Tackling the Diabetes Crisis

A partnership between Diabetes UK, Novo Nordisk, Ashridge Executive Education & NHS diabetes specialists

EFMD EXCELLENCE IN PRACTICE AWARDS 2017

Excellence in Practice GOLD 2017

Executive Summary

This inspiring story of a unique four-way partnership reminds us of the power of collaboration and of new possibilities made real through shared vision, belief and inventiveness

“Complex problems require partnership solutions. No one partner alone could have expanded the thinking and found the practical, hidden and unexpected solutions seen here.

Amy Rylance
Head of Healthcare Professional Engagement, Diabetes UK

By bravely committing to tackling a seemingly impossible situation, and despite perfect storm conditions, demoralised health professionals have joined forces in a crusade to deliver change and confront underlying, systemic challenges of delivering good diabetes care – a condition overwhelming the nation and putting insatiable pressure on health services already stretched beyond capacity. Reflecting the reality that change must come from within, and working *with* (rather than against) a multitude of highly complex challenges, this initiative – which utilises the combined expertise of Diabetes UK, Ashridge Executive Education and NHS health practitioners in collaboration with Novo Nordisk who provide support and funding– centres around galvanising and empowering diabetes specialists **into action**, improving the lives of thousands of people by catalysing change. Inadequacies in skill and knowledge are being tackled, dangerous mistakes and decisions addressed, and the instances of unnecessary, serious health complications for people living with diabetes reduced.

This has been achieved through:

- Healthcare professionals stepping into voluntary leadership roles, regardless of position/conventional hierarchy or personal gain
- Creating a new role of Clinical Champion and giving power to those at the frontline of diabetes care
- Thinking creatively and boldly about failings/risks and designing around these
- Learning what is *stopping* change from happening rather than focusing on change theory / learning for learnings sake
- Utilising the combined expertise, connections and resources of all partners to increase the success of evidence-based change.

With proving *cause and effect* and ROI the often-cited holy grail of leadership and organisational development, this initiative delivers multiple examples of directly-correlated change by participating champions, as well as revealing the unanticipated impact the partnership is having on the wider world of policy-making, commissioning, public engagement and education. This is a testament to an initiative which challenges the dominant narrative and scepticism surrounding public and private partnerships and which, with impressive openness, honesty and respect for each other’s unique contribution, is putting the needs of people living with diabetes **first**.

“It’s inspiring to see such astonishing impact without adding any extra strain on the system or a single penny to the healthcare budget.”

Guy Lubitsh
Client Director, Ashridge

“It is wonderful to be working on this ambitious initiative, empowering a growing network of Clinical Champions wishing to become advocates for change and quality improvement in diabetes. In the current environment, this is no easy task.”

Adam Burt
Director Market Access and Public Affairs, Novo Nordisk UK

Introducing the Partnership

Diabetes UK
National charity supporting people living with diabetes.
MISSION: By bringing people together to work in partnership they will support those living with diabetes, prevent Type 2 diabetes, make research breakthroughs, and ultimately find a cure.

Novo Nordisk
A global healthcare company with more than 90 years of innovation and leadership in diabetes care. This heritage has given experience and capabilities that also enable the company to help people defeat other serious chronic conditions: haemophilia, growth disorders and obesity. Research is supported through its independent charitable organisation, the Novo Nordisk Foundation.

Ashridge Executive Education
Health leadership specialists at leading international business school dedicated to the development of leaders and organisations through executive education, consultancy and research.

NHS diabetes specialists

Clinicians working in the National Health Service with a specialism in diabetes, in roles ranging from nurses, general practitioners, dietitians, pharmacists, podiatrists,

The Challenge

A condition growing at a seemingly unstoppable rate

The Challenge

"I never want to see another patient die because they have been given the wrong insulin."

Ruth Miller
Diabetes Specialist Nurse

Diabetes is a metabolic disease characterised by an excess of glucose/sugar in the blood because the body can't use it properly. Whilst with the right diagnosis, knowledge, support and medication diabetes is a 'manageable' condition, abnormally high or low blood-sugar can cause serious, life-threatening problems.

Often referred to as 'complications', these include blindness, limb amputations, strokes and, most seriously, vital organ failure.

An escalating condition
In the UK, the number of people living with diabetes has almost doubled in last ten years, standing today at **4.5million**. Putting immense strain on already stretched health and social-care services, around 25% (average) of people in hospitals or care-homes have diabetes.

Every year more people are affected by diabetes than cancer and dementia combined.

Every two minutes there is a new diagnosis.

The following statistics* expose some of the serious failings in UK diabetes care in 2016:

- Of all deaths from diabetes 80% were avoidable.
- 80% of the 7000 limb amputations were preventable.
- Diabetes is the leading cause of blindness in people of working age.

*Diabetes UK State of the Nation 2016

Diabetes costs the NHS £10 billion annually (£27 million per day) – a figure expected to rise 50% by 2035.

A complex challenge

There are a number of factors which make managing diabetes a particularly complex challenge.

1 **Self-management**

CHALLENGES

2 **Inadequacies in the health service**

3 **A complex system at breaking point**

1. Self-management

People with diabetes self-manage their condition the majority of time (98%)*. Despite this many people are unaware how to control their diabetes. There is little education available or offered, and that which is has staggering low take-up rates (<5%). Lack of education and patient ownership puts greater strain/responsibility on healthcare professionals and public services.

Those unable to self-manage and most vulnerable – from the young to the very old, those living with dementia, illness or disability – speak of being at the mercy of others and at risk. Studies show that most care-home staff have no diabetes training, and in too many schools teachers “lack awareness, understanding and confidence in managing diabetes”. For children with diabetes in Wales, there is no legal requirement for schools to support them.

2. Inadequacies in the health service

“The NHS is currently unprepared and under resourced to meet the sharp rise of diabetes and is struggling to meet patient needs. Unless something is done urgently to combat this, patients will continue to suffer from the devastating complications of this condition.”

Dr. Ryan D’Costa
Consultant in Endocrinology and Diabetes

Dr Ryan D’Costa
Clinical Champion

Diabetes requires expertise. Despite 1 in 6 patients in hospital having diabetes, 35% of hospitals do not have any diabetes specialist teams. Alarming data shows 25% of patients have at least one severe hypoglycaemic attack while in hospital and there are diabetes medication errors in over a third of drug charts. Coupled with the stipulation that medication is removed from patients as standard procedure in hospital “diabetes- related harm” has become commonplace.
Those at the frontline of diabetes care report being extremely stretched and demoralised from the daily frustration of not being able to meet patients’ needs and deliver adequate levels of care either through lack of money, time or specialist diabetes knowledge within their locality.

As one specialist nurse put it:

“I witness the same preventable mistakes repeated over again.”

Another talks of carrying an image around in her ‘mind’s eye’ of a patient who died unnecessarily due to medical errors:

“What happened is not an isolated event - similar events happen up and down the country ....it is an injustice if our most vulnerable patients cannot depend on good quality, safe care when they find themselves in hospital or care homes.”

An estimated **1.1 million** people have undiagnosed diabetes – placing them at higher risk of complications.

"Inevitable cost cutting measures being undertaken throughout the system are both putting people's lives at risk and storing up problems for down the line."

Bridget Turner
Diabetes UK

At a local GP level, primary care staff are struggling to cope with rising numbers of people with long-term conditions and are expected to treat complex conditions such as diabetes with little access to training or support. With the UK Government putting pressure on the NHS to see patients "nearer to home", this lack of expertise means greater risk.

3. A complex system at breaking point

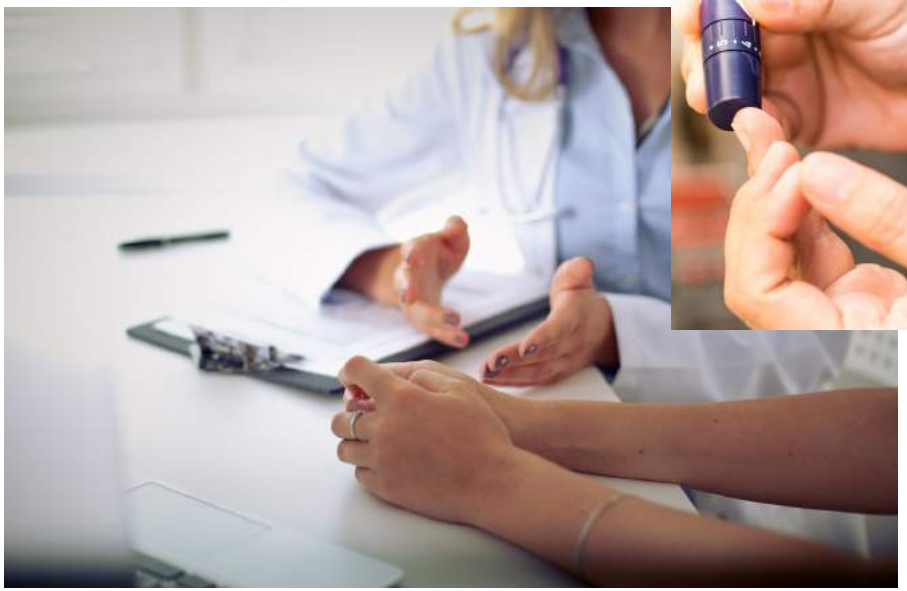
As the main provider of health services in the UK, the NHS is a highly hierarchical and fragmented organisation, a system which perpetuates and hinders the ability to address problems in healthcare delivery. With those involved in diabetes spanning multiple departments and services, specialists rarely have the ability to work *outside* their silo or role; to build an understanding of the wide range of challenges across the diabetes pathway, discuss problems or challenge each other in a constructive way.

Those expected to lead change speak of being all too aware of the failings and risks, but powerless due to decision-making protocols, commissioning systems and the daily pressures of delivering care whilst having to fight to protect diabetes resources from budget cuts. The financial pressures facing the NHS means that any initiatives to address this – organisational/ leadership development or change interventions – are unaffordable "luxuries". **In a system so complex, making change happen seems impossible**.

Patient experience

For those *living* with diabetes, the cumulative effects are all too painful. They experience what it's like to be vulnerable and in need of care in a system where the patient is not at the centre, and how the silo mentality, bureaucracy and budget pressures define decision-making and care.

Patients speak of how their most basic needs for medication to be administered accurately or for help understanding their condition are not met. Their interactions with stretched healthcare professionals – often with no diabetes specialism – leaves many feeling at best managed and at worst an encumbrance.



A critical situation in desperate need of a solution.

Given this, the following, almost impossible, question summarises the overarching challenge:

How do you go about making changes which will lead to real improvements for people living with diabetes given the stark realities, systemic factors, lack of adequate resources and education, and the financial pressures?

Never has the following quote seemed more relevant:

> “A problem cannot be solved with the same level of thinking that created it”

Albert Einstein

The Commitment

An emergent process of exploration and collaboration

The Commitment

> “In order to change the current reality, start with a belief that the goal is possible.... and make a commitment to it.”
>
> **Benjamin Zander**

Unlike most development initiatives which start with a clear brief from a commissioning organisation, the way forward for this initiative came not from one place or individual, but during an emergent process of exploration and collaboration, as outlined below.

Despite understanding the complex challenges across diabetes healthcare *and* that most specialists were extremely stretched and demoralised, Diabetes UK held the belief that:

- Change needed to happen from within, and
- Strong clinical leadership results in better patient care.

In 2013 Diabetes UK began considering whether “skilling-up” diabetes specialists in the topics of change and leadership could help.

A fortuitous meeting with Novo Nordisk exploring sponsorship options led to a timely collaboration. Not only treading new ground – being the first time the charity had established a long-term financial relationship with a pharmaceutical company – it enabled Diabetes UK’s initial ideas to be expanded.

Amy Rylance explains:

> “The partnership allowed us all to ‘think bigger’. We were gripped by the notion of addressing more of the complexity surrounding diabetes healthcare – of doing more than ‘tinkering on the outskirts’. Whilst unsure what this would look like, together we set our vision higher.”

At this stage, Diabetes UK and Novo Nordisk met with Ashridge. In a series of meetings, initial assumptions that clinicians didn’t understand the *mechanisms* within the health system for making change happen were challenged, shifting the focus towards what was really **stopping** change and exploring systemic hierarchy, authority and influencing.

Amy Rylance
Head of Healthcare Professional Engagement, Diabetes UK

CLARITY EMERGED AROUND THE OBJECTIVES/VISION

Clinical Champions

At this stage the central concept of creating "clinical champions" was developed – voluntary posts to be filled by diabetes specialists with the remit of making change happen – and the Diabetes UK Clinical Champions initiative was born.

Amy Rylance

This pivotal decision was in many senses a leap of faith, as **Amy Rylance** explains:

"No-one knew whether there would be any take-up for the champion role, after all it was a new position, unrecognised (formally) and 'over and above' clinicians current job."

What drove the partnership was the belief that

"by doing nothing, nothing changes."

A unique process

- **Learning together**
- **Designed in partnership and *with participants***

One of the unusual but highly effective decisions the partnership committed to was not to make assumptions about the support/L&D needed until clinicians had been recruited and worked with at least once. The first module was run as an open exploration with participants where shared learning and co-creation could occur.

"This can be a scary way to work, but we wanted to really meet clinical champions' needs. I believe that if we hadn't done this we would have got things wrong."

Amy Rylance

It was only having heard openly from participants that modules 2-4 were designed.

"We were very open with the participants about this process - making it clear we were in unchartered territory. To their credit, they were very accepting. Bear in mind the NHS is a risk averse organisation. I think in many ways this approach was freeing for people ... and lent itself to the overall objectives by enabling more to be imagined. There was a sense of innovating and trying things out."

Guy Lubitsh

Guy Lubitsh

The first action learning sets were a particularly revealing regarding the ongoing pressures and anxiety clinicians experience, realities which were unlikely to have emerged during needs analysis.

Budget, scale and scope

The partnership can be best defined as working together to maximise what can be achieved given available resources, working with an initial budget of £90,000 from Novo Nordisk.

To meet the shared ambitions, Ashridge made the commitment to run the program with a single faculty member. To limit costs and clinicians' time away from work, the format agreed was four 24hour modules over two years (residential, maximising the benefits of being together) with action learning and inter-module support.

In Year 1 (2014), the budget funded 10 clinicians. To grow numbers and continue addressing problems, Novo Nordisk increased their support to £150,000 p/a and provided important stability, committing to two-year funding plans. There are now 45 active champions/3 cohorts working across the whole of the UK. 20 new clinicians will be recruited in 2017. A champions' alumni was also established in 2016, funded by Novo Nordisk.

An open and honest partnership

Given the prevailing scepticism within the NHS towards pharmaceutical companies, developing a respectful and open partnership became part of the work.

"Roles, responsibilities and boundaries were established and, together, we made sure the partnership was a win-win for all, most importantly for the clinicians. This was helped greatly by Novo-Nordisk's non-commercial attitude."

Guy Lubitsh

"At its heart, Novo Nordisk believes in enabling leaders to drive the quality of care patients living with diabetes need and deserve."

Adam Burt
Director, Market Access and Public Affairs,
Novo Nordisk

The Initiative

The approach recognises that diabetes care exists within a complex web of interactivity and changing circumstances.

The Diabetes UK Clinical Champions Initiative

> "What happens *outside* the program is why we're all here."

Guy Lubitsh

The following principle underpins the initiative: **diabetes specialists see very clearly *what* needs to happen, but lack the knowledge, support and authority to affect real change**.

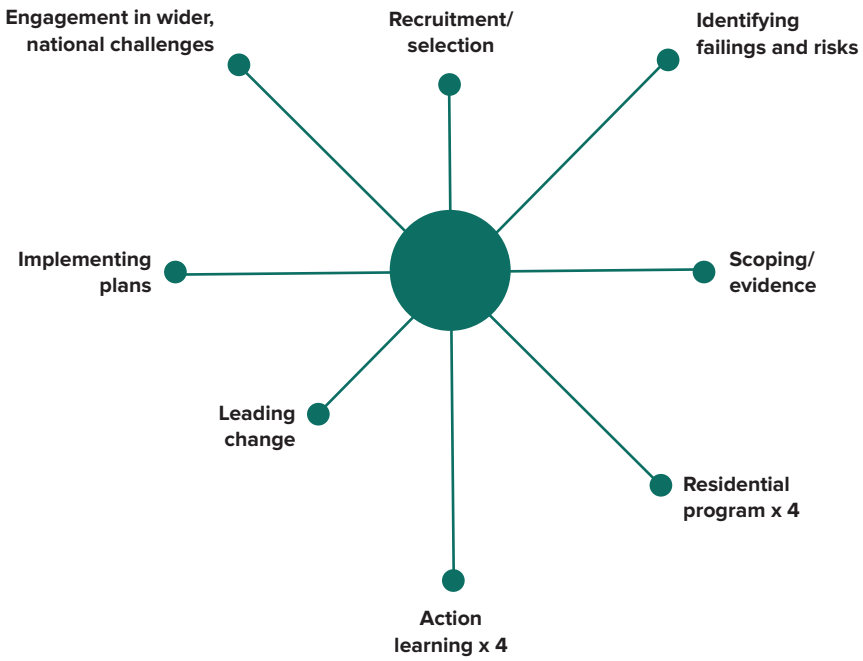
As the primary goal is to make a difference to diabetes care, the initiative is centred around each champion tackling failings and leading change, with hands-on, practical involvement and highly relevant learning.

As one champion commented:

> "This isn't an 'add-on', it's an enabler – a set of skills to address serious problems."

Dr Farooq Ahmed GP

AN OVERVIEW OF THE DIABETES UK CLINICAL CHAMPIONS INITIATIVE



Key Success Factors

There are a number of factors which, when combined, have ensured the chances of success are high.

"The NHS is so complex. In many instances nobody knows who has the right to make decisions. By conferring on somebody a title, changes can be owned, led and most importantly, accepted and followed."

Amy Rylance

"Insights by an attending commissioner regarding a funding meeting highlighted fundamental misjudgements and was invaluable."

Emily Watts
Diabetes UK

1
The power of the title Clinical Champion ("a stroke of genius"/"the magic!") which propelled people into leadership and gave them the authority needed.

2
Recruiting well (see page 17).*

3
Participants' strong sense of accountability to bring about change *for* patients

4
Multi-disciplinary cohorts: contributing wide-ranging experiences within diabetes. Bringing in the whole system and bridging local-national gaps.

5
Understanding the 'political system' within the NHS/ where the power lies and engaging *with* it. Recognising that to lead change you have to be involved. Growing champion's knowledge and confidence.

6
Reducing strong power differentials and building equality. Learning from each other and utilising the expertise across the diabetes pathway.

7
Allowing the "emergent", from the initial collaborative exploration and design approach, to giving champions the flexibility to shape the initiative to individual priorities or risk-areas and re-designing program content *in-the-moment* as challenges to change are uncovered.

8
Provocation and stimulus from outside NHS to challenge current culture/practice – drawing in 'big players' from across the NHS and government, and VPs/CEOs from industry to share their insights on leadership.

9
The partnership between champions, Diabetes UK and Ashridge, including:

- Hands-on support with leading change, from practical resources to the provision of data, information and research findings so that champions can "make changes faster".
- Opening doors so champions can engage policy decision-makers in the NHS and UK government and work with what's in the way.
- Ensuring national agendas and priorities don't get lost when addressing local challenges. Keeping clinicians informed of national resources/changes/policy.

"The initiative is so well recognised influential people want to be part of it, to engage with champions."

Beth Stout
Diabetes UK

"The support for champions is far beyond that found in traditional L&D programs."

Guy Lubitsh

GPs, consultants, diabetes specialists nurses, podiatrists, dietitians and pharmacists working together, viewing change from all perspectives.

The Clinical Champions Development Program

“ The program creates the conditions for experimentation and for galvanising champions to go out and light small fires within their organisation and across organisational boundaries. ”

Guy Lubitsh

Red threads:
• Challenging self-limiting beliefs on what's possible.

• Providing the space for thoughts and ideas to unfold; allowing clinicians to change direction if necessary.

• Learning from each other and previous cohorts.

• Being completely authentic – as role-modelled by Ashridge and experienced as the cornerstone of building trust/forming relationships.

The framework revolves around the four domains of Personal, Contextual, Relational and Technical, paying particular attention to relational and personal, identified by Ashridge research (sponsored by the Health Foundation 2010) as the key areas for effective change leadership within healthcare settings.

Module 1
begins the work of building a network to support the challenge of leading complex/system-wide change, scoping the work/changes to be addressed and developing skills such as driving change/influencing.

Module 2
explores the specific challenges of leadership, reaching out to complex communities, using patients and engaging local communities in change.

Module 3
focuses on technical aspects – communicating business plans effectively and stakeholder mapping – as well as paying attention to resilience at this crucial stage in leading change.

Module 4
looks at profile-raising and increasing personal impact, exploring adaptive leadership and topics such as saying no, managing negativity and celebrating successes.

As champions begin to tackle failings/problems, there is continued support from all partners and peers. Action learning groups convene between modules.

“To give the initiative the best chance of delivering significant changes, personal qualities cannot be overlooked.”

Guy Lubitsh

Recruiting Well

The process includes a formal application and interviews. Clinicians need to demonstrate changes already made and share ideas for improving diabetes care.

The initiative has become very prestigious, so much so that recruitment now is a very competitive process. Applicants must show a **burning passion** for improving diabetes healthcare and be equally ambitious in their desire to challenge the status quo, tackle difficult problems and put people living with diabetes first.

As the initiative has evolved, *thoughtful reflection* and the *ability* to work in a group context have been added to the selection criteria.

Evaluation

Evaluation occurs throughout with an emphasis on the tangible changes made for people with diabetes and impact on local health systems. Champions produce impact statements every 6 months, have ongoing progress conversations with Diabetes UK and provide feedback on the program to enable continuous improvement.

The Impact

Lighting fires, addressing failings, confronting risks

The Impact

No longer are clinicians approaching their CEO with more problems. They are leaders with ideas and solutions - concrete plans for making change happen.

The acquired association with Diabetes UK - a strong national brand/ charity - gave champions the 'permission' to speak for patients.

The power of this initiative lies in the way it has engaged with and inspired clinicians to take on failings – to "light fires" – given authority, offered practical support (not just rhetoric) and established a community for co-learning and problem-solving.

Diabetes healthcare has been improved in ways which were, given the catalogue of challenges and obstacles, previously perceived impossible. This is evidenced by the growing numbers of solutions being implemented from improving inpatient safety, reducing the variability in the quality of diabetes care and empowering/enabling patients to control their diabetes, therefore preventing serious complications, to working with decision- makers to ensure diabetes is kept high on the health agenda.

> "With the NHS so stretched this is what was needed."

Beth Stout

The power of the title

Since becoming a champion frontline staff have had the credibility to both advise and affect change.

One champion explains:

“As a result of changes we’ve made, teams now take the necessary action for hypoglycaemic attacks. This is saving lives.”

In one example, a diabetes specialist nurse who was previously ‘hitting a brick wall’ with GPs regarding diabetes treatment to elderly patients has implemented new guidelines for patients over the age of 75.

“The impact is amazing - the number of call outs and hospital admissions for this group have dropped dropped significantly.”

Another involved standardising the rules for drugs prescriptions (“formularies”) between different Clinical Commissioning Groups. This has made prescribing fairer for patients as their access to drugs no longer depends on where they live in the local area. It has also resolved issues of inconsistent and dangerous decisions being made regarding patients’ medications on the basis of different formularies.

“I am now more involved in diabetes locally and have a say in service planning and implementation. Our elderly care guidelines, which were drafted and implemented as part of my role have highlighted to both primary and secondary care the need to manage elderly diabetes in a different way to prevent recurrent hypoglycaemia and reduce hospital admissions.”

Debora Brown
Diabetes Specialist Nurse

“My team has a voice through me now.”

Claire Neely
Diabetes Specialist Nurse

Improving diabetes care by addressing problems and finding new solutions

EXAMPLES INCLUDE:

New training initiatives which have led to a marked improvement in diabetes care (below), grown the confidence of frontline staff in critical aspects/preventable mistakes from 46 to 80% and established important standardisation of protocols.

Inpatients experiencing:	**2015**	**2016**
Medication errors	46.9%	26.7%
Severe hypoglycaemic episode	14.5%	6.9%
Insulin errors	24.5%	13.3%
Foot checks received	18.2%	34.4%

Confirmed by the National Inpatient Audit.

"We found a solution that can reach the right people in high numbers, is cheap, is not time consuming, and is adaptable to any Trust/ community setting."

Ruth Miller
Diabetes Specialist Nurse

Working with partners to establish two new services based on consultant clinics which increases expertise in the community, delivers education sessions and, through a new triage, ensures patients are being treated in the right place.

Securing funding for a new role of Schools Educator in Wales – a post now filled – and delivering training/ support to schools caring for children with diabetes.

Developing an innovative specialist website and portal, which has given diabetes patients online access to their own health records, tailored educational and self-care advice, online messaging between patients/ professionals, online peer support and skype clinics.

"The program supports people in numerous different ways to be able to achieve things that they never thought they could in terms of diabetes care improvement."

Dr Deborah Wake
University of Dundee/
NHS Tayside

Identifying that many patients were missing annual limb screenings, leaving them vulnerable to amputations.

"In Dumfries and Galloway, we've trained up many of our colleagues and between Aug-Oct 2015 increased the number of patients receiving the screenings from 77.8% to 91.3%"

Sheena MacDonald
Dietitian

Impact on the wider world of policy-making, commissioning, public engagement and education.

Beyond this, there have been the unexpected outcomes:

1 Tackling threats to care **2** Tackling wider, national challenges surrounding diabetes care

1. Champions taking on decisions which threaten diabetes care.

Amy Rylance explains:

“When the program was first conceived the NHS was not in quite as serious a state as it is today, so the ability to ‘trouble-shoot’ was not an objective. But the reality is that tackling threats to care is vitally important.”

Champions now have the authority and skills to immediately react and, where helpful, to engage the support of Diabetes UK, as national charity particularly equipped to challenge threats to care. The result is effective and quick action.

Example:
Champions reversing a decision made due to funding miscalculations and lack of knowledge to take people off insulin pumps – a very serious situation condemning patients to worse health outcomes.

2. Champions engaging policy decision- makers in national and local government and being the expert voice within Diabetes UK campaigning activities.

Many champions have attended meetings at Parliament where they raise local issues with MPs relating to diabetes and hosted MPs in their local clinics to highlight pressing diabetes care issues.

“Getting diabetes to be taken seriously and not to be pushed off the national agenda is a huge challenge.”

Chris Askew
CEO Diabetes UK

“The energy of champions for thinking beyond their local healthcare challenges wasn’t anticipated. When there is a big national news item, for example, champions offer themselves up without hesitation, helping to get important messages out to the public. The knock-on effect supports the initiative by building up champions credibility and strengthening their impact within their local health system.”

Amy Rylance

Example:
Champions working closely with Diabetes UK Wales on a bill by the Welsh government to legislate schools to take responsibility for measuring blood glucose/ administering insulin to children with diabetes.

“The initiative literally opened doors to meetings with Assembly members and civil servants within the Government.”

Dr Justin Warner
Cardiff

Chris Askew
CEO Diabetes UK

Concluding Remarks

This iniative is at its core about making change happen, sticking heads above the parapet, standing up for needs and finding ways forward where others have failed. This is not about learning for learnings sake, the joy of innovation or fulfilling development agendas.

For all involved there is the sense of being part of something bigger. A movement. Fighting for diabetes healthcare and tackling the underlying challenges and failings. In a glorious snowball effect, as the movement grows so do the possibilities. As clinicians embrace the role of champion, their energy to imagine changes and take action escalates; as changes are experienced by patients and professionals up and down the country, the louder and more affecting the voice for diabetes becomes.

As a nation the UK has, for the first time, healthcare professionals with the passion, skill and authority to ensure diabetes is taken seriously and kept high on the agenda. Champions who can influence others across organisational boundaries, prevent dangerous decisions being implemented, address life-threatening practices and continue to tackle variations in care.

Through a unique, inventive partnership with a vision, the seemingly impossible task of addressing the complex challenges of diabetes has at last become an achievable reality.

“We are all incredibly proud of the initiative. It began as a small idea which, as a partnership, we grew. The impact it is having is inspiring and demonstrates what can be achieved through this model for solving complex problems.”

Emily Watts

“In many instances, organisation’s cannot rely solely on themselves or their own resources to do everything, and there needs to be much more consideration to the need for creative partnerships. This initiative sits right at the heart of this and is in this sense both a sign of the times and forward looking.”

Guy Lubitsh