

7th Annual North West Leadership Conference



Health Education England

Leadership – Making it Matter

Friday 21st April 2017



Developing people
for health and
healthcare

www.hee.nhs.uk



#NWleader17

Annual North West Leadership Conference 21st April 2017

**Professor Jane Mamelok
HEE NW - Postgraduate Dean**



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Photo - Derek Holden

Leadership – Making it matter



Change, adversity and opportunity



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6994515
Benjamin Abiach Galan | Dreamstime.com

- **The pessimist complains about the wind**
- **The optimist expects it to change**
- **The leader adjust the sails**

John Maxwell

**Hardships often prepare ordinary
people for an extraordinary
destiny**

CS Lewis

Final thoughts.....



Change introduces a man to himself – Albert Einstein

Developing the will, the capacity and the commitment for leadership in health: lessons from around the world

Jonathan Gosling

Emeritus Prof of Leadership
University of Exeter

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Research Questions:

What are the qualities of a good leader in your sector?

What does a leader do?

What are the results of leadership?

7-year olds

A Head Teacher should have

big ears

to hear naughty children whispering

long arms

to make sad children OK

high heels

so that everyone can see her in assembly

**A Head spends a lot of time in her office
eating biscuits**

**A Head must make sure
that everything stays alright**



Developing

the will

the capacity

the commitment

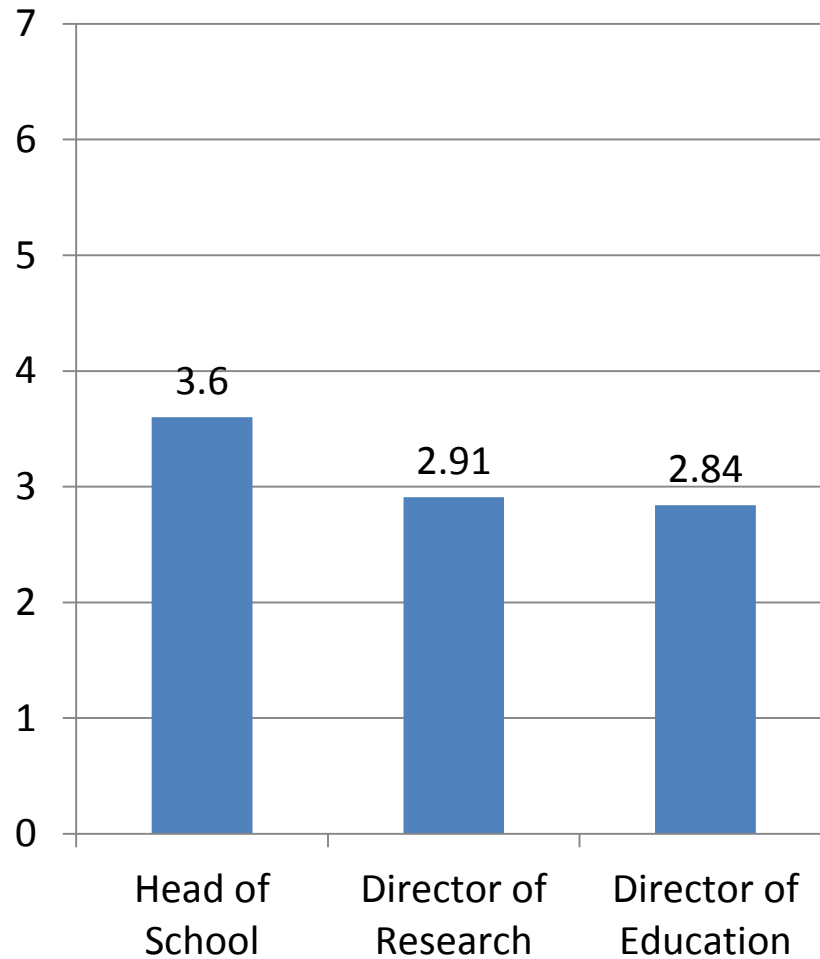
for leadership in health: lessons from
around the world

Academics asked: What traits or behaviours describe your leaders?

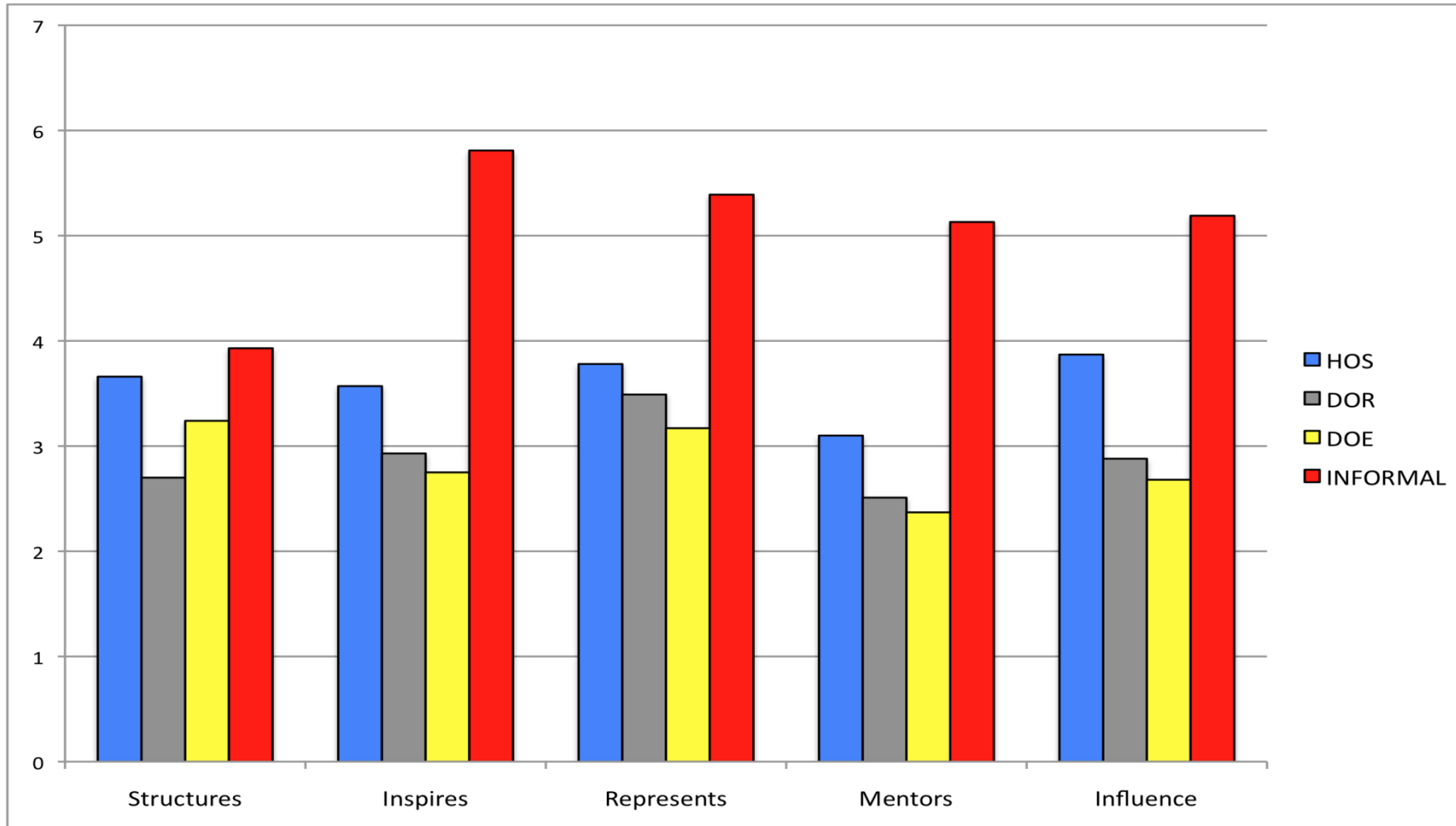


Bolden, R., Gosling, J., O'Brien, A., Peters, K., Ryan, M. & Haslam A. (2012) *Emerging Concepts of Academic Leadership*, for Leadership Foundation for HE
DOI: 10.13140/2.1.1957.6009

Who provides academic leadership?



Who provides academic leadership?



Who provides academic leadership?



Developing Managers in Context

- 1. You cannot create a manager in a classroom. (i.e. management is neither a profession nor a science).**
- 2. But you can enhance significantly the capabilities of people who are already practicing management.**
- 3. This is best done by leveraging the managers' own experience, to reflect on it and share their insights with each other.**
- 4. Then the managers can carry their learning back to the job for impact (action and teaching).**

The idea is to *use* work, not to *make* work.

Person

Practices

Perspectives

What works in Health Care?

- Halton Health – public health integration (Canada)
- Institute for Urban Indigenous Health (Australia)
- Nurses in Social Care (Japan)
- Waitemata Hospital reform (New Zealand)
- International Masters in Health Leadership (Canada)
- Malaria Elimination (Swaziland& Zimbabwe)

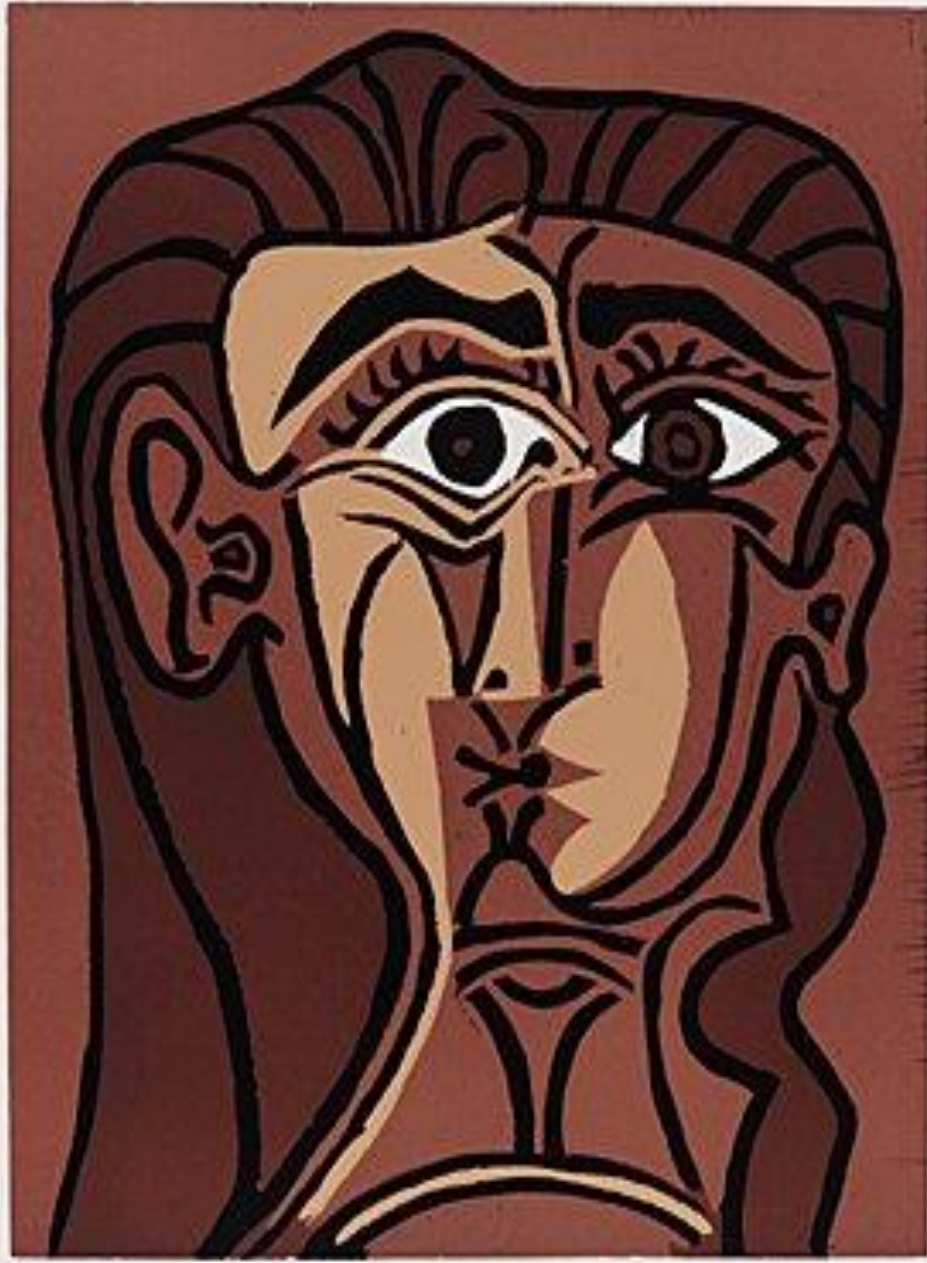
Personal

*“Effective political leaders are like
the Roman God, Janus.
They wear two faces; one looking
outward and the other inward”*

*Sir David Varney, “Leading with Political Awareness”,
CMI 2007:2*



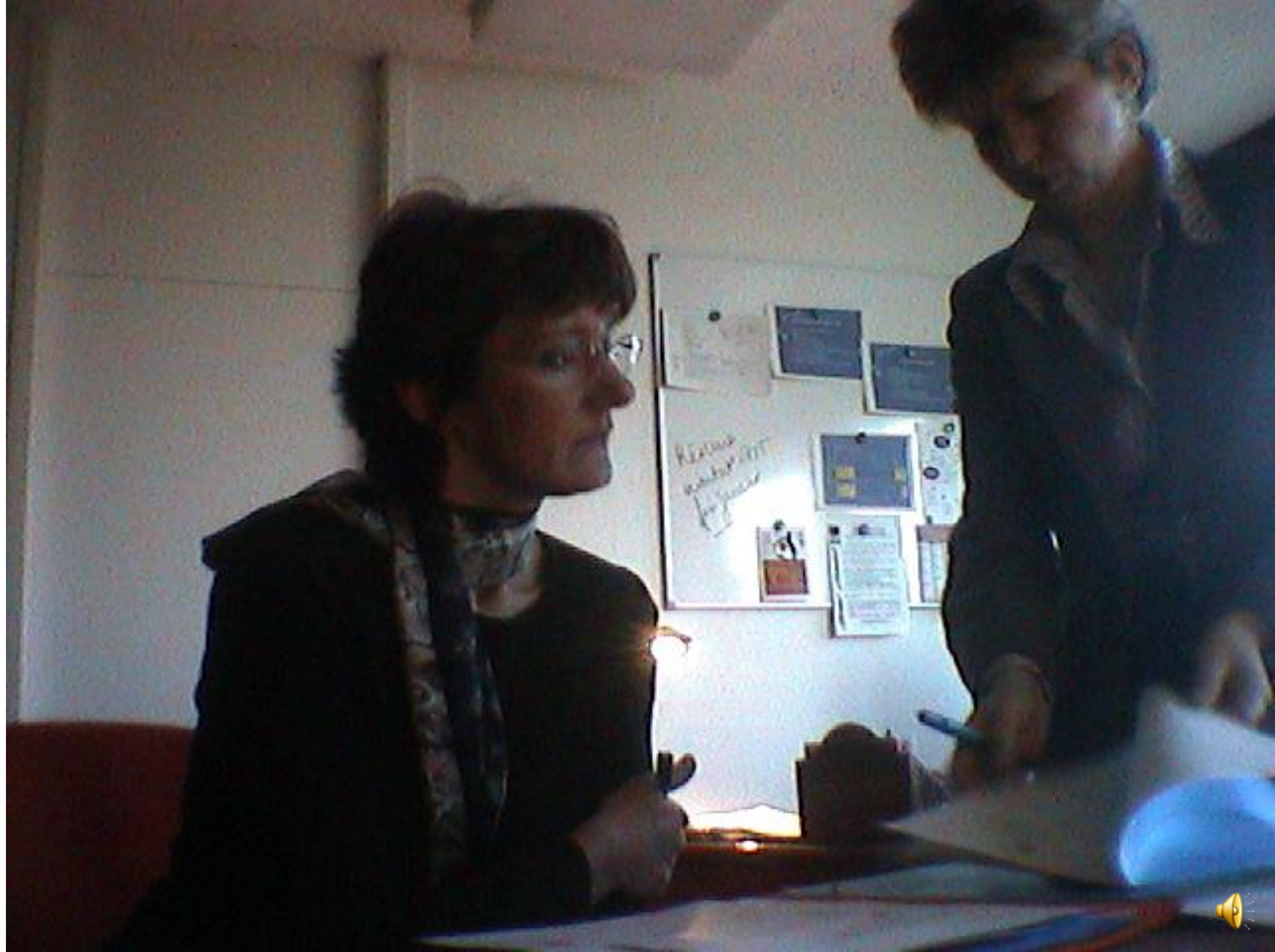
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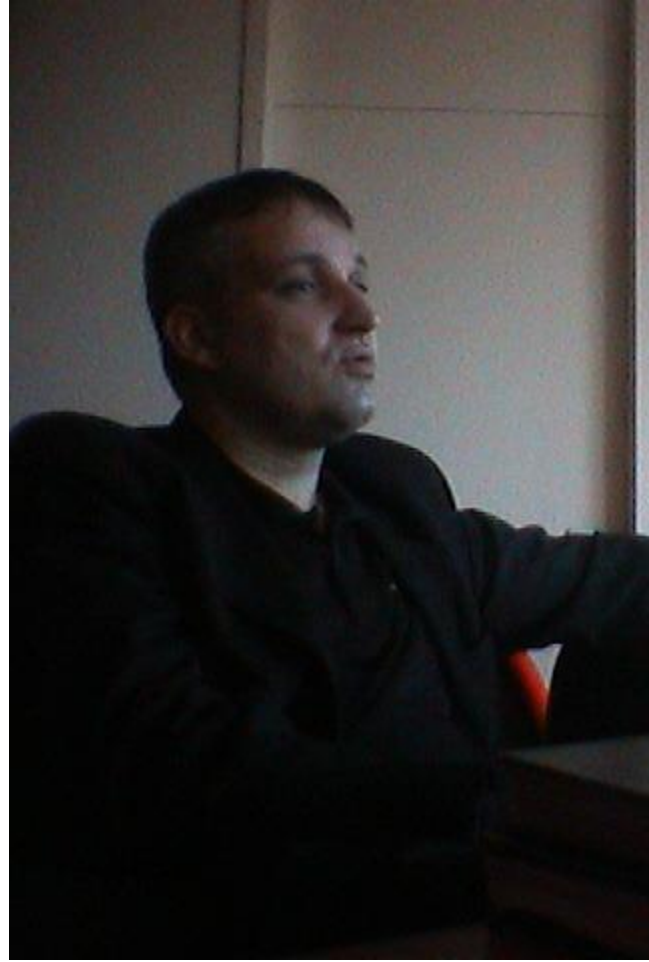
Pablo Picasso
"Tête de Femme" / "Portrait de
Jacqueline de face. II" IV. Zustand
linocut 1962
75,3 x 61,8 cm, image 64 x 52,5
cm
Bloch 1063, Baer 1280 IV B.a.

Leadership Exchange at Halton Health







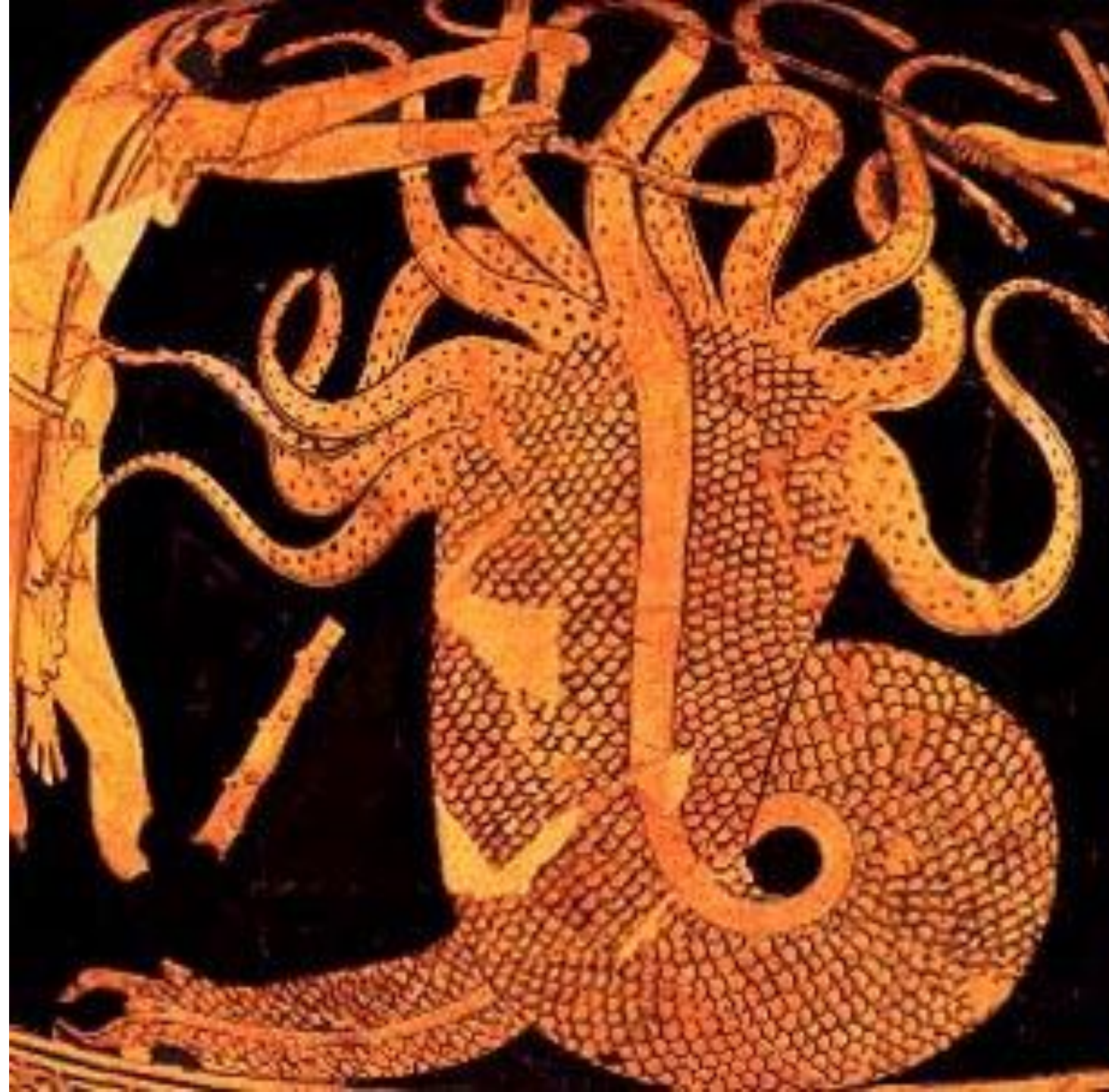








Practices

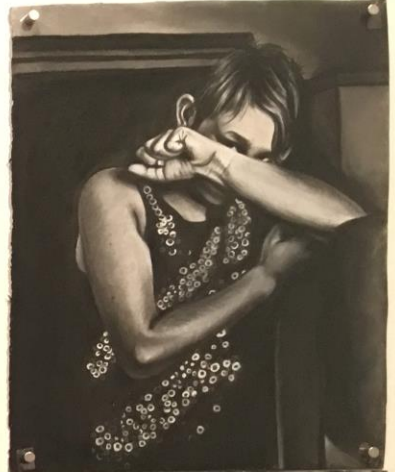




Institute for Urban Indigenous
Health, Brisbane

and

Miyuki Hospital, Kyoto





Black in my heart...

Understanding the impact of
history on communication

Authors



Renée Brown is a Nunuccal woman from North Stradbroke Island with connections to Springsure in Central Queensland. Having very proudly spent her early years in Inala, Renee's family returned to their country on Stradbroke Island where she spent the later part of her childhood.

Renée currently works for the Institute for Urban Indigenous Health as a Workforce Development Project Officer. In this role Renée leads the workforce mapping of Aboriginal and Torres Strait Islander Community Controlled Health Services in South-East Queensland, developing workforce training plans which support the implementation of best practice models of care.

Renée is passionate about ensuring health service delivery is inclusive of socio-cultural influences as a best practice standard.



Dr. Alison Nelson has worked with urban Aboriginal and Torres Strait Islander children and families for more than 15 years. In 1998 she established an occupational therapy service as a partnership between the University of Queensland and The Aboriginal and Islander Independent Community School. This service has expanded to include students in occupational therapy, speech pathology, music therapy and human services. Alison is now the Director, Workforce Development and Allied health with the Institute for Urban Indigenous Health, overseeing the development and implementation of student placements in Indigenous health contexts across South East Queensland. Alison completed her PhD in the School of Human Movement Studies at the University of Queensland, looking at the place and meaning of health and physical activity in the lives of urban Indigenous young people.

Historical Legacy

5 Minutes



THREE GENERATIONS
(Reading from Right to Left)

1. Half-blood—(Irish-Australian father; full-blood Aboriginal mother).
2. Quadroon Daughter—(Father Australian born of Scottish parents; Mother No. 1).
3. Octaroon Grandson—(Father Australian of Irish descent; Mother No. 2).

Race relations within Australia have come from a very sordid past of which has had a long lasting effect on the psyche of Aboriginal and Torres Strait Islander people. This historical legacy is very apparent when certain words, questions or sayings are used in connection with an Aboriginal or Torres Strait Islander person or community.

One aspect of that historical legacy is questions around a person's Aboriginality and blood quantum; the percentage of Aboriginal blood present. These concepts were based on the theories of Social Darwinism and the belief that Aboriginal people were at a different stage of the evolutionary scale and as such, considered less than human. Notions such as these were very much grounded in eugenics; the study of a population by controlled breeding so as to increase the occurrence of desirable heritable characteristics. In the case of Australian Aboriginal and Torres Strait Islander people was an Anglo-Saxon heritage.

This era of Australian history is often referred to the Assimilationist period.

Look at the picture above and discuss why such a picture might be in existence.

COACHING OURSELVES



CoachingOurselves modules

by leading thinkers; Mintzberg,
Schein, Kotler, etc...

- ▶ Managers learning from and coaching each other
- ▶ Organizations building the capacity to develop themselves
- ▶ Leadership programs up to 75% less expensive than classroom based programs



90-Min. Sessions with Manager-Facilitators
guided by CoachingOurselves modules



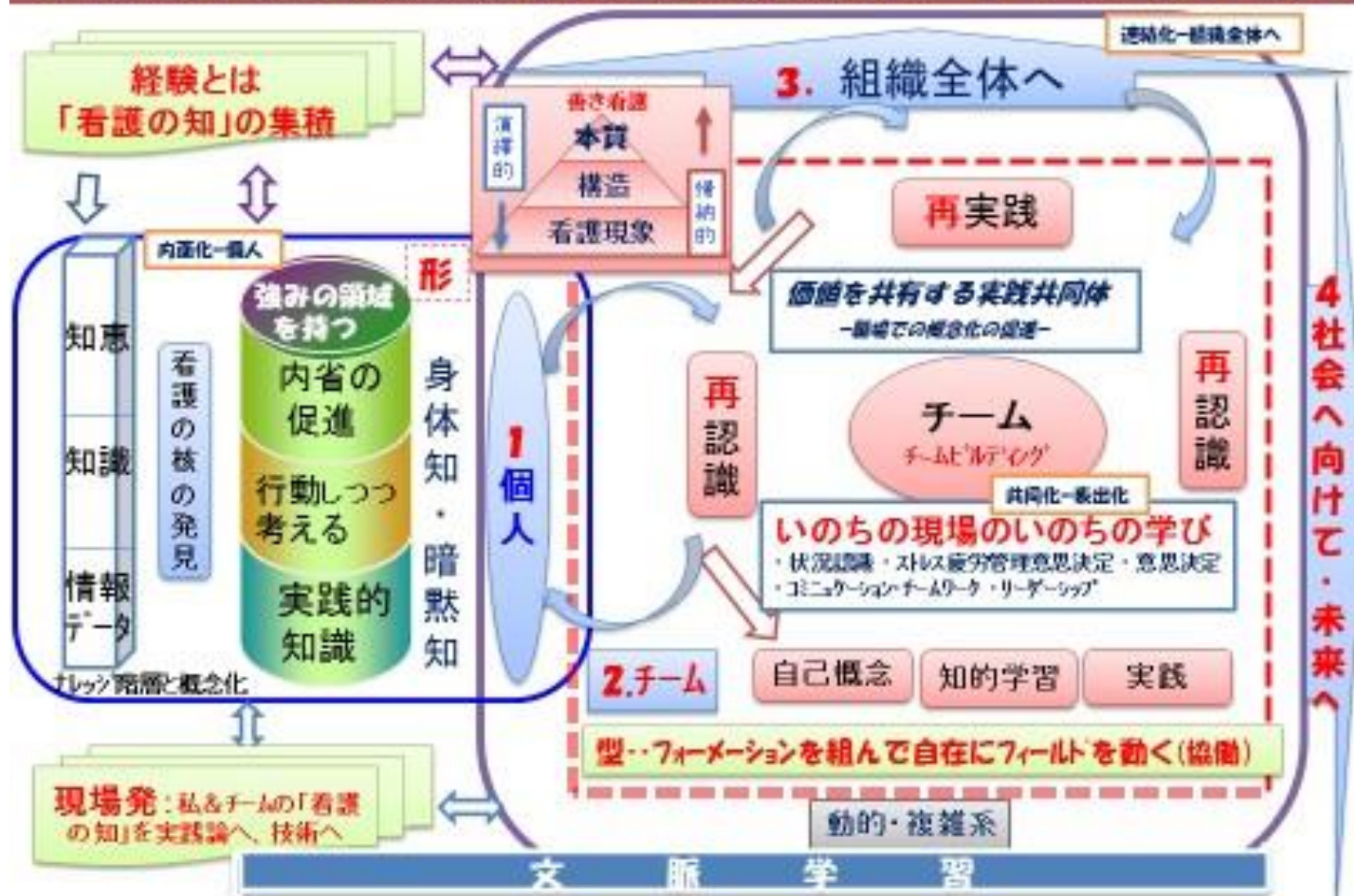
Miyuki Hospital, Southern Kyoto
Yasuko Jinda

“Reflection Round Tables”

看護現場学・内発的発展学習システムモデル

H15 H10
H18 H21
H22 H26.12
H27.3

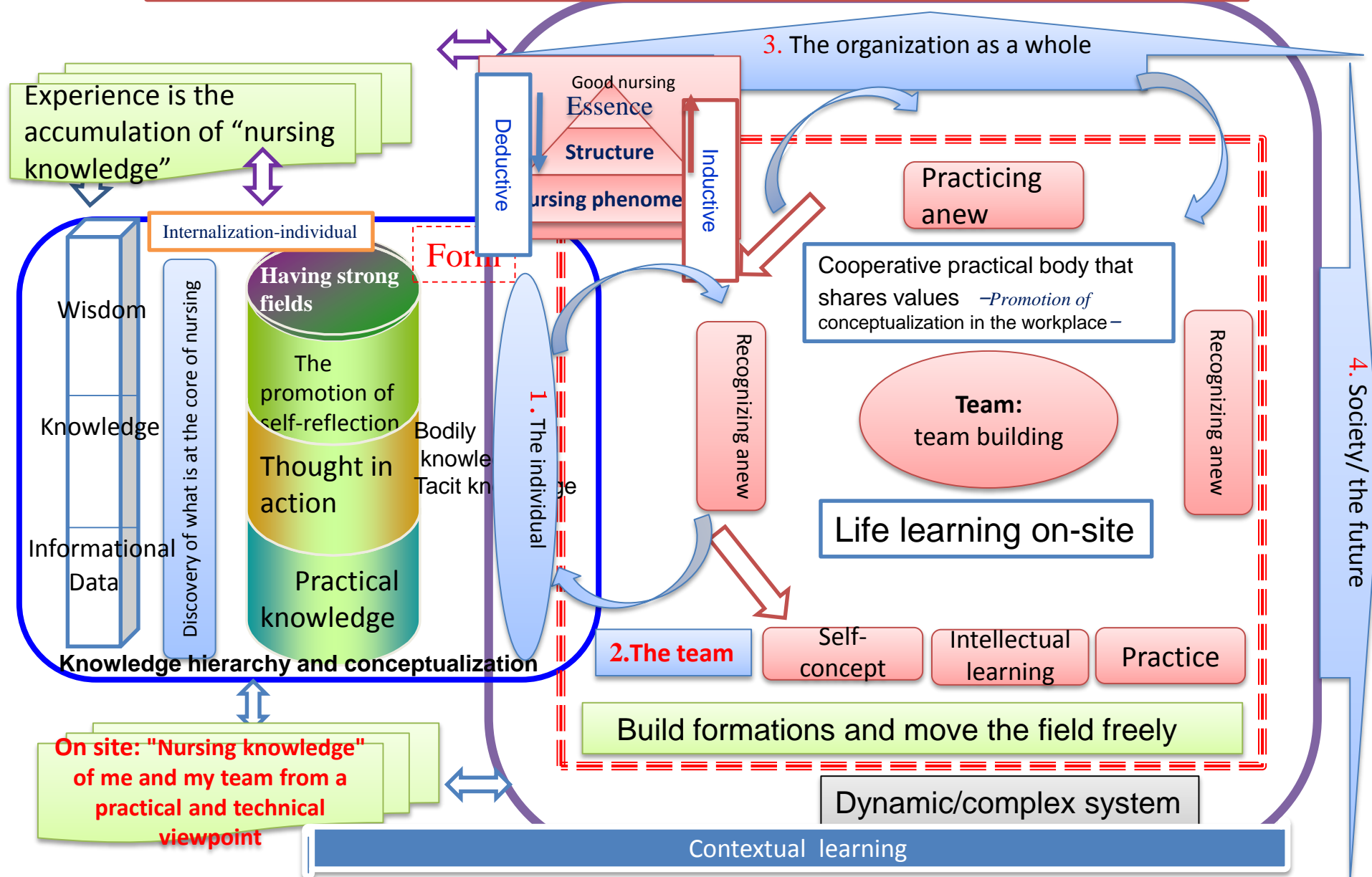
①内発的発展のプロセス ②内発的発展の方向性 ③内発的発展・個～チーム～組織～社会へ



System Model of On-Site Nursing Study

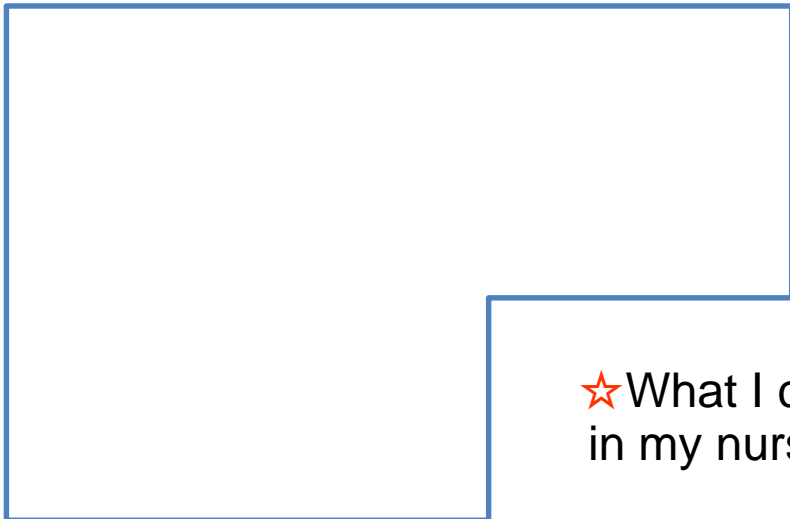
H15. H16
H18. H21
H22. H26.12
H27.8

1. The process of intrinsic development
2. The direction of intrinsic development
3. Intrinsic development: from individual, to team, to organization, to society

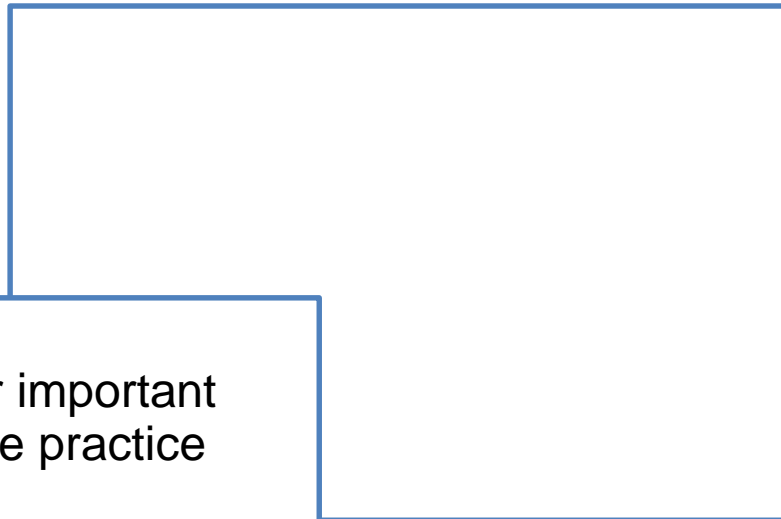


Conceptualization Sheet (to be filled out individually)

① A scene that I cannot forget



② Why do I remember this particular scene?



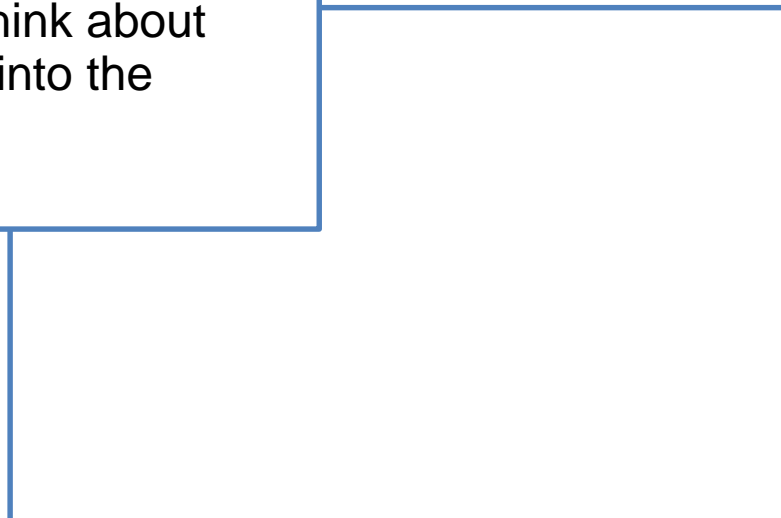
★ What I consider important
in my nursing care practice

⑤ How should I think about
this as I move into the
future?

④ What has become visible?



③ What area of nursing am I particular about?



Conceptualization Sheet Stage (spreading and deepening of knowledge)

| Stage | Theme | Conceptualization Process |
|--|---|--|
| 1. Remembering (data) | Someone you cannot forget Description of a scene that remains in your memory | The scene/the reality (concrete/phenomenal)→as a whole/as an abstraction |
| 2. Introspection (what I considered meaningful) | Why didn't I forget it? | Bringing unconscious awareness to consciousness (self-questioning) |
| 3. Focalization (fields that relate to what I understood as a result of the thought process) | What situation in nursing was it? | Focalizing the area of nursing |
| 4. Instillation (new understandings to be gained from judgments made) 5. Evolution/Towards the future | What did I want to think about?→henceforth | Spreading and Deepening Questioning the essence of nursing |



Perspectives





Waitemata District Health Board: values-led organization development



Waitemata District Health Board: values-led organization development

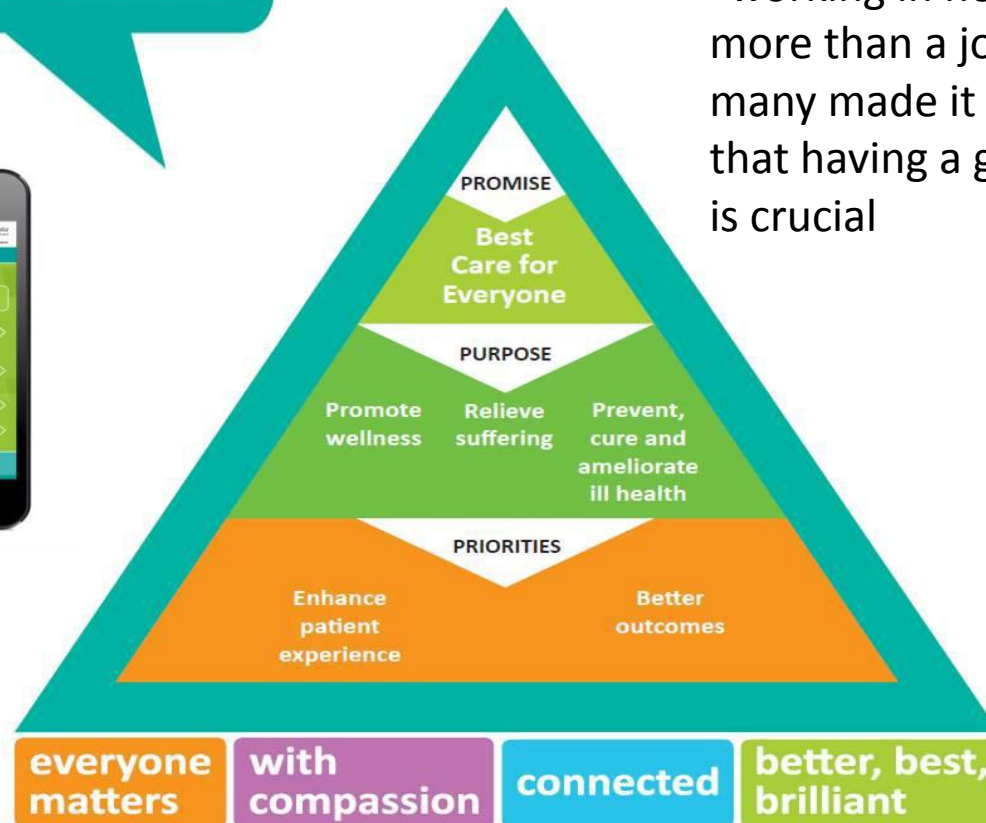
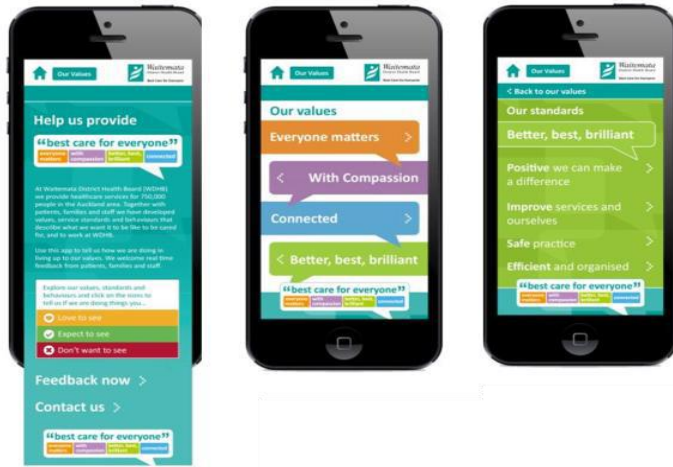
“best care for everyone”

everyone matters with compassion better, best, brilliant connected

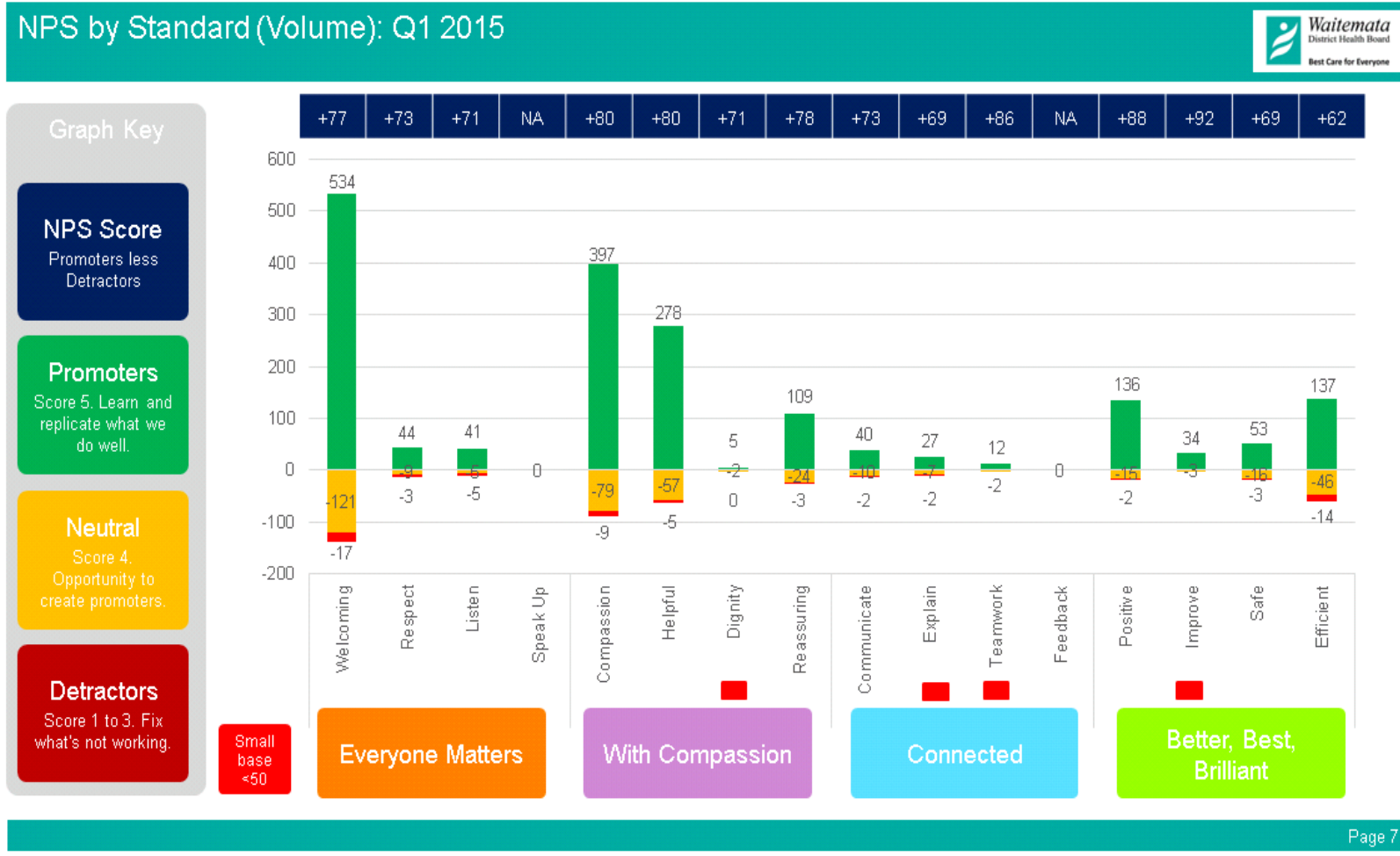
Patient experience manager

Our Promise, Purpose, Priorities and Values

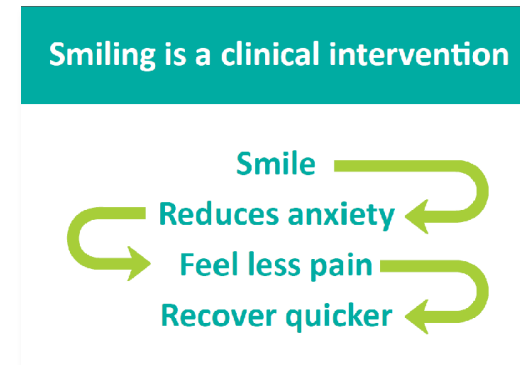
“working in health is more than a job” but many made it clear that having a good job is crucial



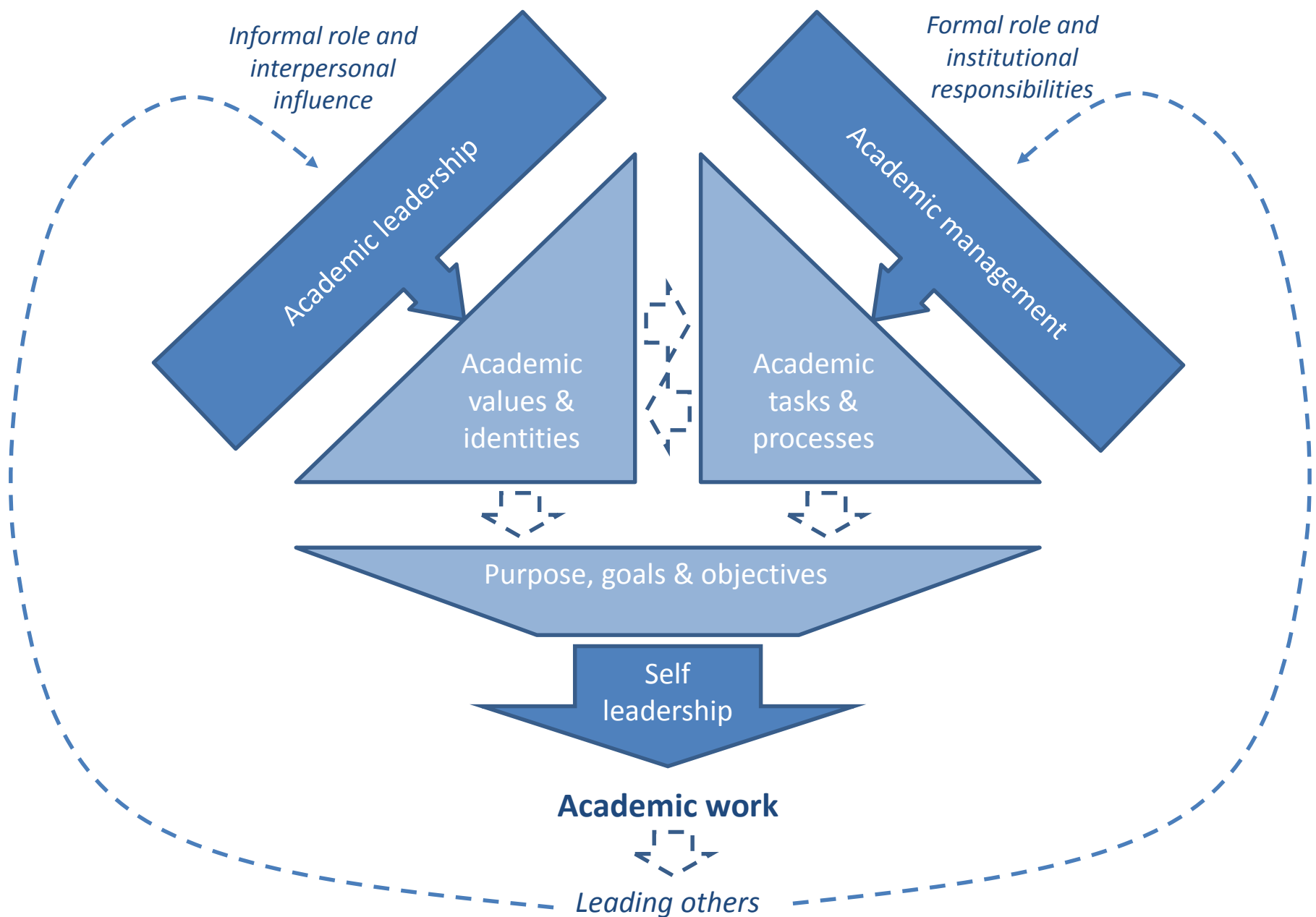
Value Based Reporting at Waitemata



Impact of values based reporting

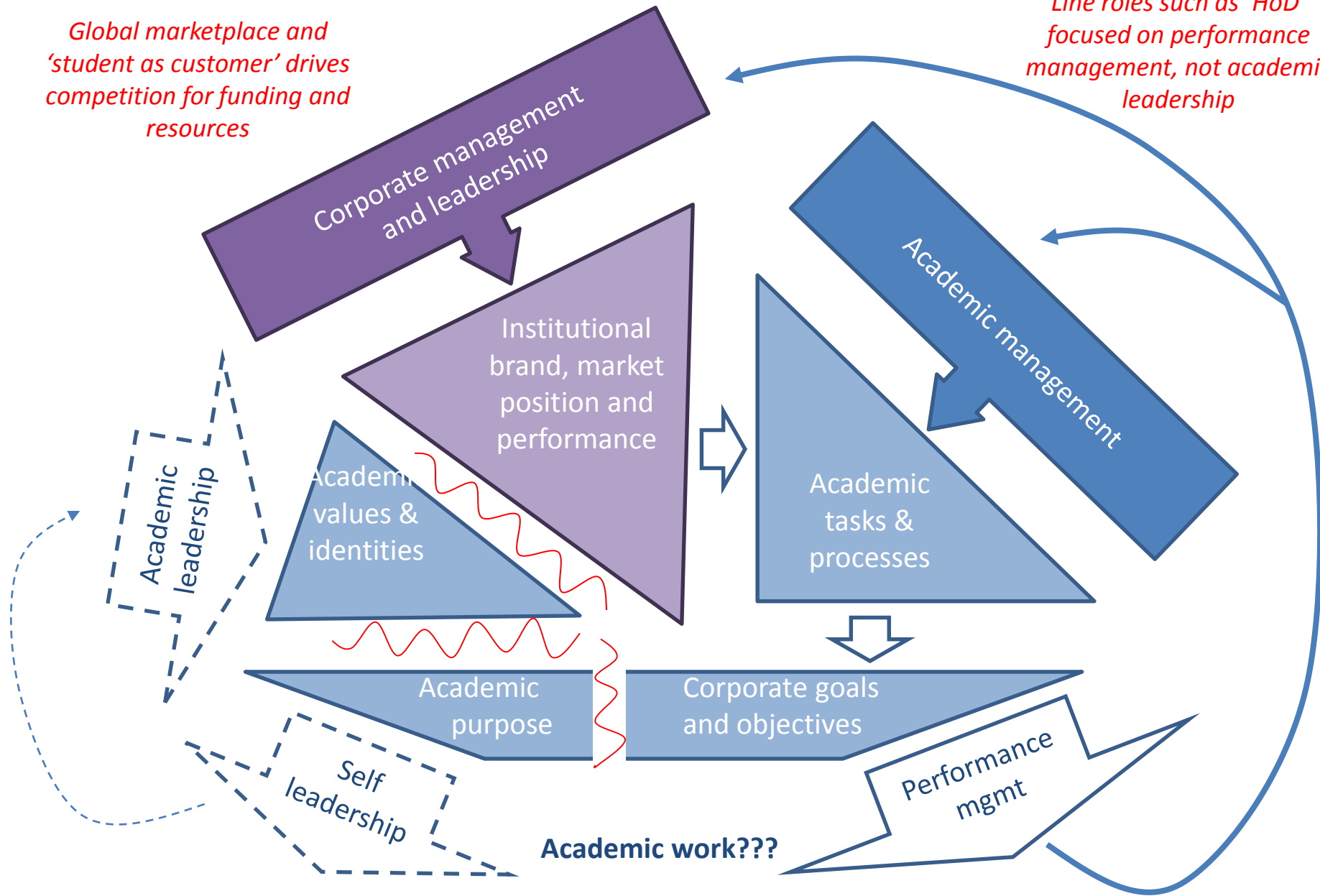


Perspectives on
institutional and
professional leadership



Global marketplace and 'student as customer' drives competition for funding and resources

Line roles such as 'HoD' focused on performance management, not academic leadership

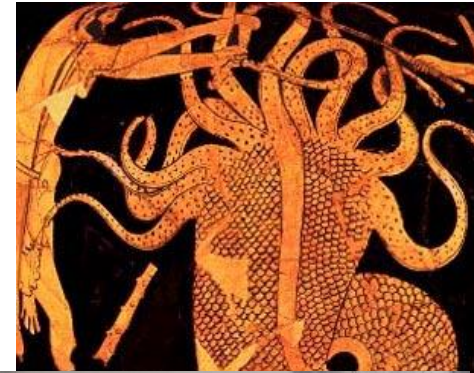
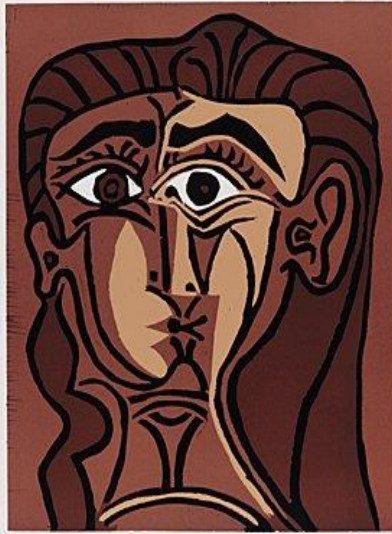


Implications for leadership development

- 1. Being one of us**
leaders as ingroup prototypes
- 2. Doing it for us**
leaders as ingroup champions
- 3. Crafting a sense of us**
leaders as entrepreneurs of identity
- 4. Making us matter**
leaders as embedders of identity

The 3 Rs of identity
leadership:

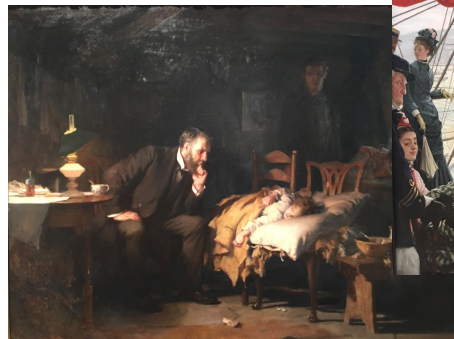
- 1. Reflect** (find out about the group)
- 2. Represent** (stand for, and stand up for, the group)
- 3. Realize** (provide structures and outcomes that turn the group's ideals into reality)



Personal

Practices

Perspectives





What works ..

1. Make managers matter
2. Reach every rung on the ladder
3. Draw on your own resources
4. Blend personal and organizational development
5. Match the scale of solution to problem
6. Ground the design in reality

What works: the trillion dollar quest – how the world's best healthcare organizations develop managers and leaders. KPMG, 2016

Developing the will, the capacity and the commitment for leadership in health: lessons from around the world

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Developing people: Improving Care

Stephen Hart, Director of Leadership Development,
Leadership Academy

Prezi link - <https://prezi.com/yzciq1u1g7zk/developing-people-improving-care/>

Outstanding Leadership – Making it Matter

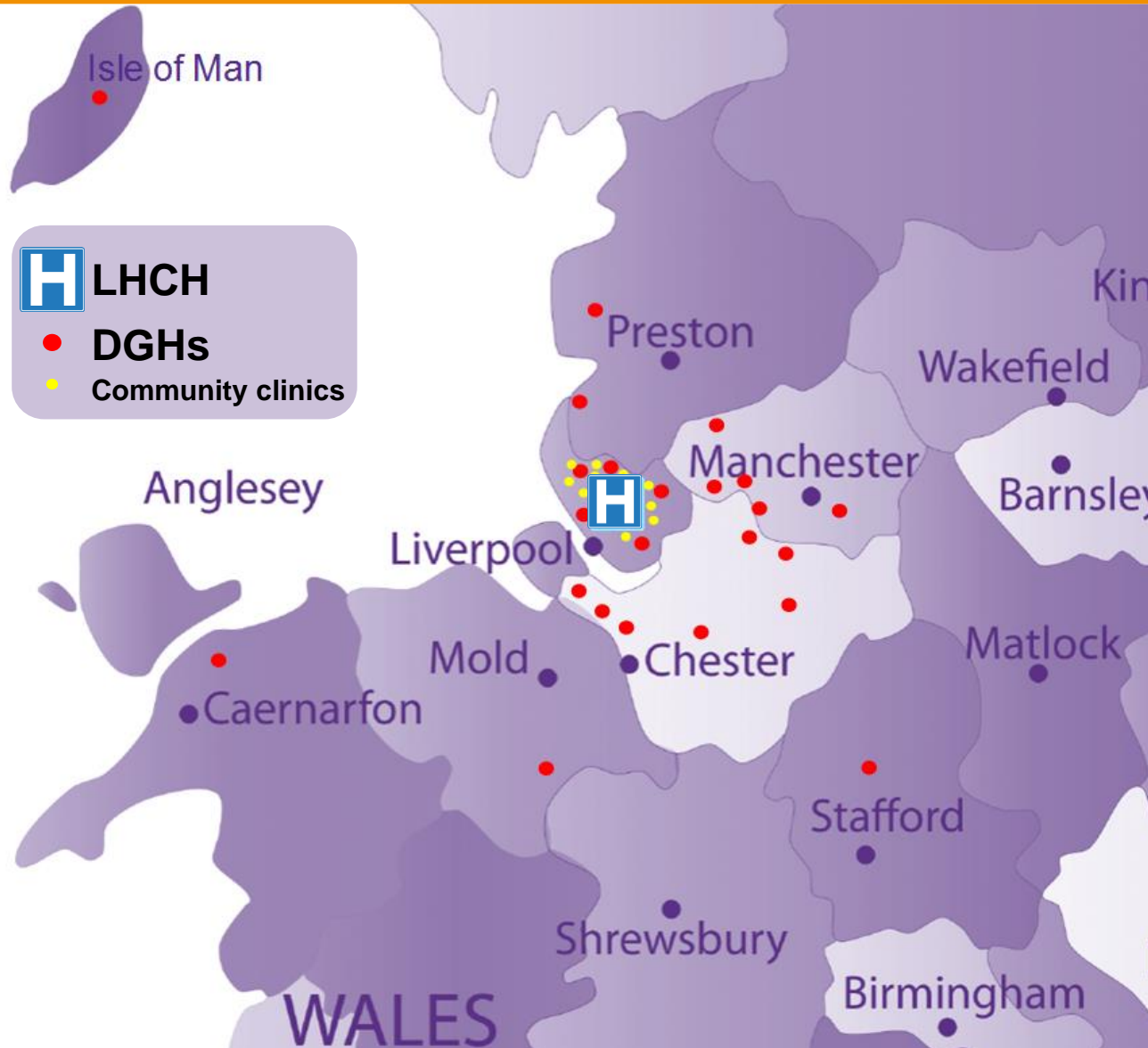


- Background at LHCH
- Starting the leadership journey
- Achieving the vision – ‘to be the best’
- Listening and learning
- Focusing on patients, families and safety
- Living the values
- The leadership model and ethos
- Recognising and thanking
- Key messages

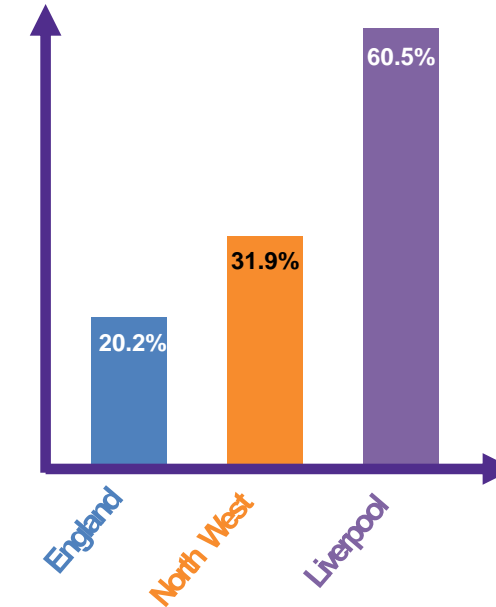




Background to LHCH



2.8m people served – very high deprivation





1,100 blue light heart attacks (PPCI)



2,200 cardiac surgery procedures



1,300 thoracic surgery procedures



13,000 inpatient hospital spells



79,000 outpatient visits



29,000 patients seen in the community



1,000 cystic fibrosis / respiratory hospital spells



193 inpatient beds



9 operating theatres



5 catheter laboratories

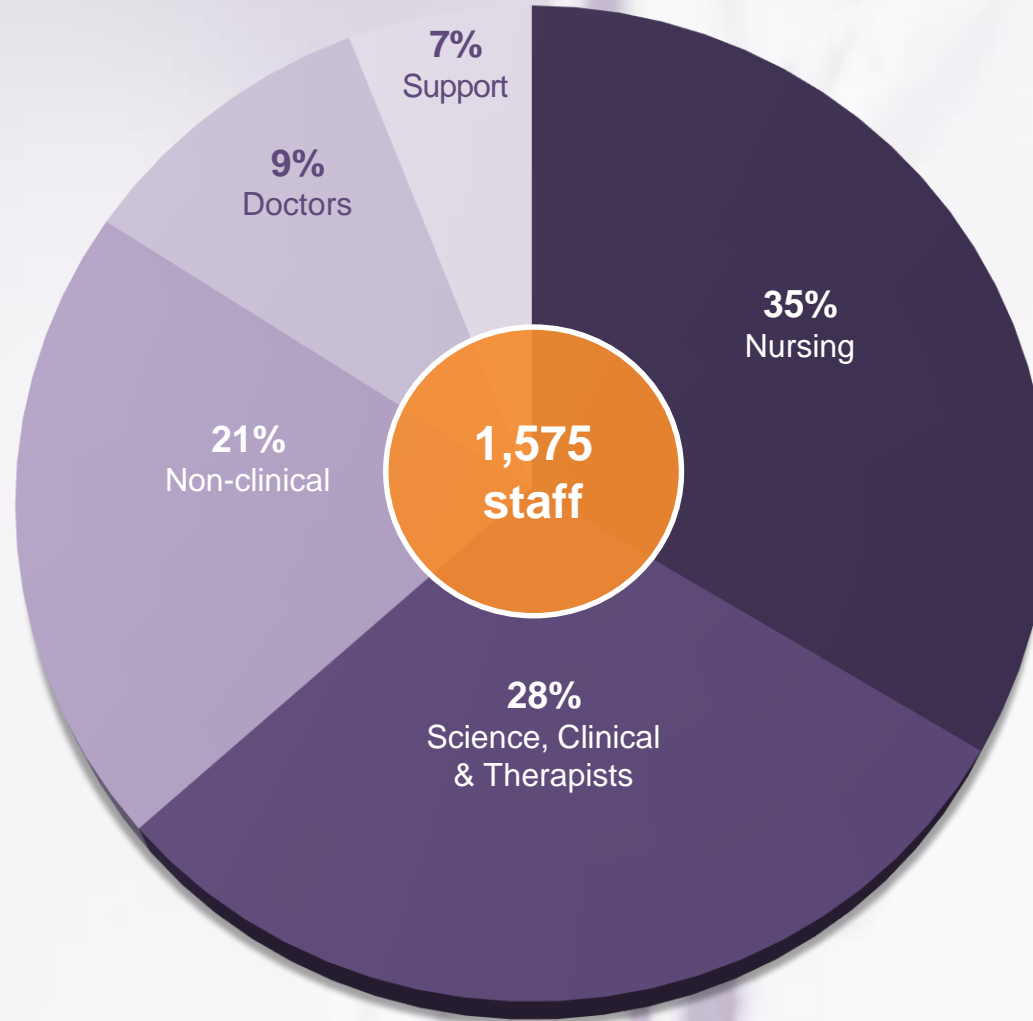


10 community venues in Knowsley



£135m
turnover

Our people



2013

Series of whistle blows
Cultural audit undertaken
Some worrying feedback

2014

Staff engagement
New governance model
Listening organisation

2015

Clinical leadership model implemented
Strategic services review

2016

Listening into Action
Organisational Learning Strategy

Achieving our vision



Listening and Learning



Listening to patients and families

- Speaking out patient and families RET (*Respond Escalate Talk*) scheme
- Introduced our care shadowing programme
- Implemented patient and family centred care model
- 5* in NHS choices
- Set our quality priorities
- Designed our new care facilities
- Developed our care partners



Our model of Patient and Family Centred Care - ensuring quality and safety

Liverpool Heart and Chest Hospital **NHS**
NHS Foundation Trust

| | | |
|---|--|---|
| Reputation "I would recommend this hospital to family and friends." | Contract of Care "My family and I were involved in planning my care." | Treatment "I felt safe because all staff communicated well and displayed the skills to deliver excellent care." |
| Arrival "My family and I were expected at the hospital and felt welcomed by all." | Stay "Compassionate, safe and personalized care was delivered with dignity and respect." | After Stay "My family and I felt supported on discharge and received ongoing support." |

Excellent, Compassionate and Safe care for every patient, every day www.lhch.nhs.uk

- Invitation for carer to take active role in care of loved one
- Examples:
 - Walking & exercise
 - Washing & bathing
 - Taking medications
 - Eating & drinking
 - Dressing
- Provides support for staff
- Carers appreciate the opportunity

“I was anxious to be close to my husband while he was recovering from surgery. During this difficult time I was never felt to be in the way - quite the contrary, I was encouraged by the staff to participate in my husband's care, like washing and dressing him and helping him back and to the toilet.

We both appreciated being able to do this knowing that the staff were always there to advise and support us should we require it.
I thank you all so much for being able to stay close to him.”

TRAILBLAZING

Listening to staff

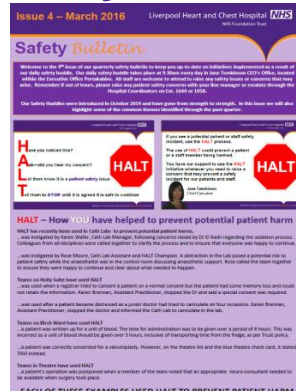
- Introduced Listening into Action
- External assessment of our culture (PASCAL)
- Increased our staff governors
- Developed our PACT values
- Focus on human factors
- Bespoke education partnership programme



Learning from mistakes and incidents



Safety bulletin



Athena

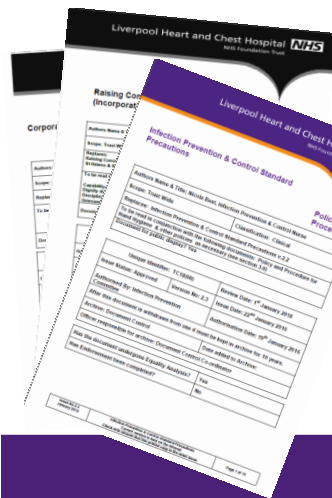
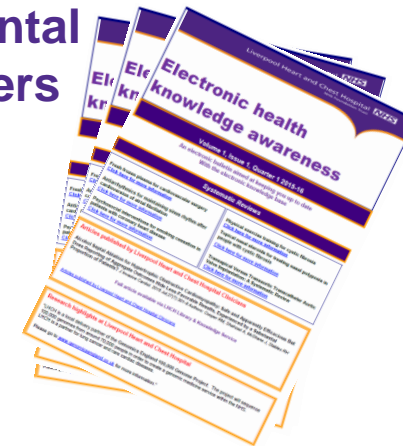


Reporting Suite



Organisational Learning Process

Departmental newsletters



Organisational learning policy

Local & Trust huddles



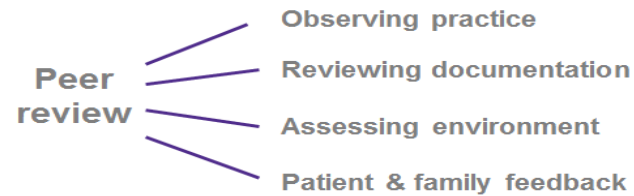
Focussing on patients, families and safety



[BACK](#)

| ward | Keeping Patients Safe Part A | Keeping Patients Safe Part B | Keeping Patients Safe Environment | Keeping Patients Safe Staff Training | Being Effective | Leadership | Responsive To Peoples Needs |
|----------|------------------------------|------------------------------|-----------------------------------|--------------------------------------|-----------------|------------|-----------------------------|
| Birch | 98 | 98 | 98 | 97 | 96 | 100 | 97 |
| CCU | 87 | 93 | 95 | 99 | 79 | 74 | 83 |
| Cedar | 95 | 91 | 95 | 98 | 95 | 95 | 91 |
| Cherry | 91 | 93 | 96 | 94 | 91 | 96 | 92 |
| COPD | 94 | 94 | 95 | 93 | 97 | 83 | 84 |
| CVD | 97 | 99 | 100 | 99 | 99 | 97 | 100 |
| Elm | 97 | 97 | 99 | 100 | 95 | 95 | 93 |
| Holly | | | | | | | |
| Maple | 97 | 92 | 98 | 100 | 89 | 93 | 94 |
| Mulberry | 97 | 97 | 99 | 100 | 95 | 97 | 93 |
| Oak | | | | | | | |
| POCCU | 86 | 92 | 96 | 97 | 96 | 83 | 88 |
| Theatres | 90 | 88 | 98 | 96 | 97 | 95 | 98 |

E C S Excellent, Compassionate and Safe Assessment Framework



RED Inadequate
AMBER Requires improvement
GREEN Good
GOLD 3 consecutive 'green'

What makes us outstanding

Independent Views

CQC Outstanding

First Specialist Trust rated at this level

TOP in country

Nurses within the hospital; care and treatment of our patients; cleanliness of wards - National Inpatient Survey

2nd in country

Overall patient care – National Inpatient Survey

1st in country

Staff not experiencing harassment or bullying (16%)

2nd in country

Staff agreeing their role makes a difference to patients (94%)

Outstanding –
1 of 18 trusts

Transparency table – *‘Learning from Mistakes’*

1st Provider

Staff engagement score (4.02)

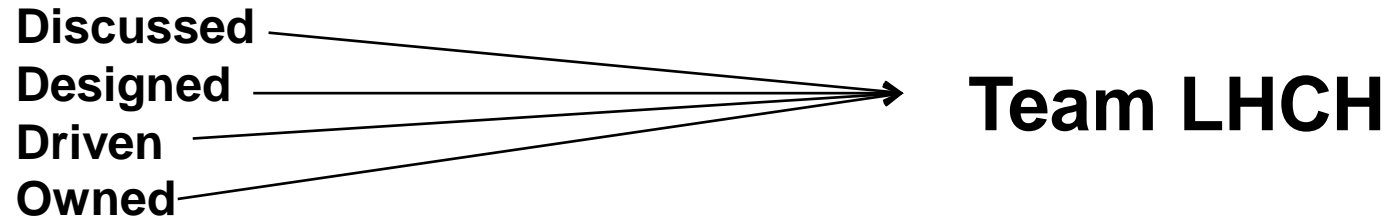
1st provider

Recommendation to work or receive treatment (4.27)

Top 100

Best places to work



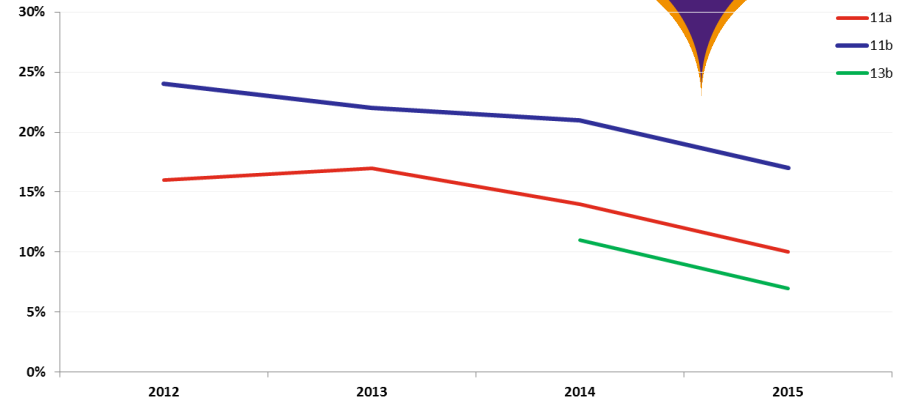


- **Written into objectives**
- **Tested at appraisal**
- **Spotting talent**
- **Supporting personal development plans**
- **The conduit for succession plans**

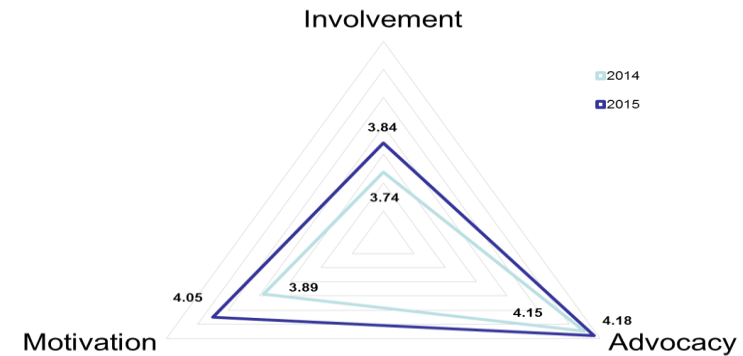
- Multidisciplinary meeting focused on patient safety



- Every weekday – (coordinator cover at weekends)
- CEO, Executives, Heads of Department and anyone else who wants to attend
- Rapid identification and resolution of problems
- Benefits
 - Improved communication & culture
 - Organisational agility
 - Reflected in staff survey



| | 2012 | 2013 | 2014 | 2015 | |
|-----|--|------|------|------|-----|
| 11a | In last month, saw errors/near misses/incidents that could hurt staff | 16% | 17% | 14% | 10% |
| 11b | In last month, saw errors/near misses/incidents that could hurt patients | 24% | 22% | 21% | 17% |
| 13b | Would not feel secure raising concerns about unsafe clinical practice | - | - | 11% | 7% |



TRAILBLAZING

A leadership model and ethos that makes us outstanding

Our approach to safety

Using patient experience based design

Encouraging staff to speak out

Community based patient & family events



I will keep you safe

Please speak out

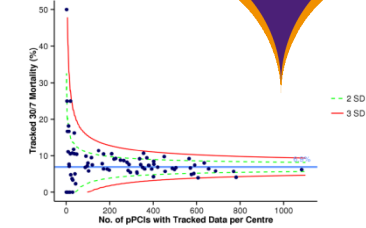
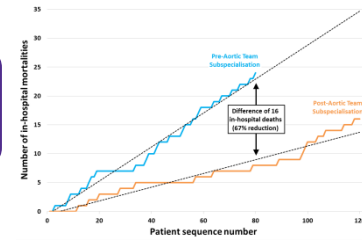
45
referrals

We will investigate



What makes us outstanding

Our clinical outcomes



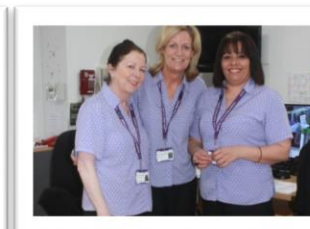
Our empathy and personalisation



Our approach to innovation



Our teams





Inspected and rated
Outstanding ☆
Care Quality Commission

What it means to be 'Outstanding'

- Outstanding care is delivered to and by people
- Listen and involve them
- Empower improvement
- Show empathy
- Communicate your vision
- Be clear on the standards
- Treat as you would be treated
- Be visible
- Be authentic