Acknowledgements

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1000 Lives Plus is run as a collaborative, involving the National Leadership and Innovation Agency for Healthcare, National Patient Safety Agency, Public Health Wales and the Clinical Governance Support and Development Unit.

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Date of publication

This guide was published in April 2010 and will be reviewed in April 2012. The latest version will always be available online on the programme’s website: www.1000livesplus.wales.nhs.uk

The purpose of this guide

This guide is part of a series that has been produced to enable organisations and their teams to successfully implement interventions to improve the safety and quality of patient care.

This guide should be read in conjunction with the following:

- How to Improve
- How to Use the Extranet
- A Guide to Measuring Mortality
- Improving Clinical Communication using SBAR
- Learning to use Patient Stories
- Using Trigger Tools
- Reducing Patient Identification Errors

These are available from the 1000 Lives Plus office, or online at www.1000livesplus.wales.nhs.uk

Where reference is made to 1000 Lives Plus, this includes the work undertaken as part of the 1000 Lives Campaign and the second phase of this improvement programme - 1000 Lives Plus.

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The 1000 Lives Campaign has shown what is possible when we are united in pursuit of a single aim: the avoidance of unnecessary harm for the patients we serve. The enthusiasm, energy and commitment to following a robust, evidence-based approach to improvement has resulted in demonstrable improvements for many front-line teams across Wales. However, building on these successes to achieve breakthroughs in quality improvement at an organisation-wide level remains a major leadership challenge.

The purpose of this guide is to support Board members and other organisational leaders to take a systematic approach and implement practical leadership interventions that can lead to transformational quality improvement. The guide is grounded in practical experience and the policy context here in Wales. It builds on learning from organisations across Wales during the 1000 Lives Campaign and also on the experience of other campaigns and improvement work supported by the Institute for Healthcare Improvement (IHI).
The national vision for NHS Wales is to create a world-class health service by 2015: one which minimises avoidable, death, pain, delays, helplessness and waste. The recent NHS reforms programme has been an important driver for this and the values that underpin the reformed NHS include a commitment to place patients and patient safety above all things.

The potential for reduction in harm, waste and variation to improve quality and financial stability is a central principle of the Annual Operating Framework (AOF) for 2010/11. The AOF also makes it clear that achieving our vision requires fundamental changes which:

- Capture the opportunity for integrating care across the whole system.
- Empower frontline staff.
- Enable services to be delivered through good governance.

The 1000 Lives Campaign has already demonstrated its potential to be a major driver for change in all these areas and to ensure a consistent focus on safety and quality during a period of unprecedented change. The Annual Operating Framework builds on existing momentum by making a commitment that the 1000 Lives Campaign will now be succeeded by a 5 year programme to reduce harm in Welsh healthcare, 1000 Lives Plus.

This will include:

- A requirement for Health Boards and Trusts to set local targets to reduce harm and mortality.
- Leadership participation in improvement activities through the appointment of Executive leads, use of process data and sign-up to mini-collaboratives.
- The use of the Campaign methodology to meet ‘intelligent targets’ for priority clinical services.

This embedding of 1000 Lives Plus methodology into routine practice also underpins the commitment to embed the revised Health Standards for Wales as a framework for governance and continuous improvement.
Taking a strategic approach to quality improvement

The leadership interventions in 1000 Lives Plus are based within a framework which identifies three primary drivers for change:

- Building the will to make measurable systemic improvement as quickly as possible. This will needs to be generated at all levels, and needs to include the will of senior leaders to make new ways of working more attractive and engage staff commitment and enthusiasm.

- Encouraging and spreading ideas about alternatives to the status quo which are robust enough to form the basis of new working systems; and also ideas about how to introduce them.

- Attending relentlessly to the execution of an aligned range of improvement initiatives into the daily work of the organisation.

Research by the IHI has shown that execution is most frequently given the least focus. In order to achieve organisation-wide quality improvement at a strategic level, leaders need to work on three key components of for effective execution:

- Coordinating a portfolio of improvement activities which are aligned with strategic priorities and improvement aims.

- Supporting, encouraging, empowering and challenging local teams to improve processes and reduce variation.

- A continual commitment to develop staff at all levels in the skills required to lead and deliver improvement initiatives.

A Framework for Execution

Achieve strategic improvement aims

Spread and sustain

Build leadership and accountability at all levels

Manage local improvement

Equip teams with improvement skills

Develop workforce
Leading the Way to Safety and Quality Improvement

Driver Diagram

**Aim**

Lead sustainable quality improvement by reducing harm, waste and variation

**Drivers**

Will

Ideas

Execution

**Leadership Interventions**

Set aims and monitor progress

Demonstrate visible leadership

Hear stories

Change the culture

Seek and share new evidence of best practice. Use the relevant clinical content area guide

Establish executive and organisational accountability

Use the Model for Improvement

Focus on learning and development
Leadership Interventions

This section details interventions highlighted in the driver diagram which evidence has shown to be affective for improving leadership for safety and quality improvement.

**Intervention: Set aims and monitor progress measures**

All NHS organisations have routinely set targets and monitored progress to reduce costs for many years. The 1000 Lives Campaign has now demonstrated how an equivalent approach can be taken for the reduction of harm. The growing evidence of the close links between reductions in harm, waste and variation and their impact on cost means that it is an essential for organisations to be specific and disciplined in setting aims and monitoring progress in all three areas.

Building on this experience of setting targets at a national level, it is now a requirement for Health Boards and Trusts to set and monitor their own aims to reduce harm. Organisations are expected to use a recognised measure of hospital mortality rates and the Global Trigger measure of harm.

These two measures are an important source of assurance at Board level, but Boards need to recognise that organisation level measures can also mask variation between services. The ability to drill down to examine service level mortality and harm is therefore essential. Detailed guides on the measurement of mortality and harm are available as part of this How-to Guide series. Organisations should use these guides to develop their approach to outcome measurement and assurance. This must include a focus on the quality of clinical coding and data entry to ensure that the measures are robust.

Consistent progress towards organisation level aims will not be achieved by focusing on outcome measures alone and it essential for leaders to set expectations and use process improvement measures to hold teams to account for local progress. The Extranet provides a system for teams to upload process data and produce charts which support data interpretation. It is essential that organisations use the Extranet, or an equivalent system, to ensure that a data-driven approach to measuring progress is maintained.

In Health Boards and Trusts, the focus on measures will vary at different organisational levels. At levels closer to frontline teams, although outcome measures will be relevant, a primary focus should be on indicators that measure process reliability and quality improvement. It essential for leaders to understand and work with both types of measure.
Measures to reduce harm and improve quality at different organisational levels

Board level

Examples of measures:
- Mortality rates
- GTT harm rates

Frontline team level

Examples of measures:
- ‘Care bundle compliance.
- Uptake of evidence-based practice

Outcome measures

Improvement measures

Resources to support setting aims and monitoring process measures:
- A Guide to Measuring Mortality
- Using Trigger Tools
- How to use the Extranet

Available at www.1000livesplus.wales.nhs.uk
Intervention: Demonstrate visible leadership

WalkRounds have been widely used in NHS organisations across Wales during the 1000 Lives Campaign. They are invaluable as a way of:

■ Facilitating Board level engagement direct with frontline teams.
■ Demonstrating visible senior leadership in patient safety at a practical level.
■ Combining a top-down and bottom-up approach to safety awareness and management.
■ Gaining information and acting on safety problems and issues.

Testing of WalkRounds in different settings has shown them to be adaptable and particularly useful in developing collaborative relationships across boundaries, including with primary care contractors and community care providers. The approach has potential for further development as a support for achieving the strategic aim of system integration.

WalkRounds have been described as ‘a simple activity that is difficult to do well’ and it is important that participants are well prepared and equipped for the task. Participation in a WalkRound programme should be a key activity for all Board members and leaders. A range of resources to support the development and implementation of WalkRounds are now available, based on the following advice:

Preparation

■ Plan and scope the WalkRound programme, considering capacity for spreading as a routine activity.
■ Ensure advance scheduling of WalkRounds and that they are fixed priorities in the diaries of all participants.
■ Provide good notice to areas that will be visited and briefing information to frontline staff.
■ Gather other information of particular relevance to the areas to be visited to brief the WalkRound team beforehand.
■ Ensure that the person leading the WalkRound is confident with the purpose, style and content of the approach.

During the WalkRounds

■ Use scripted statements to set the context and foster discussion through using prepared open questions.
■ Record all concerns that are raised systematically; keep discussions focused; summarise and agree issues that will be taken forward and by whom. It is particularly important to give permission for issues to be resolved locally wherever possible.
■ Include staff at all levels in the discussion and do not allow it to be dominated by senior managerial or clinical staff.
Immediately following WalkRounds

- De-brief the WalkRound team, assigning urgent action items if required.
- Discuss what went well/badly/what was learned.

Feedback

- Ensure prompt written feedback to frontline teams, including confirmation when actions are completed.
- Agree and implement a system for feedback on action progress and reporting for Executives and the Board.

Examples of Success:

In Cardiff and the Vale University Health Board, the Board commits time to focus on patient safety each week through a “Safety Fridays” programme. A structured WalkRound programme is a core element of this and time is also allocated for discussion of information feedback and of safety priorities.

In Betsi Cadwaladr University Health Board, WalkRounds have been successfully tested in GP practices, community pharmacy and optometry practices and are now being introduced as a regular, routine activity in all localities.

In Cwm Taf Health Board WalkRounds, plans have enabled leaders from both primary and secondary care to visit hospital and community-based settings together.

In Aneurin Bevan Health Board, WalkRounds have been well received when tested in Nursing Home settings.

In Powys Health Board, a WalkRound approach is being developed which involves Local Authority partners and includes both health and social care settings.

The scale of NHS organisations in Wales means that it will not be possible for Board level WalkRounds to cover all service areas regularly. However, a WalkRound can also be effectively undertaken by Divisional or Clinical Programme Group leaders in a way that complements Board level WalkRounds and ensures that all areas have the opportunity to participate in a WalkRound discussion at least annually. Developing this approach requires coordination and trust between organisational levels and tests of change should be used to develop this over time.

Resources to support demonstrating visible leadership:

- 1000 Lives Plus WalkRound guidance

Available at http://howis.wales.nhs.uk/sites3/page.cfm?orgId=781&pid=24699
Intervention: Hear stories

Stories can complement quantitative data in a powerful way to increase focus and engagement with quality and safety issues. For leaders, this includes using stories in formal meetings. This can be challenging and during the Campaign organisations were encouraged to become familiar with using positive stories about the impact of quality improvements before engaging with more challenging stories concerning patient harm. A number of different formats for story presentation can be used, including, among others:

- **A brief story told by a member of staff.**

  This can be used at any meeting and its purpose is to energise and focus attention on a safety or quality issue, bringing it to life by highlighting its human impact. The story will have most impact if it can be linked to a specific agenda item where quantitative information on the wider context is also provided.

- **A short video or digital story told by a patient or someone close to them or a member of staff.**

  This requires more advanced work and technical support, but has been used effectively during the 1000 Lives Campaign

- **Attendance of a patient or family member at a meeting to tell their story directly.**

  This approach requires high levels of preparation and support and should not be considered unless you are confident that it is appropriate under the particular circumstances.

The recognition of the power and value of using stories has given rise to a huge amount of creativity and enthusiasm across Wales and there is great potential for further development. However, it is essential that the technical and ethical issues associated with stories are fully addressed. A separate guide ‘Learning to use Patient Stories’ has been produced which includes detailed advice and guidance.

**Examples of Success:**

In Betsi Cadwaladr University Health Board, a Patient Story group is coordinating an organisation-wide approach to developing and using patient stories - including using stories for service planning and development, developing guidelines and using stories in formal meetings.

Patient stories are well established as the first standing agenda item in Quality and Safety Committee meetings in Cwm Taf Health Board, where they have been found to be an invaluable tool for engaging all committee members in discussion and challenge and in focusing attention on quality and safety.

**Resource to support Hearing Stories**

- Learning to use Patient stories

Available at www.1000livesplus.wales.nhs.uk
Intervention: Change the culture

All of the interventions in this guide aim to change organisational culture in ways that will enable quality improvement. National requirements for Health Boards and Trusts to implement “Putting Things Right” will also support development of a culture that supports staff to be open with people when something has gone wrong; do as much as possible to put them right; and learn lessons to stop them happening again.

The 1000 Lives Campaign has shown the value of understanding existing cultural patterns and using this information to engage in discussion with staff at all levels about what needs to change. The survey tools used during the Campaign are now available for use at a whole organisation or service specific level, and there will be an opportunity to participate in a second national survey in 2010.

The scale of the surveys that were undertaken in 2008, particularly in primary care, provides a valuable opportunity for Health Boards to look at culture patterns across the whole system and can be used to support work on the development of cross-boundary working and system integration. The reports of these surveys can also be used as a baseline against which culture changes can be mapped as new organisational structures and systems become established.

Examples of Success:

63% of GP practices in Wales participated in the Campaign on-line culture survey. In feedback practices reported that that there had been real value in including staff in the process and that survey reports had highlighted things the Practice did not previously know. Practices are also requesting to do the survey again.

In Gwent, aggregated GP practice reports have been used to give an overview of culture patterns across the Aneurin Bevan Health Board catchment.

In Cardiff and the Vale University Health Board, analysis of NHS staff survey results revealed significant differences in survey responses between staff professional groups and grades, and in Cwm Taf Health Board differences between sites were identified.

All organisations should review the culture survey reports from predecessor organisations, and agree and implement an approach to ongoing culture survey assessment and action planning.

In addition to the survey tools, tools such as the Manchester Patient Safety Assessment Framework offer robust assessment and development tools that can be used by teams to assess culture and agree actions for improvement in a range of settings.
Resources to support culture change:

- Being Open When Patients are Harmed, NPSA 2009. Available at www.NPSA.org.uk
- Putting Things Right, NHS Wales. Available on www.nhswalesgovernance.com/display/Home.aspx?as=2&s=0&d=0&p=0
- Manchester Patient Safety Assessment Framework. Available at www.npsa.nhs.uk/
Intervention: Establish organisational and executive accountability

Accountability for quality improvement must start with the Board. Chief Executives should agree with the Chair the part that independent Board members will play in achieving the organisation’s quality and safety improvement aims. Independent members have made a valuable contribution through direct engagement in the 1000 Lives Campaign, and newly appointed Board members should be able to draw on this experience as part of their induction and development.

Lessons from Wales:
Independent members have welcomed the opportunity to participate in WalkRounds and related Campaign initiatives. It has raised their profile and understanding of important quality and safety issues; and has improved understanding by frontline teams of the role of Board members.

The way in which the Chief Executive demonstrates accountability to the Board through reporting on measurable progress in quality and safety improvement is critical. The structuring of Board, committee and management meeting agendas can support this, by ensuring that patient safety and quality improvement is always the first item on the agenda and that at least 25% of meeting time is allocated to discussion of safety and quality issues.

The links between safety and quality improvement and wider performance management and governance arrangements need to be established by the Board and clearly communicated throughout the organisation. No single initiative or set of unaligned projects will be enough to produce organisational-level results. Some improvement priorities are set at National level in the Annual Operating Framework, but others will be based on local experience. It is therefore essential that there is alignment of all improvement activities that contribute to organisational strategic goals for the reduction of harm, waste and variation.

In order to reinforce the message about whole Board engagement and alignment of improvement activities, the Chief Executive should allocate accountability for a specific improvement content area to an Executive, or equivalent level director. This individual needs sufficient influence and authority to allocate the time and resources necessary for the work to be undertaken. Accountability for progress should be incorporated into annual personal objectives.

Lessons from Wales:
Finance Directors in Cardiff and Vale University Health Board and Cwm Taf Health Board have taken the Executive lead for Clinical content areas. This has given a strong message about whole Board commitment to safety and quality, has improved two-way communication, provided constructive challenge to clinical teams and raised the quality of feedback and discussion at Board level.

All staff working on the changes in an improvement content area should know who the Executive lead is. However, is likely that accountability will be further
delegated to Divisions, Clinical Programme Groups or Directorates and this can help to build ownership and engagement at a more local level. At each delegated level, is essential that the leader has full authority over the areas involved in achieving the improvement aim and is held to account for progress. As changes spread more widely, crossing internal organisational boundaries, appropriate levels of delegation will need to be reviewed.

Communication is key to reinforcing this chain of accountability. When working with front line teams, organisational level leaders need to have an understanding of the improvement methodology and to base conversations around the interpretation of improvement data. Reporting of progress to higher organisational levels should also use a consistent data format so that the Executive level leader can report to the Board on progress. The SBAR communication tool, which is now in wide use as a way of improving clinical communication, can also be used to improve communication between organisational levels and as a basis for formal written reports.

**Examples of Success:**

In Betsi Cadwaladr University Health Board SBAR is now being used as the standard format for corporate meeting papers.

**Resources for improving executive and organisational accountability:**

- How to Improve
- Improving Clinical Communication using SBAR

Available at www.1000livesplus.wales.nhs.uk

- Reinertsen, J. Pugh, M. Nolan, T  Executive Review of Improvement Projects: A Primer for CEOs and other Senior Leaders.

Available at www.ihi.org
Intervention: Use the Model for Improvement

The Model for Improvement is a basic building block for change and it is important that leaders understand how it works and the steps teams need to take when using it.

The model requires teams to address three key questions and then use Plan-Do-Study-Act (PDSA) cycles to test a change idea. By doing repeated small-scale tests, they will be able to adapt change ideas until they result in the reliable process improvement required. Only then will they be ready to implement and spread the change more widely.

What are we trying to accomplish?

This means that you need to set an aim that is SMART - Specific, Measurable, Achievable, Realistic and Time-bound. Everyone who is involved in the change needs to understand what this is and be able to communicate it to others.

How will we know that change is an improvement?

It is essential to identify what data you need to answer this question and how to interpret what the data is telling you. The improvement methodology guide ‘How to Improve’ provides detailed information on the tools, tips and information you need to achieve this, and includes the following advice:
Measurement is often the weak link in improvement work and needs close attention. When measuring progress, teams need to follow the seven steps to measurement shown below:

- Plot data over time. Tracking a few key measures over time is the single most powerful tool a team can use.
- Seek usefulness, not perfection. Remember, measurement is not the goal; improvement is the goal. In order to move forward to the next step, a team needs just enough data to know whether changes are leading to improvement.
- Use sampling. Sampling is a simple, efficient way to help a team understand how a system is performing.
- Integrate measurement into the daily routine. Useful data is often easy to obtain without relying on information systems.
- Use qualitative and quantitative data. In addition to collecting quantitative data, be sure to collect qualitative data, which is often easier to access and highly informative.
- Understand the variation that lives within your data. Don’t overreact to a special cause and don’t think that random movement of your data up and down is a signal of improvement.

**Resource:**

- How to Improve

Available at www.1000livesplus.wales.nhs.uk
Intervention: Learning and development

A commitment to learning and development should begin at Board level, with learning sessions on safety and quality, based around the interventions in this guide, being a scheduled part of Board member induction and ongoing development sessions. Embedding the interventions will also require an approach whereby they become an integrated part of organisational development and training at all levels.

National Learning Sets, content area specific training sessions, conference calls and WebEx events have been an important feature of the 1000 Lives Campaign, supporting communication and learning between teams across Wales. This “All teach; All learn” approach has been fundamental to success. One of the Citizen Centred principles that underpin the new NHS in Wales is Being a Learning Organisation- a place where people continually expand their capacity to improve, where new ways of thinking are nurtured, and where people are continually learning to see the whole together. The Campaign has shown the potential for this to be achieved at a national level and provides a base on which new NHS organisations can build.

The pilot “Quality Improvement Academy” which was run as a Campaign linked initiative in 2009 has shown the potential for learning on a cross-professional basis, involving staff at all levels (from students to senior clinical staff and managers) in a shared learning experience. There is potential for this approach to be used within organisations, involving both external and internal input to deliver cutting-edge training and development in quality improvement techniques and leadership approaches. This should include building skill levels and understanding across the whole organisation, but also investing in development of an internal expert resource to support individual teams and projects. Building the skills and understanding that are needed will take time and it is essential that organisations make a long term commitment to the investment required.
Improving care, delivering quality

If we can improve care for **one person**, then we can do it for **ten**.

If we can do it for ten, then we can do it for a **100**.

If we can do it for a 100, we can do it for a **1000**.

And if we can do it for a 1000, we can do it for **everyone in Wales**.

www.1000livesplus.wales.nhs.uk