People in Control

6th October 2014

@patientmemiors  #PeopleInControl

A partnership between health and social care organisations in Cumbria
Welcome and Introduction

Professor Stephen Singleton

A partnership between health and social care organisations in Cumbria
What’s in the future for the NHS?
A personal view
Helen Bevan
“New truths begin as heresies”
(Huxley, defending Darwin’s theory of natural selection)
Starts on the fringe
(at the edge)

Starts with the activists

Gary Hamel
The ideas in this talk come from our White Paper

- Examines leading trends in change and transformation globally
- How to make change happen at a faster rate and be more disruptive
- Join the new breed of leaders of health and care globally, rewriting the rules of change and leading change from the future for different results

www.nhsiq.nhs.uk/whitepaper
What is the single biggest thing that is happening in the world now that impacts on our ability to deliver?

Source: http://peopledevelopmentmagazine.com/dr-john-kotter/
SEISMIC SHIFTS
SEISMIC SHIFTS

DISRUPTIVE CHANGE

DIGITAL CONNECTION
Facebook didn’t exist,
Twitter was still a sound,
the cloud was still in the sky,
4G was a parking place,
LinkedIn was a prison,
applications were what you sent to college,
Skype was a typo

Thomas Friedman,
World Economic Forum,
Quoted by http://ayeletbaron.com
SEISMIC SHIFTS

DISRUPTIVE CHANGE

DIGITAL CONNECTION

Work complexity

Hierarchical power
Many of the ways we go about improving health and care were designed in a different mindset for a different set of circumstances.

We are operating with 20th century change practice in a 21st century world.

Source of images: http://www.slideshare.net/dachisgroup/dave-gray-the-connected-company
Instead of risking anything new, let's play it safe by continuing our slow decline into obsolescence.
### Leading change in a new era

<table>
<thead>
<tr>
<th>Dominant approach</th>
<th>Emerging direction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Power through hierarchy</td>
<td>Power through connection</td>
</tr>
<tr>
<td>Mission and vision</td>
<td>Shared purpose</td>
</tr>
<tr>
<td>Making sense through rational argument</td>
<td>Making sense through emotional connection</td>
</tr>
<tr>
<td>Leadership-driven (top down) innovation</td>
<td>Viral (grass-roots driven) creativity</td>
</tr>
<tr>
<td>Tried and tested, based on experience</td>
<td>“Open” approaches, sharing ideas &amp; data, co-creating change</td>
</tr>
<tr>
<td>Transactions</td>
<td>Relationships</td>
</tr>
</tbody>
</table>
Leading change in a new era

<table>
<thead>
<tr>
<th>Dominant approach</th>
<th>Emerging direction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Power through hierarchy</td>
<td>Power through connection</td>
</tr>
<tr>
<td>Mission and vision</td>
<td>Shared purpose</td>
</tr>
<tr>
<td>Making sense through rational argument</td>
<td>Making sense through internal connection</td>
</tr>
<tr>
<td>Leadership-driven (top down) innovation</td>
<td>National (grass-roots driven) creativity</td>
</tr>
<tr>
<td>Tried and tested, based on experience</td>
<td>“Open” approaches, sharing ideas &amp; data, co-creating change</td>
</tr>
<tr>
<td>Transactions</td>
<td>Relationships</td>
</tr>
</tbody>
</table>

Most health and care transformation efforts are driven from this side.
“We are on a collision course between the new, organic, human-focused forces of social media and the machine world of our organisations.”

Source: Maddie Grant

Source of image: sullybaseball.blogspot.com
John Kotter, the most influential thought leader globally, recognises new approaches are needed from...
John Kotter: “Accelerate!”

TO

- We won’t create big change through hierarchy on its own
- We need hierarchy AND network
- Many change agents, not just a few, with many acts of leadership
- At least 50% buy-in required
- Changing our mindset
  - From “have to” to “want to”
From “have to” to “want to”

Source of image s: www.slideshare.net/mexicanwave/champions-trolls-10-years-of-the-cipd-online-community
Unleashing the spirit of the volunteer

“You may be able to ‘buy’ a person’s back with a paycheck, position, power or fear but a human being’s genius, loyalty and tenacious creativity are volunteered only.

The world’s greatest problems will be solved by passionate, unleashed ‘volunteers’”

Stephen Covey, *Turn the ship around*, via @MarkGraban

Source of image: [www.volunteerweekly.org](http://www.volunteerweekly.org)
1. As a change agent, my **centrality in the informal network** is more important than my **position in the formal hierarchy**

2. If you want to create **small scale change**, work through a **cohesive network**
   
   If you want to create **big change**, create **bridge networks** between disconnected groups
Five enabling themes for 2020

1. Activate disruptors, heretics, radicals and mavericks
2. Lead transformation from ‘the edge’
3. Change your story
4. Curate rather than create knowledge
5. Build bridges to connect the disconnected
“By questioning existing ideas, by opening new fields for action, change agents actually help organisations survive and adapt to the 21st Century.”

Céline Schillinger
What happens to heretics/radicals/rebels/mavericks in organisations?
What is a rebel?

• The principal champion of a change initiative, cause or action
• Rebels don’t wait for permission to lead, innovate, strategise
• They are responsible; they do what is right
• Rebels aim for greatness, healthy fire, worthiness
• They name things that others don’t see yet
• They point to new horizons
• Without rebels, the storyline never changes

Source: @PeterVan http://t.co/6CQtA4wUv1
The 90/30 conundrum

90% of senior leaders say that to create more innovation, they need to activate the radicals/disruptive innovators in their organisations or systems.

30% of senior leaders are very satisfied that radicals/innovators can provide this value in their organisations or systems.

Source: rebelsatwork.com
We need boatrockers!

• Rock the boat but manage to stay in it
• Walk the fine line between difference and fit, inside and outside
• Able to challenge the status quo when we see that there could be a better way
• Conform AND rebel
• Capable of working with others to create success NOT a destructive troublemaker

Source: Debra Meyerson
Some challenges for 2020:

• Create organisations and communities that are activist at their core

• Find ways to:
  • marry innovation with complexity and scale
  • balance control and freedom
  • out-love everyone else
Underpinning theme:

“Tomorrow’s management systems will need to value diversity, dissent and divergence as highly as conformance, consensus and cohesion.”

Gary Hamel
Leading change from the edges

Go out to your edges.
Explore the possibilities.
Because you will find more opportunity in the edges, where you will be able to imagine, invent and thrive

Ayelet Baron
• Identify your own opportunities to move to the edge
• Think about how to ignite the disruptive innovators in your midst
• Consider how you can enable change at a faster rate than the outside world
“As you create your roadmap for the future, make sure you are part of the steamroller, not part of the road”

Saavik Wilcox-Hamilton

Source of quote: http://slidesha.re/1B6jrZw
References and links

Baron A (2014) *Preparing for a changing world: the power of relationships*

Battilano J, Casciaro T (2013) *The network secrets of the great change agents*

Harvard Business Review, July-August


Bevan H (2011) *Leading Large Scale Change - Part 2, The Postscript*


Change Agents Worldwide (2013) *Moving forward with social collaboration* SlideShare

Diaz-Uda A, Medina C, Schill E (2013) *Diversity’s new frontier*

Fuda P (2012) *15 qualities of a transformational change agent*


Hamel G (2014) *Why bureaucracy must die*

Jarche, H (2013) *Rebels on the edges*
References and links

Jarche H (2014) *Moving to the edges*
Merchant N (2013) *eleven rules for creating value in the social era*
Llopis G (2014) *Every leader must be a change agent or face extinction*
Meyerson D (2001) *Tempered Radicals: how people use differences to inspire change at work* Harvard
Perkins N (2014) *Bats and pizzas (agility and organisational change)*
Schillinger C (2014) *Top-Down is a Serious Disease. But It Can Be Treated*
School for health and Care radicals (2014) [www.changeday.nhs.uk/healthcareradicals](http://www.changeday.nhs.uk/healthcareradicals)
Shinners C (2014) *New Mindsets for the Workplace Web*
Stoddard J (2014) *The future of leadership*
Williams B (2014) *Working Out Loud: When You Do That... I Do This*
Weber Shandwick (2014) *Employees rising: seizing the opportunity in employee activism*
Verjans S (2013) *How social media changes the way we work together*
Dr P Umesh Prabhu FRCPCH
Consultant Paediatrician (1992-2010)
Clinical Director (1992-1998)
Medical Director or Bury (1998-2003)
Board Member of the NPSA (2001-2003)
NCAS Adviser Since 2003
Clinical Adviser to the Healthcare Commission
Medical Director of Wrightington, Wigan and Leigh FT

Listening and Learning from People
Success is never due to one or two Individuals

Success is when the whole team works together
Wrightington, Wigan and Leigh FT (WWLFT)

- I joined WWLFT as MD in 2010
- Today
  - WWLFT - Second best in the North-West
  - 4th Best in the North
- By most measurements we are doing very well!
- We got 15 Awards
- 450 less patients die each year compared to 2008
- We have 180 patient safety champions!
- 22 Medical Leaders are delivering this working with many amazing staff and fantastic Board and Managers
As A MD

- I am very proud of our Trust
- Please follow me in Twitter (DrUmeshPrabhu)
How Did We Do It?

• Listening to people
• Being Open and Honest
• Talking to our patients
• Taking to our staff
• Talking to GPs
• Talking to Juniors
• Talking to anyone and everyone
What did we do?

1. Our Values
2. Value Based Leadership
3. Value Based culture
4. Our Governance
5. Staff Engagement
6. Patient engagement and involvement
Our Values – Patient At the Heart of Everything We do
Our Values

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

• It is they who got to live or rarely die with our decisions, our surgery, our procedures and drugs we give them and rarely mistakes we make!

• Patients must be equal partners in any decision making
Our Values

• Every patient deserves the best and safe care

• Patient safety and quality is not for compromise

• But for anything else Directors door is always open for anyone

• Directors and Managers job is to make staff job easy
Our Values
Staff Are Our Best Asset

- Happy Staff – Happy Patients
- Look after staff well – They will look after patients well
- Staff engagement is the key to our success
- Listen to our staff and work with them and we will be a strong organisation
- Every staff must feel integral part of the organisation.
- Every staff must enjoy working in our Trust
Safety

- If it is not safe don’t do it
- Talk to your manager
- Talk to someone you trust
- Talk to anyone in the Board
- We will act
- If anyone bullies, victimises, harasses, refuses to help – Talk to us
We are not perfect

• We still get 6000 Incidents
• We had 5 Never Events in the last 4 years
• Still get 400 Complaints
• 70 Medico-legal cases
• 20 SUIs
• We still have long way to go
Why Listening Is Important?
Patients believe only family relationships are more important than the doctor-patient relationship!

Doctor-Patient relationship based on trust
Reality Versus Perception

• But the study also warns of egotism.

• 93% of British doctors believe that they are compassionate, only 58% of their patients agree.
World Medical Association

97% of doctors believe that they are understanding whereas only 65% of their patients think the same
Individual Doctor

- Is he ill - 4
- Is he an alcoholic -2
- Is he stressed - 4
- Are there family/personal problems - 3
- Is he manipulative -2
- Is he nice but useless - 3
- Is he rigid - 2
- Is he controlling/bully - 5
- Is he rude and dismissive - 5
- Is he angry and shouting - 3
- Does he have an attitude problem - 16
- Is he in the wrong job - 2
- Is he nasty - 0
- Is he disruptive - some
- Is he impossible - few
- Is he a poor clinician - 4

David Scott Chairman of BMA CCSC Medical Managers sub-committee
NHS Systems

- Poor Leadership
- Poor culture
- Bullying and victimisation
- Poor team working
- Poor communication
- Poor resource
- Poor HR policies and procedures
- High staff turnover
- Locums/agency staff
- Over worked staff

- Staff afraid to raise concerns
- Poor Governance
- Poor QA systems
- Ivory tower leadership
- Poor performance management
- Demoralised staff
All our staff are kind and compassionate!

We Got 6C's to prove it!
Complaints – Lessons Learnt

• Story of a mother who sent me an email

• Carer in my Trust

• Story of an arrogant consultant

• Story of 56 year old lady – missed cancer
Some of the things patients and families told me in my Trust

Wife told me

‘Dr Prabhu, my husband died in your hospital, he was only 53 years old and died of cancer’.

‘You could not prevent him from dying but why he had to die with severe pain for 2 days – Pain killers were not given!’
4 Families

‘Dr Prabhu, your doctors decided not to resuscitate my mother/father but why they did not tell any one of us’?

‘Why we had to find out about it after the death’?

‘If only I knew my mum was dying – I would have spent more time with her and would have cooked some nice food for her’
One More Patient

‘

*Dr Prabhu, your junior doctor discharged me from outpatient clinic’

‘He missed my cancer’

‘Ultrasound showed something in my scan’

‘Now 9 months on – I am dying of cancer why’?
Last week one patient’s experience

• Doctor A
  – Amazing doctor
  – Wonderful doctor
  – Nice human being
  – Great sense of humour
  – The best doctor I have ever met

• Doctor B
  – Nasty
  – Don’t let him near me again
  – I don’t want to see him ever again
  – Your nurses and doctors are wonderful but this man is no good!
## Our patients

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Q4 11/12 Avg</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Q1 Avg</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Q2 Avg</th>
<th>YTD Avg</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIGNITY AND RESPECT</td>
<td>98.0%</td>
<td>99.0%</td>
<td>97.2%</td>
<td>98.5%</td>
<td>98.2%</td>
<td>97.7%</td>
<td>100.0%</td>
<td>95.8%</td>
<td>97.8%</td>
<td>98.0%</td>
<td></td>
</tr>
<tr>
<td>PAIN CONTROL</td>
<td>85.8%</td>
<td>90.4%</td>
<td>84.6%</td>
<td>86.7%</td>
<td>87.2%</td>
<td>97.9%</td>
<td>96.9%</td>
<td>94.9%</td>
<td>96.6%</td>
<td>91.9%</td>
<td></td>
</tr>
<tr>
<td>INVOLVED IN DECISIONS</td>
<td>90.4%</td>
<td>94.2%</td>
<td>90.9%</td>
<td>95.6%</td>
<td>93.6%</td>
<td>98.8%</td>
<td>98.0%</td>
<td>94.2%</td>
<td>97.0%</td>
<td>95.3%</td>
<td></td>
</tr>
<tr>
<td>COMMUNICATION: WORRIES AND FEARS</td>
<td>70.6%</td>
<td>77.9%</td>
<td>77.6%</td>
<td>83.7%</td>
<td>79.7%</td>
<td>96.5%</td>
<td>96.7%</td>
<td>93.5%</td>
<td>95.6%</td>
<td>87.7%</td>
<td></td>
</tr>
<tr>
<td>CHOICE OF FOOD</td>
<td>88.3%</td>
<td>91.3%</td>
<td>88.8%</td>
<td>94.1%</td>
<td>91.4%</td>
<td>98.7%</td>
<td>94.4%</td>
<td>96.1%</td>
<td>96.4%</td>
<td>93.9%</td>
<td></td>
</tr>
<tr>
<td>CLEANLINESS</td>
<td>98.3%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>99.3%</td>
<td>99.8%</td>
<td>100.0%</td>
<td>99.4%</td>
<td>99.3%</td>
<td>99.7%</td>
<td>99.7%</td>
<td></td>
</tr>
<tr>
<td>COMMUNICATION: QUESTIONS ANSWERED</td>
<td>93.4%</td>
<td>97.1%</td>
<td>94.4%</td>
<td>99.3%</td>
<td>96.9%</td>
<td>98.2%</td>
<td>98.7%</td>
<td>96.5%</td>
<td>97.8%</td>
<td>97.4%</td>
<td></td>
</tr>
<tr>
<td>RECOMMEND THIS HOSPITAL</td>
<td>93.4%</td>
<td>98.1%</td>
<td>96.5%</td>
<td>97.8%</td>
<td>97.5%</td>
<td>97.1%</td>
<td>96.2%</td>
<td>94.4%</td>
<td>95.9%</td>
<td>96.7%</td>
<td></td>
</tr>
<tr>
<td>AVERAGE</td>
<td>89.8%</td>
<td>93.5%</td>
<td>91.3%</td>
<td>94.3%</td>
<td>93.0%</td>
<td>98.1%</td>
<td>97.5%</td>
<td>95.1%</td>
<td>96.9%</td>
<td>95.0%</td>
<td></td>
</tr>
</tbody>
</table>
A Good Doctor and Leader

- Positive
- Proactive
- Confident
- Competent
- Compassionate
- Communicates

- Good team working
- Trust worthy
- Teacher
- Does whatever it takes
- Sense of humour
- Respect

- Role Model
B Doctor
Your neighbouring Trust

- Lazy
- Late
- Negative
- Confused
- No team working
- Always has an excuse

- Blame
- Lack of trust
- Complainer
- Poor communication
- Can’t do/won’t do

- If he is a leader then he will be a bad role model
Some of the facts about NHS

- 5% doctors' behaviour is so disruptive that it affects patient care and their safety
- If our patients are frightened or scared to ask a question – it puts their lives at risk
- If our patients do not understand the medication we give them – it has danger
- We are seeing more and more vulnerable patients – Dementia, elderly and with multiple co-morbidities
Summary

• It is good to talk
• Sadly some doctors fail to listen
• Some Trust Boards fail to listen
• Listen to patients, relatives, staff and anyone and everyone
• There is lot to learn from listening to people and learning from them
• By learning we can improve our service
Important is how we Communicate

Damn it, I said SIT!
Patient Safety Must Be At The Heart Of Our NHS
Aim high – you will succeed
Workshop Introduction

Dr M Farhan Amin

A partnership between health and social care organisations in Cumbria
Summary and Close

Professor Stephen Singleton

A partnership between health and social care organisations in Cumbria