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“This is not simply a merger programme for existing NHS bodies. Something new is being developed.

These reforms.... (demonstrate our).....
aspiration for excellence in small country
governance”

Ann Lloyd



The existing model of change in the NHS

1. Design (and re-design) structures for organisations and services
2. Set standards for care quality and targets for productivity and performance
3. Control finance
4. Prescribe modern working practices
5. Inspect, review, regulate
6. Achieve compliance



What is our experience of being part of that
change system?



Some assumptions behind the model

- Change can be planned and controlled from the centre
- Change is linear and orderly and can achieve pre-determined outcomes
- People who lead change have answers, employees and patients have questions
- Non-executives are agents ensuring executive accountability



Gareth Morgan: 'Images of Organisation'

- The model works well when tasks are straightforward and repetitive and the environment is stable
- It can be inflexible, bureaucratic, internally competitive and may limit the development of human capacity



An alternative approach

Patient Safety: Whole system change

- Review the past
- Consider the present
- Plan the future

- Inquire and learn by asking what, not why
- Focus on patient and staff experience
- Look for recurring patterns: ‘sense making’



- Review data on clinical and management performance
- Seek opinions of staff, union and patients
- Share findings and opinions in team meetings, raising awareness of patterns



Facilitated away days

- Reflect on skills, culture, feelings and behaviour and their part in sustaining systems and influencing outcomes
- Make it safe for openness and challenge
- Build trust and connectedness
- Agree vision and define management, care and safety standards
- Plan actions and programme
- Agree monitoring and review



Results

- Delivering safer, better quality services at lower cost
- No serious complaints or incidents
- 100% compliance with safety procedures
- Sickness absence fallen



‘Beyond Boundaries’ recommends:

- ‘reforming systems rather than re-designing structures’
- for all public sector bodies in Wales



Some assumptions behind the model

- Leadership occurs at every level
- Relationships and conversations are key
- Leaders ask questions, employees and patients have answers
- Outcomes for service users are central
- Agreeing common purpose and principles shifts management from command and control to enabling
- Change is often paradoxical



Applying these principles to the centre:

- Establish common purpose, principles and direction for change
- Reduce detailed prescription and control, encourage local innovation and creativity
- Focus regulation on supporting learning rather than compliance (except in cases of serious service failure)



Applying these principles to new boards:

- Focus on service quality and patient experience
- Value staff
- Develop capacity for inquiry, learning, openness and challenge
- Emphasise shared exec/non-exec accountability to patients
- Model leadership based on questioning, listening and dialogue



‘Become the change we want to see’
Gandhi