Organising for Quality and Cost Improvement

Laura Hibbs and Carol Pickering
NHS Yorkshire and the Humber
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Overview

• To consider the leadership challenge for large scale change in the NHS
• To introduce the five key leadership practices for Organising
• To explore the application of Organising in leading quality and cost improvement in health care

Leadership Challenge

• Greatest leadership challenge since 1948

• Our NHS costs £100 billion a year. Funding gap of £20 billion by April 2014.

• Cut services or engage 1.4 million staff and 54 million users

• National Quality, Innovation, Productivity and Prevention (QIPP) programme
National QIPP Programme

• Long Term Conditions
• Urgent Care
• Right Care
• Safe Care
• Medicines use
• Productive Care
• Procurement
• Back Office Efficiencies
• Pathology
• Primary Care
• Technology

Leadership Challenge

Yorkshire and the Humber
From the old world to the new world

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
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<tbody>
<tr>
<td>Compliance</td>
<td>Commitment</td>
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<tr>
<td>States a minimum performance standard that everyone must achieve</td>
<td>States a collective goal that everyone can aspire to</td>
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<tr>
<td>Uses hierarchy, systems and standard procedures for co-ordination and control</td>
<td>Based on shared goals, values and sense of purpose for co-ordination and control</td>
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<td>Threat of penalties/sanctions/shame creates momentum for delivery</td>
<td>Commitment to a common purpose creates energy for delivery</td>
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<td>Based on organisational accountability (&quot;if I don’t deliver this, I fail to meet my performance objectives&quot;)</td>
<td>Based on relational commitment (&quot;if I don’t deliver this, I let the group or community and its purpose down&quot;)</td>
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Source: Helen Bevan

Resources to improve quality and cost at scale

- **Economic resources**
  - *diminish* with use
    - money
    - materials
    - technology

- **Natural resources**
  - *grow* with use
    - discretionary effort
    - relationships
    - commitment

Based on principles from Albert Hirschman, *Against Parsimony*
Our NHS Campaign

• Goals by March 2014
  Engage 25,000 activists in leading change
  Improve quality and outcomes for 30 million patients
  Create savings of more than 1 billion

• Organising Methodology
  Professor Marshall Ganz, Harvard Business School
  5 leadership practices

Our NHS Campaign

• First phase Sept 2010 – March 2011
  – Support development of area campaign teams
  – Deep strategy – support development of first campaigns e.g. “together we can”, “People in Control”, “Maria’s campaign”
  – Broad strategy - training leaders on methodology

• Second phase April 2011 onwards
  – Continue as above
  – New QIPP campaign platforms – initially End of Life Care and Dementia
Exercise 1

• You are asked to take forward a large scale change programme to improve the quality and cost of healthcare in your organisation or health community. What 4-5 high impact actions might you take forward to deliver change at scale and pace?

• Take 2 minutes to note down what these might be.

• Take 3 minutes to share your 4-5 actions with your neighbour.

Organising

The core principles of interdependent leadership
What is leadership in Organising?

‘Leadership is taking responsibility for enabling others to achieve shared purpose in the face of uncertainty.’

Employee engagement

Research shows a significant correlation between employee engagement and:

✓ High levels of patient care and satisfaction
✓ Safety
✓ Staff morale (including job satisfaction, motivation, commitment)
✓ Well-being (reduced work-related stress and increased self-confidence) and
✓ Organisational performance

The power of leadership

The relationship employees have with the leaders of the organisation is the single most important contributor to feelings of staff engagement, empowerment and satisfaction.

(Sources: Ribelin, 2003, Eisenberger, Stinglhamber, Vandenberghe, Suchkarski, Ivan & Rhoades, 2002)

5 Organising Practices

<table>
<thead>
<tr>
<th>Disorganisation</th>
<th>Leaders Create:</th>
<th>Organisation:</th>
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<tbody>
<tr>
<td>Passive</td>
<td>Public Narrative</td>
<td>Motivated</td>
</tr>
<tr>
<td>Divided</td>
<td>Relationships</td>
<td>United</td>
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<tr>
<td>Drift</td>
<td>Structure</td>
<td>Purpose</td>
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<tr>
<td>Reactive</td>
<td>Strategy</td>
<td>Initiative</td>
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<tr>
<td>Inaction</td>
<td>Measurable Action</td>
<td>Change</td>
</tr>
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</table>
1. Creating a shared story

- A skill to motivate others to join us in action
- Head and heart
- Story of self, us, now
2. Creating shared relational commitment

3. Creating a shared structure
Hierarchy model

The ‘Lone Ranger’ leader
4. Creating a shared strategy

Turning the **resources** you have

Into the **power** you need

To get the **change** you want
5. Creating shared action

Mobilise resources  
Deploy resources

Commitment

And as for Organising.....
A campaign to improve the quality of life of people with Long Term Conditions by enabling them to be in control of their own health and wellbeing

NHS Barnsley’s challenge

• Population of 225,200; 40 GP practices
• High levels of deprivation & unemployment
• People die 2 years younger than rest of country (high levels of smoking, binge drinking, poor diet and exercise)
• Over 40,000 people living with a LTC (predicted to rise to 60,000 in next few years)
• Council cuts (£45 million pounds over next 4 years)
• 30% management cuts across PCT services
2. Creating a shared story

- A skill to motivate others to join us in action
- Story of self, us and now
Shirley

Has chronic obstructive pulmonary disease

I depend on others for daily help and spend time stuck at home waiting for people to come.

I can spend a whole day in outpatients to get 2 minutes with a junior doctor.

The visiting regime feels regimented to me, even when I’m well.

Having no control makes me feel miserable and depressed.

Barnsley’s Motivating Vision: ‘People in Control’

• Direct my own care
• Decide when I’m visited & when to attend hospital
• Decide what support I need and when to access it
### 3. Creating shared relational commitment

- 121s with key executive leads across health and social care; a different way of interacting leading to clear commitment to action
- House meetings with networks
- Identified & recruited key groups (patients, Care Navigators, Community Nurses and Specialist Community Nurses, OD leads as activists)

### 4. Creating a shared strategy

**Phase 1 (September – March)**

- **SEPTEMBER**
  - Recruit / Train 6 Leaders to attend Training in Public Narrative
  - Arrange 1-2-1 meetings with Executive Leads across Health & Social Care
- **NOVEMBER**
  - Build Strategy
  - Attend training (Nov)
  - Recruit 100 staff to attend M.I. Training
  - Recruit SHA Workforce Development Lead
- **MARCH 2011**
  - 1,400 patients
  - 25 Leaders
  - Efficiency Savings - £45k
5. Creating shared action

- Individual growth: new skills in leading & organising
- Organisational growth: number of staff & patients recruited & trained; action learning sets
- Outcomes: Shirley is in control; change in activity and spend over time; risk factor changes; customer satisfaction & experience; increased cost effectiveness; & 1% reduction in emergency admissions

Public Narrative

a skill to motivate others to join you in action.
How do we create change at scale?

**Strategy**
what?

**Narrative**
why?

Shared understanding leads to **Action**

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**Narrative Structure**

- **story of self**
  - call to leadership

- **story of now**
  - strategy & action

- **story of us**
  - shared values & shared experience

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Source: Marshall Ganz
Narrative Structure

character

plot

CHALLENGE

CHOICE

OUTCOME

moral

Exercise 2

Barack Obama Speech at 2004 DNC Convention

http://www.youtube.com/watch?v=eWynt8Paj0
Questions

• What challenges, choices and outcomes make up each part of his story?
• What values do each of these choices convey?
• When does he shift from a story of self to a story of us?
• When does he shift from a story of us to a story of now?

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Exercise 3

• Revisit the 4-5 high impact actions you identified earlier to take forward a large scale change programme to improve the quality and cost of healthcare in your organisation or health community at scale and pace.

• What, if anything, might you do differently based on what you have heard about organising for quality & cost improvement? Take 2 minutes to note down your reflections.

• Take 3 minutes to share your thoughts with your neighbour.
Acknowledgements

• Material adapted from the works of Marshall Ganz, Harvard University
  http://www.hks.harvard.edu/about/faculty-staff-directory/marshall-ganz

• ‘Our NHS Campaign’ led by NHS Institute for Innovation and Improvement

• ‘People in Control’ led by NHS Barnsley

Questions?

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