

Putting patients first



Healthcare

Scandals within the NHS over the past couple of decades have thrown a spotlight on leadership issues. What came out of the shadows was not pretty. The Mid-Staffordshire NHS Foundation Trust story in particular showed a clear link between failings in leadership and unnecessary patient deaths.

Clearly something needed to be done – and fast. The NHS knew it couldn't deliver on a new and improved leadership programme without external help. And so, for the past three years, KPMG has been working with the NHS Leadership Academy and a consortium of partners to deliver programmes professionalising leadership in the NHS. The aim is to achieve system-wide coordinated care, bringing patients back into the heart of everything the NHS does, explains Sarita Kalra, KPMG public sector healthcare advisor. "The question we ask all participants is, Regardless of where you sit in the health system, how does what you do impact a patient? What is the effect? If, for example, you sit in a back office function and don't see patients first hand, how do you realise that the decisions you make have an impact on every person that walks through the front door?"

KPMG co-deliver two of the NHS Leadership Academy's core programmes. The first is a one year senior level programme, named after Nye Bevan. This programme designed to develop courageous board-level leaders, equipping them to instil and develop a culture of deeply patient-focused, forward thinking care in both their own organisation and the wider healthcare system. The second, much larger programme running over two years and named Elizabeth Garrett Anderson, is for middle-level management who are aspiring to take on a more senior role and to have a wider impact by leading a culture of compassion thereby improving the patient experience through lasting change.

We were also commissioned to design and deliver a third, the Executive Fast Track Programme, a 10-month course, sponsored by the Secretary of State for Health, for a small group of hand-picked future senior executive leaders.

Our two core programme intakes start with cohorts of just under 50 participants who then break out into smaller groups. Anderson concentrates on a combination of action-based learning and academic content, with participants submitting a dissertation at the end of the two years. In Bevan, the ethos is Self Managed Learning, and participants, using a list of negotiable and non-negotiable criteria, create their own learning sets, thereby forcing them to move outside of their comfort zones and work in diverse groups that they are not used to, says Kalra. "A graduate told me that although she hated being outside her comfort zone, she found this part of the programme particularly valuable, as otherwise she would have drifted towards similar people and learnt a lot less" says Kalra.

"We find that the graduates are still in regular contact with their cohort colleagues. As the programmes grow from year to year, the current participants across the programmes and alumni start to network, linking their learning across their working environments."

Patients, carers and NHS staff are involved with the design and delivery of both programmes. Their input is used on scenarios delivered through the virtual campus, which the KPMG-led consortium especially designed for the NHS Leadership Academy. Participants are given a choice of answers to each scenario. "They can then go back and look at some of the other decisions and see how things might work differently if they had made an alternative decision," Kalra says. "There is expert opinion as well with senior members of the NHS talking about what they feel would have been the ideal response in that situation.

There's no real wrong answer. You're given an option for a number of different responses but you have the opportunity to reflect on what the outcome may have been had you taken another path."

Patient representatives come in to speak during the first week of each programme. "The cohorts are broken up into small groups and patients, service users or carers share their experiences, both positive and negative, of what it's like to be on the receiving end of care within the NHS. Patients share what works well in healthcare from their perspective and what they would like to see more of replicated across the system. The stories can be very different but issues may be similar: a lack of communication, a lack of compassion and empathy," says Kalra.

Regular internal evaluations are held across both programmes and the results are used to inform the continuous improvement that is ongoing, anything from making minor tweaks in sessions to replacing a part of the programme which is not felt to be working. "After three years some of the case studies are out of date so we are changing some of the content to keep it topical and current. And, of course, we incorporate patient and staff feedback too," Kalra explains.

Participants are regularly assessed throughout the programmes. Participants have to produce evidence to support the changes they are making in their working environment. Towards the end of Bevan year, panels of patients and staff listen to presentations from participants about how their involvement with the programme is making a difference to patient care and staff wellbeing. The patients and staff discuss collectively whether they feel the learning outcomes of the programme being achieved and share their feedback.

This shows the focus is not only on the immediate impact of the programme but also longer term, says Kalra. Patient feedback shows that the changes are improving the system for the better. "Healthcare is for everyone," Kalra says. "I wouldn't say that the leadership programme is bringing care and compassion into the NHS, as that has always been there. This is going to be a lasting legacy for the future. The NHS is an amazing institution and helping these new leaders grow, giving them the capability and the confidence to make system-wide change is key to them going on to deliver a patient-centric NHS in the future."



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