017 and a measurement for improvement community of interest established. Within a week of being launched, 100 people had joined the community and 9 months on, there are now nearly 600 members. Members come from a wide range of backgrounds – analysts, clinicians, people involved with quality improvement and front-line staff. There are active discussion threads, people are sharing knowledge and experience and seeking support from other members of the community.

In November, two national events were held which focused on how to make measurement for improvement mainstream. These interactive workshops enabled delegates to understand the science and statistical rigour underpinning spc, hear about the experience of trusts who are on a journey from using two point comparisons to using Statistical Process Control (SPC), learn more about plans that NHS Improvement has and contribute ideas on how to make measurement for improvement mainstream. Approximately 100 people attended each event and contributed to the 'Run Charts Rule' wall to share local work and pledged to take action to embed measurement for improvement within their organisations. A vast amount of feedback was obtained from each event and this will now be assimilated and used to inform the priorities for NHS Improvement over the coming year.

Key themes emerging from discussions both at the events and on-line with the community of interest are:

- the importance of educating clinicians and managers on how to interpret charts and react to data appropriately;
- the advantages of clinicians and analysts working more closely together;
- the benefits of not overcomplicating Statistical Process Control and using non-technical language.



If you would like to join the measurement for improvement community please email Samantha Riley, Head of Improvement Analytics  
[Samantha.riley1@nhs.net](mailto:Samantha.riley1@nhs.net)



You might also want to follow her on twitter to keep up with developments [@samriley](https://twitter.com/samriley) and track [#plotthedots](https://twitter.com/plotthedots)



## condition five

### Enabling, supportive and aligned regulation and oversight



## case study **Putting co-production at the heart of social care**

**Castle Supported Living, Clitheroe, Lancashire**

**A champion of co-production is sharing learning from its award-winning care by taking part in a national awareness campaign.**

Castle Supported Living is a specialist service providing flexible support to people with learning disabilities in the Ribble Valley, supporting 29 adults. The service is dedicated to ongoing improvement and as well as delivering high-quality care, it has been a key contributor to Skills for Care's 'Good and outstanding care' campaign

Castle has embedded co-production into everything it does – from its business plan (co-produced with service users, families and staff), and easy-read policies to recruitment, which is carried out jointly by staff, service users and families. Each service user helps develop a detailed support plan, which feeds into communication passports and health action plans, to make sure nobody overlooks the small details that can make a difference in a person's life.

Continuous improvement is at the heart of its approach, and the organisation benchmarks itself using awards systems. This process is as much about reflecting and learning as it is about celebrating successes. Staff at every level, as well as service users and families are encouraged to take part in planning and shaping the service, and new ideas for improvement are welcomed.

The service achieved an outstanding rating from the CQC in April 2016. It also achieved an Investor in People Gold Standard and won a Skills for Care's Accolades award in March 2017 helped raise the profile of the service further. Their work has helped shape national guidance, and featured in a film highlighting how joint work between staff, outside agencies and people who need care and support can help deliver effective person-centred care.

"The last year has been a rollercoaster of emotions," said Registered Manager Debbie O'Brien. "The whole experience is such a fantastic opportunity to celebrate all that is positive in social care."

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## case study

### Preventing falls and fractures

National Falls Prevention Coordination Group, NHS England

Falls and fractures are caused by factors ranging from housing to lack of exercise. A national group aims to bring together partners across the public sector to tackle the issue.

Falls and fractures are a common and serious health issue faced by older people. The human cost can include distress, pain, injury, loss of confidence, loss of independence and mortality. There are around 255,000 falls-related emergency hospital admissions in England among patients aged 65 and over each year, with the annual cost of fragility fractures estimated as £4.4bn.

Following discussions with clinical leads and national charities, Public Health England decided to spearhead a strategic approach to the issue. In July 2016 it established the National Falls Prevention Coordination Group (NFPCG) to lead and coordinate work in this area. The 24 member organisations include NHS England, the Association of Directors of Public Health, along with royal colleges, professional organisations, national charities and universities with related research expertise.

The group aims to support and enable high quality local systems to launch effective prevention, using local governance and data collection to drive improvement. Its first step was to draft a **Falls and Fracture Consensus Statement**, published in January 2017.

The statement details key evidence-based prevention interventions, along with approaches to local commissioning and commitments for national support. It is unusual in addressing the whole pathway, from determinants of health (such as housing and physical inactivity) through specialist falls prevention interventions to secondary fracture prevention services and rehabilitation.

An important aspect of this work has been close working with NHS England to align workstreams. The group has now taken on board a greater focus on frailty in its falls prevention work, and the GMS general practitioner contract was amended so that a falls history is taken from patients identified with severe frailty. The consensus statement and resource pack has also formed the basis of NHS Rightcare's Falls and Fragility Fractures pathway.



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## case study **Improving adult social care**

Organisations from across health and social care came together to develop Quality Matters – an initiative to set the bar for quality and enlist pledges to improve care. This is an unprecedented collaboration that has the potential to make improvement happen faster, and more effectively, across the adult social care sector.

Social care can help to transform people's lives. Done well, it helps those with disabilities or mental health problems and older people to live life to the fullest. It also contributes at least £20 billion to the economy, and employs more than 1.43 million people.

But the quality and sustainability of adult social care is at risk. More and more people, with increasingly complex needs, are relying on care and support. The cost of care is rising and more people are having to pay for their own care. There are serious challenges in recruiting and retaining staff, and while there are many good services, some care is unreliable or unacceptable. This has to change.

In 2016, a group of organisations across health and social care joined forces to develop a way of supporting adult social care services to provide high-quality, person-centred care. Their ideas came together in Quality Matters.

The initiative was co-produced with people who use adult social care services, their families and carers, professionals and staff, providers, commissioners, and the national bodies that oversee and support adult social care.

Quality Matters brings everyone together around a shared pledge to improve adult social care. It defines what high-quality care is and what needs to be done to achieve it. It also sets out a concrete plan for more effective and aligned support for quality in adult social care and joined-up action to encourage improvement and champion high-quality care.

The initiative highlights that people at every level have to play their part in order to realise the ambitions of Quality Matters. Example include:

- service users and their families and carers giving feedback about their experience of care
- staff speaking up to raise concerns or share examples of good care
- providers empowering their staff to develop their skills to deliver improvements
- commissioners and funders commissioning for outcomes, focusing on what matters most to people using service users, their carers and families
- national bodies that oversee and support care celebrating good practice and, where care does not meet fundamental standards, taking swift, coordinated action to protect people from harm and support improvement.

Almost 50 organisations have signed up to be part of Quality Matters to date.



To find out more, go to <https://www.gov.uk/government/publications/adult-social-care-quality-matters>

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## case study

### Helping regulators improve quality

#### The Hackney Project, East London

This project brought the regulators, commissioners and providers together to find ways to make regulation feel more consistent and supportive to those on the ground.

Regulators and commissioners play a critically important role in overseeing health and social care services and making sure they offer high-quality, person-centred and sustainable care. Their work helps to encourage improvement in the quality of care, keeps people safe from harm, and holds health and social care providers to account.

But there can be unintended consequences. To health and social care providers, the responses from different bodies can sometimes seem inconsistent. This can divert local management attention away from the delivery of high-quality care, as they respond to regulators and local oversight bodies.

The Care Quality Commission wanted to address these unintended consequences, and believes that the first step was to understand them fully. So, they led a deep dive into these issues, working with one local area – Hackney, East London – to understand how regulation and oversight works in practice within a local health and social care system.

Listening to people working in local health and social care providers, local commissioners, as well as other regulators and national bodies, the CQC found widespread support for a more consistent approach to oversight.

People wanted bodies to use a common language about quality, with more joined-up support to help improve care quality, and a more streamlined approach to collecting data and monitoring quality.

Put simply, people and organisations across the system called for commissioners and regulators to come together around a single shared view of quality.

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# Emergency Flow Improvement Tool (NHS Improvement)

The Emergency Flow Improvement Tool is an online resource, which presents a range of indicators that illustrate flow through a trust from arrival to discharge.

This tool is provided as an improvement aid rather than a performance tool; allowing trusts and their stakeholders to visualise their data and prompt questions about where demand, pinch points and blocks are occurring in their system.

The tool was developed as a result of the commitment made in **Developing People Improving Care** for national regulation and oversight bodies to put suitable systems in place to measure for improvement. The tool was developed in partnership with a number of trusts and was launched in September 2017.

The tool provides data over time for 28 indicators – all of which utilise data which is already collected and available – so no additional data burden has been placed on trusts. All indicators within the tool are presented as Statistical Process Control (SPC) charts. There is a lot of academic research which evidences that better decisions are made when data is looked at in this way. Each time a series graph has been processed against six SPC rules to highlight common cause (expected) and special cause (unexpected) variation. There is also a benchmarking feature to show how a trust compares to all others.

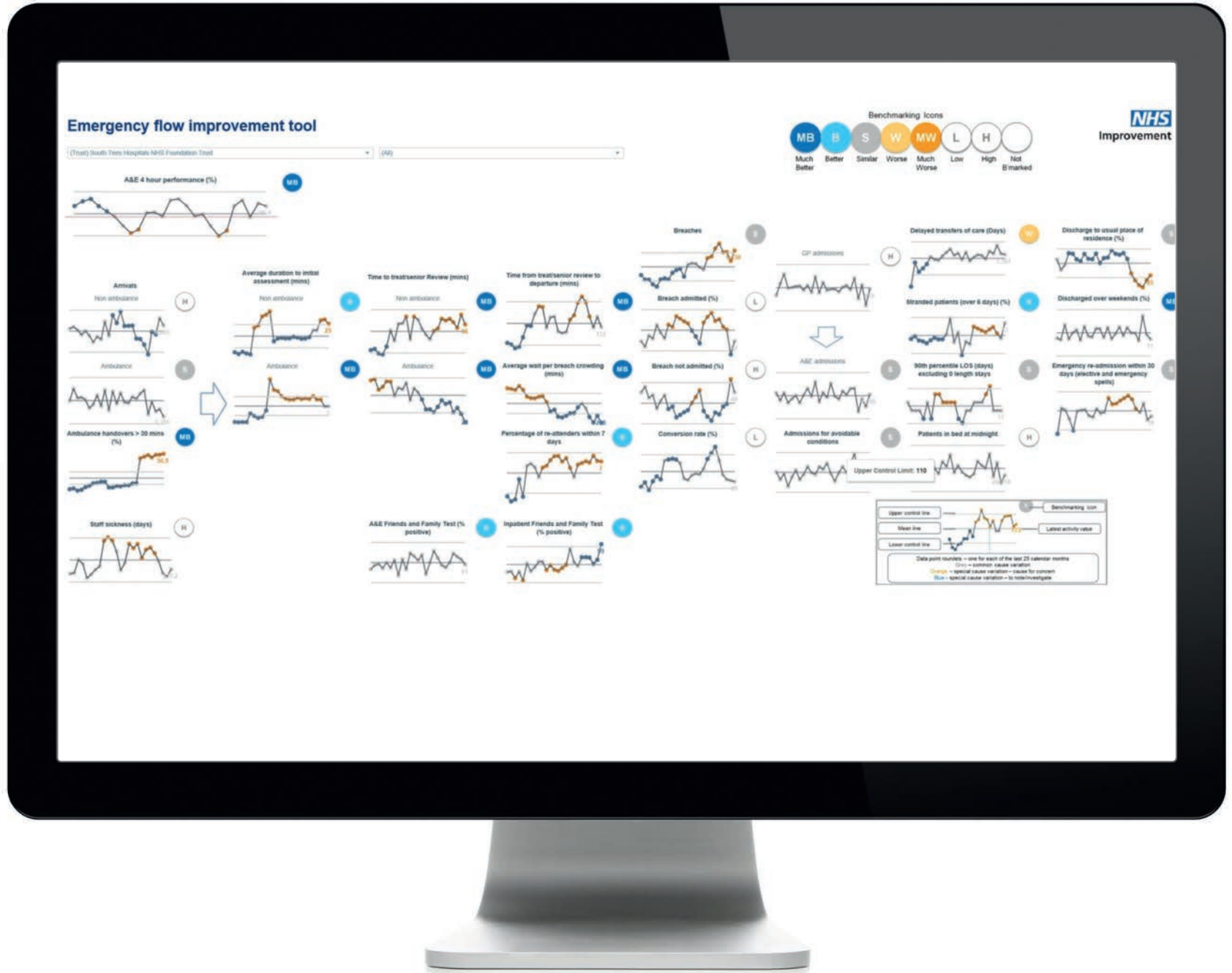
On each chart, different colours have been used to indicate how users should react to the data. This is an important feature of the tool as very often people over-react to data points which are normal and expected:

- expected variation which is normal and which therefore requires no further investigation (grey)
- unexpected variation which is a cause for concern (orange). An example of this could be an increase in waiting times
- unexpected variation which is to be noted and investigated (blue) but is not necessarily a cause for concern.

Already, lots of positive feedback has been received about the tool. Trusts are reporting that looking at the data in this way is helping them focus interventions and understand whether improvement efforts are resulting in the expected outcome. The flow tool is enabling much richer and more useful conversations to take place at a local level and influencing the way that trusts are looking at other data sets.

This is the first in a range of measurement for improvement tools being developed by NHS Improvement.

# Emergency Flow Improvement Tool (NHS Improvement)



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## case study Improving experience for people with mental health conditions

### East Midlands Ambulance Service

With a growing number of emergency patients presenting with complex mental health needs, one ambulance trust has revolutionised the way it supports people with mental health problems.

Mental health crises are a significant part of the everyday work of any ambulance service. East Midlands Ambulance Service receives at least 110 calls every day from people experiencing a mental health crisis.

Historically, mental health patients had reported very long waits to be seen by ambulance clinicians as physical health emergencies always took priority. When patients were seen, often the only treatment option available was to be taken to an acute trust. This could add to their distress, as an emergency department can appear hostile and uncomfortable for someone in mental distress.

Patients' dissatisfaction was shared by ambulance crews. Staff felt they lacked expertise in this area and were frustrated that they could not provide a more caring and compassionate treatment.

Acknowledging there was a problem, the trust decided to completely refresh its approach. It put in place a range of changes, including a training package and a new workbook for all staff. It established a 'Blue Light hub', bringing together police, ambulance and Derbyshire Healthcare NHS Foundation Trust, and developed a multi-agency single point of contact.

To support people in a time of distress, the trust also deployed mental health clinicians to control rooms, to talk to callers and advise staff at the scene. They also established a triage car in Lincoln, to avoid transporting people in ambulances, and developed a prototype for a secure conveyance vehicle.

**The changes have produced some impressive outcomes:**

- **The new triage car has reduced mental health conveyance to emergency departments from 63% to 13%, with a 32% reduction in conveyance in the first nine months of operation.**
- **Staff say they are more confident when carrying out mental health triage assessments, decision making and collaborative working with partner agencies.**
- **Patients prefer being seen and treated at home. They say their experience has been more positive, compassionate and respectful.**
- **There have been improvements in health, resilience and wellbeing among staff.**

East Midlands Ambulance Service is on a journey of continuous improvement and is working to embed a more robust quality improvement framework to help measure effectiveness. Its plans include training all staff in PDSA cycles and data collection and analysis, to encourage a culture of learning and evaluation.



