



# Perfectly Designed!

## Building capability and leadership for a sustainable future

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# Today we will start to

1. Define appropriate leadership and QI components for system wide learning and development
2. Explore strategies to apply them across the healthcare community to develop a sustainable future

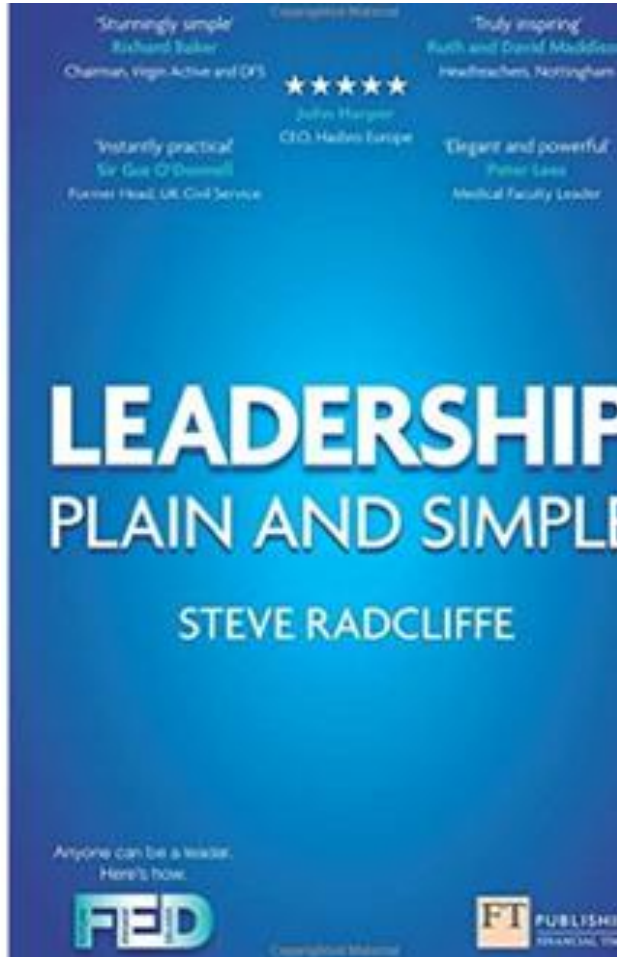


# 1 Define appropriate leadership components for system wide learning and development

- Setting organisational strategic direction
- Priorities
- Create enablers for delivery=
  - Leading Improvement in Patient Safety Programme – in the health board



# Leadership Plain and Simple



- Future
- Engage
- Deliver
- Energies
- Challenges
- Building relationships

# The Four Energies

- Physical
- Intellectual
- Emotional
- Spiritual



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# Relationships to results

**Results**

**Actions**

*Physical*

**Plans/Strategy**

*Intellectual*

**Vision and Possibilities**

*Spirit*

**Relationships**

*Emotional*

Big relationships	Small relationships
Free to explore	Transactional
Trust	Fear of being judged
Full of energy	Energy wasted
Open	Guarded
Committed to mutual development	Fear of being judged
Feedback given	Feedback withheld

# Hearts and minds



Terence Canning – UK  
Sepsis Trust



Mr David Scott-  
Coombes –  
Consultant Surgeon



Liz Johnson –  
Paralympian swimmer -  
Gold medallist



# Deliver through the Leadership and Management Structure

- Chief Executive and Board endorsement – specific training, development and roles
- Link National strategy and policies to local deliverables/improvements
- Establish WIFM for management
- Steering group Executive and Programme leads and other enthusiastic senior leaders including Consultants who will be ambassadors and engage colleagues
- Reporting structure/accountability



# Research

- What are your strategic drivers?
- Who are they important to and why?
- What knowledge and skills can you build from?

# Research

- What is the structure of your organisation and how can you enable it?
- Who are your champion leaders?
- How can they support you/what roles can they play?

# Research

- What are your national and/or local improvement priorities?
- Who do you need in your team to deliver them and what roles will they play?

# Engaging staff at all levels

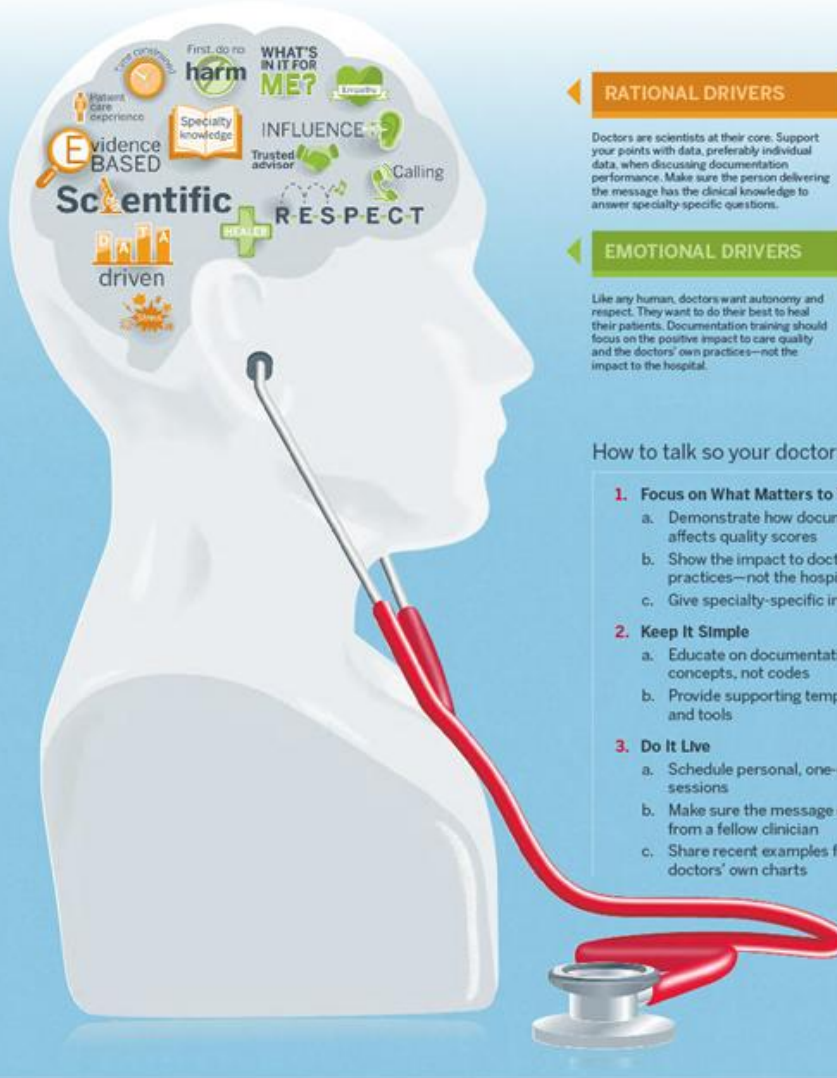


- Communication strategy
- Choose messengers carefully
- Personalise messages
- Branding - visual logo
- Use motivational language – shared purpose/call to action (ref Helen Bevan & [nhs-change-model.](#))
- Make it easy to join the party
- Sanction non-attendance
- Encourage steering group members to lead teams



# DOCTOR'S MIND

Want your doctors to document better? Appeal to the things that drive them.



## RATIONAL DRIVERS

Doctors are scientists at their core. Support your points with data, preferably individual data, when discussing documentation performance. Make sure the person delivering the message has the clinical knowledge to answer specialty-specific questions.

## EMOTIONAL DRIVERS

Like any human, doctors want autonomy and respect. They want to do their best to heal their patients. Documentation training should focus on the positive impact to care quality and the doctors' own practices—not the impact to the hospital.

### How to talk so your doctors listen

1. **Focus on What Matters to Them**
  - a. Demonstrate how documentation affects quality scores
  - b. Show the impact to doctor practices—not the hospital
  - c. Give specialty-specific information
2. **Keep It Simple**
  - a. Educate on documentation concepts, not codes
  - b. Provide supporting templates and tools
3. **Do It Live**
  - a. Schedule personal, one-on-one sessions
  - b. Make sure the message comes from a fellow clinician
  - c. Share recent examples from doctors' own charts

## Rational Drivers

- Scientific
- Data Driven
- Evidence Base
- Time constrained
- Patient Care Experience

## Emotional Drivers

- WIFM
- First do no harm
- Influence
- Respect
- Trusted Advisor
- Healer

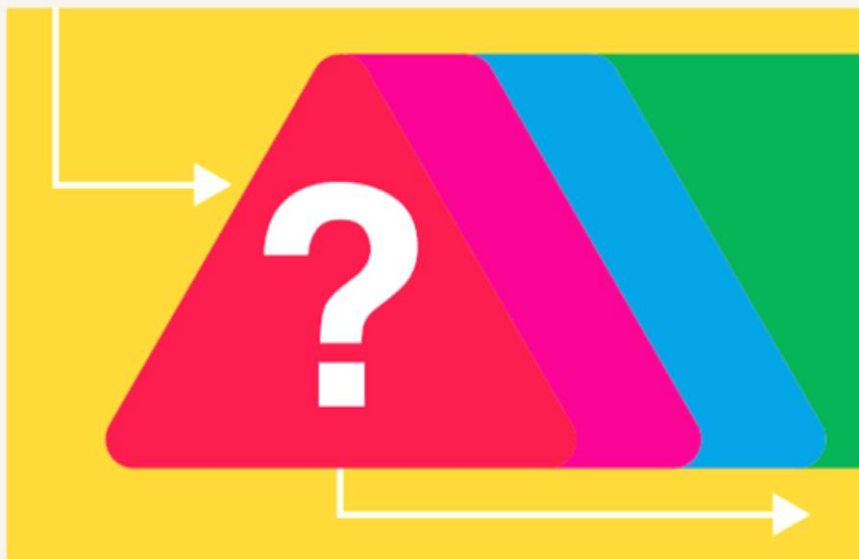
Ref

[https://www.advisory.com/~media/ABI/Research/COB/Resources/Posters/2014/28710\\_COB\\_Doctors\\_Mind](https://www.advisory.com/~media/ABI/Research/COB/Resources/Posters/2014/28710_COB_Doctors_Mind)



# Constructive comfort: accelerating change in the NHS

*Clare Allcock, Felicity Dormon, Richard Taunt and Jennifer Dixon*



**Policy analysis**  
February 2015

# No. 24 What's getting in the way?

Barriers to improvement in the NHS

**Evidence scan**  
February 2015

# Seven success factors for change in the NHS

**Committed and respected  
leadership engaging the  
staff**

**A culture  
hospitable  
and  
supportive of  
change**

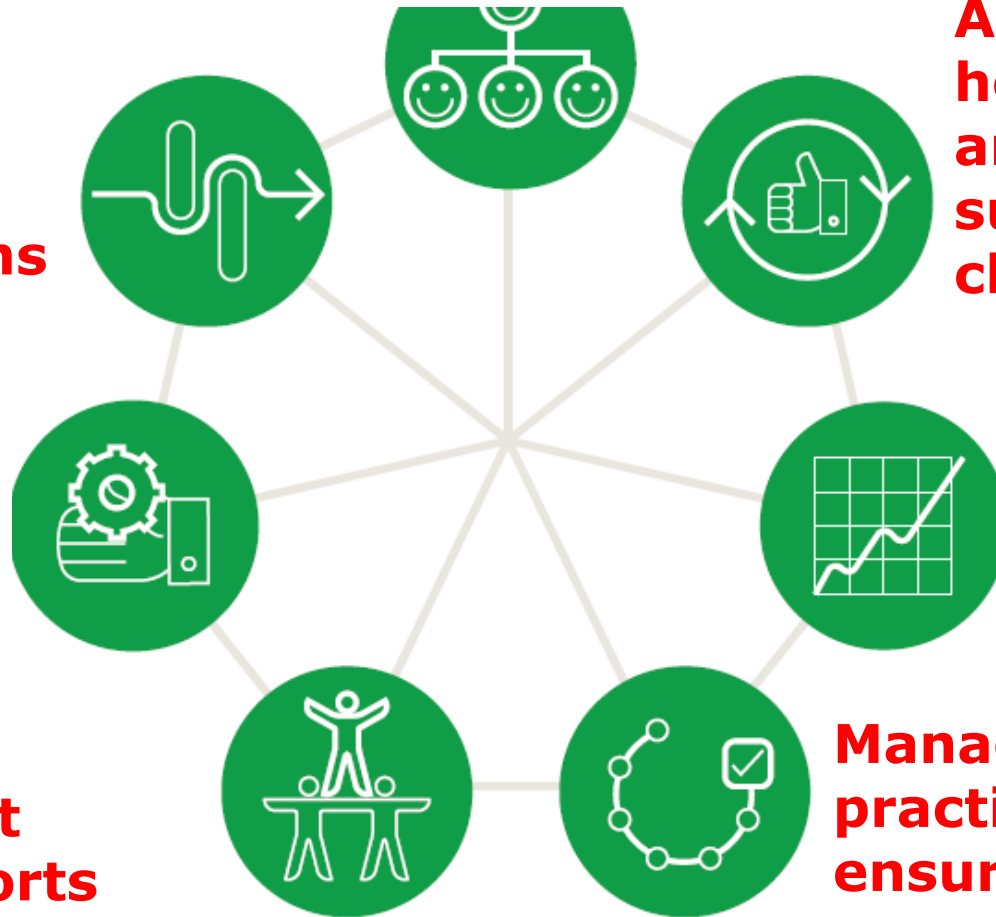
**Capabilities  
and skills to  
identify and  
solve problems**

**Resources  
and support  
to do the  
work of  
change**

**Data and  
analytics that  
measure and  
communicate  
impact**

**An enabling  
environment  
which supports  
and drives change**

**Management  
practices that  
ensure  
execution and  
implementation**



Source **Constructive comfort: accelerating change in the NHS**

<http://www.health.org.uk/publications/constructive-comfort-accelerating-change-in-the-nhs/>



# Consider

- Which of the success factors need strengthening?
- What are your main barriers and what will you do to resolve them?

# Design an improvement programme



- A programme for the whole health board!
- Impossible!?

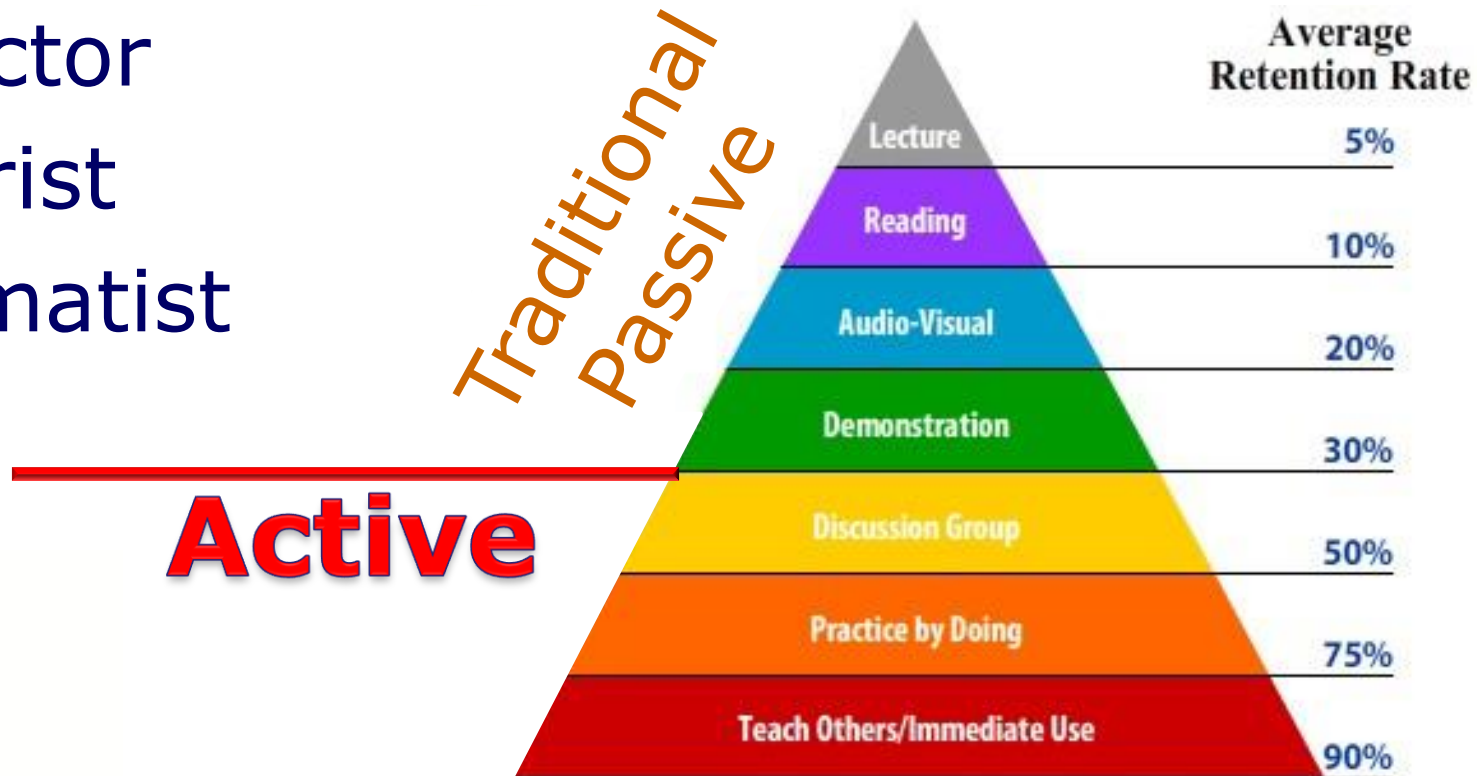


# Learning Styles

Designed to cater for Kolb's learning styles

- Activist
- Reflector
- Theorist
- Pragmatist

## Learning Pyramid



# Consider

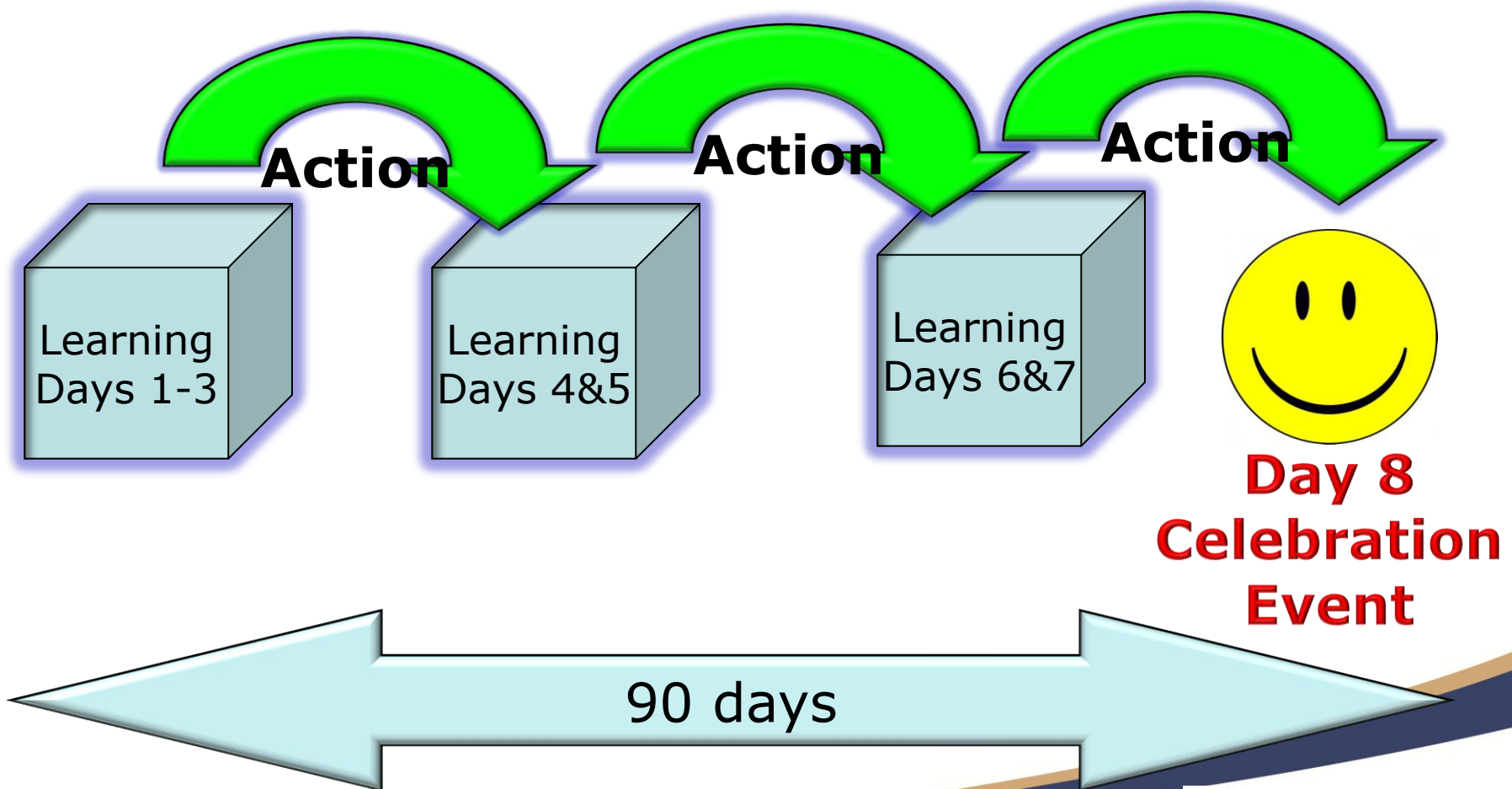
- Whether you have catered for all the learning styles?
- Whether you have sufficient active learning (ask an activist)?



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# Evidence based structure



Ref: IHI 90 day Innovation Process

# Evidence based content

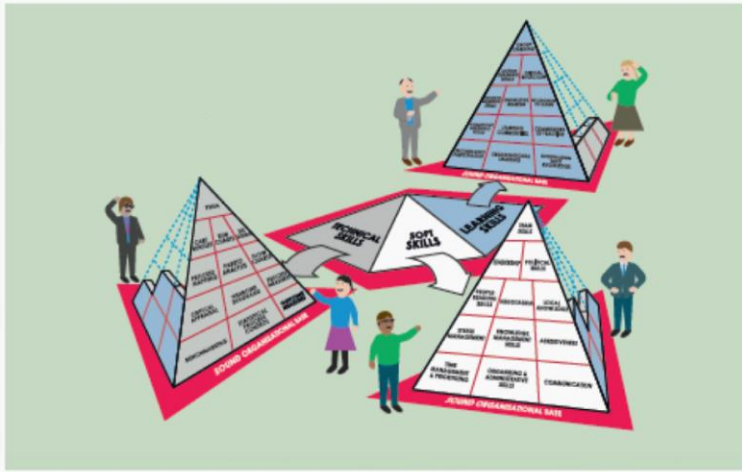
In brief

The Health Foundation  
Inspiring  
Improvement

## Skilled for improvement?

Health Foundation summary and analysis

March 2014

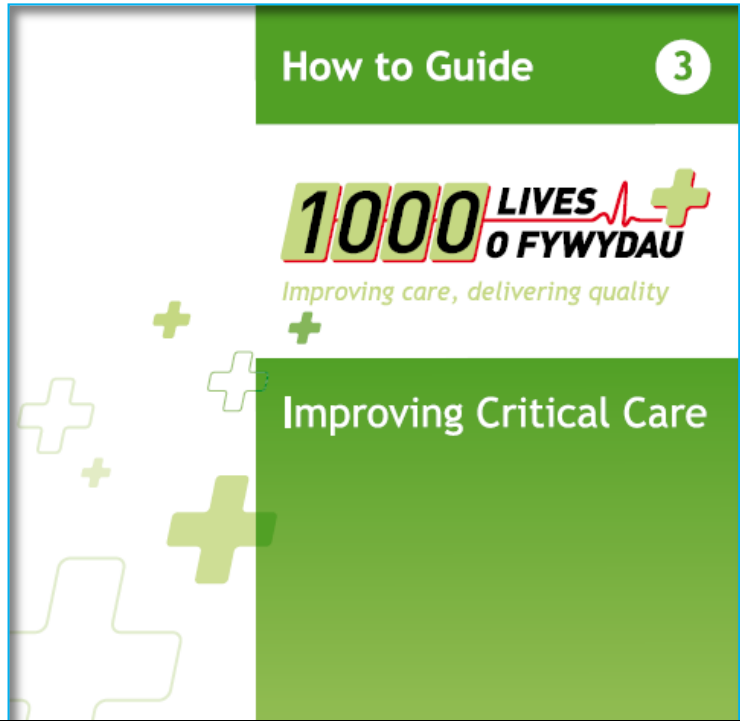


Three sets of skills needed for improvement work to succeed

- **'Technical' skills** usually associated with improvement science (such as Lean methodology, PDSA cycles, run charts and care bundles)
- **'Soft' skills** - communication, conflict management, assertiveness, negotiation, stress management, leadership, team-working skills, and organisational and administrative skills.
- **'Learning' skills**, that proved to be fundamental building blocks without which improvement would not happen.

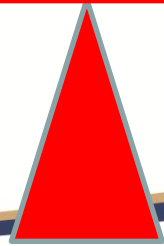
*"Lack of knowledge... that is the problem."*

*W E Deming*



**'What' versus 'How'?**

**Striking the balance?**



# QI/LIPS Structure & Content

Day 1 Learning from harm + APP – Science of Happiness

Day 2 Understanding systems, defining the problem

Day 3 Leadership – Future, Engage, Deliver

Action period

Day 4 Model for Improvement – Including IQT silver content

Day 5 Model for Improvement – Including IQT silver content + creativity models

Action period

Day 6 Pursuit of Perfection – Going for Gold + Mistake proofing – reliable systems

Day 7 Behavioural human factors

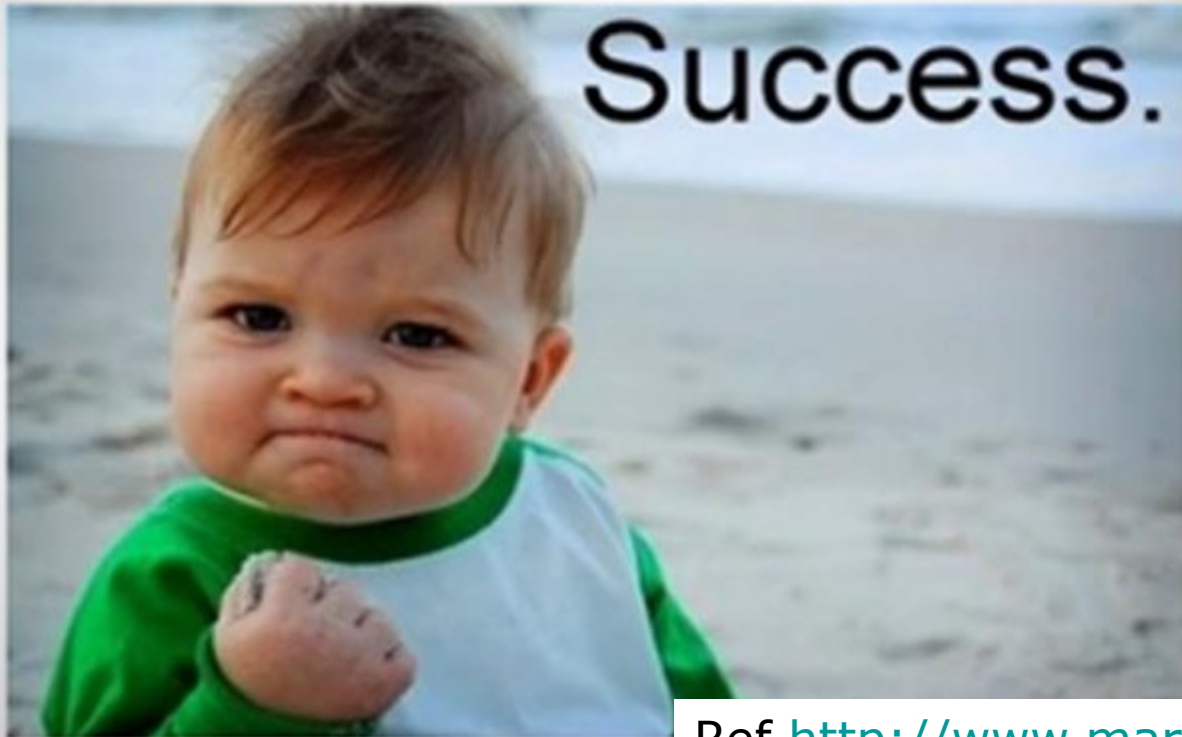
Action period

Day 8 Celebrating success. Presenting project progress



# Applied Positive Psychology – the Science of Happiness

Our Behaviour Matters



Ref <http://www.markhodder.net/>

# Improving Quality Together

- All-Wales approach using IHI Model for Improvement
- Define the system problem – 1 day
- The model for improvement - 2 days

# Behavioural Human Factors

- **Human Factors and Team Skills** – the background and underlying principles
- **Situation Awareness** – our flawed process of understanding what is 'going on'
- **Risk Management** – how we can discharge our responsibility to reduce risk and harm



# Human Factors

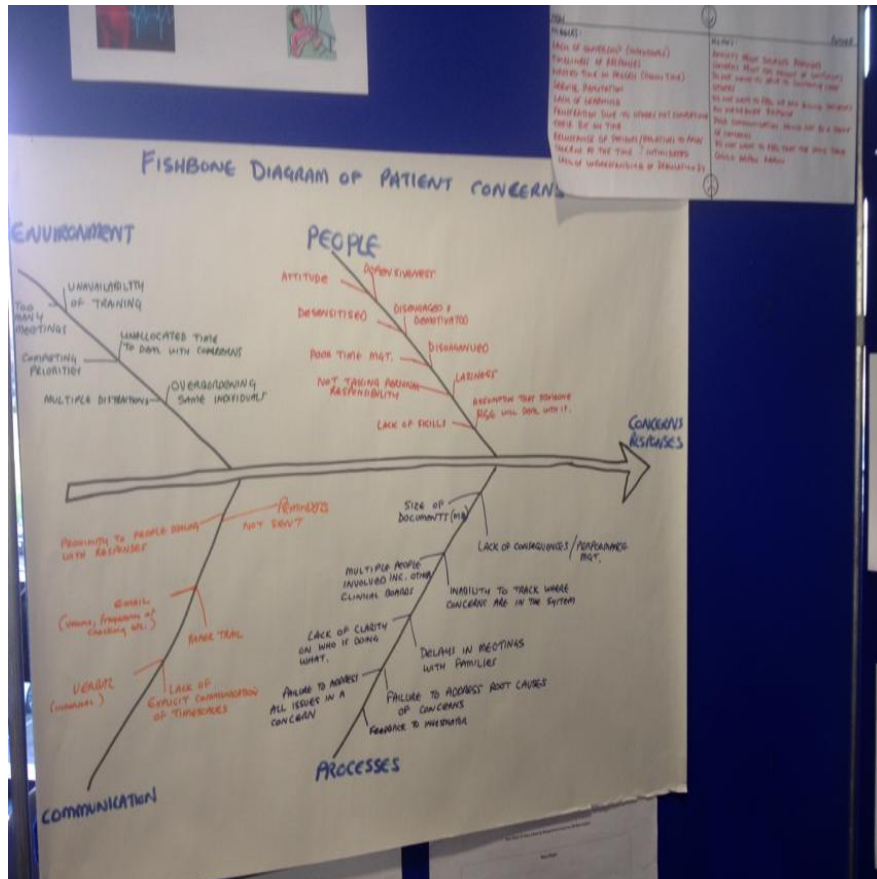
- **Communication** – managing Professional to Professional communication in a safety critical environment
- **Personality** and its impact on impact on performance and team working
- **Choosing Behaviour** – selecting and maintaining behaviours which are essential to the discharge of our professional responsibilities



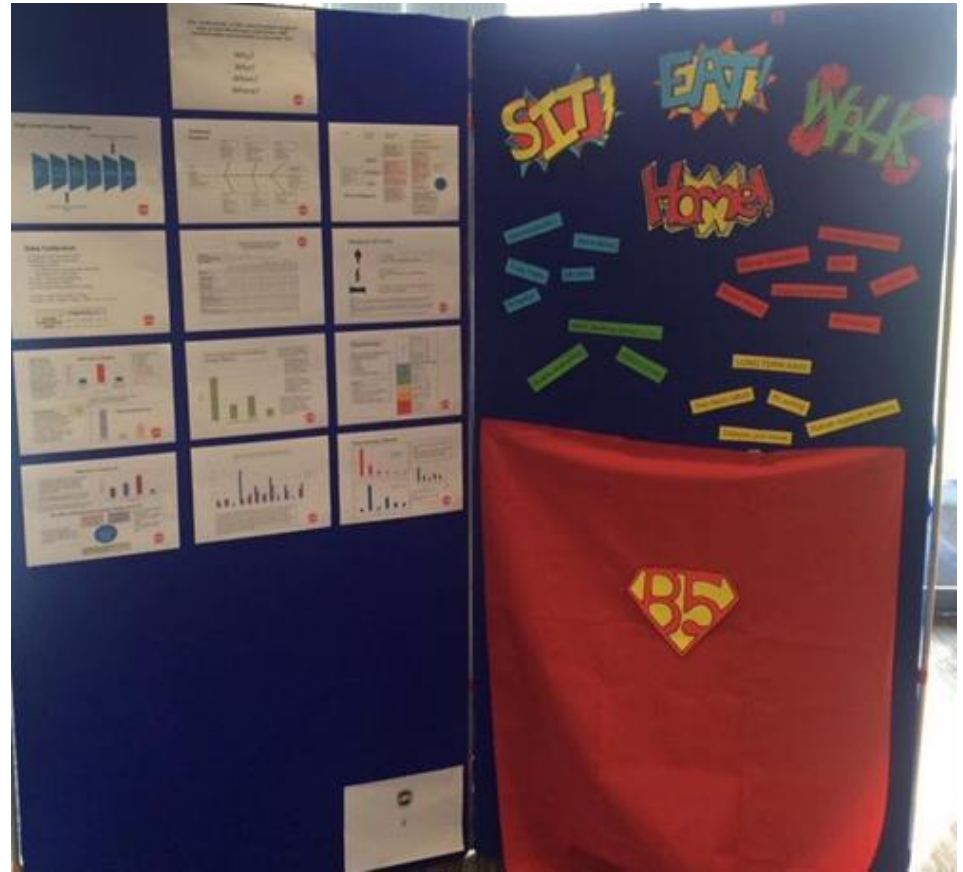
- **Human Factors Feedback** – regulating those behaviours as an everyday process
- **Managing overload and using the tools** – staying in control in stressful situations or extremely risky environments and making briefings, debriefings, handovers and checklists work effectively
- **Leading, Following and Motivating** – our professional responsibilities to everyone else in the team



# Celebration Event



# Celebration Event



# Feedback





# Challenges

- Providing ongoing support
- Keeping track of QI progress and outcomes / measuring that ROI



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# Achievements

**550 people in 96 teams = 96 improvement projects throughout the Health Board.**

- **Plumbers - Operational Services & Maintenance** – improving maintenance work flow, improving bathrooms/washrooms, implementing legislation on food labelling, improving storage of sandwiches on wards to reduce the risk of listeria.
- **Professors - Cardiac Surgery** - Reducing Cardiac Wound Infections - Potential £192,000 per year saving.
- **Nephrology & Transplant** – early detection and management of acute kidney injury and reducing central line use.



# Summary

- A comprehensive programme
- Evidence based structure, content and learning styles
- Delivered by people with national/international reputations
- An emphasis on working in teams with the right expertise to deliver respective improvement projects – across the UHB
- Strategic alignment



# Key Insights/ Learning



- There is the will – provide staff with the resources = time, knowledge, support
- Commitment from Board – priority
- Good project management & organisational skills
- Communications/PR
- Align with national and organisational priorities/direction
- Great venue – off site
- Top speakers



# Key Insights/Learning cont.

- Work with and enable Clinical Boards – win:win
- Design to include MDTs, senior managers and senior clinicians
- More team time for progressing projects
- Enable good quality feedback and take action on it
- Excellent speakers – staff feel privileged to participate
- Celebration event – high profile guests = accountable teams & demonstrates importance of what they are doing

# Conclusions

*"It is not enough to do your best; you must know what to do, and then do your best."*

*W E Deming*

*"Learning is not compulsory.....  
Neither is survival"*

*W E Deming*



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# Leadership according to Popeye

# Questions?

- Contact Joy Whitlock – [joy.whitlock@wales.nhs.uk](mailto:joy.whitlock@wales.nhs.uk)
- Diolch yn Fawr (Thank you)



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# 2016 projects

## Specialist Services Clinical Board

- Cardiothoracic Services- Improving dementia care
- Dialysis Unit- Developing pathways to meet the changing needs of our patients
- Haematology – ambulatory care chemotherapy
- Neurosurgery – improving intrathecal drug delivery
- Nephrology & transplant – reducing length of stay



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# **Surgery Clinical Board**

- Hip replacement- Implementing enhanced recovery
- Compliance with uniform policy in theatres

# **Dental Clinical Board**

- Introducing a checklist similar to theatre check lists to reduce never events – particularly focusing on managing sharps and the correct tooth extraction
- Improving access to services for minor oral surgery patients



# Primary, Community and Intermediate Care Clinical Board

- Primary care – Introducing a web based district nursing learning hub
- Health Visitors- Effective way of monitoring good safeguarding practice across C&V supervision for groups
- Primary care- Review and improve the Quality and Safety processes across the entire Clinical Board
- Community Resource Team – preventing unnecessary hospital admissions and speeding timely discharge



# Mental Health Clinical Board

- Clinical Psychology- Improving communication as service users transfer between care providers
- Adult mental health – improving access to services with better referrals
- Mental Health Services for Older People – introducing board rounds to improve MDT communication



# Clinical Diagnostics, Therapeutics and Health Sciences Clinical Board

- Occupational therapy- Improving pressure area care for wheelchair users
- Medical Scientists – Cellular pathology – improving the turnaround time for clinical diagnostic test results
- Physiotherapy – direct access to physiotherapy for muscular-skeletal conditions



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# Children and Women Clinical Board

- Midwifery – Optimising staffing levels within existing resources
- Paediatrics– A multi-disciplinary team approach to improve the service and reduce the stress around admission of a child
- Maternity care – identifying high risk mums to prevent babies being dropped on postnatal areas
- Develop a transition pathway through the different stages of paediatrics through to adults



# Medicine Clinical Board

- Unscheduled Care – improving patient nutrition and hydration in the emergency setting
- Internal medicine – designing a reliable system for mortality reviews



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# Corporate teams

- Patient Safety team- Developing guidelines for staff writing statements for coroners RCA etc to standardise the approach
- Resuscitation – Ensuring resuscitation training activity is sufficient in clinical areas
- Clinical Governance – reducing the risk of misidentification
- Cancer services – introducing the holistic assessment





# Operational Services

- Keeping food hot and scheduling maintenance of food trolleys
- Reducing the risk of listeria – maintaining the cold chain on wards at night/out of hours



# Multi agency

- Special needs care children - Multi agency pathway for managing children on soft diets
- Multi agency – reducing 999 calls for falls in nursing homes

