Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Creating an improvement research friendly health system

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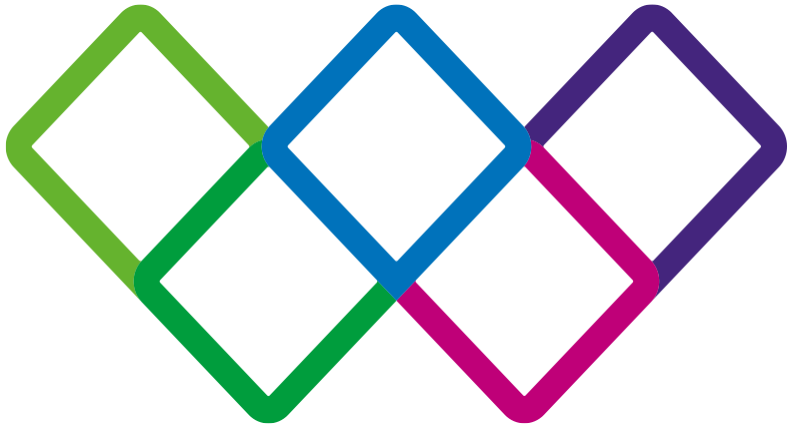


Commonwealth Fund: 'Mirror, Mirror' 14th July 2017
Health Care System Performance Rankings

header	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
OVERALL RANKING	2	9	10	8	3	4	4	6	6	1	11
Care Process+	2	6	9	8	4	3	10	11	7	1	5
Access+	4	10	9	2	1	7	5	6	8	3	11
Administrative Efficiency+	1	6	11	6	9	2	4	5	8	3	10
Equity+	7	9	10	6	2	8	5	3	4	1	11
Health Care Outcomes+	1	9	5	8	6	7	3	2	4	10	11

Five Year Forward View: Next Steps 2017

……..within the constraints of the requirement to deliver financial balance across the NHS, the main 2017/18 national service improvement priorities for the NHS are:

Improving A&E performance. This also requires upgrading the wider urgent and emergency care system so as to manage demand growth and improve patient flow in partnership with local authority social care services.

Strengthening access to high quality GP services and primary care, which are far and away the largest point of interaction that patients have with the NHS each year.

Improvements in cancer services (including performance against waiting times standards) and mental health – common conditions which between them will affect most people over the course of their lives.

Sustainability and Transformation Plans 2017

The Six Core Principles of Improvement

- **Make the work problem-specific and user-centered.** It starts with a single question: “What specifically is the problem we are trying to solve?” It enlivens a co-development orientation: engage key participants early and often.

- **Variation in performance is the core problem to address.** The critical issue is not what works, but rather what works, for whom and under what set of conditions. Aim to advance efficacy reliably at scale.

- **See the system that produces the current outcomes.** It is hard to improve what you do not fully understand. Go and see how local conditions shape work processes. Make your hypotheses for change public and clear.

- **We cannot improve at scale what we cannot measure.** Embed measures of key outcomes and processes to track if change is an improvement. We intervene in complex organizations. Anticipate unintended consequences and measure these too.

- **Anchor practice improvement in disciplined inquiry.** Engage rapid cycles of Plan, Do, Study, Act (PDSA) to learn fast, fail fast, and improve quickly. That failures may occur is not the problem; that we fail to learn from them is.

- **Accelerate improvements through networked communities.** Embrace the wisdom of crowds. We can accomplish more together than even the best of us can accomplish alone.

National Improvement and Leadership Development Board July 2017

Supported by:

- DoH, NHS Improvement, Health Education England, NHS Leadership Academy, NHS England, Public Health England, NICE, CQC, skills for care, Local Government, NHS Providers, NHS Clinical Commissioners, NHS Confederation
- ‘Developing People – Improving Care: a national framework for action on improvement and leadership development in NHS-funded services’
- Developing critical leadership and improvement skills for all staff in the NHS
- High performing health and care systems have these capabilities and improve population health, patient care and value for money.

What are these critical capabilities?

Systems leadership skills for leaders improving health and care systems, whether through sustainability and transformation plans, vanguards, or other new care models, these skills help leaders to build trusting relationships, agree shared system goals and collaborate across organisational and professional boundaries.

What are these critical capabilities?

Improvement skills for staff at all levels. Chief Executives of the majority of provider Trusts rated ‘outstanding’ by the Care Quality Commission credit established quality improvement (QI) methods for improvement in their operational performance, staff satisfaction and quality outcomes.

What are these critical capabilities?

Compassionate, inclusive leadership skills for leaders at all levels.
Compassionate leadership means paying close attention to all the people you lead, understanding the situations they face, responding empathically and taking thoughtful and appropriate action to help. Inclusive leadership means progressing equality, valuing diversity and challenging power imbalances. These leadership behaviours create just learning cultures where improvement methodology methods can engage colleagues, patients and carers, deliver cumulative performance improvements, and make health and care organisations great places to work.

What are these critical capabilities?

Talent management to fill current senior vacancies and future leadership pipelines with the right numbers of diverse, appropriately developed people

What have we done so far?

Talent management

- Spotting potential at all levels
- Creating a structure for support in leadership and knowledge, as well as career development, in nursing, midwifery and medical staff
- Appointment of Associate Medical Directors in professional development and education and training
- Appointment of Improvement and Innovation Fellows

What have we done so far?

Compassionate, inclusive leadership skills

- Courses for staff, that includes QI training at all levels: emerging leaders, established leaders and aspiring Board members
- Learning by doing: each cohort receives training and then support for QI projects in multidisciplinary teams for the year of their course

What have we done so far?

Appointment of Improvement and Innovation Fellows

- Supported by the Office of the Medical Director
- Each one has an Executive and a clinical mentor
- Each has specific QI support through the Divisions
- Explicit about patient care and value for money

What have we done so far?

Developing Improvement skills:

- Built into leadership development as a key skill
- Working with CLARHC
- Levels of expertise through expert, champions and those with basic knowledge of methodology
- Appointment of Associate Medical Directors for Transformation and Improvement and a Chief Medical Information Officer as Deputy Medical Director, with CIO roles in each Division.

What have we done so far?

Working closely with others:

- Developing relationships with our local STP and third sector partners and AHSN
- Developing relationships with CW+ and London Digital Health Accelerator, Director Den grants and

What have we done so far?

Smaller projects around

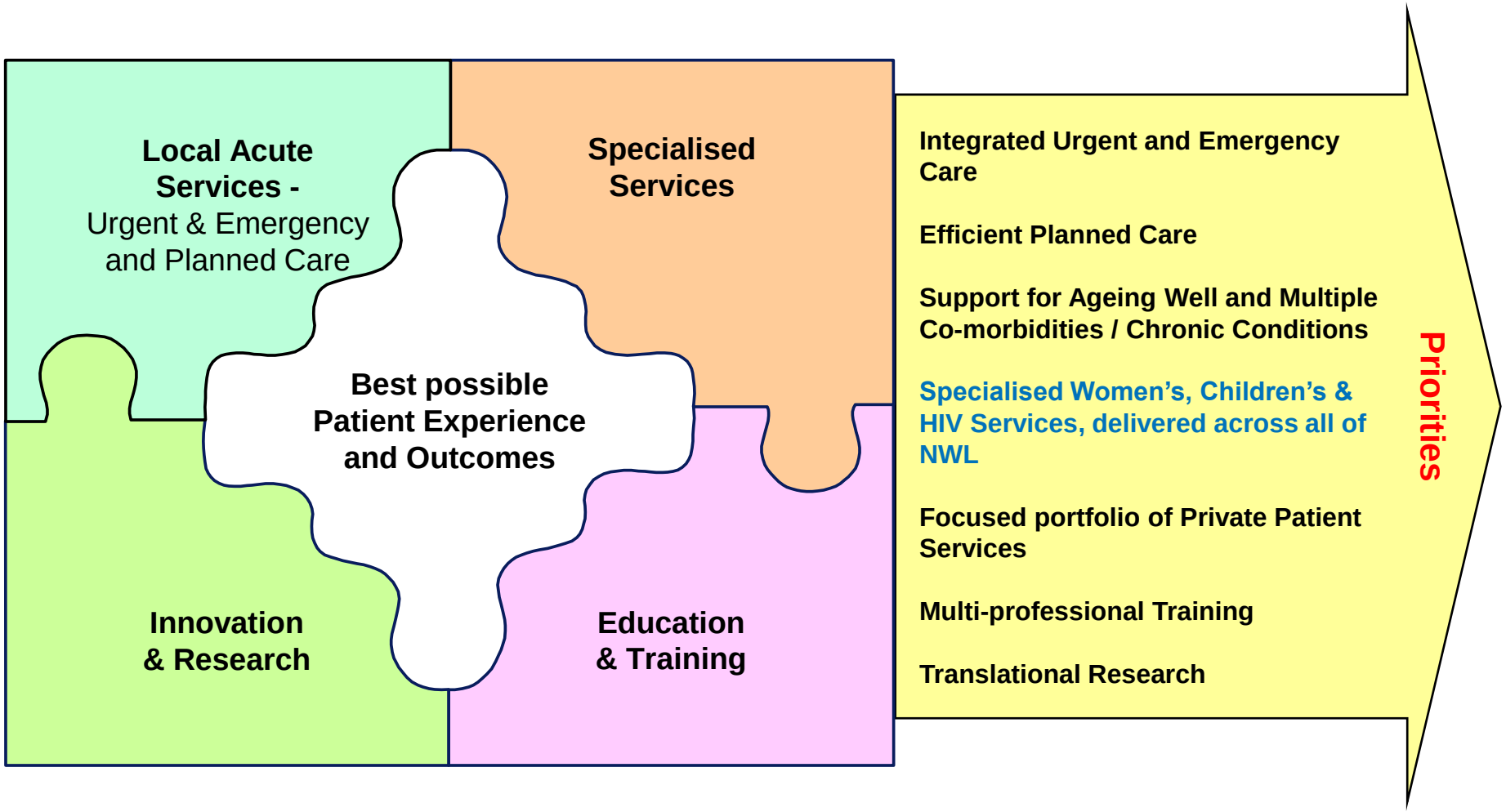
- app development
- wearables, including for vital signs in heart failure patients and
- ‘smart’ stoma bags
- Dermatoscopes
- Vitual web based control of diabetes in pregnancy

What have we done so far?

Developing culture:

- Embedding innovation in the clinical services strategy
- Making QI the delivery system for our 3 year Quality Plan
- Providing space for new ideas
- ‘permission to fail (early)’

We aim to integrate local services, strengthen specialised services, train key professionals & drive translational research to deliver the best for our patients



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Thank you!

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