

Leadership for Better Health Care

*Robert Calderwood, Chief Operating Officer
Acute Services Division*

3 Strands of leadership and governance roles in improving quality of service



Corporate (inc Financial)

Staff

Clinical





NHS Greater Glasgow & Clyde

What Are We? 2007/08

Population 1,191,000
27,000 staff
10 sites > 350 beds
7 smaller hospitals
6 partnership facilities



NHS Greater Glasgow & Clyde

What Are We? 2007/08

<u>Where Do we Get Our Money?</u>	<u>NHSGGC</u>	<u>Acute Services Division</u>
General Allocation	£1.840m	£1,050m
Primary Medical Services	£150m	-
Primary Care Services	£120m	-
Other Allocations	£50m	£30m
Miscellaneous Income	£420m	£305m
Total Recurring Revenue	£2,580m	£1,385m
Capital	>£145m	£123m


Issues facing service delivery in NHSGGC

External

- Increasing public expectations
- Former Government policy as set out in
 - Partnership for Care (2003)
 - Building a Health Service Fit for the Future (2005)
 - Delivering for Health (2005)
- New Government / Policy Direction
 - Better Health Better Care (2007)
- HEAT Targets
- Agenda for Change
- EWTD / MMC / Consultant Contract
- Financial Climate / Value for Money

Issues facing service delivery in NHSGGC

Internal

- Improving Health
 - Tackling Inequalities
 - Joint working with partners
 - Acute Services Review
- 

Issues facing service delivery in NHSGGC

HEAT Targets - Level of Challenge in NHSGGC

Target	Date Set	Achievement Date	Challenge When Target Set	Position at Aug 2007
Inpatient / Day Case within 18 weeks	“Fair for All, Personal to Each” (December 2004)	31 December 2007	4,267	Target achieved December 2006
Abolition of ASCs	“Fair for All, Personal to Each” (December 2004)	31 December 2007 (or earlier)	12,975	3,918
Outpatient appointment within 18 weeks	“Fair for All, Personal to Each” (December 2004)	31 December 2007	22,774	2,987

Issues facing service delivery in NHSGGC

Acute Services Review

- 19th century buildings – 21st century healthcare
 - Rotas
 - Sub specialisation
- 

Glasgow's Acute Services Review

Pre ASR

- 5/6 major acute sites
- 5 A&E departments

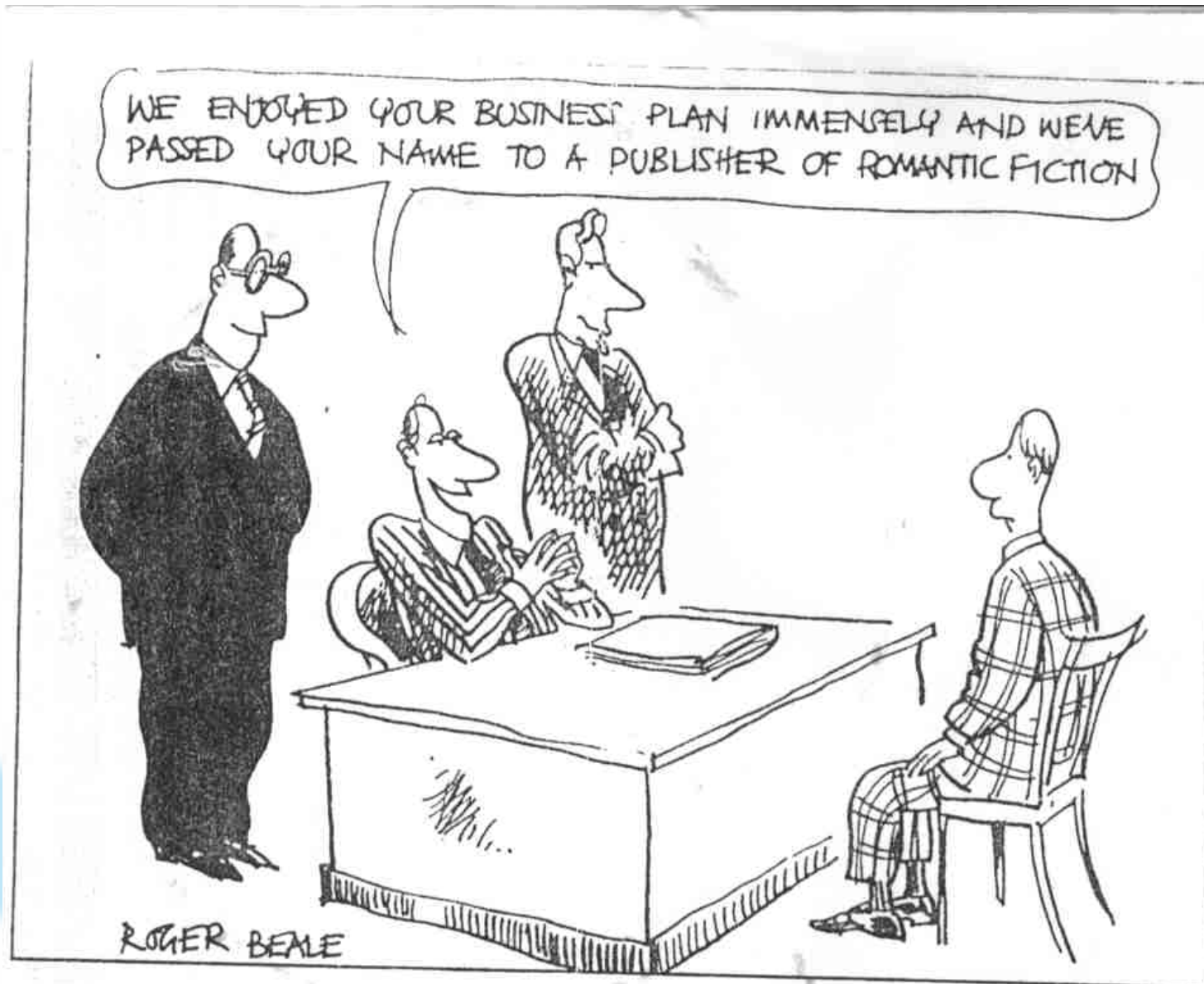
- West of Scotland Cancer Centre (old Beatson)
- Children's Hospital with A&E

- 3 maternity units

On Completion

- 2 major acute sites with trauma centres
- 2 state of the art ambulatory care hospitals
- 5 minor injuries units
- West of Scotland Cancer Centre (new Beatson)
- New Children's Hospital co-located with adults and obstetric services
- 2 Maternity Units
- Redeveloped acute facilities at Gartnavel (review underway)

£1.1bn Capital New Build Programme



Challenges Facing the Service

Challenges for Managers

NHS Greater Glasgow & Clyde

9 Transformational Themes (Abbreviated)

1. Working together to shared, not competing, aspirations and objectives
2. Whole senior team lead on health improvement and inequalities
3. Focus on service improvement & equipping staff and managers to deliver
4. Moving from functional management to general management. Managers at all levels responsible for the quality of service. Professional staff developed into management and leadership roles
5. People take responsibility for their work and for wider organisational performance
6. Focus on learning and development to improve our performance
7. Clear objectives, accountability and performance management at all levels
8. Driving integration of acute & community and health & social care services
9. Leaders and managers behave in a collaborative not competitive way but constructively challenge each other

Challenges Facing the Service

Challenges for Managers

NHS Greater Glasgow & Clyde Acute Challenges

- Single system working
- A singular Acute Services Division (no protection of the status quo)
- Partnerships / Integrated Health & Social Care Partnerships
- Common approach – leadership and governance (and associated performance monitoring)

Challenges Facing the Service

Challenges for Managers

NHS Greater Glasgow & Clyde Acute Challenges

ASR

- Shift in historical views as clinicians see value in the proposals
 - Move from resisters to champions of the change
 - Examples within Acute – eg ACADs
 - What influenced shift in attitudes and views?

Older People's Services

- Joint planning – Local authorities / NHS – Acute and Community Services – resulting in balance of care

3 Strands of leadership and governance roles in improving quality of service



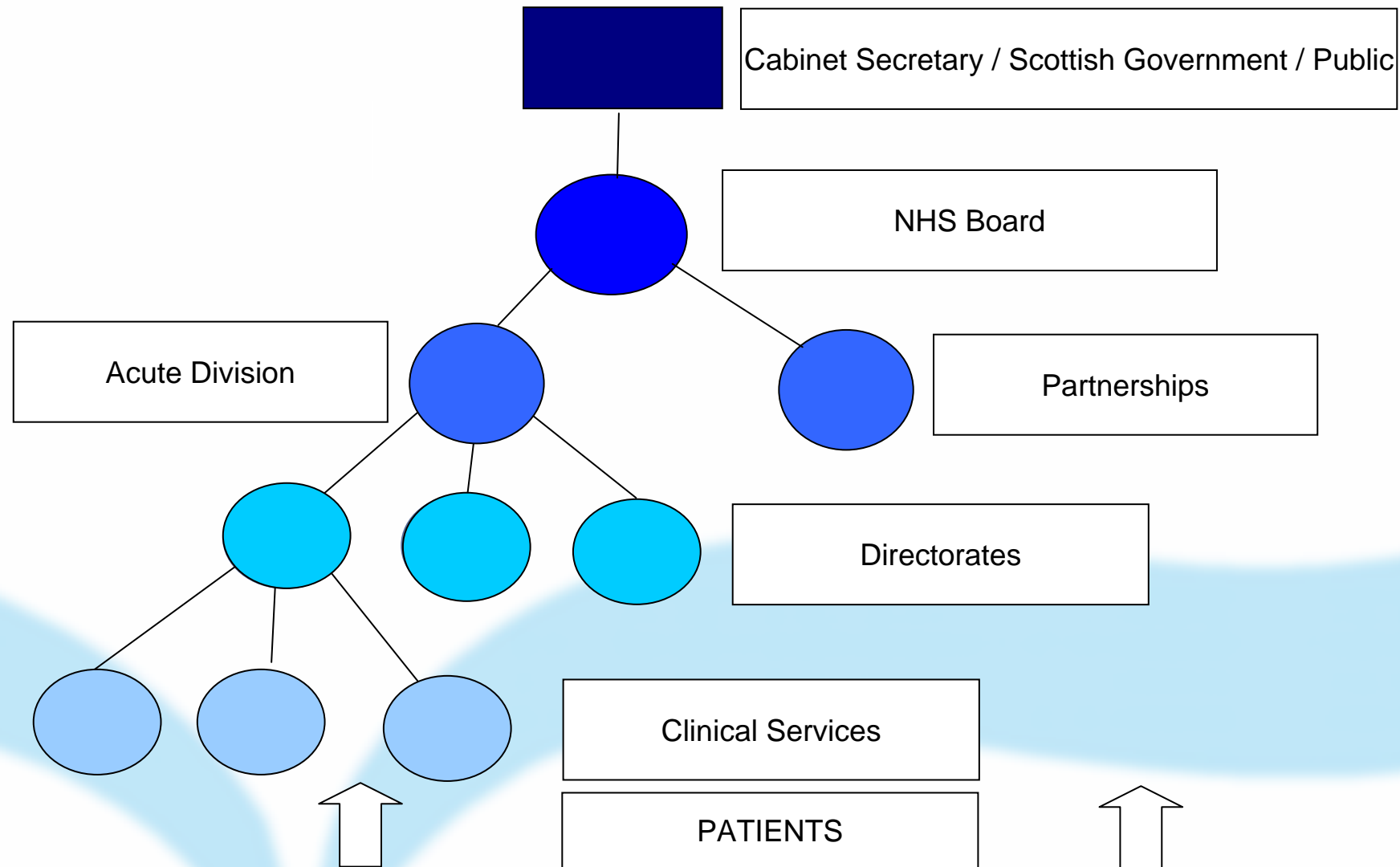
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Leadership / Governance at all Levels



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1) Corporate and Financial Governance

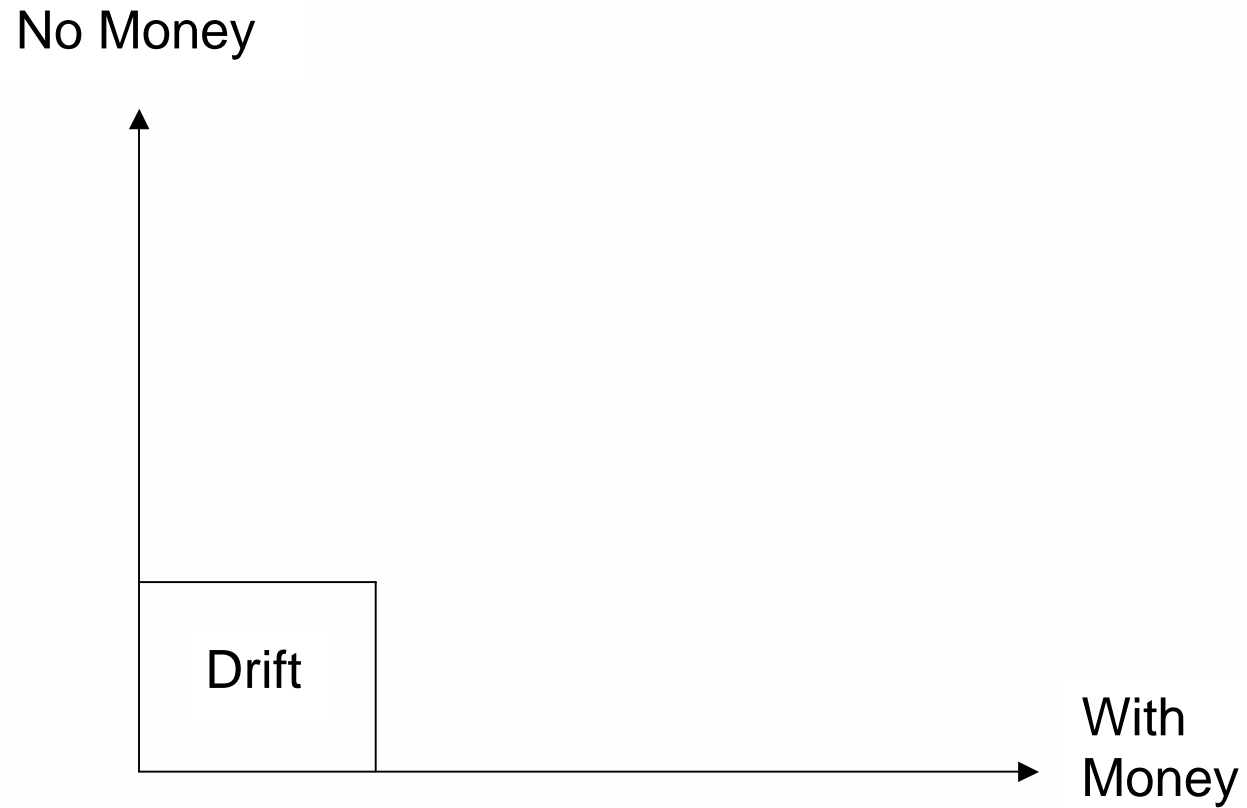
- Acute approach reviews performance through Acute Plan incorporating Directorate Plans
- Interaction with CH(C)Ps
- Links into Local Health Plan / Board Financial Plan
- Final Plan links into Local Delivery Plan
- Action Plans include trajectories prepared from approved acute plan
- Directorate and Service Team Level Plans

3 Strands of leadership and governance roles in improving quality of service

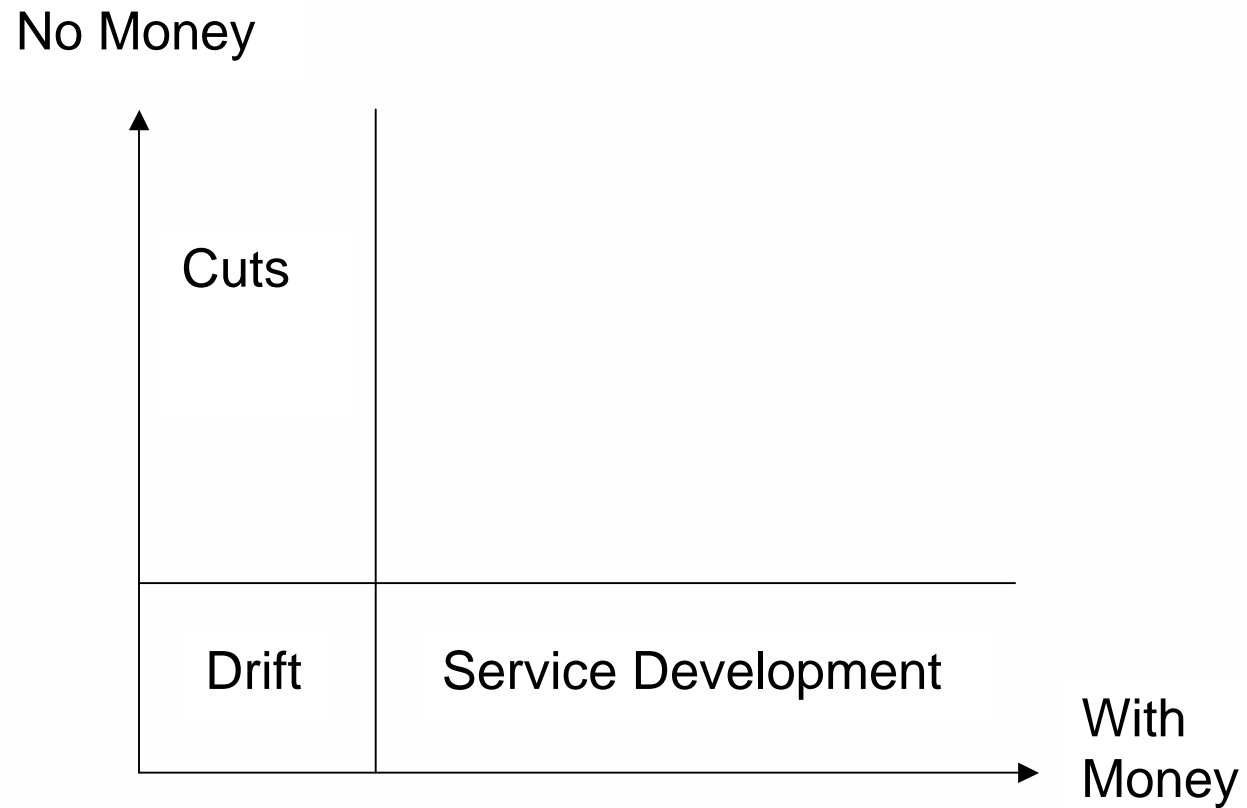
Corporate and Financial Governance (Continued)

- Health Information
- Benchmarking

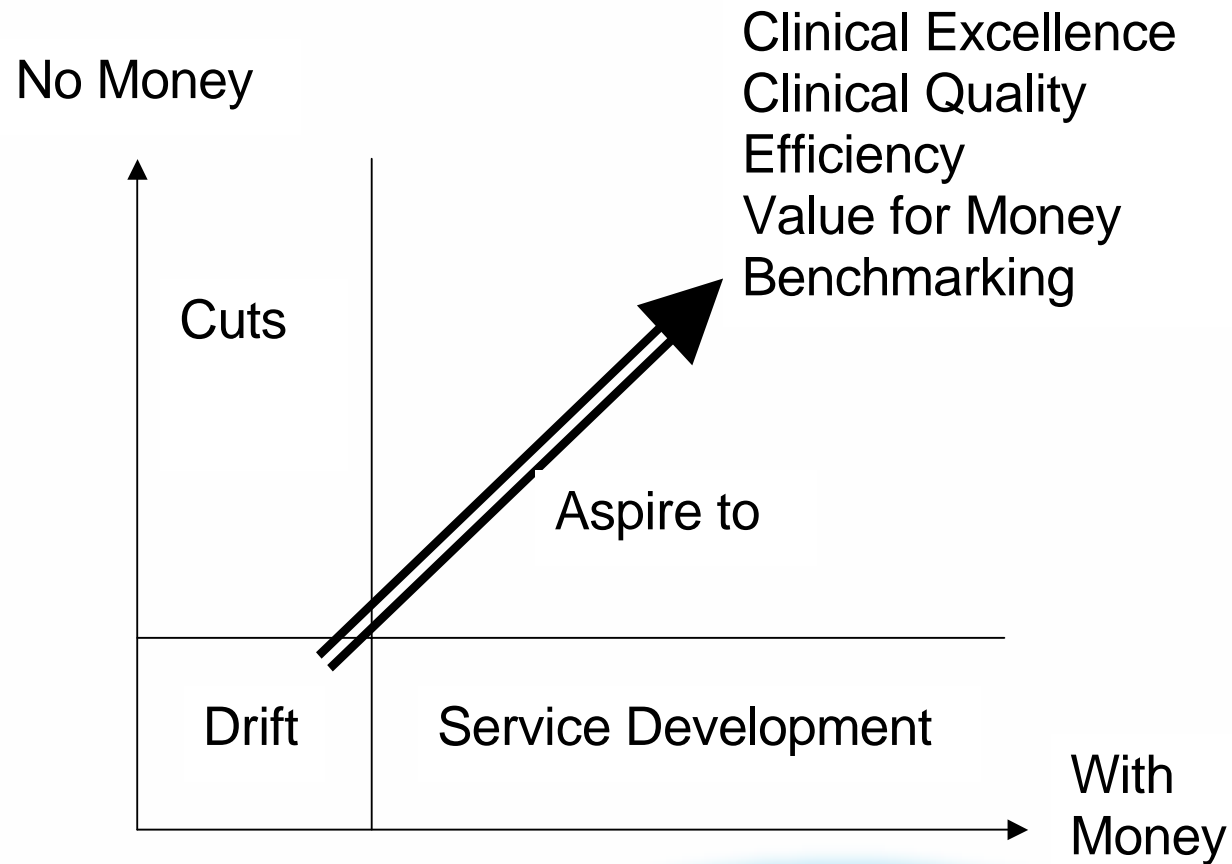
**If it can't be measured
then it probably can't be managed**



Traditional Management Approach to Service Change

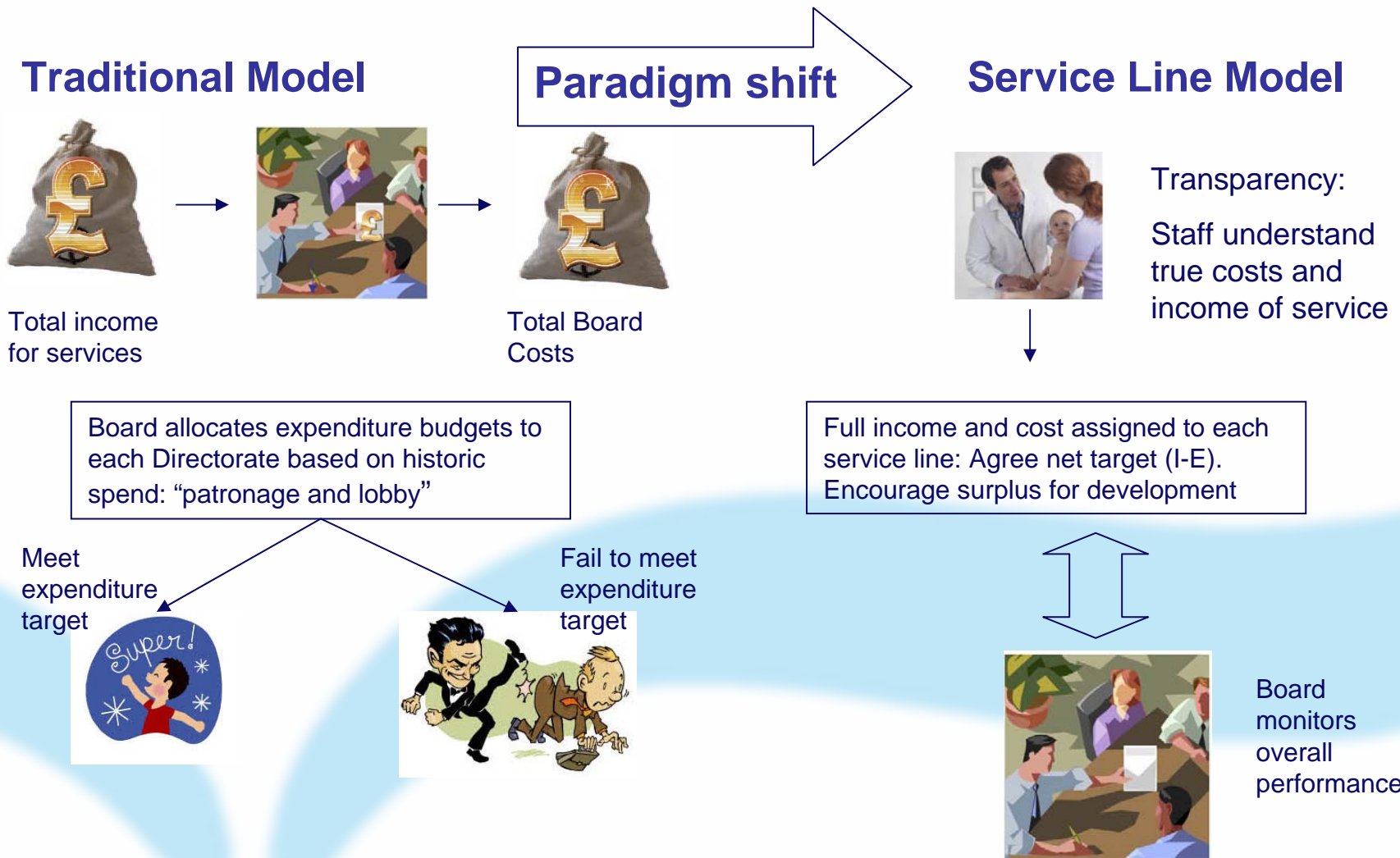


Reactive Management Approach



Pro active Management Approach

Value for Money Tariffs: New Understanding of Cost Drivers



Conclusions: Tariffs could enable service line economics which in turn can drive clinical improvements

- 1 **Linkage** - Tariffs facilitate service economics: management of finance and quality needs to be further integrated.
- 2 **Transparency** facilitates dialogue, enables mindset shifts and devolution to the front-line staff
- 3 **Engagement and leadership** develop and bring together champions for change: both managerial and clinical backgrounds
- 4 **Data quality** drill down from Division to Directorate - Clinical teams - and ultimately to Patient Level
- 5 **Incentives** - need to be carefully developed to
 - (i) directly improve patient care (e.g. integrate across primary - secondary care, enhance day case rates, help patients with complex needs, promote cultural change) and link to
 - (ii) transparent personal and professional rewards

3 Strands of leadership and governance roles in improving quality of service

Corporate (inc Financial)

The diagram consists of three horizontal arrows pointing to the right, arranged vertically. The top arrow is white with a black outline and contains the text 'Corporate (inc Financial)'. The middle arrow is grey with a gradient and contains the text 'Staff'. The bottom arrow is white with a black outline and contains the text 'Clinical'. The bottom arrow is partially overlaid by a large, light blue, curved graphic element at the bottom of the slide.

Staff

Clinical

3 Strands of leadership and governance roles in improving quality of service

2) Staff Governance

- Revised Staff Governance Standard
- APF – Action Plan Group and 5 sub-groups
- Everyone’s responsibility to raise the profile

- What are you doing to improve each of the strands?
 - Meeting / informing staff
 - Training and development issues
 - Involving staff in decision making process

3 Strands of leadership and governance roles in improving quality of service

Under Staff Governance we Aspire to a Highly Committed Workforce which Looks Like

Right People

- Building a Proactive Staff
- Promoting Peer Accountability
- Securing “Above and Beyond” Effort

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- Instilling High Expectations
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Right Development

- Customising Growth Opportunities
- Leveraging Stretch Roles
- Instilling an Ethic of Continuous Learning

3 Strands of leadership and governance roles in improving quality of service

Corporate (inc Financial)

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Clinical

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3) Clinical Governance Challenges for Management

- Closing the Clinical governance loop
- Learning from what has gone wrong
 - How do we do it?
 - How can we improve this?

Issues for Management

- NHS QIS
- HAI
- Patient Satisfaction
- Clinical safety (MCN, Audit, Peer Reviews)

In summary.....

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Corporate
(inc
Financial)

Challenges for Management in Leadership

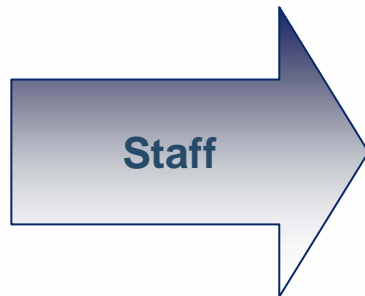
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 - Link to the Board / Local Delivery Plan process

In summary.....

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Challenges for Management in Leadership

- Review of Performance in local areas
 - Link to the Board / Local Delivery Plan process
- Effective engagement with staff
 - Staff ownership of governance processes avoid feeling of something “done to them”?



In summary.....

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Challenges for Management in Leadership

- Review of Performance in local areas
 - Link to the Board / Local Delivery Plan process
- Effective engagement with staff
 - Staff ownership of governance processes avoid feeling of something “done to them”?
- Ensure good Clinical Governance
 - Engage Clinicians to make it meaningful
 - Feedback and share learning across the organisation



Clinical

In summary.....

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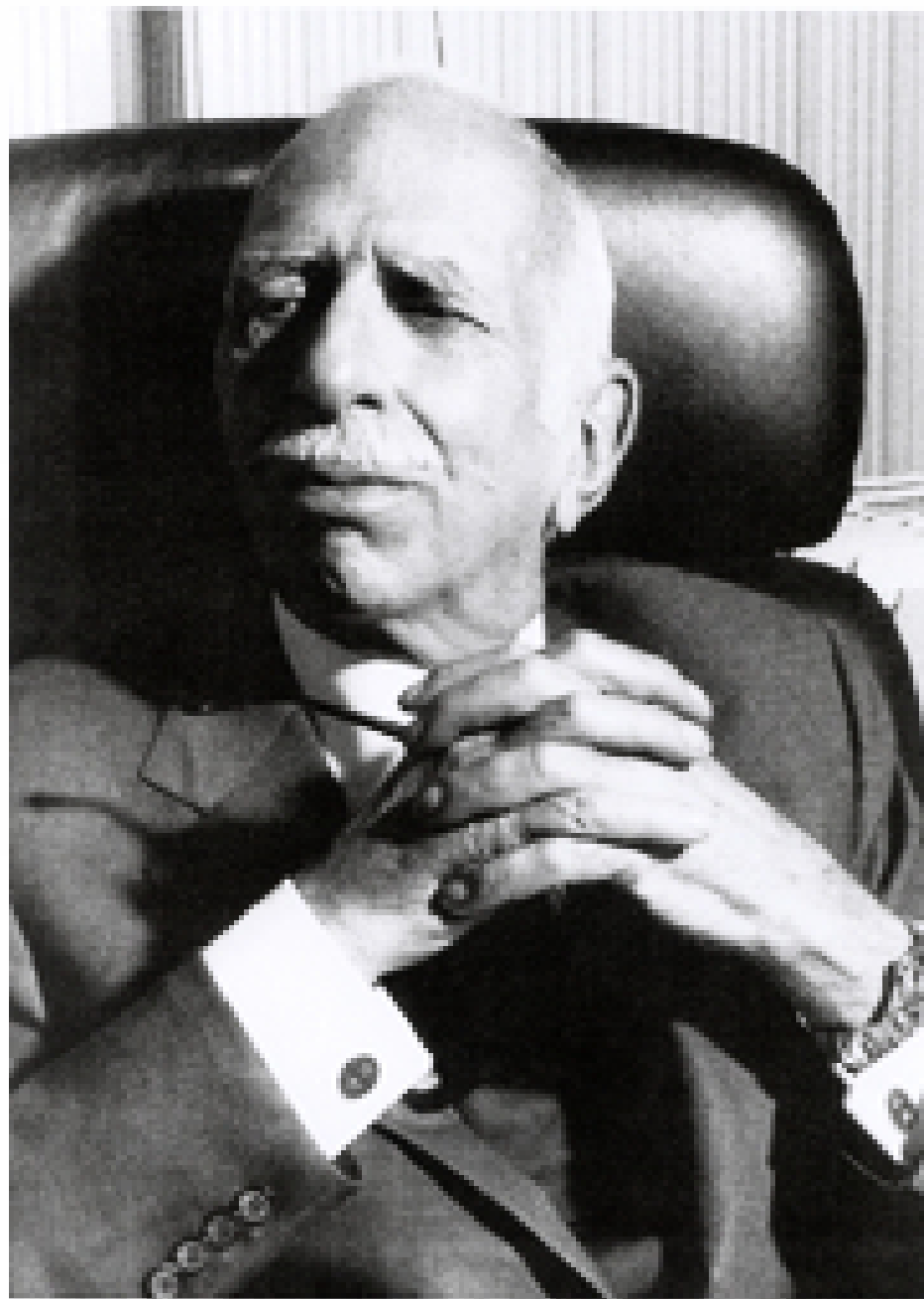
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- Ensure good Clinical Governance
 - Engage Clinicians to make it meaningful
 - Feedback and share learning across the organisation
- **With change as the only constant we must manage staff perception of change and uncertainty**

Managerial Leadership Vision

- Sets the context
- Local managers take the context and make it a reality in their own areas
- $A+B=C$ not $A+B$

- Management culture characterised by
 - Clinicians effective in management
 - Professional x plus y roles not professional silos
 - A new culture of general management across the organisation



Final Conclusion and Leadership Challenges for Managers

- How have we moved to integrated teams?
- What performance enhancement can we evidence as a result?
- What have you been doing to foster integration?
 - With your own teams
 - With other teams
 - Across Acute and Partnerships

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