Quality Improvement for NHS Board Members

National Masterclass 1
20th September 2016
Please be upstanding!

This conference is standing friendly. Please feel free to take standing and stretch breaks at the back of the room and break up that sedentary time!
The Scottish Approach

- Participation and Co-production
- Assets-Based
- Improvement Methodology

A Guide for Board Members of Public Bodies in Scotland
Improvement methodology

Creating conditions for change
• Vision
• Story
• Action

Making the changes
• Framework
• Strategy
• Context

Sustainability
• Coalitions
• Governance
• Data
Progress to date

- **15 Mar**: NHS Board development proposal approved by Quality Portfolio Group.
- **1 July**: Published QI for NHS Board Members brochure. 100+ shares, 44 retweets on Twitter.
- **30 May**: Board session with NHS Dumfries & Galloway. 20 Board members attending. QI topic: organizational habits which support improvement.
- **20 Jul**: Surpassed expectations. Non-executive Board member.
- **1 July**: Summer newsletter. 14 Board members, 300+ shares.
- **20 Sep**: 176 Executive and non-executive Board members invited to national masterclass.
black box thinking
Quality Improvement for NHS Board Members

National Masterclass 1
20th September 2016

Paul Gray
Director General, Health & Social Care
Scottish Government

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Applying ‘black box thinking’ to your context

Professor Jason Leitch, National Clinical Director
Healthcare Quality and Improvement
Scottish Government

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Three challenges for today

• Strategic and Board context for improvement
• Liberating skilled staff in pursuit of improvement
• Taking our public with us

Combine inputs from colleagues with table top discussion
Quality Improvement Landscape in Scotland

Ruth Glassborow
Director of Improvement Support & ihub
Healthcare Improvement Scotland

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Video (please see separate link)
Quality Improvement Landscape in Scotland

Eddie Docherty
Director of Nursing, Midwifery and Allied Health Professions
NHS Dumfries & Galloway

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Strategic Context
Quality Improvement in this landscape

Quality must be the primary concern –

All developments should seek to ensure

• that there is enhancement of patient safety, clinical effectiveness and a person-centred approach to care

With the goals of

• improving health and reducing health inequalities in the context of demographic change and increasing pressure on resources
Some reflections

- Health and Social care at different points on their QI journey.
- Current models of care require review. Innovation is our only answer
- QI methodology is the key strategy to test, to implement and constantly evolve our services to meet the needs of our populace.
Quality Improvement Landscape in Scotland

Moi Ali
Non-Executive Director
Scottish Ambulance Service

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Quality Improvement Landscape in Scotland

Heather Shearer
Board and Partnerships QI Development Lead
Healthcare Improvement Scotland
Discuss (15 minutes)

What assets exist in your context that can support improvement?
What would a good strategic approach to improvement look like for your Board?
Quality Improvement Landscape in Scotland

Chris Rodger
Consultant General & Colorectal Surgeon
NHS Forth Valley

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Chris Rodger
Consultant General Surgeon
Forth Valley Royal Hospital
September 20th 2016
Fellowship Experience

- Inspiration
- Community
- Improvement Science, culture, leadership
- Challenged to think differently
- Stories
Forth Valley Experience
Where now?
Quality Improvement Landscape in Scotland

Jane Cheeseman
Consultant in General Adult Psychiatry
NHS Lothian

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What did the fellowship do for me?

- Investment – time and money
- Organisational Role
- Knowledge and skills in QI methodology
- Skills to develop and run a QI project
- Learning from inspirational experts
- Space to think outside the box and a belief that change can happen
What did the fellowship do for the Royal Edinburgh Hospital?

• Investment – my time and enthusiasm!
• QI project – real, tangible and immediate! Making a difference to patient care and experience with a focus on reducing delays in patient care and discharge
• Sharing knowledge, team working and helping others start QI projects of their own
• Raising the profile of QI and building links and networks locally and nationally
What’s next for this fellow and the Royal Edinburgh Hospital?...

• Appointed QI lead – 2 sessions per week
• Develop a Quality Improvement programme for REAS
• Building skill and capacity across the service and ensuring sustainability will be the key challenges
• Local support from QI Academy, HIS and SPSP-MH
Quality Improvement Landscape activity

Heather Shearer
Board and Partnerships QI Development Lead
Healthcare Improvement Scotland
Discuss (15 minutes)

How could you be assured that staff who have improvement skills are able to use them effectively?
Person-Centred Perspectives in the boardroom

Shaun Maher
Strategic Advisor for Person Centred Care and Improvement
Scottish Government

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Person-Centred Care & Quality Improvement
Safe, effective, person-centred
Safe, effective......

....pink and fluffy
A systematic review of evidence on the links between patient experience and clinical safety and effectiveness

Cathal Doyle,¹ Laura Lennox,¹,² Derek Bell¹,²  BMJ Open 2013 3:
Why are we finding it difficult to create a truly person-centred system?
Is Your Bucket Empty?
Culture and behaviour in the English National Health Service: overview of lessons from a large multimethod study

Mary Dixon-Woods,1 Richard Baker,1 Kathryn Charles,2 Jeremy Dawson,3 Gabi Jerzembek,4 Graham Martin,1 Imelda McCarthy,4 Lorna McKee,5 Joel Minion,1 Piotr Ozieranski,6 Janet Willars,1 Patricia Wilkie,7 Michael West8

BMJ Quality and Safety, Sept 2013
"Forces of Destruction: grades in school, merit system, incentive pay, business plans, quotas."

– W. Edwards Deming
<table>
<thead>
<tr>
<th>Compliance goals</th>
<th>Commitment goals</th>
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<tbody>
<tr>
<td>States a <strong>minimum performance standard</strong> that everyone must achieve</td>
<td>States a <strong>collective improvement goal</strong> that everyone can aspire to</td>
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<tr>
<td>Strong focus on <strong>hierarchy</strong>, <strong>control systems</strong> and standard procedures for co-ordination and control</td>
<td>Strong focus on <strong>relationships</strong> and <strong>informal networks</strong> alongside hierarchy and standard procedures for coordination and control</td>
</tr>
<tr>
<td>Delivered through formal <strong>command and control</strong> structures</td>
<td>Delivered through <strong>voluntary connections</strong>, teams and <strong>collaboration</strong></td>
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<tr>
<td>Threat of <strong>penalties/sanctions/shame</strong> creates momentum for delivery</td>
<td>Commitment to a <strong>common purpose</strong> creates energy for delivery</td>
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<tr>
<td>Based on <strong>organisational accountability</strong> (“if I don't deliver this, I fail to meet my performance objectives”)</td>
<td>Based on <strong>relational commitment</strong>, <strong>values</strong> and <strong>purpose</strong> (“I believe that this is the right thing to do, if I don’t deliver I let the group and its purpose down”)</td>
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From Control to Commitment in the Workplace Richard Walton ; Harvard Business Review 1985
Dutch district nurses rediscover 'complete care' role

By Adam Emmet
Health Correspondent, BBC News

27 May 2013 | Health

District nurse Cora Duinkerken with her patient Truus Verhagen

Cora Duinkerken is a district nurse in west Amsterdam. She works for a not-
Whose needs are we meeting?
“Medicine must be made sensitive to the values of individual patients”
What happens when we get serious about person-centred approaches to care?

**Results:**
- Greater confidence and satisfaction with consultation
- Fewer regrets
- Chose less surgery and chemotherapy
- Those who did suffered fewer side effects

Hacking et al; Psycho-Oncology
*Volume 22, Issue 5*, pages 1017–1024, May 2013
Early Palliative Care for Patients with Metastatic Non–Small-Cell Lung Cancer

• More of what mattered to them
• Less of what matters to us.....

= better and longer life
Results
Overall, 69% of patients with lung cancer and 81% of those with colorectal cancer did not report understanding that chemotherapy was not at all likely to cure their cancer….

Conclusions
Many patients receiving chemotherapy for incurable cancers may not understand that chemotherapy is unlikely to be curative, which could compromise their ability to make informed treatment decisions that are consonant with their preferences….
Whose needs are we meeting?
Measurement intelligence

- If you’re **not measuring**, you’re not managing
- If you’re **measuring stupidly**, you’re not managing
- If you’re **only measuring**, you’re not managing

Mary Dixon-Woods (Jan 2014)
Fugitive knowledge

- Normalised so not readily visible
- May be hard to distinguish usual moans from serious concerns
- May be forbidden knowledge
- May be dangerous to reveal
- Its quality as evidence uncertain

Mary Dixon-Woods (Jan 2014)
“Most people do not listen with the intent to understand; they listen with the intent to reply.”

Stephen R. Covey
(1932-2012)
Q. Overall did you feel you were treated with respect and dignity while you were in hospital?
A. Yes, always

Q. Overall, how do you rate the care you received?
A. Excellent

“The other thing I didn’t raise and I should have done because it does annoy me intensely, the time you have to wait for a bedpan... elderly people can’t wait, if we want a bedpan it’s because we need it now. I just said to one of them; “I need a bedpan please” and it was so long in bringing it out it was too late. It’s a very embarrassing subject, although they don’t make anything of it, they just say “Oh well, it can’t be helped if you’re not well.” And I thought, “Well, if only you’d brought me the bedpan you wouldn’t have to strip the bed and I wouldn’t be so embarrassed”.
Listen deeply and observe

- Identify and describe your improvement aim?
- How will you know your change has led to an improvement?
- What change can you make that will result in improvement?

act
study
plan
do
Working together to improve health and social care
Three Levels

My Voice

Community Voice

National Voice
Let’s have a look at some fugitive knowledge....
### Latest Stories

<table>
<thead>
<tr>
<th>Story</th>
<th>Progress</th>
<th>Activity</th>
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<tbody>
<tr>
<td>&quot;All staff were extremely helpful&quot;</td>
<td>STORY HAS A RESPONSE</td>
<td>Response last week</td>
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<tr>
<td>About: Western General Hospital / General Surgery</td>
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<td>&quot;Every member of staff were a credit to their profession&quot;</td>
<td>STORY HAS A RESPONSE</td>
<td>Response last week</td>
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<tr>
<td>About: Monklands District General Hospital / Cardiology</td>
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<td>&quot;Did not install confidence&quot;</td>
<td>STORY HAS A RESPONSE</td>
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<td>About: Crosshouse Hospital / General Surgery</td>
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<td>&quot;Can't thank you all enough for your care&quot;</td>
<td>STORY HAS A RESPONSE</td>
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<td>About: Victoria Hospital / SEAL (Surgical Elective Admission Lounge)</td>
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<td>&quot;My partner's dental experience.&quot;</td>
<td>STORY HAS A RESPONSE</td>
<td>Response last week</td>
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<tr>
<td>About: Royal Alexandra Hospital / Oral Surgery &amp; Medicine</td>
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<td>&quot;More than Words course has made a difference&quot;</td>
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<td>About: Wishaw General Hospital / General Medicine</td>
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Maternity Unit 1: no. of consecutive +ve stories
Maternity Unit 1: what’s good?
Maternity Unit 1: what could be improved?
Maternity Unit 1: how are people feeling?
Maternity Unit 2: What’s good?
Maternity Unit 2: What could be improved?

- Maternity
- Delivery
- Midwife
- Birth
- After care
- Treatment
- Catheter
- Traumatic
- Epidural
- Surgery
- C-section
- Pregnancy
- Pain
- Pregnant

Date of negative stories: 2014-02-12 to 2016-07-24

Number of consecutive +ve stories:

- 30+
- 20+
- 10+
- 0+
Maternity Unit 2: How are people feeling?

- apprehensive
- disappointed
- Lack of care
- reassured
- friendly
- let down
- shocked
- relaxed
- ignored
- upset
- traumatic

Date of negative stories

Number of consecutive +ve stories
OUR VOICE

Working together to improve health and social care
Actions worth doing

Reflecting on today as an NHS board:-
What are your three priorities to enhance QI?
How will your board achieve it?
What skills are needed?
What support do you need?
What will you do by February 2017 (date of next masterclass)
What other Improvement capacity/capability do you need?

(Please help yourself to refreshments in Thistle 2 during session)
Closing remarks & next steps

National Masterclass 2
21st February 2017