David A. Wylie
ProfM; MSc; FFPM RCPS (Glas); FFPodM

Head of Podiatry
NHS Greater Glasgow & Clyde
Delivering Transformation

“Let’s start at the very beginning...”
"The NHS belongs to the people... It touches our lives at times of basic human need, when care and compassion are what matter most."

The NHS Constitution
Consternation: 27 July 2012

**Mid Staffordshire in numbers**

- **Up to 1,200** more patients died than would be expected between 2005-2008
- **37 weeks**
- **37 weeks of evidence**
- **290** witnesses or statements to the inquiry
- **£13m** spent by the Francis Inquiry to date (as of 5 February 2013)

**Mid Staffordshire’s financial performance**

- **£155 million annual turnover**
- **£21 million cash support from the Department of Health in 2011/12**
- **£18.8 million underlying deficit for 2012/13**

Frontline care at **Stafford Hospital**
“...there are places where unhealthy cultures, poor leadership, and an acceptance of poor standards are too prevalent.” (p25)
“In the end, culture will trump rules, standards and control strategies every single time, and achieving a vastly safer NHS will depend far more on major cultural change than on a new regulatory regime.”

Donald M Berwick MD
Mid Staffordshire in numbers

Up to 1,200 more patients died than would be expected between 2005-2008

37 weeks

2 hospital sites at Mid Staffordshire

807 qualified nursing, midwifery & health visiting staff at Mid Staffordshire

290 witnesses or statements to the inquiry

£13m spent by the Francis Inquiry to date (as of 5 February 2013)

£155 million annual turnover

£21 million cash support from the Department of Health in 2011/12

£18.8 million underlying deficit for 2012/13
Consternation: 19 June 2018

GOSPORT HOSPITAL SCANDAL

Inquiry into more than >800 deaths
“there was a disregard for human life and a culture of shortening the lives of a large number of patients…”

(Foreward)

The Right Reverend James Jones KBE

Chair: Gosport Independent Panel
Whole System Transformation

SERVICE MODEL
(Setting)

SKILLS MAX
(Delivery)

SERVICE SPEC
(Results)
Whole System Transformation

CULTURE

SERVICE
MODEL
(Setting)

SKILLS
MAX
(Delivery)

SERVICE
SPEC
(Results)
Transforming the Service Model

- **SERVICE MODEL**
  - (Setting)
- **SKILLS MAX**
  - (Delivery)
- **SERVICE SPEC**
  - (Results)
Transforming the Service Model

GARBAGE DATA → PERFECT MODEL → GARBAGE RESULTS

PERFECT DATA → GARBAGE MODEL → GARBAGE RESULTS
Transforming the Service Model

- Garbage Data
- Perfect Model
- Garbage Results
- Garbage Data
- Garbage Model
- Garbage Results
- Improved Data
- Improved Model
- Improved Results
Transforming the Service Model

Simplify

<table>
<thead>
<tr>
<th>A1</th>
<th>A2</th>
<th>A3</th>
<th>A4</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1</td>
<td>B2</td>
<td>B3</td>
<td>B4</td>
</tr>
<tr>
<td>C1</td>
<td>C2</td>
<td>C3</td>
<td>C4</td>
</tr>
<tr>
<td>D1</td>
<td>D2</td>
<td>D3</td>
<td>D4</td>
</tr>
</tbody>
</table>

Perfect data: Garbage model!
### Transforming the Service Model

#### Simplify

<table>
<thead>
<tr>
<th>TIER 1</th>
<th>A2</th>
<th>A3</th>
<th>A4</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1</td>
<td>TIER 2</td>
<td>B3</td>
<td>B4</td>
</tr>
<tr>
<td>C1</td>
<td>C2</td>
<td>TIER 3</td>
<td>C4</td>
</tr>
<tr>
<td>D1</td>
<td>D2</td>
<td>D3</td>
<td>Self Care</td>
</tr>
</tbody>
</table>

---

**TIER 1**

**TIER 2**

**TIER 3**

**Self Care**
Transforming the Service Model

Clarify

Transforming the Service Model

More complex caseload

NHSGG&C Podiatry Service Caseload Complexity Trends 2010-2018

26% 2012-18
Transforming Skills Maximisation

SERVICE
MODEL
(Setting)

SKILLS
MAX
(Delivery)

SERVICE
SPEC
(Results)
Transforming Skills Maximisation

Hold on to ‘lesser’ work

‘Can’t work to ‘top of licence’

B7s & 8s

B6s & 5s
Transforming Skills Maximisation

Depth

Tier 1

Tier 2

Tier 3

Breadth
Transforming Skills Maximisation
Transforming Skills Maximisation

Non Medical Prescribing

- 24 independent prescribers
  - 15% of workforce
  - 8% of UK total

Prescription Only Medicine (POM)

- 19 POM Qualified
  - 12% of workforce

Table one - list of POMs that can be supplied to a podiatrist and directly to a patient via a signed order written by a podiatrist with the appropriate annotation (Prescription Only Medicines – sale/supply)

- Amorolfine hydrochloride cream where the maximum strength of the Amorolfine in the cream does not exceed 0.25 per cent by weight in weight,
- Amorolfine hydrochloride lacquer where the maximum strength of Amorolfine in lacquer does not exceed 5 per cent by weight in volume,
- Amoxicillin,
- Co-Codamol,
- Co-dydramol 10/500 tablets,
- Codeine Phosphate,
- Erythromycin,
- Flucloxacillin,
- Silver Sulfadiazine,
- Tioconazole 28.0 per cent
- Topical hydrocortisone where the maximum strength of hydrocortisone in the medicinal product does not exceed 1 per cent by weight in weight.
% of NHSGG&C Podiatry Workforce supplying/prescribing medicines by AFC Band

- **Band 5**: 15.2 POMs, 3.8 NMP
- **Band 6**: 7.0 POMs, 16.3 NMP
- **Band 7 & 8 AP**: 11.4 POMs, 40.0 NMP
- **OVERALL**: 12.1 POMs, 15.3 NMP
Transforming Service Specification

- **SERVICE MODEL** (Setting)
- **SKILLS MAX** (Delivery)
- **SERVICE SPEC** (Results)
## Transforming Service Specification

### A ‘wicked’ problem...

<table>
<thead>
<tr>
<th>Tier</th>
<th>Activity 2012</th>
<th>% Activity 2012</th>
<th>Activity at wrong tier</th>
<th>Activity at appropriate tier</th>
<th>Increase in demand</th>
<th>Capacity created &amp; found</th>
<th>Tier Activity 2018</th>
<th>% Activity 2018</th>
<th>% Resource 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 3</td>
<td>20,400</td>
<td>15.0</td>
<td>16,320</td>
<td>4,080</td>
<td>5,304</td>
<td>1,877</td>
<td>11,261</td>
<td>7.1</td>
<td>20.4</td>
</tr>
<tr>
<td>Tier 2</td>
<td>40,800</td>
<td>30.0</td>
<td>34,680</td>
<td>6,120</td>
<td>4,774</td>
<td>4,357</td>
<td>31,571</td>
<td>20.0</td>
<td>27.8</td>
</tr>
<tr>
<td>Tier 1</td>
<td>74,800</td>
<td>55.0</td>
<td>18,700</td>
<td>56,100</td>
<td>8,415</td>
<td>16,129</td>
<td>115,324</td>
<td>72.9</td>
<td>51.8</td>
</tr>
<tr>
<td></td>
<td>136,000</td>
<td></td>
<td>69,700</td>
<td>66,300</td>
<td>18,493</td>
<td>22,363</td>
<td>158,156</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### Improved productivity

- Overtreatment
- Sickness Absence
- Skills Maximisation
- TrakCare & RMC
- Personal Foot Care
- JDs
- Service Specification
- MSK Pathway
- Increased referrals
- Foot Protection Redesign

Transforming Service Specification

---

NHS Greater Glasgow and Clyde

Positively Podiatry
Protecting Limbs Prolonging Lives
Positively Podiatry

Transforming Service Specification

Positively Podiatry

Positively Podiatry

Protecting Limbs Prolonging Lives
Foot & Ankle problem? Refer it to NHSGG&C Podiatry
All Foot Wounds?
All Pressure Damage?
All MSK?
All Orthopaedic?
The Power of data: Show me!

In God we trust, all others bring data.

–William E. Deming
The Power of data: Show me!

“What can’t speak, can’t lie, Rodney!”
Data for Service Improvement

Referral rates

NHSGG&C Podiatry Service
Referrals per Month & Referral Trend
Apr 2015 - Jun 2018

37% 2015-18
Data for Service Improvement

Waiting times

NHSGG&C Podiatry Service
% of Patients Waiting <4wks
Apr 2012 - Sep 2018

414%
2012-18
Data for Service Improvement

DFU (all foot wounds) referral rates

NHSGG&C Podiatry Service
Number of Diabetic Foot Wound Referrals per month
Apr 2015 - Sep 2018

194%
2015-18
Data for Service Improvement

DFU (all foot wounds) 2 day wait

NHSGG&C Podiatry Service
% of Diabetic Foot Ulcers seen <24hrs & <48hrs
Apr 2015 - Sep 2018

396%
2015-18
Data for Service Improvement

% of wards in NHSGG&C >300 days
Pressure Ulcer free

NHSGG&C
% of Wards with 300 PU free days 2018-19

Q1 Apr-Jun: 43%
Q2 Jul-Sep: 61%

42%  
Q1-Q2  
2018-19
Data for Service Improvement

Improved sickness absence

NHSGG&C Podiatry Service
Sickness Absence % Oct 2012 - Sep 2018

57.5%
5.6wte
(3.4%capacity)
Data for Service Improvement

DNA rates (New)

17.3% (1.8% capacity)
Outcomes and results 2012-18

Small Marginal Gains…
…the art of the possible

<table>
<thead>
<tr>
<th>CAPACITY IDENTIFIED</th>
<th>%</th>
<th>CAPACITY REQUIRED</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Foot Care</td>
<td>13.8</td>
<td>Increased Referrals (inc FP)</td>
<td>13.6</td>
</tr>
<tr>
<td>Overtreatment</td>
<td>2.8</td>
<td>Move from 20-30min appts</td>
<td>8.5</td>
</tr>
<tr>
<td>Sickness Absence</td>
<td>3.4</td>
<td>Move from 14 - 4 weeks</td>
<td>3.0</td>
</tr>
<tr>
<td>Diabetic Foot Screening</td>
<td>1.9</td>
<td>Learning &amp; Education</td>
<td>5.1</td>
</tr>
<tr>
<td>Skills Maximisation</td>
<td>2.9</td>
<td>Savings</td>
<td>7.0</td>
</tr>
<tr>
<td>Unfilled Slots</td>
<td>3.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DNA Improvement</td>
<td>1.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domiciliary Review</td>
<td>7.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total %</strong></td>
<td><strong>37.2</strong></td>
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</table>
Transforming Culture

CULTURE

SERVICE MODEL
(Setting)

SKILLS MAX
(Delivery)

SERVICE SPEC
(Results)
Transforming Culture

Exploring Public Sector Strategy

Edited by Gerry Johnson and Kevan Scholes

- Cures
- Villains (politicians)
- Change agents are fools
- Abuse of Managers
- ‘They’ say/do - who are ‘they’?

STORIES

- Terminology
- White Coats / Uniforms
- Big institutions
- Retinues
- Offices

SYMBOLS

- Consultation
- Ward Rounds
- Patient infantilising
- Pass the buck

RITUAL & ROUTINES

- NHS is ‘good’
- Public Service
- Free at Point of Delivery
- Clinicians’ Values
- Doctor Know Best

PARADIGM

- Performance reporting
- Financial reporting
- Professional Responsibility

CONTROLS

- Professional Bodies
- Clinicians
- Senior Executives
- Regional bodies
- Politicians

POWER

- Hierarchical
- Mechanistic
- Pecking Order
- Sub-Ordination
- Tribal/Functional

ORGANISATION

Source: Adapted from Johnson and Scholes (1999, p.75)
Specialty Stereotypes held by Medical Students

‘Use the first adjective that comes into your head when thinking about a doctor working in each of these specialties...’
The cohort included people with a preference for a range of different specialties, as displayed in this pie chart.
The cohort included people with a preference for a range of different specialties, as displayed in this pie chart.
Transforming Culture

The cohort included people with a preference for a range of different specialties, as displayed in this pie chart.
Transforming Culture

Gave a talk to FY1’s earlier this year about why they should apply to #gptraining Included a slide on what some hospital colleagues had to say on the subject (I was more positive!)

#teamgp @docshawkat @drphilhammond @nickpheath @wyliedpod @GrainneRCGP @ResilientGP @drmarknewbold

---

**Why apply to GP? - Colleagues**

"You may as well just apply to Tesco now"
– Cons

"If you’re going to be a GP, just don’t be a s*** one"
– Reg

"I can think of nothing I would hate more"
– Various Artists

Source: Adapted from Johnson and Scholes (1999, p.75)
The conversation involves infinite potential - not to beat a competitor, but to make a global impact. This group is in competition with what’s possible, not with another tribe.

### Cultural Map

#### The Five Stages of Culture

<table>
<thead>
<tr>
<th>Stage</th>
<th>%</th>
<th>Behavior</th>
<th>Relationship to people</th>
<th>Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>2%</td>
<td>Innocent Wonderment</td>
<td>Team</td>
<td>“Life is great”</td>
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### Transforming Culture

**Cultural Map**
**The Five Stages of Culture**

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<td>Stable Partnership</td>
<td>“We’re great”</td>
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People are fully themselves – happy, inspired, genuine; Culture of shared values and interdependent strategies; the bigger the adversary, the more powerful the tribe.
## Transforming Culture

### Cultural Map

The Five Stages of Culture

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<td>49%</td>
<td>Lone Warrior</td>
<td>Personal Domination</td>
<td>“I’m great”</td>
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Knowledge is power, people hoard it; they have to win, and winning is personal; the mood is one being continually disappointed that others “don’t have my ambition or skill.”
Transforming Culture

Cultural Map
The Five Stages of Culture

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<td><strong>2</strong></td>
<td><strong>25%</strong></td>
<td>Apathetic Victim</td>
<td>Separate</td>
<td>“My life sucks”</td>
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People are passively antagonistic; seen it all before and watched it fail; quietly sarcastic and resigned; judging, yet never interested enough to spark any passion.
Transforming Culture

Cultural Map
The Five Stages of Culture

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<td>2</td>
<td>25%</td>
<td>Apathetic Victim</td>
<td>Separate</td>
<td>“My life sucks”</td>
</tr>
<tr>
<td>1</td>
<td>2%</td>
<td>Undermining</td>
<td>Alienated</td>
<td>“Life Sucks”</td>
</tr>
</tbody>
</table>

People are despairingly hostile, banding together to survive in a harsh and unfair world.
Transforming Culture

NHSGG&C Podiatry Service
Assassin & Victim Behaviours
2016-18

21%
Transforming Culture

NHSGGC Podiatry Service
Assassin & Victim Behaviours
2016-18

7%

Fragmented IT
1. 3% 2%
2. 3% 1%
3. 1% 2%
4. 1% 0%
5. 13%

Integrated IT
6. 9% 2%
7. 21% 10%
8. 24% 29%
9. 34%
10. 17% 8%

2016  2018
Transforming Culture

NHSGG&C Podiatry Service
Assassin & Victim Behaviours
2016-18

2%
Transforming Culture

5 Stages of Culture

% of Tribes at each Stage

<table>
<thead>
<tr>
<th>Stage</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage One</td>
<td>2%</td>
</tr>
<tr>
<td>&quot;Alienated&quot;</td>
<td></td>
</tr>
<tr>
<td>&quot;Life sucks&quot;</td>
<td></td>
</tr>
<tr>
<td>Stage Two</td>
<td>25%</td>
</tr>
<tr>
<td>&quot;Separated&quot;</td>
<td></td>
</tr>
<tr>
<td>&quot;My life sucks&quot;</td>
<td></td>
</tr>
<tr>
<td>Stage Three</td>
<td>49%</td>
</tr>
<tr>
<td>&quot;Domination&quot;</td>
<td></td>
</tr>
<tr>
<td>&quot;I'm great&quot;</td>
<td></td>
</tr>
<tr>
<td>Stage Four</td>
<td>22%</td>
</tr>
<tr>
<td>&quot;Partnerships&quot;</td>
<td></td>
</tr>
<tr>
<td>&quot;We're great&quot;</td>
<td></td>
</tr>
<tr>
<td>Stage Five</td>
<td>2%</td>
</tr>
<tr>
<td>&quot;Team&quot;</td>
<td></td>
</tr>
<tr>
<td>&quot;Life's great&quot;</td>
<td></td>
</tr>
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</table>

Low Performing | High Performing
Transforming Culture: Risk

How you are energised

How you gather information

How you decide

How you organise
Transforming Culture: Risk

Risk Tolerance by MBTI Type

27% nursing in 2 of lowest 3 risk tolerant types

15% 12%
Transforming Culture: Risk

SJ Type: STABILIZERS = 53.2% nursing

Risk Tolerance by MBTI Pairings

Maintain tradition
Resist new approaches
‘Do the right thing’

53.2% nurses
Transforming Culture: Risk

Positively Podiatry

The ‘people factor’ can be the wildcard...

OK... We’ve got all the tools in place to reduce risk

hmm... I don’t like the look of all that!

...yes, but I’ve always done things this way!

NHSGG&C Podiatry

158,072 appts

If only 10% were brought back once ‘just to check’

15,8072 appts
5.1wte (3.3% capacity)
Leadership Transforms!
Leadership Transforms!

“Leadership is about doing the difficult not managing the inevitable”

Michael West
Professor of Work and Organisational Psychology at Lancaster University