



“Leading for Quality” – how do we lead where we are and bring people with us?

4th July 2022



Welcome!

Hosts:



Emma Adams

*Independent
Improvement
Consultant &
Generation Q
Fellow*



Dr Joy Furnival

*Chief of Regulatory
Compliance &
Improvement
North West
Ambulance Service*

Guests:



Ruth Glassborow

*Director of
Improvement Support
and ihub
Healthcare
Improvement Scotland*



Prof John
Boulton

*Director for Quality
Improvement and
Patient Safety
& Director
Improvement Cymru
Public Health Wales*



David Fillingham
CBE

*Chair, Coach and
AQuA Affiliate
Executive Sensei –
NHS Vital Signs
Programme*



Penny Pereira

*Q Managing Director
The Health Foundation*

How we're running today's session



1. We'd like you to be on mute whilst we present the core material
2. The chat is open throughout - please post any questions or comments there



3. We'll open for questions at the end of the presentations:
 - Raise your hand if you'd like to speak (and don't forget to unmute!)
 - Post in chat and the chair will moderate questions to the presenters

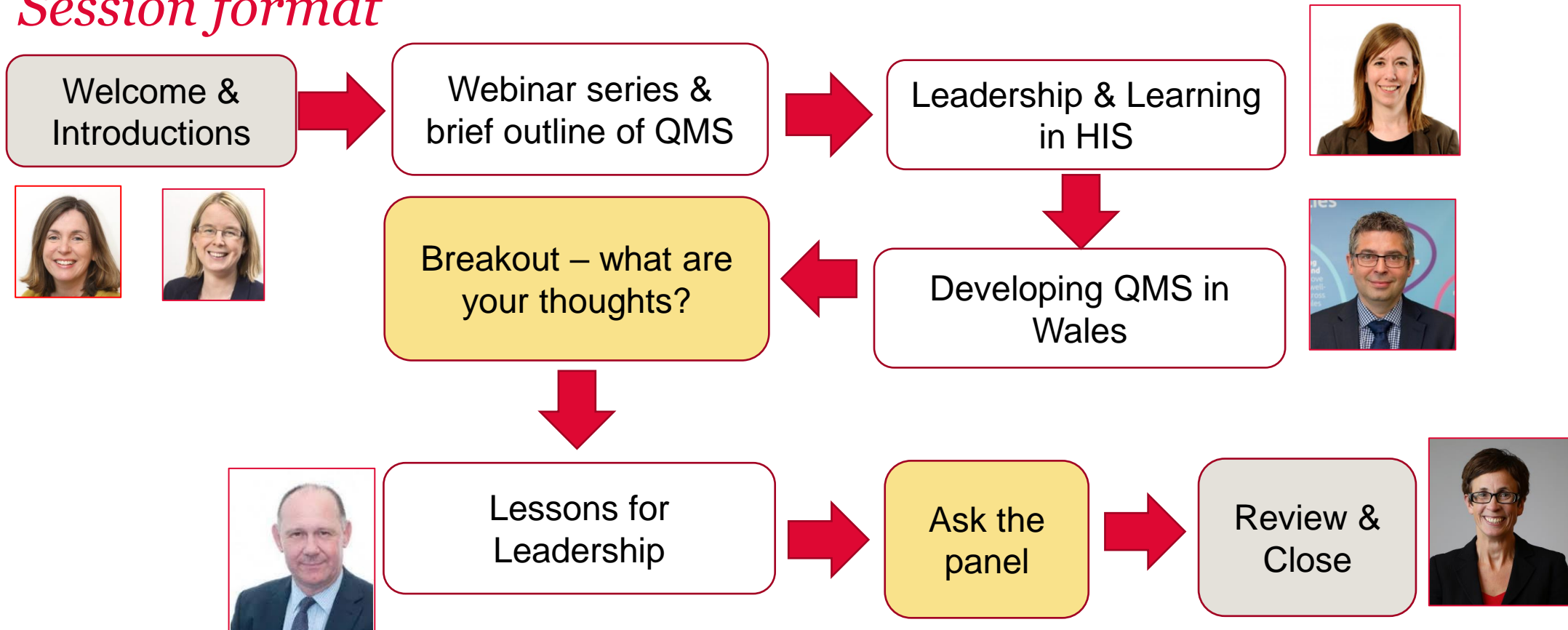


4. If your tech fails, don't worry – we're recording so you can listen to this later



5. Please feel free to continue the discussion after the event via email or on Twitter #QcomQMS @TheQCommunity
6. And really don't worry if the dog/child/window cleaner interrupts!

Session format



Quality Management System Webinar series

Why isn't improvement sustained?



“High performing organisations have quality management systems with quality improvement, quality control and quality planning co-ordinated and embedded.” Juran *The Quality Trilogy* 1986

Webinar Series





Healthcare
Improvement
Scotland

ihub

Ruth Glassborow Director of Improvement

Improvement Hub

Enabling health and
social care improvement

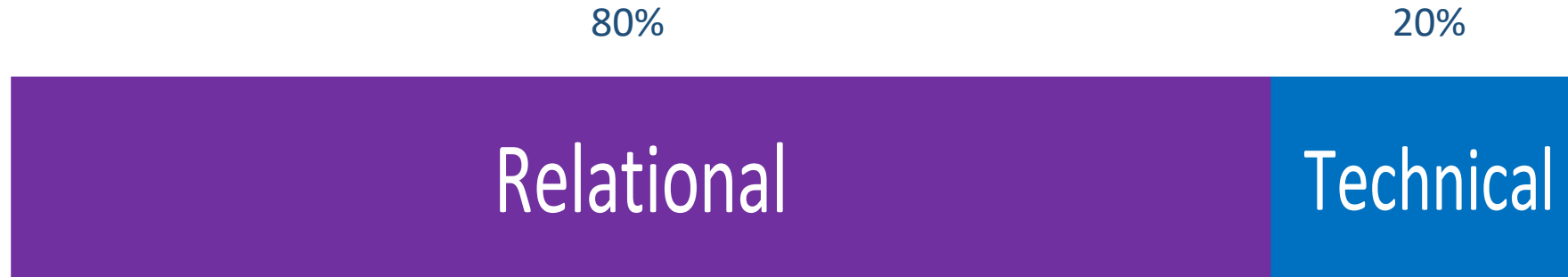
What in your experience gets in the way of effectively implementing a quality management approach in health and social care?

What does the research say?

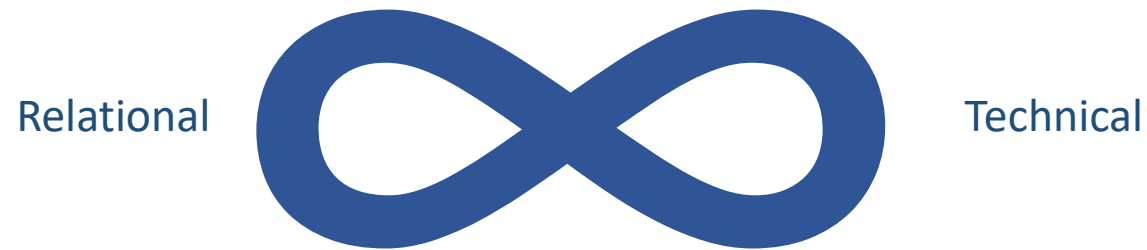
leadership behaviours
and
organisational culture

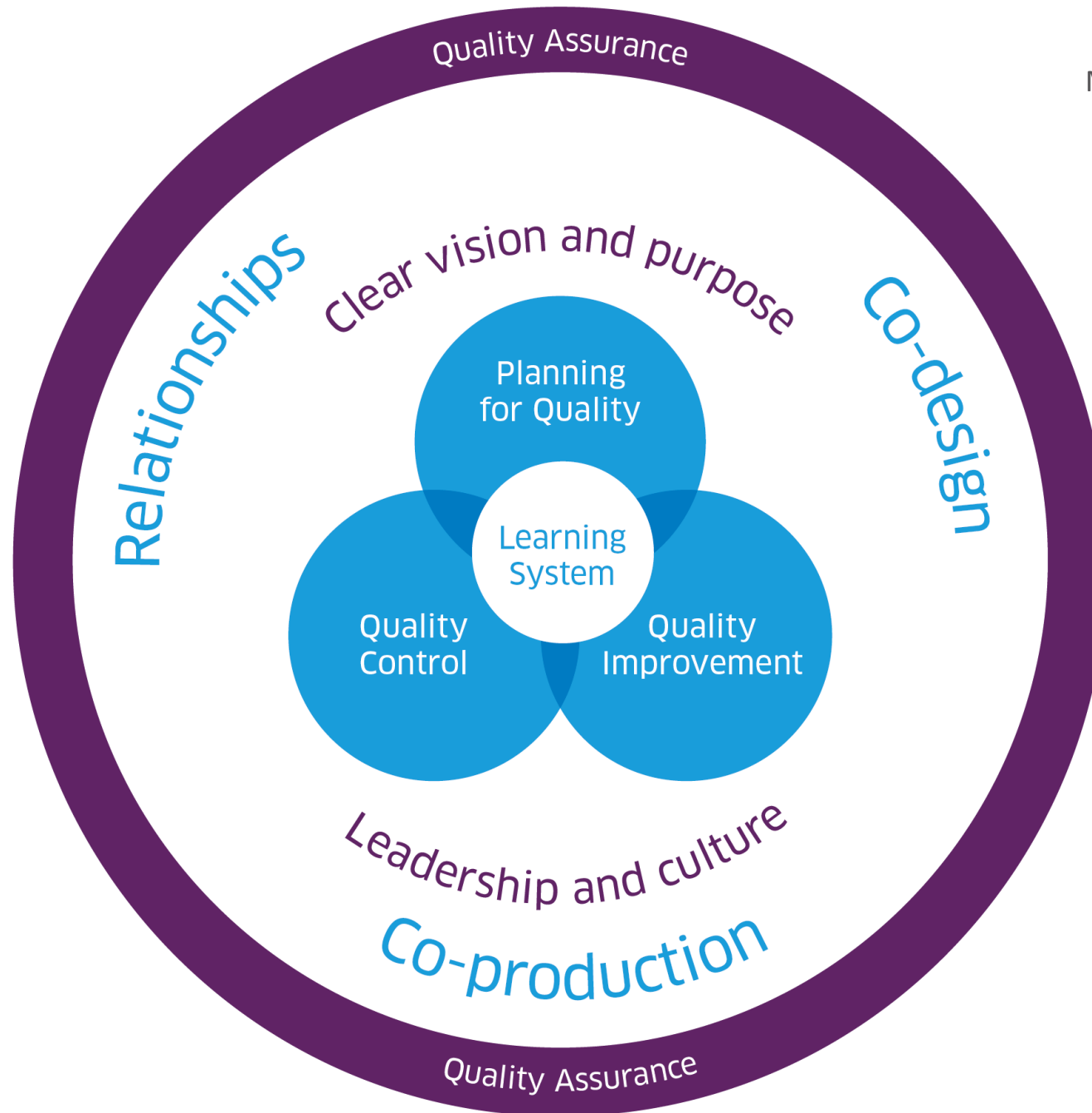
*Mosadeghrad AM. Obstacles to TQM success in health care systems.
International journal of health care quality assurance. 2013;26(2):147-73.*

Time spent on improvement work is



However, outcome is **equally** dependent on both





Successfully recovering our health and care system will require a change in management/ leadership cultures

From Command and Control		To Systems Thinking
Top down hierarchy	Perspective	Outside-in, system
Functional specialisation	Design	Demand, value, flow
Separated from work	Decision Making	Integrated with work
Productivity, output, targets, standards: related to budget	Measurement	Capability, variation, related to purpose
Contractual (what are we obliged to provide)	Attitude to customers	What matters?
Contractual	Attitude to suppliers	Co-operative
Managing people and budget	Role of management	Act on the system
Control	Ethos	Learning
Reactive, projects	Change	Adaptive, integral
Extrinsic	Motivation	Intrinsic

“Systems Thinking in the Public Sector,” John Seddon, 2008

Person centred redesign and improvement

Quality Planning *(understand your priorities for improvement and design appropriate interventions)*

Understand need and assets from the customer/population perspective, the gap with what you provide and hence the priorities for redesign and continuous improvement

Understand the contributory factors of issues feeding from quality control and quality assurance

Set clear priorities and goals for improvement with a focus on those issues which will have the biggest impact

- Develop a clear theory of change which aligns with outcomes
- Choose the appropriate method/s for the nature of the improvement challenge
- Design new systems / models of care / processes and change packages using evidence and technology as appropriate
- Allocate resources for the improvement work
- Clarify roles, responsibilities and leadership

Example of failure demand from doing wrong thing



How did public service respond?



What 'R' said she wanted:

- "I need help with housework and..."
- "...gaining access to the upstairs of the property."
- "The two things that would have such a profound effect on mine and the children's lives."

Cost of what 'R' wanted:

Cleaner, 10hrs/wk for 4 years	£14,560
Move to suitable property (current home unsuitable for adaptation)	£1,200
Stair lift	£5,000
Total	£20,760

Cost of what 'R' received to 2009:

- **TOTAL: costs of 'service' offer to R: £106,777 (not incl care costs)**
- **Projected total (incl care costs) by 2022: £780,000**
- **£780,000 spent not helping people, achieving poor outcomes for children and family**

What 'R' received:

- 2 x Anger Management Courses for 2 boys.
- Triple P Parenting Programme.
- Help cleaning 1 bedroom.
- Toilet frame, Perching stool & Bath board (for a bath she could not access).
- Children taken into care

20

Experience Journey Map



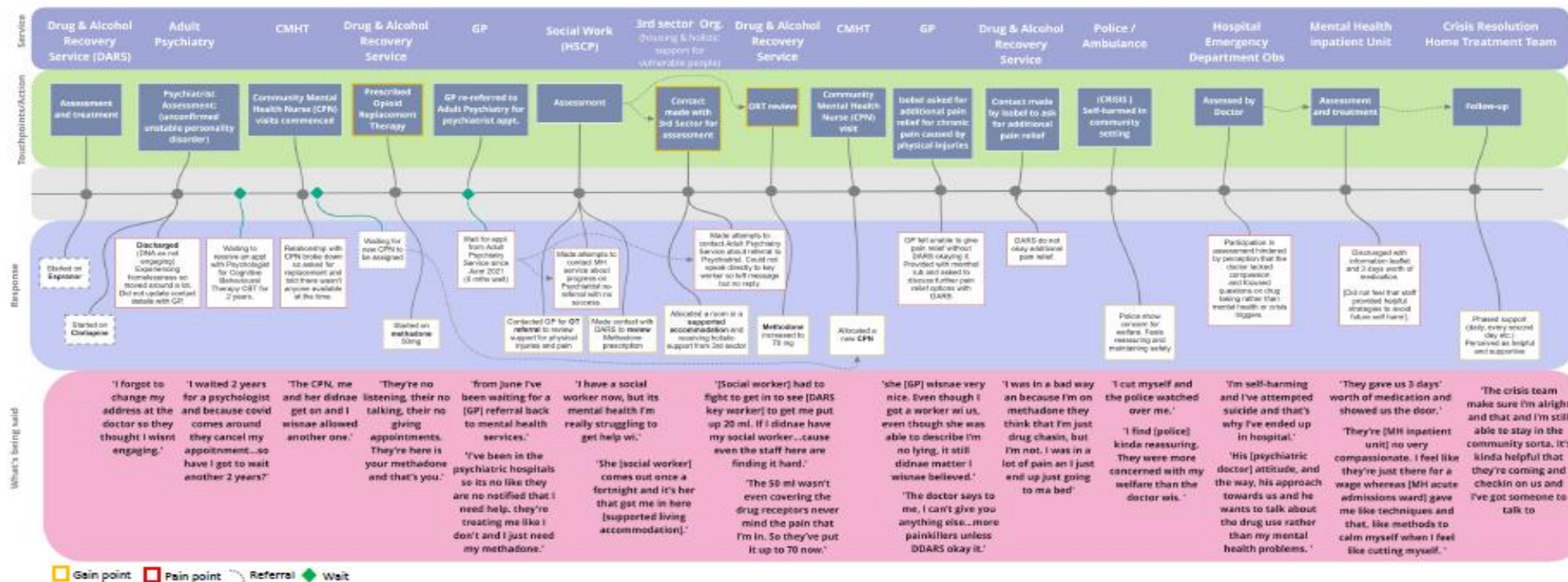
Isobel

Age range: 30 - 35
Sex: Female
Family: Separated with one teenage son not living with Isobel

Isobel has been affected by anxiety and depression since she was 15 years old and started using heroin when she was 16. She describes herself as having both drug use and mental health support needs and feels her mental health has contributed to frequently self-harming and a recent suicide attempt.

She is currently living with unconfirmed unstable personality disorder and is now on Opioid Replacement Therapy (ORT). Isobel also requires additional medication to help with pain due to major physical injuries caused by a serious fall, that also effects her short-term memory.

Isobel is currently staying in supported living accommodation where she feels well supported.



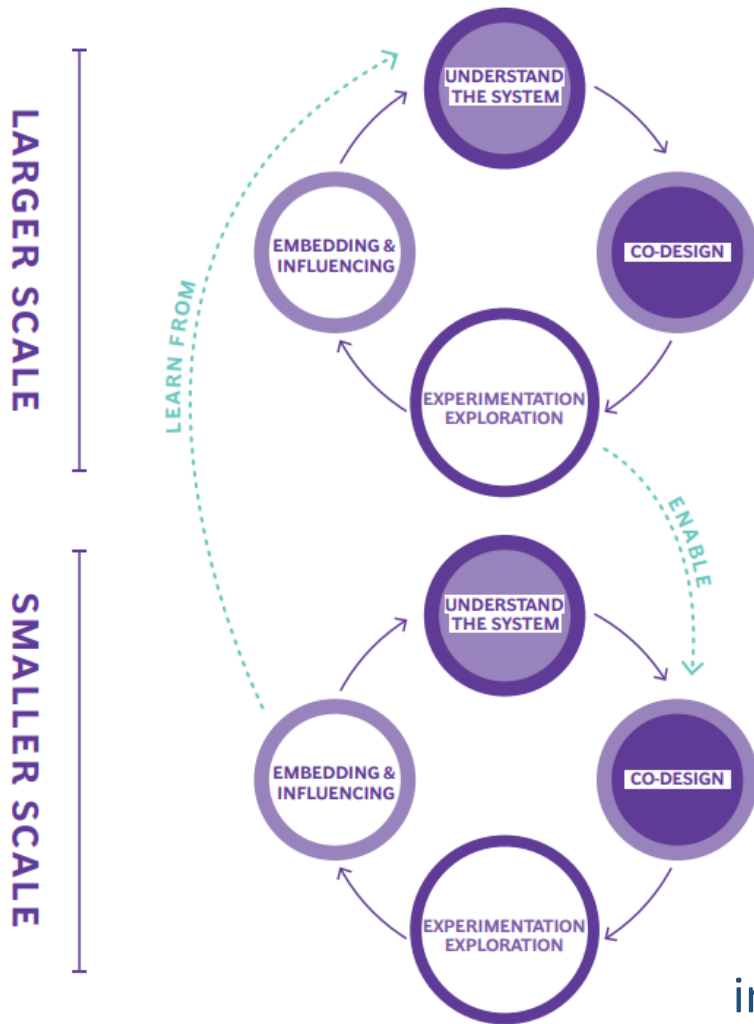
Person centred redesign and improvement

requires

Learning as the management strategy

Learning as the management strategy

Figure 5. Connected Learning Cycles



The Learning Cycles at different system scales are connected by two questions:

- What can the Learning Cycle at the larger scale learn from the patterns of results of the experiments at the scale below?
- How can the Learning Cycle at the larger scale enable the Learning Cycle at the scale below? (What are the “enablers” to be nurtured and the barriers to be identified and removed?)

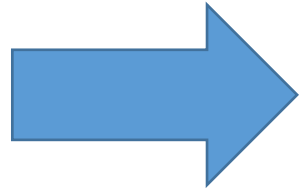
interconnected planned experimentation at every level –
but always connected back to ground level
experimentation between people being served and
those who serve them

Person centred (re)design and improvement works

From Observation to Intervention

A proactive, responsive and personalised care and treatment framework for acutely unwell people in mental health care

January 2019



- **17% reduction in violence and aggression.**
- **47% reduction in restraint.**
- **75% reduction in self-harm.**

Learn more about NHS Ayrshire and Arran's story watch this animation: bit.ly/3dLwivC



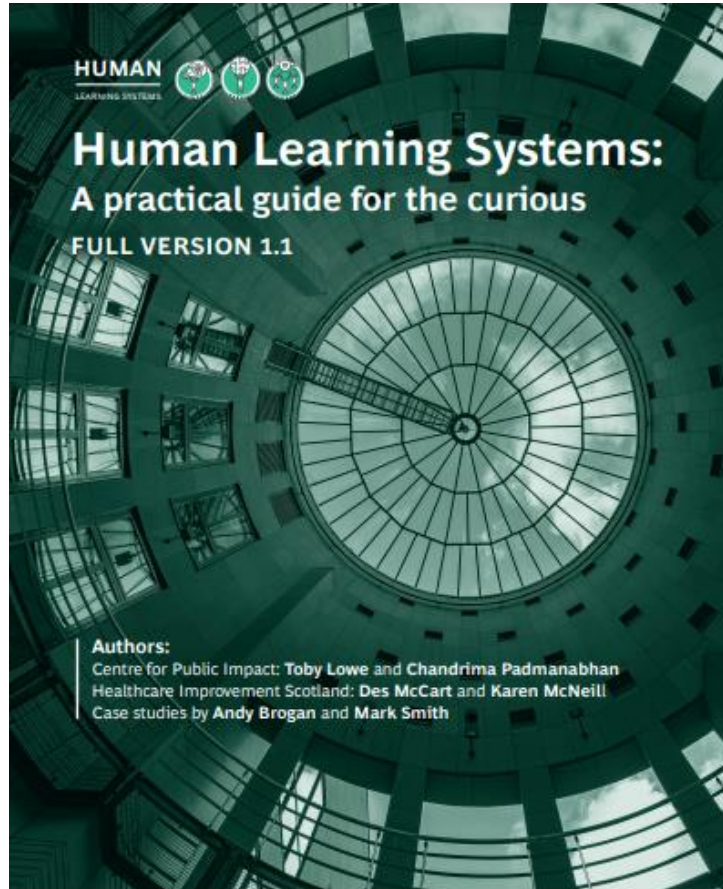
	Person centred redesign	Other areas
Unplanned ALS	8.7 days	12.2 days
Die in hospital	36.1%	49.8%
Diagnosed with Dementia	84%	75%
Average costs per annum	£7498	£8747

<https://ihub.scot/media/7397/20200930-his-as-midlothian-report-v10.pdf>

CAMHS Neurodevelopmental Service

- Average time to diagnosis reduced from 130 weeks to 14 weeks
- The average number of times each case prompted a direct contact with the family reduced from 25 to 5 events
- The average time spent on direct family contact reduced from 20 hours to 6 hours
- The average staff time per case was reduced from 36 hours to 10 hours
- Average cost per diagnosis £2,213 to £660

Practical examples/guidance on learning as the management strategy



Webinars with practical examples

<https://ihub.scot/improvement-programmes/people-led-care/collaborative-communities/collaborative-commissioning-team-as-part-of-collaborative-communities/human-learning-systems-in-scotland/a-practical-guide-for-the-curious-launch/>

<https://ihub.scot/improvement-programmes/people-led-care/collaborative-communities/collaborative-commissioning-team-as-part-of-collaborative-communities/human-learning-systems-in-scotland/putting-people-first-part-i/>

Transforming our management/leadership cultures is vital for effective and sustainable high quality care

What if we viewed transforming the health and care management/leadership culture as a social movement driven by activists across the system?

Would I/you/we do anything differently to what we are doing now?

Keep in touch

Thank you for listening



info@ihub.scot



@ihubscot

To find out more visit ihub.scot

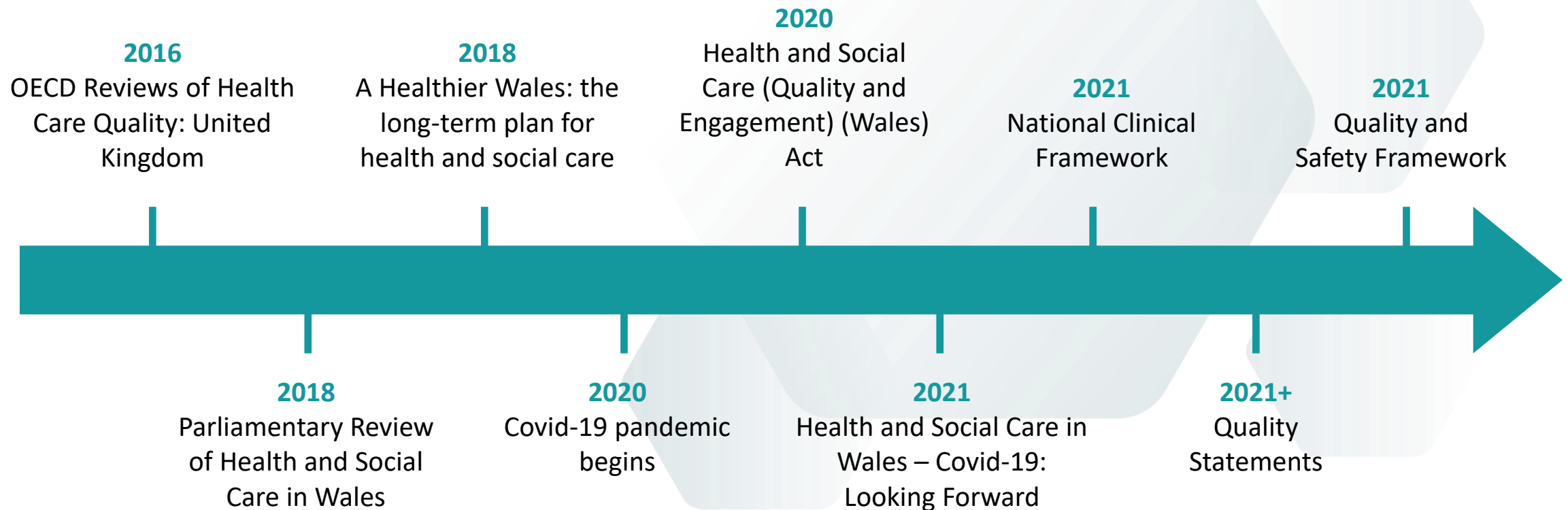
Prof John Boulton

*Director for Quality Improvement and Patient Safety
& Director Improvement Cymru
Public Health Wales*



The case for a different approach

The health and care landscape in Wales



High level universal findings

In high performing organisations that manage quality.....

- It is a long journey; it isn't easy and failure is inevitable
- Choose one system-wide approach and stick to it
- Quality Planning, Quality Control and Quality Improvement are recognised terms but implementation varies and approaches do not separate the three
- The focus on managing quality can be triggered by external or internal trigger but must be led by the CEO and Board
- Quality is managed by viewing the organisation as a system - it's not a directorate
- Improvement is one part of a wider framework
- Requires leadership at all levels
- Openness and transparency with time series data - use of data for learning, not judgement
- Quality control is a function of the frontline – leadership use QI & QP to provide assurance

Where are we in Wales?



What's our ambition?



The Quality Cycle - A Quality Management System

Quality Planning

Integrated Medium Term Plans – IMTP

Wellbeing of Future Generations Act

with patient experience and needs of communities at the centre

Quality Improvement

Transformational, organisational wide change

Connected planning, measurement and Improvement teams

for results at scale

Quality Control

Monitoring and managing quality at the point of service delivery

Staff with ability to standardise and maintain safe effective and reliable daily work

Quality Assurance

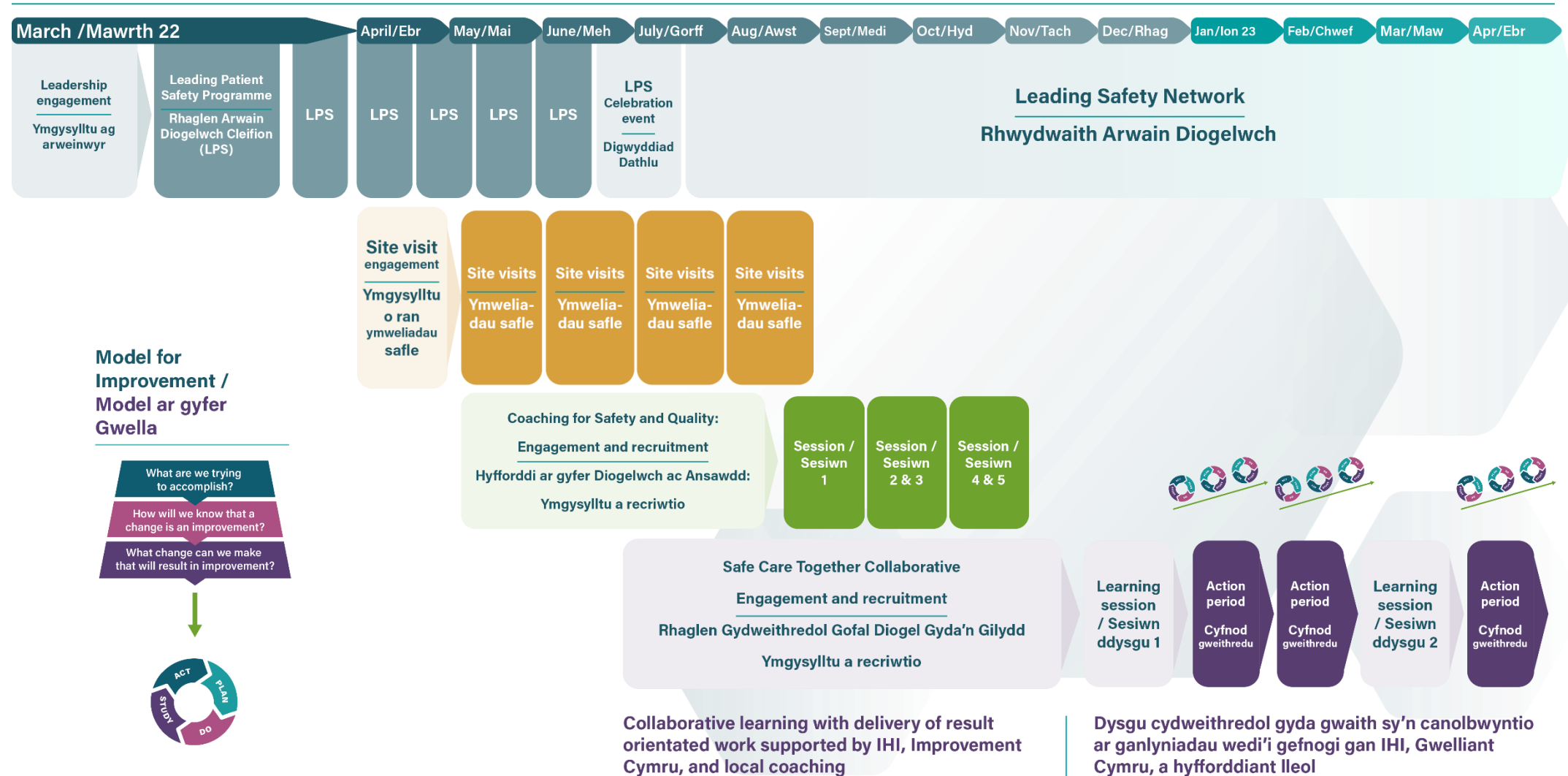
Qualitative and quantitative evidence of performance from across the system

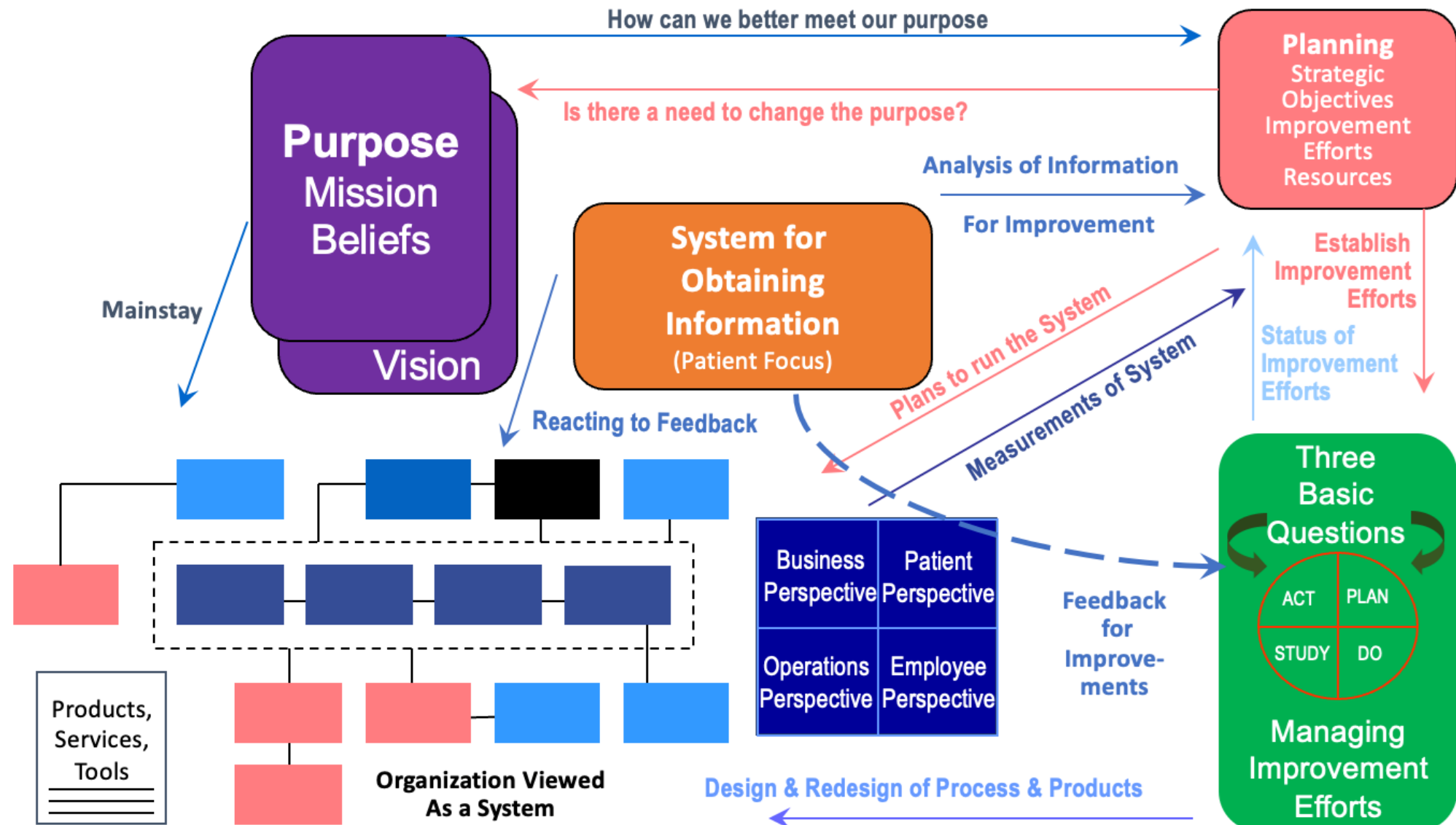
Providing assurance to the board and regulatory bodies



Quality and Safety Framework: learning and Improving.,
Welsh Government, 2021

Safe Care Together Collaborative / Rhaglen Gydweithredol Gofal Diogel Gyda'n Gilydd





Breakout – 15 mins

Say hello!

What are you starting to think about...?

Please appoint one person from each group to provide
feedback in the Zoom chat at the end of the breakout session.



David Fillingham

*Chair, Coach and AQuA Affiliate
Executive Sensei – NHS Vital Signs Programme*



6Ps...reflections on leadership in the NHS

BMJ Leader Dec 2021, 5 (4) 225-228; DOI: 10.1136/leader-2020-000409

Ask the Panel

Please ask your questions
in the Zoom chat

Review of the series

Want to join Q?

<https://q.health.org.uk/join-q/>




*Q Managing Director
The Health Foundation*

Series Wrap up

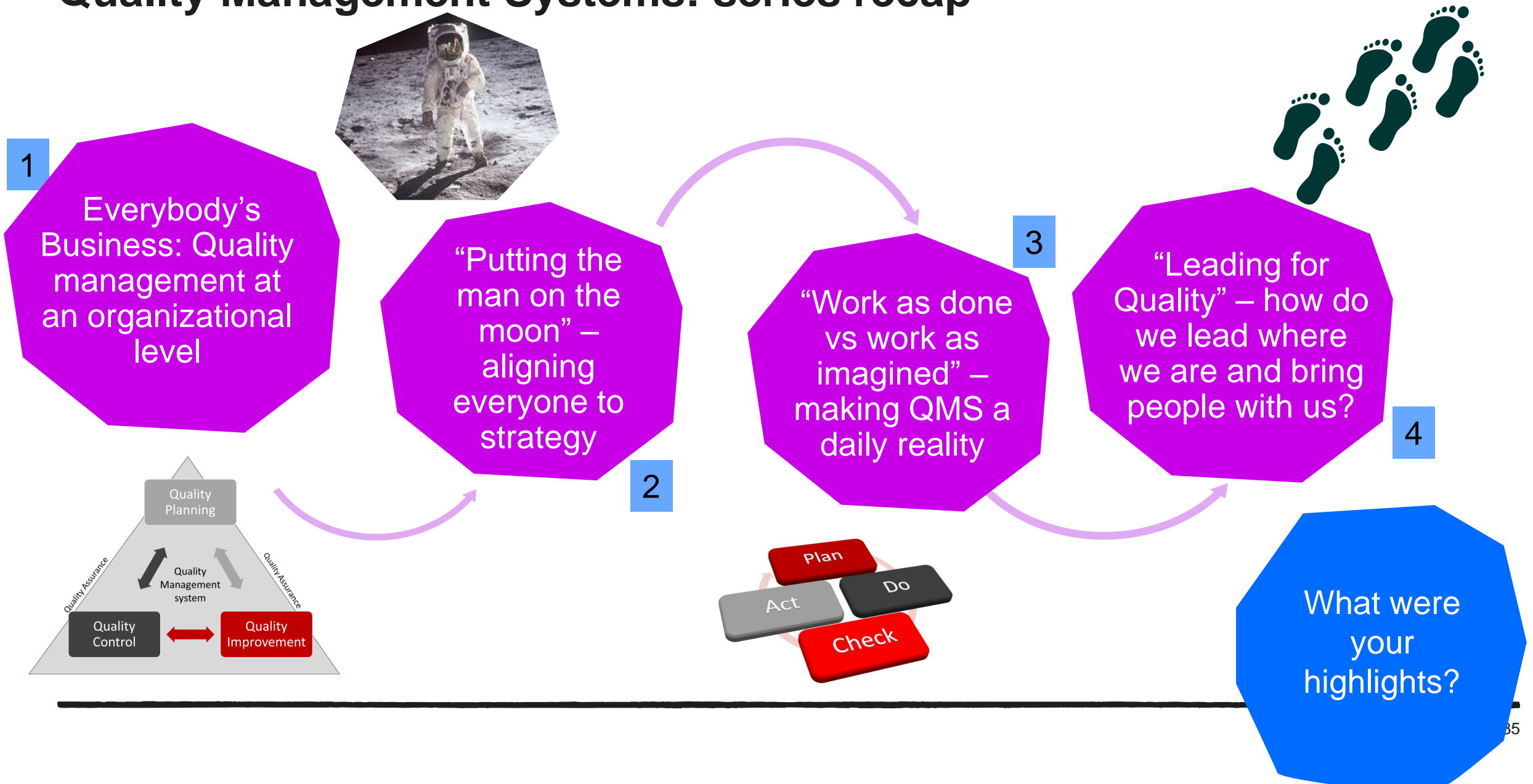
A yellow octagon with a white border, containing the text "Reflecting back: highlights from this series".

**Reflecting back:
highlights from
this series**

A purple octagon with a white border, containing the text "Looking forwards: how might we take this further in Q?".

**Looking
forwards: how
might we take
this further in Q?**

Quality Management Systems: series recap



Key take-aways: webinar one

- Everything we do is about managing quality – so in effect, we're talking about the *whole* management system of the organisation
- Leadership is the essential element that drives the system and sets the culture
- Concept of receptive conditions – all firewood, seasoned or unseasoned will burn, but how it burns will be different!
- Language is really important and must resonate with the organisation's culture and values
- Importance of developing a learning system that underpins the approach – builds collaboration & generates shared knowledge



Key take-aways: webinar two

- Using strategy deployment means that strategic objectives are translated directly into purpose of daily work (operations)
- Helps people to see their place in the organisation
- Leaders move from providing solutions to becoming coaches
- Permission & agency at front-line supports innovation
- Questions about:
 - Leadership commitment (what if the CEO moves on?)
 - Resources needed to support strategy?
 - Need for external support?

“Putting the man
on the moon” –
aligning
everyone to
strategy



Key take-aways: webinar three

- Great examples developing within the NHS of Lean-based daily continuous improvement
- Standard work, rigour, discipline and commitment are essential
- It takes effort to maintain current status/stand still – even more to keep improving
- ‘The middle must move’ – essential that leaders at middle levels understand their role in the system, develop their own standard work, and coach and encourage continuous improvement

“Work as done
vs work as
imagined” –
making QMS a
daily reality



Key take-aways: webinar four

- What were your key take aways from today?

“Leading for Quality” – how do we lead where we are and bring people with us?



What would you like to see next?

Answers in
the chat or
email us

What will
you be doing
/ needing on
this?

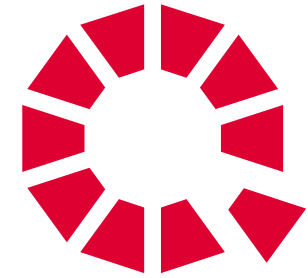
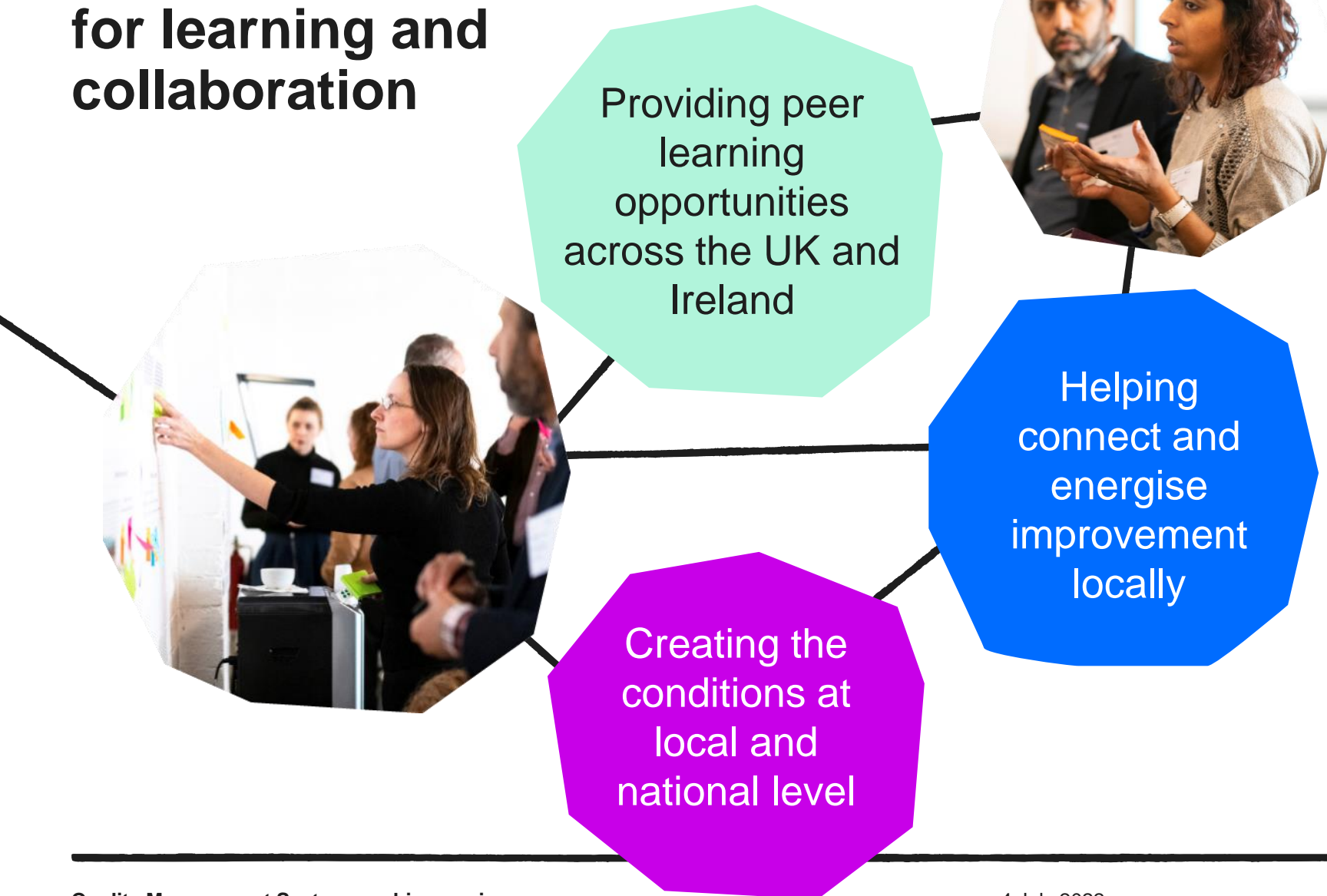
Would further
webinars be
helpful?

What else
might be
useful?

What topics
should we
explore?



Q: spaces and support for learning and collaboration



We are a community of thousands of people across the UK and Ireland, collaborating to improve the safety and quality of health and care.

We share our knowledge and support each other to tackle challenges. Together, we make faster progress to change health and care for the better.

Please
complete the
poll

Thank you!

Q is led by the Health Foundation
and supported by partners across
the UK and Ireland

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[q.health.org.uk](https://www.q.health.org.uk)



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