Building a Culture of Improvement and Innovation across Community Health Services in Leeds

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Overview of session

- Leeds Community Healthcare NHS Trust-who we are
- The context we operate in
- Our Leeds Approach journey
- Building our culture of innovation
- Challenges
- The way forward
Who we are

Leeds is in West Yorkshire in the North of England

We are the fifth largest city in the UK with a population of over 800,000

• The largest provider of community services in Leeds
  – 3,000 staff
  – Working in 120 sites
  – Providing 33 services to the adult population and 32 services to children and their families
  – 240,000 referrals per year
  – 1.3 million patient episodes per year

• We spend £129m each year
• Created 1 April 2011
• A Community Foundation Trust by 2013
What’s going on around us

- Unprecedented System Reform – e.g. Any Qualified Provider, clinical commissioning
- Unprecedented Structural Change – Foundation Trusts, Clusters, Commissioning Support, National Commissioning Board
- Unprecedented Financial Challenge – Leeds £200m, QIPP
- Increasing Demand – more babies, long term conditions, older people, more technology
We provide the best possible care in every community

**We will do this by:**
- Working with children, adults and families to deliver high quality care
- Being a good partner
- Developing and valuing our staff
- Using our resources wisely and efficiently

“We are open and honest and do what we say we will”

Openness, honesty, trusted, transparent, accountable, integrity
“We treat everyone as an individual”
Respectful, dignity, caring, patient-centred, accessible, fairness, equality

“We are continuously listening, learning, and improving”
Reflective, learning from mistakes, safe, evidence-based
Everyone has 2 Jobs: do your job, improve your job

Microsystem: frontline teams who work to meet the needs of patients and families

The Leeds Approach

Mesosystem: corporate structures and processes which enable and govern the microsystem

Macrosystem: wider health and social care community

Adult Integration

Children’s Integration
“Supporting teams to decide what Service Improvements to make and how to deliver high quality, best value services. Embedding service improvements into the culture of the organisation.”

The Leeds Approach
• Led by frontline staff

• Builds on past service improvement experience e.g. Productive ward, Lean, service reviews, moving forward

• Based on what we’ve learned from elsewhere

• The approach is organisation wide-frontline, corporate and Senior Management Team

Aims and objectives

• To establish a culture of improvement

• To build the organisations’ improvement capacity and capability

• To increase productivity-doing the same with less

• To maintain or improve quality

• To encourage innovation

• To reduce spending
Our journey—what we did

Based on productive methodology (NHS Institute)

• Roll out to all teams by March 2013—start with those who want to do it

• Teams would work through all modules in the ‘house’

• Adapted the approach for corporate teams and managers

Achievements

Improvement capacity and capability

• At least 750 staff have been engaged so far

• Unexpected leaders have emerged…
“Rationalising the number and frequency of governance meetings has resulted in a reduction in meeting time by 88 hours per year... this equates to 880 hours per year based on a mean attendance of 10 senior staff members!”

Angie Clegg, Executive (Nurse)
Director Quality

Through redesigning systems, we saved half a day per week administering clinics-reinvested in patient facing activity
Achievements

Productivity

Paediatric Audiology

Saved 9 weeks per year by redesigning the clinic booking process

Achievements

Quality

No Fixed Abode and Health Access Team

'We’ve redesigned pathways to enable patients to be discharged back to regular GP surgeries as part of their re-integration into mainstream society

'By working together with our third sector agencies we have made changes to our practice which have resulted in easier access to our service for vulnerable people'
Quality

Primary Care Mental Health Team

In response to patient feedback, used process mapping and redesign to improve the process of making an appointment for patients. The team have centralised the appointment system so patients call a single number instead of five.

Achievements

Quality

CAPCCS (complex and palliative continuing care) service has redesigned processes to ensure that patients have timely access to continence products following a change in need or discharge from hospital. One patient fed back: “you girls are like little angels. If it wasn’t for you I don’t know what I would have done.”
Achievements

Productivity

2010/11  8% saving
2011/12  4% saving

Outlook – 4% per year for next 4 years

Achievements

Sharing our learning

“IT’s all incredibly impressive”
“The enthusiasm of the staff was palpable”

Delegation from NHS Scotland & NHSLCH staff,
August ‘10
Learning and Challenges

- Keep it current-link with Community Foundation Trust, service priorities
- Methodology-one size doesn’t fit all!
- Works well in teams with already good leadership

How we’ve addressed some of the challenges

- Now link to service priorities
- Use a range of tools that will help the team to address these-not just PCS
We’ve asked staff how we can start to address some of these challenges and what other challenges there may be.

Still more to do…..

• Encouraging and supporting innovation
• Really empowering frontline staff
• Head space

Innovation workshop 2.2.12

Still more to do…..

• Integration
  • District Nursing, Intermediate Care and Adult Social Care
  • Health Visiting and Early Years
  • Services for Children with Complex Needs
Exercise – Talk in - Out

What improvement and innovation challenges do you face in your organisations?
Thank you!

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