QUALITY CONFERENCE: OUR COLLECTIVE MINDSET FOR HIGH VALUE CARE

Well-led for quality: performing and improving under unprecedented pressures

KEYNOTE: Professor Judith Smith, professor of health policy and management and director of health services management centre, University of Birmingham

Existing research evidence shows that:

- Boards and high performing hospitals – spend more time in the boardroom on quality than on finance and sufficient clinical membership of the board. Effective quality committee. Expertise and formal training in interpreting quality information and data
- Boards and oversight of patient safety - similar findings, benchmarking, involving medical staff in quality strategy, staff raising concerns, culture is open and responsive
- Board composition - stability and longevity, doctors on the board, Triadic approach of high challenge, trust & engagement, strong ethnic and gender diversity
- Boards and culture – Mary Dixon Woods research: boards encourage staff-led inspiring values, emphasise staff health and wellbeing
- Boards and quality improvement : Quality improvement maturity, strong clinical leadership

Department of Health commissioned HSMC to undertake policy research program: findings on hospitals response since the Francis Inquiry:

- hospitals paying more attention to quality and safety
- Nurse staffing levels a key focus and cost
- Patient safety more important than finance but workforce pressures and money biting
- More focus on complaints handing and direct engagement
- More focus on learning events
- Greater emphasis on governance, culture and values
- Effective implementation of the duty of candour
- Stronger staff engagement
- Speaking up confidence amongst staff is clearly still variable

**Enablers of change**

- HR and OD
- Improving local relationships
- Clear and consistent messaging to staff
- Governor engagement and patient safety committee

**Barriers**

- Money and staff
- Not enough QI capability
- Middle management ability
- Poor commissioning
- Regulatory throttle

What does it mean?

- Francis has been important impetus for change
- Holding the line on quality is getting more difficult
Multiple regulators mean regulation function a throttle or constraint on quality and safety.
Board training in data, quality & safety - need a ‘restless board’ - constant search for information on quality
Stability & consistency of purpose, and time for board development & reflection
Clinical roles and input matter significantly
Senior nursing leadership functions to prick the conscience of a Board

Robert Woolley, chief executive, University Hospitals Bristol NHS Foundation Trust

- UH Bristol’s turnaround reflect strongly Judith’s points in presentation
- The journey to CQC Outstanding rating has not been programmatic (ie Virginia Mason or QI) – has been staff-led values and reflected back to them by the board, quality strategy is simple – the staff get it and can live it.
- Worked with Nottingham Uni Hospitals of a transformation program, but a change agenda that’s visible to staff has been the important driver.
- Stronger focus on quality and access performance than money. And relentless focus on risk, through planning, which drives resource allocation. ‘Reliable systems of boring governance’ build staff trust.
- Patient participation program growing significantly to help signal focus on patient care.

Lesley Dwyer, chief executive, Medway NHS Trust

- Francis Inquiry report is regulated into Australia’s care quality assurance, to ensure hospital boards focus on answering the question “how do we know?” around quality matters
- Came from Australia not fully appreciating the context of Medway’s reputation as ‘worst hospital’ in the UK – the significant challenges she would face in rebuilding local public and staff trust in the hospital
- Significant board instability: 25 changes in 2013, 2013-15 = 35 changes, 2017-17 = 17 changes: all these under system’s oversight and watch. ‘Hard to park the board to ensure didn’t normalise the abnormal’.
- Ambitions for change: capacity & capability, improvement, confidence – still a work in progress
- Regulatory intervention and ‘assistance’ obscures the ability for a board to discern what matters and staff to lead
- Guys & St Thomas FT buddying arrangement was a true ‘culture of caring’, gave the Medway staff an ambition for achievement towards better standards of care quality
- Bring the board closer to the frontline and back clinical leadership.
- Vision & values - regulators & NEDs not always supportive of Medway’s attempt to do the ‘soft stuff’, but the trust has done it. ‘Best of care, best of people’. Best, better, brilliant. Simple improvement program.
- Special measures regime makes it harder to address the things that Francis recommended.

Peter Homa, chief executive, Nottingham University Hospitals NHS Foundation Trust

- Constancy of purpose and leadership Values as central: value of values,
- Appraisal of CE involves perceptions of him as a role model
- Enable staff to relight the lamp the hope - boards create a propitious environment for latent QI appetite amongst staff, they will solve the problems if given the opportunity.
- Square root n is number of staff is the right cost of investment
- Speak truth to power
- Consult the recent Kings Fund report on QI case studies – "go to the gemba” where value is created, have the patient safety conversations with staff.