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The Improver Podcast | Episode 2 | Why multidisciplinary alliance is the way forward: the CEO's view

Intro (00:01)

Welcome to the Improver, the podcast that explores ideas in healthcare improvement and participatory change, hosted by Dr Na'eem Ahmed and Lara Mott.

Lara Mott (00:15)

Hello, and welcome to the second episode of The Improver. I'm Lara, CEO and Co-founder of ImproveWell.

Na'eem Ahmed (00:22)

I'm Na'eem, Consultant Radiologist and also Co-founder of ImproveWell.

Lara Mott (00:27)

We are delighted to welcome Dr Peter Carter, OBE as our first guest. Peter is the former Chief Executive and General Secretary of the Royal College of Nursing. He also spent many years as a Chief Exec. in the NHS. He's now an independent consultant and has been asked on three occasions to chair NHS trusts including Medway, East Kent and North Middlesex. Peter is a registered mental health and general nurse by background and holds a Master's and PhD from the University of Birmingham. He is visiting professor at numerous universities and an Honorary Fellow of the Royal College of General Practitioners. Most recently, Peter was recognised by the UK's Chief Nursing Officers for an outstanding lifetime contribution to nursing with the prestigious CNO Award for Lifetime Achievement. So Peter, welcome to The Improver.

Peter Carter (01:17)

It's good to be here and looking forward to hopefully an interesting conversation over the next half an hour.

Lara Mott (01:26)

Last year was certainly not the year that healthcare expected. Can you tell us a little bit about what you're focusing on right now and what the pandemic has thrown at you, professionally speaking?

Peter Carter (01:39)

Sure. Well, since I left the RCN five years ago, I set up my own independent consultancy. I've done a huge range of different things, which has also taken me to ten different countries. But also, I've worked across the UK. And although the lockdown came last March, I've just been incredibly busy. I do bespoke work with some individual trusts. I've done some complex investigations, some medico-legal work. I mentor people, some people overseas and that's the great thing about Zoom and Teams and all those other things that we've got used to. But that's been so interesting working in different countries. The country I've worked in most has been China, where over the last four years, I've worked in 32 different cities and towns. But also places like the Philippines, New Zealand, and then some one-off things like talking in a big conference in Poland and Slovenia, that sort of stuff. So, I mean, for me, it's been really busy, and I'm really enjoying it.

Na'eem Ahmed (02:53)

I mean, you've obviously then been able to look at all these different healthcare systems, I guess, across these different countries. And you have this breadth of experience, which is just so fascinating to hear. What would you say, in your experience, is the key to having a great culture within these healthcare organisations?

Peter Carter (03:18)

Well, irrespective of the country, and irrespective of the architecture and the managerial framework, it all comes down to leadership, it comes down to not just the people at the top, but they set the tone, and as you come down through the echelons. One of the things that I'd like to say has served me in good stead, is understanding that it's everybody in the organisation that makes the thing work. And in various trusts that I've been parachuted into I used techniques that I used when I was Chief Executive of the Central Northwest London Trust for 12 years and then at the RCN for nine years. And one of the things I've really majored on, was saying that, if everybody is doing their job, irrespective of what their job is, they contribute to the success of the organisation. So, when I went to Medway, East Kent, North Mid, I visited people in the finance department, the maintenance department, the cooks, the chefs, the receptionists, the medical secretaries. And if each one of those is doing what they do well, they make an impact on patient care. And if you take during COVID, for all the reasons we understand, people talk regularly about the nurses and the doctors – absolutely understand that. Well, I also talk about the physios, the radiographers, the speech therapists and many other people. But I also talk about the people keeping the place clean, the people maintaining the equipment in the operating theatres, you know, I could go on. But every member of staff, and the thing, even pre-dating COVID, that I was also so very aware of, people like hospital porters, their characteristic by and large – they're incredibly committed. I mean, most of them love the job and they stay for a long time. You get your portering service working well, and boy, you get patients and food and supplies, ferried around the hospital at a rate of knots, and it arrives in the right place on time. Get it wrong, and you get all kinds of problems.

Na'eem Ahmed (05:31)

I mean, that we could just print on the side, of every bus in the country, that'd be great (laughter). Because there is something that we feel strongly about, which is that everyone's doing important work, but also have an opportunity to improve the places that they're working in. And as you said, for example, porters as you outline, very directly impact patient care. And unfortunately, not everyone has understood that here, in terms of then empowering your porters and your admin staff, and everyone to get involved in the improvement process. Why do you think that is?

Peter Carter (06:12)

Well, some people just don't get it. Some people are very hierarchical - they work in a feudal system. With one of the organisations that I work with, one of the senior managers came in every day past reception, and never said 'good morning' to the receptionists - the front end of the organisation, it all kind of starts there. And again, they're very, very committed. And I knew that because we were talking one day, and I'd mentioned how helpful the receptionist was, and she just said, 'oh is that her name?'. And this woman had worked there, for this Senior Manager for about 13 years, and they just saw them as low-life. And people just don't get it, every piece of the machinery has to be working well, for the whole thing to work.

(06:59)

People listening to this might be a bit disappointed with what I'm about to say, but I'm going to be very critical of something. You remember the day, just a few weeks back when the woman who was the first to have the vaccine - and quite rightly, the media were there, and all the rest of it - and she was dead chuffed, and then eventually, because she wasn't very mobile, she was wheeled back to the ward. Do you know who wheeled her back? Well, I'm going to tell you, I just can't believe this. She came into the ward. And there were two lines of staff clapping. And the person pushing the wheelchair, was a doctor. I saw his name badge and I thought, 'Oh, for God's sake', surely, how often - I mean he's probably a fine doctor and a great man - but how often has he been down to a clinic and wheeled somebody back to a ward? If ever that was a lost opportunity to say to one of the long serving porters, 'this is your moment, you're going to be across every newspaper, every... - hospital porter' - you know, because he's there. And I just thought, 'Oh', I was so disappointed with that, I don't know if the chief executive of that trust will ever listen to this. And if he does, he might think, 'oh'. But I just think that was such a wasted opportunity, it's the wrong message.

Na'eem Ahmed (08:16)

So there is that thing about valuing staff, which you've mentioned in that example. What do you think staff really look for in terms of being valued? What do you think when people say that? What do they actually mean?

Peter Carter (08:33)

They want recognition, they want recognition that, what they're doing is making that contribution. And remember, when I spoke to the finance department at North Mid, when I did the six months as Chair and I went down there, and I talked to them about if you're getting the coding right, getting the income right, getting the expenditure right - you contribute to patient care. And a couple of people said, 'gosh, I never actually saw it like that, I just come in, I'm a coding clerk, I just get my head down and all the rest of it.' And yet, these two women particularly were incredibly committed, so they want recognition, but they also want the opportunity to be able to contribute. It is very, very interesting. And in some of the places I've worked, some people at lunchtime, come up on to the old age wards, and help elderly people with their lunch because as you know, there's a huge issue to do with nutrition, and insufficient staff on wards, and volunteer work. People want to be part of something, they want to feel part of something and they want that recognition. That's why I'm a great believer in award ceremonies in organisations, and again, making sure they're multidisciplinary, and all of these people have the opportunity, but also respect, respect for their role. I mean, one of the things I feel, proud to be British, not in a jingoistic way.

(10:02)

But one of the things that I deplore is the way again, we still have a class system in terms of, we don't quite value electricians and plasterers and bricklayers and plumbers and all the rest of it. And somebody goes off gets a degree, which I've got and people still kind of 'ah yes, and he went off to university and got a degree'. Whereas in countries like Germany, people like electricians, and plumbers and bricklayers and all the rest of it, they enjoy huge respect and status. So it is a legacy of a class based system that's still in our DNA that hopefully, is beginning to be diluted. But I still think we've got a way to go.

Lara Mott (10:43)

Peter, you are clearly a natural champion of the people. And I know that you and I have previously spoken about some of the initiatives that you personally championed when you were Chief Exec. During your tenure at the RCN, you won several national awards, it was in the Sunday Times Top 100 Companies to work for. Do you think your background in mental health has shaped you as a leader and the way that you lead in particular?

Peter Carter (11:12)

Yes, to a point. But I also think it comes down to all the building blocks in life; parents, family, experiences. When I worked in mental health, I had a wonderful experience of working with a consultant psychiatrist, Dr Peter Brogan, who sadly just died about 18 months ago. And that was a very formative experience for me. First of all, this guy was a great believer in multidisciplinary work. But there I learnt, particularly with working with very disturbed and challenging children, about how to get the best out of people. And one of the things about some of these children, many of whom had pretty awful upbringings, not all of them, but many of them had, one of the things we used to do was actually set people minimum objectives. I mean, there's a danger, if you're a child that's had a highly dysfunctional background, what you really need to do is break it down and start very small. Try and get a child through a day without smashing a window, or losing their temper - don't try and cure their personality problems, because it's too big a leap. So it's all those kind of little steps or sometimes minimal objectives. And I transferred that, and I'm sure others do the same, but from a different perspective. When I used to set objectives for people - you'd often meet somebody that would have about 37 objectives and God knows what, and are going to shoot for the stars - and I'd kind of break it down and say, 'look, I'd prefer you did three or four things, did them well, strike them off. And then we do another three or four. Don't give me a long, long list of ambitious, really impressive things, and end up doing lots of them not particularly very well, because you're going to set yourself up to fail. And that's no good.' So applying some of those techniques, I think are incredibly transferable.

(13:19)

I suppose the other thing is that I learnt when you want to confront issues, you don't necessarily need to do it in a confrontational way. There's nothing worse than going back to my days when I was a therapist, where you're dealing with really difficult kids and you get a kid really arguing with you. And if you've got a, 'don't you, argue with me...' what are you going to do? Inflammate it? Or 'let's just lower the temperature here a bit'. Let's just see if we can find a different way through this. So I had lots of those transferable skills, which I think well, in fact, I know, stood me in good stead.

Lara Mott (13:58)

And it sounds like you really listen as well. So you ask the right questions. And you listen as a leader, which is something that we're very passionate about. Is there an example you can give or maybe something you can think of in your career as a chief exec – I know you touched on a couple when we last spoke that stick in your mind, where you asked your frontline colleagues, for example, what mattered to them, and then you made some small changes that made a big impact.

Peter Carter (14:25)

Yeah, I mean, I feel very comfortable with staff meetings and having big briefings and giving people the opportunity to ask questions. And one of the things I always said was that there's no such thing as a daft question. And also, if somebody asked you a question, and you really don't know the answer, fess up to it, and say, 'look, I'm not sure, but we'll get back to you' and make sure you get back to the person. But if I used an example, from the Royal College of Nursing, and this is all very public, so I'm not saying anything that wasn't well known. When I took over, membership had been dropping for many years. And membership is where you get your income, and it's the lifeblood that gives you the oxygen to run the organisation. And the recruitment of members was very mixed, some regions and some areas did it extremely well. And others, it was very, very poor, indeed. And funnily enough, was talking about receptionists, if say, a nurse from Australia or somewhere had come over to the UK on a two year work permit, a lot of them predominantly work in London - it's the Mecca, the place to go. They don't go to Hartlepool, sorry, with due respect to Hartlepool, because London is where they want to be. And a lot of them would call in the Royal College of Nursing and say, 'can I join', and they were given a telephone number to ring in Cardiff. And one of the receptionists said to me, 'we could sign them up, it's regular people that come in here'. And I was shocked that they were given a freephone number down in Cardiff, because you clinched the deal. And the receptionist very quickly geared up with all the forms, and the little machine to take the money. And it was just another little ingredient of them feeling part of it. But it helped with the membership. So something as simple as that. But you only get that if you're inviting people to contribute, to give ideas. So that's just one that immediately popped out of my head. I mean, there are plenty of other examples. But sometimes it's those tiny little things that can make a big difference.

Lara Mott (16:51)

Absolutely. Na'eem, you look like you want to ask a question, because you're smiling. (laughter)

Na'eem Ahmed (16:58)

So that's just it Peter. I know, in every work setting, but particularly around clinical work settings, where you have the added complexity of not being in one place all the time, being across different sites on the same day, it makes that process of having that small idea and getting it to the right person really difficult. And I think that's one place where we saw technology as being able to provide that solution. And try and bridge that gap. How do organisations become more effective at that listening piece and being able to capture that?

Peter Carter (17:38)

Well, first of all, I think in terms of recruiting an appointment, particularly with people with senior managers, I mean, I've worked with some great, great people and been very, very fortunate with great models. But there's also been a couple of times in my career, when I think, 'my golly, how did this guy get this job?'. I think that you need a mixed economy of skills. And one person I worked with, he was so bright, so able, and hugely talented but his people skills were really nil and he was also far too cerebral. You've got to be able to communicate with people. And I remember he was talking about - funnily enough a recurring theme in this conversation - about the portering department in a hospital, and he addressed the porters.

And he had asked me to come to the meeting with him. And he said to the group of porters, 'gentlemen, I've been doing an analysis of the methodology you deploy for the distribution of food, and I have to say, it's counterintuitive.' And there was a sea of these porters and you could see them thinking, 'what is he on about?' And I spoke to him afterwards and he didn't get it. And he ended up - he got a chief exec post, they knew he would because he was Cambridge, well-educated - but he didn't last long, because he just did not know how to work in a team. And I remember, because him and I got on really well and he was a really nice guy, and I said, 'you'd be much better off in a research department, something like that, with your skills'. A policy would come out and he would be able to absorb it, as quick as anything, but it's about getting the right people in the right jobs with those mixture of skills. And I've seen again, some people just not being able to cut it as a chief exec, because they don't have that understanding about bringing people with you.

Lara Mott (19:51)

I have a question for you both, if I may. Obviously, we know that the mental and physical challenges on the frontline workforce are enormous right now. Peter, I'll start with you first, whether it's the nursing community or the workforce in general, how can we best support them right now? Or how can leaders best support them right now? And obviously Na'eem from your experience too, it would be great to hear your view.

Peter Carter (20:18)

Well, I'm going to state the obvious that people are tired, people are exhausted and mentally exhausted. And one of the things that is bedevilling everything, of course, is not knowing when the end date is. At different times in my career I've managed prison services, and I remember talking to some prisoners - because we ran the mental health of it. And one of the things I remember this guy saying was that he got a six year sentence, and he knew that with good behaviour, he'd be out in three, and he had about another year to go. So that framework kept him sane. And one of the things about what we're all doing now, what we're all going through, is no one knows when we will get to the end - six weeks, eight weeks, or another year or whatever. And that uncertainty is really adding to the pressure.

(21:17)

In addition, the mixed messages; what is the science every night on the news, different people with different theories - it's making life difficult. So what we need to do is that we need to work with that uncertainty. I have seen some amazing examples, with NHS trusts putting in support, all kinds of support. Support in terms of using psychologists, using groups of people - mutual support - but also practical stuff. One of the things that a lot of trusts hadn't been very good at in the past is, when you are looking at the average ward, and Na'eem you may have seen this, the staff room is usually full of clapped out furniture that people have brought in - quite astonishing really. Whereas a lot of work is done on making sure good quality rest facilities, good microwave ovens so you don't have to bring in sandwiches, a fridge to keep the milk in - all those kind of tiny little things that make people feel that they're cared for, that somebody is looking out for them. Because if you can get it right with the food and that sort of thing, you get a much better chance of getting it right with that with the product.

(22:33)

I also think that when things are not going well, it's about having debriefs - a lot of relatives are getting a bit frazzled with the staff, we've seen assaults rising, and there's a lot of intemperate behaviour. It's about putting in support for that. So, a whole wide range of things, Lara, that again, contribute to make people feel protected. And when people are not well, making it legit for them to go off. I know we're short-staffed. But if you're really going under, it's much better to give somebody a week off, and then get them back and be fit rather than struggling on and struggling on and then having months out of action.

Lara Mott (23:16)

Na'eem, anything you you want to add or comment on?

Na'eem Ahmed (23:19)

I was just struck by what Peter says, because I think the key now is really how we support our staff in the best way possible. And I know people are talking about the trauma that the staff have been through and not just, for example, not just physical PPE, but psychological PPE, as well, and how we can support staff in that way. Peter, I just wanted to ask what do you think your top three things really would be now that we could do to improve the lives of staff? You mentioned a couple, but what are the things that right now staff would really appreciate?

Peter Carter (24:00)

We talked about a no-fault culture, and things do go wrong. And I think it's inevitable, that because of the pressure of work, there will be more mistakes. And people need to know that they're going to be supported. Now, obviously if somebody is doing something, and there is no mitigation, of course, they have to be held to account. But most of the time, this is going to be because people were really working at the extreme end and the consequences of that are that things will go wrong. So being supportive.

(24:40)

I think the other thing is that one of the positives has been the multidisciplinary working, which I think has really aided teamwork, and people identifying with the different roles. So that kind of thing, I think is very important.

(24:58)

I also think that senior managers need to walk the job. Now, I know that we talk about social distancing and all the rest of it, but executives have to be in the workplace. There has to be the visible presence. Up at the Lister Hospital at Stevenage, there's a guy called Steve Andrews who does a lot of work with organisational development. Steve regularly stands at the entrance of the hospital and welcomes staff in, in the morning. Just a little thing like that. People might say it's a gimmick, but I don't think it is - it's heartfelt and people like it.

Lara Mott (25:41)

Yeah, empathy I think is the key as well. I think leaders need to have empathy because these are unprecedented times and people are doing their best. And sometimes as you say, it doesn't go to plan.

(25:56)

Peter, you've touched on nurses, allied health professionals and other frontline colleagues, who are perhaps underrepresented normally in quality improvement processes. Do you think there's anything in particular that leaders can do to help empower nurses, in particular with your RCN hat on, without focusing too much on a particular staff group? You've touched on the themes of multidisciplinary teams and bringing different skillsets together to really deliver results, but is there anything that people could do on a practical level to encourage more involvement from those underrepresented staffing groups?

Peter Carter (26:38)

Well, if I can answer this slightly in a different way, which I hope will make sense. One of the things which I just think has been amazing with COVID, is the number of highly distinguished senior medical staff that have been going into intensive care units and working as nursing assistants. There's a very distinguished surgeon at Barts and he's been working nights. David Nott, a very famous man working in trauma care – he's been working as a nursing assistant. We've seen so much of that going on - of people just knuckling down. And I'm hoping that post-COVID – not that those people will be doing that, because they've got skills that need be better deployed elsewhere. But I'm hoping that what that does is it kind of leaves a bit of a legacy about people acknowledging and recognising, again, something we touched on earlier, the kind of skills that people have. I think it has also brought the best out of many, many people.

(27:44)

But also something which I know is close to both of your hearts, is the use of technology. When I was at the RCN, as well as going all over the UK, when I was in Scotland, I went to Orkney, Shetlands, and the Western Isles. And in the Orkneys, which I'm sure you know is an archipelago of I think about 70 or 80 Islands and about 30 are inhabited, the district nurses go from island to island on little motorboats - quite entertaining! But they could be in a cottage and see a baby with a rash that they didn't recognise and using their phone, they'd beam that back to the paediatric department at Aberdeen Royal Infirmary. And I remember saying, we could be doing this in London, in Birmingham, in Cornwall. They did it because they couldn't afford to send helicopters all the time and find out that it was just a routine rash and all the rest of it. So all of those things we should now build on, all of the video consultations that are just going to make life so much easier.

(28:48)

I know we're not going to go back to how it was before, but I hope we don't begin to slip back. Because out of this crisis, we can take these advances that have been made, which have been proven to be successful. It took a crisis to get people to use video conferencing – what we're doing today, there was a time when I would have got on a train and come to wherever you are, and you don't need to do that. So lots of things that we can take forward out of that, that help us move forward.

Lara Mott (29:17)

That actually leads me perfectly on to another question I wanted to ask you because it has been incredible to see how quickly the NHS has adopted digital technology, certainly in the last 12 months, to facilitate new ways of working and remote working. As a leader, if you put yourself back into the shoes of a chief exec now, how do you ensure that you keep good change and quickly eradicate – I don't want to say 'bad' change – but there is inevitably going to be things that have been adopted that might not work. So how do you embrace that culture of rapid learning and being able to make small changes now, based on those big ones that people have embraced?

Peter Carter (30:03)

Well, that's where I think what you have to do is, you have to be upbeat, you've got to embrace it, you've got to talk with people about it, you've got to say, 'look at what we've managed to do here'. Look at the outcomes, look at the benefits. Whether it's video consultations with GPs, remote consultations with outpatients, and then the use of all of the technology. But we have got to say this can be done.

Lara Mott (30:32)

Peter, thank you so much, you've provided some wonderful insights from your vast experience in the field. Before we end, I'd like to take a moment to introduce something that we'd like to feature in each episode. We're calling it 'Small But Mighty', where we want to highlight an idea that has caught our eye, for example a small change that might be easy to implement and can make a big difference. So up first is an idea that is pertinent to the pandemic and what staff are experiencing right now. As we're all aware, with current redeployment programmes, or perhaps staff volunteering for new roles, staff are finding themselves in new environments. They may be highly skilled, and they may be an experienced professional. However, they're in a new working environment which in itself can be challenging. So, a lovely concept which someone shared on the ImproveWell solution is to give staff a badge to explain that they are new, they are experienced in what they do, but they are new to the ward and to ask people to be patient with them. And that's something that you may have seen on Twitter - there's a few variations of this idea, including more subtle badges with a symbol for staff who are in the know, that perhaps patients won't immediately notice. And it's something that we really loved.

Peter Carter (31:45)

Well, I think that's terrific. You're making it legit, that you don't know even your way around the place, let alone some of the answers, because people kind of assume that you hit the deck running. And just because you've been qualified or whatever, for so many years. So yeah, I do think all of that kind of inducting people in and making sure that they know what is expected of them and that sort of thing is good. Again, it's been a recurring theme but that's the kind of oil in the machine that kind of helps it to go around. And it is about helping people when they're starting new jobs.

(32:23)

By the way, one of the things that I always say to – I mean, I do mentoring for chief execs – and I say, 'when you start, first of all, don't touch anything until you've been there for three months'. Because by golly, chief execs do like to mess about with the management structure

because it kind of demonstrates that they're here and they know what they're doing, and they're in charge. And it's the most tangible thing you can do. Whereas I say, don't touch anything until you've been in there for three months, and then you know what you're looking at. But also, during those three months ASK, ASK, ASK – ask questions. Because I don't know what it is about the three month threshold, after three months there's kind of an assumption that you'll know it all. And if you haven't been asking the questions, people then feel 'I can't ask that now, because I've been here four or five months' (laughter). So just ask away, don't touch anything!

(33:15)

And also people that you think are shining, might be dazzling you. And there might be some other people that you think 'I'm not quite sure about them' – they might be a lot deeper. So again, it's about getting to know your staff, their strengths, and perhaps said things that they need developing, as opposed to weaknesses.

Lara Mott (33:34)

Peter, thank you so much for joining us today. It's been an absolute pleasure having you!

Peter Carter (33:38)

Well, can I thank you for inviting me and I will follow ImproveWell with interest. And if there's any other time we want to do something like this or just chat, I'd be absolutely delighted.

Lara Mott (33:52)

Oh, Peter, I've got that on record now (laughter). You won't get out of that one! (laughter)

Peter Carter (33:58)

Well, we can have some fun. (laughter)

Ending (34:02)

Many thanks to our guest today, Dr. Peter Carter, OBE. The Improver is a production of ImproveWell Ltd. To learn more about the ImproveWell solution, visit improvewell.com. Subscribe to The Improver at Apple Podcasts or wherever you're listening.