

Release Time for QI

SMODY5 JUL 26, 2023 01:13PM UTC

How do you know when the problem is present? How do we know that staff don't have time for QI ?

Rm 3

leads unable to take projects forward
Staff just disappear from project
Relational working (the loss) more transactional
Use of language not "visual" in organisation

Room 2 - Butterfly

Q1. Curiosity about QI (and culture) is a factor in people's engagement.
Q3. Marketing: What is in it for me? Using storytelling to engage an audience.

Room 6

Sense of overwhelm by volume of work (example of 1500 page board report). Lack of achieved actions and last minute apologies at scheduled meetings

Room 2
Limited engagement / Poor attendance
Staff feedback
Lack of volunteers

Room 5

People don't participate without WIIFM
Projects that start and peter out - unfinished.
Not even getting off the ground...

room 7

- time for QI around strikes/ competing priorities
- staff priorities are competing
- attendance at meetings drops or non-essential meetings get cancelled
- evidence for lack of time in published academic literature

- burst of staff enthusiasm and then quiet
- the 'why bother' feeling is present

Room 3 - Butterfly's

Culture of Hierachy highly important - if theres no recognition of the importance of QI within those higher level then that will reduce engagement.

Room 1 - Resistance can be expressed by staff when asked to take on any new tasks. Staff may express a desire for things to improve but may be not ready to be the ones to enact the changes/feel overwhelmed. Staff express frustration/be dismissive when approached with QI idea - see it as extra work.

Room 4

Enthusiasm initially but then postponing or dropping out of QI project work.
Unclear how much priority/value to place on QI
Overwhelmed by the urgent new things today

What do you do to work on the challenge and how do you encourage others to the do the same?

Rm 3

Training - discuss culture as well as processes for QI
Courage is needed to call out barriers
Power imbalance, hierarchical structure, top down
Environment to thrive

Room 1 - Leadership behaviours

Leadership behaviours
Coaching
All levels of the organisation involved

Room 6

Role model and create space as a leader
Sense check with colleagues, offer sensible time options - know when you are over capacity and say so
Positive language - speak as opportunity?

Hearts and minds! (Room 1)

Role modelling.
People respected as leaders.
Informal and formal leaders.
A culture - a culture of QI is key

room 7

- link with executive sponsor and ensure all care group priorities/ QI projects are linked to trust priorities >> leadership on board. 'Golden thread'.
- growing QI leaders across organisations so that people can be coached along the way
- translating improvement thinking into simple language, breaking things down into simple steps
 - publishing papers to provide evidence about need for releasing time - might (eventually) impact policy
 - cut down meeting time, rather than using time for meeting provide protected time for staff to carry out QI. Negotiate with clinical leads.

Room 2

Messaging / comms
Leadership engagement - lack of visioning
Better understanding of the WIIFM
Work on low hanging fruit
Understand their experiences and barriers to participation
Creating psychological safe spaces
Small changes building over time - 15m:30s
Do they understand the benefits and opportunities? - what does it mean for them and patients

Storytelling and sharing of successes but also challenges - Situation, Intervention, Response — ANONYMOUS

Room 5

Recognise the long-term benefits, make it a priority
Role-modelling your expectations.
Whole System QI approach - co-ordinated.
Build in to job descriptions, create Quality Coaches

Room 4

Integrating QI into the tools for how I do my work - it isn't a separate thing
Spreading and embedding understanding of QI as how we do things around here

Not everything has to be a big project
Doing it together - team, not alone

Tools for every day job do mystify the tools make it part of every day — NICOLA DUNCAN

use q i - model it to others — NICOLA DUNCAN

Doing qi as a team being accountable to each other to continue it — NICOLA DUNCAN

Open engagement - in a safe space what is working what isn't — NICOLA DUNCAN

What makes it hard to do these things all of the time? What prevents you from always doing them?

Rm 3

Hierarchical structure - top down decisions, demands of the day job, restricted by kpi's - wrong outcome measures, environment that don't allow ideas to thrive, vulnerable to other people vs agency.

Room 2 - Butterfly

Q4. Make it Business as Usual; contract for timing of training.

Room 6

Keeping the motivation going - difficult to sustain long term if progress isn't visible
Accountability and managing other people's lack of action when you don't have a mandate to persuade forward
Tackling big concerns rather than a small, measurable task (you can't boil the ocean, has to be one teacup at a time)

room 7

- staffing levels 'pure and simple', staff are barely keeping their heads above water. Time and change takes effort.
- role modelling --> hard to facilitate
- organisational priorities
- maybe it isn't lack of time --> some QI time is just part of the daily job, so people have to do it. Maybe it's lack of interest.
- transformation teams are not fully embedded --> need collaborative working

Room 3 - Butterflies

A lack of psychological safety
A lack to reduce hierarchy

Room 2

Organisational / service / leadership Culture
Low resilience and commitment
Lack of capacity and capability
Better understanding of WIIFM and the service - might not experience the change now but will be beneficial for others

Room 5

Capacity; influx of new tasks.
Easy to let go of Huddle board...
Cultural differences - Execs want action plan/milestones
'We want a milestone' can be so limiting; don't yet
Hold space against the pressure to deliver
understand the problem!
Some people don't like sharing power

Room 4

Competing projects and priorities needing attention
Good intentions but sometimes skimming surface and not giving it full attention
Capacity to provide enough support to walk alongside teams making the improvements
Work habits and expectations don't always support QI work
Do we have the useful data we need for QI?

Do you know anyone who makes progress look effortless? What specifically do they do?

Room 6

Clarify early what the problem is so the solution becomes more obvious
Those who command the space well and focus on small wins first to boost motivation to keep going

room 7

- good progress --> ELFT. They embed different approaches which make all staff members think. Its not effortless though.#
- 'no'!
- health improvement scotland --> campaign, social movement where all staff are being listened to. What does quality mean?
what does QI mean?
- Organisational culture again

Room 3 - Butterflies

Not being blinkered to one methodology or that ours is the best
- culture (again)

Room 2

Its become part of daily work / BAU
Learning from positive deviance - sharing learning and case studies
Dedicated time for QI - clear personal and service expectations
Harness expert talents, experience and interests around QI
Creating space for reflection and mindfulness

Room 5

Helicoptering someone in can look easy - but not sustainable, as the person leaves.
Some people are dogged but upbeat....\
The 'Thinking' zone is relatively easy, what about the hard stuff the 'Doing' zone, when there's no capacity.

Room 4

Inspiring leaders like David Fillingham - Bolton 2004-2010 - really ensured QI was a priority throughout the organisation - lead by example and create QI culture
Consistent approach, being there for QI teams, practising what preach, guiding through complexity and sharing progress little and often

Room 1 Effortless?

A good team
Share responsibility
#JFDI
Passion, intrinsic motivation
Meet regularly and relate to each other (at least weekly)
Informal conversations as well as more formal
Uninterrupted space to work together
Senior Leadership and clinical leaders working together
Good climate of motivation

Are any new ideas emerging for you around this chronic challenge?

Room 6

focus heavily on a handful of main problems and communicate heavily across the organisation what is happening to solve these problems

In our #MPFTWhoseShoes project (Midlands Partnership NHS FT working with Whose Shoes to seek to provide more holistic care for children and families) we are using SWAY newsletters to keep everyone informed and engaged and build energy. Lyse Edwards is the star here! – GILL PHILLIPS

Room 1 - Dr Matt Hill!

Gill Phillips gave a shoutout to Dr Matt Hill and an amazing talk she heard yesterday at NNAP conference re teams, culture change, RELATIONSHIPS.
It blew me away.

room 7

- same ingredients that are needed for healthy staff and healthy working teams are needed for improvement and innovation. Improving and maintaining staff wellbeing will help to do better QI.
- ideas for improvement need to come from staff rather than being imposed from above --> need to negotiate with staff in a team's manager to have some protected time IN THE DIARY to do QI.
- NHS impact
- joy in work as being part of QI --> creating teams that like working together and gel well.

Room 2

A clear mandate and sponsorship
Ask for forgiveness not permission - fail fast learn fast - it is ok to not get it right but learn as we go

ROOM 1 - any new ideas?

Build capacity by training people - accredited courses (idea to delivery and evaluation)
Challenges:
I don't have time!!

Has moved more to team-based learning (not accredited, more responsive to what they need to learn NOW - eg process mapping)

Focus on the BIG challenges - eg patient flow; acute care at home for to prevent hospital admissions of critically ill people, especially 65+

Room 4

Helpful to support teams make sense of their work and share their progress little and often
Providing leadership and encouragement - OD and QI joining forces
Helping workforce develop their QI skills
Ben GP in Sheffield summarising the literature on QI culture to make a framework that others can apply
Inspiration and passion - motivational QI leaders

Room 5

Update my knowledge on systems change - use of networks, grassroots

Find the people who want to do it - connect them.

New Power vs old power.

How to fail successfully - eg use TRIZ

Go where the energy is vs top-down

Not just transactional, build relationships.

People want precise outcomes before the coproduction has started

What do you need to make it happen?

room 7

- taking learning away from groups like this!
- shared learning from improvement leaders
- listen to different ideas
- staff on the ground understanding that QI is part of the day job

Room 3 - Butterflies

We can't do everything perfectly - this is a journey

Room 5

Lack of transparency on why a priority was chosen; lack of open communication

Room 4

Help people prioritise the important over the urgent
Tell stories - people make their own minds up about if it is important to them
Develop QI coaches
Be able to share the benefits of QI

Room 1 - #JFDI badges ;-)

absolutely lol — ANONYMOUS

Room 1 - you need PEOPLE!

Work together
Split the work
Hold each other to account
Relationships
Support from the top

Room 2 - Butterfly

Self-care activities can help support engagement (e.g. mindfulness before improvement work to ensure people are present.
Revisiting the role of Sponsors in enabling teams to fail forward.

What needs to happen next? Who are the unusual suspects that you need to include?

Room 3 - Butterflies

Everyone

room 7

- we need to listen to patient voice and embed it into QI
- engage medical staff and understand impact
- power of storytelling

Room 1 - What next?

- Identify key players
- Start building those relationships
- Create that sense of urgency

Room 2

- Lived experience and expert by experience involvement
- Data expertise really important to understand impact
- Think how make QI to service user / patients more accessible
- You said , we did

Room 5

- Who's on the Exec Board?
- Are we including clients?
- Continue to express positive outcomes of QI projects
- My own 'what next?' is embedding a QMS
- We need a learning culture, not a blaming culture
- Random KPI of 30% of staff working on QI, but not resourced
