Session Objectives

- Develop an understanding of how to deliver and implement a learning framework for patient safety improvement that gets results
- Learn how the Scottish Patient Safety Fellowship program alumni implemented change and improvements in clinical care as part of their improvement projects
- Together explore and develop a metric for capability building in QI within your workplace using the QI challenge
Your Faculty Today

- Dr Pat O'Connor: Honorary Professor School of Business University of Dundee, Scotland
- Dr Anne Fearfull: Director of Business Programs, University of Dundee, Scotland
- Dr Brian Robson: Executive Clinical Director Healthcare Improvement Scotland, IHI Fellow
- Dr Lesley-Anne Smith: Quality Improvement Program Director, NHS Education for Scotland, IHI Fellow
- Dr Elaine Pacitti: Educational Project Manager, NHS Education for Scotland

Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
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<tr>
<td>13.00 – 13.10</td>
<td>Welcome and Introduction to Session</td>
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<td>13.10 – 13.30</td>
<td>Clinical Leadership and Engagement</td>
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<td>13.30 – 13.50</td>
<td>QI Challenge (Clinical Leadership)</td>
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<td>13.50 – 14.10</td>
<td>Scottish Patient Safety Fellowship Program Overview</td>
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<td>14.10 – 14.30</td>
<td>Fellows Experience (Learning Skills)</td>
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<td>14.30 – 15.00</td>
<td>Coffee</td>
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<td>15.00 – 15.20</td>
<td>QI Challenge (Learning Skills)</td>
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<td>15.20 – 15.40</td>
<td>Fellow Experience (Technical skills)</td>
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<td>15.40– 16.00</td>
<td>QI Challenge (Technical skills)</td>
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<td>16.00 – 16.15</td>
<td>Session Summary and Graffiti Wall Harvest</td>
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<td>16.15 – 16.30</td>
<td>Question and Answers</td>
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Skilled for Improvement

- Continuum of PI knowledge and skills
  - From skills to leadership
  - Our approach will be to make sure that each group works like a team, rather than just skills-driven.

QI Challenge - Clinical Leadership

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<th>Clinical Leadership</th>
<th>Team Skills</th>
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Adapted from De Silva and SPSF Framework (2014)
### QI Challenge - Learning Skills

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<th>Learning Skills</th>
<th>Group Learning</th>
<th>Encouraging Participation</th>
<th>Action Learning Skills</th>
<th>Critical Reflection</th>
<th>Whole Systems Change</th>
<th>Knowledge Sharing</th>
<th>Individual Learning Skills</th>
<th>Learning Communities</th>
<th>Externalising Tacit Knowledge</th>
<th>Organisational Learning</th>
<th>Communities of Practice</th>
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### QI Challenge - Technical Skills

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<th>Technical Skills</th>
<th>Measurement skills</th>
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<td>Six Sigma</td>
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<td>Understanding Flow Theory</td>
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<td>Using Innovation</td>
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Playing the QI Challenge

- Half of the table Moving in a clockwise direction
- the other half in an anti-clockwise direction

QI Challenge when the buzzer goes MOVE

- Half of the folks at the table move to the right
- The other half to move to the left sit beside a new person
Ask and offering QI help

- We will play the game in 3 x 20 minutes sessions
  - **Leadership**  **Learning**  **Technical**
- The object of the game is to discuss and share your QI strengths and seek contacts and help for the gap areas that you have
- In each QI challenge session you should discuss with your neighbor/s the skills on the QI challenge card.
- Share expertise: ask/offer help
- Note additional skills that you would **add to the card** write on your card in the blank boxes
- We will harvest all the new ideas at the end of the session on the graffiti walls in two themes collective strengths and connecting to improve

Harvest reach out ask and offer

- **Capability plan**
  - **Technical skills**
  - **Learning skills**
  - **Leadership skills**
Graffiti Walls

Post up your ideas on Leadership, Learning and Technical Skills

Walls for our strengths and weaknesses

- Let’s close the gap
- Weaknesses

- Let’s connect our Strengths

Let’s close the gap

References


- Building capability to improve safety The Health Foundation 2014
  lName=yb1Il3.pdf

- Impact evaluation of the Scottish Patient Safety Programme 2008-2013
  http://discovery.dundee.ac.uk/portal/en/research/impac
t-evaluation-of-the-scottish-patient-safety-fellowship-
programme-20082013(a3665e5d-8296-4b1f-aa4b-911e15af34ac).html
Thank you
THIS SESSION: CLINICAL LEADERSHIP

- Leadership
- Clinical Leadership
- Clinical Engagement
LEADERSHIP

Accepting responsibility for enabling others to achieve purpose under conditions of uncertainty.

“Good leaders create followers, great leaders create more leaders”

Anon

Peter Lees MD, President, Faculty of Medical Leadership
“...interpersonal behaviours, focussing on the quality of relationships between people in the system, are the most prominent feature in how NHS leaders bring about improvement.”

The Health Foundation, January 2012

Leading change in a new era

**Dominant approach**
- Power through hierarchy
- Mission and vision
- Making sense through rational argument
- Leadership-driven (top down) innovation
- Tried and tested, based on experience
- Transactions

**Emerging direction**
- Power through connection
- Shared purpose
- Making sense through emotional connection
- Viral (grass-roots driven) creativity
- “Open” approaches, sharing ideas & data, co-creating change
- Relationships

@HelenBevan #HiSQIconnect
“Improving the quality of care has become a team sport.”


But... how do we get clinicians on the 'leadership boat'?
Clinical community approach:

10 KEY LESSONS

1. Choose the **right challenge** for a clinical community approach
2. Build a strong **core team**
3. **Recruit** a community
4. **Resource** the community properly
5. Start with a clear ‘**theory of change**’, but review and adapt in light of learning and experience

"Using clinical communities to improve quality," The Health Foundation, December 2013
6. Foster a **sense of community** and belonging
7. Recognise and deal with **conflict** and **marginalisation**
8. Find a balance between ‘**hard**’ and ‘**soft**’ tactics
9. Use **data** wisely
10. Recognise the **contextual influences** on improvement and the need for **customisation**

*‘Using clinical communities to improve quality’. The Health Foundation, December 2013

**IS THIS HOW IT FEELS ?**

http://www.youtube.com/watch?v=Pk7yqlTMyp8
“Pressures on clinical staff having time to commit...”

HIS Clinical Engagement Strategy interviewee, October 2011
http://www.healthcareimprovementscotland.org/our_work/clinical_engagement.aspx
“...everyone in healthcare really has two jobs when they come to work every day: to do their work and to improve it.”

What is “quality improvement” and how can it transform healthcare? Batalden, P; Davidoff, F
Qual Saf Health Care. 2007 February; 16(1): 2–3

WHAT DOES THE EVIDENCE TELL US?
“Pursuing change without the leadership of clinicians is extremely hazardous.”

Don Berwick

The importance and challenge of clinical leadership. The Kings Fund. 2013


“How can we engage clinicians in the organisation's quality agenda?”

“How can we engage in the clinicians’ quality agenda?”

HiS Clinical Engagement Strategy interviewee

October 2011
“The key to ownership is involvement. No involvement.........no ownership”

Stephen Covey

CLINICAL ENGAGEMENT STRATEGY

“to ensure all of our activities, from planning to delivery, are influenced by clinical communities, and that a progressive and sustainable approach to engaging clinicians is firmly embedded.”

Clinical Engagement Strategy
http://www.healthcareimprovementscotland.org/previous_resources/policy_and_strategy/clinical_engagement_strategy.aspx
ENGAGING CLINICIANS ‘BUNDLE’

1. Discover common purpose
2. Reframe values & beliefs
3. Segment the engagement plan
4. Use “engaging” improvement methods
5. Show Courage
6. Adopt an engaging style

Engaging clinicians


Be the kind of leader that you would follow.
“I’d like to design new solutions to complex challenges”

SPSP Fellow, 2014

How has the SPSP Fellowship had an influence on your clinical leadership development?
Dr Sharon Hilton-Christie
Consultant Anaesthetist
NHS Tayside / SPSP Fellow Cohort 6

“The SPSP Fellowship has had a direct impact on my clinical leadership skills... For the first time, I have [been able to] involve and engage my Executive Team...”
“... the main difference is that I listen more... And I listen more attentively to people that I work with in all areas...”
“I consider falls to be the new ventilator associated pneumonia – everyone thinks they are inevitable and there is nothing that can be done. I don’t believe that and my job is to demonstrate that falls can be eradicated. Just watch!”

SPSP Fellow, 2014

Remember, anything is possible...
BIBLIOGRAPHY (1)

1. GI Connect WebEx series:  
   http://www.healthcareimprovementscotland.org/our_work/clinical_engagement/gi_connect.asp

2. Faculty of Medical Leadership & Management: https://www.fmlm.ac.uk/


5. http://www.youtube.com/watch?v=Pk7yqlTMvp8

6. HIS Clinical Engagement Strategy  
   http://www.healthcareimprovementscotland.org/our_work/clinical_engagement.aspx

7. What is "quality improvement" and how can it transform healthcare? Batalden,P; Davidoff,F  
   Qual Saf Health Care. 2007 February; 16(1): 2–3  
   http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2464920/

8. Engaging Doctors: What can we learn from trusts with high levels of medical engagement?  
   Academy of Medical Royal Colleges & Institute for Innovation & Improvement. 2011  

BIBLIOGRAPHY (2)


10. Engaging doctors: can doctors influence organisational performance?  

11. Healthcare professionals’ views on clinician engagement in quality improvement. The Health Foundation. This project was  
    led by Professor Huw Davies, St Andrews University. 2007.  


13. Medical engagement in organisation-wide safety and quality-improvement programmes: experience in the UK Safer  
    http://qualitysafety.bmj.com/content/19/5/1.46.short


    Health Foundation, December 2013  

Thank You

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@brobson3
jennifergraham@nhs.net
@jennigraham8

QI Challenge-Clinical Leadership

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SCOTTISH PATIENT SAFETY FELLOWSHIP PROGRAMME

Dr Lesley Anne Smith
Quality Improvement Programme Director
NHS Education for Scotland

IHI/Health Foundation Quality Improvement Fellow 2010-11

Dr Elaine Pacitti
Educational Projects Manager – Quality Improvement
NHS Education for Scotland

NHSScotland2020 Workforce Vision

- Healthy organisational culture
- Sustainable workforce
- Capable workforce
- Integrated workforce
- Effective leadership and management

Our 2020 Vision for Health and Social Care

Quality Education for a Healthier Scotland
What is Quality Improvement?

Quality Improvement is defined as the application of a **systematic** approach that uses **specific techniques** to improve quality.

*Health Foundation 2014*

All approaches have the following in common:

- **Cycle of improvement** involving data collection, problem definition and diagnosis, generation and selection of potential changes and implementation and evaluation of these changes
- **Set of tools and techniques** that support implementation of changes
- **Recognition of the importance of organisational context and senior clinical and managerial leadership**
- **Recognition of central importance of engaging those who deliver the service in improvement of that service**
NHSScotland Quality Improvement Capacity and Capability Building Plan

- Improve the confidence, capacity and capability of those leading and practicing quality improvement across NHS Scotland by 2015
- Quality Improvement Education Framework (What)
- Identify Target Audience (Who)
- Quality Improvement Learning Resources Delivery Model (How)
- Infrastructure

NHSScotland Quality Improvement Education Framework

Knowledge (Improvement Science)
- Profound knowledge, Improvement models - Model for Improvement, Lean, Six Sigma, Human Factors, Knowledge management, Project management, Planned experimentation

People
- MGT (or similar), enhancing self and others, team building, leadership, communicating a vision, change management, coaching, influencing, negotiating, accountability

System
- Processes, reliability, design for quality, innovation

Measurement
- Lean’s trilogy (quality thinking, quality control and quality improvement), variation, Statistical Process Control (SPC), Demand capacity and activity output

Context
- Political, economic, public sector reforms, Scottish Government purpose and national performance framework integration, business case for quality, person-centredness, expectations, population health
NHSScotland Improvement Skills Model

Quality Improvement Educational Resources

Advanced knowledge

Improvement Science

Leadership for Improvement

Introductory knowledge

Scottish Improvement Leader (ScIL)

Advanced knowledge

Quality Improvement Fellowships

Scottish Improvement Skills

Boards on Board

Improvement Collaboratives

e-Learning modules
History

- Established in 2010
- Joint Healthcare Improvement Scotland – NHS Education for Scotland venture
- Support SPSP Programme – specifically engage and develop medical leaders for national work
- Evolved into lead-level programme to engage & develop clinician leaders for national work
- Overseas Fellows
- 2014 – operationally embedded within NES QI Taught Programmes

Where do we start?

- Credible professionals
- Strong organisational support
- Experience in QI/Safety
- Knowledge of Improvement Science
- Desire to succeed through the development of others
- Desire to work with other professional groups
- Desire to develop strong peer support group
- Wish to collaborate with and support national & international improvement work
How has the SPSP Fellowship had an influence on your learning skills development?

Dr Linda Clerihew
Consultant Paediatrician
NHS Tayside / SPSP Fellow Cohort 5
“...it taught me to think differently...
Letting me open up my mind to learning new things and applying them in different ways...”
“The main thing I found from the SPSP was that it invigorated me to go back and find out stuff that I didn’t know about the QI process.”

Dr Fidelma Fitzpatrick
Consultant Clinical Microbiologist
Republic of Ireland
SPSP Fellow Cohort 5
“... The SPSP Fellowship has really opened my eyes... The fact that I can learn from, not only other parts of medicine, but other sectors... My network is now worldwide.”

“I have realised that there is a greater world out there. I want to be a credible clinician improving care: this is my professional future”

SPSP Fellow, 2014
QI Challenge-Learning Skills

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Cohorts 1-6 by Country

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<th>England</th>
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<th>Denmark</th>
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105 SPSP Fellows

Quality Education for a Healthier Scotland
Cohorts 1-6 by Profession

105 SPSP Fellows
69 Doctors
27 Nurses*
6 Pharmacists
3 AHPs

Programme Components

- Acquire knowledge and skills
- Demonstrably lead patient safety improvement
- Fellowship - each other & faculty
- Integration - (Inter)National & local
How has the SPSP Fellowship had an influence on your technical skills development?

Dr Andrew Longmate
National Clinical Lead for Patient Safety
Scottish Government / SPSP Fellow Cohort 1
“...it transformed my ambition to improve care into a practical and pragmatic reality.”

Dr David Love
Consultant Anaesthetist
NHS Borders / SPSP Fellow Cohort 6
“The Fellowship has given me a much better understanding of the importance of data, measurement and interpretation...”

“the quality of care we provide for our patients should be the quality I would want for my family...

and that is what I want to do for...every person...every time.”

SPSP Fellow, 2014
What we think works well

- Peer support/Fellowship
- Mixed training methodologies and experiences
- Project surgery support
- Networking
- Confidence in leading
- “Artery of talent” for national programme
Challenges

- Utilization and support within organization
- Danger of QI/Safety becoming a ‘night job’
- Maintaining internal network & ongoing learning beyond Fellowship
- Career progression unclear
- ‘Credentialing’ of successful/unsuccessful candidates

Methods

- **Method 1:** A qualitative structured questionnaire was distributed by email attachment to all SPSF Fellows cohorts1-5 (from 2008-2013).
- **Method 2:** A focus group with the Chief Executive Officers of NHSS Health Boards
- **Method 3:** Semi-structured reflective interviews with Senior Leaders accountable for the SPSF Programme quality and safety improvement agenda at NHSS level.
Highlight Results

Fellows
- Response 85% overall - 90% of Scottish Fellows
- Enhanced role and responsibilities
- Project completion 74% partial or complete

CEO’s
- Mobilise and deploy Fellows in a more constructive and purposeful way

Senior Leaders
- Plans to scale up

Recommendations
- Review the recruitment process to consider the inclusion of CEOs and or Medical /Nurse Director form Boards in the selection of Fellows
- A system of continued follow-up support for Fellows is created and maintained
- Link Fellowship into middle managers from sponsoring organisations
- Greater links placed on context specific examples to measurement for improvement within the fellows organisation
- Impact evaluators could work alongside Fellows and Sponsors
- Support Publication of QI fellowship projects
- Determine wider organisational benefits of Fellow’s work organisation benefits from this QI work
Lesley Anne Smith
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@LAS_QI
QI Hub
www.qihub.scot.nhs.uk
Dr Anne Fearfull
a.fearfull@dundee.ac.uk
“For the first time in a long time I feel enthused and excited in my work with patients”

SPSP Fellow, 2014

Harvest from Graffiti Walls

Post up your ideas on Leadership, Learning and Technical Skills Walls for our strengths and weaknesses

• Let’s close the gap

• Let’s connect our Strengths

Weaknesses
Thank you for choosing L14

Let's keep connected and have a great FORUM