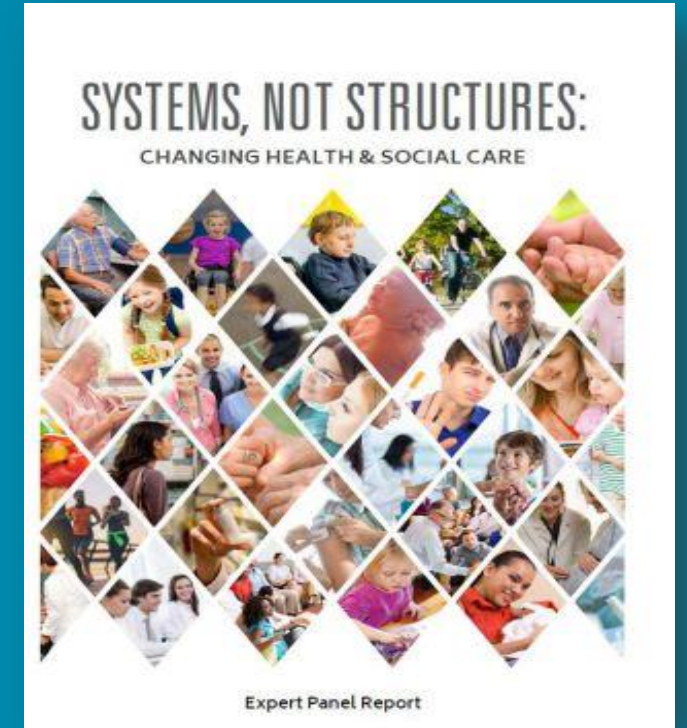


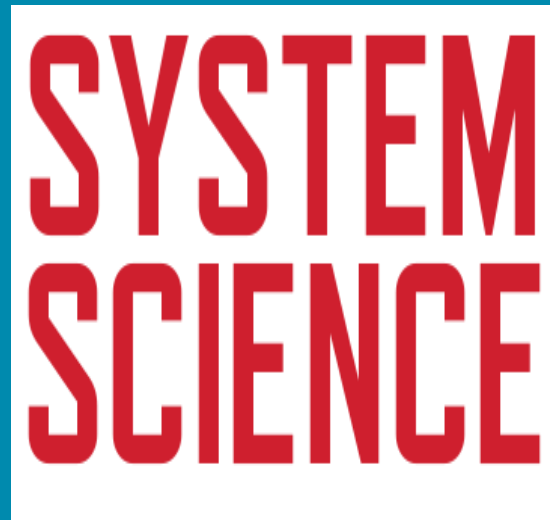


“Any system that aspires to be world class must take a strong position on quality improvement”.



Building Improvement Capability

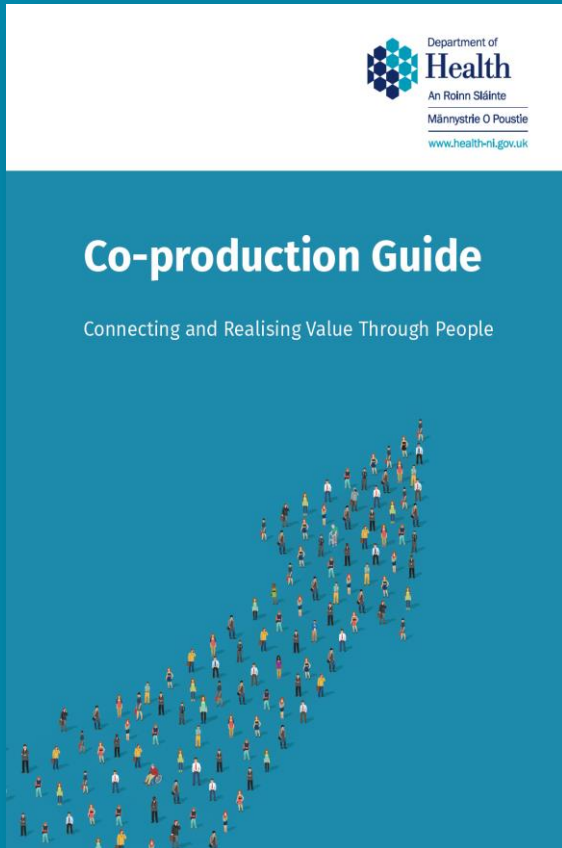
“Leadership is a critical component for any organization seeking to drive improvements in health care quality and safety” IHI



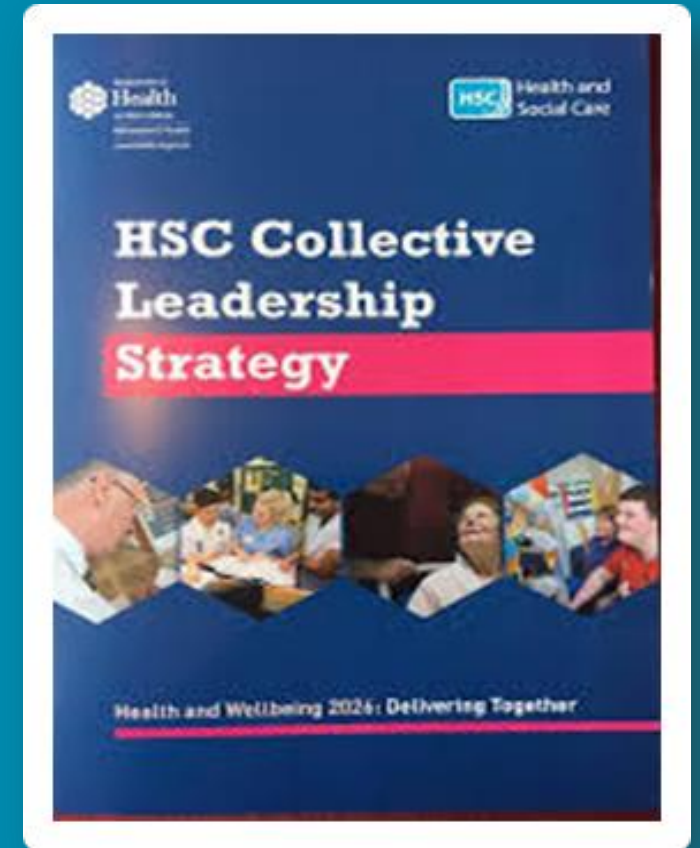
‘Investing in leadership development of health professionals with significant leadership potential leads to a sustainable impact on the quality of health care quality; the impact achieved represents a good return on the investment made.’ Health Foundation

So what does research indicate makes for great leadership ...

1. **Person Centred in word and deed** (authentic -resonate leadership)
2. **Outward looking – Visionary Common Purpose** (Transformational leadership)
3. **Shared Evidenced Decision Making** (Collective and Co-Productive Leadership)
4. **Reflective, Outcome and Improvement orientated.**
5. **Empower Follower-Leaders** (Self Determining Teams - Coach).



Partnership



“The lived experience voice should be heard and heeded at all times, even when that voice is just a whisper” (Berwick 2013)

**Make things open.
It makes things better.**

Our success has
really been based
on partnerships
from the very
beginning.

Bill Gates

meetville.com



Build relationships between people who use services, staff, local communities, and other partners. Commit to embedding co-production into work programmes until it becomes the way we work.

1

Invest in the development & strengthening of representative networks. Build the team by recruiting the right combination of people. Take positive action to include unrepresented groups.

2

Seek first to understand by mapping local needs, assets and experiences. Share perspectives & knowledge. Present data about population needs, trends, services & resources in easily understandable formats.

3

Take time to appreciate the evidence of what works & how this can be tailored and blended with lived experience & with local needs, perspectives & goals. Invest in capacity building training for the team.

4

Develop common purpose together. Agree visionary goals and outcomes. Establish core values and govern shared decision making by co-design and co-delivery teams.

5

Design together - work on innovative solutions which reflect evidence, experience & improves people's outcomes. Use Quality Improvement & implementation science methodologies to test implementation & bring improvements to scale.

6

Deliver solutions together. Identify areas for co-delivery. Strengthening Multi Disciplinary Team Integration. Invest in peer services & in partnerships with others build social capital models of delivery.

7

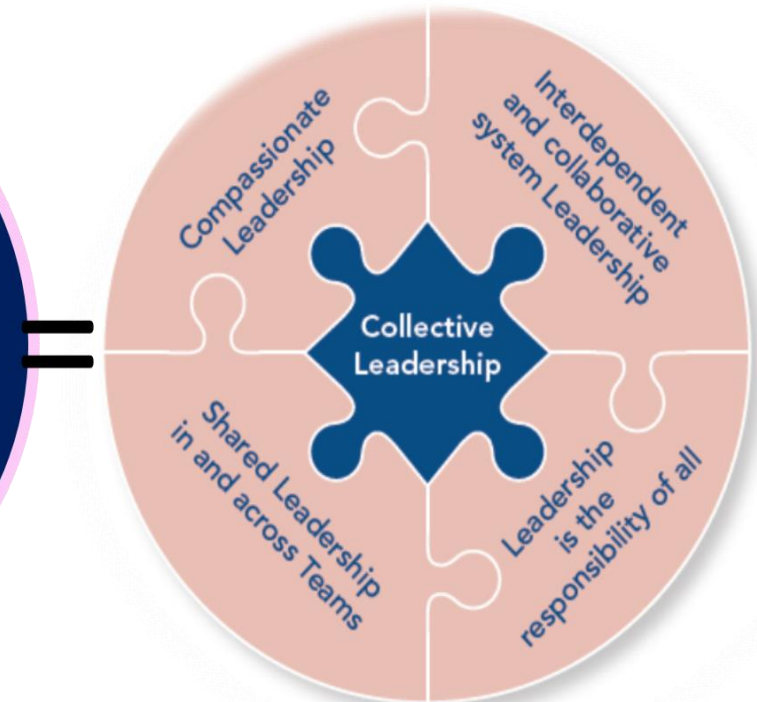
Evaluate Together - Regularly reflect & review progress & impact against agreed goals. Ensure system have been put in place to reward and recognise people's contribution. Aim to move from 'you said' to 'we did to' **'we said we did'**

8

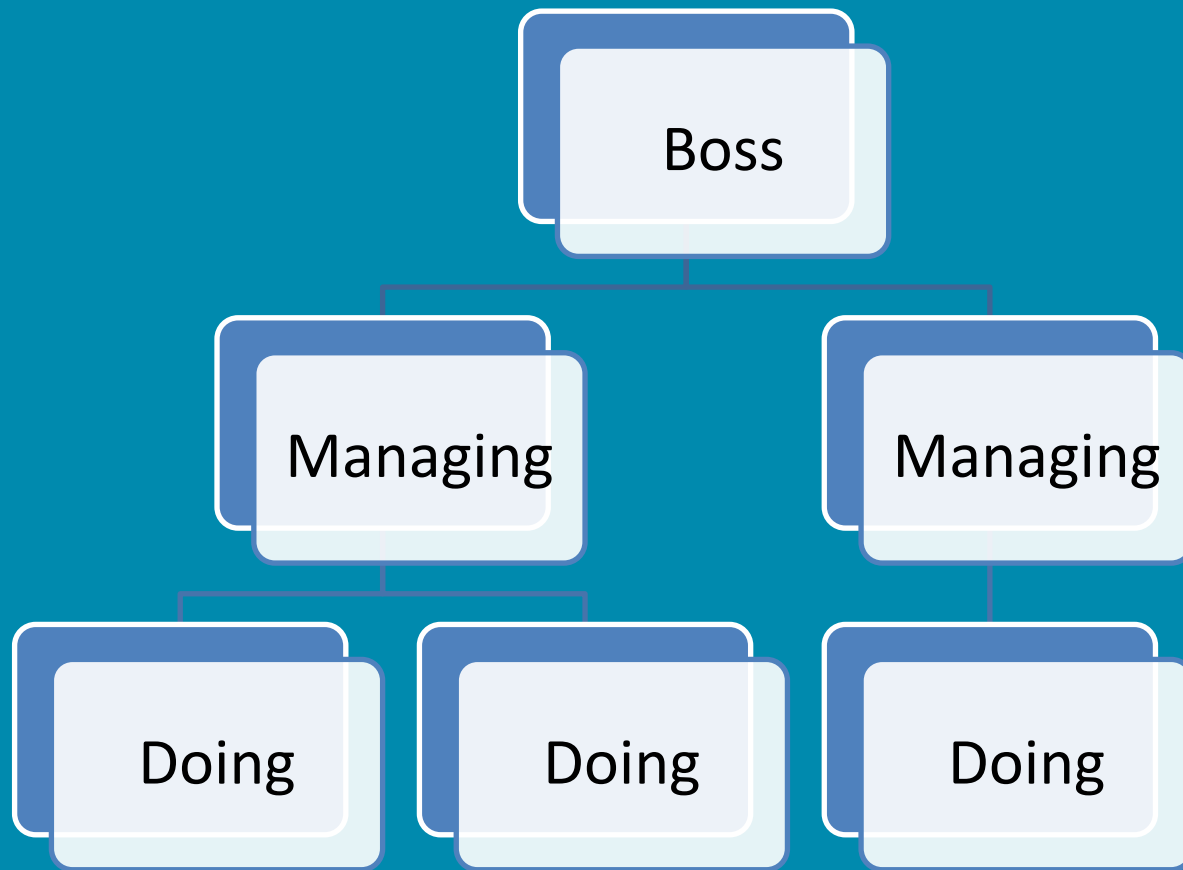
**1. Empower
Multidisciplinary
Teams to Lead
Transformation**

**2. Development of
Leadership at All
Levels**

**3. Flatten and
Remove all
Unnecessary
Hierarchy**



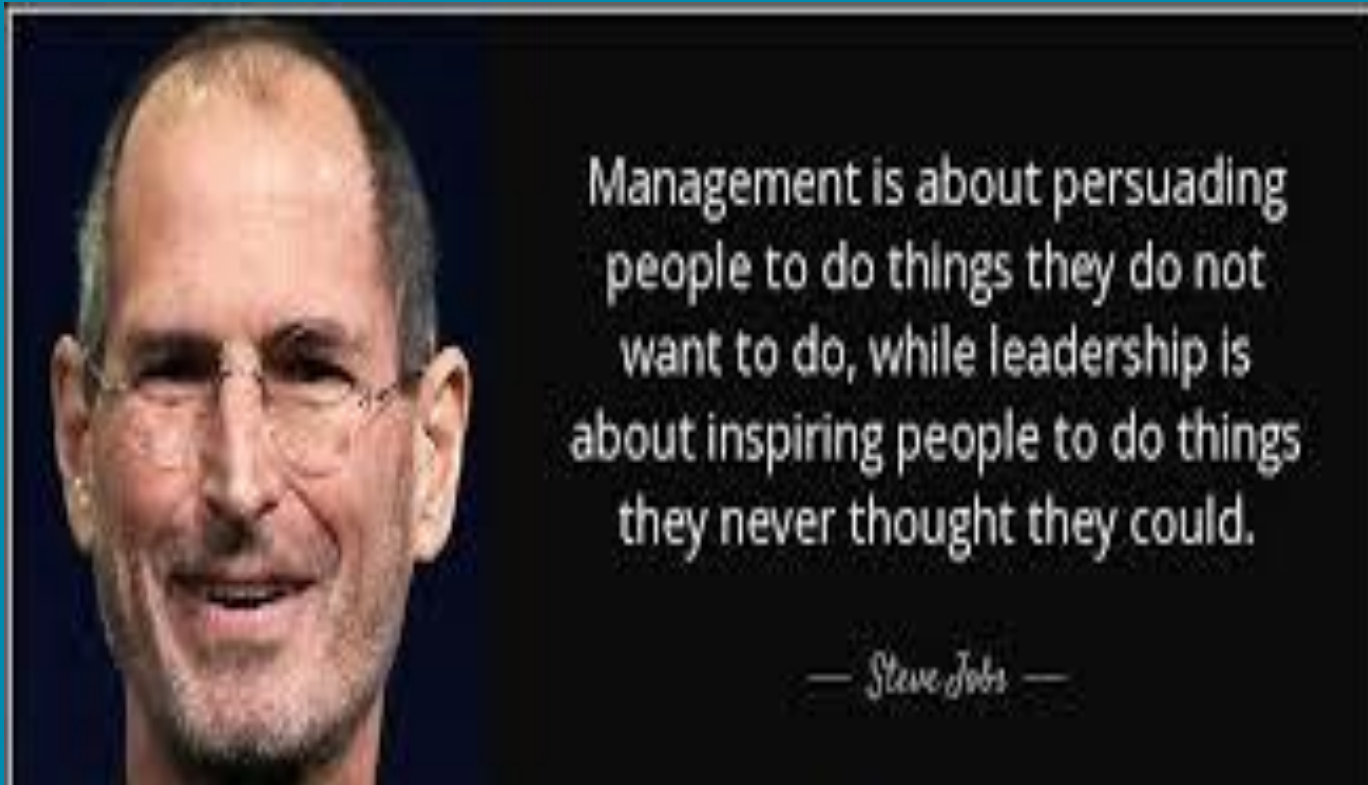
New Model of Leadership



Hierarchy



Collective



Nursing Now 2020

Global Context

In collaboration with WHO and ICN **Nursing Now** aims to raise the status and profile of nursing and to empower nurses to take their place at the heart of tackling 21st Century health challenges



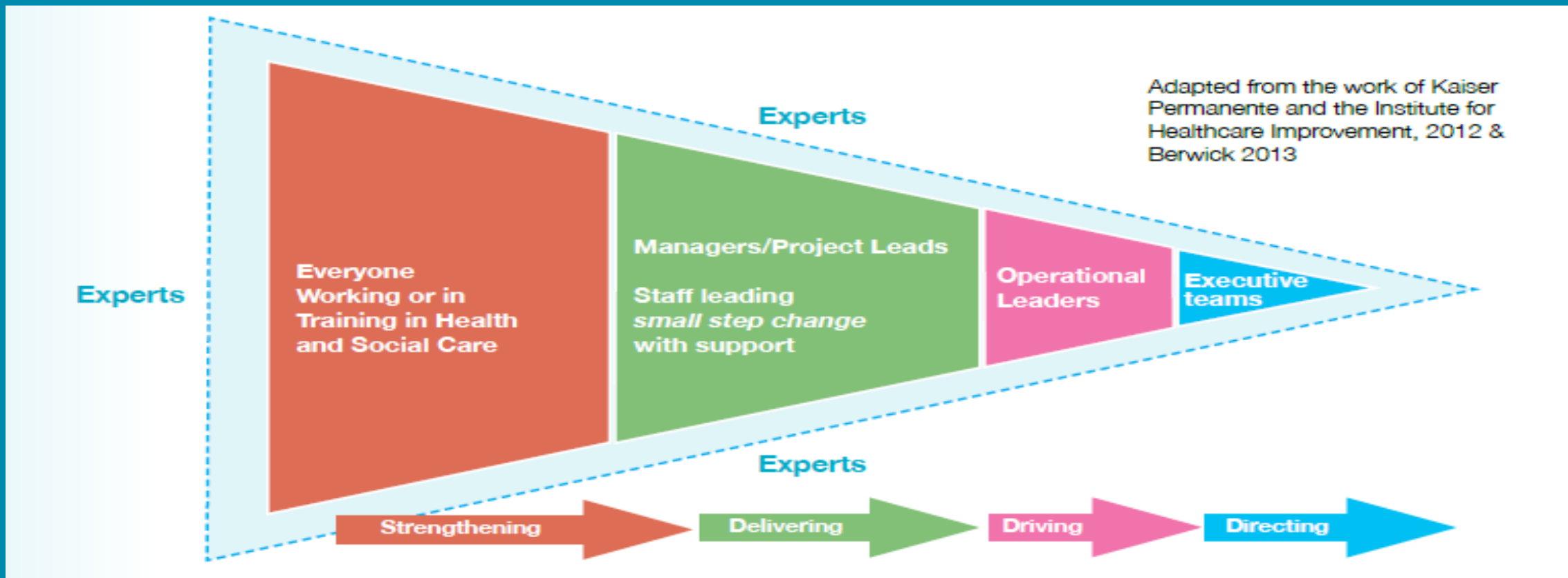
Aims by 2020:

- Influence UHC, NCD and other policy
- Promote and develop nurse leaders
- Disseminate and share effective practice
- Create, identify and disseminate evidence of impact
- Invest in all aspects of nursing

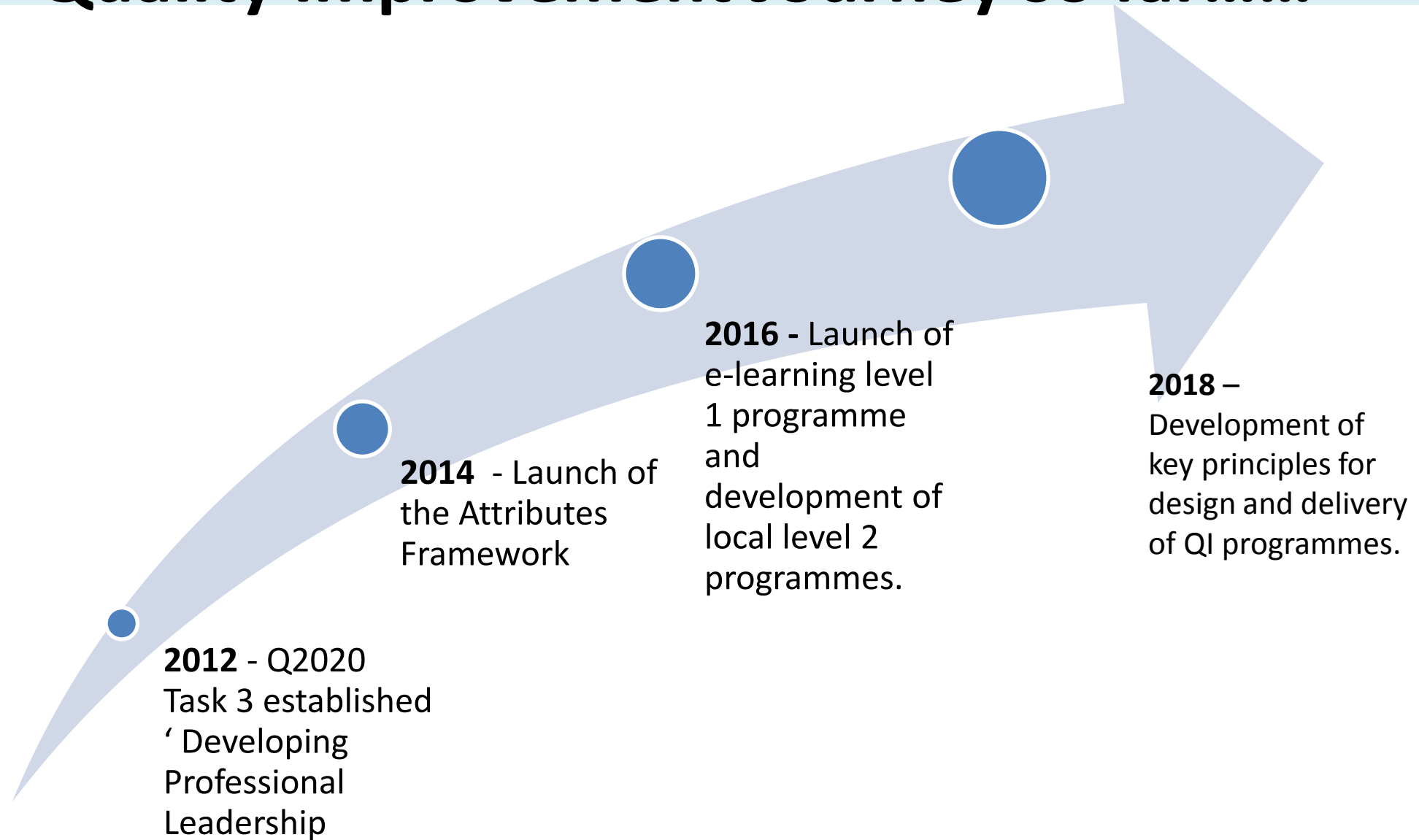


Q2020 Attributes Framework

Building Quality Improvement capability & capacity



Quality Improvement Journey so far.....



Where next....

- Quality improvement capacity and capability planning for the region over the next 5 years.
- Quality improvement career pathway planning.

CAPACITY – Who needs to know what?

All Board members



Senior Leaders

Band 8a and above



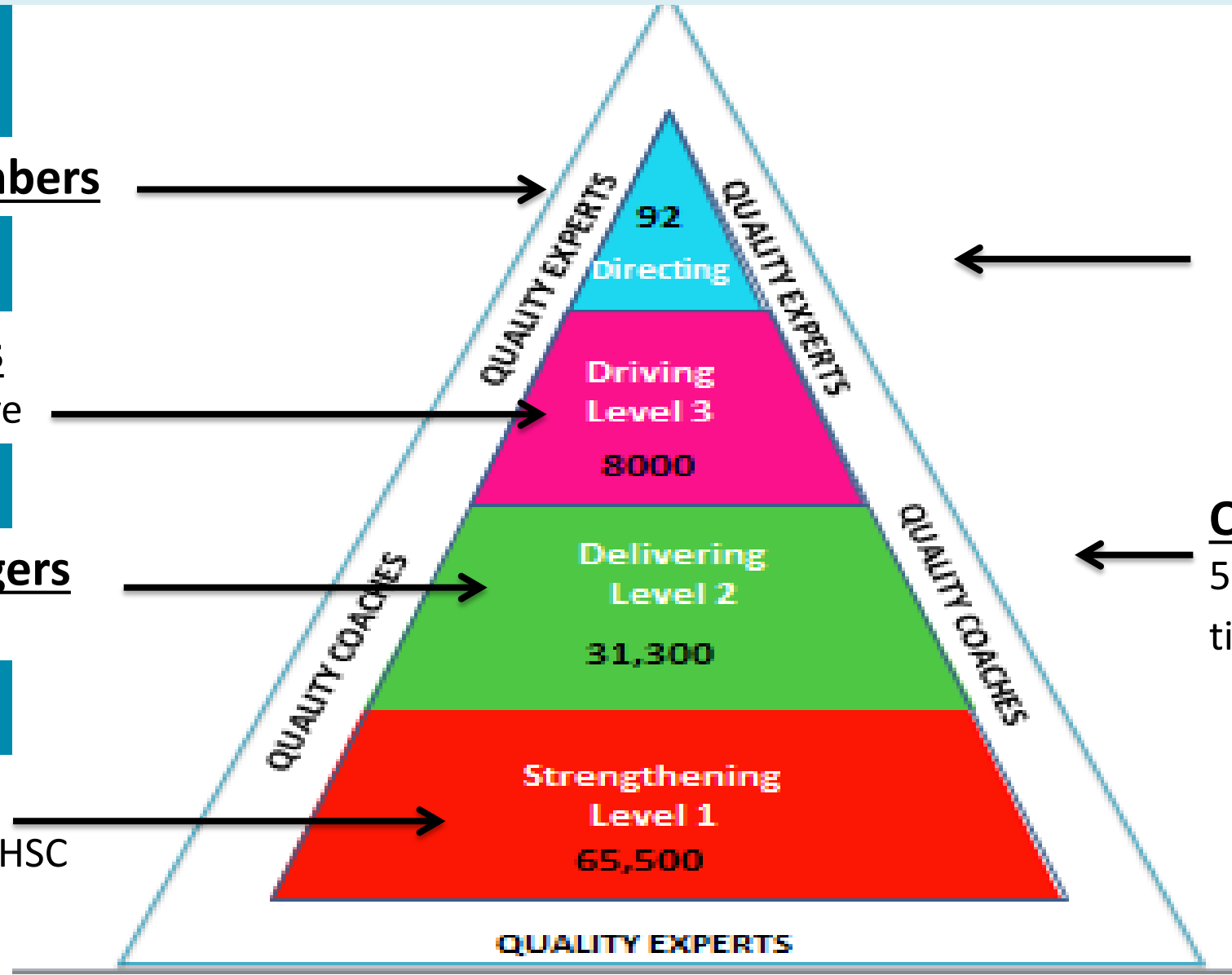
Middle Managers

Band 5/6/7



Everyone

All staff working in HSC



Quality Experts

15/20 per 4000 employees equates to

330



Quality Coaches

5% of org / protected time equated to **3,300**



Capability – knowledge.

QI Training for Boards – currently only formal programme delivered for one Trust.

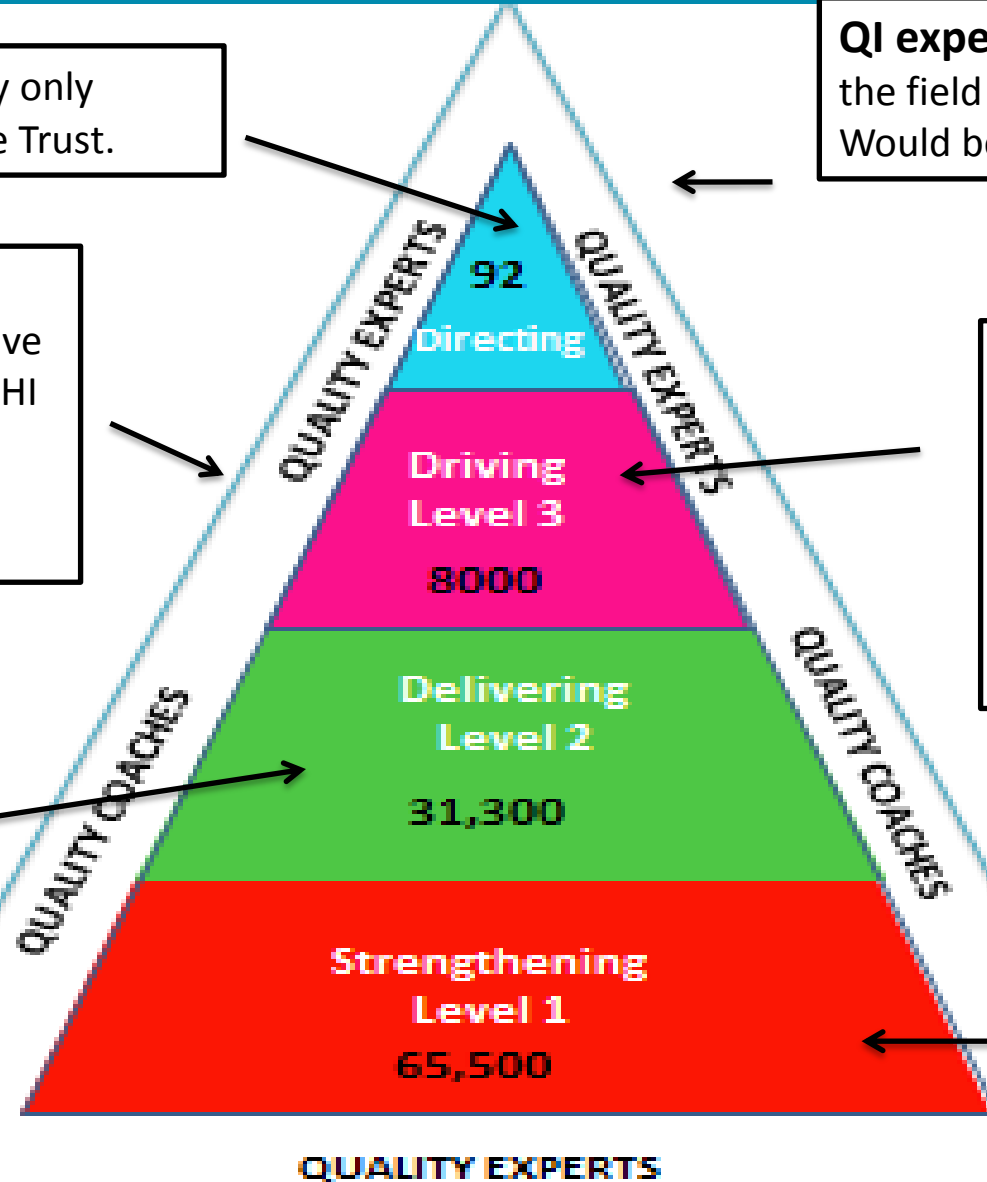
QI experts – Improvement advisor. Work daily in the field of QI and have a wealth of experience. Would be considered 'experts' by their organisation.

Quality Coaches – protected time by organisation to coach / mentor. May have completed flow coaching programme, IHI Improvement coaching, clinical microsystem coaching or a recognised level 2/3 programme.

Senior leaders – Completed a level 3 QI programme and is leading improvement from within their area of work. Programmes include - IHI Improvement advisor, Scottish fellowship, Scottish Improvement Leader programme, Msc in business improvement

Middle Managers – Completed a recognised level 2 QI programme and is delivering QI within their local teams.

Everyone – currently Level 1 programme for everyone working in HSC as introduction to basic QI. Incorporated into inductions etc.



CAPACITY & CAPABILITY GAP IN NI

All Board members

Exec & non exec Directors

Senior Leaders

Band 8a and above

Middle Managers

Band 5/6/7

Everyone

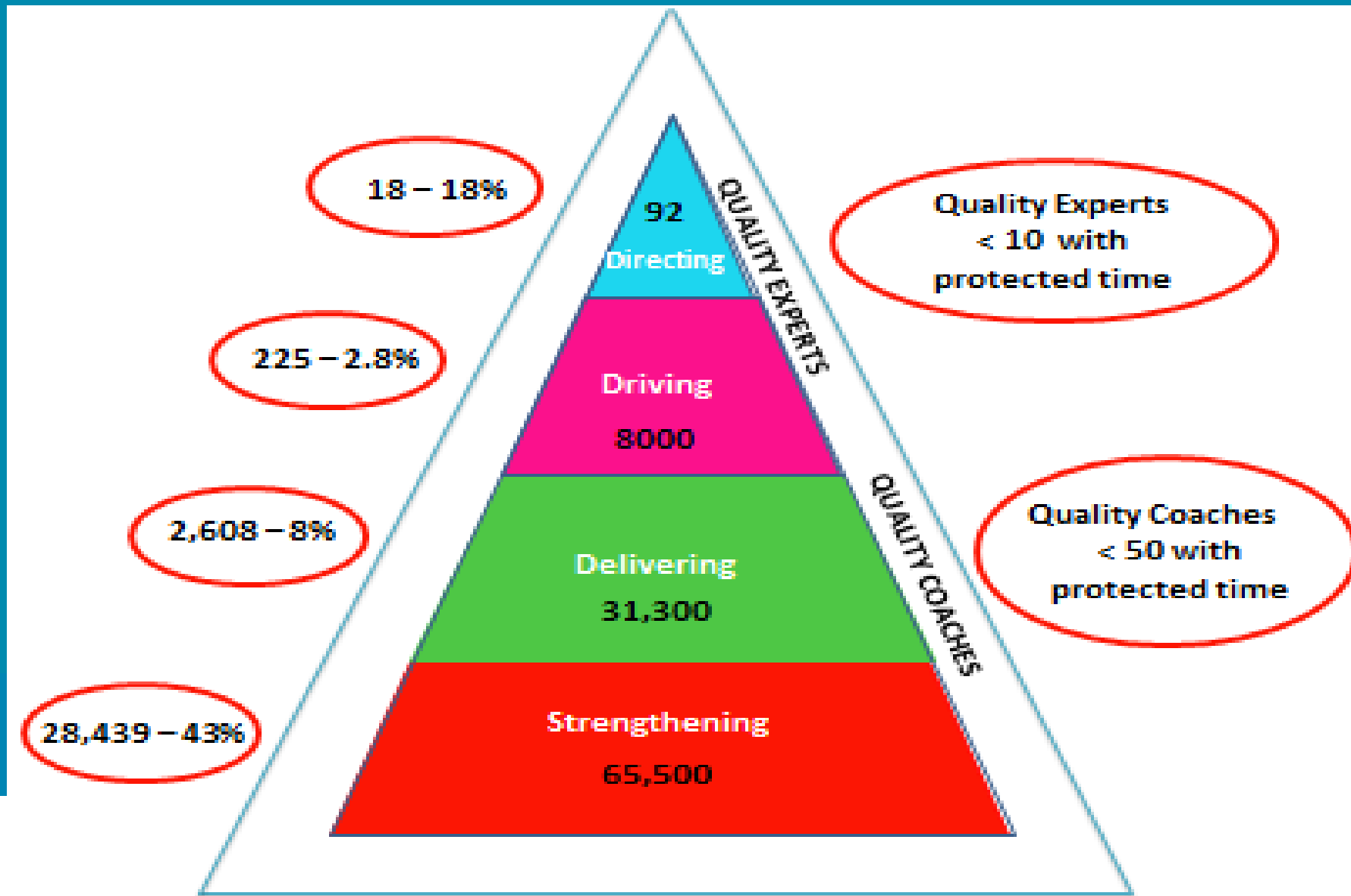
All staff working in HSC

Quality Experts

15/20 per 4000 employees

Quality Coaches

5% of org /protected time





Great Experience



Excellent In Practice