Leadership: a vital ingredient of the Improvement Journey

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Leadership from the Top to the Frontline

- National and organisational priority
- Establish resources
  - Finance - redirect
  - Local leaders and educators
  - Frontline staff time to attend learning events
- Build will, encourage ideas, enable execution
- Resolve barriers and conflicts
- Expect and demand data for improvement (not judgement)
- Be visible and encourage
- Celebrate and share success
Lead sustainable quality improvement by reducing harm, waste and variation

**Aim**

**Driver**

**Leadership Intervention**
- Set aims and monitor progress
- Demonstrate visible leadership
- Hear stories
- Change culture
- Seek and share new evidence of best practice. Use the relevant clinical content area guide
- Establish Executive organisational accountability
- Use the Model For Improvement
- Focus on learning and development

**Will**

**Ideas**

**Execution**

Ref – Leading the Way to Safety and Quality Improvement. 1000Lives Plus
Aim

Primary drivers

Secondary drivers

Interventions

To deliver patient safety and quality initiatives for the Local Health Boards (Mouth care)

Will

Create an Organisational culture and environment for improvement

Engage Senior Leadership
Make links to organisation goals
Form teams
Build Skills
Raise awareness
Appoint clinical champions

Ideas

Evidence base (The What To)

Use the relevant content area ‘How to Guide’ to assess the latest evidence of best practice;

Consult Faculty members to agree standards to be achieved
Use critical sub-sets of key content areas to improve the outcome

Execution

Improvement methodology (The How To)

The Model for Improvement

1. What are you trying to accomplish?

Set SMART aims
Communicate aims
Use Project charter to provide structure

2. How will you know change is an improvement?

Understand what to measure
Use 7 step measurement process

3. What changes can you make that will result in improvement?

Map the Process
Use Creative thinking

4. PDSA cycles

Test – implement – spread - sustain

Establish reliable processes

Use reliability model

Ref – How to Improve Guide.

1000Lives Plus
Some questions....

- Who should be an ‘Executive lead’?
- Who should be a leader?
- What do they need to do?
- How should they interact with improvement teams?
- What should they do when they encounter problems?
- What does this mean for organisational arrangements?
Who should be involved?

- Accountability for all improvement programmes must track all the way from a clinical team to the Board.

- All improvement programmes should explicitly name an accountable Executive Director.

- Some reasons to include all Exec Directors:
  - It is a useful way of giving a signal to the wider organisation that quality and safety improvement is core business for the whole Board.
  - May ‘shorten’ the route to the Board.
  - It can enhance Board level understanding and joined up thinking about the implications of using the Model for Improvement as an improvement tool.
  - Exec Directors (particularly those not primarily clinically facing) find it rewarding and energising.

- Senior leaders who are not Executive Directors can fulfil the role well, as long as:
  - Their delegated role on behalf of an Executive Director is clear and explicit.
  - They have clearly delegated responsibility and authority to make the decisions required to hold teams accountable and remove obstacles to progress.
  - Further delegation may be appropriate, but the same rules apply. Remember – delegation does not absolve you of accountability.
The Framework for Execution

Achieve strategic Aims

Spread & sustain
Divisional Teams
Directorate/locality Teams
Ward/department teams

Build leadership and accountability
Manage local improvement
Develop workforce
What the leader needs to do:

1. Clarify purpose

- What are we trying to do? (e.g. design a new process? Improve an existing one?)
- Why is this important?
  - How does it link to organisational priorities? (reducing harm, waste and variation).
  - How does it impact on patients?
  - What data/analysis supports this choice?
  - What is the potential downside of the effort?
- What are the expected outcomes
  - Specific objectives to be achieved
  - Quantified goals to be attained
  - Impact on quality and cost

Driver diagrams can really help here....
What the leader needs to do:

2. Use the Model for Improvement

- Understand the importance of testing, implementing reliable processes, spreading and sustaining changes.
- Be alert to words like ‘audit’; ‘pilot’ and ‘roll-out’
- Always insist on basing conversations around the data.
- The requirement to ‘implement or justify’ does not mean abandoning the M4I methodology
What the Leader needs to do:
3. Understand what measures are for

- Measurement for Improvement
- Measurement for Assurance

Core assurance measures
- Mortality rates
- Harm rates

Improvement measure e.g.'s
- Care bundle compliance
- Uptake of evidence-based practice
What does this look like in practice?:

Meet the team:

- Make sure the right people will be attending.
- Clarify the purpose and meeting process with the team in advance.
- Ask for a one-page report – with data (Exec walk round).
- Check understanding of how this project fits with organisational priorities and aims.
- Clarify the obstacles and barriers to progress.
Obstacles and barriers

When progress is difficult, this is likely to relate to one or more of the following:

- **Failure of Will** e.g. a few strong “blockers,” lack of investment in training and education, lack of back-up from the Board level.

- **Failure of Ideas** e.g. Haven’t read the ‘How to’ Guide, or not participating in Learning Sets.

- **Failure of Execution** e.g. The leader does not have the authority (as well as the responsibility) to deploy the resources s/he needs. Cross-service links have not been clarified. Competing priorities have not been reconciled. The Model for Improvement is not being used.
Bringing the requirements together – Following the review meeting:

- Feed-back the agreed actions to the team.
- Check you have clarified the obstacles and barriers to progress that they need you to sort.
- Take actions within your scope of delegated authority.
- Communicate outstanding actions
Levels of delegated authority and accountability will change as programmes progress, but the leadership requirements do not. More complex links make delegation more challenging.

Accountability between the Board and each improvement programme must be clear.
Leadership the key ingredient of the Improvement Journey

- Leadership happens at all levels
- Make the links between improvement ‘initiatives’
- Keep the patient/service user central to the reason for improvement – this is your touchstone.
- Be prepared to challenge and support