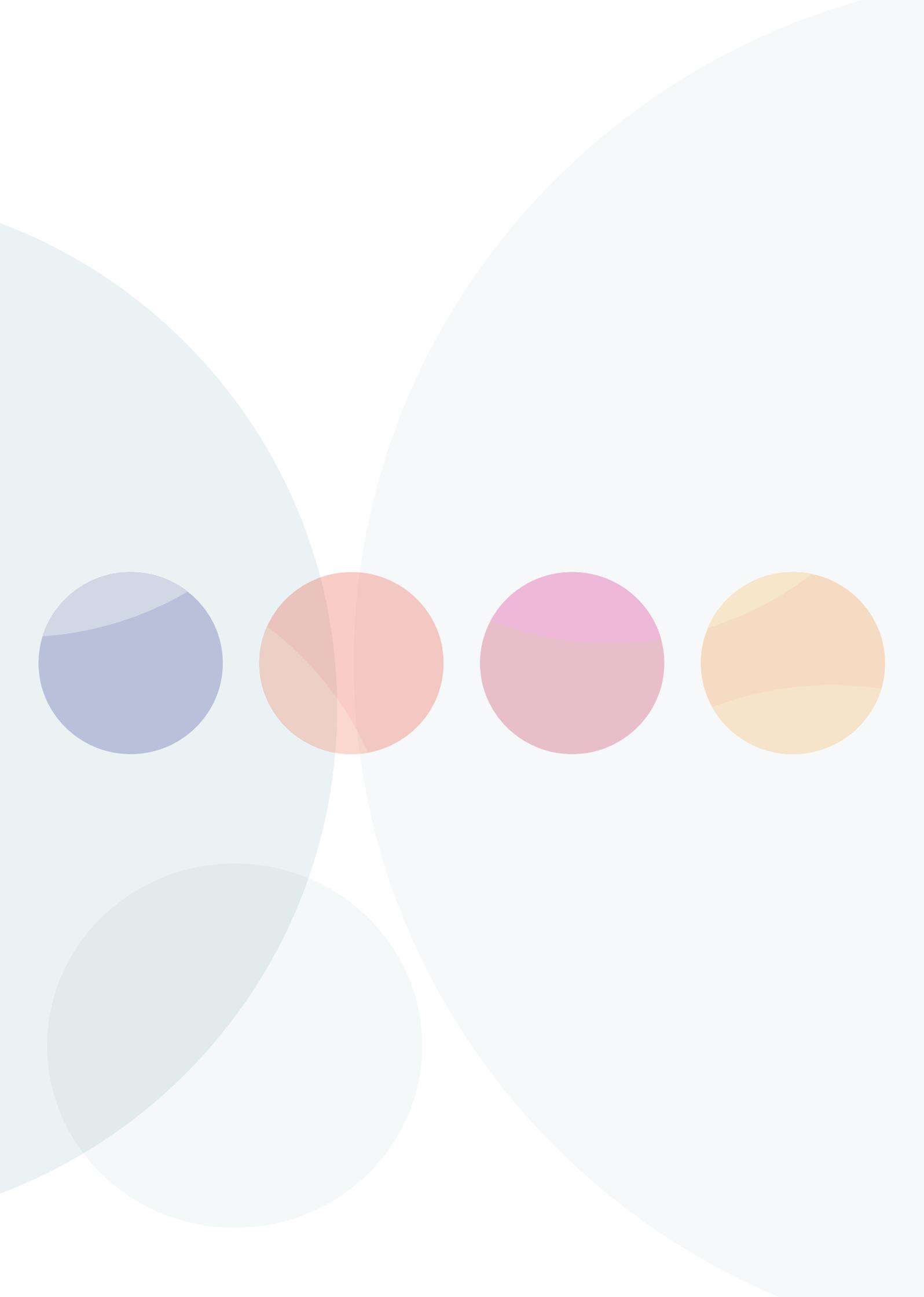




Delivering change and developing cultures of learning across the NHS



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Foreword



The past 18 months has seen the most concerted period of pressure across the NHS and healthcare services worldwide. This has led to unprecedented innovation in services and a drive for sustainable continuous improvement.

Our NHS Providers Connect programme aims to bring you expert knowledge insights, tools and approaches to begin to address your most pressing challenges. Each of the partners have been specifically chosen for their background and experience in addressing issues at the top of NHS trust leaders' agenda in real world environments.

We are excited to welcome Virginia Mason Institute into our panel – an organisation with over 14 years of experience partnering with the NHS to build safe, high quality, sustainable healthcare organisations that establish a self-sustaining culture of continuous improvement.

Virginia Mason Institute understands that real sustainable change is not just about adopting new technology, it's about empowering people through proven methods that sustain improvements and drive results. Virginia Mason Institute specialises in helping organisations establish their own management system, one that engages and empowers people across all levels by helping them build the capacity for people-led improvement and innovations that enable real change, accountability, and self-sufficiency.

We look forward to providing Virginia Mason Institute with an opportunity to share lessons learnt, client stories of improvement and evidence-based change approaches with our members.

The case studies in this document provide a window into some of the modular programmes and partnerships Virginia Mason Institute (VMI) has led over the years – including the NHS VMI Partnership with NHS England and NHS Improvement and five NHS trusts that has achieved extraordinary results in trusts like Surrey and Sussex Healthcare NHS Trust through creating new cultural outlooks and sustainable methods for addressing change.

We hope this publication helps you start those important discussions and see how Virginia Mason Institute might help you as you work to address your key challenges, make sustainable improvements, and ultimately enhance care for your patients.

Best wishes,

A handwritten signature in black ink that reads "Chris Hopson". The signature is written in a cursive style and is underlined with a thick black horizontal line.

Chris Hopson
Chief Executive, NHS Providers

Delivering change and developing cultures of learning across the NHS

Virginia Mason Institute has partnered with the NHS for over 14 years, having established an international reputation for building safe, high quality, sustainable healthcare organisations that deliver continuous improvement. Our experts work with executive teams to develop organisational goal alignment and focus, leadership effectiveness, improve quality and safety of care, and to accelerate approaches for solving healthcare's toughest challenges.

Results

Our mission is to partner with healthcare leaders to deliver targeted results that drive sustainable transformation.



Achieved status as most efficient hospital in the NHS

and moved from 'Good' to 'Outstanding' under Care Quality Commission (CQC) criteria.

SURREY AND SUSSEX HEALTHCARE NHS TRUST



Reduced proportion of harmful incidents from 19.2% to 15.9%.

Received the Health Service Journal National Patient Safety Award.

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST



Reported largest ever surplus, moving from a £100m deficit to a £19m surplus

using the management system 'the Leeds Way' that was established through partnership.

LEEDS TEACHING HOSPITALS NHS TRUST



14,241 hours of staff time saved per month, USD \$595,322 projected annual savings

including supply and time cost.

CLINICA SIERRA VISTA

Patient safety

A culture in support of patient safety is inextricably linked to a culture where continuous improvement thrives. An organisation must strive to create an environment where every member of staff – from chief executive to the porter – has the power to ‘Stop the Line’ without concern for blame or retribution if there is potential for harm to a patient. A true patient safety culture is one where everyone contributes as a patient safety inspector.

CASE STUDY ORGANISATION

University Hospitals Coventry and Warwickshire NHS Trust

The University Hospitals Coventry and Warwickshire NHS Trust (UHCW) began working with Virginia Mason Institute as part of a multi-year partnership. When faced with patient safety challenges, they leveraged their learnings from our work with them to make significant strides. This approach isn’t reserved just for those experienced in process improvement; our expert coaches are well-versed in patient safety culture and can facilitate the process as a standalone body of work or as part of a larger engagement for any organisation.

Challenge

- The National Reporting and Learning System identified UHCW in the lowest 25% of incident reporting rates
- Staff felt unsupported and received insufficient feedback in response to an incident
- The trust’s overall incident investigation times were too slow
- A need to reduce the number of incidents and empower staff to raise concerns.

Solutions and approach

UHCW Patient Safety and Risk Team assessed the problems and set about addressing them using the Rapid Process Improvement Workshop methodology and PDSA (Plan-Do-Study-Act) cycles as trained by Virginia Mason Institute. They leveraged frontline staff skills, knowledge and backgrounds in clinical care, human factors, incident investigation techniques, relationship building and influencing to:

- Redesign the incident reporting and investigation form to make it easier, faster and more logical
- Develop electronic safety dashboards to ensure clinical teams have easy access to safety information
- Introduce daily multidisciplinary Patient Safety Huddles in all clinical areas of the trust
- Deploy a “Learning Team” methodology
- Introduce the Patient Safety Response Team
- Improve the duty of candour processes by including patients in investigations
- ‘Triangulate’ data between claims, complaints, and incidents
- Implement new (almost) jargon-free risk training course for managers.

Results

The new processes were first developed in critical care then spread to five areas before deploying trust-wide. Cost was minimal and there was no significant impact on staff time. Through this work, UHCW achieved:

- **Increased incident reporting** from 31 to 44 incidents per thousand bed days
- Staff felt secure raising concerns, with a **36% incident reporting increase** from 2015 to 2018
- **Reduced proportion of harmful incidents** from **19.2% to 15.9%**
- **Reduced falls** causing serious harm from **five per month to just over one**
- **Reduced overdue serious incidents** from over **ten to zero**
- In 2018 UHCW won the **Health Service Journal National Patient Safety award**.

“I think pretty much everywhere has a safety conversation every day. So, the level of openness, the level of response to having difficult conversations about where we may not have treated the patient well. I think has transformed. The conversations that go on are markedly different now to when we started.”

Kaizen Promotion Office, University Hospitals Coventry and Warwickshire NHS Trust

Disruptive innovation

Disruptive innovation is most effective in dynamic systems enabling rapid change by engaging and empowering frontline team members to make improvements. This level of staff engagement creates an appetite for action orientated work with a bottom-up rather than top-down approach to create lasting change. Improvement agents deliver everyday small changes to services which build to make a big, tangible impact on patient care.

CASE STUDY ORGANISATION

Lincolnshire System

With the introduction of integrated care systems (ICs) across the NHS, Lincolnshire System, which serves a population of over 800,000 people across a large geographical area, has been exploring how to create a delivery methodology for the system. All four key stakeholder NHS organisations have engaged in new people-driven change through disruptive innovation to create local change agents and a reinvigorated passion for continuous improvement.

Challenge

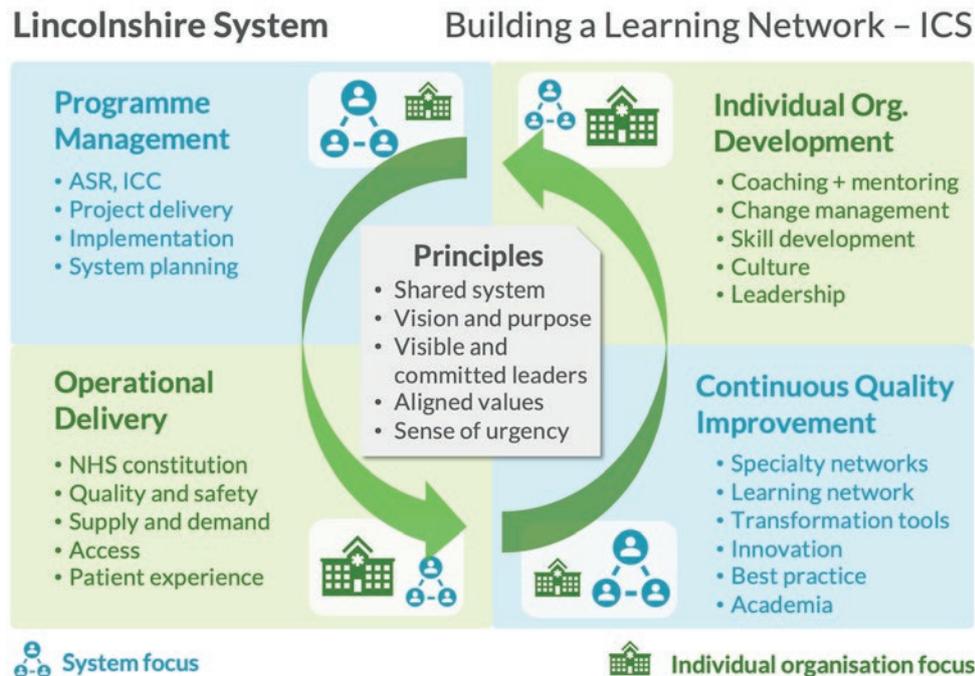
Lincolnshire had been facing long-standing quality, financial and workforce challenges. Dynamic systems face constant challenge and scrutiny, layered with multiple, conflicting priorities. With the transition towards integrated care systems and a move away from a competition/market economy, there was an opportunity to help the Lincolnshire system use the learning and additional sense of urgency from the COVID-19 crisis to establish a renewed appetite for disruptive innovation on its more enduring challenges.

Solution and approach

Our Institute experts facilitated three 10-week bespoke programmes for 75 participants representing a range of roles from across the system. Leaders first learned about enabling behaviours, myth busting and establishing a system concord and team ethos. The improvement training programme focused on action, acknowledging the systems and learnings already in place within Lincolnshire while exposing them to new process improvement tools and approaches, thus laying the foundation of a more robust learning system focused on continuous improvement with frontline team members taking action.

In early 2021, 11 people underwent the Advanced Process Improvement Training programme to develop their capability and capacity even further and lead on successful change and service improvement to long-standing issues in their system.

Through the design of the programme, Lincolnshire System is building a dynamic learning network needed to establish the culture where frontline staff feel enabled to act and implement improvement. This work is creating a social movement and excitement for change. Each change agent is looking at their own area of work and demonstrating small acts of improvement every week, which exponentially multiply as more partners engage and collaborate within organisations and across the system.



Results from initial programme

- IV iron **therapy redesigned and standardised** saving six weeks of ‘chair’ time (day case) and seven weeks of nursing time. Patients also have reduced visits. Next steps are to provide direct GP access thereby reducing outpatient referrals.
- **Deep vein thrombosis ultrasound access standardised** across United Lincolnshire Hospitals NHS Trust meaning reduction in same day emergency care referrals (in Boston) and reduced wait from 10 days to 48 hours. Increase in capacity from 20 scans over five days to 30 scans over six days. This improves patient safety as patients are not on prophylactic anticoagulants whilst waiting for an ultrasound test. Next steps are to relaunch exiting LES in East GP practices and facilitate training and feedback sessions.
- Redesign of **single liver pathway** to seven standardised pathways with GP decision ‘tree’. This supports GP decision-making and care in primary care and more appropriate access to acute liver pathway and diagnostics. Next steps are to launch new pathways with facilitated training and feedback sessions for primary care.
- **Advanced Process Improvement Training** – 11 people from across the system were teamed up to apply the tools and techniques whilst teaching front-line staff and delivering improvements. This proved so successful, two GP practices invested **£70K of their own money** to continue the work in their primary care network.

“The outcome [of the advocate training] has been a renewed energy and enthusiasm to apply the tools and techniques to care pathways across the system which have already demonstrated significant benefit to patients and staff. Adopting the lean methodology is crucial to our pathway work with the patient at the centre and reflection on a culture of quality and safety.”

Jim Heys, Consultant, Lincolnshire Learning Network

Workforce wellbeing

Without investing in workforce wellbeing and taking action to increase engagement, organisations run the risk of burnout and fatigue. This type of moral injury can result in decreased morale, increased rates of absenteeism or presenteeism, reduced quality, reduced patient satisfaction and increased medical errors.

Nurturing an organisation's culture to truly live and breathe its values and behaviours authentically takes time but is incredibly vital to creating the most favourable conditions to drive an organisation forward and establish a culture of continuous improvement. We developed our 'Respect for People' approach, which provides clarity on the 'gives and the gets' around behaviours, our expectations of each other and how we operate as a team.



The infographic features the Virginia Mason logo in the top right corner. The main title 'Respect for People' is centered, with the subtitle 'THE VIRGINIA MASON EXPERIENCE: PATIENTS & FAMILIES, TEAM MEMBERS, COMMUNITY' below it. A large blue icon of three interlocking figures is on the left. The section is titled 'Our Foundational Behaviors' in blue. Below this, ten behaviors are listed in two columns, each with a circular icon: 1. Be a team player (group of people), 2. Listen to understand (ear), 3. Share information (two faces), 4. Keep your promises (handshake), 5. Speak up (mouth), 6. Connect with others (two people), 7. Walk in their shoes (feet), 8. Be encouraging (thumbs up), 9. Express gratitude (speech bubble saying 'Thank you'), 10. Grow and develop (head with plant).

Respect for People
THE VIRGINIA MASON EXPERIENCE: PATIENTS & FAMILIES, TEAM MEMBERS, COMMUNITY

Our Foundational Behaviors

- 1 | Be a team player
- 2 | Listen to understand
- 3 | Share information
- 4 | Keep your promises
- 5 | Speak up
- 6 | Connect with others
- 7 | Walk in their shoes
- 8 | Be encouraging
- 9 | Express gratitude
- 10 | Grow and develop

CASE STUDY ORGANISATION

Barking, Havering, Redbridge University Hospitals NHS Trust

Barking, Havering, Redbridge University Hospitals NHS Trust (BHRUT) is a two-hospital acute care trust, serving the East London community of 750,000 people, employing 6,500 staff and volunteers. They joined the five-trust joint partnership with NHS Improvement and Virginia Mason Institute in 2015 to develop and adopt a sustainable culture of continuous improvement.

Challenge

- Results from the NHS Improvement Culture and Leadership Programme Discover Phase highlighted that respect for people was a key issue
- Early attempts at releasing a behaviours framework fell short due to lack of follow-through and accountability on enabling positive behaviours while unlearning disabling behaviours
- Report by an independent body highlighted bullying and other poor culture attributes among medical staff.

Solution and approach

Virginia Mason Institute experts advised the trust's executive team, organisational development team, and Kaizen Promotion Office to review and develop a culture change programme that would blend the early work of their PRIDE values (passion, responsibility, innovation, drive, empowerment) with adapting our Respect for People behaviours framework. Using the excellent resource of the NHS Improvement Culture and Leadership Programme, BHRUT's organisational development team deployed a three-phase campaign to embed Respect for People.

Outcomes

Implementation and support of the framework through a culture change focus group representing key stakeholders across the trust continues to be developed as BHRUT exits the pandemic and has resulted in the following:

- Deployed successive **culture change leadership summits for all line managers** to discuss the Respect for People behaviours framework and divisional culture in general
- Partnering directly with Freedom to Speak Up Guardian service to deliver the **Respect for People behaviours framework**
- **Declared in BHRUT's No Going Back post-COVID campaign** as part of the 'Happy Hospitals' programme of work as one of the four key foundational elements.

Creating culture change

Why is culture important? Culture, which involves thought and behaviour at a workplace, is no more likely a target than the air we breathe, and it is not something we target to change. Culture is an idea arising from experience — that is, our idea of the culture of an organisation is a result of what we experience there. In this way a company's culture is a result of its management system. Culture is critical, and to change it you must change your management system. A focus on both culture and adopting a single improvement methodology as the way to manage all aspects of the business are the keys to the long-term reliability and sustainability of process improvement.

CASE STUDY ORGANISATION

Surrey and Sussex Healthcare NHS Trust

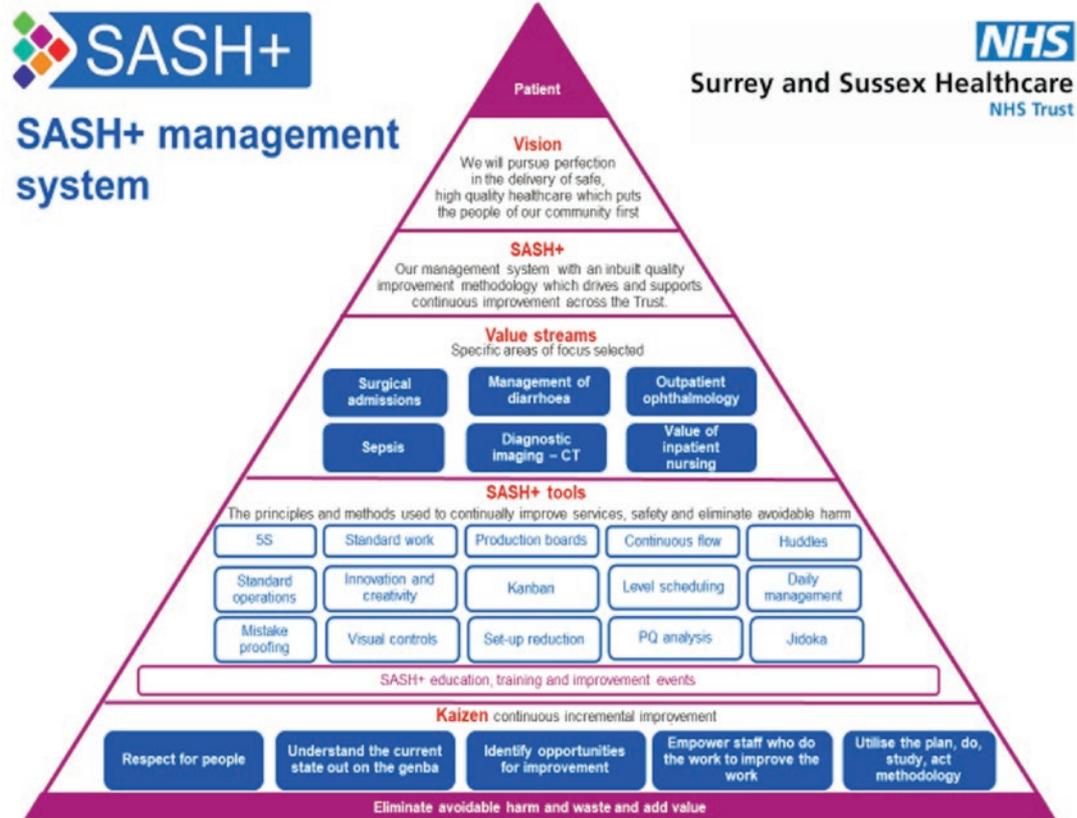
Although the work described below details a comprehensive, multi-year approach to creating an aligned, patient-centred culture with resulting positive impacts on patient quality and safety, we are well-versed in taking that approach and adapting it to each organisation we partner with, building upon the progress in culture that already exists. Even without a multi-year engagement, organisations can make significant strides in creating a culture unified around their priorities that works in concert to achieve shared goals.

Challenge

In 2011, Surrey and Sussex Healthcare NHS Trust (SaSH) launched a strategy by incoming chief executive Michael Wilson to become a “values driven organisation that was clinically led and managerially enabled.” With a clear articulation of its organisational values, SaSH sought to learn from Virginia Mason Institute how to create a robust management system for staff engagement and transformation with a goal of becoming one of the country's safest hospitals.

Solutions and approach

When SaSH began working with Virginia Mason Institute in 2015, we coached them through a unified management system based on Virginia Mason's. Called SaSH+, it incorporates the focus on the patient at the top and shared vision, focus areas, goals and a single improvement methodology. We then provided coaching and training to start the process of embedding the new management system throughout the organisation. Over 200 team members participated in our six-month programme learning improvement tools and techniques who then took them back to their work area and engaged frontline staff in identifying opportunities and making improvements.



Results

The overall impact has been the creation of a unified improvement culture focused on the patient that leverages one common improvement language for the trust, creating improvements in quality, service, delivery, and morale that link directly back to their safety priorities and shared vision for the community. More specifically, this work has resulted in the following:

- **All improvement work rolls up to shared goals** and occurs within the parameters of the aligned, overarching organisational strategy
- **Staff have protected time for training and learning**, working on improvements, and encouraging the spread of process improvement throughout the organisation
- A shared focus on the patient and an **improved patient experience**
- **Improvements that incorporate frontline staff ideas** and bring joy back to their work experiences
- **Rated as 'outstanding'**, the highest possible rating, by the Care Quality Commission.

Multi-year transformation

We have worked with clients across the world to deliver system change and create partnerships of longevity and value that raise quality and safety with end-to-end services and place-based delivery. A key factor in creating meaningful system-level change is transitioning leadership styles from a more traditional “command and control” approach to one that leads with positive enquiry and coaching. Multi-year transformation clients understand that true transformational change takes years, relying on Virginia Mason Institute’s 20 years of success to share openly and honestly about the successes and failures of culture change.



“The partnership we have shared with Virginia Mason over the last five years has completely transformed UHCW. The cultural aspects of embedding lean thinking into our hospitals has spring boarded us towards our vision ‘to be a national and international leader in healthcare’; this was most recently evidenced by us being the site of the first COVID vaccination in the world. One of the reasons that we were chosen was the embedding of our improvement system UHCWi, which was developed in conjunction with VMI, and enabled the organisation to “learn fast” during the first wave of COVID, facilitated by such tools as PDSA being embedded in every part of the organisation. We constantly work under the banner of putting the patient first and understanding that, better never stops.”

Professor Andy Hardy, Chief Executive, University Hospitals Coventry and Warwickshire NHS Trust

CASE STUDY ORGANISATION

NHSI / VMI five-trust partnership

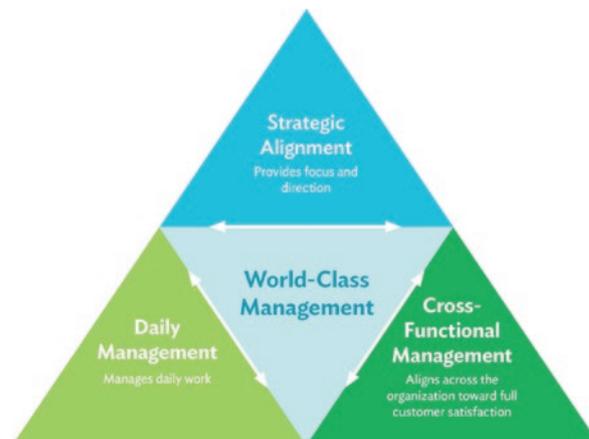
In 2015, a unique five-year partnership was formed between NHS Improvement (NHSI), Virginia Mason Institute (VMI) and five NHS acute care trusts, representing three different NHS regions over hundreds of miles apart, all at different stages of culture development:

- Barking Havering and Redbridge University Hospitals NHS Trust (BHRUT)
- The Leeds Teaching Hospitals NHS Trust (LTHT)
- The Shrewsbury and Telford Hospital NHS Trust (SaTH)
- Surrey and Sussex Healthcare NHS Trust (SaSH)
- University Hospitals of Coventry and Warwickshire NHS Trust (UHCW).

Through this partnership, we provided training, coaching, and support to the executive leadership and internal expert teams at the five trusts to develop and adopt their own patient-centred management system – with the ultimate goal of creating a sustainable culture of continuous improvement.

Approach

Our approach consisted of six main elements: creating authentic leadership and an aligned vision within each trust; working alongside each trust as they created their own management system; embedding a culture of continuous improvement within each trust; propelling the patient, safety, and high quality care to the forefront; ensuring the sustainability of the work; and creating opportunities for learning and sharing across the trusts.



At each trust, we supported the development of a vision with aligned strategy and goal development by focusing on systems and processes related to strategic management, cross-functional management, and daily management, all of which enabled people across the trusts to identify their connection to and support of that vision.

We worked closely with each trust to leverage tools, such as World-Class Management and Respect for People, developed by Virginia Mason and adapted to fit their own trust's needs. By doing this, we were able to put a bespoke culture change programme in place for each of the trusts, which created an environment that promoted engaging and empowering the people across the trusts to experiment and build agency to transform processes.

“As chief executives we’ve learnt that doing this properly requires a different style of leadership. It means adopting a coaching style that empowers staff to find solutions, that creates the time and space for them to do improvement and where our role focuses on removing barriers. More broadly it’s about demonstrating those core behaviours to go see, ask why, show respect.”

Five-trust chief executive’s letter to NHS Improvement

Results

Through this work, some of the key outcomes include a culture shift at each of the trusts as well as a development of new tools that enable team members and leaders to better monitor and understand the work and trust performance, equipping them to more readily recognise and respond to issues and to make additional improvements that heighten the patient and team member experience. Trusts created new visual management tools to monitor performance and meet demand and defined key activities and actions to promote a culture of accountability.

The partnership has also given the trusts the opportunity to support each other in new ways by providing a venue where they can share honestly with each other, to learn from each other, and to provide mentorship and candid advice to one another. The learning and sharing network underscored the importance of having a management system, of developing a behavioural contract, and of creating an environment where positivity, genuine support, peer accountability and meaningful learning and sharing is possible.

The relentless pursuit to eliminate waste and create safer organisations has energised staff to seek more improvements across the system, and also enabled more reinvestment into each trust through the savings made through the elimination of non-valued added work. Some of the many accomplishments of the partnership in this area include:

- SaSH **moving from 'good' to 'outstanding'** under the latest CQC criteria in 2018/19, with LTHT and UHCW both moving to a rating of 'good' and BHRUT moved out of quality 'special measures' and into 'requires improvement' under the CQC ratings in 2017
- SaSH **delivering an overall top 20 annual staff survey performance** (with some elements in the top four).
- SaTH respiratory physicians redesigning their entire inpatient pathway, **reducing length of stay by over 30% and releasing 42 acute beds**, and their wider system **winning the LGA Bronze award** for complex discharge lifting the system to fourth best in England for avoiding acute complex discharge delays
- LTHT reported their largest ever surplus, **moving from a £100m deficit to a £19m surplus** in 2017 using the management system 'the Leeds Way' that VMI helped them establish through the partnership
- SaSH saw efficiency gains through the VMI partnership, bringing their **reference costs down to 83/100** and achieving status as the **most efficient hospital in the NHS** in 2018.

To have saved such a significant amount of money, which can now be put into improving patient care, is an amazing achievement. I wish we had started the process years ago as it is radically improving the way we deliver healthcare to patients."

Paula Davies, Head of Procurement, Shrewsbury and Telford Hospital NHS Trust

Building capacity

Even before COVID-19, many health systems were facing staffing shortages and patient backlogs, and the pandemic has only increased the need to address those issues. When working with our clients, we focus on building capacity and value by eliminating waste, variation and duplication. By looking at how all aspects of service flow through the process – from care givers to equipment to information to patients and their family members – then reducing inefficiencies and eliminating wasteful steps that we’ve come to accept as the norm, we can increase capacity, maximise productivity, and ensure safe, timely clinical care without needing to add new staff or resources. This process can be realised at pace with new learning from the pandemic to fast track the process and realise the benefits in weeks not months.

CASE STUDY ORGANISATION

WakeMed Health and Hospitals

Serving the community since 1961, WakeMed Health and Hospitals (WakeMed) is the leading provider of health services in Wake County, North Carolina, USA. Employing over 12,000 people, WakeMed has 941 inpatient beds across three acute care hospitals and a physical rehabilitation hospital.

Challenge

- 20% of patient notes regularly went unfinished each day
- 44% of administrative emails went unread
- Morning schedules routinely ran 60 minutes late, leaving only 30 minutes for a desk lunch and in-basket processing
- Afternoon schedules ran late by 20-30 minutes
- Staff left the office after 5:00 p.m. without completing all the work for the day
- An additional 1.5 hours of charting and paperwork remained for providers to complete in the evening.

Solution and approach

One hundred WakeMed primary care staff members participated in four Improving Flow in the Ambulatory Setting training sessions, facilitated by Virginia Mason Institute experts, each two-and-a-half-days long. Four clinics in the WakeMed Health and Hospitals system were fully trained and successfully implementing flow concepts and tools at the time of this case study, with an additional seven clinics being trained in progress.

Outcomes

Implementation and consistent practice around 5S (sort, simplify, standardise, sweep, self-discipline), standard work, and mistake-proofing has resulted in the following performance improvements:

- 100% completion of medical notes for all patients seen before the end of the day
- 100% accommodation of walk-in patients within 15 minutes of arrival
- Staff enjoyed a full one-hour for lunch without work to do
- All work was completely done by 4:30 p.m.
- Real-life scenarios were collected creating a Practice Manager's Playbook to enable greater ease coaching others through flow implementation.

"Flow has taught us that effective team-based care can restore joy to the workplace."

Dr. Theresa Amerson, Internal Medicine Physician, WakeMed Health and Hospitals

CASE STUDY ORGANISATION

Clinica Sierra Vista

Founded in 1971, Clinica Sierra Vista (Clinica) serves underserved, migrant and low-income farming communities throughout California's central valley, meeting their primary medical, dental, and behavioural needs. Fulfilling its mission can be attributed to the guiding principle; health care is the right for all, not the privilege of some.

Challenge

Like other Federally Qualified Health Centers (FQHC) in the United States, Clinica faced multiple challenges from providers seeking other employment in more populous regions, rapidly declining patient and staff satisfaction, to significant access and backlog issues delaying patient care. These emergent needs prompted internal discussions at Clinica around changing the way it delivered patient care and becoming an organisation rooted in quality and safety. Clinica's then new chief executive, Brian Harris, researched a partnership with an organisation that had overcome similar struggles, could demonstrate improved processes, reliable, high quality care, and build an internal management system that is sustainable for the near and long term future of his organisation. His search led him to Virginia Mason Institute.

"I knew Virginia Mason Institute could meet us where we're at, help us transform our system, and start to think differently about how we provide care."

Brian Harris, former Chief Executive, Clinica Sierra Vista

Solution and approach

Virginia Mason Institute experts guided Clinica's top senior leaders and board members through a four-day executive leadership retreat that exposed them to the possibilities of a mature, high-reliability health care culture. They saw first-hand at Virginia Mason Medical Center how every staff member consistently put the patient first, delivering high quality care and engaging each other daily to problem solve. By the end, the entire senior leadership team unanimously aligned and committed to creating an embedded, singular system of continuous improvement.

Clinica embarked on an ambitious Jumpstart training programme with 96 of their frontline leaders and staff at all 36 locations, representing a range of roles across the organisation. The trainings focused on the concepts of identifying and removing waste from processes and systems, and the concept of workplace safety and organisation through 5S. Designed as a two-session series with in-clinic homework between sessions, participants learned then applied the tools and concepts directly to their work, allowing them to make quick, tangible headway against key obstacles they identified in their work. The sessions also changed staff mindset from a sceptic "things will never change" attitude to finishing inspired, hopeful and empowered to help Clinica change their culture for the better.

Results

Clinica Sierra Vista was able to see quick results because of the programme design and inclusion of frontline team members from across all clinic sites. In less than a year, results included:

- Giving a voice to many who previously felt unheard and **empowering staff to provide creative solutions to fix broken processes**
- **45 of 96 participants have applied learnings** to their home clinics, resulting in:
 - **14,241 hours of staff time** saved per month
 - **USD \$595,322 projected annual savings** (supply and time cost).

About Virginia Mason Institute

Virginia Mason Institute has partnered with the NHS for over 14 years, having established an international reputation for building safe, high quality, sustainable healthcare organisations that deliver continuous improvement. Our experts work with executive teams in a variety of ways whether to develop organisational goal alignment and focus, leadership effectiveness, improving quality and safety of care, or accelerated approaches for solving some of the most challenging issues in healthcare today including reducing staff burnout and increasing resilience, eliminating backlogs and building capacity, systematising health equity, and improving virtual care.

An ever-changing complex environment like 21st century healthcare needs new management and leadership approaches like our 'World-Class Management' and 'Authentic Leadership' programmes that leverage proven approaches to engage staff, deliver everyday improvement, and build a nimble, flexible workforce.

Virginia Mason Institute specialises in helping organisations establish a new or existing single improvement methodology – a management system they can proudly call their own that engages and empowers people at all levels to deliver the best care to their communities. By helping organisations build internal capability and capacity with new tools and innovations and coaching the board to the ward, we excel at building cultures that enable real change, accountability, and self-sufficiency.

Areas of support

- Continuous improvement
- Strategic alignment and goal delivery
- Executive and board support and coaching
- Board, clinical and operational leadership
- Creating an enabling safety culture
- Training and development
- Performance delivery
- Quality and safety
- Respect for people
- Innovation and breakthrough thinking
- Rapid process improvement

Delivering safe, high-quality care – every day

Main site: virginiamasoninstitute.org/europe

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NHS Providers is the membership organisation for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS. We help those NHS trusts and foundation trusts to deliver high-quality, patient-focused care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate.

NHS Providers has all trusts in voluntary membership, collectively accounting for £92bn of annual expenditure and employing more than one million staff.



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