09 February 2022

Trust-wide improvement 'deep dive' with Central London Community Healthcare NHS Trust – insights digest

Held on 9 December 2021, this 'deep dive' explored the role of the board in progressing trust-wide improvement: the behaviours, decisions and actions that bring to life the principles important to success, and how a systematic approach is helping Central London Community Healthcare NHS Trust meet today's challenges.

A peer learning session, it is part of our trust-wide improvement programme, supported by the Health Foundation, which aims to support NHS trust boards to develop their understanding of organisation-wide approaches, and to share learning on how to take their organisations on the next step of their improvement journey.

Panel:

- Dr Joanne Medhurst, Medical Director and Deputy Chief Executive
- Professor Charlie Sheldon, Chief Nurse
- Elizabeth Hale, Director of Improvement
- Dr Carol Cole, Non-Executive Director (NED)
- Chaired by Miriam Deakin, Director of Policy and Strategy at NHS Providers.

About the trust

Central London Community Healthcare NHS Trust (CLCH) was established in 2008 as a community services provider. They care for more than 2 million patients, helping them to stay well, manage their own health and avoid unnecessary trips to, or long stays in, hospital. They deliver a range of community healthcare services providing care and support for people through every stage of their lives. These include adult community nursing, children and family services, end of life care, long-term

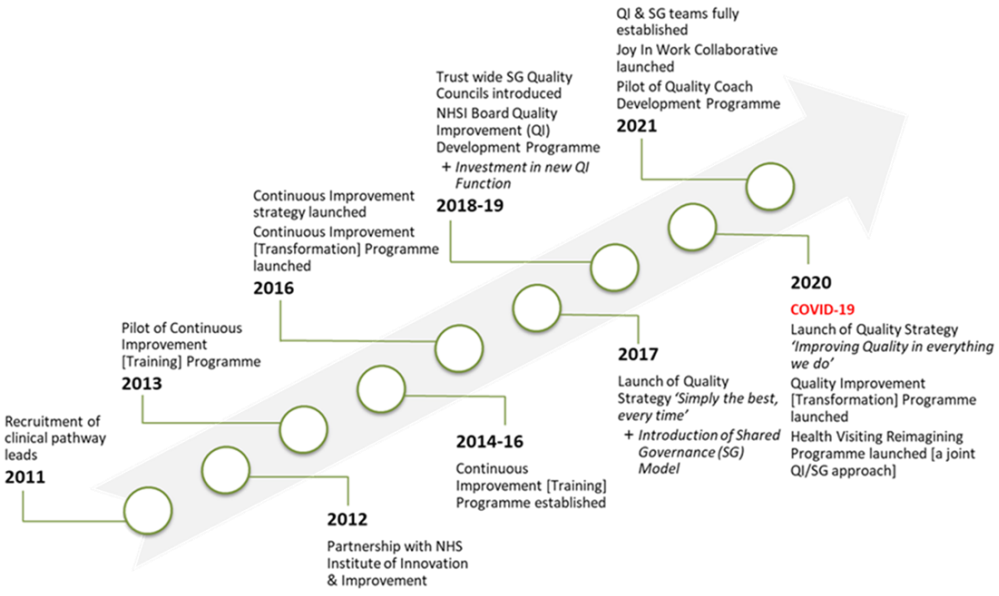
condition management, rehabilitation, walk-in and urgent care centres and specialist care such as homeless health, dental and sexual health services.

They operate in 11 London boroughs and Hertfordshire, and across four Integrated Care Systems: North Central London, North West London, South West London and Hertfordshire & West Essex. They have more than 4,500 staff, working from more than 650 sites.

They are committed to improving the care they provide, and received an overall Good rating by the Care Quality Commission (CQC) in its most recent inspection report published in June 2020.

In line with the NHS Long Term Plan, their priority is to focus on developing integrated community services, working closely with primary care, physical and mental health providers, social care and the voluntary sector. In this way, they can bring greater benefits to the patients, families and communities facing increasingly complex health conditions in order to address the needs of local populations.

The quality improvement and shared governance journey at CLCH can be viewed in the graphic below:



This short, three minute video provides an overview of quality improvement and shared governance initiatives at CLCH and the positive impact they can have. You can read more on the shared

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governance approach here. In addition, this short video provides more information about the Trust's quality improvement team and service.

The board's role a trust-wide approach to improvement

The discussion made it clear there is value in considering how different personalities and positions on the board might support quality improvement (QI) in complementary ways, alongside strong and consistent advocacy for a systematic approach.

Elizabeth considers herself "a conductor", taking overall responsibility for QI, making the most of it across the trust, making links across initiatives when business planning, ensuring resource is placed where needed, and joining up thinking at board level.

Joanne sees herself as a challenger, able to push her peers when needed and use her positional authority to question the status quo. This has helped the board move from rhetoric to active support and encourages fresh thinking. She is also a horizon scanner, able to bring in the wider view from beyond the organisation, advocating for theory and method. As a member of the Q Community, she has access to latest thinking, and in her role, the ability to digest what this means to the organisation, to help shift towards more mature approaches.

Carole described her role as a NED as that of active supporter. With long standing experience of QI from other industries as well as healthcare, she can promote the benefits and value to executives and fellow NEDs, challenging them to better understand. She also tenaciously promotes QI in opportunities with staff. This contributes to reaching a tipping point of momentum in the organisation, and encourages collective work, synergy and understanding across the board.

Charlie plays an active part in creating a cohesive, organisation-wide strategy through his work on widening their shared governance process. It now goes beyond quality into the QI agenda and beyond (including aligning with the inequality and equality strategies). He advised that board members be prepared to lobby senior staff to ensure they give others the opportunity to problem solve, rather than step in. Instead, help staff make the case for resource, share learning across silos, and provide opportunities to publicise success.

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Ultimately, a well-functioning board helps, making people receptive to listening to what others have to say. It is also important to be aware of how roles may shift over time, as the organisation alters its approach to change.

Shared purpose at board level

The panel outlined the importance of taking accountability for personal gestures and the response those receive. Be open and enthusiastic, and trust that this approach drives joy at work for staff.

Regarding change, they advise to start small, and sense as a group when it's time to amplify ideas and when to hold back. Expect cul-de-sacs and false turns and pay attention to what is learned. Given the to-and-fro of progress, it can be beneficial to meet with board colleagues from other organisations to help maintain and drive your morale during more challenging periods.

The panel also discussed the importance of challenging each other productively when needed. Action may need to be agreed collectively despite personal feelings of disquiet, and it is equally important to allow your mind to be changed. Investing in time and training for the board is also crucial – and at all levels in bite size, easy access modules. It allows people to come together around the potential and raises levels of understanding.

Making QI meaningful to all

Being strict with each other regarding the necessary behavioural enablers for making this meaningful shows authentic commitment. For example, executives making time and being flexible for staff on improvement and shared governance, rather than the other way around. Senior attention and active unblocking are very important, as is a willingness to say yes to funding low-cost, great improvement ideas. Ensuring staff can escalate barriers directly to the board, knowing they will nudge their ideas forward or release funding drives momentum and builds trust.

Putting QI in an organisational strategy has certainly helped people prioritise this work. It drives commitment and creates space for NEDs to challenge the board on 'why has that not happened'. Shared governance processes provide a complementary feedback channel, so people know they have been listened to and empowered to make change.

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'Lunch and learns' on QI methodologies and different tools and technology for change are available to all staff. Better technology access during the pandemic has helped across what is a dispersed workforce, along with investment in communication and social media, with a focus on a variety of accessible and digestible formats.

Embedding improvement skills into everyday activities is currently variable and easier for some teams than others e.g., bedded units have huddle boards and regular meetings to discuss progress with patients daily, to facilitate quality and swift discharge. However, this is less likely to happen where the team is more dispersed and visiting patients/families in their own homes. This is an area of focus for further improvement.

Finally, there is a balance to be struck between 'going with the energy' and quantifiable benefit. At CLCH, they split the focus for QI work between a divisional and local priorities, including the development of coaches versus central initiatives like "Joy in Work" which support organisational improvement priorities. This supports "bottom-up change" (often resulting from QI training) and top-down change (either from Trust-wide or operational priorities). There are also many examples of where people have completed QI training and undertaken projects as part of the learning process, going on to identify subsequent projects in their local areas.

Impact of the pandemic

It has helped and hindered. The pace of change has created energy with clear, shared objectives, and digital methods of engagement is allowing agility, speed and cohesion across the organisation. Shared governance has been kept in place, with staff making their own decisions on what existing improvement work to continue, which has helped with morale and motivation through an isolating and difficult time.

Although the command-and-control model meant activity was mandated – with early guidance issued from the centre mainly acute focused and requiring adaptation for the community trust context – existing QI capability gave the board and staff choice around what change methodology was appropriate to make that happen and clarity on the support needed. Carol raised how the pandemic has more recently focused minds at NED level on asking what services to retain, what to reinvent, and what to remove for the longer term.

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Role of QI in meeting on-going challenges

The shared governance and QI work keeps the organisation agile amidst the on-going uncertainty. The panel also felt this work plays an ongoing role in improving staff morale. In addition, with expectations changing to focus on 'what can we do to help the system', involving more collaboration and change, these techniques are supporting these ambitions, for staff and patients.

Top of mind for the future is the stark inequalities exposed by the pandemic (see the CLCH Equality Strategy here, and as a one-pager). CLCH is now looking at their role as an anchor institution and how their internal QI capability could be offered to other non-statutory organisations locally to increase expertise, and possibly funding.

Resourcing trust-wide improvement

Rather than investing in a large external partnership to increase capacity and capability for QI, CLCH resource internally (apart from 'Making Data Count'). Just prior to the pandemic, significantly increased resources were agreed for the QI team, from three staff to 10-12, with integrated clinical support and expertise. The trust has also invested in shared governance, with an associate director, senior nurse, several quality fellows, and a band 8a post. Both investments have been funded through CLCH Academy income.

The benefits so far

Staff feel appreciated and listened to when solving problems for themselves, and the trust is starting to see an improvement in staff survey results. QI, seen as critical to core priorities by the board, supports strategic objectives whilst creating a bottom-up ground swell, providing opportunities to bring dispersed staff together to celebrate and learn. For instance, a joint QI and shared governance collaborative on "Joy in Work", which links to the core priority of staff health and wellbeing.

There is more to achieve, but QI is becoming an organisation-wide conversation now. Working on an ambition together as a board is uniting and brings people together around the same language.

A defined model for improvement and consistency has been key across such a wide, dispersed footprint (in this case, the IHI Model for Improvement). It has "professionalised" how change happens and fostered useful conversations that drive change, innovation and diffusion of ideas, also ensuring

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that learning is captured in writing and not held by individuals only. For example, this method was used during COVID-19 to improve discharge-to-assess. Teams looked at what worked best across the four ICSs the trust operates in and spread it.

Next steps

The board is reviewing how to restore regular face to face contact with the frontline, which played a key role in improvement before the pandemic. There are also ambitions to mature their approach to performance management. Joanna outlined how reporting in the NHS is currently based on a mechanistic model; which is not suitable for what is a complex adaptive system. This means at CLCH, to meet regulatory expectations and mature their approach, they currently run two processes: KPIs and RAG ratings, but also statistical process control (SPC) wherever possible (see examples here).

The board invested in 'Making Data Count' with the aim of shifting from 'what are the problems' to 'what are the improvement priorities and what are the plans to make that happen', a shift they view as linked to leadership principles for continuous improvement such as openness on issues, and asking questions to illuminate what support is needed, what is working, what is not.

The trust is moving towards a Quality Management System approach as the next step in their journey and see this as the main opportunity to embed improvement more fully into daily operations.

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