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Promoting Healthcare Excellence Globally

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THE ROLE OF BOARDS AND EXEC TEAMS IN DRIVING CHANGE AND QUALITY IMPROVEMENT

What are Boards there to do?

- The basics
  - Set vision and strategy
    - taking account of views and aspirations of stakeholders and the environmental conditions
  - Hold the Executive to account for the delivery of strategy and service performance
  - Create the receptive context
  - Hold unitary accountability for all aspects of the service.

RD&E Strategic Direction

Our vision is to:

- To provide safe, high quality, seamless services delivered with courtesy and respect. We will:
  - continue to place safety and quality central to our work and focus as much on how healthcare is delivered as we do on clinical outcomes.
  - achieve a better balance between elective and non elective patients
  - be strongly influence and held accountable by the community we serve
  - be a financially robust and sustainable organisation that is able to continue to reinvest in priorities that improve healthcare for the community we serve.
- **Delivered via**
  - a transformational change programme that enables us to deliver clinically safe and financially sustainable care for our patients

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A process through which to think about the Board's role in relation to quality improvement in health systems

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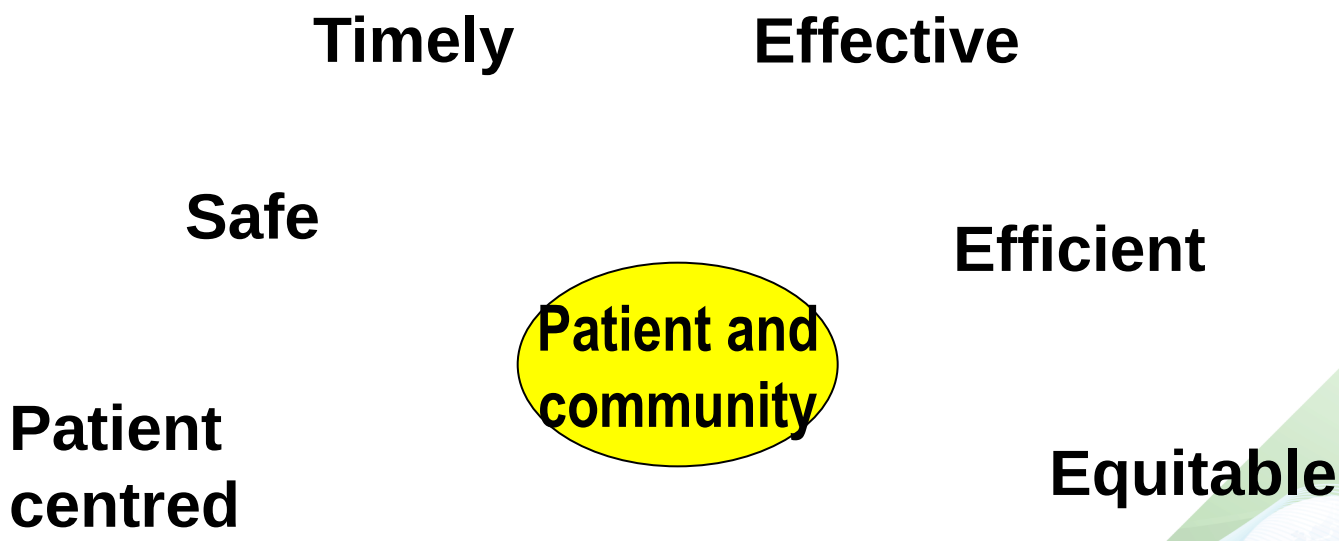
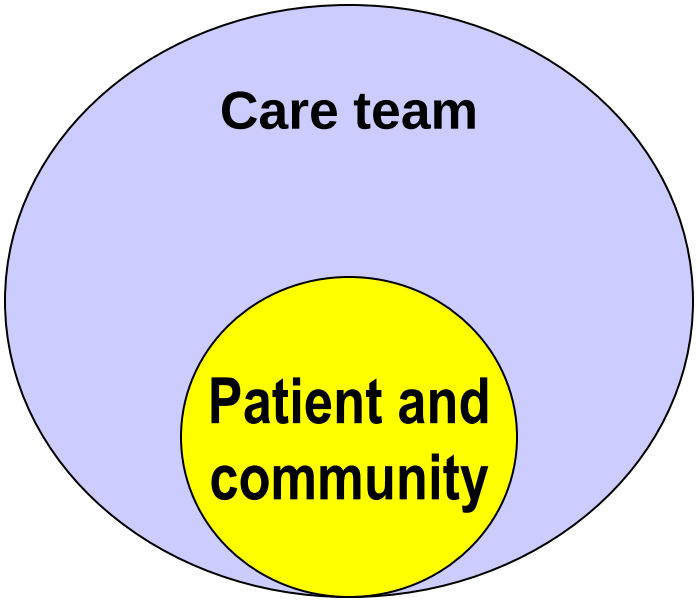
The Patient At The Centre



Patient Experience Determined by Care Team

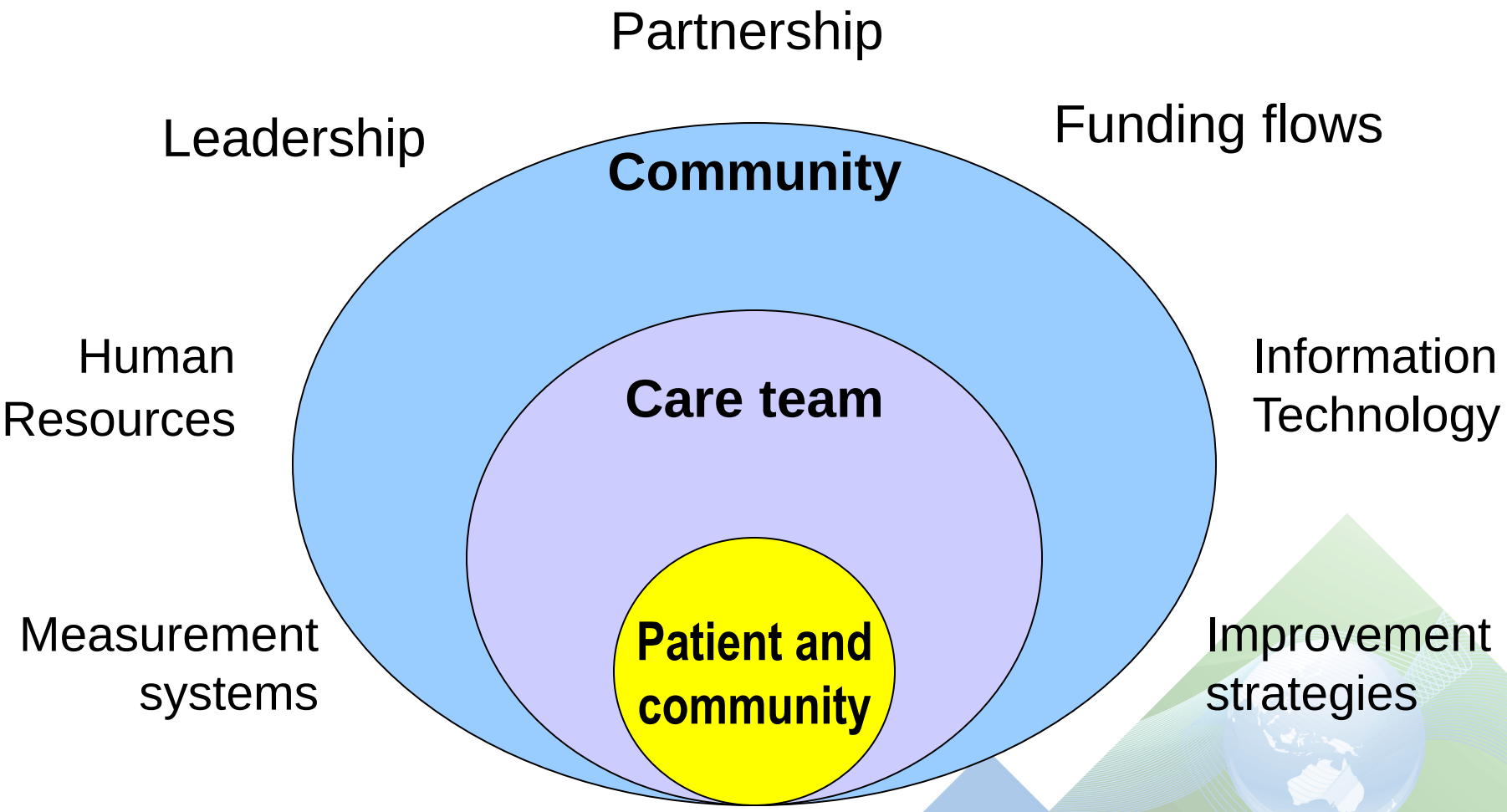
Patient centred

Knowledge based

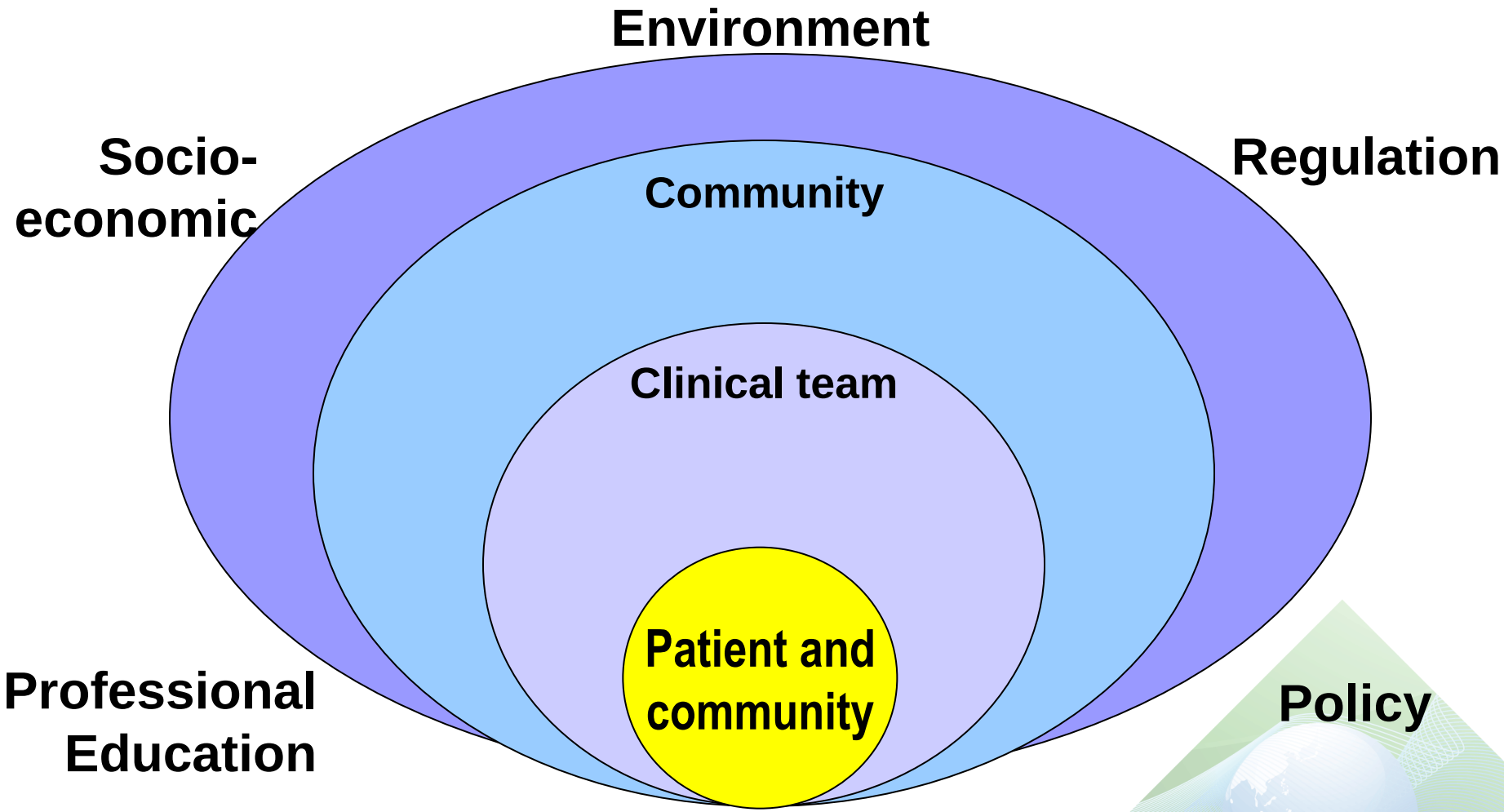


System-minded

Care Teams Operate Within a Community



Communities Sit in a Wider Context



But …..

- Environment and community factors constrain change at the level of the care team
- Environment and community change makes no difference to the patient experience
- It's the Board's responsibility to identify and secure improvement and establish the leadership behaviour to deliver change

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Changes Required

FROM	TO
Each individual doctor knows best	Use all the science that is relevant, as part of a professional team
Professionals are the centre of care, and control the care process	Patients are the centre of care, the experience of care is as important as the technical delivery of care
Think and act to optimise my part of the system	Think and act to optimise the whole system even if that reduces my input/income

Three Concepts of Leadership

- Leadership is:
  - “influencing the community to follow the leader’s vision.”
  - “influencing the community to face its problems.”
  - “to go forth, die.”

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Boards face two broad categories of problems

technical and *adaptive*

Technical

- Clear problem definition, clear solution, clear roles
- Leadership functions are authoritative: direction, order, protection, maintenance of norms
- Solution to challenge does not require learning, resolution of values conflict, or reconciliation of values and reality

Adaptive

- Definition of the problem and the solution requires learning - many different views about what the problem is, and what should be done
- There is a gap between shared values and reality, or there is a conflict among people about values or strategy
- Making progress requires change in peoples' values, attitudes, and habits of behaviour

Some practical examples

- Governance and Performance System
- Board Reporting and drill down
  - Integrated Performance Report
  - Ward to Board reporting
    http://www.rdehospital.nhs.uk/trust/board/boardpapers.html
- Nursing Quality Assessment Tool (NQAT)
- Your Skin Matters
- Don't mention the "F" word

Fit for the Future
Governance & Performance System

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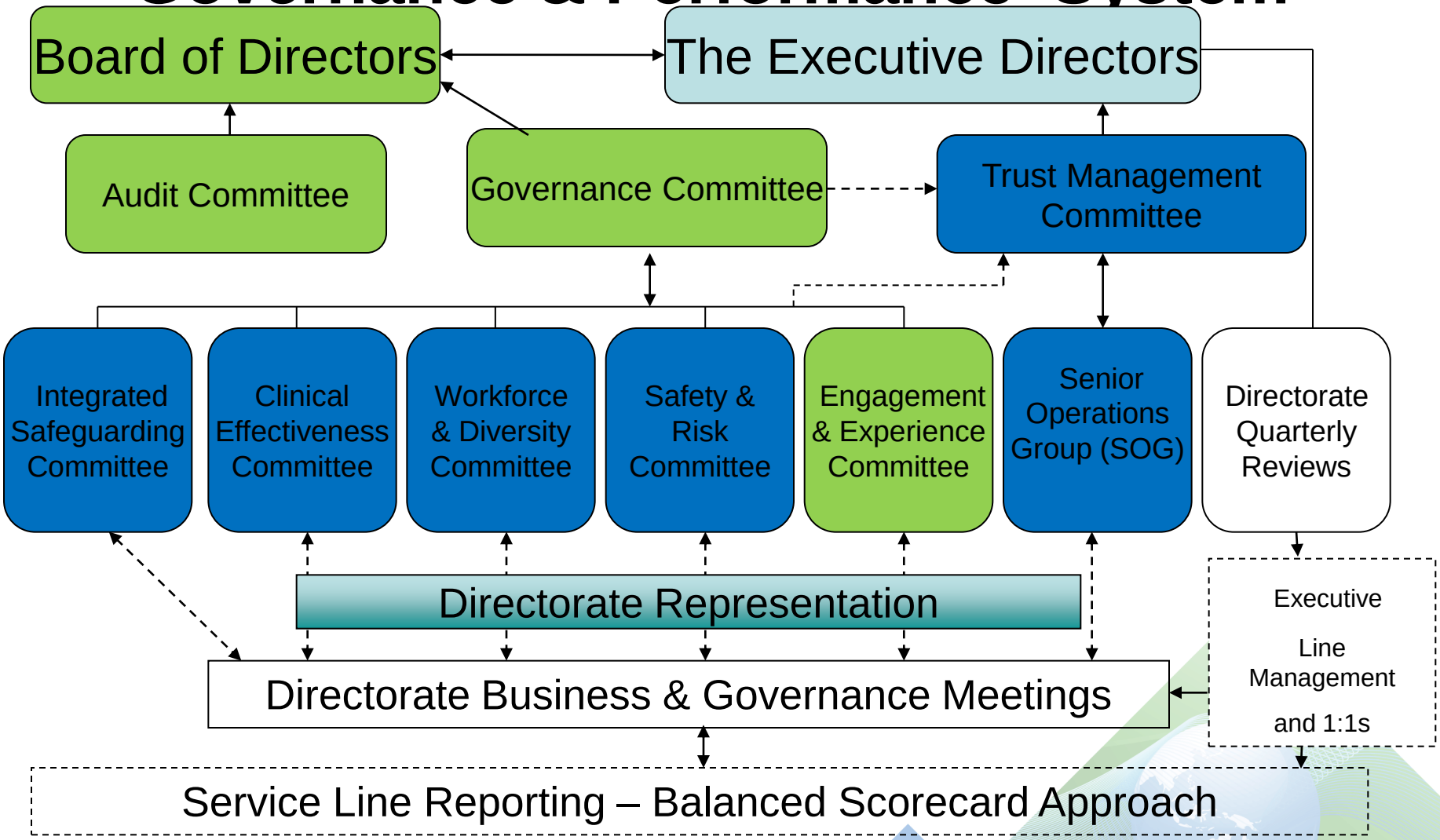

NQAT

NQAT Includes

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PRESSURE ULCER

SAFE ENVIRONMENT

PAIN MANAGEMENT

PRIVACY & DIGNITY

INFECTION CONTROL

Department of Health Essence of Care Nursing Standards

MENTAL HEALTH

ELIMINATION

SELF CARE

RECORD KEEPING

FOOD & NUTRITION

COMMUNICATION

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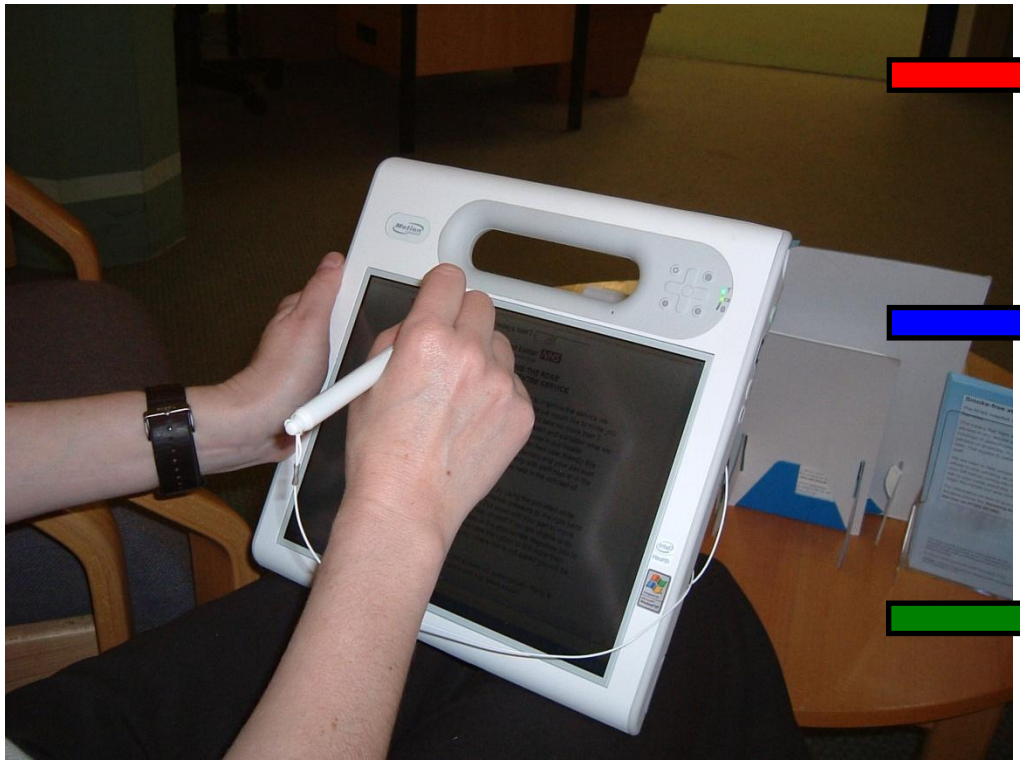
METHOD



DOCUMENTATION
20% (staff)

+

OBSERVATION
40% (staff)

+

PATIENT FEEDBACK
40% (volunteer)

= NQAT

RESULTS – within 48 hours

- All results in 170 elements RAG rated
- Aggregate ward score
  - Fail ≤74%
  - Bronze 75 – 84%
  - Silver 85 - 94%
  - Gold ≥ 95%
- Re-audit and rapid improvement cycle action plans
- Results published at ward level and to Board on quarterly basis

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your skin matters

Background

- UK prevalence approximately 10% (Phillips & Buttery 2009)
- 57-63% hospital acquired
- 40 per 1000 hospital admissions at risk of developing sores
- NHS cost £1.4 billion – £2.1 billion
- Chosen as Quality Account Improvement Target

Investigation Analysis
PDSA Cycles

- Improved assessment on admission
- Accuracy of assessment remains an issue
- Body mapping on admission improved
- More interventions & evidence of care planning
- Specialist equipment in place but not put in place earlier enough
- Only happening 50-75% of the time

Quality Account Update Position

	April 09 – March 10	April 10 – March 11	Change
Total Ulcers 2 & Above	228	166	27.19% decrease
Category 2	175	118	32.57% decrease
Category 3	31	39	28.81% increase
Category 4	22	9	59.09% decrease

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Don’t mention the F word!

Normal?

Two falls –related deaths in 2008

- Confused patient climbed over bedrails (put in place to try to stop the patient getting out bed).
- Second fall resulted in a fatal head injury.
- Patients fell approximately 20 times over a number of weeks.
- No significant action taken by staff.
- Patients suffered a fracture and subsequently died.
- Root Cause Analysis investigation identified a wider organisational problem:
- Staff acceptance that falls are an inevitable, normal occurrence in hospital.
- Staff felt that they were too busy with other tasks to do anything to improve matters
- New falls policy 18mths earlier
- No application of falls policy to practice…….spray and pray approach

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Have you heard these comments?

"Just one of those things that happens in hospital"

"Not what you want to happen, but an **inevitable** part of getting patients mobile"

"Falls are a nurse's responsibility, not a doctor's"

"A normal part of a hospital stay"

A rebellion in 2008

- Violations and migrations
- Building reliability/mitigation into the system
- Checklist (Frank 2006)
- PDSA methodology
- 1 test , 1 patient, 1 shift…….to all
- RCA every fracture

- Checklist with key quality questions
- ‘Rounding’ every hour for patients with falls risk score > 20
- Verbal feedback from staff, patients and carers
- Need to ensure we ***reliably*** use the Checklist for every patient with a high falls risk

Where Are We Now?

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Inpatient Slips, Trips & Falls

Key messages for Boards

- Play on the adaptive pitch and check that's where you are regularly
- Manage the abundance even in recession
- The currency of leadership is executive attention
- The Board agenda must give equal weight to safety and quality and finance
- Ward to Board reporting, ownership of the problem and pressure for a solution from within
- Identify the important measures track them and publish performance good or bad
- Celebrate success a timely thank you goes a long way

Conclusion

- Create a realistic compelling vision of life in the new mode, listen to and use powerful patient stories and make the link to fundamental cultural changes needed professional behaviour
- Build and empower teams be inclusive, the most junior members often have the best ideas
- Boards need to be as courageous as the teams they are asking to change – identify and own your failures- make yourself uncomfortable
- Embrace the leadership role of:

> "influencing the community to face its problems."

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QUESTIONS