

Q

“Putting the man on the moon” – aligning everyone to strategy Webinar 2/4

8th April 2022



Welcome!

Hosts:



Emma Adams

*Independent
Improvement
Consultant &
Generation Q
Fellow*



Frances Wiseman

*Deputy Director of
Transformation*



Guests:



Dr Andy Heeps

*Interim Chief
Executive*



Kim Barnas

*Chief Executive
Officer
Catalysis*



Russell Jewell

*Partner
Operational Excellence
team*



How we're running today's session



1. We'd like you to be on mute whilst we present the core material

2. The chat is open throughout - please post any questions or comments there



3. We'll open for questions at the end of the presentation:

- Raise your hand if you'd like to speak (and don't forget to unmute!)
- Post in chat and the chair will moderate questions to the presenter



4. If your tech fails, don't worry – we're recording so you can listen to this later

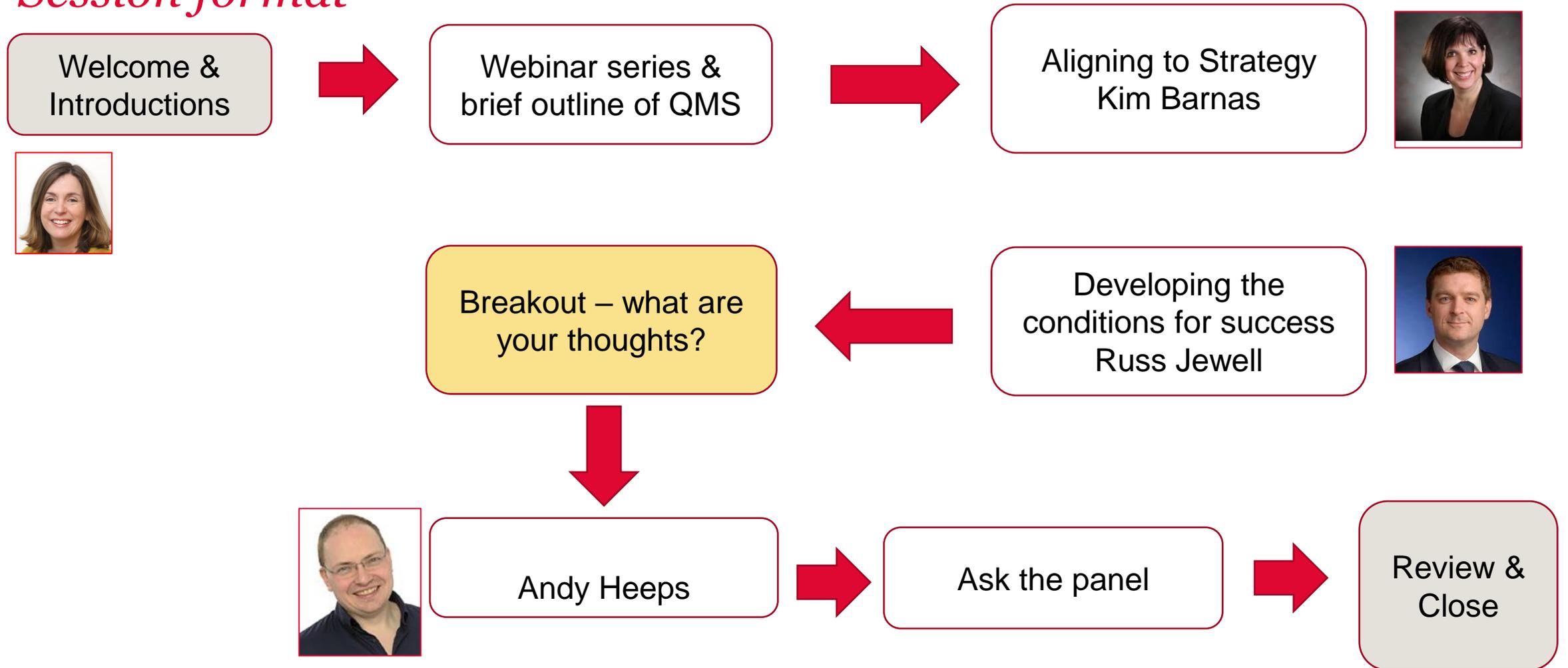


5. Please feel free to continue the discussion after the event via email or on Twitter #QcomQMS @TheQCommunity

6. And really don't worry if the dog/child/window cleaner interrupts!

7. We're recording and saving chat to share later

Session format



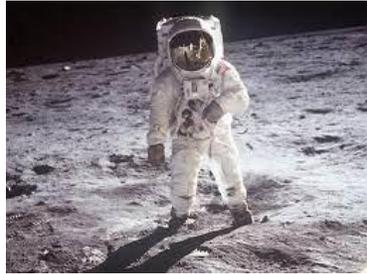
Quality Management System Webinar series

Why isn't improvement sustained?



“High performing organisations have quality management systems with quality improvement, quality control and quality planning co-ordinated and embedded.” Juran *The Quality Trilogy* 1986

Webinar Series



1
Everybody's Business: Quality management at an organizational level

2
"Putting the man on the moon" – aligning everyone to strategy

3
"Work as done vs work as imagined" – making QMS a daily reality

4
"Leading for Quality" – how do we lead where we are and bring people with us?



Aligning to Strategy

Kim Barnas, CEO
Catalysis

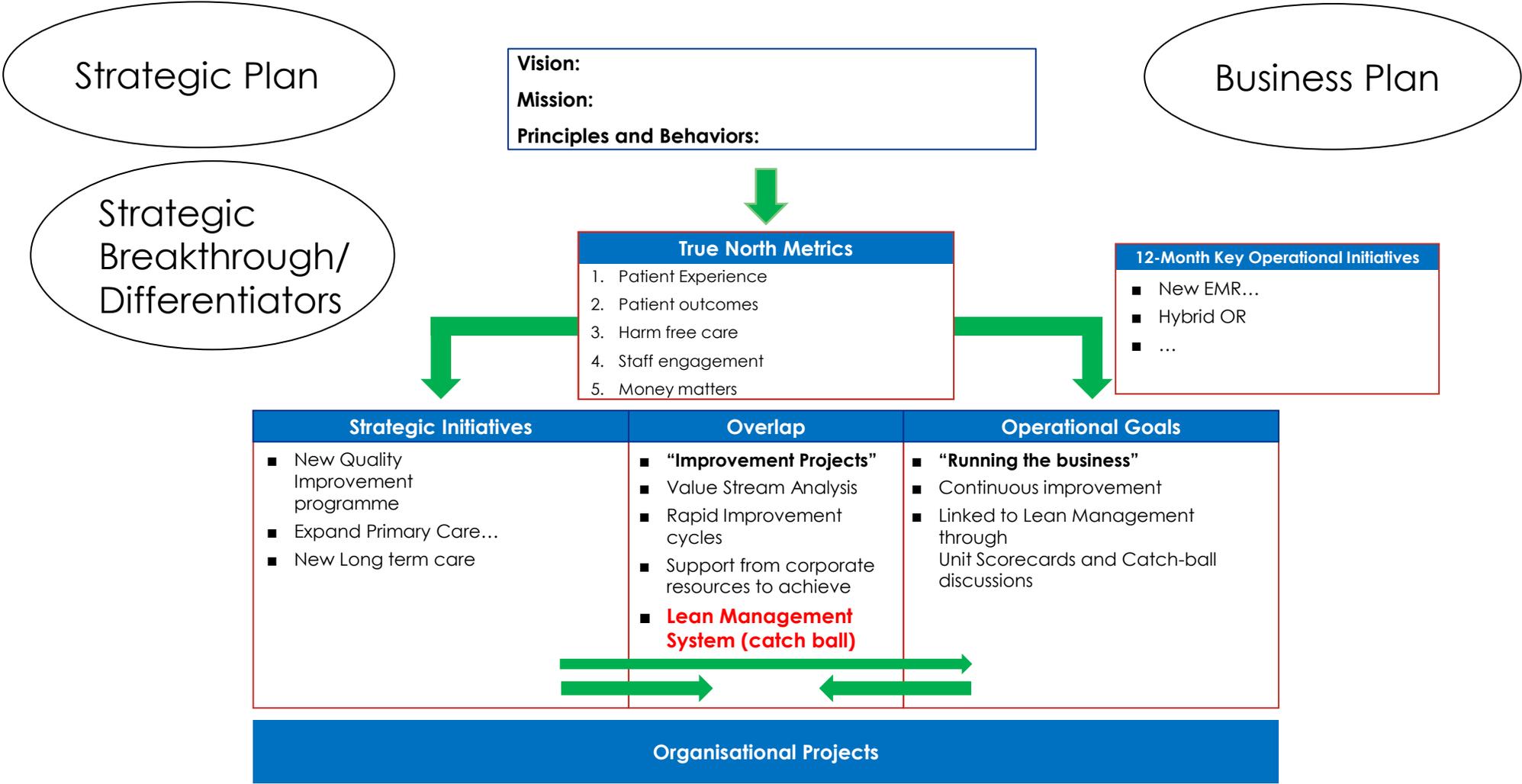
ThedaCare Healthcare Delivery System



7200+ Employees



Executive Management System

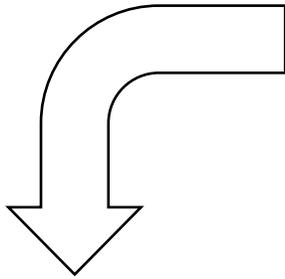


Executive Management System

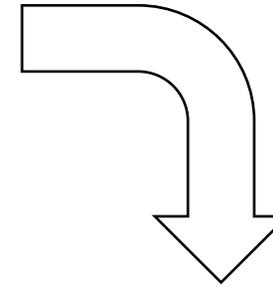
Operational Management: Key Operational Initiatives and Big Rocks- Should take about 80% of system Resources

Processes and tools that tie systems together

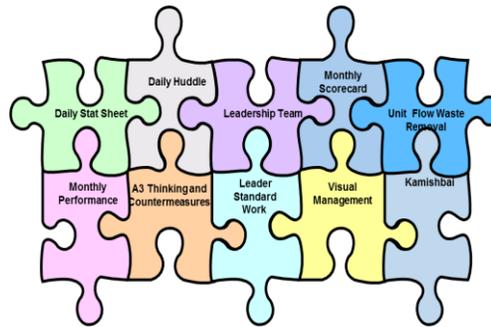
Strategy Deployment: Strategy and Breakthrough Initiatives – Should take about 20% of system resources



Operations: Wait/Work System/ Deployment Process



Executive Management System, Strategy Deployment



Key Operational Initiatives – Business Plan – separate from Strategic Plan. Not continuous improvement.

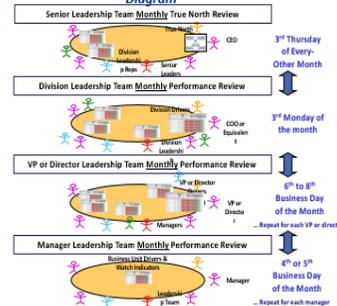
Wait/Work Flow: Often the east wall of Obeya room – reviewed monthly along with Parking lot.



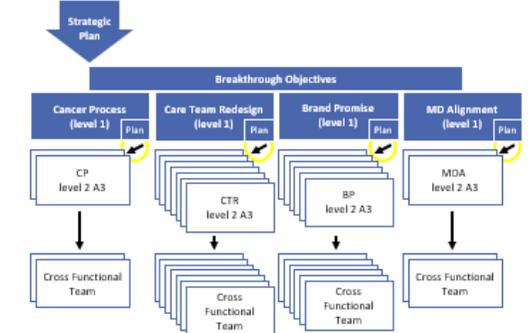
Wait	Wait	Wait	Work in Progress Plan	Work in Progress Do	Work in Progress Study	Work in Progress Adjust	Complete
New Initiative	Filter- (First 3 boxes A3)	Feasibility When capacity is available - Leadership discussion: (Have capacity, still a priority, impact, timing is good-etc...)	Leadership has activated. As Action plan developed	Monthly Exec team Review of next 30 day progress	Near the end of the work, the team shares learning at the monthly review	Consider adjustments – new work (back to filter)-or continuation	
Review Parking lot	If it passes filter move to feasibility	Go/No Go					



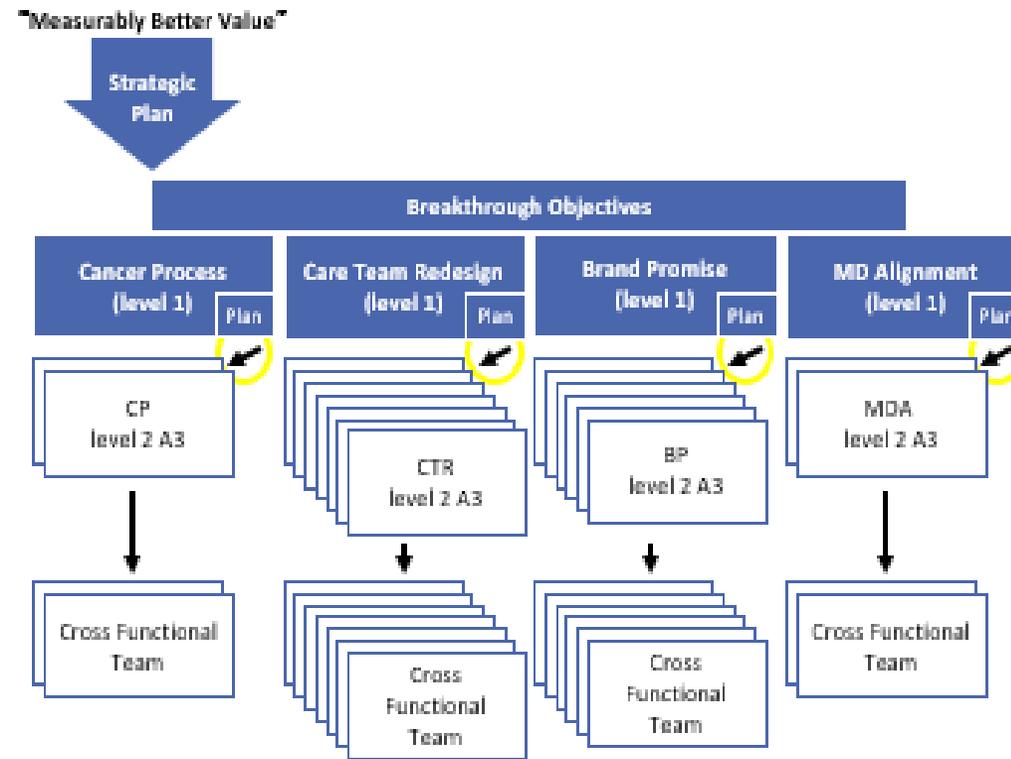
Monthly Performance and Catchball Communication Diagram



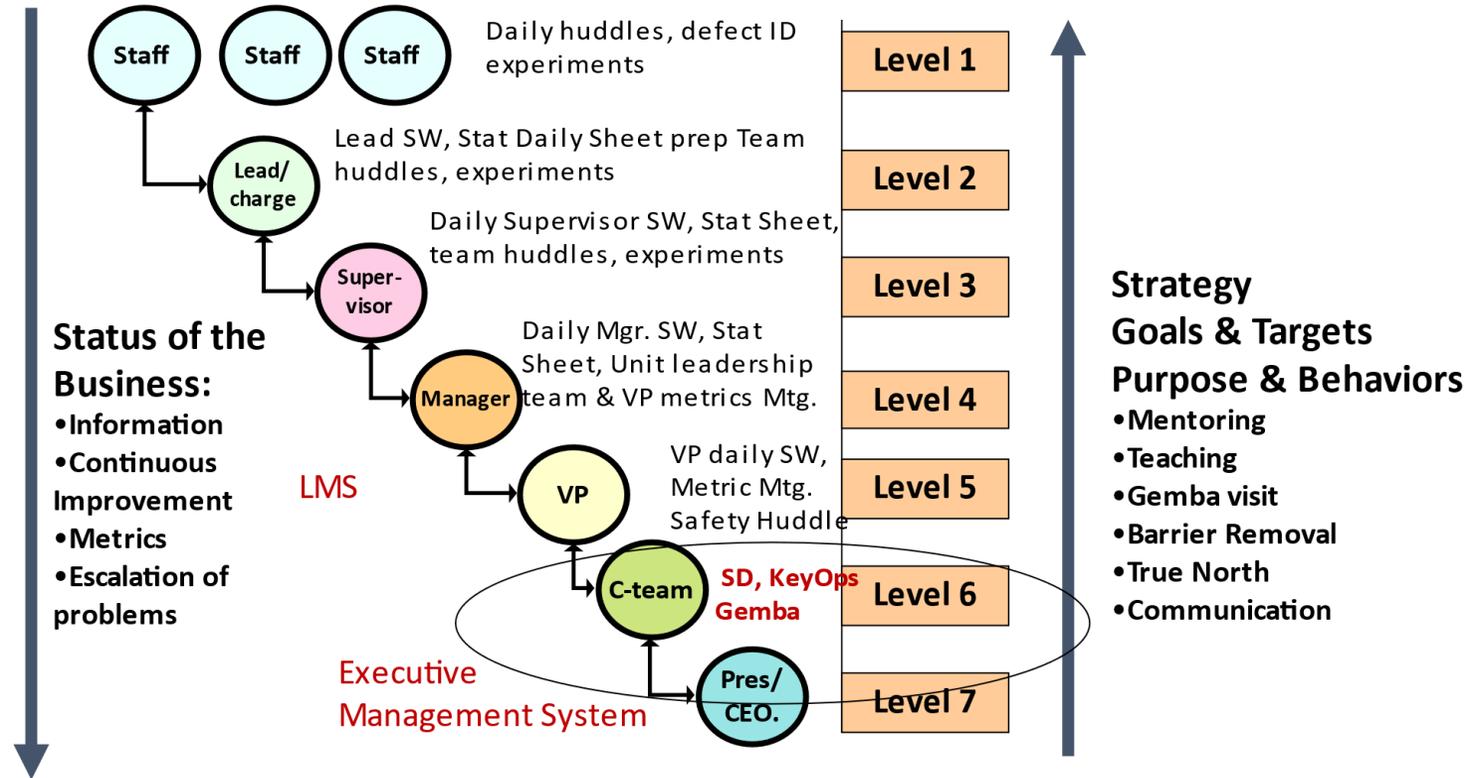
"Measurably Better Value"



Strategy Deployment



Ideal State Information Flow



Aligning to Strategy: Developing the conditions for success

Russ Jewell, KPMG Partner



WHAT DO WE WANT TO ACHIEVE?

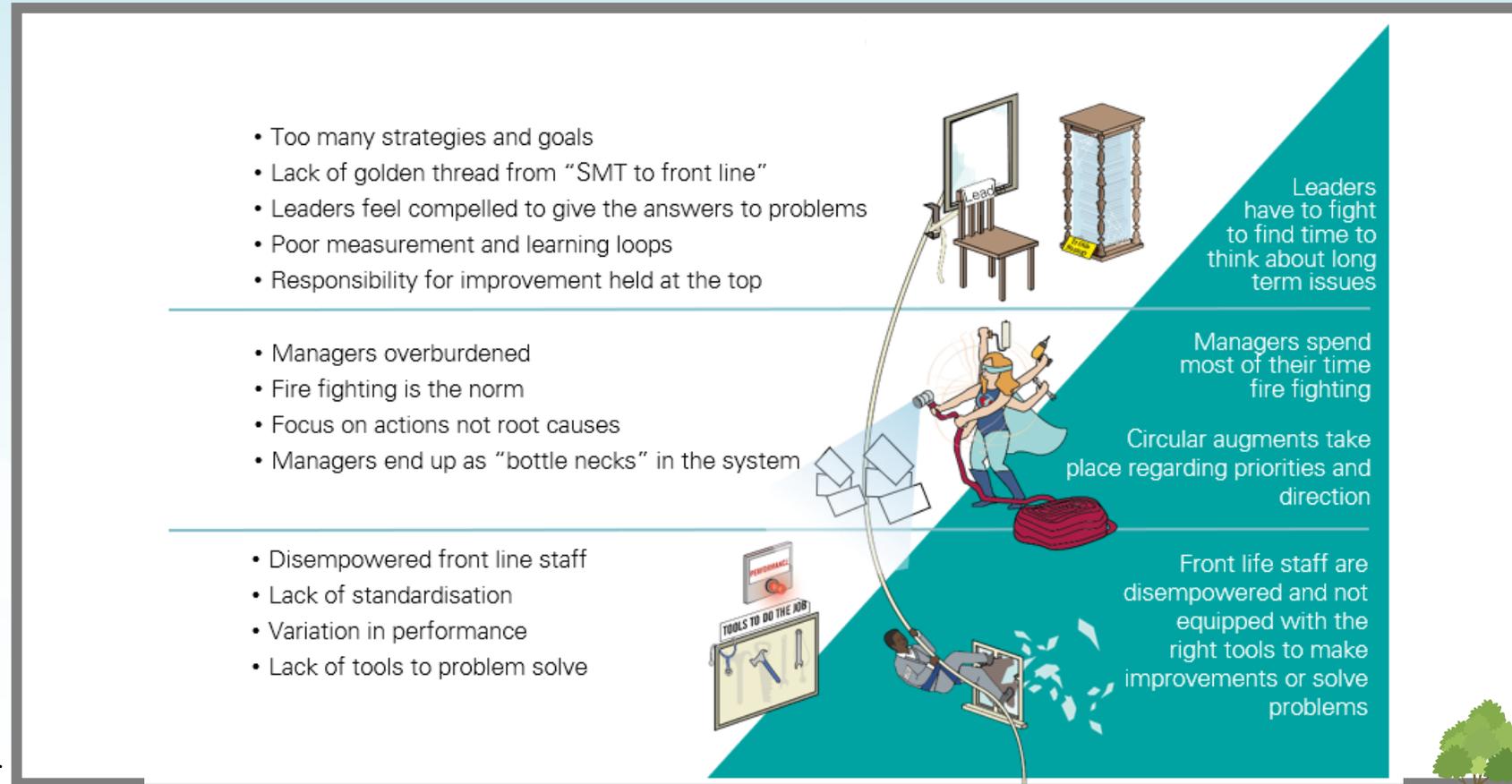
For every member of staff to be able to say:

- 1** I come to work to deliver great care and improve how I do it every day.
- 2** I understand what is important to our patients and the organisation overall.
- 3** I understand how me and my team can contribute to improving care for our patients.
- 4** Feel supported and connected through our management routines and behaviours to deliver improvements,

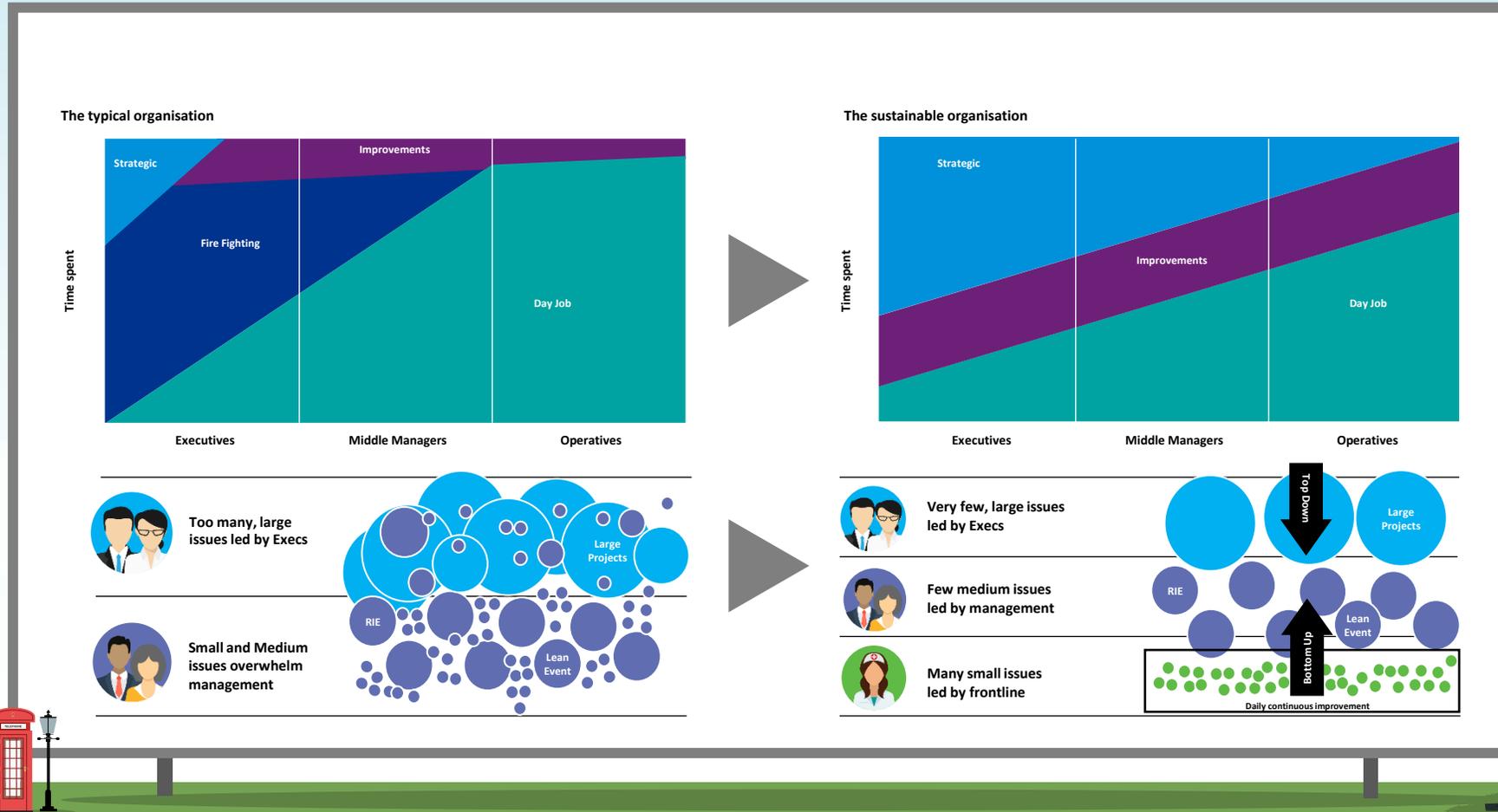


Transformation is more than just a series of projects.....

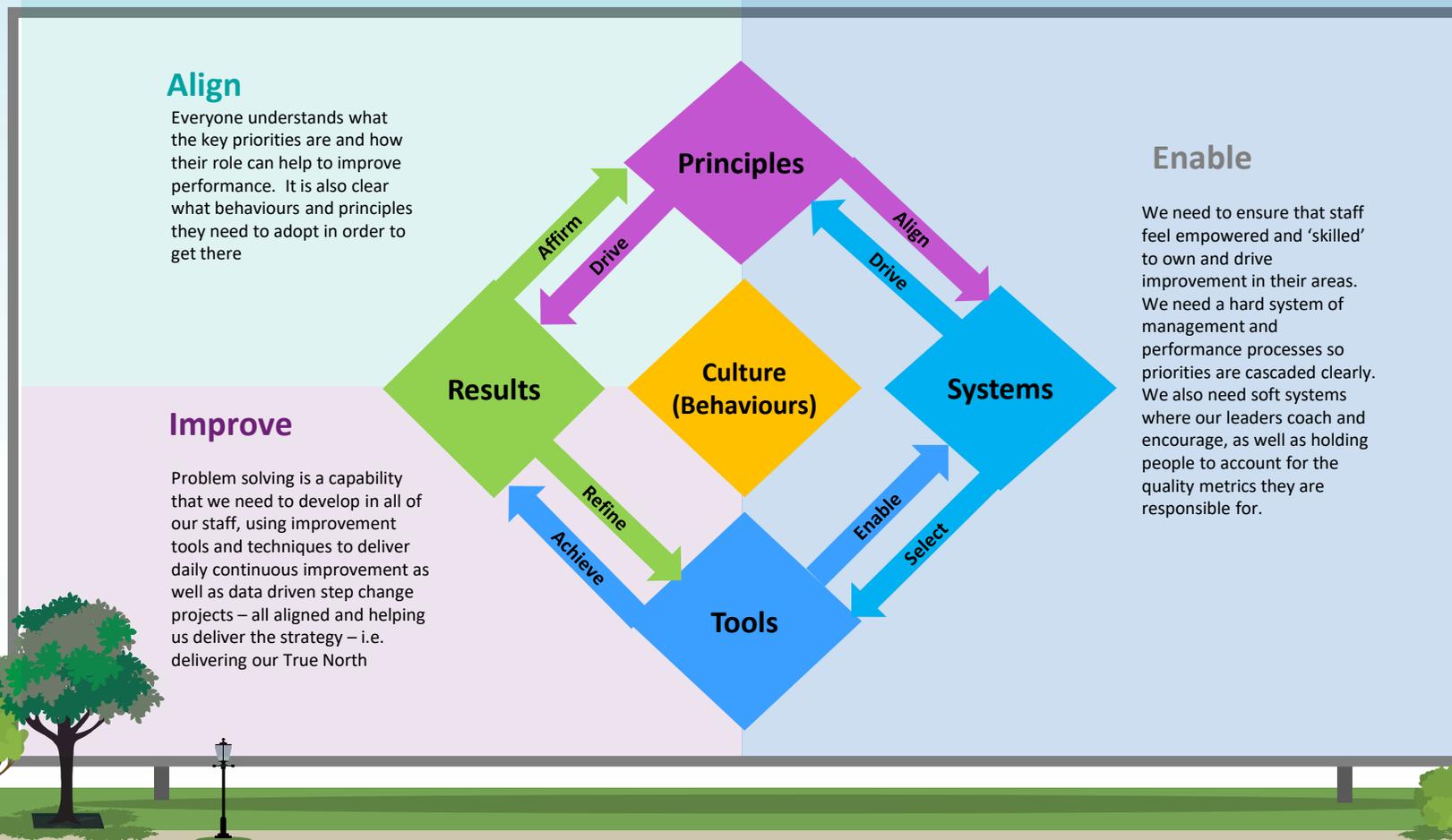
WHAT WE OFTEN SEE IN COMPLEX ORGANISATIONS



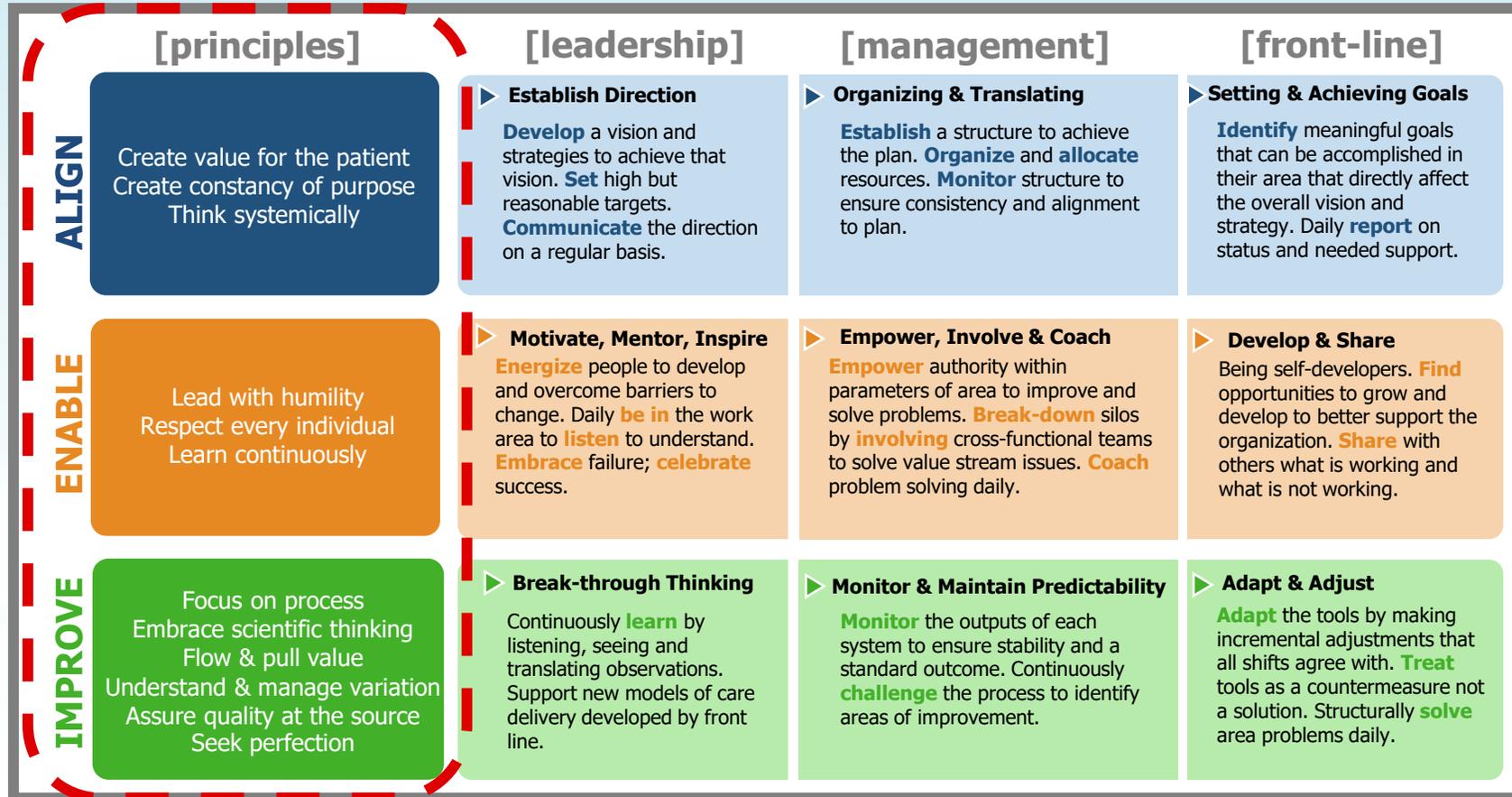
DRIVING THE OWNERSHIP OF IMPROVEMENT



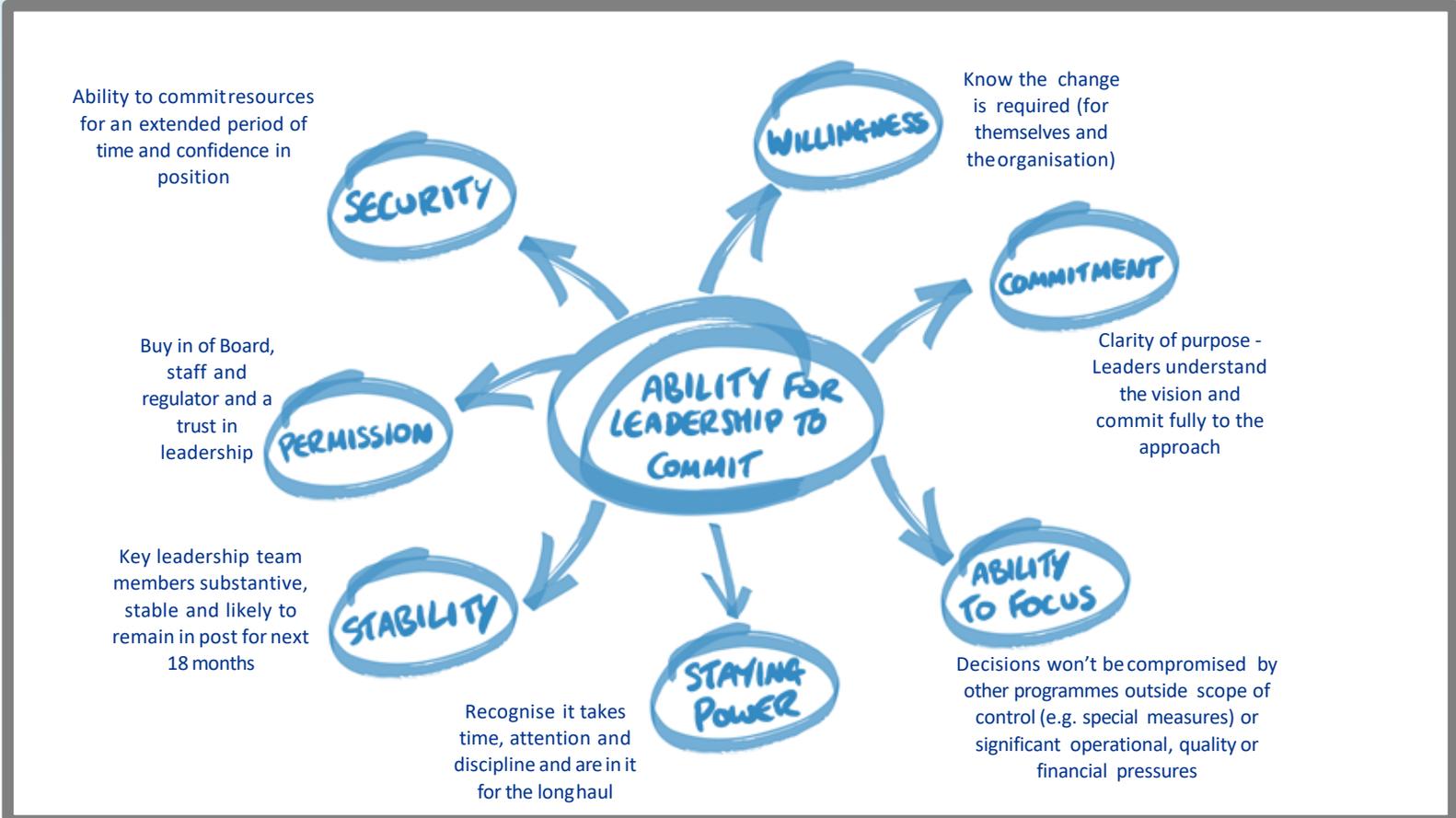
INGREDIENTS FOR YOUR CONTINUOUS IMPROVEMENT CULTURE



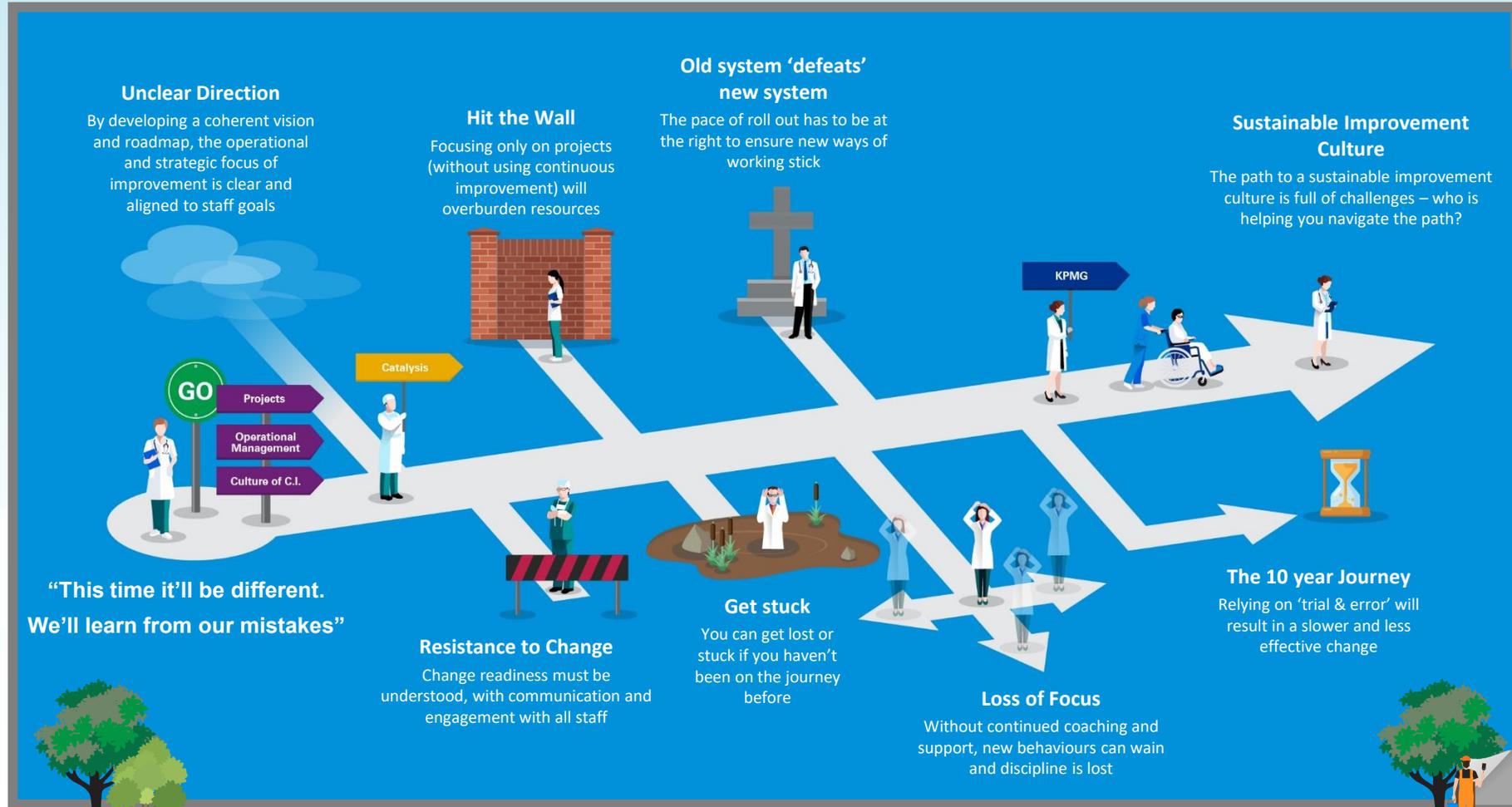
CATALYSIS BEHAVIOURS FRAMEWORK



CONDITIONS YOU NEED TO GET IN PLACE



COMMON PITFALLS



Breakout – 15 mins

Say hello!

What are you starting to think about...?

Please appoint one person from each group to provide feedback in the Zoom chat at the end of the breakout session.





University Hospitals Sussex
NHS Foundation Trust

Strategy Deployment at UHSussex

Dr Andy Heeps

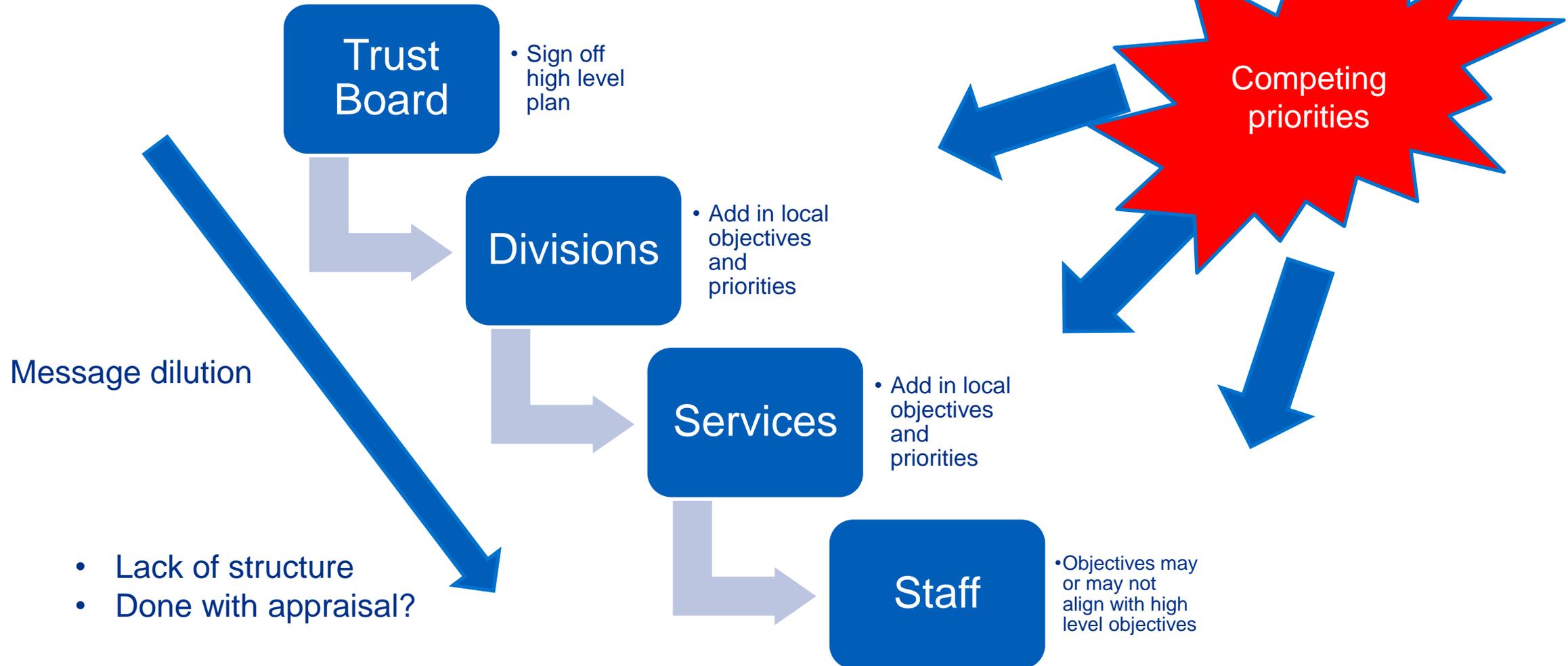
Interim Chief Executive

8 April 2022

Strategy = a plan of action to achieve a long-term or overall aim

- ▶ Outstanding and Inadequate organisations tend to have similar strategies
- ▶ A focused piece of improvement work might get you a goal briefly, but will it stick?
- ▶ “Once I achieve this improvement, I’ll be happy”
- ▶ Like playing sport, or a musical instrument – long-term joy comes from the playing, not individual achievements
- ▶ The way you deploy your strategy is key to achieving it

Traditional objective setting in the NHS



North Mid

ED
Performance

Efficiency
Programme

Digital

CQC
Improvement
Plan

FFT results

Clinical
Strategy

ICS
development

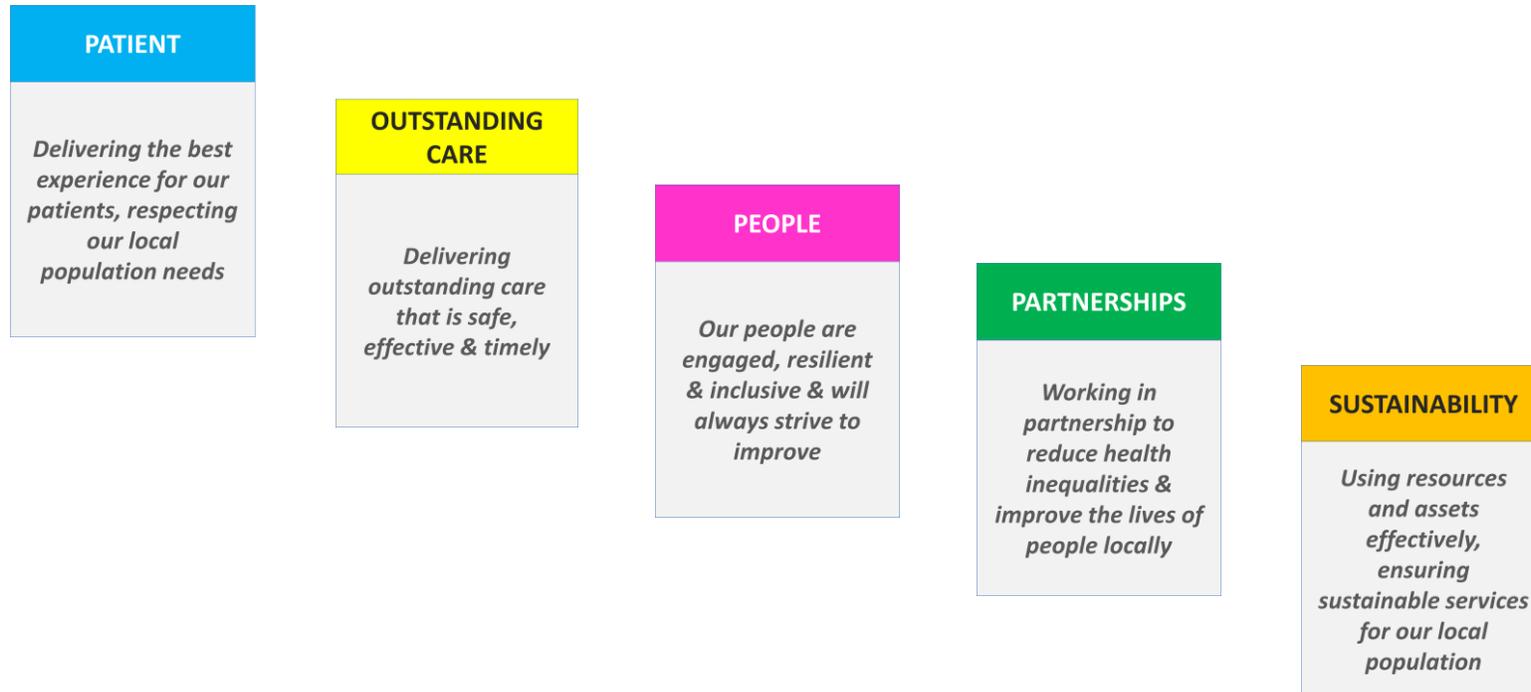
Staff Survey

Mandatory
Training

Incidents and
harm

ED
Performance

A conference room at White Hart Lane...



Our People A3 – where we needed to focus became clear

True North A3

True North Category - PEOPLE

OUR PEOPLE ARE COMPASSIONATE, RESILIENT AND INCLUSIVE AND WILL ALWAYS STRIVE TO IMPROVE

1) Problem statement

Over the past five years challenges around patient experience, organisational culture and reputation, has resulted in our people reporting us lower than other Trusts in some key people measures in the staff survey. In particular EDI and Bullying and Harassment. This has contributed to poorer patient experience, challenges in attracting & retaining talent and high levels of Bank & Agency spend.

2) Vision statement

Our people are given the **autonomy** to deliver outstanding patient care & experience; feel **they belong** in North Mid, an organisation that cares for their health and wellbeing, supports them progress in their careers and allows them to **contribute** to the success of their teams and the Trust.

3) Current state and proposed measures for baseline



National Staff Survey Results 2019

High level thematic analysis demonstrating our need to improve within Equality, Diversity & Inclusion and Safe Environment – Bullying & Harassment

4) Target and goal

Target:

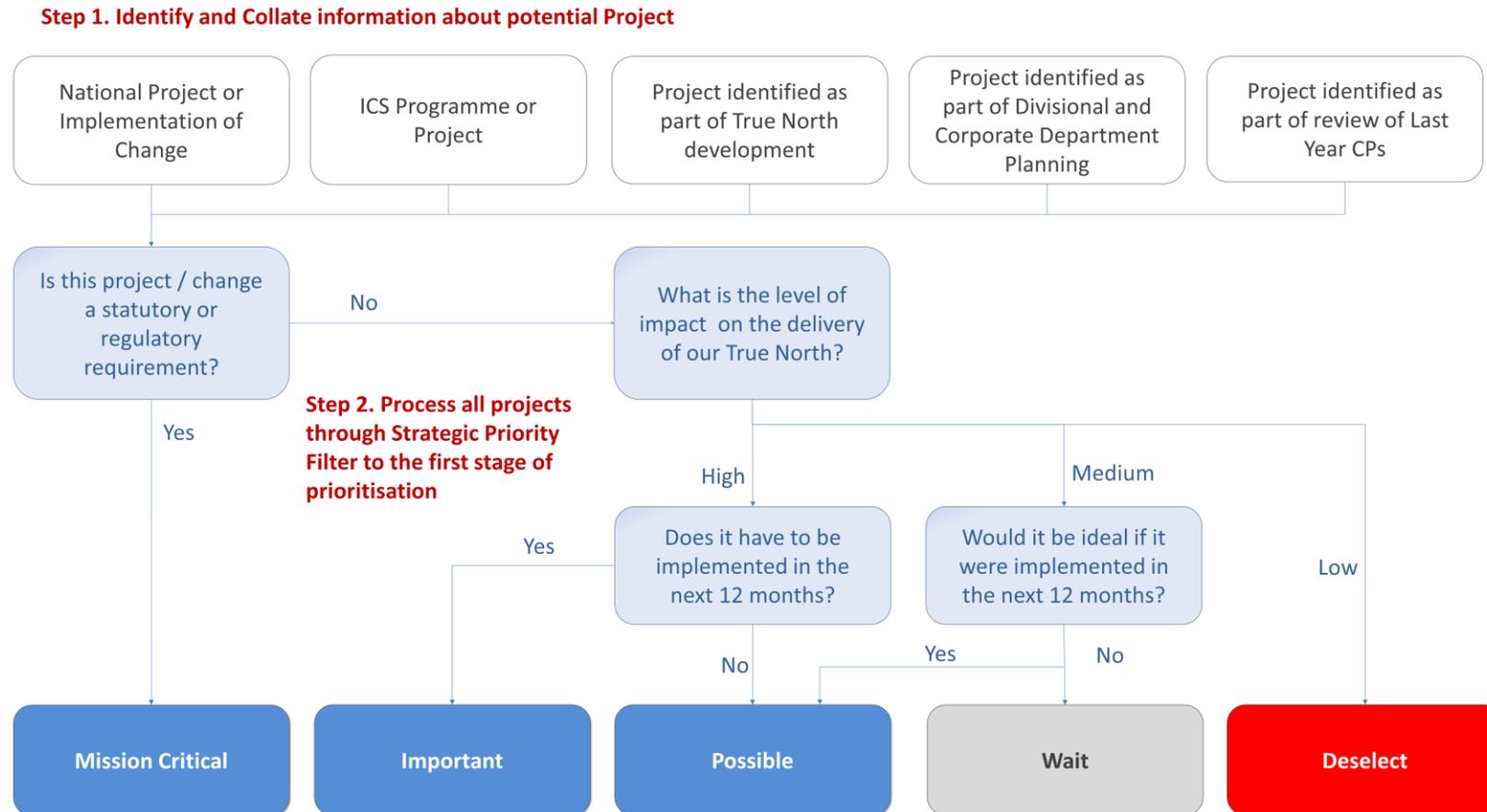
- Within 2 years to be above average in Equality, Diversity & Inclusion;
- Within 2 years to be above average in Bullying & Harassment

Goal:

- To have BAME representation at all levels of the Trust
- To reduce the percentage of staff experiencing bullying and harassment

Strategic Filter

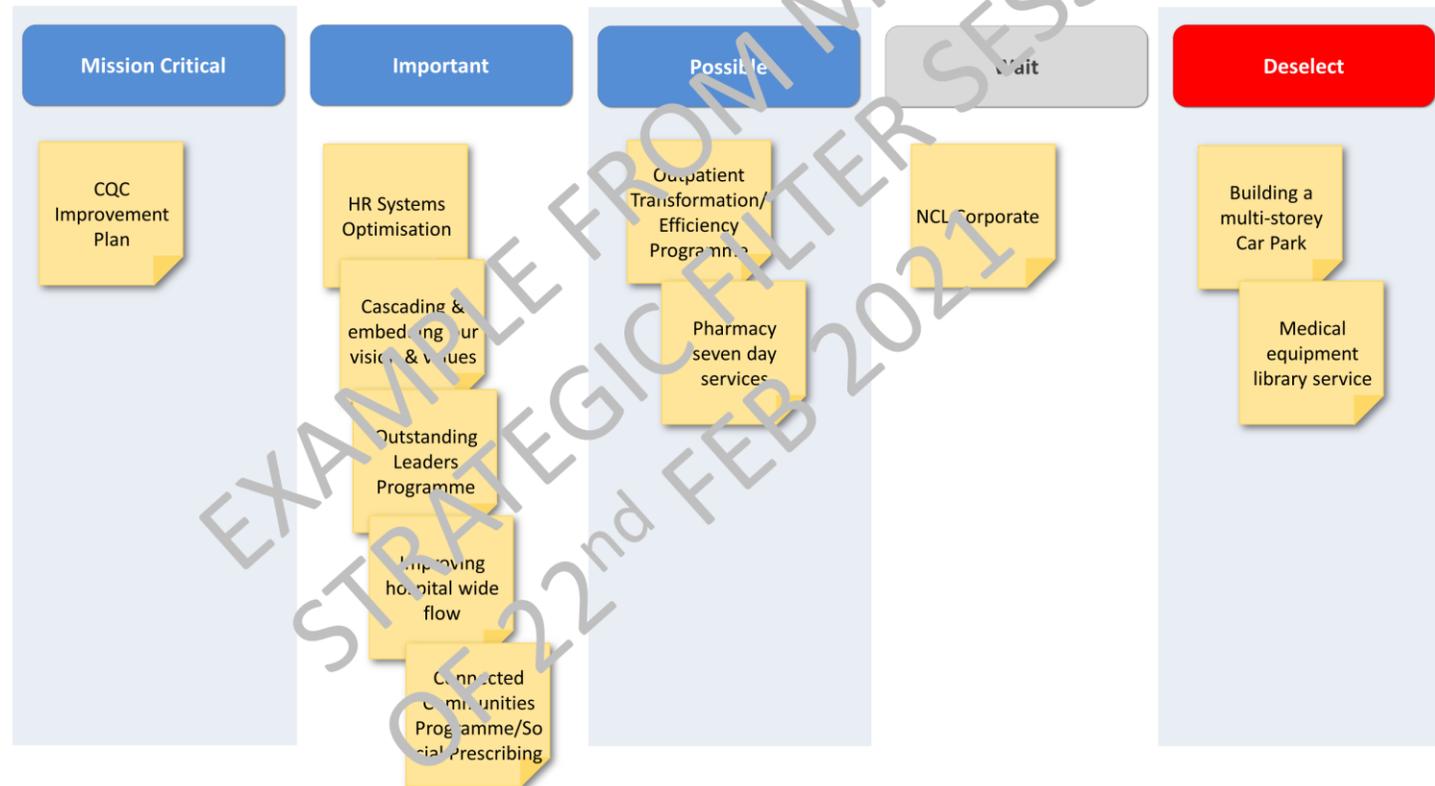
Strategic Project Filter: Gather projects, and process them to the first stage to determine importance.



Outputs

Expected Output: Using a virtual whiteboard to group projects during the discussion, tracking the decisions made

Example:



North Mid True North Output

Strategic Theme	Strategic Goal	Current Target	Current Breakthrough Objective	Strategic Initiatives	Corporate Projects
Patient	We have the highest % of patients recommending us as a place to be treated in London (FFT)	95% of our patients recommend us as a place to be treated by the end 2025/26 (FFT)	Increase our response rate for FFT to 90%	PFIS Rollout Programme	Productivity THEATRES
Sustainability	To ensure we are able to deliver patient services without spending more than we earn each year	To reduce the gap between what we spend and what we are given to spend each year by the following percentages: 2021-2022 = 20% 2022-2023 = 40% 2023-2024 = 40%	To develop and fully deliver a recurrent efficiency programme as defined by the Trust's annual financial plan.	Clinical Strategy Green Plan	CQC Going for Good eRostering
People	To be the best Acute Trust in London for staff who feel they are respected, included and work in a safe environment	Above average by end 2025/26 (All London Acute Trusts) for staff reporting they feel respected and included (Equality, Diversity & Inclusion) Above average by end 2025/26 (All London Acute Trusts) for staff reporting they work in a Safe Environment	Significantly increase the percentage of staff who report that NNUH act fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age Significantly decrease the percentage of staff reporting how many times they have personally experienced harassment, bullying or abuse at work from managers	Cultural Improvement Programme ICS	Digital NorthMid Violence & Aggression Scheme
Outstanding Care	There are no moderate/severe/death harms in our care Our patients are treated within 4 hours in A&E 100% of the time	50% reduction in incidents of moderate/severe/death harms Consistently achieve 80% of patients admitted from A&E within 4 hours	Improve average discharge time by 4 hours	Estates Strategy/Master Plan Royal Free & Provider Alliance	Cultural Improvement Programme RESPECTFUL RESOLUTION Cultural Improvement Programme VALUES INTO ACTION
Partnerships	Reduction in prevalence of top 5 risk factors that contribute to years lived in poor health	25% reduction in prevalence of smoking across Enfield & Haringey	Within 12 months all patients and staff are provided with evidence-based advice on stopping smoking where a tobacco dependence is identified		



Putting theory into practice

Moving to UHSussex



Set your True Norths

- ▶ Precise, concise, and universal set of ideals
- ▶ “What we **should** do, not what we **can** do”
- ▶ The ideal or state of perfection that your organisation should be continually striving towards
- ▶ High level aspiration with long term strategic goal and current target
- ▶ This is the lens through which objectives are set


The key goals of the organisation to achieve by which we know we would be delivering high quality care, in a sustainable way

True North

True North		Strategic Goal	Current Target
Patient	Providing outstanding, compassionate care for our patients and their families, every time	To ensure that all our patients have a positive experience of the care they receive	Patient Experience: To have 95% or more of patients rating FFT surveys as Very Good or Good
Sustainability	Living within our means providing high quality services through optimising the use of our resources	To ensure that the Trust sustainably achieves 'Break Even' financially	Financial Sustainability: To deliver the Trust's financial plan
People	To be the employer of choice and have the most highly engaged staff within the NHS	To be the top acute Trust for staff engagement	Staff Engagement: To be within the top quartile of acute Trusts for the National staff engagement score
Quality	Excellent outcomes ensuring no patient comes to harm and no patient dies who should not have	To have zero harm occurring to our patients when in our care and to achieve the lowest crude mortality within our peer group	Harm: To achieve a 10% reduction in the levels of DATIX reported harm to patients Mortality: To achieve a 10% reduction in the crude mortality rate
Systems & Partnerships	Delivering timely, appropriate access to acute care as part of a wider integrated care system	To sustainably achieve the national constitutional targets for planned and emergency care	Planned Care: To have no patients waiting in excess of 40 weeks on an RTT pathway to be seen and treated Emergency Care: To achieve 95% of patients are treated within 4 hours in Emergency Care services

Set your Breakthrough Objectives

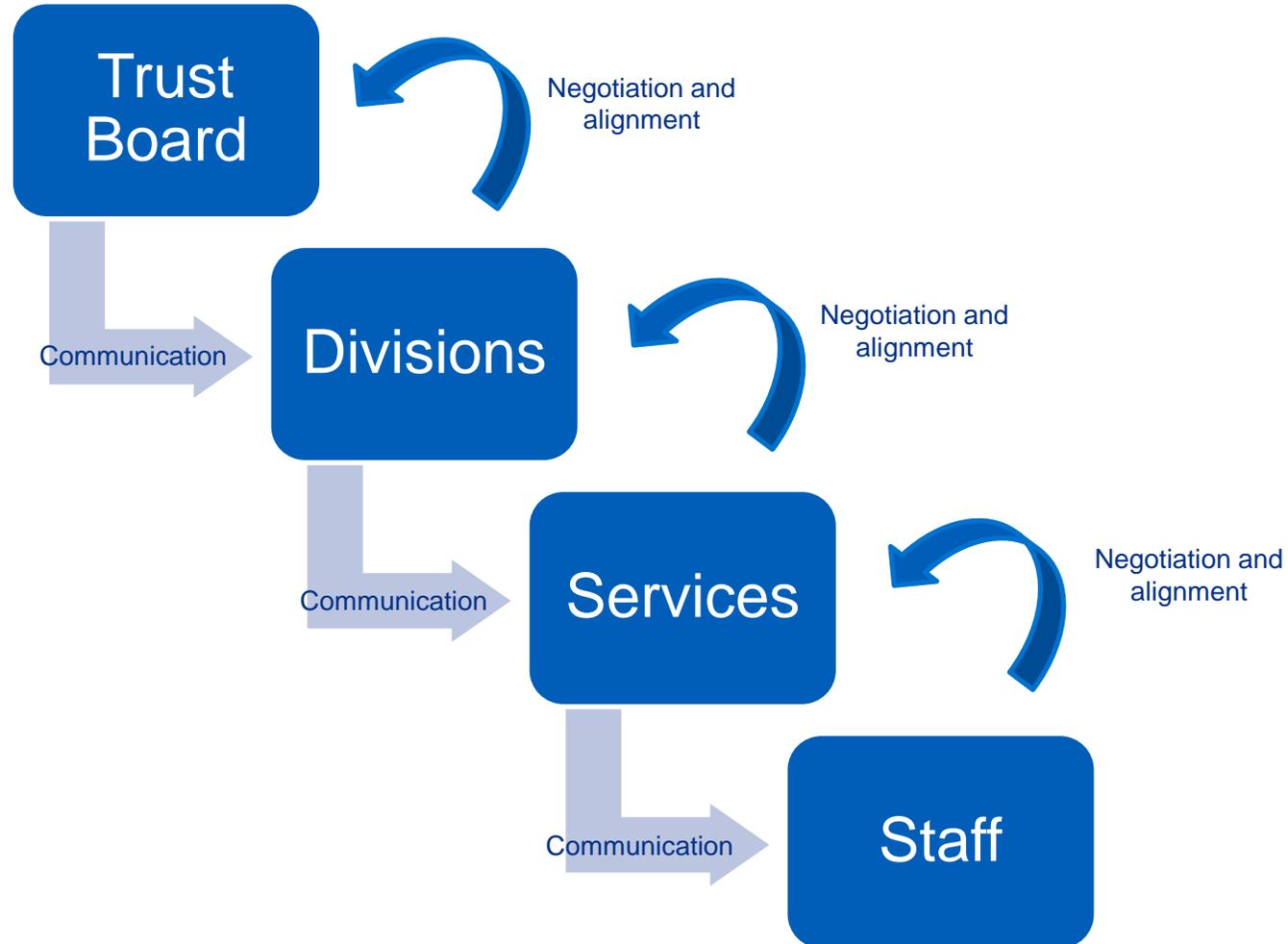
- ▶ Stretch targets
- ▶ Measures that will “turn the dial” – they will drag other performance measures with them
- ▶ Focus on removing “muri, mura, muda”
 - ▶ Overburden/unreasonable working practice
 - ▶ Unwarranted variation
 - ▶ Wasted time, energy, money, product

Breakthrough Objectives



True North	Breakthrough Objective
Patient	Patient Experience: An increase in the numbers of patients reporting a high quality discharge experience
Sustainability	Financial Sustainability: A reduction in the premium spend levels on our pay bill
People	Staff Engagement: An increase in the number of staff who would recommend the organisation as a place to work
Quality	Harm: A reduction in low to moderate harms reported in key areas Mortality: A reduction in the 5 top contributors to mortality rates
Systems & Partnerships	Planned Care: An elimination of patients waiting over 52 weeks for treatment for RTT Emergency Care: Median time of discharge to be 11am

Catchball



Output of Catchball – Divisional SDR scorecard

Strategy Deployment Scorecard for Specialist Services Division				Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Trend	A3 Notes
PF Dom.	Scope Division/Trust	Status Watch/Driver/Information	Metric									
True North Goals/ Targets	Pt	Division	Watch	Patient Experience: To have 95% or more of patients rating FFT surveys as Very Good or Good	94%	95%	94%	93%	94%	92%	92%	
	P	Division and Trust	Driver	Staff Engagement: To be within the top quartile of acute Trusts for the National staff engagement score	6.7	6.4	6.6	6.8	6.7	6.7	6.5	A3 in progress
	QI	Division	Watch	Harm: To achieve a 10% reduction in the levels of DATIX reported harm to patients	88	68	77	51	76	85	73	
	QI	Division	Watch	Mortality: To achieve a 10% reduction in the crude mortality rate	10.02%	8.00%	7.56%	10.47%	9.48%	8.56%	8.49%	
	S	Division	Driver	Financial Sustainability: To deliver the Trust's financial plan	#####	-£619,558	-£729,353	-£786,301	#####	#####	#####	A3 To be presented in November - A3 completed for nursing overspend but overall A3 in progress.
	SP	Division	Watch	Planned Care: To have no patients waiting in excess of 40 weeks on an RTT pathway to be seen and treated	588	618	568	548	668	684	670	A3 in progress - data collected. To be presented in November. Gavin/Emma to present in Peter absence
	SP	Trust	Watch	Emergency care: To achieve 95% of patients treated within 4 hours in Emergency Care services	69.10%	68.67%	68.36%	69.76%	65.74%	67.80%	64.45%	
Breakthrough Objectives	P	Division and Trust	Driver	Staff Engagement: An increase in the number of staff who would recommend the organisation as a place to work	51.7%	52.8%	55.8%	60.3%	50.8%	57.5%	50.8%	A3 in progress
	QI	Division	Driver	Harm: Reduction in low to moderate harms reported in key areas	87	67	69	50	74	82	73	A3 in progress - To be presented in November. Louise
	S	Division	Driver	Financial Sustainability: A reduction in the premium spend levels on our pay bill	-£390,138	£432,000	£520,243	£540,816	£608,775	£675,002	£707,916	A3 in progress - ITU complete
	SP	Division	Driver	Planned care: An elimination of patients waiting over 52 weeks for treatment for RTT	199	223	241	240	241	253	245	A3 To be present November - in progress - data collected. Gavin/Emma to present in Peter absence
	SP	Division	Watch	Emergency Care: To sustainably achieve 92% inpatient bed occupancy	91.08%	92.22%	93.50%	89.87%	88.95%	89.81%	92.34%	
Operational Objectives	Pt	Division	Watch	95% of leaders for Division have attended PFIP for Leaders Modules 1, 2, 3 & 4	-	-	-	-	-	-	-	
	Pt	Division	Watch	65% of formal complaints resolved within 25 days	57.1%	58.3%	64.3%	35.7%	44.4%	50.0%	83.3%	
	Pt	Division	Driver	ICU Flow - % of patients discharged within 4 hours of being wardable	24.50%	20.80%	11.70%	14.30%	30.50%	24.80%	16.00%	A3 complete - to be presented in November - Gavin
	P	Trust	Watch	Vacancy Factor (Substantive contracted FTE) - Monthly	6.50%	8.95%	7.95%	8.28%	8.65%	7.40%	7.46%	
	P	Trust	Watch	Absence - Sickness in month	4.24%	4.30%	4.80%	3.92%	4.13%	5.71%		
	P	Trust	Watch	Turnover - 12 month	10.48%	9.82%	9.07%	8.73%	8.48%	7.81%	9.82%	
	P	Trust	Watch	STAM Weighted Average	79%	81%	80%	79%	80%	82%	83%	
	P	Division	Driver	Appraisals completed	72.00%	67.10%	64.10%	64.70%	64.40%	67.50%	70.25%	A3 in progress - to be presented in November - Louise
	QI	Division	Driver	Elective Waiting List by Code (IP/DC) - Code 1 and Code 2	413	432	400	414	385	442	396	No A3 - to be completed - - to be presented in November

How to run divisional SDR

- ▶ In place of traditional performance review
- ▶ Standard Work agenda – 90 mins
- ▶ Owned by the division, executive coaching
- ▶ Clear set of business rules – only discuss those matters that meet the criteria
- ▶ Driver metrics vs watch metrics

Standard Prompts/ Questions for a Structured Verbal Update

- Q1: What is the aim of the project/what is the metric target?
- Q2: By what method are we making this improvement? (DMAIC, A3 Thinking etc.)
- Q3: What is current metric performance / current status of the project?
- Q4: What are the top contributory factors for off-track performance?
- Q5: What is the recovery plan?
- Q6: Are there any risks forecast ahead that need mitigating?
- Q7: Is there any help or support required?

Standard Prompts/ Questions for Countermeasure Summaries

- Q1: What is the aim of the project/what is the metric target?
- Q2: By what method are we making this improvement? (DMAIC, A3 Thinking etc.)
- Q3: What is the current metric performance / current status of the project?
- Q4: Is the project progressing as expected?
- Q5: When do we expect to see improvement?
- Q5: Are there any risks forecast ahead that need mitigating?
- Q6: Is there any help or support required?

Strategy Deployment Business Rules

Using Statistical Processing Charts (SPC), enables a data driven approach to performance reporting. There are 3 indicators in an SPC which will trigger either a countermeasure summary (CMS) or a structured verbal update (SVU). These are outline in the following pages.

SPC Indicator		Performance Trend
	No Signals Current data point is within the normal upper and lower performance limits and is either achieving or failing the target	Performance is neutral with the metric just showing normal variation within the expected limits based on historic performance
	Abnormal Variance Data point is outside of the upper or lower performance limits in the current period OR the current and previous period.	Something abnormal has happened compared to historic performance, which could be positive or negative but should not yet be seen as a trend for either congratulations or intervention
	Performance Shift A run of 7 consecutive data points either - • All <i>above</i> or all <i>below</i> the mean or, • Consecutively <i>ascending</i> or <i>descending across</i> the mean.	There has been a potential shift in the performance of the metric, which may be either expected or unexpected, and positive or negative

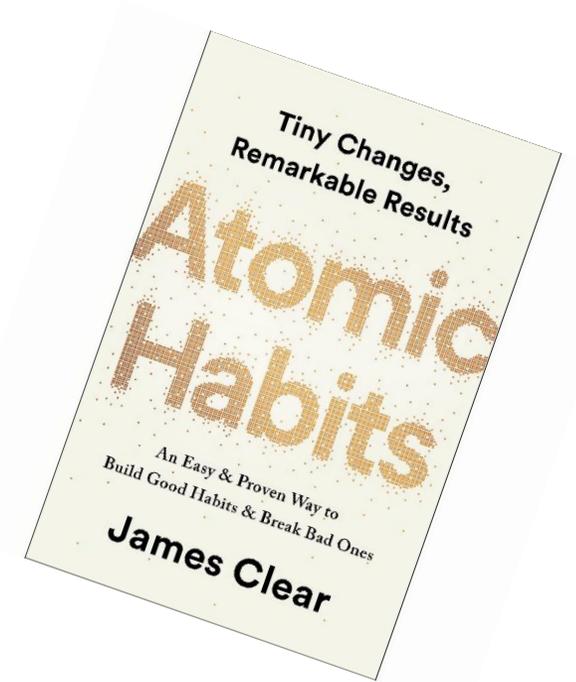
How to run divisional SDR

SDR Coaching Approach	What to do when the team...	You may ask...
<ul style="list-style-type: none"> Focus on the process not individuals Promote and encourage the Improvement Approach (DMAIC, A3 Thinking or PDSA) Encourage problem solving, establishing true root causes, bringing forth potential top contributors and solution approaches Support continuous improvement (i.e. using standard work to embed improvements, utilizing PFIS as a method of sustaining in improvement or encourage a collaborative approach to the problem) 	has not explored the root causes of the problem	<ul style="list-style-type: none"> What are the other potential reasons for this problem? Use the 5 Whys by asking 'Why is this the case?' until a problem in the process is identified Was there a time when this issue didn't arise?
	is stuck in analysis paralysis	<ul style="list-style-type: none"> Do we know what the most common reason is for this problem? Do we have a Pareto analysis of the contributors?
	is struggling with implementation of proposed countermeasure	<ul style="list-style-type: none"> What additional support may you need to implement your proposed solution? Has standard work been developed? Have staff been trained on the new standard? How will you know if they are using the new standard?
	implementation of a solution shows no positive results	<ul style="list-style-type: none"> Was standard work developed? Were staff trained on the new standard? How did you know if they were using the new standard? What changes would make this successful? What can we learn from this experiment? Where can we leverage this learning? What other forums could we use to embed this change? i.e. process observation, status sheets

Summary

- ▶ Strategy deployment is a helpful Lean management method for ensuring that an organisation's strategy gets executed across the hierarchy.
- ▶ An integral part of strategy deployment is the pursuit of continuous improvement via tools such as PDSA and Catchball.
- ▶ When strategy deployment is implemented effectively, it forces the leadership team to come up with a vision and a list of breakthrough goals, creates a cascade of complementary goals, which ensures alignment, and provides the necessary leverage for successful delivery.
- ▶ Strategy deployment creates the space to have important conversations

**“You do not rise to the level of your goals.
You fall to the level of your systems”**



“The harder I practice, the luckier I get”

Ask the Panel

Please ask your questions
in the Zoom chat



Dr Andy Heeps

*Deputy Chief
Executive*



Kim Barnas

*Chief Executive
Officer
Catalysis*



Russell Jewell

*Partner
Operational Excellence
team*



What's next?

MAY
25
2022

📍 Zoom

'Work as done vs work as imagined' – making quality management a daily reality (Webinar 3)

JULY
4
2022

📍 Zoom

“Leading for Quality” – how do we lead where we are and bring people with us? Webinar 4

Want to join Q?
www.q.health.org.uk

Thank you!

*One thing that
I'll be taking
away from
today's session*

*One thing that
you think we
could build on /
improve on going
forward*

Please put your feedback in the chat