Key principles for the design, content and delivery of learning and development programmes relating to the *Q2020 Attributes Framework for Health and Social Care*.

Contents

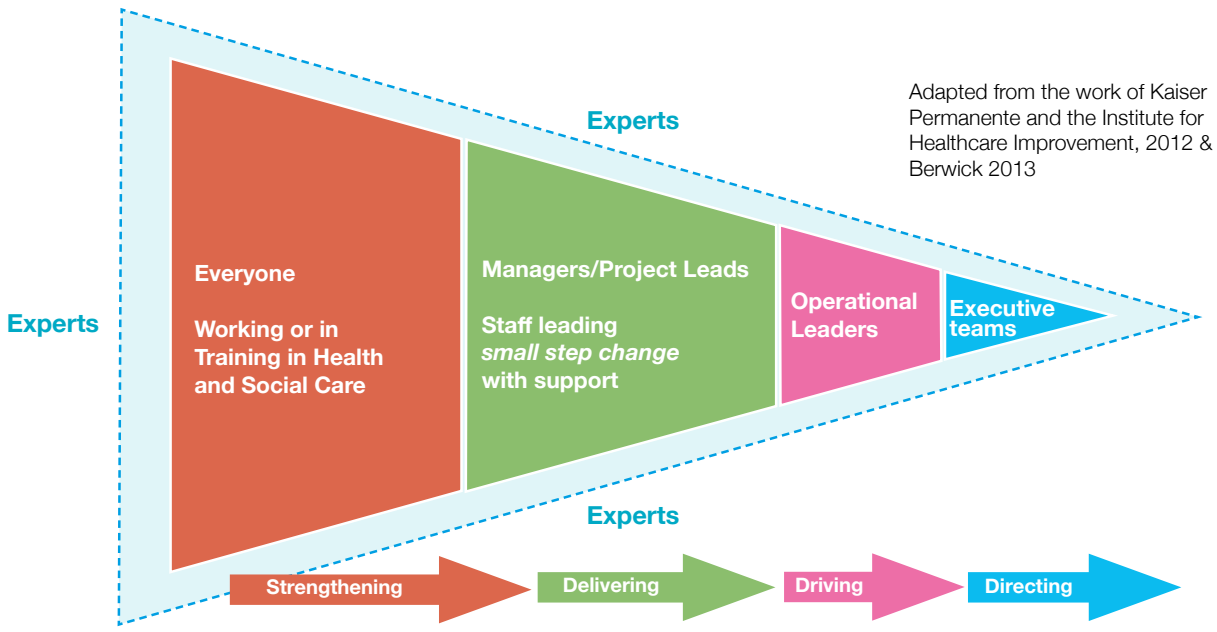
Background

In 2011 the Quality 2020 (Q2020) Developing Professional Leadership Task Group was established and was tasked with developing an outline proposal for a multi-professional leadership programme. The task group identified that the excellent arrangements were already in place for leadership development across a range of providers; however there was a significant deficit in leadership skills for quality improvement and safety. As a result, the *Q2020 Attributes Framework for Health and Social Care* was developed, published in 2014, with the aim of enabling individuals to assess their:

- current attributes (knowledge, skills and attitudes) in relation to leadership for quality improvement (QI);
- learning and development needs for current or future roles.

The four levels of the framework are:

- **Level 1** – Strengthening foundations for improvement; for all staff including those in training;
- **Level 2** – Delivering improvement; for staff who are in charge of small teams/projects;
- **Level 3** – Driving improvement; for staff who are leading larger teams/services;
- **Level 4** – Directing improvement; for those who are experts leading quality improvement in their organisation or across the HSC system; and for executive and non-executive directors of HSC organisations.



Adapted from the work of Kaiser Permanente and the Institute for Healthcare Improvement, 2012 & Berwick 2013

QI programme design

With the recent launch of the HSC Leadership Strategy and the on-going work in relation to the development of the regional system for improvement and innovation (HSCQI), the Task Group recognised the importance of having a strong central co-ordination of quality improvement capability and capacity incorporating quality improvement science.

This document was produced in collaboration with the HSCQI Workforce Community of Practice, in order to standardise the content and delivery of QI learning and development programmes throughout the HSC and provide a guide for those involved in the design of future QI programmes. The key principles for the development of programmes aligned to the Q2020 Attributes Framework level 1, level 2 and level 3 are outlined overleaf in relation to: timeframe, content, faculty and evaluation. The key principles for level 4 will be developed and a revised version will be issued by the end of 2019.

Level 1 Attributes Framework: Strengthening the foundations for improvement

Themed content of programme	Evaluation
Understanding a quality culture • Your contribution to the safety of patients/service users; • Components of a quality culture; • Overview of patient/service user safety; • Why things go wrong and your responsibilities/incident reporting. **Understanding person centred care** • What is person-centred care? • Your role in putting patients/service users at the centre of what you do within the HSC; • Overview of patient/client experience standards; • Learning when things go wrong; • Importance of patient experience. **Understanding improvement** • Overview of the model for improvement; • Understanding how to use plan, do, study, act (PDSA) cycle / benefits of small steps to improve; • Your contribution to improving the quality of services. **Understanding the importance of personal development and teamwork** • Personal development in QI; • Understanding teamwork in improving services.	**All participants completing the e-learning must pass online assessment at end.** **A certificate of attendance and Q2020 level 1 badge should be given to those attending face to face programme.**
Timeframe – minimum requirement	**Faculty**
One hour e-learning or face to face programme.	**Profile of faculty/teachers/mentors** • Must have QI experience relevant to the context of paricipants; • Faculty must be trained to at least the level they are teaching at.* (it may be sufficient some trainers are experts in particular topic that they are teaching eg human factors, and have a lower level of QI training).

Level 2 Attributes Framework: Delivering improvement

Themed content of programme

Understanding systems

- Introduction to quality improvement science eg Deming, Juran etc;
- Diagnostic and QI tools (process mapping, fishbone diagrams, driver diagrams);
- Systems thinking (learning from our system Serious Adverse Incidents (SAI), stories etc).

Understanding variation

- Operational definitions of individual measures;
- Types of measures – outcome, process and balancing;
- Development of run charts - understanding applying the mean/median;
- Run chart rules for variation ;
- Displaying data and annotation of charts.

The human side of change

- Human error;
- Understanding how human behaviour impacts on safety – eg swiss cheese;
- How to build will – emotional intelligence, nudging, framing etc;
- Motivation;
- When things go wrong;
- Person centered care;
- Co-production.

Application of learning

- Model for improvement;
- Learning through plan do study act (PDSA) cycles;
- Understanding of single and double loop learning (C. Argyris).
- Feedback loops
- Sharing of learning throughout the project

Evaluation

All participants must attend a minimum of 75 percent of face to face sessions and 100 percent completion of online training modules.

Project should be shared internally to the organisation and opportunities sought for regional, national or international sharing.

Awards ceremony for completion of the programme giving opportunities to share project through poster/verbal presentation.

Requirement for knowledge and skills self-assessment pre and post programme this should form part of the programme evaluation by the faculty.

Project progress should be assessed using an assessment scale.

Q2020 level 2 certificate and badge should be used on completion of the programme.

Timeframe – minimum requirement

Classroom/theory should consist of between 16/21 hours.

Programme length to be a minimum of 4 months.

12/24 hours online/self-directed learning which can include Institute Healthcare Improvement (IHI) Open school, additional reading etc.

1 hour per month of mentoring per project.

Each participant must apply learning through working on a local project which will enable demonstration of understanding of key QI tools and methodologies eg driver diagram, process mapping, run charts, presentation of data.

Faculty

Profile of faculty/teachers/mentors

- Must have QI experience relevant to the context of participants;
- Faculty must be trained to at least the level they are teaching at.* (it may be sufficient some trainers are experts in particular topic that they are teaching e.g. human factors, and have a lower level of QI training).

All participants should have an identified mentor – this can be delivered using one to one and/or group sessions.

Participants should have an opportunity to access support from the faculty through QI clinics. These can be a blend of:

- Face to face;
- Online.

Contact with mentor should be spread out to allow project support for the duration of the programme.

Suggested Reading Resources

Leape, L. & Berwick, D. M. Five years after To err is Human: JAMA, May 18, 2005, vol. 293, no. 19, (Reprinted) accessed at www.ihi.org/resources.

Lloyd, R. (2017) Quality Healthcare: a guide to developing and using indicators, (2nd edition). Massachusetts: Jones and Bartlett Learning.

Marx, D. (2001) Patient Safety and the "Just Culture": A Primer for Health Care Executives, New York: Columbia University. http://www.chpso.org/sites/main/files/file-attachments/marx_primer.pdf.

Nolan, T. W. System changes to improve patient safety, , BMJ, 18 March 2000, vol. 320, p. 771-773.

Life QI – QI Database accessed at www.lifeqisystem.com .

Woolf, S.H. (2004) Patient Safety Is Not Enough: Targeting Quality Improvements To Optimize the Health of the Population, Annals of Internal Medicine, January 2004, vol. 140, no. 1, p. 33-36.

World Health Organization (2009) Human Factors in Patient Safety: Review of Topics and Tools, WHO/IER/PSP/2009.05.

Level 3 Attributes Framework: Driving improvement

Themed content of programme	Evaluation
System of profound knowledge • Understanding systems thinking; • Principles of LEAN;[2] • Flow mapping - value stream mapping; • Personal working styles; • Understanding statistical process control charts and the variation within the data; • Change concepts and using plan do study act (PDSA) cycle for learning; • Implementation science; • Awareness of implementation science; • Introduction to population health management. **Data /Measurement** • Seven Basic tools of quality: - Check sheet; - Pareto; - Histogram; - Scatter plots; - Statistical process control; - Cause and effect diagram; - Stratification/sampling. • Chart challenges (encourage to bring own data); • Problem solving; • Visual display of data. **Human side** • Coaching QI e.g appreciative inquiry, humble inquiry; • Essential meeting skills; • Creative thinking; • Difficult conversations; • Myers Briggs; • Human behaviours; • Person centered care; • De Bono Six Thinking Hats. **Leading through Change** • Co-production; • Emotional intelligence; • Collective leadership; • Institute for Healthcare Improvement (IHI) high impact leadership; • Healthcare leadership model; • Leading without authority; • Insight visit (optional – could be industrial).	**Requirements for 75 percent attendance in classroom teaching sessions.** **Project should be shared internally throughout organisation/regionally/ nationally/internationally.** **Project assessment scale to be updated throughout the project to evaluate progress.** **Participants must undertake a pre and post knowledge and skill assessment.** **Arrangements should be made to celebrate graduation of participants.** **Certificate and Q2020 level 3 badge should be issued on completion of the programme.**

1. Statistical Process Control Charts (SPC) are used to show how a process changes over time and are distinguish by having upper and lower control limits.
2. Lean principles encourage organisations to focus on processes by minimising waste in order to add value to/improve the service users experience

Level 3 Attributes Framework: Driving improvement continued

Timeframe – minimum requirement	Faculty
Level 3 course duration should be a minimum of 1 year. **Participants must have protected time to commit to this programme both to attend the tutorials and deliver the project (1 day per week should be considered).** **9/12 days minimum must be allocated to classroom/theory spread in blocks during the year.** **There is an expectation that members will continue to further their development through teaching and supporting QI within their organisations and across Northern Ireland (as required).** **It is essential that the learning is applied into practice through a strategic project sponsored by a Director using the project tools of project charter, driver diagram, SPC² charts.**	**All participants must have an identified mentor and/or access to QI Clinics to support their project. This can be either face to face or in a group setting.** **Contact with the mentor should be spread out to allow project to develop (minimum 12 months).** • **Profile of faculty/teachers/mentors** Must have QI experience to enable sharing of examples relevant to the context of participants; • Faculty must be trained to at least the level they are teaching at.* (it may be sufficient some trainers are experts in particular topic that they are teaching e.g. human factors, and have a lower level of QI training).

Additional requirements for Level 3

- There is no specific requirement to have completed level 1 or 2 prior to applying to level 3
- An application process should be in place for all level 3 programmes.
- It is essential that the project is linked to strategic priorities and includes working across organisational and professional boundaries.
- Following completion, participants should be given the opportunity to attend masterclasses, or other QI development activities, eg the Q community to enable staff to access identified topics for continued learning and development.

Suggested Reading Resources

Bennett, B. & Provost, L. What's your Theory, Quality Progress, July 2015, p. 37-43 www.qualityprogress.com

Berwick, D.M. The Science of Improvement, Journal of the American Medical Association, March 12,2008, vol. 299, no. 10, p. 1182-1184.

Herzberg, F. One More Time: How Do You Motivate Employees? Harvard Business Review, February 2033, vol. 81, no. 1, p. 87-96.

Institute for Healthcare Improvement (2007) Designing Reliability Into Healthcare: Rationale and Methodology January 2007. accessed at www.ihi.org.

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Moen, R. & Norman, C. Circling Back, Quality Progress, November 2010, vol. 43, no. 11, p. 22-28 www.qualityprogress.com.

Pink, D. Revenge of the Right Brain, Adapted from A Whole New Mind: Moving from the Information Age to the Conceptual Age, Wired magazine, 13 February 2005.

Rocco J. P. et al. The Run Chart: A simple analytical tool for learning from variation in healthcare BMJ Qual Saf, 2011, vol. 20, p. 46-51.

Rocco J. P. et al. Seven Propositions of the Science of Improvement: Exploring Foundations Q Manage Health Care, 2013, vol. 22, no. 3, p. 170–186.

Shewart, W. & Berwick, D. Controlling Variation in Health Care: A Consultation from Walter Shewhart and Donald M. Berwick, MD, MPP Medical Care, December 1991, vol. 29, no. 12, p. 12-25.

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