

Ethical Standards Commissioner

HARNESSING BOARD ROOM DIVERSITY – NHS 24

The difference that diversity
makes to your board's governance

February 2019

BODY: NHS 24 BOARD

CATEGORY: SYSTEMS

KEY LEARNING POINTS FROM THIS CASE STUDY

- *Learn about how processes that harness diversity helped turn round a governance failure into a success – saving public money*
- *Find out about how to use partnership structures for co-creating improvements*
- *Learn about how reflective practice can be built in to Board practice*
- *Hear how the values of openness and integrity are enacted in order to harness diversity of thinking.*

Background

NHS 24 is the national provider of digital and telephone based health and care services for Scotland. This national health board operates a range of services including a telephone advice and triage service providing cover during out-of-hours period. It has approximately 1500 staff operating mainly from four main contact centres.

In the last five years the organisation attracted considerable negative publicity due to challenges of implementing a major ICT change project. A new call handling and IT computer system, called the Future Programme, was expected to be delivered in 2013. Due to a range of factors, the programme was delayed and went significantly over its original budget. The technology was launched in October 2015, and within 10 days had to be pulled back due to operational challenges. There was further negative media interest over this period and public confidence in NHS 24 services was in danger of being undermined, although the staff continued to deliver safe and effective services until the new technology was implemented. The organisation required a complete reset around this programme of work and it was recognised that, in addition to ensuring the technology platform was fit for purpose, there was also a requirement for significant engagement with its staff and the need to restore their confidence. Providing the right cultural conditions in order to deliver a fully functioning fit for purpose system has been a significant focus of the Board since then as it is a major service transformation project. It was recognised that this needed to be delivered in partnership with both its staff and a range of external partners across the health and care system and in a phased way to ensure success.

Between September 2016 and October 2017 the new system was rolled out nationwide. By the time of writing this case study (February 2019) the new system has enabled NHS 24 to deliver safe and effective services for more than a year and through two very busy winter periods.

In this case study you can read about the good governance practices which have enabled the Board to show leadership in co-creating a continuous improvement culture. This case study illustrates the importance of leadership from the top, in co-creating that performance improvement culture. As a national Health Board, whose services are delivered via remote support, public participation is key to ensuring the Board remains connected to the audiences for whom they deliver NHS 24's services.

The NHS 24 Board has developed a range of practices around gathering insights and developing its services in partnership with the needs of its users. This is about valuing and harnessing the diversity of thinking that is outside the board room and bringing it into the board room. This is more than a consultative model of leadership, where opinions are sought after decisions are made. It is a model of stakeholder involvement informing decision making. The case study shows lessons which link reflective practice together with simple things like good minute taking.

Main areas with diversity focus for the NHS 24 Board and the difference that they make to the way diversity is harnessed

Area of focus	Activities
VALUES WORK AT BOARD LEVEL <i>Board meetings putting organisational values up front</i>	<ul style="list-style-type: none"> • Every Board meeting starts with reflective time, discussing case studies and patient stories that offer organisational learning. Therefore every meeting is explicitly looking for and warmed up to noticing values-in-action. • Board leading work that explores and articulates the organisational values.
PUBLIC PARTNERSHIP FORUM <i>Using public structure as welcomed 'critical friends' governance accountability</i>	<ul style="list-style-type: none"> • The PPF is set up with stakeholder from all across the populations of Scotland who use and need NHS 24 • Two Board members attend PPF meetings bringing ideas that needs to be tested out with the PPF and getting feedback, in person, from the PPF. • Board members are trusted by the PPF and vice-versa, increasing the sense of having a good body of 'critical friends'
LEADERSHIP WALKAROUNDS <i>Board Members leading the practice of the improvement culture</i>	<ul style="list-style-type: none"> • Board members and Executive meet with front line staff to hear issues and identify improvements. • Resulting actions from each leadership walkaround are published internally, closing the feedback loop and iteratively increasing the trust between the front line and the governance.

The key elements in achieving the difference and how the activity is maintained

VALUES WORK AT BOARD LEVEL

From the start of her term of office with NHS 24, the Chair Esther Robertson, has led a consistent drive across NHS 24 to develop its culture and practice in line with the NHSScotland and NHS 24's own organisational values.

Issues relating to the implementation of the IT platform had damaged staff confidence in the system and affected the morale of the staff.

There was a need to rebuild trust and confidence across the organisation and a values based approach of engaging people in the process and co-designing solutions was absolutely crucial. A broad ranging staff engagement programme was designed to allow for honest and open conversations between management, staffside and NHS 24 staff to enable truly transformational culture change to occur and to create the right conditions in which to deliver the practical requirements of introducing a new technology system.

The programme was developed from the start in partnership with staff with the aim of exploring and articulating the values, ensuring they were visible to staff and that behaviours reflected the values at all levels of the organisation.

This has included changes to the way NHS 24 holds its Board meetings and introducing patient stories, which reflect compliments on positive interactions with the service, in addition to case studies where patients had a less positive experience and where the Board has been able to learn and improve as a result.

These case studies are shared with the Board and 10-20 minutes of open reflection time is dedicated at the beginning of each meeting for the board members to reflect and react to them. This isn't for decision making, but is a way for everyone to notice the effect and impact of NHS 24 in the detail. It is also a way for the Board members to utilise and connect to [the Principles of Public Life in Scotland](#). It enables the principles of openness and integrity to be present. Board members are encouraged to simply be themselves, using their own natural diversity and humanity to consider the values in evidencing the practices of the organisation they are governing.

PUBLIC PARTNERSHIP FORUM (PPF)

Five times per year there is a physical meeting of the [Public Partnership Forum](#) which is a group made up of a range of diverse voices. The Public Partnership Forum (PPF) has representatives from different stakeholder groups who interact with NHS 24. It is remitted and designed to significantly contribute to the Patient Focus and Public Involvement requirements of health boards as set out in legislation. Its work is to look at all equality and diversity issues within NHS 24 and how it develops and delivers its services.

Membership of the PPF includes service users or carers from a variety of age groups, regions, ethnicities and abilities, so includes people with learning disabilities or who are hard of hearing.

Many of the PPF members are active in health issues in their own community (geographical or thematic communities) and the PPF will actively invite specific people to join it for discussions about particular service issues.

Two NHS 24 Board members regularly attend the PPF in person, and feed back to relevant subsequent committee meetings. These Board members have trusted and trusting relationships with both the PPF and the Board.

These two Board representatives regard the PPF as a key audience from which to receive feedback and to gather service user insights in to the services NHS 24 delivers. It is also an important space to receive trusted feedback on how things are going from a whole range of user perspectives. For NHS 24, the PPF is a group of critical friends. They are friends because they are committed to improving the service at the same time as offering constructive criticism of the services that NHS 24 delivers.

“It can be quite difficult when you are a national body because you don’t have a specific geography. So we are particularly keen to get different voices actively involved. There is a great difference between ‘diversity’ in practice, and ‘inclusion’ in practice. It’s a bit like with ‘diversity’ thinking you are being invited to the party... whereas with ‘inclusion’ you are being asked up to dance. With the PPF we are asking stakeholders to dance with us”

Madeline Smith, Board Member

As part of the planning to the delivery of the new technology system the PPF had a valuable role to play with regular input to the implementation, seeing how the system was working both prior to and following its delivery. They highlighted key issues from their unique perspective and helped to develop practical beneficial solutions as a result.

The Board members who work with the PPF have indicated the crucial contributions that the public on this forum have made to making real change and improvements possible – this allows for a broad and much more equitable approach to service development.

LEADERSHIP WALKAROUNDS

Each month between February and November a [Patient Safety Leadership Walkaround](#) is held as part of a scheduled visit to meet front line staff. This involves members of the Board and the Executive Management Team of NHS 24. The purpose of the process is to see and hear directly from staff about key issues which may be affecting the quality or delivery of services to patients. This gives NHS 24 staff the chance to raise any patient safety concerns or to make suggestions directly to senior management of how improvements could be made.

Notes are taken of the discussion and all actions promised are recorded. A summary of the issues are brought to the Executive Team and this action log from each walkaround is published to both the Board and the staff involved.

This co-creates a constant improvement culture, which values the diversity of experience of front line staff who are dealing with issues in how they deliver services every day. This also keeps Board members actively involved and in touch with the experience of staff. Trust is built as staff see that issues they raise are followed up and actioned. Board members can also see the impact of decisions they make in the Board room and how this will impact the staff delivering services.

This crucial approach was developed through the delivery of the technology programme when the Board recognised that following the unsuccessful attempt to go live in October 2015, simply fixing the technology was not enough. A cultural transformation programme was required to ensure NHS 24 could continue to develop and deliver safe and effective services. All staff were involved, from those supporting the training, to back office staff who helped provide the environment and support necessary to help the frontline staff succeed. Regular staff engagement sessions are now held which includes Executive and Non Executive people who engage directly with and hear from staff working in out of hours and other services.

“In my opinion, it is very important for Non Execs to be there and take the pulse of the staff. It is very useful to see, hear and understand the practice of the core work. I can only take things to the Board if it’s genuine & I can feel it’.

Juliana Butler, Board Member

It takes skill and openness to ensure that the Patient Safety Walkarounds are not just window dressing, or formal inspection type processes. To get the dialogue flowing, hearing, seeing and noticing what front line staff are saying requires tenacious relationship building. Board members need to show their integrity and openness to get beyond the barriers that are traditional in organisations between different roles. There are people working in management positions who have a role for managing and dealing with service issues and improvements, this is not the role of the Board. But Board members offer the governance perspective and provide a different kind of leadership which is also crucial to help deliver a values based open and honest culture of improvement.

“What you need in a diverse board is people who can go beyond what they are being told... and at times we have to get out of our positioning.”

Madeline Smith, Board Member

The diversity in governance indicators in evidence

These practices utilise and even increase thinking capacity of the board by;

- The Board understands, reflects and engages effectively with its diverse stakeholders and communities
- The Board is able to consider its own role and performance through the eyes of those who are affected by its actions.

This has the impact of

- Thoughtful analysis of diverse inputs allows a broader range of options to be generated that take account of a wider range of factors.
- Board members become more sensitive to the impact of their work on a wider range of audiences.

The Board know harnessing diversity of thinking is working because:

- Board members are satisfied that robust testing of ideas precedes implementation.
- Final decisions prove fit-for-purpose. There are fewer U-turns or inappropriate modifications. Saving the public purse the considerable expense of repeated attempts that don't work well enough.
- Stakeholder and staff surveys indices show increased trust and confidence in the organisation
- Fewer examples of public discord or campaigns as the Board can demonstrate they have considered broader impact.
- Staff morale has gone up and staff retention has got better
- The organisation is better able to lead and adapt in times of change or crisis by leveraging in broader expertise and support.

Checklist for actions that boards that wish to replicate these activities can use

- ✓ Establish a reflective practice process – focusing on the end user- that precedes each board meeting
- ✓ Develop an articulation of what the organisational values mean to the Board work.
- ✓ Establish a stakeholder partnership forum that harnesses as much diversity with as much trust and repetition as possible.
- ✓ Establish a system for constant improvements to be co-developed by the front line that the board members are part of.
- ✓ Develop an accountable, repeating way for the Board members to see, hear and interact with the coal face of the organisation.

Further contact / information

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