

CHIEF EXECUTIVES FORUM PRESENTATION

Collective Leadership, culture
and collaboration...the key to
success in the new world

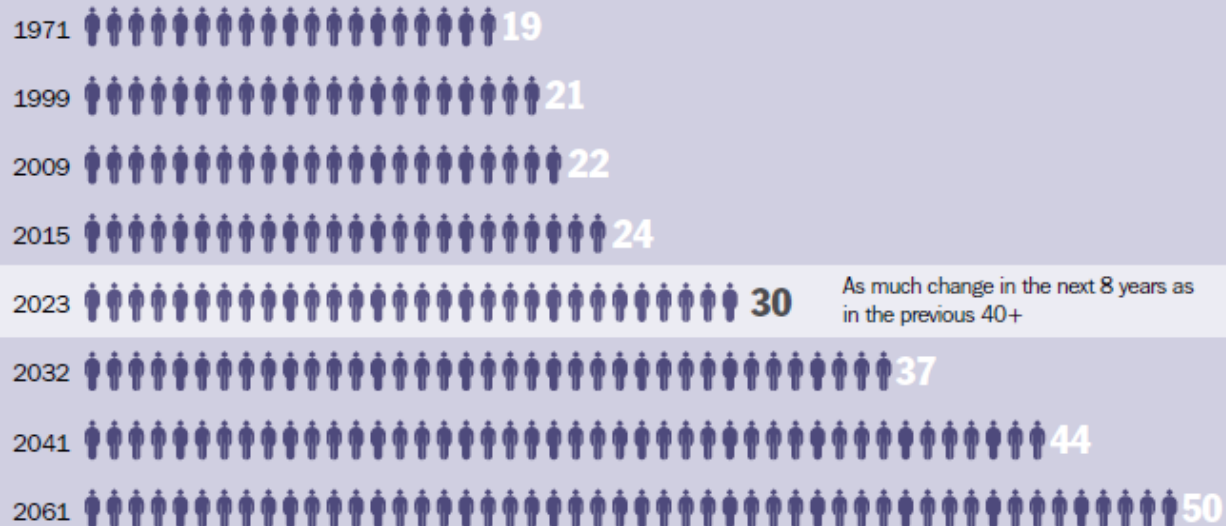
Hugh McCaughey
Chief Executive, SE HSC Trust
5th October 2017



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Ageing Population

An ageing population - number of older people (65+) per 100 aged 16-64

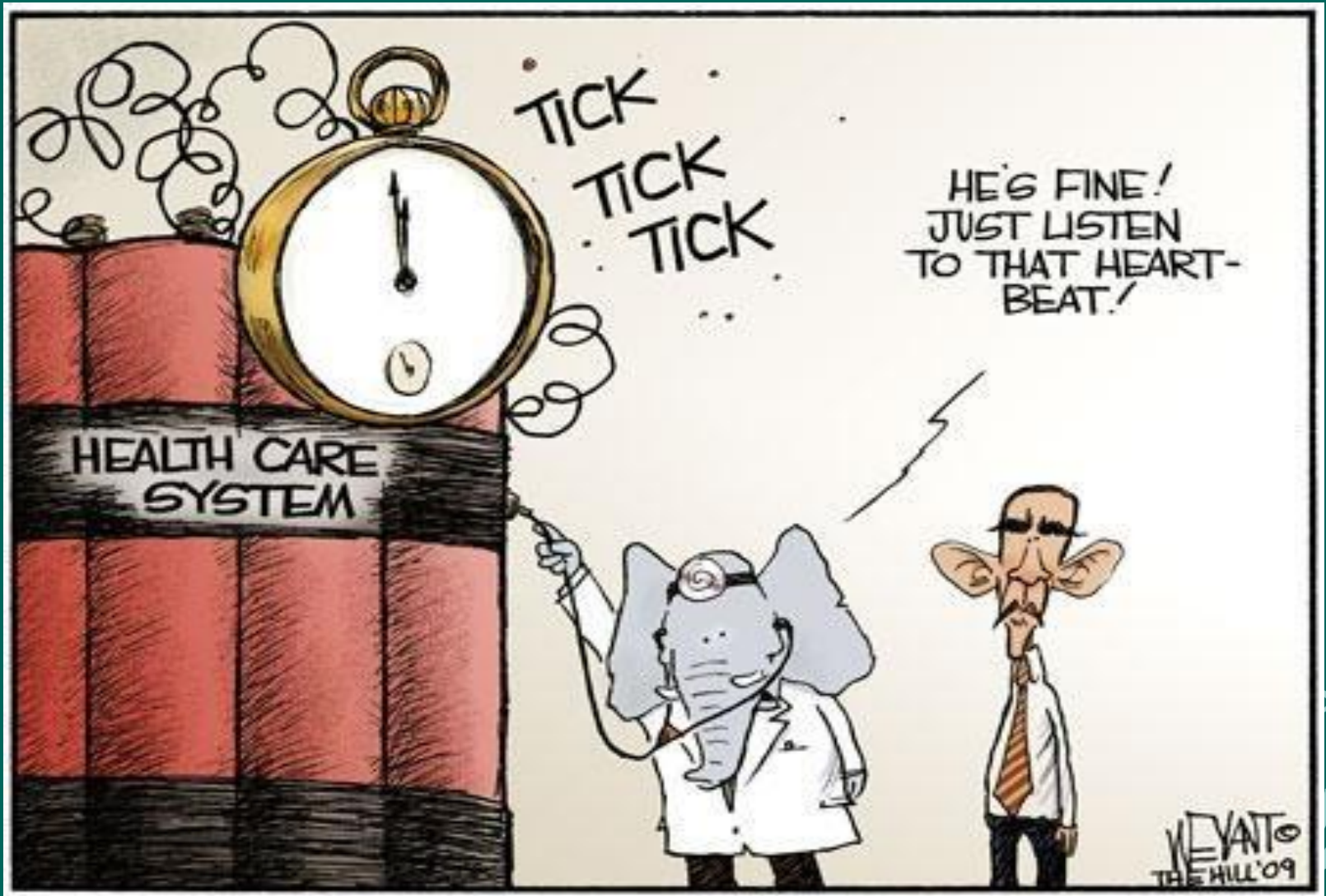


HEALTH AND WELLBEING 2026: DELIVERING TOGETHER | OCTOBER 2016



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OLD WORLD - NEW WORLD

- Rising Demand
- HSC struggling to cope
- Public services/funding stretched

BUT

- New Government and PfG
- Community Planning
- Outcomes focus
- Cross Agency working



“THE SECRET OF
CHANGE IS TO FOCUS
ALL OF YOUR ENERGY,
NOT ON FIGHTING THE
OLD, BUT ON BUILDING
THE NEW.”

— *SOCRATES*



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PfG and Outcomes focus

“PfG is about delivering what really matters to people”. OBA is the vehicle to deliver it.

*Arlene Foster; OBA
Belfast Oct 16*



Scottish National Performance Framework

NATIONAL PERFORMANCE FRAMEWORK

THE GOVERNMENT'S PURPOSE

To focus government and public services on creating a more successful country, with opportunities for all of Scotland to flourish, through increasing sustainable economic growth

HIGH LEVEL TARGETS RELATING TO THE PURPOSE

Growth Productivity Participation Population Solidarity Cohesion Sustainability

STRATEGIC OBJECTIVES

WEALTHIER & FAIRER	SMARTER	HEALTHIER	SAFER & STRONGER	GREENER
NATIONAL OUTCOMES				
We live in a Scotland that is the most attractive place for doing business in Europe				
We realise our full economic potential with more and better employment opportunities for our people				
We are better educated, more skilled and more successful, renowned for our research and innovation				
Our young people are successful learners, confident individuals, effective contributors and responsible citizens				
Our children have the best start in life and are ready to succeed				
We live longer, healthier lives				
We have tackled the significant inequalities in Scottish society				
We have improved the life chances for children, young people and families at risk				
We live our lives safe from crime, disorder and danger				
We live in well-designed, sustainable places where we are able to access the amenities and services we need				
We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others				
We value and enjoy our built and natural environment and protect it and enhance it for future generations				
We take pride in a strong, fair and inclusive national identity				
We reduce the local and global environmental impact of our consumption and production				
Our people are able to maintain their independence as they get older and are able to access appropriate support when they need it				
Our public services are high quality, continually improving, efficient and responsive to local people's needs				
NATIONAL OUTCOMES				

HOW ARE WE DOING?

Visit www.scotlandperforms.com to track latest progress

December 2011

National Performance Framework - Measurement Set

Increase Scotland's Economic Growth	Improve Productivity	Improve Economic Participation	Increase Population Growth
PURPOSE TARGETS			
Population - Increase Healthy Life Expectancy	Solidarity - Reduce Income Inequality	Cohesion - Reduce Inequalities In Economic Participation Across Scotland	Sustainability - Reduce Greenhouse Gas Emissions
NATIONAL INDICATORS		NATIONAL INDICATORS	
Increase the number of businesses	Reduce the percentage of adults who smoke		
Increase exports	Reduce alcohol related hospital admissions		
Improve digital infrastructure	Reduce the number of individuals with problem drug use		
Reduce traffic congestion	Improve people's perceptions about the crime rate in their area		
Improve Scotland's reputation	Reduce reconviction rates		
Increase research and development spending	Reduce crime victimisation rates		
Improve knowledge exchange from university research	Reduce deaths on Scotland's roads		
Improve the skill profile of the population	Improve people's perceptions of the quality of public services		
Increase the proportion of pre-school centres receiving positive inspection reports	Improve the responsiveness of public services		
Increase the proportion of schools receiving positive inspection reports	Reduce the proportion of individuals living in poverty		
Improve levels of educational attainment	Reduce children's deprivation		
Increase the proportion of young people in learning, training or work	Improve access to suitable housing options for those in housing need		
Increase the proportion of graduates in positive destinations	Increase the number of new homes		
Improve children's services	Widen use of the Internet		
Improve children's dental health	Improve people's perceptions of their neighbourhood		
Increase the proportion of babies with a healthy birth weight	Increase cultural engagement		
Increase the proportion of healthy weight children	Improve the state of Scotland's historic sites		
Increase physical activity	Increase people's use of Scotland's outdoors		
Improve self-assessed general health	Improve the condition of protected nature sites		
Improve mental wellbeing	Increase the abundance of terrestrial breeding birds: biodiversity		
Reduce premature mortality	Improve the state of Scotland's marine environment		
Improve end of life care	Reduce Scotland's carbon footprint		
Improve support for people with care needs	Increase the proportion of journeys to work made by public or active transport		
Reduce emergency admissions to hospital	Reduce waste generated		
Improve the quality of healthcare experience	Increase renewable electricity production		

Visit www.scotlandperforms.com to track latest progress

December 2011

New world based on Outcomes

Target Based

- LSD Focus...how quickly
- Do more...how fast
- For less...how efficient

Features

- Performance driven
- Short term
- Drive harder
- But...does it improve society

Outcome Based

- What's the aim/objective
- Difference to society
- Value added

Features

- Value driven...to add value
- Longer term
- To improve health and wellbeing
- Sustainable/Affordable



**Change will not come if we wait
for some other person, or if we
wait for some other time.
We are the ones we've been
waiting for. We are the change
that we seek.**

BARACK OBAMA

VIRGIN.COM



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4 Cs for Success

- Community of Leaders (or Collective Leadership)
- Culture
- Collaboration
- Community Involvement + Ownership



What is Collective Leadership?

Collective leadership means:

- the responsibility of all – taking **ownership**
- Shared leadership in **teams** and across teams
- Interdependent, **collaborative leadership** - working together to achieve **better outcomes**
- Leaders and teams **prioritising quality** of care across the system/organisation
- **Consistent** approach to leadership and **compassionate leadership**

Create the right culture

*“All healthcare systems in the world realise **the importance of culture**. The difference between the best and the rest is what they do about this. **The very best** do not hope that culture will change; **they put major effort into actively changing it**. Their approach is not light-touch or scatter-gun; **they see changing culture as a central management aim**”*

Sir Liam Donaldson



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Building a Safety Culture

- “Leaders can influence their organisations to help create a robust safety culture”
- High reliability organisations deal with risk and hazard on a daily basis, yet maintain impressive levels of safety through building a safety culture and continuous learning”



Thought paper May 2012

Michael Leonard & Allan Frankel

How can leaders influence a safety culture?

In this thought paper, Dr Michael Leonard and Dr Allan Frankel explore how effective leadership and organisational fairness are essential for patient safety within healthcare services. They discuss how leaders can influence their organisations to help create a robust safety culture.

the front line, to strengthen leadership within healthcare in order to improve patient safety.

Health Foundation thought papers are the author's own views. We would like to thank Dr Leonard and Dr Frankel for their work, which we hope will stimulate ideas, reflection and discussion.

At the Health Foundation, we know that effective leadership is vital for the delivery of safe patient services. For a number of years, we have been running quality improvement and leadership development programmes, and working with healthcare leaders on



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SQE+ Quality Improvement

The System and the Programme

You can read the book...
Or now see the movie

<http://www.health.org.uk/bottoms-up>

Building the foundations for improvement

How five UK trusts built quality improvement
capability at scale within their organisations

Bryan Jones and Tricia Woodhead



Learning report
February 2015

Does our Culture Promote:

- Leadership?
- Teams?
- Learning and Improvement?
- Fear or “can do” attitude?
- Responsibility and accountability?
- Positive Mood Music + Valued Staff?

Do you model those values+ Culture?

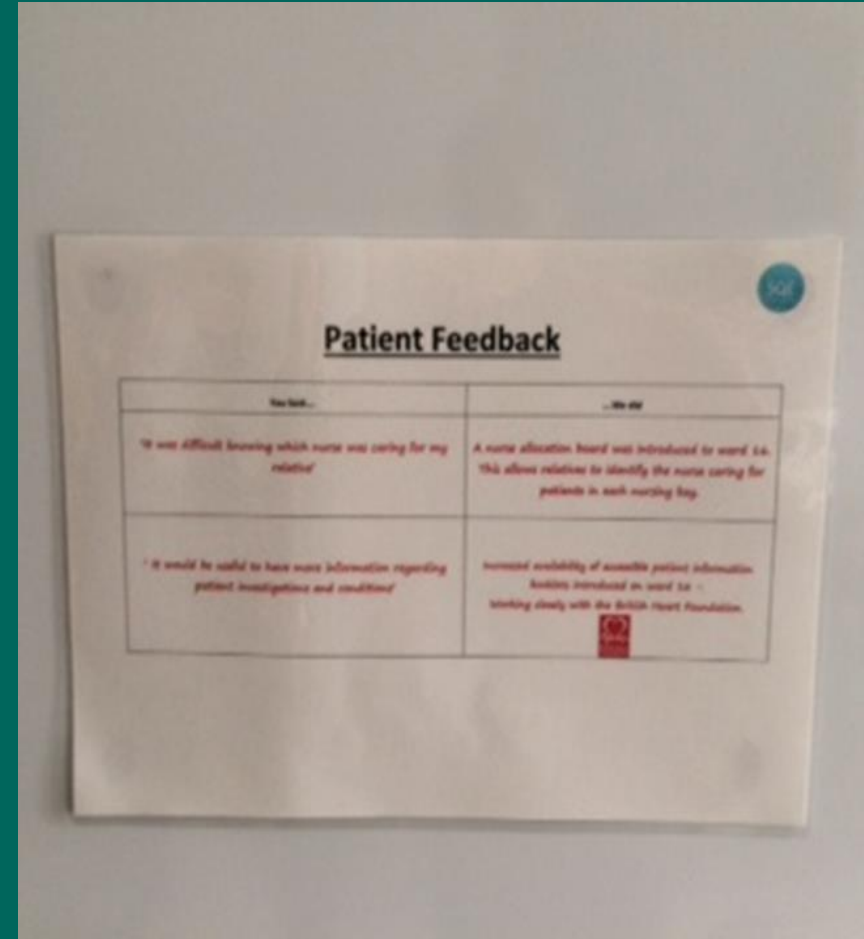


What else have we done to build our safety/QI culture

- Celebrate; celebrate ;celebrate
- SQE Leadership walkrounds/reports
- SQE Newsletter
- SQE Learning Boards
- Lessons Learned Committee
- Lessons Learned Newsletter
- QIIC + QI Academy

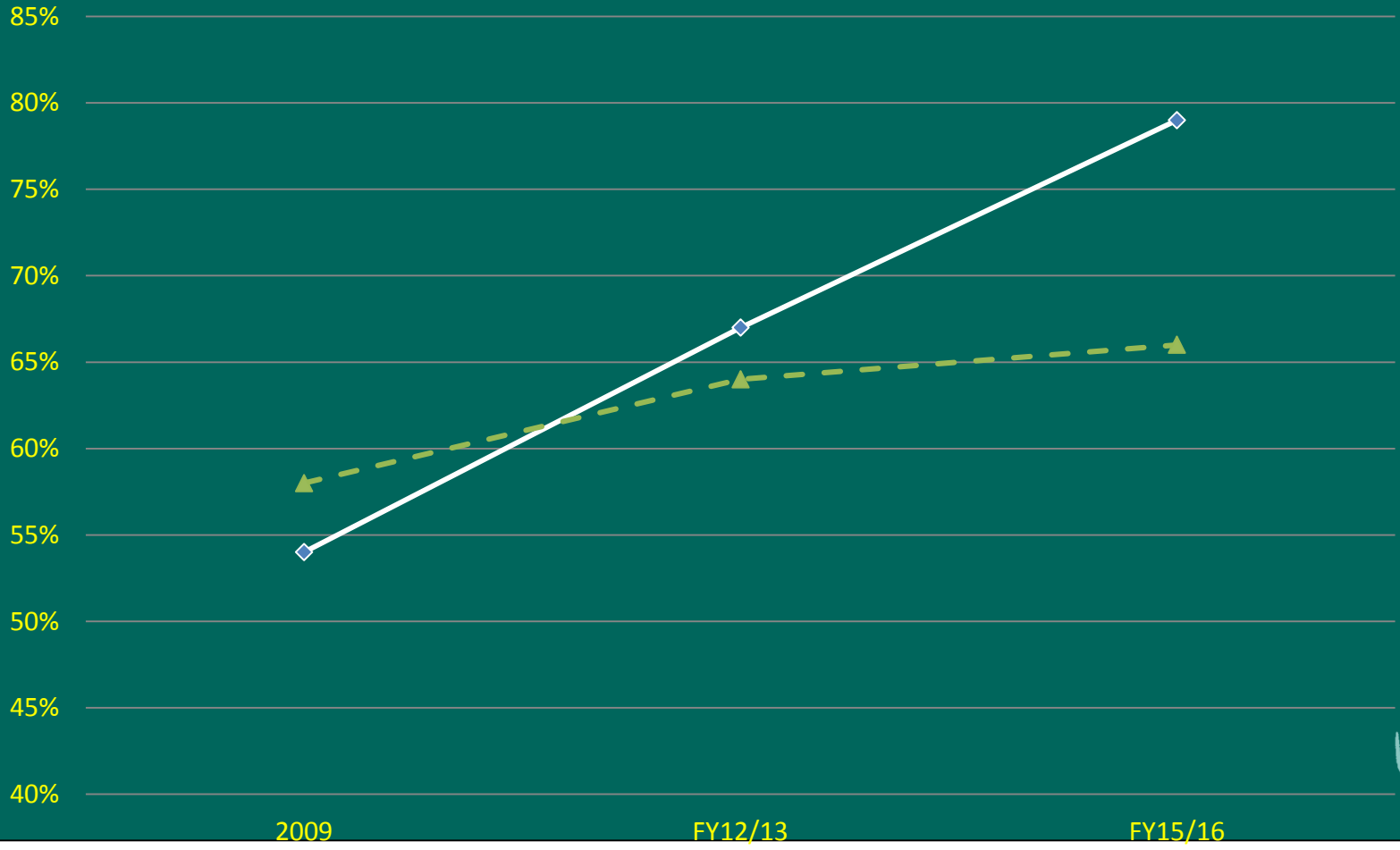


Is SQE a part of our culture?



IS IT CHANGING OUR CULTURE?

Quality of care is my organisations top priority



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◆ SET

—▲— NATIONAL AVERAGE

What do our staff think..

- Safety + Quality is top priority

2009 – 54%

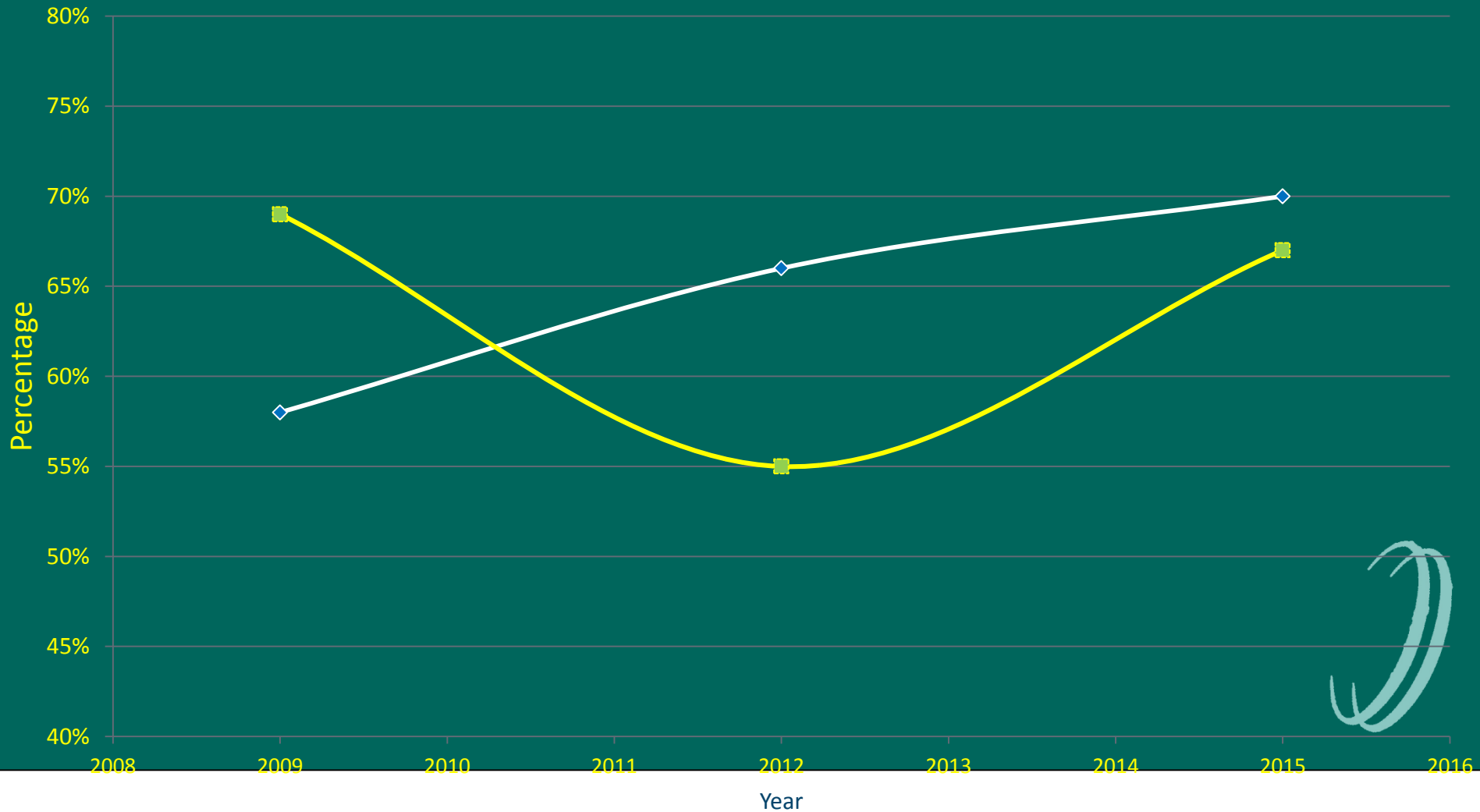
2012 – 67%

2015 – 79%

National average....66%



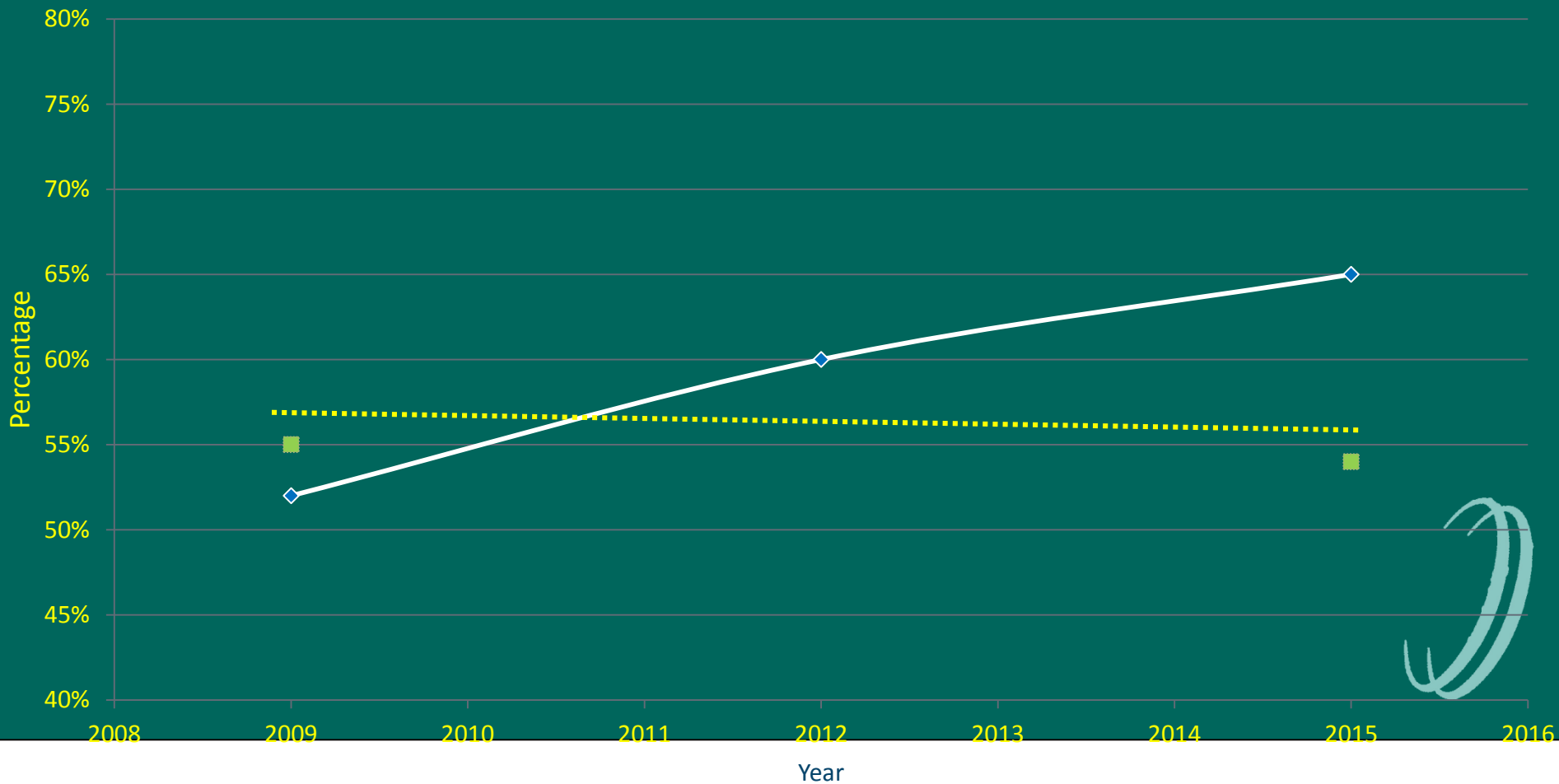
I am able to deliver the level of care I aspire to



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◆ SET ■ National

I would recommend my organisation as a place to work

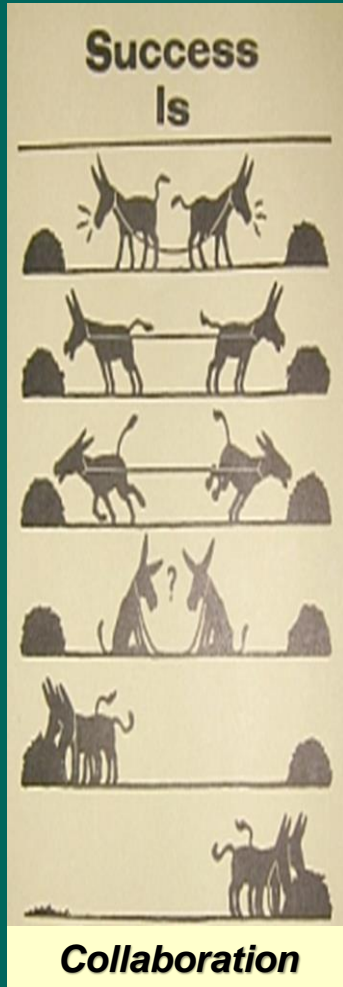


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◆ SET ■ National

Collaboration

BETTER WORKING



- Remove silos
- Focus on Outcomes
- Judge success differently
- Community involvement
- Population not project
- Can we incentivise?

“Help each other; to help our citizens; to have better lives”



Programme for Government
Outcomes

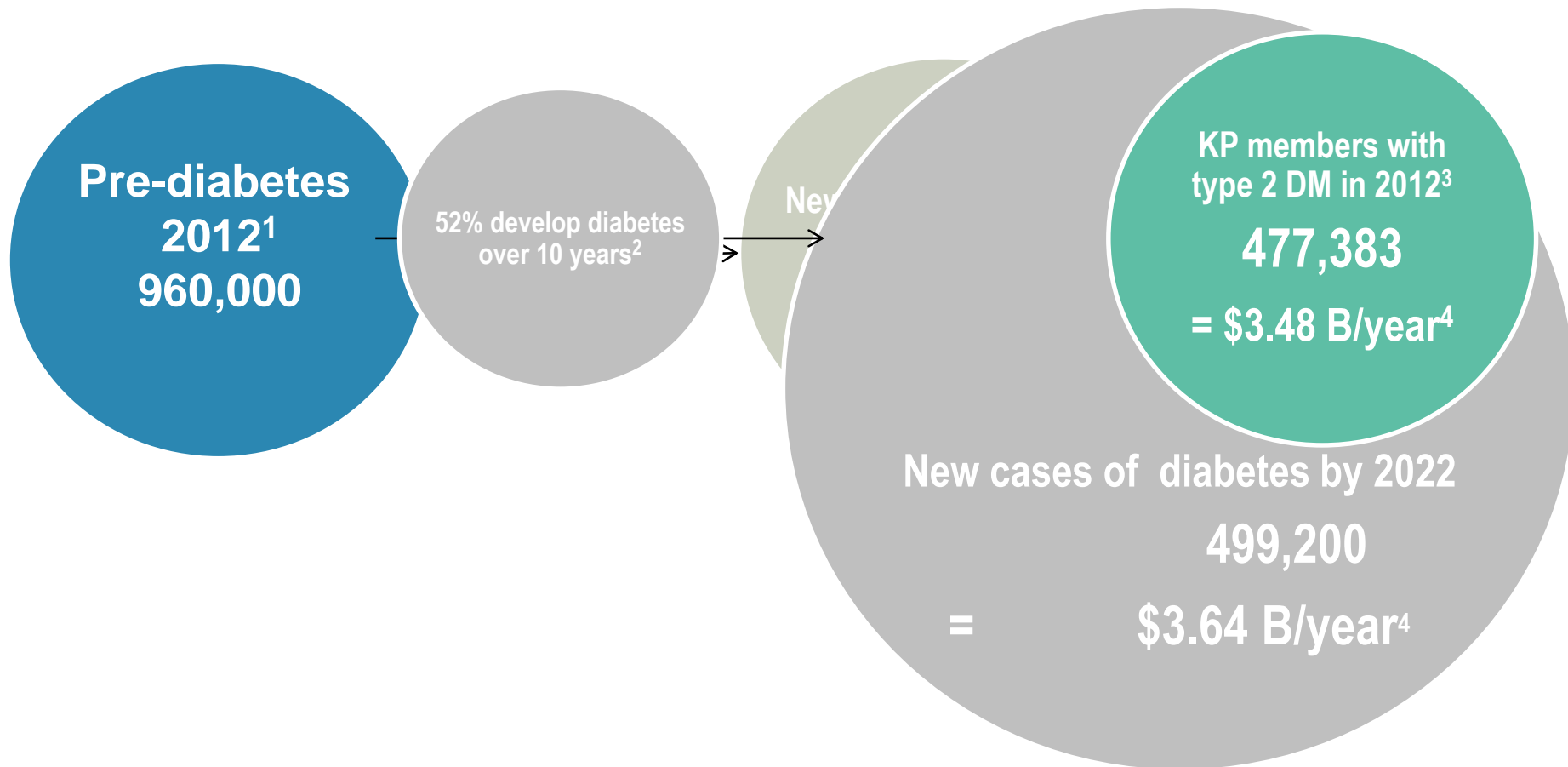
We give our children
the best start in life

We enjoy long,
healthy, active lives

We care for others
and we help those in
need

- Early Intervention Social Investment Fund (Incredible Years / Mentoring)
 - Early Intervention Communities (with Atlantic Philanthropies)
 - NFP and NPP intensive antenatal support
 - Roots of Empathy with QUB
 - Early Intervention Transformation Programme (EITP) in Maternity (Solihull)
 - Family Support Hubs
 - EITP Child Minder scheme
-
- Daily Mile school initiative
 - Emotional Wellbeing Hub
 - Lets Prevent Diabetes
 - Youth Health Advice Clinics in Colleges
 - SPEAR Cardiac Prevention Programme
 - Staff Wellbeing Initiative
 - Improving access to Green Spaces with Councils
 - Alcohol and You
-
- Caring Communities & Volunteer Befriending
 - WHO Age Friendly Status
 - Active Aging programme with Councils
 - LAC Employment and Education Initiatives with Further and Higher education

KP diabetes burden to surge over time



1 – Preliminary data; CMI Analysis October 2012. Pre-diabetes defined according to ADA definition using lab values.

2 – Diabetes Prevention Research Group; Diabetes Prevention Program

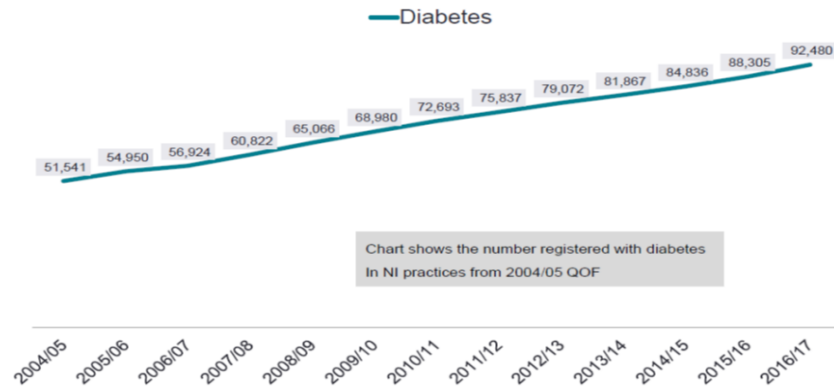
3 – Preliminary data; CMI Analysis, as of March 31 2012. CORE KP HEDIS Diabetes cohort, minus expected % of Type 1 diabetes per CDC national prevalence

4 – Based on average annual medical expenditure estimates, Vojta et al, Hlth Aff, Jan 2012. Effective Interventions for Stemming Diabetes and Pre-Diabetes

Type 2 Diabetes Growth

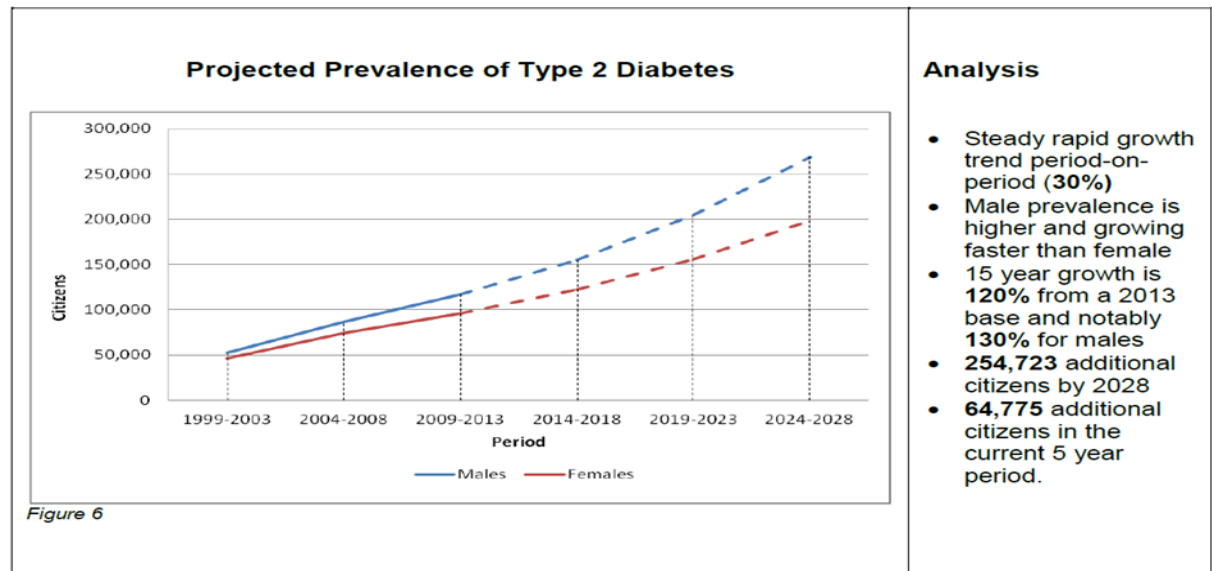
Northern Ireland –
Historical growth
from 04/17 (90% are Type 2)

General Practice Clinical Register (NI)



In 10 years there will be an extra 45,000+ Type 2 patients across NI at a cost of £220m - £300m per annum (£30-£50m per Trust)

Scotland: Anticipated rates to 2028



Analysis

- Steady rapid growth trend period-on-period (30%)
- Male prevalence is higher and growing faster than female
- 15 year growth is 120% from a 2013 base and notably 130% for males
- 254,723 additional citizens by 2028
- 64,775 additional citizens in the current 5 year period.

The Evidence – targeting those most at risk

Current practice in NI for Pre-diabetics

- Many **patients are diagnosed as pre-diabetic** each month through routine GP HBA1C tests
- Currently **no / little support** provided to these patients in primary care at point of diagnosis
- Some patients angry with GPs at not being told that they were pre-diabetic
- There is no proactive risk stratification to ask high risk patients to attend for an HBA1C
- In SE Trust, GPs have welcomed (and are using) new CCG referral process for these patients onto the lower dose NHS Desmond Lets Prevent programme
- In the Southern area, a pilot identified 2109 high risk patients who were then invited for an HBA1C test. From this number, 802 were diagnosed as pre-diabetic and 252 as Type 2

Diabetes Prevention Study in US

Seminal 10 year longitudinal study that demonstrated:

- **More than half of all pre-diabetics will develop Type 2 in 10 years**
- **Disease progression from pre-diabetes to Type 2 can be stopped (for at least 10 years) in 67% of pre-diabetics** by a tailored intensive lifestyle modification / coaching programme (c.25 sessions)
- The effect was delivered via a 7% decrease in weight and an increase to moderate physical activity levels
- **KP has developed a 26 session intensive lifestyle coaching programme** delivered over 6 months for all its pre-diabetics

UK Research translation

- NICE Guidance for high risk / pre-diabetic patients recommends at least a 16 hour intensive lifestyle modification programme delivered to all pre-diabetics
- Diagnosis plays an important role in building motivation
- NHS England has developed a number of Diabetes Prevention pilots based on the NICE guidance. These pilots make use of the annual GP health check in England.
- Evaluations of these pilots are not yet complete.

Programme for Government
Outcomes

We give our children
the best start in life

Improved parenting and
early support for families

Improved child attachment
& emotional wellbeing

All children reaching their
potential

- Early Intervention Social Investment Fund (Incredible Years / Mentoring)
- Early Intervention Communities (with Atlantic Philanthropies)
- NFP and NPP intensive antenatal support
- Roots of Empathy with QUB
- Early Intervention Transformation Programme (EITP) in Maternity (Solihull)
- Family Support Hubs
- EITP Child Minder scheme

We enjoy long,
healthy, active lives

Tackling obesity and
inactivity at an early age

Supporting behaviour change
with those at risk of developing
a Long Term Health Condition

Improved emotional
wellbeing at an early stage

- Daily Mile school initiative
- Emotional Wellbeing Hub
- Lets Prevent Diabetes
- Youth Health Advice Clinics in Colleges
- SPEAR Cardiac Prevention Programme
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We care for others
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Tackling social isolation with
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Improved outcomes for
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- Caring Communities & Volunteer Befriending
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THANK YOU



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