Managing Continuous Improvement

Based on the conference held on 1 July 2011 in Cardiff

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Conference Proceedings

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Improving care, delivering quality
1000 Lives Plus is the national improvement programme, supporting organisations and individuals to deliver the highest quality and safest healthcare for the people of Wales.

www.1000livesplus.wales.nhs.uk

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1. Introduction

‘Managing Continuous Improvement’ was a day conference held on Friday 1 July in Cardiff. The event was co-ordinated by the Institute of Healthcare Management and 1000 Lives Plus, with the support of ABPI Cymru Wales, Atos Origin Alliance, HCML, Cardiff and Vale University Health Board and Cardiff University.

The seminar was held to mark the retirement of Sir Paul Williams OBE CStJ DL, from the role of Director General of Health and Social Services and Chief Executive of NHS Wales. The keynote speakers were Nigel Edwards, Director of Policy of the NHS Confederation, and Peter Cavanagh, Medical Advisor for Patient Safety and Clinical leadership for NHS Southwest in England. Sir Paul chaired the seminar and was given the opportunity to share his thoughts in the last formal session.

Both keynote speakers showed a keen interest in management issues. Nigel was responsible for founding the Health Services Research Network as part of the Confederation, to provide a voice for the research community and improve dialogue between managers, policymakers and research.

Peter currently works with colleagues at NHS Southwest to develop and oversee a programme of patient safety across the region. As Acting CEO of the Taunton & Somerset NHS Foundation Trust he led the hospital as one of 20 hospitals in the second wave of the Patient Safety Initiative in the UK working with the Institute for Healthcare Improvement (IHI) and the Health Foundation. Taunton was recognised by IHI as the most successful hospital in this programme.

Further contributions were made to the day’s programme both in person and by video messages from Maureen Bisognano, President and CEO of the Institute for Healthcare Improvement (IHI), Sir Ian Carruthers, Chief Executive of the South West Strategic Health Authority, Professor Chris Ham CBE, Chief Executive of The King’s Fund, Dame Gill Morgan DBE, Permanent Secretary, Welsh Government, and Professor Charles Vincent, Professor of Clinical Safety Research at Imperial College, London.

Jan Williams OBE, CEO of Cardiff & Vale University Health Board, Dr Chris Jones, Medical Director of NHS Wales, and Professor Sir Mansel Aylward CB, Chair of the Bevan Commission and Public Health Wales also took part.

Sir Paul, in his contribution, empathised with the sentiments and views expressed by the previous speakers and said that NHS Wales had established a solid foundation upon which it can build to deliver a high quality integrated health and social care system. However, eschewing a market driven system in favour of integration provided considerable advantages, but also significant challenges particularly in terms of the drivers for performance.

Successful organisations are those in which every employee understands the mission and how their job helps to achieve that mission. Surely everyone in NHS Wales can unite around the mission of eliminating variation and reducing harm and waste? Leaders and
managers need to focus on this mission and have structured processes and organisational development in place in their organisations to achieve this.

His four dimensions for success were:

2. An unshakeable commitment to being a people organisation with a shared set of values.
3. A culture of continuous improvement underpinned by structured whole organisation processes and organisational development programmes.
4. A cadre of committed leaders (clinical and managerial) working together at all levels in their organisations.
2. Conference Proceedings

How do you drive continuous improvement in complex organisations?"
Sir Paul Williams OBE CStJ DL

We have now established good foundations in NHS Wales: we have an overarching and compelling vision for a well integrated health and social care system and this is supported by a five year strategic framework which emphasises the central role of public health and an emphasis on quality improvement.

However, even though the analysis and vision are attractive, many people are asking “Where are the drivers for change?” As Marcus Longley points out in the recent Bevan Commission paper, a compelling vision will not be enough to ensure success\(^1\). The ability of Wales to rise to the challenge of delivering the vision will be seen by many as a test between a market-based approach and the path we have chosen.

For me, the NHS is not a system that responds well when seen as an economic model. As the Bevan Commission points out, the NHS in Wales is an expression of our national values. We don’t seem to spend enough time considering how to capitalise on this and develop a value-based system which is capable of delivering consistently high quality and economic services.

Achieving this will require exceptional leaders who have the vision, values and tenacity to see the job through. It will also require exceptional managers who focus on our sole purpose of caring for people and protecting the population; managers who work day in and day out to get the processes in place that will reduce harm, waste and variation in the services we provide.

In the past we have often failed to overcome the barriers that prevent clinicians and managers from working well together. The solution is not to simply turn clinicians into managers. Instead, we need engagement and partnership at a grounded, practical level, which then extends throughout organisations to transform clinical services. This is where 1000 Lives Plus is showing us the way forward. We must now build on this learning as the central organising principle and focus for engaging all our staff to drive up quality for the people of Wales.

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\(^1\) Aylward, M, Are Bevan’s principles still applicable in the NHS? 1000 Lives Plus, 2011.
Acting for the individual and learning for the population

Sir Ian Carruthers

The challenge faced by us all - clinicians, managers and frontline staff - is managing money, improving service and delivering even higher quality as expectations increase. Wales must act for the individual and learn for the population, focusing on the ‘Triple Aim’ of reducing per capita costs, improving individual experience of care and population health.

Under Paul Williams’ leadership, Wales has started this journey and this drive must continue to move healthcare forward. It is critical to take a longer term view, as initiated by the five year Service, Workforce and Financial Strategic Framework.

Achieving excellence in healthcare: the partnership between managers and clinicians

Nigel Edwards

The NHS has often acted as a disconnected hierarchy, with medicine and management in separate spaces with different cultures and world views. These different ways of thinking have been characterised in the past by individualistic versus systematised concepts of clinical work performance, and in financial realism and transparency versus clinical purism and opaque accountability.

In clinical leadership, there is a continued prevalence of “clans”, where leaders seek cohesive participation by acting as mentors in teams bonded by loyalty, tradition and an emphasis on morale. However, the managerial world view has increased in dominance and is more characterised by rules, policies and an emphasis on predictability.

What is needed is a move towards developmental leaders, who are creative, adaptive, risk-takers, emphasising innovation; and also a rational approach, with goal-orientated leadership. The scale of the challenge is huge: better, faster and cheaper is good, but not enough. Change is needed at both the micro-system and strategic level.

Although NHS management is better than it is frequently made out to be, performance and talent management are key gaps and there has been little formal training for managers in methods or techniques. Both clinicians and managers need technical knowledge of system dynamics, re-design and quality improvement.

The way forward is not about engagement, but partnership, with common language and recognition of a shared purpose and responsibility. Genuine partnership values the differences between disciplines. Viewing issues from different perspectives is vital to making quality improvements that have an impact on outcomes.
Opportunities for integration in Wales

Professor Chris Ham CBE

Devolution has provided the opportunity for Wales to pursue a unique approach to the challenges of the health inequalities it faces. It needs to capitalise on the radical structural reform that has already taken place to achieve system integration. This will require a focus on public health and prevention, and the need to improve the health of the whole population. We also need to marry the population perspective with that of individualised care.

Clinical practice is key. We need to recognise that key decisions in everyday work are made by the frontline staff who take responsibility for the quality of patient care and the efficiency with which resources are used. As health service leaders, we need to fully engage these frontline staff in the quest for continuous improvement.

This is a long journey of continuous quality improvement and we have to get the narrative and the message right - we must not default to jargon. There is often a tension between the clinician who has the interest of the patient in front of them most at heart and the manager who focuses on the service or the population. This can be a creative tension in which clinicians and managers can constructively challenge each other.

The integrated structures in Wales have the potential to deliver improvements, but this will only be realised if we translate the organisational integration into service integration and genuine clinical integration at the coalface, with teams working together. Sir Paul has begun this by promoting partnership working with a number of noteworthy examples including a Joint Health and Social Care Director for the County of Pembrokeshire, Joint Locality Management in the County of Bridgend and the Gwent Frailty Project spanning five local authorities and Aneurin Bevan Health Board.

The need for evidence of continuous improvement

Professor Charles Vincent

We are now implementing evidence-based interventions that are improving patient care in Wales, particularly through 1000 Lives Plus, but this is part of the long journey of continuous improvement. We must aspire to the goal that in five years time we will have evidence that patients as a whole across the whole of Wales are safer.

Through the work of the 1000 Lives Campaign and 1000 Lives Plus, Wales has developed a more sophisticated understanding about the nature of problem, and the scale of the challenge to make care safer.

We have become “savvy” about what can go wrong, but we now need to focus on measuring and evaluating outcomes and really getting to the bottom of clinical changes required across whole systems.
Clinician and manager - Crossing the Divide

Peter Cavanagh

What leaders care about (and typically base at least 80% of his or her message to others on) does not tap into roughly 80% of the workforce’s primary motivators for putting extra energy into the change programme. We need to change this to unite professional staff and managers in common purpose.

Reducing clinical error and reducing waste or unnecessary duplication are key areas to focus on if we are to deliver both reduced cost and improved quality. We need to recognise that we have ‘normalised the abnormal’ and leaders must wake people out of inertia to get people excited about possibilities for improvement they have not seen before.

One of the biggest opportunities for greater efficiency is in tackling variations in care. In most organisations there are wide differences in prescribing, referrals, and day surgery rates. Managers need to understand such issues within their own service and how much variation there is.

Focusing on structure and process are not enough - changing culture is critical and improving team working is central to this. There is now evidence that effective team-working can have a direct effect on clinical care and outcomes. A large scale study of Intensive Care Units has found that the extent to which care-givers feel comfortable speaking up if they perceive a problem with patient care has been found to be the strongest predictor of clinical excellence.

As well as focusing on frontline clinical teams, there needs to be a change in the way decisions are made at other organisational levels. There is often too much focus on an initial design and planning phase which is remote from the settings in which change will be implemented and needs close involvement of those at an operational level. This needs to be replaced by an approach that follows the principles of the Model for Improvement, and allows proposed new models to be tested and modified in the real world environment before proceeding to large scale implementation.

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2 Scott Keller and Carolyn Aiken The Inconvenient Truth about Change Management (2009)
The Institute for Healthcare Improvement perspective

Maureen Bisognano

One of IHI’s key models is “Will, Ideas and Execution” and Paul has led Wales in adopting this approach through using the 1000 Lives Campaign, and now 1000 Lives Plus to introduce evidence-based changes in clinical practice.

Wales is now recognised as pioneering nationwide engagement in quality improvement. There is great potential to build on this, sticking with a common approach and using a simple and consistent methodology that is understood by all.

The gap between the current state and what is possible in areas such as stroke care, falls in the community and healthcare associated infections has already shown frontline staff what kind of improvements they can make.

Applying robust improvement methodologies to such changes can save lives, reduce cost and improve quality, in one ward, one hospital, one organisation and ultimately across the whole of Wales.

Summing up

Professor Sir Mansel Aylward CB

Paul gave a personal commitment and demonstrable leadership to quality improvement through the 1000 Lives Campaign resulting preventing more than the 1,000 avoidable deaths and 50,000 episodes of harm.

The size of Wales means there is the potential for an integrated approach centred on patient needs and population health, not just the treatment of sickness. This is a huge challenge and a huge opportunity. We need to build on the structural changes already achieved, link with our business and financial processes to deliver increased value and improve outcomes.

Leaders must lead this change through communicating explicit expectations about improved outcomes, refusing to accept unreliable process variation and encouraging innovation. We need to utilise the creative tension between managers and clinicians; we can drive value and manage the shift in resource that we require whilst maintaining the dignity of patients and quality of care for patients in Wales.
3. Key considerations for managing continuous improvement

A summary of the key points raised by all contributors on the day

1. Getting the narrative right

At a time when the expectations on delivery continue to increase, revenue and capital budgets are declining and cost pressures outstrip growth, there is a critical need to get the narrative right. Managers need to express the challenges in language that makes sense to the people they need to bring on board, recognising the adage:

“What the leader cares about (and typically bases at least 80% of his or her message to others on) does not tap into roughly 80% of the workforce’s primary motivators for putting extra energy into the change programme.”

There is no correlation between high performing organisations and generous budgets. Many of the best organisations thrive in challenging environments. They are able to do this by constant innovation. The narrative needs to be meaningful to every member of staff, making it clear how their individual contribution will help to achieve the mission of the organisation.

2. Measuring performance to raise quality

One of the key drivers for success must be information. Successful organisations tend to be information rich and to use this information to drive improvement as well as for judgement and assurance. Data is crucial to understand what needs changing, and the effects that changes are having.

To enable improvement, there has to be an established method of improvement - managers ‘can’t just make things up’. NHS Wales now has an effective improvement methodology that has been proven to work in numerous initiatives run through the 1000 Lives Campaign and 1000 Lives Plus.

We need to look outside our own organisations to compare our performance and should never be afraid to ask why other organisations appear to be doing well. Comparison is an effective way of learning and identifying improvements we can test locally. We must also be transparent in sharing information across the whole of the health system and also with the public.

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3 Scott Keller and Carolyn Aiken The Inconvenient Truth about Change Management (2009)
3. Becoming values-led

The NHS in Wales is a values-based organisation and we must capitalise on this. Our purpose is to care for people and protect the population and these values should be a focus for clinicians and managers.

There can often be a perceived tension between the values of frontline staff and managers. The clinician has a patient in front of them and will want what is best for that individual patient. Managers have to consider the wider picture of the ability of the service to deliver to a large population. Marrying those perspectives is not easy and requires a systematic approach and highly professional organisational development.

4. Bridging the gap between autonomy and accountability

Balancing responsibility with accountability is critical. The key balance to be struck between clinical freedom and standardisation is closely allied to this.

Standardisation of routine procedures and practice is a key way of ensuring that autonomy does not generate wastage, delays, or lower quality team performance. Deciding on what and how to standardise procedures is a decision for frontline staff, but the impetus to move toward increased standardisation requires management and leadership.

The ability to respond flexibly to individual need will always be important in healthcare. However, the price of autonomy has to be accountability. Clinicians should always be able to justify their deviation from agreed standard practice.

Autonomy is less of an issue when there is a mutually respectful and direct relationship between managers and clinicians. Accountability works both ways – managers should be equally held to account if a clinician’s experience is one of broken systems and poor administration.

5. Making accepted failures unacceptable

The tendency to accept negative outcomes as ‘normal’ is a recognised barrier to improvement.

In healthcare, a ‘recognised complication’ is effectively an admission that a medical procedure or treatment could cause harm. But labelling it normalises it. Put simply, harm is no longer ‘seen’ as something to be avoided. It becomes a ‘natural’ part of the process.

Managers need to take a lead on this in two ways. Firstly, by addressing the underlying assumptions that adverse outcomes are unavoidable, and secondly, by supporting clinicians engaged in improvement.
‘Abnormalising’ the normal has driven down many kinds of infection in Wales, as well as other adverse events associated with hospital care, such as pressure ulcers.

6. Improving leadership and management

Improving services will require improving both leadership and management and there is a clear distinction between them. Leadership is about doing the right thing, about making the present uncomfortable and the future desirable. Leaders must lead; they must have ambition, not for personal glory, but the organisation:

“Leaders must wake people out of inertia. They must get people excited about something they’ve never seen before; something that does not yet exist.”

Reactive operational management, however committed, can easily be a barrier to building a culture of continuous improvement. Effective managers need to be trained and competent to deliver a values-led service, but also root out every unnecessary transaction and system weakness in order to improve quality and reduce cost.

Both managers and leaders need to demonstrate a passion and commitment for improvement, serving their organisations and not themselves.

4. Conclusion

NHS Wales stands at a cross roads. Our potential to meet the ever-growing expectations of the people of Wales will only be seen if the structural integration is translated into service integration. Just changing the structures is not enough to improve patient outcomes. We need to have unreasonable ambition to drive and sustain improvement. The stakes are high, not just for managers, but for all our staff, and above all for our patients.

Managers can take a lead in creating a culture that continually looks for quality improvement. By making improvement a priority, and embedding it in the values of an organisation, managers can create an environment that always seeks a better outcome for the people the organisation exists to serve.

“Expectations will always exceed capacity. The service must always be changing, growing and improving - it must always appear inadequate.” Aneurin Bevan

4 Rosa Beth Moss Kanter, Leadership for Change: Enduring Skills for Change Masters
5. Speaker biographies

Maureen Bisognano
President and CEO, Institute for Healthcare Improvement (IHI), previously served as IHI’s Executive Vice President and COO for 15 years.

She is a prominent authority on improving healthcare systems, whose expertise has been recognized by her elected membership to the Institute of Medicine and by her appointment to The Commonwealth Fund’s Commission on a High Performance Health System, among other distinctions. Ms. Bisognano advises healthcare leaders around the world, is a frequent speaker at major healthcare conferences on quality improvement, and is a tireless advocate for change.

She is also an Instructor of Medicine at Harvard Medical School and a Research Associate in the Brigham and Women’s Hospital Division of Social Medicine and Health Inequalities. Prior to joining IHI, she served as CEO of the Massachusetts Respiratory Hospital and Senior Vice President of The Juran Institute.

Sir Ian Carruthers
Chief Executive of the South West Strategic Health Authority, Sir Ian has recently held posts as Acting Chief Executive of the NHS in England and, for a short time, the Acting Director of Commissioning at the Department of Health.

Prior to the formation of NHS South West, Sir Ian was the joint Chief Executive of the Dorset and Somerset and the Hampshire and Isle of Wight Strategic Health Authorities.

Sir Ian has also held the posts of Chief Executive of the Dorset Health Authority, District General Manager at West Dorset Health Authority and Acting District General Manager for East Dorset Health Authority, Regional General Manager/Regional Director South and West Regional Health Authority.

Before that he had held Chief Executive hospital positions in Blackpool, Southend, Portsmouth and Plymouth since joining the NHS in 1969.

Peter Cavanagh
Peter is currently Medical Advisor for Patient Safety and Clinical leadership for NHS Southwest. In this role he is working with colleagues at NHS Southwest to develop and oversee a programme of patient safety across the region.

Peter was previously the Medical Director of the Taunton & Somerset NHS Foundation Trust for nine years and was acting CEO for 18 months up until 2008. As Acting CEO he led the Hospital as one of 20 hospitals in the second wave of the Patient Safety Initiative in the UK working with the Institute for Healthcare Improvement and the Health Foundation. Taunton was recognised by IHI as the most successful hospital in this programme.
He was a core team member of the Patient Safety First campaign in England and led the faculty on the role of leadership in patient safety working with boards to understand their roles in directing and supporting this work.

As Medical Director he was lead for Clinical Governance and Clinical Service Improvement and as such championed the use of improvement methodology to improve patient care.

He is still a practicing consultant radiologist in Taunton where he has worked for 25 years. Peter has just been elected as the Dean and Vice President of the Royal College of Radiologists.

**Nigel Edwards**

As Director of Policy, Nigel has led the NHS Confederation in developing and influencing health policy on behalf of members and ensuring NHS organisations have a prominent public voice, whilst overseeing the organisation’s well-respected policy and communications services and the NHS European Office. Nigel was responsible for founding the Health Services Research Network as part of the Confederation, to provide a voice for the research community and improve dialogue between managers, policy makers and research.

Nigel is a well-known media commentator, often in the spotlight debating key policy issues, and an accomplished public speaker, regularly asked to offer his thoughts at events both nationally and at the international level.

**Professor Chris Ham CBE**

Chris Ham took up his post as Chief Executive of The King’s Fund on 6 April 2010. He has been professor of health policy and management at the University of Birmingham, England, since 1992. From 2000 to 2004 he was seconded to the Department of Health where he was director of the strategy unit, working with Ministers on NHS reform.

Chris is the author of 20 books and numerous articles about health policy and management. His work focuses on the use of research evidence to inform policy and management decisions in areas such as health care reform, chronic care, primary care, integrated care, performance improvement and leadership.

Chris has advised the World Health Organisation and the World Bank and has served as a consultant to governments in a number of countries. He is a non-executive director of the Heart of England NHS Foundation Trust. He is an honorary fellow of the Royal College of Physicians of London and of the Royal College of General Practitioners, a companion of the Institute of Healthcare Management, a senior associate of the Nuffield Trust, and a visiting professor at the University of Surrey.

In 2004 he was awarded a CBE for his services to the National Health Service.
Professor Charles Vincent
Charles is Professor of Clinical Safety Research at Imperial College London.

Since 1985 he has carried out research on the causes of harm to patients, the consequences for patients and staff and methods of prevention. He established the Clinical Risk Unit at University College in 1995 where he was Professor of Psychology before moving to the Imperial College in 2002. He now directs the Clinical Safety Research Unit based in the Department of Biosurgery and Technology at Imperial College, London.


Sir Paul Williams OBE CStJ DL
Recently retired, Sir Paul was Director General for Health and Social Services, Welsh Assembly Government and Chief Executive NHS Wales.

A natural communicator; both internally with his staff but also externally in public arenas and the media, he established and maintained good relationships with partner organisations in the public and private sector to promote leading edge clinical provision within an integrated care service for NHS Wales.

Sir Paul is committed to the quality culture he has been instrumental in creating. He seeks to maintain continuous improvement through critical self evaluation using a range of internal and external performance measures, the application of best practice drawn from international, public and private sector experience and by fostering a process of continuing professional development and learning.

He is a past President of the Institute of Health Care Managers, former High Sheriff for the preserved County of South Glamorgan and is Deputy Lieutenant of South Glamorgan.