Quality, Staff Engagement and Values Based Leadership

The WWL Journey

Andrew Foster Chief Executive
Dr Umesh Prabhu Medical Director

MEETING WITH CQC BOARD
23rd September 2015

your hospitals, your health, our priority
A dying patient’s last wish…

your hospitals, your health
We went the extra mile

your hospitals, your health, our priority
QUALITY

your hospitals, your health, our priority
Our journey to a culture of Quality

your hospitals, your health, our priority
Quality in WWL 2006
The WWL Wheel

Patients First
Team Work
Compassion
Accountability
Respect and Dignity
Forward Thinking

Quality
Safe
Caring
Effective

Performance
Information
Innovation
Partnership
Investment
Staff Engagement
Leadership
Consistent Quality values

• Quality equal to performance and finance
• Nothing is more important than safety
• Speak up if you see harm or risk
• Science of healthcare improvement
• We measure what we do

your hospitals, your health, our priority
MRSA bacteraemia

None at Wrightington since Nov 2002

Cases

your hospitals, your health, our priority
Clostridium Difficile

Just 25 in 2014-15

your hospitals, your health, our priority
Mortality last twelve years
After rebasing

your hospitals, your health, our priority
Unadjusted deaths in Hospital

Deaths Yearly Total

- 2007/08
- 2008/09
- 2009/10
- 2010/11
- 2011/12
- 2012/13
- 2013/14
- 2014/15

your hospitals, your health, our priority
Unadjusted deaths in Hospital

Deaths Yearly Total

= 2,347 Deaths
And over 8 years

<table>
<thead>
<tr>
<th></th>
<th>2007-08</th>
<th>2014-15</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSMR (not rebased)</td>
<td>126</td>
<td>57</td>
<td>-55%</td>
</tr>
<tr>
<td>Deaths in Hospital</td>
<td>1,561</td>
<td>1,142</td>
<td>-27%</td>
</tr>
<tr>
<td>MRSA</td>
<td>39</td>
<td>1</td>
<td>-97%</td>
</tr>
<tr>
<td>C Diff</td>
<td>373</td>
<td>25</td>
<td>-93%</td>
</tr>
<tr>
<td>Pressure Ulcers (&lt;grade 2)</td>
<td>26</td>
<td>4</td>
<td>-85%</td>
</tr>
<tr>
<td>Serious falls</td>
<td>58</td>
<td>11</td>
<td>-81%</td>
</tr>
<tr>
<td>TOTAL HARMS</td>
<td>516</td>
<td>73</td>
<td>-86%</td>
</tr>
</tbody>
</table>
Should be a joined up strategy
But we’re not as good as we want to be

• **SAFE** – **Eight** Never Events in 2 years
• **EFFECTIVE** - HSMR is 98 we want <83
• **CARING** – we have a number of harrowing failures, incidents and complaints

• And…
  - Band 3 CQC risk rating
  – Non-compliance with checklists
Weekly deaths report

Box 4 August 15th 2014

"Box 4 deaths are the deaths that were not on ITU and not on Care of the Dying pathway"

No cases discussed here were not on the balance of probabilities, died as a result of any of the problems identified.

Total deaths: 13
0 deaths in ITU
3 deaths on EOLC (end of life care)
1 Box 4 deaths

Box 4 deaths:
- Medicine deaths: 9
- Surgery deaths: 1
- MSK: 1

Charts with no major drug omissions: 6/8
Patients on Correct ward: 5/8
Thromboprophylaxis given: 8/8
Seen within 24 hours by a Senior Doctor: 7/8
Post take check list completed: 6/8
Ward round checklist completed: 3/4
Sepsis Six: 2/3
Acute Kidney Injury: 2/2

Classification of deaths in Box 4:
- Deaths shortly after admission (admitted to die): 3/11
- Deaths where cause of dying would have been appropriate / death predicted: 5/11
- Deaths where death was not predicted / death unpredictable: 1/11

This week feels like a new beginning. New individualised care plans for patients who are dying. Whole new group of junior doctors - just use who is old then!
There is a re-emergence of drug omission problems. These omissions would be simple to avoid. Stop drugs that aren’t needed, write up drugs in good time, and don’t put patients NBM unless its really needed.
We are still harming patients

- Aspiration pneumonia
- GI Haemorrhage
- Intestinal obstruction
- High risk medications
- Patients put NBM/Nutrition
- Drug omissions
- Rare but dangerous medications
- Hospital overload
- Patients in wrong ward for main condition
- Patient identification
- Escalation of deteriorating patient
Where next?

From an arid desert to a flowering orchard

Quality Champions
The 280 Quality Champions

*Marion Ashworth
*Suzanne Holt
*Ian Aspinall
*Nasir Iqbal
*Karen Atkinson
*Emma Baggaley
*Anita Baker
*Nick Bastow
*Masem Afzal
*Denise Glassbrook
*John Baxendale
*Rabiya Aseem
*Christos Zipitos
*Andrew Beddeson
*Chris Birchall
*Lorraine Bremmer
*Leanne Brooks
*Dan Buck
*Lindsey Bullough
*Terry Cawley
*Helen Champion
*Yvonne Dunn
*Amanda Cheesman
*Debra Clegg
*Tahir Chohan
*Kath Collins
*Nicola Compton
*Jones
*Sean Burns
*Shauna Dainty
*Gill Davenport
*Chris Heaven
*Anand Dhanasekaran
*Nicola Smith
*Janet Duffy
*Lucy Farnworth
*Helen Flowers
*Andrew Foster
*Abdul Ashish
*Imran Aziz
*Kath Collins
*Debra Clegg
*Amanda Cheesman
*Yvonne Dunn
*Brie Clegg
*Lindsey Bullough
*Dan Buck
*Lindsey Bullough
*Diane Wilkinson
*Donna Talbot
*Marcie Cunliffe
*Cheryl Dagnall
*Janet Harter
*Jackie Hylton
*Tracey Butler
*Ahmed Ismail
*Chris Jackson
*Karen Jackson
*Val Thorpe
*Deborah Travis
*Andrew Twist
*Tara Broughton
*Kim Whiteside
*Alison Unsworth
*Donna Yates
*Helen Hand
*Joanne Unsworth
*Kayleigh Webster
*Judith Whelan
*Jon Lenney

your hospitals, your health, our priority
60 Quality Champion Projects

- Efficiency of Bone Bank Service
- Customer Care focus in Estates
- Frenulotomy Clinic for Babies
- Breast Feeding of Premature Babies
- Safeguarding 12–16 yr olds in A&E
- Immobile Patients with possible DVT
- Preventing Dehydration in Nursing Homes
- Ambulatory Assessment Discharge
- Reducing Falls in Hospital
- Training in Dysphagia Screening
- Discharge of Vulnerable Adults
- Communication on Rainbow Ward
- Nutritional supplements in #NOF
- Speedy Transfer to Side Rooms
- Patient Weights
- Reducing Harm From Urinary Catheters
- Improving Appointment Letters
- Reducing Deaths from Sepsis
- Shared Decision Making in Maternity
- Preventing Readmissions (Urology)
- Improving Experience on Ward 5
- Treating Infections in Newborn Babies
- Improving Patient Information in ENT
- Improving Experience in Audiology
- Improving Hourly Rounding
- Improving the Birth Environment
- Improving patient satisfaction on one medical ward
- Improving Discharge
- Preventing repeat attendances at A&E
- Increasing Patient Satisfaction with the bedside whiteboards
- Addressing Inpatient Stay for Stroke
- Preparation of Patient Bed Spaces
- Timely & Effective Discharge
- Prevention of Periop Hypothermia
- Improving Audiology Patient Pathway
- Reducing NBM Medication Omissions
- Improving Patient Worries & Concerns
- Sustaining the Safer Surgery Checklist
- Avoiding Readmissions in Oncology
- Preventing Harm From Post Operative Delirium
- Privacy & Dignity in Theatre
- Nurse Led Discharge in Surgery
- Preventing Falls
- Rapid Discharge at End of Life
- Improving Hydration
- Reducing LoS in #NOF
- Reducing Medication Omissions
- Reducing Pressure Ulcers
- Improving one stop clinic letters
- Pain Management in ECC Majors
- Musculoskeletal Checklist
- Transportation of Blood Samples
- MDT Intervention & Stroke Patients Dependence Levels
- Cataract Patients’ Pathway
- Preventing Respiratory Admissions from Care Homes
- Improving Medical Handover
- Prevention of Hospital Acquired Pneumonia
- Back to Basics: Time to Care
- Supporting Carers of Patients with Dementia
- Safer Anaesthesia Outside of the Operating Theatre Environment

your hospitals, your health, our priority
STAFF ENGAGEMENT
Hard wired into our strategy
2012 - Time for a change of gear

• Poor 2011 Staff Survey Results
• Need to meet economic challenge
• Invitation to join Listening Into Action
• Beginning of experimentation with Unipart
## The results – Staff impact

<table>
<thead>
<tr>
<th>Staff...</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>feel happy working in their area/team/department</td>
<td>54%</td>
<td>76%</td>
</tr>
<tr>
<td>feel involved in changes that affect their work area</td>
<td>33%</td>
<td>59%</td>
</tr>
<tr>
<td>feel senior managers encourage staff to suggest new ideas</td>
<td>32%</td>
<td>64%</td>
</tr>
<tr>
<td>feel day-to-day frustrations are quickly resolved</td>
<td>17%</td>
<td>51%</td>
</tr>
<tr>
<td>feel we communicate clearly about what we try to achieve</td>
<td>31%</td>
<td>64%</td>
</tr>
<tr>
<td>believe we provide the very best services to patients</td>
<td>40%</td>
<td>69%</td>
</tr>
<tr>
<td>are satisfied with how much the Trust values their work</td>
<td>20%</td>
<td>55%</td>
</tr>
<tr>
<td>feel proud to work in their area/team/department</td>
<td>61%</td>
<td>79%</td>
</tr>
<tr>
<td>understand the link between their role and the wider vision</td>
<td>47%</td>
<td>73%</td>
</tr>
<tr>
<td>feel communication from management is effective</td>
<td>22%</td>
<td>57%</td>
</tr>
</tbody>
</table>
The results – HR metrics

Temporary Spend April 2012 – September 2013

Trust Rolling Sickness % Apr 13 - Jan 14
The results – Organisational success

- 5th out of 50 in NHS North Quality Dashboard
- 5th out of 50 in NHS North Performance Table
- 1st out of 23 in NHS NW A&E Performance Table
- Achieved Financial budget £4.1m surplus and FRR 4 for third year in a row
But that was only the start

• A great outcome but...........
• How do we get from good to great?
• Need to understand ‘cause and effect’
• How can we tailor a specific approach to the needs of an individual department?
How it works

9 WWL Enablers of Engagement
- Influence
- Clarity
- Work Relationships
- Perceived Fairness
- Recognition
- Personal Development
- Mindset
- Resources
- Trust

Staff Feel Engaged
- Energy
- Focus
- Dedication

Staff Behave Engaged
- Advocacy
- Persistence
- Discretionary Effort
- Adaptability

Direct and Indirect Impacts on Patient Care
- In-role/extra-role performance
- Turnover
- Departmental/Divisional performance
- Safety
- Staff health and well-being
- Absenteeism
- Patient Satisfaction
A typical department

**WWL 9 Enablers of Staff Engagement**
- Resources (4.16)
- Work Relationships (4.14)
- Clarity (4.00)
- Perceived Fairness (3.88)
- Trust (3.79)
- Personal Development (3.78)
- Mindset (3.76)
- Recognition (3.66)
- Influence (3.62)

**Engagement Feelings**
- Dedication (4.02)
- Focus (3.82)
- Energy (3.37)

**Engagement Behaviours**
- Advocacy (4.35)
- Adaptability (4.16)
- Discretionary Effort (4.15)
- Persistence (4.12)

**Performance and Patient Care Outcomes**

**Scale**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

Scores on average positively
Scores on average moderately
Scores on average negatively
Wonderful Ward 5

24/06/2014

"there is the feeling that caring for patients is always the priority and any concerns of staff are always listened to"

"I have had amazing support, not only from management but also everyone else involved"

28/01/2015

"excellent team work which has engaged the ward"

• Big improvement
• Some results doubled
• Improved staff morale
• Excellent team work
• No complaints in 7 months
• Positive comments from patients

What do you think of this approach?
Our staff survey results

Wrightington, Wigan and Leigh NHS Foundation Trust’s Yearly Scores on the NHS National Staff Survey

% Below Average
% Average
% Above Average

your hospitals, your health, our priority
What have I learnt about staff?

• That pursuit of quality is a powerful unifying motivator
• That combined with staff engagement and values based leadership it drives commitment and morale
• But you and your team have to be consistent
• And it takes time
What have I learnt as CEO?

• Chief Executives have few direct powers
• But they do have their hands on big levers
  – Recruitment of senior staff (setting the culture)
  – Choosing what to prioritise
  – Speaking for the Trust
  – Setting an example of management style

• Try to get staff ‘alignment’
  – Quality is a unifying motivator
  – Staff are very values driven
  – Staff engagement releases huge discretionary effort
Organisational Culture And Leading Well

Dr P Umesh Prabhu FRCPCH
Consultant Paediatrician (1992 - 2010)
Clinical Director (1992 - 1998)
Medical Director of Bury NHS Trust (1998 - 2003)
Board Member of NPSA (2001-2003)
NCAS Adviser Since 2003
Clinical Adviser to the Health care Commission
Medical Director of Wrightington, Wigan and Leigh Foundation Trust

your hospitals, your health, our priority
Success is rarely due to one or two individuals but success is when the whole team works towards a common purpose.

Our Values
Why Values are Important

Living a life driven by **purpose** is much more meaningful and rewarding than meandering through life without direction.
Behavior
How do I live?

Values
What is good and right?

Beliefs
What is true?

Worldview
What is REAL?

Iceberg Principle in leadership behavior
What are our values?

1. Patients First and always
2. Team Work - Happy staff – Happy Patients
3. Accountability and Governance
4. Duty of Candour
5. Forward Thinking
6. Respect and Dignity
7. Compassion and Caring
Our Values – Patients at the Heart of Everything We Do
WWLFT Values

• NHS must be for the patients with the patients and by the patients

• It is patients who got to live with the consequences of our decision, surgeries we carry out, medicine we give and rarely mistakes we make

• They have the ultimate say and they are not simply equal partners but major stakeholders
Patient Safety - Our Values

• Patient safety and quality of care is not for compromise

• No patient or staff should suffer because of ‘our’ poor systems and processes.

• They are ours – So we own them

• Collectively we are responsible for them

your hospitals, your health, our priority
Happy Staff – Happy Patients

Everyone wants to succeed and success is contagious

When all our staff do well all our patients are happy

your hospitals, your health, our priority
Diversity

Putting people in the right jobs is one of the most important jobs of the leader and manager.

In such a culture diversity thrives.

your hospitals, your health, our priority
We Value Diversity

- Diverse groups of people are more innovative than homogenous groups

- But we don’t appoint diverse people to prove our values

- We appoint right people who will uphold our values and diversity reflects our values
WWLFT Success

• Our values
• Our culture
• Our Values based leadership
• Our staff and patient engagement
• We have robust governance and accountability

your hospitals, your health, our priority
Values

• Values are about what we are as human beings and how we treat each other
• 50% of our Medical Leaders are BME and 20% are women!
• In a value based organisation diversity and inclusion thrives!
• I have dismissed 4 doctors all are BME!
• 6 Doctors have left the organisation and 4 are BME!
BME Staff and NHS

- In NHS - BME staff are 3 times more unhappy
- BME staff and women are significantly less likely to be appointed to leadership position of our NHS
- Unhappy staff – Unhappy patients
- NHS has to wake up to the plight of BME staff, Whistleblowers and link to patient safety
What CQC can do

• CQC has come a long way
• CQC inspection can play a huge role in holding the mirror to the organisations
• We as leaders should not underestimate the impact of bullying, sub-conscious bias, victimisation, plight of Whistle-blowers and its impact on patient safety and staff well-being!
• It is simply shocking!
CQC Alone will not make NHS Safer and Better

• Locally need strong leadership from the Board
• TDA, Monitor, NHS Leadership academy, FMLM, Royal Colleges, BMA, DOH, NH Employers, NHS Confed all have role to play!
• But they all must have values based leaders
• It is wrong to appoint BME just because he/she is a BME!
• Right leaders to do the right job!
OUR LIVES BEGIN TO END THE DAY WE BECOME SILENT ABOUT THINGS THAT MATTER

Martin Luther King Jr.
Our NHS

- Patient safety should matter to us
- Staff well-being should matter to us
- NHS is a great Institution but sadly many patients and staff suffer
- Together, we got to make NHS safer and better for all
Before I Start – 3 Important Messages

1. What we have done at WWLFT is not done across the NHS each year 75,000 patients their families and staff will continue to suffer

2. Medico-legal bill with the duty of candour is £15 to 20 Billion!

3. WWLFT is not perfect and still lot more to do!

your hospitals, your health, our priority
KEEP YOUR THOUGHTS POSITIVE BECAUSE YOUR THOUGHTS BECOME YOUR WORDS.
KEEP YOUR WORDS POSITIVE BECAUSE YOUR WORDS BECOME YOUR BEHAVIOR.
KEEP YOUR BEHAVIOR POSITIVE BECAUSE YOUR BEHAVIOR BECOMES YOUR HABITS.
KEEP YOUR HABITS POSITIVE BECAUSE YOUR HABITS BECOME YOUR VALUES.
KEEP YOUR VALUES POSITIVE BECAUSE YOUR VALUES BECOME YOUR DESTINY.

- Mahatma Gandhi
Any Questions?