

The power of partnership

Summary of findings from “Leading Change Across a Healthcare System,” a 2022 report by the Warwick Business School about an historic effort to improve healthcare in the U.K.



In late 2022, the Warwick Business School (WBS) published a detailed evaluation of the 5-year partnership between the U.K.’s National Health System (NHS) and the U.S.-based Virginia Mason Institute. This document summarises key themes and findings from the report, as well as provides additional insights from key players at the NHS.

The partnership at a glance

5 English hospital trusts

- Surrey and Sussex Healthcare (SASH)
- The Leeds Teaching Hospitals (LTHT)
- University Hospitals Coventry and Warwickshire (UHCW)
- The Shrewsbury and Telford Hospital (SATH)
- Barking, Havering and Redbridge University Hospitals (BHRUT)

5-year transformation journey

- The nonprofit Virginia Mason Institute provided training and guidance to the 5 trusts from 2015-2021 (ending a year later than planned due to the global Covid-19 pandemic).
- The Institute helps healthcare organisations transform quality and culture using management principles and methods developed at Virginia Mason Franciscan Health in Seattle, Washington, USA.

2 goals:

Foster a sustainable culture of continuous improvement

Derive improvement lessons that NHS leaders can apply across the wider healthcare system.

In 2015, all 5 trusts received ratings of “Requires Improvement” or below by the Care Quality Commission (CQC). The partnership was intended to help each trust establish and self-sustain a localised version of the management system employed at Virginia Mason Franciscan Health. The trusts also identified individual “value streams,” with specific metrics, as part of their transformations.

This summary document was prepared by Virginia Mason Institute. Opinions expressed in this document reflect those of Virginia Mason Institute and do not reflect those of the report author. Data and quotes, unless otherwise noted, are pulled directly from the full WBS report:

Burgess, N., Currie, G., Crump, B., Dawson, A., (2022) *Leading change across a healthcare system: How to build improvement capability and foster a culture of continuous improvement*, Report of the Evaluation of the NHS-VMI partnership, Warwick Business School.

Manifesting change from top to bottom

Creating a new management system calls for the whole organisation to work together to enhance value from the perspective of the patient and to improve the quality and safety of service delivery. As a result, all staff from senior leaders to front-line employees must adopt new routines, new practises and new behaviours.

To lay the foundation for this kind of change, the NHS improvement journey touched every level – from board to ward – within all 5 trusts.



A leadership style focused on coaching, not control

Executives and leaders at each trust participated in a months-long training programme to equip them with the skills, tools and perspective necessary to cultivate and sustain a culture of continuous improvement. One of the most important skills is serving as a “problem framer” rather than “problem solver,” so that the people they manage can improve their own work tasks and processes.

More broadly, WBS notes four primary ways that leaders can support a successful transformation:

- Executives show the same commitment to training that they expect of other leaders
- The vision of change is championed by all leaders, rather than a single executive
- Leaders socialise the discussion of improvement with managers and teams
- Leaders openly support and embody the organisation’s cultural values



1,000+

participants in leadership training at the 5 NHS trusts



85%

of leaders value the impact the training has had on their work

“As chief executives, we’ve learnt that doing this 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.”

— NHS hospital trust CEO

Setting targets requires both learning and “unlearning”

As noted above, each trust selected individual “value streams” to focus their improvement efforts. 3 trusts did this using a top-down approach, with leadership defining the organisation’s priorities, while the other 2 trusts used a bottom-up approach, collecting input from employees. The experience yielded several important lessons, including:

- **Leadership must create alignment from the board to the frontlines.** The trusts that worked bottom-up found that, rather than empowering staff, it caused confusion and frustration. Leaders should develop alignment based on strategy and feedback, then teams and staff can determine the best ways to support the work.
- **Missteps are valuable for learning.** Some trusts initially chose value streams that were overly broad or complex. It was difficult to come to that realisation, but owning the entire process — first with errors, then with confidence — is a powerful way to learn.
- **Organisational targets should be aligned with national priorities.** This supports quick and meaningful wins and avoids conflict between long-term improvement efforts and short-term compliance mandates.
- **It’s okay to stay nimble and adjust.** Trusts were reluctant to revise value streams, for fear that this would look like “cooking the books” in their favour. Leaders had to learn to take ownership of their goals, which meant “unlearning” habits of deference imprinted on them over many years.

The Transformation Guiding Board: A model for collaboration

The Transformation Guiding Board (TGB) consisted of all 5 CEOs plus select NHS regulators, who gathered once each month for a full-day meeting facilitated by Virginia Mason Institute partners. The meeting fostered learning and support in an environment of uncommon trust and honesty.

The value of the TGB comes through in how the CEOs from all 5 trusts:

- Shifted their focus from personal preservation and deconstructive criticism to collective progress and peer coaching and learning
- Considered TGB meetings to be “the best working day of the month”
- Continued the practise even after the contract with the Institute ended



“Regulators are usually regulators; they’re usually telling you you’re not doing something very well. But actually, this is different ... you are allowed to create the space to learn and develop. And even when things aren’t going so well, there’s a dialogue to be had.”

– CEO, NHS hospital trust

Improving together starts with a compact

The defining aspect of the group is also the primary source of its success: People who traditionally function apart and/or in opposition sitting at the same table with a common purpose. To make that work, however, requires special attention.

Specifically, with guidance from facilitators at the Institute, TGB members co-developed a compact – a written agreement that outlines the vision, behaviours, and responsibilities shared by and expected of everyone in the group. In every TGB meeting, members referred to and reflected on the compact they created together, as a way of benchmarking progress, calling out counterproductive behaviour, and grounding themselves in their shared commitment to new ways of working.


A model to replicate within organisations and across the landscape

WBS notes that the model of collaboration demonstrated by the TGB can be applied:



- In any context where “organisational relationships have traditionally been governed by asymmetries of power and control”
- In the specific context of integrated care in the UK, including Integrated Care Systems and Integrated Care Boards

Culture is fundamental

Prior to the partnership, 3 of the 5 trusts seeded the ground with values-based culture work. This, says WBS, created the environment necessary for new improvement methods to flourish: Those 3 trusts saw their CQC ratings improve over the course of the partnership.

 <p>Empowered staff</p> <p>At SASH, which achieved a dramatic quality turnaround, clinicians are enabled to lead change from the front line. Prior to the partnership, senior clinicians went through a 2-year development programme focused on leadership skills and clinical autonomy.</p>	 <p>Leadership stability</p> <p>SATH and BHRUT both experienced high turnover at the executive level. This kept the organisations in a constant state of transition, which undermined their attempts at long-term and far-reaching change. The other 3 trusts had stable leadership that reinforced an enduring commitment to a culture of continuous improvement.</p>	 <p>Social connections</p> <p>Although it's by far the largest of the 5 trusts, LTHT exhibits strong relationships and communication both up and down the chain of command and horizontally between teams. This supported the adoption and spread of new ideas and practises across the organisation.</p>
--	--	---

Building a cultural foundation: 5 factors from the 5 trusts

 <p>Ironclad values</p> <p>Cultural values at SASH are clearly defined and consistently communicated. They are even incorporated into the hiring process. Said the CEO, "You could have the most fantastic clinician, but if they're a pain in the backside then it's going to be a nightmare forever. So you're better off appointing people who really align to your values."</p>	 <p>Willingness to change</p> <p>At UHCW, the process of change was sometimes challenging. But because the organisation embraced those challenges, it was able to succeed. Said one senior clinician, "I don't think [our executives] were quite prepared for how this method really shines a light on culture, and exposes behaviour, relating to the way we work. It's made us very open in terms of patient safety. That's a good thing."</p>
---	--

Culture vs. compliance: Are they really at odds?

WBS notes that "regulatory requirements to improve led both BHRUT and SATH to 'stand down' improvement activity and focus on compliance." While long-term improvement and short-term performance mandates may seem like conflicting priorities, alignment is possible. When SASH was in special measures, the CEO told his doctors to focus on values: patient experience, quality, patient safety and clinical outcomes. The doctors were surprised – wasn't he going to harp on wait times and other targets? "No, I'm not," he'd say. "Because I know that if you focus on those four things, that'll just happen."

In the end: Time and errors reduced, improvement mindset embraced

Since the goal of the partnership was to build improvement capacity, rather than improve specific metrics or activities, the success of the partnership can be assessed from more than one angle.

How do the 5 trusts compare to their peers?




Though not enshrined as goals, the trust CEOs did identify higher quality of care and staff morale as desired outcomes of their improvement journeys. To assess those outcomes, WBS compared patient satisfaction scores and staff turnover rates for each of the 5 trusts against other hospital trusts with similar characteristics.

Patient satisfaction: 2 trusts performed better than peers (BHRUT and SATH), 2 performed the same (SASH and LTHT), and 1 did not perform as well (UHCW).

Staff turnover: All 5 trusts improved their turnover metrics (BHRUT and SASH improved significantly), but not in a way distinct from their peers.

What improvements did they make?

The trusts each completed dozens of process improvement workshops across their value streams. Each workshop spanned 3-5 days, with weeks of planning beforehand, and included a range of employees close to the process being improved. Although workshops targeted unique and various processes, in general they focused on 3 types of improvement: reducing time, reducing errors, and reducing error rates.

	Process time (82 workshops)	reduced by 62% = 3,020 hrs
	Total errors (54 workshops)	67%
	Error rate (90 workshops)	63%

Was there a financial impact?

WBS notes that each trust “took care not to link the [continuous improvement] methods to cost improvement.” They didn’t want discussions or goals related to money to distract from their focus on quality.

That said, two trusts – SASH and LTHT – experienced dramatic financial gains, which their CEOs credit to the organisations’ new focus and methods.

SASH	2018 Reference Cost: 83 Most efficient trust in England
LTHT	from £100m deficit to £19m surplus

Postscript: Improvement cultures rise to meet pandemic challenges

The response to COVID-19 required the 5 trusts to pause much of their work on value streams – and push their nascent improvement cultures into overdrive. By relying on new leadership skills, improvement tactics and management tools, the trusts were able to:

- Make and communicate fast, strategic decisions
- Empower frontline staff to develop and refine pandemic-specific processes (around testing, PPE inventory, and more)
- Redeploy staff to new jobs and tasks outside their pre-pandemic roles
- Witness and internalise what is possible when people work together with respect, urgency and common purpose

The last word

Throughout the WBS report, the trust CEOs remarked on the extent and importance of the changes achieved by their organisations.

“Many of us have got to where we are by being problem solvers – but now I recognise that it’s the people who do the work that know how to improve the work.”

– CEO, UHCW

“We’ve completely changed the way we talk about money ... We adopt the narrative of waste ... So, whatever isn’t adding value to the patient, why are we doing it?”

–CEO, LTHT

“At SASH, organisational values were directly aligned to clinical values of prioritising the highest quality patient care ... if you keep framing it in that way you can’t really lose.”

–CEO, SASH

Learn more about our NHS partnership



Read Dr Gary
Kaplan's letter



Download the full
WBS evaluation report

About Virginia Mason Institute

At Virginia Mason Institute we partner with organisations and executive leadership teams to develop and adopt a patient-centred management system to dramatically improve quality, safety and efficiency – with the goal of enabling and supporting the creation and evolution of a sustainable culture of continuous improvement. We seek to help organisations dramatically elevate the patient experience, eliminate waste and sustain excellence long-term.

Our experts are some of the most experienced healthcare improvement experts in the world. They are a multi-disciplinary team who have hundreds of combined years of healthcare leadership experience in quality and safety, implementing and sustaining an improvement culture, innovation, integrated adult learning and economic impact modelling.

Whether our clients are just getting started on an improvement journey, facing a significant challenge, or looking for a comprehensive system of transformation, [our approach](#) includes a robust continuum of [services](#), from introductory to advanced to accelerated solutions.

Connect with us

Seattle office: (206) 341-1600

UK office: 02039 507205

info@virginiamasoninstitute.org