

Developing People Improving Care

The **Conditions**: In Brief



4

Support systems for
learning at local, regional
and national levels

condition 1

condition 2

condition 3

condition 4

condition 5



Developing People Improving Care was created by the thirteen organisations that form the National Improvement and Leadership Development Board. Every month the operational leads for Developing People Improving Care from those thirteen organisations meet as an implementation group, which drives our approach to the framework, and ensures greater alignment between our work.

Introduction

This short guide is the fourth in a series of five which aims to provide more information to those with a deeper interest in any of the five conditions that underpin Developing People Improving Care. This guide relates to condition four of the framework 'Support systems for learning at local, regional and national level'.

The spread of improvement skills at all levels within health and care is fundamental if we are to achieve a culture of continuous improvement. Modern health and care can only be effectively delivered across systems that enable the people working within them to learn the skills they need.

This includes ensuring access to evidence-based learning opportunities; and for the whole system to be better at sharing information at all levels – both what works well and what didn't.

Developing People Improving Care Together.

Developing People Improving Care is the national framework to develop leadership and improvement capability throughout the health and care system. It seeks to create the right conditions to equip and encourage all staff and organisations involved in NHS funded activity to continually improve their local health and care systems.

The change we want to see:

- Behavioural change from the centre, with oversight bodies modelling compassionate and inclusive leadership
- Enhanced systems leadership capacity throughout the NHS
- Improvement skills for all staff
- Compassionate, inclusive leadership delivered by staff at all levels
- The right numbers of diverse, appropriately developed people to fill current and future senior management vacancies.

Why this is important

Evidence and experience from high performing health and care systems shows that having these capabilities enables teams to continuously improve population health, patient care, and value for money. Developing these capabilities and giving people the time and support required to see them succeed is vital if the healthcare system is to meet the challenges it faces.

The three pledges

The oversight bodies that are part of Developing People Improving Care recognise that our behaviour and approach to how we do our jobs directly affects the time and space that those on the frontline have to focus on leadership and quality improvement.

Because of this, we made three pledges in **Developing People Improving Care:**

1 We will model in all our dealings with the service and in our own organisations the inclusive, compassionate leadership and attention to people development that establish continuous improvement cultures.

2 We will support local decision-makers through collectively reshaping the regulatory and oversight environment. In particular, we owe local organisations and systems time and space to establish continuous improvement cultures.

3 We will use the framework as a guide when we do anything at a national level concerning leadership, improvement and talent management so we engage across the service with one voice.

Condition Four: Support systems for learning at local, regional and national level

Getting full benefit from investments in improvement skills, leadership and talent management made in line with the framework depends on the underpinning support systems for these three areas. Several actions to extend infrastructure and learning systems to support all three appear under conditions 1, 2 and 3. Actions proposed under this condition promote essential resource and knowledge sharing.

To illustrate, thousands of people have already been trained in improvement methods across the health and care system in England. But not all of them have the support they need to apply their skills, such as help with data analysis. Having access to support and coaching from improvement experts, who help with the set-up and management of improvement projects and in sharing learning, has been shown to help embed improvement skills. There are also good examples of smaller commissioning or provider organisations sharing expert resources and infrastructure to support improvement teams working across their local system. Expert support is often crucial in ensuring the involvement of patients, carers and the wider community in improvement projects.

Sharing resources, knowledge and learning depends on building systems and networks locally, regionally and nationally. Being able to connect with teams working on similar projects offers much-needed support and peer-to-peer learning and also avoids wasting scarce resources on problems that others have already solved. Support for networks will help teams working on improvement skill-building, leadership development and talent management in England to connect with peers and experts in the rest of the UK and beyond.

Improvement and leadership development practitioners and teams across health and care often find pertinent evidence-based resources hard to locate. Action is also needed to make guidance and information on both leadership development and improvement easier to find and use.

ACTION

Ensure easy access to improvement and leadership development resources

- Develop a **shared approach to knowledge spread and adoption** encouraging local organisations and systems to develop communities of practice, share case studies and make evidence from local, national and international research easily available through digital channels
- With partners across the system, build on existing online improvement platforms to create a **national platform** that helps people to plan, manage and share learning from their improvement projects

ACTION

Support peer-to-peer learning and exchange of ideas

- Build networks of practitioners in patient and public involvement to raise awareness and share knowledge
- Continue to develop the Q Initiative with the Health Foundation and other partners as a pan-UK network for individuals involved in improvement, which supports and advances their work
- Identify and align suitable development support for a wider range of existing and emerging networks supporting improvement, leadership development and talent management

Case Studies

Case study one: Testing quality improvement in care homes

Essex County Council

Could quality improvement methods used in healthcare be adapted to the care home context, to produce improvements for older people with complex needs?

A high proportion of people in care homes have complex healthcare needs, including long-term conditions, disability and frailty. But in care homes, there is little awareness of systematic approaches to improving quality, even though they are becoming more commonplace in the NHS.

In a ground-breaking initiative, a quality improvement team from Essex County Council worked with residential and nursing homes across the county to see whether quality improvement methods could improve safety culture and performance in care homes. The aim was to reduce the number of falls, pressure ulcers and urinary tract infections.

The project, funded by The Health Foundation under its Closing the Gap in Patient Safety programme, focused on improving system performance and professional development, as well as changing behaviours and culture, by supporting care home teams to run their own projects.

The team applied new data collection methods, along with the Manchester Patient Safety Framework to help understand the safety culture and the principles of the NHS Safety Thermometer, to strengthen insight and understanding.

There were many challenges. It was difficult to balance the competing priorities of care home staff, and there was high staff turnover and difficulties with data collection. Teams needed specialist support with these issues.

The project team developed a toolkit of starter interventions, which the local teams found invaluable and helped them generate further ideas for themselves.

An independent evaluation by University College London found that the programme helped to increase knowledge and awareness of resident safety among care home staff, encouraged homes to test new approaches, and in some homes, resulted in tangible reductions of harms. As part of the project, the team developed a new safety culture assessment tool, adapted from the Manchester Patient Safety Framework.

The programme has generated significant learning. It has shown that quality improvement approaches can be implemented in care homes, with careful adaptation and support. It also fostered collaboration between private providers throughout the region, producing an opportunity for sustainable change.

// Two-thirds of homes reported changes in safety culture, including a greater focus on proactive prevention and monitoring of safety incidents. //

— **Independent evaluation**
University College London

Case study two: Improving maternal care

Maternity Community of Practice, South London

A professional network in London is working to understand the causes of increased blood loss following birth, and improve the quality of care for women having a baby. Women have been losing increasing quantities of blood after giving birth, but it is not clear why.

When it became apparent that the problem of postpartum haemorrhage was on the rise, the first goal of the Maternity Community of Practice was to reduce postpartum haemorrhage to less than 1.5 litres of blood loss.

To tackle the problem, the community began exploring some of the causes of non-massive obstetric haemorrhage, and finding ways to improve the care that women receive before, during and after delivering their babies.

One solution was an educational bundle called 'Back to Basics', which it developed for midwives and obstetricians.

The community is also looking to build on the connections and knowledge held among existing networks in South London, such as the Safety in Maternity Services (SIMS) multi-professional network and London's medical networks for labour-ward leads. They have also gathered support and advice from educationalists and improvement methodology experts.

The Maternity Community of Practice is one of several communities of practice set up by the South London Patient Safety Collaborative (SLPSC) – one of 15 regional patient safety collaboratives set up to help

deliver the recommendations of the Berwick report in 2014. They were originally led by Academic Health Science Networks (AHSNs) but have now received a licence to set their own safety priorities in line with local needs. Led by the Health Innovation Network, the SLPSC covers 12 London boroughs, with a population of 3 million and a healthcare workforce of 60,000.

The SLPSC also runs Communities of Practice to drive improvement in other priority areas, including medication safety, acute deterioration, sepsis, delirium and duty of candour.

// A core approach of the Maternity Community of Practice is to work closely with women, to make sure our work genuinely reflects their needs and priorities. //

Case study three: Engaging citizens in improving healthcare

Bridgewater Community Healthcare NHS FT, Warrington

The Expert in Me project is harnessing the talent within the community to involve people in their own care and support with wider service design.

// I'm drawing on the knowledge elements that were shared on the programme as well as the experiential learning – sometimes consciously, and sometimes on reflection. //

— **Gail Mann and Heulwen Sheldrick**
Clinical Leads, The Expert in Me

The Expert in Me is a project working to empower a network of people living and working in Warrington to promote more equal and effective health and care conversations. The project is making great strides, working collaboratively across agencies to deliver services that are more attuned to citizens' needs.

The project harnesses the talents of everyone in the community, including NHS staff and the public, with the message 'We're all citizens'. The ultimate aim is to create the conditions for a shift in mindset – from the idea of delivering healthcare 'to' people, to delivering healthcare 'with' people. The change is subtle but significant, and not always easy to achieve.

The team wants to bring about change by raising awareness of the benefits of better healthcare conversations for citizens and practitioners. The hope is that providers will start focusing services around the lived experience and perspectives of the people who use

the services, with connections forming any partners who have a shared purpose.

The approach is informed by the work of person-centred planning pioneer John O'Brien. He describes a 'veil of indifference' between the systems designed to provide healthcare and the lifeworld of the citizens served by that system. He argues that in order to work in truly person-centred ways, we need to actively 'lift the veil'.

True citizen involvement takes work, so the team has invested the time to develop new relationships with community representatives. "Through collectively exploring our different perspectives in an encouraging, patient, respectful, and challenging manner, these relationships have already provided a richer understanding of the necessary service developments," say clinical leads Gail Mann and Heulwen Sheldrick.

// Crucially, this open mindset ensures we don't lose sight of what is important to and for the people we serve. //

The project received funding from the NHS North West Leadership Academy, which is funding activities that support evidence-based and experimental work across the system, as part of its work on **Developing People Improving Care**.

Case study four: Improving support for new managers

Partners in Care Bournemouth, Dorset and Poole

A network for new and aspiring Registered Managers of adult social care services is helping new managers form connections and develop confidence.

From its experience of working with Registered Managers, Partners in Care (PiC) Bournemouth, Dorset and Poole knows that new managers often have different needs to more experienced managers. So when they started to run three Skills for Care-supported networks in the South West for existing Registered Managers, they started a fourth as well, dedicated to supporting aspiring and new managers.

This new manager network is linked to the other three, so aspiring managers can join the conversation and draw on existing expertise by dipping into the wider group. But they also have a cohort of colleagues in similar situations to themselves, with whom they can share learning.

The network for new managers became established very quickly. Meetings are regularly attended by more than 25 people, from a cross-section of service types. Already it has become an enthusiastic and vocal group, with a 50:50 split between aspiring and new managers.

One early session involved personality testing, to help attendees better understand their own management style and how this affects the way they work with their team. The network has also spent time looking at the differences between leadership and management – an important distinction for those starting out.

The impact of the network has been clear to see. Attendees have become more confident, and have started to bring back information

and issues to share within the group. “We know that succession planning and support for new managers is a crucial part of providing consistently great care,” says Kate.

PiC has taken care to ensure that each network meeting is about more than simply sharing information. Time is always built in to ensure that attendees can talk to each other and share contact details. PiC has a clear message for all Registered Managers: ‘You need each other’.

“ It’s common to hear new managers talk about feeling out of their depth, so ... we have taken a structured approach to making sure the network is meeting the specific needs of those at the start of their career as a Registered Manager. ”

— **Kate Blake**

Team Manager, PiC Bournemouth, Dorset and Poole

Where can I find out more?

Resources

Care Quality Commission

www.cqc.org.uk

Department of Health

www.gov.uk/government/organisations/department-of-health-and-social-care

Health Education England

hee.nhs.uk

Local Government Association

www.local.gov.uk

National Institute for Health and Care Excellence (NICE)

www.nice.org.uk

NHS Clinical Commissioners

www.nhscc.org

NHS Confederation

www.nhsconfed.org

NHS England

www.england.nhs.uk

NHS England – Improvement Hub

www.england.nhs.uk/improvement-hub

NHS Improvement

improvement.nhs.uk

NHS Improvement – Developing People Improving Care

improvement.nhs.uk/resources/developing-people-improving-care

NHS Improvement – Improvement Hub

improvement.nhs.uk/improvement-hub

NHS Leadership Academy
www.leadershipacademy.nhs.uk

NHS Leadership Academy – Resources
www.leadershipacademy.nhs.uk/resources

NHS Leadership Academy – Aspire Together
www.leadershipacademy.nhs.uk/aspiretogether

NHS Leadership Academy – Systems Leadership
www.leadershipacademy.nhs.uk/about/systems-leadership

NHS Providers
nhsproviders.org

Public Health England
www.gov.uk/government/organisations/public-health-england

Skills for Care
www.skillsforcare.org.uk/Home.aspx

Overall aim of the framework

Continuous improvement in care for people, population health and value for money

The five conditions (primary drivers)

Leaders equipped to develop high quality local health and care systems in partnership

Compassionate, inclusive and effective leaders at all levels

Knowledge of improvement methods and how to use them at all levels

Support systems for learning at local, regional and national levels

Enabling, supportive and aligned regulation and oversight

Secondary drivers

A joint ambition: clear aims for health and healthcare

Positive relationships and trust in place at all levels

Governance structures to enable local decision-making

Knowledge and practice of compassionate, inclusive high impact leadership behaviours

Development and support for all staff

A system and approaches for attracting, identifying and deploying the right people into the right jobs

Leadership for improvement in practice

Applied training in improvement methods (from micro-systems to system transformation)

Partnering with staff, patients and communities for improvement

Improvement and support systems in organisations

Data systems to support improvement

Systems and networks for sharing improvement work locally, regionally and nationally

National bodies working effectively together

Local systems and providers in control of, and accountable for, driving improvement

Helpful interventions and support offers from the national bodies to local systems

