Leadership at LUHFT
EXCELLENCE IN PRACTICE

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EXECUTIVE SUMMARY

The natural instinct in a time of severe financial constraint, a merger of hospitals and a pandemic crisis would be to rely on what has worked in the past and make everything as comfortable as possible. However, in such a context leadership matters more than ever, so Liverpool University Hospitals NHS Foundation Trust (the Trust) formed a partnership with Liverpool Business School (LBS) department of Leadership and Organisational Development to actively develop leaders for the new future, whilst making a measurable difference in the workplace. Amid unprecedented turmoil our aim was to deal with live issues which, if not addressed, would prevent us moving forwards effectively for our community.

The structure of the Trust had changed, and not all leaders had the necessary skills to be able to work in the volatile, uncertain, complex and ambiguous (VUCA) environment. Expectations on NHS leaders were higher than ever before, and moving at a quicker speed, with fewer staff, less money, increased targets and higher demand.

At the same time nationally the NHS People Plan highlighted the importance of visible senior clinical leadership in enabling and assuring the delivery of high-quality patient care. We recognised in the Trust that clinicians, due to their non-managerial background and strong technical expertise, were often reluctant or ill-prepared to take up leadership positions.

The joint integrated model developed with LBS is the result of the partnership formed in times of constraint and flourishing in times of crisis, with a mission to develop outcomes for the future.

- A significant intervention was needed with scale across the merged Trusts, designed collaboratively to ensure critical needs of the Trust and city region were met.
- Balancing tools and techniques to enable immediate action, and evidenced based research to challenge and stretch, encourage different thinking.
- Founded on connectedness and the development of social networks to underpin culture change
- Impact evaluation built in to deliver meaningful outcomes to strategic challenges
This is all enabled by a shared leadership approach to lead change, instil confidence act compassionately, and create the conditions for quality and innovation to thrive.

A flexible and technology-enabled approach were vital given the challenges of the key staff involved and subsequent lockdowns and social distancing. The focus was on facilitation, enquiry, interaction and effective evidence-based theories and models.

The success of the live projects which emerged is attributable to learning and confidence development on the programme, staff commitment, senior level support, strength and resilience.

These are just a flavour of the projects our leaders achieved. See Appendix 1 for more details.
THE CHALLENGE

FORMULATING THE CHALLENGE
The challenge was to address the key national and local issues head on, to break down barriers and encourage leaders to take opportunities to innovate, make connections and share expertise. The Trust continues to face significant increases in demands for its services which pose tough challenges for both financial and operational performance.

Bringing about changes in collective willingness to tackle issues, bringing mindsets together and unlocking creativity and innovation were at the core of our challenge.

THE COMPASSION CHALLENGE
Our staff give inspiring support for the health, happiness and well-being of all; yet their workplaces often harm their own health and wellbeing, affecting care quality, motivation and patient satisfaction. Compassion for each other therefore provides the backdrop for learning.

The Trust had researched an evidence-based framework for transforming leadership and culture in health and social care teams undertaken by the King’s Fund and Professor Michael West. It demonstrated effective leadership using a compassionate and collective leadership approach, and team-based working were vital for high quality care and for staff well-being.

Michael West was able to demonstrate that where teams worked effectively, fewer patients die.

The Trust’s competency framework helped us build a leadership programme to give leaders the knowledge, skills and behaviours to be able to transform the culture. Multi-level consultation within the Trust, allowed us to develop the twin focus of the Illuminate Senior Leaders Programme.
NATIONAL IMPERATIVES TO:
- Work effectively in a volatile, uncertain, complex and ambiguous (VUCA) environment
- Deliver Quality Improvement
- Work in cohesive effective teams
- Leadership training particularly senior clinical management roles
- Overcome recruitment shortages
- Work with patients with complex conditions
- Deliver services to an ageing population
- Deal with bed shortages and blocks in the wider system

LOCAL REQUIREMENTS TO:
- Develop a culture of compassion for each other as leaders and role model compassion in the team
- Re-define clinical / leader roles
- Reconfigure our merged organisation – collaboration, reduced duplication of services and effective use of technology
- Create opportunities for transformational change and technological innovation to support better services

SENIOR STAKEHOLDER SUPPORT

The brief in 2018 was owned by the Executive team and in particular the Director of HR within the Royal Liverpool Hospital. The challenge was formulated based on listening to those who were directly on the front line and delivering services.

It was at this point that the LBS and our HR Head of Organisation Development started to explore how the national imperatives and local requirements could be addressed through exploration of experiences in real life environments. We carried out exploratory multi-level panel interviews with senior executives to draw out the critical questions. The best leadership tool is asking good questions - and LBS wanted to get us to think about not just asking questions, but understanding that the questions we decide to look at determine the direction in which we go.
THE WIDER STRATEGIC CONTEXT

The Royal was already disrupted by the delays to the new hospital from the collapse of the construction and facilities management services company Carillion; to date the new hospital has not opened. This has left the clinicians, managers and staff at the hospital in a prolonged limbo. The disruption of services due to the vagaries of the old buildings adds to the difficulties.

While the Care Quality Commission (CQC) report praised the commitment and compassion of frontline staff, it found “out-of-touch” leaders were failing to address broken systems and risks to patients. One of the concerns highlighted was a “lack of pace, urgency and grip” of the “significant changes to service provision” needed to move over to the new hospital.

In 2018 plans were well advanced for three major hospitals in Liverpool to merge – Royal Liverpool, Broadgreen Hospital and Aintree University Hospital. The purpose was to streamline front-line healthcare in Liverpool and make sure the quality of patient care was consistent across the city’s acute hospitals.

The Leadership Development Programme (LDP) was part of a wider OD initiative to deliver the Organisational Development Integrated Plan, which reflects the immediate areas of priority, focusing on building a ‘High Reliability Organisation’ alongside the NHS People Plan and People Promise.

It was informed by work done by the Trust to explore our culture in a culture audit, employee surveys, research into the behaviours required to manage in a Volatile, Uncertain Complex and Ambiguous (VUCA) environment, initiatives towards even better Patient Care and Quality Improvements. The programme was also part of the merger process to achieve ‘connectedness’ and vital to successful integration.

NHS People Plan: More people, working differently, in a compassionate and inclusive culture

Moving forwards the Leadership Development Programme has contributed to and is now working alongside Our Future Together initiative and a programme to embed the behaviours across the merged organisation through Leadership Support Circles (LSC). These provide a safe space to reflect and share experiences and think about how we lead with compassion in challenging times.
DESIRED IMPACT

From the outset this was about delivering real and sustainable changes to support our staff, patients and community. We recognised there was a lack of focussed strategic leadership development over recent years – and this was impacting on our colleagues’ abilities to manage effectively.

- We wanted staff to feel more confident, have more control and improved health and wellbeing.
- We wanted to improve the culture of the Trust, as we have a very ‘tell’ style with autocratic leaders making decisions and giving advice. This has impacted on front line staff not feeling empowered to make the decisions they probably are best placed to make – so they have become dependent and seek approval from their line managers, which impacts on the timeliness and quality of decision making, and ultimately on patient care.
- The Trust is functioning in an environment with significant financial and service challenges. We therefore need leaders of the highest calibre, equipped with the knowledge, skills and abilities to be able to carry out their stressful job roles effectively.
- We needed an improvement in safety and quality.

The strategic leadership development programme was therefore designed around 4 key areas of impact:

- Compassionate leadership and compassionate teams for wellbeing and confidence (Human impact)
- Connected leaders across the merged hospital Trusts (Social impact)
- Shared expertise between clinical and functional roles leading to more appropriate decision making and empowerment (Performance impact)
- Opportunities for technological change, improvement of services, quality, treatments, new ways of working and reconfigured services. (Performance and Financial impact)

IMPACT EVALUATION

Researchers at LBS developed an impact evaluation protocol to structure the process from gathering baseline data to delivery of impact and used it test how effective learning interventions could demonstrate tangible improvements and the significance of results. Participants needed to tackle the “wicked” issues; those which are both high importance and difficult to achieve. The protocol was designed to see if it was possible to achieve not only significant results, but also an impact ripple effect across the organisation.

At the same time, we conducted formative evaluations to gather evidence for continuous improvement, review and renewal of the learning approaches used.
THE COMMITMENT

ANALYSIS OF CHANGES REQUIRED TO ACHIEVE IMPACT

In recent years the likes of the Berwick Report (2013), the Francis Report (2005) and the Keogh Report (2013) concurred culture, engagement and leadership impacted on failings in patient safety. These reports, national People Plans, CQC reports, and the imminent merger meant addressing the issues of compassionate and collective leadership were at the top of our agenda. Michael West’s behaviours formed the framework and offered leaders the chance to see clearly what was expected. Our commitment was to see observable change in this area.

The perceptions of a gulf between clinical and functional leadership roles needed to be bridged. Bringing together HR, finance and operational managers with clinical leaders, who manage large budgets and many staff, was vital to joint understanding and co-operation.

Our ability to deliver new services and use technology as part of QI initiatives and cost reductions was part of our requirement for culture and performance change.

WHAT WERE THE AGREED DELIVERABLES?

1. A 70-hour programme for up to 100 operational and 100 senior leaders. This started with a pilot for 25 leaders from across the organisation to deliver innovative learning and actionable projects in the workplace to address key QI and service/technology improvements to benefit our patients and community.

2. Observable evidence of collective and compassionate leadership behaviours to overcome fragmentation across sites and between disciplines. Evidence is cross matched against the competency framework, through a portfolio to ensure leaders are equipped as effective and confident leaders.

3. Mechanism to deliver change through involvement of leaders’ teams

4. LBS was responsible for bringing the body of research insight, health sector experience, research-informed models, frameworks and approaches and impact evaluation.

5. The programme would include a process of continuous consolidating feedback from each session to inform incremental changes to processes and exercises aligned to participant needs and programme outcomes.

We agreed on the centrality of a commitment to learning in the workplace which bridged the transfer to action and use of an innovative ladder of learning to other qualifications including the MBA, MSc and Senior Leaders Master’s Degree Apprenticeship.
The iterative process of enquiry began with multilevel panel interviews, testing out ideas in focus groups and joint design, delivered the first pilot programme for 25 leaders. We are now reviewing and renewing the programme for new senior and operational leaders starting the third phase.
SCALE AND SUPPORT FOR THE PROGRAMME
For the OD and L&D departments in the hospitals this was a high profile, strategic programme with top level support. It is planned to involve over 300 leaders by 2022 across the hospitals and across a range of disciplines.

SUSTAINED AND BALANCED PARTNERSHIP
We looked for a partner to support us in design and delivery, providing:

- A flexible approach
- Value for money
- Programme tailored to meet the needs of our staff
- Sensitivity to the context of change and the challenges faced
- Connection to our community and the Liverpool City Region.

We were talking to a number of other suppliers, but the research direction, impact focused protocol, commitment, support and flexibility and engagement they showed was such that we decided to commit to a project with LBS. It started small, with a view, if successful, to growing and developing.

Collaborative working between LBS and LUHFT, ensured we continued to understand each other and the values and skills we bring. We involved managers and the top team to challenge us actively to implement effective learning and adapt behaviours. We injected current theoretical models and impact research into the process.

We agreed the deliverables and the LBS process started exploration and analysis with stakeholder and Executive team interviews.

From left to right: HR and LBS team
- Chris Mawdsley – Director of Communications and Marketing, LUHFT
- Anthony Sturgess – Director School of Leadership and Organisation Development: LBS
- Johan Coetsee – Executive Education Lead: LBS
- Karen Mattson – Head of OD and Learning: LUHFT
- Steve Warburton – Chief Executive: LUHFT
- Timothy Nichol – Faculty Pro Vice Chancellor: LBS
THE L&D INITIATIVE

PROGRAMME DESIGN
The LDP was designed in modules to be delivered in 10 sessions over a 10-month period covering the behavioural competency areas and links to leadership roles across the Trust.

WHO AND HOW? CONNECTING ALL PARTS OF THE ORGANISATION
The programme was aimed at people capable of delivering change within their role. This was important to achieve an impact ripple effect. We sought out people wanting the opportunity to develop further, including to formal management qualifications. We also wanted to recruit leaders who have maximum exposure around the Trust and could be Ambassadors for the process. Leaders have since self-selected based on the recommendations and achievements of previous participants.

Typically, programmes are organised by function and seniority. We wanted to break down the barriers and provide the opportunity for multi-professional corporate and clinical teams to come together from across the merged Trust.

This was supported by a focus, from LBS, on Social Network research and connectedness which highlighted the importance of everyone understanding the value they provide to other clinical or functional leaders.

NAVIGATING THE COMPLEXITY
Bringing the workplace to their learning equipped participants with the right tools to navigate complexity and the uncertain future of work. Unlocking the skills, behaviours and mindsets, enabled them to formulate solutions for improving individual, group and organisational effectiveness.

It was designed to deliver sustainable, applied learning and a seamless integration of organisation knowledge with theoretical lenses.
MATCH LEARNING TO TRUST-WIDE STRATEGIC PRIORITIES

Research, insight and the sectoral experience of our partners LBS helped us define and deliver the learning outcomes to weave Trust behaviours, strategic priorities, policies and supportive practices into the structure.

Application to the workplace was achieved with different perspectives or ‘lenses’ overlayed on theories. Each lens was designed to encourage questioning of the theoretical framework, ethics, sensitivity and approaches to allow participants to see how the theory impacts on them and how they can apply it in practice.
PROGRAMME STRUCTURE AND LEARNING METHODS

The programme was structured around questioning insight, dialogue, experimentation and critical reflection. Leaders were asked to engage in the design process to ensure we created a programme they could see would meet their needs. We provided a flexible delivery approach incorporating pre learning, interactive face-to-face learning sessions, action learning and peer coaching.

To get things started we used a controlled, drama-based event in a safe environment to help with awareness raising, skills building and influencing. From this high impact innovative start the programme was participatory, interactive and applied, supported by a blended learning approach and opportunities for thoughtful reflection.

Research demonstrates reflection is not a simple process of transfer to a work context. We asked participants to show how they translated learning into something meaningful by teasing out events, processes, past experiences and sensations to understand and adapt future behaviour.

WICKED ISSUES

Opportunities to apply learning through ‘wicked issue’ change projects were part of our transformation lens. We used critical theory, group discussion, action learning and presentations to the senior team to enhance learning and co-operative working and deliver substantive change.

When action learning is employed for leadership development purposes, the individual-focused nature of leader development is challenged in favour of collective and collaborative approaches to leadership. Action learning as an ethos and method underpins the LBS integrated model and highlights that learning occurs both together and apart. The transfer of action and learning within and across communities of practice supports change at any level, generates confidence and integrate departments through social networks to achieve joined up services.

CULTURE AND SUSTAINABLE CHANGE

Establishing a team process to understand the climate required to deliver change is fundamental to scaling up and creating an impact ripple. The Team Toolbox was one element designed to pave the way for effective teams. The Toolbox delivers activities to help leaders and their teams develop vision and priority objectives, commitment, team reflexivity and effective communications. The step-by-step process supports creative and innovative behaviours, overcoming conflict and coaching.

The concept of compassionate leadership and the impact on health and wellbeing for staff was explored. A dynamic model of health was incorporated into the programme, which gave participants an understanding of the psychological, physical, social and organisational resources which impact on colleagues’ abilities to cope with the demands placed on them in the workplace. Leaders were provided with frameworks for having compassionate conversations with their teams and were also given a range of resources to support their personal resilience and the wellbeing of their colleagues and teams. They were also signposted to a range of resources to support their colleagues, including occupational health and wellbeing services, staff physiotherapy, etc.
FLEX AND DELIVERY

Flex was vital even before we were faced with Covid 19. Participants felt, such was the value of the programme, they wanted to continue if it could flex around their schedules.

LBS were able to deliver online at very short notice and people moved between cohorts. LBS technology platforms brought hybrid face to face and Teams based synchronous online learning technology and an asynchronous Canvas platform with integrated full academic library of resources. The set-up needed to combine available technologies to connect people in the most flexible way.

EVALUATION FROM THE START

The progress made by leaders and the effectiveness of our partnership were at the core of our agreement. From formal research to immediate feedback from participants, evaluation permeated the design:

- Feedback LOOPS: to inform the design of the programme, then widen and renew delivery
- Recording baseline issues: what are the issues that matter to you?
- Approaches followed: With whom and how can you get you where you need to be?
- Impact oriented proposals and business cases: presented back to the business and teams
- Reflective portfolios: to track learning and insights – signed off by Line Manager
- Impact data, performative data and social network analysis built into the structure.
THE IMPACT

IMPACT ON PEOPLE AND THE ORGANISATION

Working together and using the LBS integrated model of leadership development resulted in change in the professional practice of participants, change in effectiveness of teams, and, at organisational level, improvements in operational efficiencies.

Significant impact has resulted from the application of the LBS model of critical reflection, questioning insight and collaborative ways of working. The impact has been measured using impact projects, social network analysis and feedback. Going forwards it demonstrates the increased confidence of participants to make change. More detail about project outcomes is provided in Appendix 1.

“By collating evidence, feedback and reflecting on my experiences, I do feel my role within Therapies and the DSS division is appreciated. I am passionate about leadership and developing leaders of the future: when reflecting on all the aspects of my role, apart from achieving excellent patient care, supporting staff to develop and grow gives me the most job satisfaction.”

“Compiling the portfolio and collecting the evidence and feedback on the 10 areas, allowed me to recognise I am a good leader, whilst identifying the numerous ways I can continue to develop and grow.”

Individual leaders improving their personal leadership  
Improved performance of teams  
Improvements in service delivery increase the impact with benefits for patients and communities
MEASURING THE IMPACT

The result of the first and second phases was demonstrated through feedback, portfolios showing evidence against behaviours and presentations delivered by participants at the end of the Programme. We illustrate below the positive impact on the experience of service users, and patient care. Beneficiaries and resulting impact include participants (75), allied employees and team members and approx. 7,000 patients of the Trust.

Business Performance Impact: organisational level

The importance of building social capital and the creation of networks is emphasised during the programme and the application of these principles has led to results on the organisational level. Participants considered different types of leadership relationships that occur in the organisation and highlighted the key role networks play in leadership effectiveness. Participants emphasised the importance of working across boundaries i.e., moving away from a silo-mentality and provided examples of where this led to positive organisational results. Some participants initiated structural changes to improve organisational effectiveness. The programme enabled participants to understand the bigger picture, being more strategic, interpreting the context and making their units more compliant.

**Shared expertise between clinical and functional roles**

“As I develop into the manager I want to be, in turn my senior team will also develop into who they want to be. They will in turn inspire and motivate those around them and the cycle will continue.”

**Financial Impact**

Respondents delivered projects focused on NHS Quality Improvement – Patient Care initiatives - indicating learners used what they learned straight away.

Impact and benefits which translate into financial savings and deliver quality improvements are key areas of impact in the hospital environment. These allow us to deliver better services at the right time for our patients and community. Savings are potentially significant in terms of staff versus agency working, appropriate levels of the qualified staff, recruitment and retention, medical equipment and drugs costs. Other areas which particularly affect financial performance are accurate diagnosis and prioritisation of patients and accurate targeting of treatments. We can demonstrate all of these in the case examples in Appendix 1.

**Opportunities for technological change, improvement of services, treatments, new ways of working and reconfigured services.**

“The course and the opportunities to implement my learning have shown me I can change and even be a leader of change.”
Social Impact
Respondents gained an understanding and awareness of the importance of demonstrating relational behaviours i.e., being more sensitive to others, developing better relationships, and sharing leadership responsibility with followers. There is a heightened awareness of seeing oneself less as a single leader with all the answers and more as one who involves followers in decision-making processes. This is supported by sharing relevant information and a willingness to invest in developing followers. This is moving away from predominantly focusing on tasks/outputs to finding a balance between task and relational behaviour.

Human Impact
Respondents reported various types and degrees of individual-level changes and reflections, but most respondents highlighted:
A willingness to take responsibility and ownership, an increase in self-confidence, better understanding of “self” the value of the programme in providing frameworks, tools, and a common language. There is also a heightened awareness of the importance of reflecting on events and being more thoughtful of one’s actions. Confirms already good leadership practices in use.

Connected leaders across the merged hospital Trusts.
“Pre-merger we had met as managers and had already agreed to collaborate … but this had mostly resulted in two silos coming together.”

“This was the first real opportunity to dig a little deeper into the wider Trust management structure and identify and work with key players.”

Compassionate leadership and compassionate teams
“Following this course and the completion of my development project, I am now a different manager to the one I was before.”
HOW DID THE PROGRAMME HELP ME BECOME A BETTER LEADER? THE RIPPLE EFFECT

This is how a cross section of participants and stakeholders expressed the impact. These comments are key indicators of what we describe as the impact ripple effect. These leaders, at the end of the programme, are in a position to achieve beyond the projects illustrated in Appendix 1. These leaders have the tools, techniques and confidence to achieve the desired impacts set out in the challenge, cognizant of the way they lead, concerned for wellbeing and in a position to lead change.

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<th>Confidence Impact Statements</th>
<th>Leadership Behaviour Impact Statements</th>
<th>Strategic Alignment Impact Statements</th>
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<td>I recognise the “huge benefit to be derived from diversity within teams to enable different approaches and perspectives to be considered.”</td>
<td>“I last measured my resilience using the i-resilience assessment in 2012. When I repeated it on the programme, it showed a significant increase in my resilience. Increased confidence: parts of the programme weren’t brand new to me, but by having them as part of the programme gave me reassurance I was doing things correctly and gave me more confidence, as did the peer support and feedback we gave each other in our cohort groups.”</td>
<td>“The important thing I have learned and valued throughout this leadership programme is the importance of time, Time to think; Time to listen; Time to plan; Time to engage” We “Need time... sometimes to get off the treadmill as this helps us to properly review data, comments and options for service delivery to look after ourselves...then our staff... ultimately our patients.”</td>
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<td>“I have grown in confidence and I feel my natural kind/caring approach to leadership, can be seen as a weakness, however my authentic style gains the results I am looking to achieve. I am interested in looking at strategic planning in implementing the next phase in the unit, but acknowledging I may need some support with this.”</td>
<td>“I now realise this programme has had a significant impact on shaping me as the leader I am today. I have a strict policy of inclusivity, everyone has a voice, all opinions count and are welcome and everyone will be listened to.”</td>
<td>“Before attending the course I wasn’t aware of strategy at all and reflecting back on the decision to decommission the A&amp;H service I know this was related to strategy and national drivers. Potential external change triggers may have been a factor including finance. This awareness made me deal with the situation more pragmatically.”</td>
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<td>“Being introverted and detail orientated I can find it challenging to work with “big picture” initiatives, but now feel more confident.”</td>
<td>“I have learnt a lot about myself and how I react to situations and people. This has enabled me to reflect on my behaviours and try to change the negative ones and utilise and improve the positive ones.”</td>
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<td>“Behaviours - realising the impact you have on others as a leader in behaviour and behavioural change. What changes can be applied to provoke the change for the better looking from yourself and making sure it’s adopted in the managed setting. Choosing and adapting leadership styles on the back of the knowledge.”</td>
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SUSTAINED LEARNING & DEVELOPMENT INTO PRACTICE

25 Trust senior leaders have gone on to study for a Masters Senior Leader Master’s Degree Apprenticeship assignments completing projects of increased scale and complexity.

- Click and treat - digital innovation in perioperative care
- Getting it right: Business processes in operating theatres
- The wind of change: a service reconfiguration across three NHS hospitals
- Crisis leadership

- Potential benefits and barriers in implementing change using non-medical staff to deliver additional capacity in ophthalmology glaucoma service
- Stroke care across the region
- Adaptations to Covid-19 in the surgical service at the Royal Liverpool Hospital
- Managing Change in a Facilities Management Environment - Based on the merging of 2 Trusts

- Robotic surgery - has seen the benefits for urology and wants the same for general surgery
- Iterative and emergent change in Health for transformation - reconfiguration of services
- ‘4-hour rule’ and patient experience and outcomes
- Mental health hub in A&E

Approximate word count 4,090
APPENDIX 1

PERFORMANCE, FINANCIAL, HUMAN AND SOCIAL IMPACT CASE EXAMPLES

These are just some of the results of the programme. More effective and confident leaders have turned around departments, reduced waiting lists, saved money and introduced new services.

Respondent 1: Ophthalmology - Performance / Financial Impact
- August 2018 - Baseline: RTT (referred for elective treatment) compliance was at 69% with over 1000 patients waiting over 18 weeks for commencement of treatment.
- Changes made: Change of scheduling process
- Approach followed: “The reflection and the way I listen to the team has helped me manage the process to manage the people to achieve this compliance.”
- December 2019 – Results: RTT compliance was at 92% and Patients were seen within 8-10 weeks of referral
- Significance of results: Reduction in reputational risk, reduce waiting time target penalties, reduce patients suffering long term health problems due to delays to their treatment, increased patient satisfaction

Respondent 2: Urgent and Emergency Care - Social / Performance Impact
- August 2018 - Baseline: Patients should only wait 60 minutes for blood results, but inevitably because of the volume sometimes it takes 120 minutes.
- Changes made: Change of process – blood is now processed and analysed in Urgent and Emergency care
- Approach followed: working across boundaries and the use of newly developed social networks. The course helped her, saying, “Now I think it’s not just about me – in doing all of this, being more inclusive, thinking more widely and understanding the chain of events.”
- December 2019 – Results: Reduction in result turnaround time from 120 minutes to 90 minutes
- Significance of results: reduce waiting time to start patient treatment, improving patient experience and health

Respondent 3: Urology - Social / Performance Impact
- August 2018 – Baseline: Urology services unable to remove unwarranted variation so patients receive assessment, treatment and care in the most appropriate setting, first time. Conflict existed between Departments regarding scheduling and resources.
- Changes made: Change of scheduling process for Ultrasound department and new operational training for nursing team.
- Approach followed: working across boundaries and the use of newly developed social networks. The course had helped her to be more self-aware, reflective, increase in personal effectiveness, having open conversations and developing relationships within expanded social networks. This new approach enabled her to enact change.
- December 2019 – Results: Conformity to national guidelines - patients received assessment, treatment and care in the most appropriate setting, first time.
- Significance of results: reduce waiting time to start patient treatment, improving patient experience and health
Respondent 4: Community service improvement - Social / Performance Impact
- Jan 2013 – Dec 2019 - Baseline: (1) Heart failure services not available in community clinics and (2) no TB-testing service available in Liverpool to identify new migrants (16 to 35 years old) who arrived in England from countries with a high incidence of Tuberculosis.
- Changes made: Obtain funds to start a Heart failure service delivered in a community clinic and start a TB-testing service in Liverpool.
- Approach followed: Using network analysis, she identified the key players and where she needed to increase her level of social capital. This enabled her to achieve her objectives.
- Jan 2020 – Results: Start Heart failure service in community and TB testing services.
- Significance of results: The Heart failure service community clinic provides in-patient and patients at home, with a clinical diagnosis of heart failure, reduces unnecessary admissions to hospitals, improves anti-heart failure therapies and improves the quality of life of patients.
- Providing new rapid results TB-testing services in Liverpool to new migrants which means results can be acted upon, reducing traveling time, costs and inconvenience for them.

Respondent 5: Physiotherapy - Financial / Performance / Social Impact
- August 2019 Baseline: Multiple graduate recruitment programmes for individual hospitals, limited rotation choices, high agency staff spend due to retention issues.
- Changes made: Integrated offer across merged Trust, reduced competition for graduates, preceptor support programme ran and integrated B5 rotas.
- Approach followed: Collaborative working, sharing skills and expertise allowed us to identify a task force. Consultation with staff and a staged merger of rotas to slowly synchronise and reduce cross site travel. Agreed recruitment priorities and practice across sites.
- December 2021 – Results: Over 18 months with staff engagement we slowly merged the 69 WTE B5 rota. We have identified that by “over recruiting” around graduation we have made staffing savings 2018/19 – 19/20 of £38,058: From 2018/19 to 20/21 reduction in Agency spend £93,866; less need to back fill temporary gaps; less need to recruit.
- Significance of results: Evident financial savings and human and social skills: engaging and influencing others; financial awareness; managing human resources; leading change, promoting and monitoring staff well-being.

Respondent 6: Speech Therapy - Performance / Financial Impact
- August 2019 Baseline: Difficulties with swallowing (dysphagia) if not treated appropriately, can lead to health complications such as pneumonia and can result in death. Video fluoroscopy is the main diagnostic tool used, but it is expensive and there are long waiting lists.
- Changes made: Trial of an outpatient dysphagia clinic to understand the full patient history and clinical assessment by a speech therapist.
- Approach followed: Patients triaged over the phone, assessment and management plans put in place as appropriate and refer on to other services such as gastroenterology as appropriate.
- December 2021 – Results: Patients were seen within approximately 2 weeks of referral vs 6-8 weeks for urgent outpatient Video fluoroscopy; 50% were managed via a clinical bedside assessment; 50% were offered fibroptic endoscopic evaluation of swallow (FEES) on the day or within 1 week; Patients followed up in the clinic.
- Significance of results: Clear referral process in line with national guidelines; Rapid turnaround between referral and diagnosis and management; savings - cost staffing/ Man hours/ running of the equipment; potential income generation - OP FEES service.

Respondent 7: Therapies Workforce Planning - Performance / Social / Human Impact
- August 2020 Baseline: There were increasing pressures being put upon ward therapists by ward staff, ward managers and consultants due to unseen patients on the wards during the first wave of Covid.
- Changes made: Collected contact data daily within therapies, and created a standardised prioritisation tool for use across teams to share with wards.
- Approach followed: Supported clinical leads to work together, worked with ward staff and challenged outcomes of ward rounds.
- December 2021 – Results: Data to inform business cases; staff feel supported and listened to and this had a positive impact on their health and well-being; gave oversight of CBU staffing to flex/ support; ability to articulate capacity and demand up through the division; effective multi-disciplinary team working; Appropriate patient prioritisation.
- Significance of results: The tool ensured patients were being prioritised in an equitable way, and those patients with the greatest need were seen first. It also allowed for the collection of more accurate data to help communicate future business cases.
Respondent 8: Severe Asthma Services - Performance / Financial Impact

- **August 2020 Baseline:** This is a quality improvement project for a cohort of patients who are struggling to control their asthma.
- **Changes made:** By completing a FeNo suppression protocol we can address any issues with adherence and work with our patients to improve their asthma control.
- **Approach followed:** UK and internal networking; liaison with other Trusts and sharing our best practice guidelines; close working with Pharmacist to incorporate Smart technology.
- **December 2021 – Results:** An evidence based visual tool and charts of FeNo for observing readings from blood results helps patients’ awareness of their condition.
- **Significance of results:** Reduced need for high-cost therapies; clear treatment pathways, and correct medication earlier; better interactions with patients with resulting benefits in care.

Respondent 9: Trauma Imaging Services - Performance / Social / Human Impact

- **August 2019 Baseline:** Demand for Imaging has been rapidly rising and there are ongoing staff shortages of both radiologists and radiographers.
- **Changes made:** Introduced training to bring all merged staff to the same level of reporting and a hot reporting service for Emergency Department to have finalised report before patient discharge.
- **Approach followed:** Collated data, provided structured feedback and support to staff, listening to concerns to increase awareness of issues and generate solutions.
- **December 2021 – Results:** We increased sessions and followed protocol to ensure staff have dedicated reporting time. Filters applied and more complex cases were diverted to radiologists.
- **Significance of results:** Team involvement and an appropriate pathway is essential to reduce the number of patients referred to clinic and cut reattendance levels and unnecessary admissions.