

# How Innovation and Quality Improvement can support hospice educators in practice

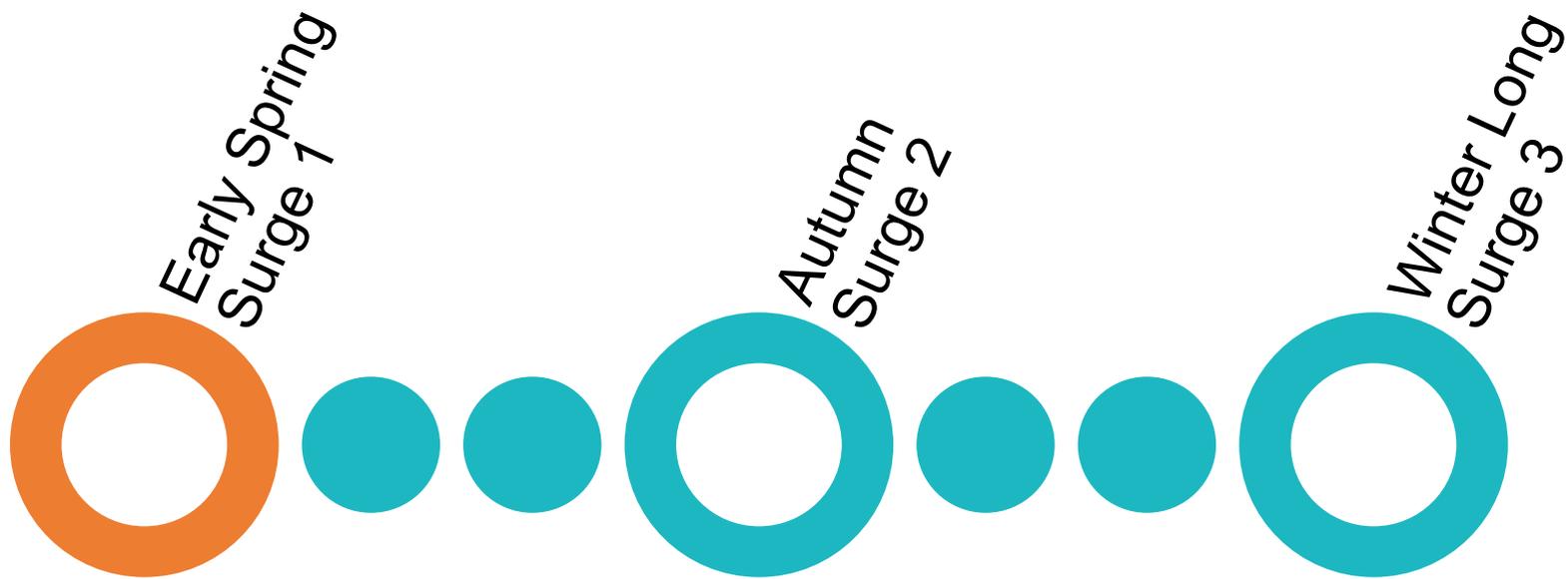
**Prof Becky Malby**

Health System  
Innovation Lab  
London Southbank  
University  
2021



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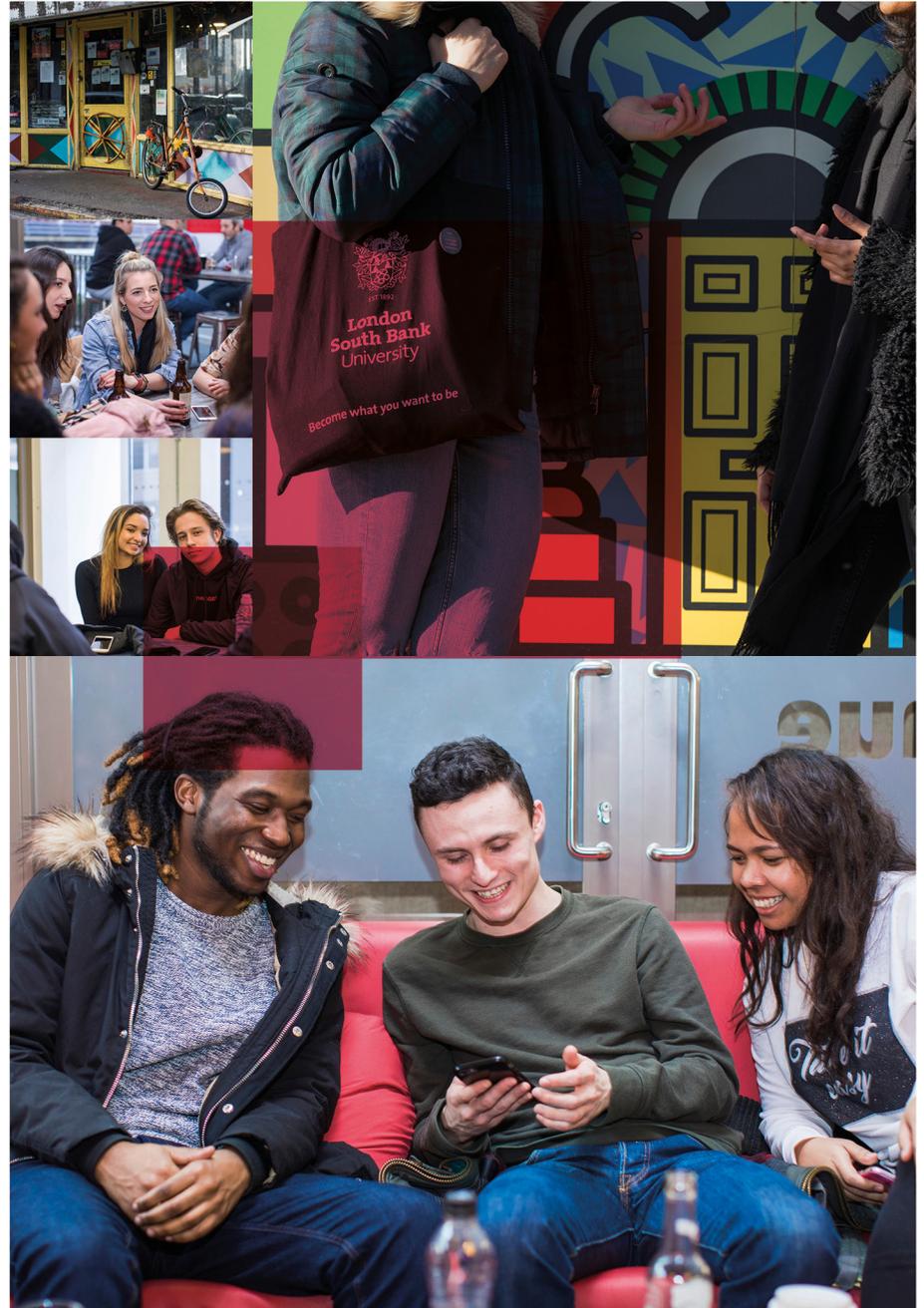
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# Save the NHS Save Lives



We have sorted:



Staff being properly valued and supported



Using 21<sup>st</sup> Century tools



With connected, visible, engaged leaders



Care basics and inefficiencies have been fixed and sorted

We have seen:



Local health systems have joined up together to get things done



Staff working brilliantly together as real teams



Staff have stepped up and acted with professionalism and autonomy

And now we have:



A system that can make decisions based on needs and think pro-actively



Making mutual decisions with patients as partners



Working in close collaboration with its community

London South Bank University  
School of Health and Social Care

## 10 LEAPS FORWARD – INNOVATION IN THE PANDEMIC.

WHAT WE WANT TO KEEP FROM THIS EXPERIENCE - GOING 'BACK TO BETTER'

“  
Our top priority after this is not going back to normal, but going back to better.”  
Senior Leadership, Acute Trust

# Conditions for Change



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# The big picture

In a very short space of time, driven by a **clear common purpose...**

We have sorted:



Staff being properly valued and supported



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"I also talked about how I've grappled with the fact that I have actually really enjoyed work this past few months probably more than ever in my career, and how I've felt guilty about this, with so many others in life suffering significant loss of one kind or another.

I've also felt a real sense of connectivity with colleagues and patients through this experience and I will do all I can to foster and sustain it. We should be incredibly proud of the care we have shown to each other and our patients.

Although at times daunting, I have never felt alone. I have a sense of confidence that whatever lies around the corner we will find the right way through."

NHS CEO weekly bulletin to staff



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## Things that haven't gone well and we don't want to go back to



**"The realisation that NHS cutbacks had gone too far and lasted too long."**

**"The object neglect of care homes and staff by the system."**

**"The amount of bureaucracy that has been avoided is stunning, NICE guidance updated in 3 days; virtual clinics made possible, far fewer futile pretend-work emails sent. Products manufactured in days, not years, clinical trial protocol approval and recruitment in days and weeks, not years."**

**"I am wondering how much value we have been adding with all the annual chronic disease checks with QOF."**

**"Some obtuse targets have disappeared, let's not reinstate them."**

**"Too much information coming from lots of different sources - e.g. CCG, LMC, PCN, BMA, etc - overwhelming."**

**"Never bring back face to face appts unless necessary. Never bring back onerous assessments for discharge."**

**"Never let services move back to Monday to Friday provision only."**

**"Patients seem to have discovered the ability to self-care with only the lightest of remote support - maybe doctors had encouraged dependency before this?"**



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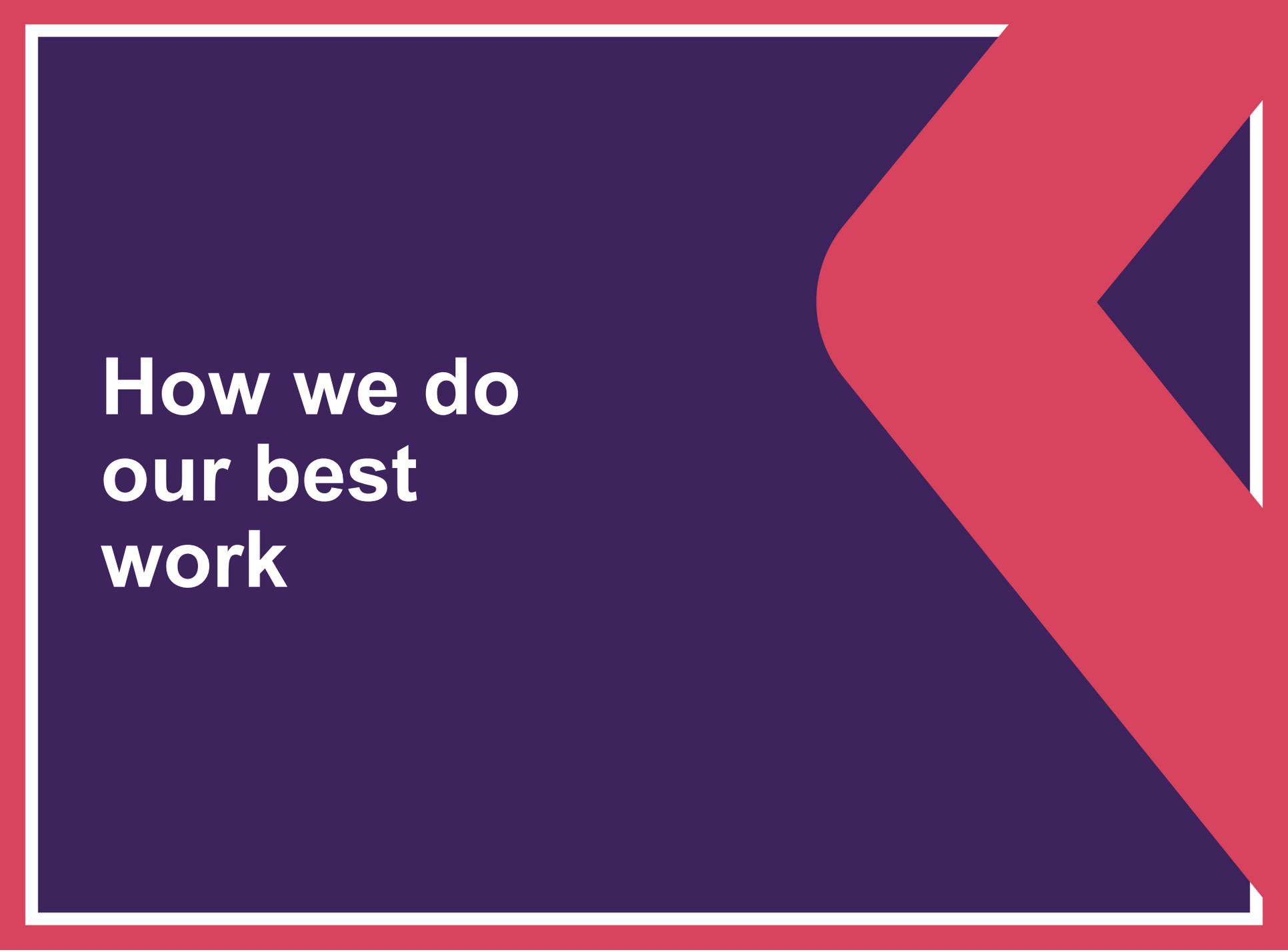
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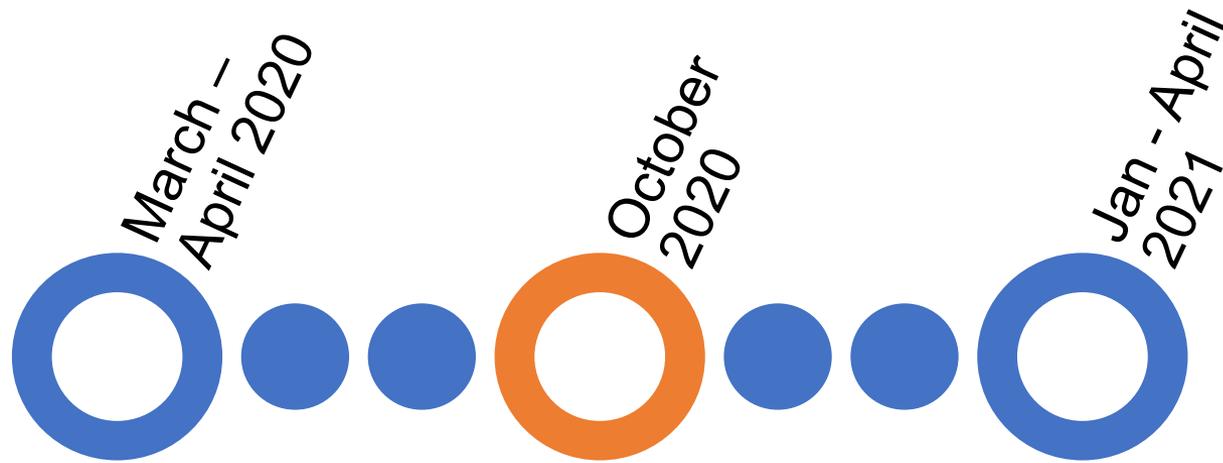
**How we do  
our best  
work**



# Critical Themes in High Performing Systems

## Adapted from Baker & Denis 2011

Leadership & Strategy	Organising Design	Improvement Capabilities
Quality and systemic improvement as a core strategy	Robust primary care teams at the centre of the delivery system	Proactive approach to building skills for quality improvement across the system
Leadership activities embrace common goals and align activities throughout the system / network of care	More effective integration of care that promotes seamless transitions	Information as a platform for guiding improvement
Clinical leadership is supported by professional management	Promoting professional cultures that support teamwork, continuous improvement and patient engagement	Effective learning strategies and methods to test and scale up across the system
Shared decision-making with patients and families	Providing an enabling environment buffering short-term factors that undermine success	Engaging patients in their care, and in the design of care



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# Autumn: Did we learn?

## Q: Which of the 10 Leaps Have Stuck?

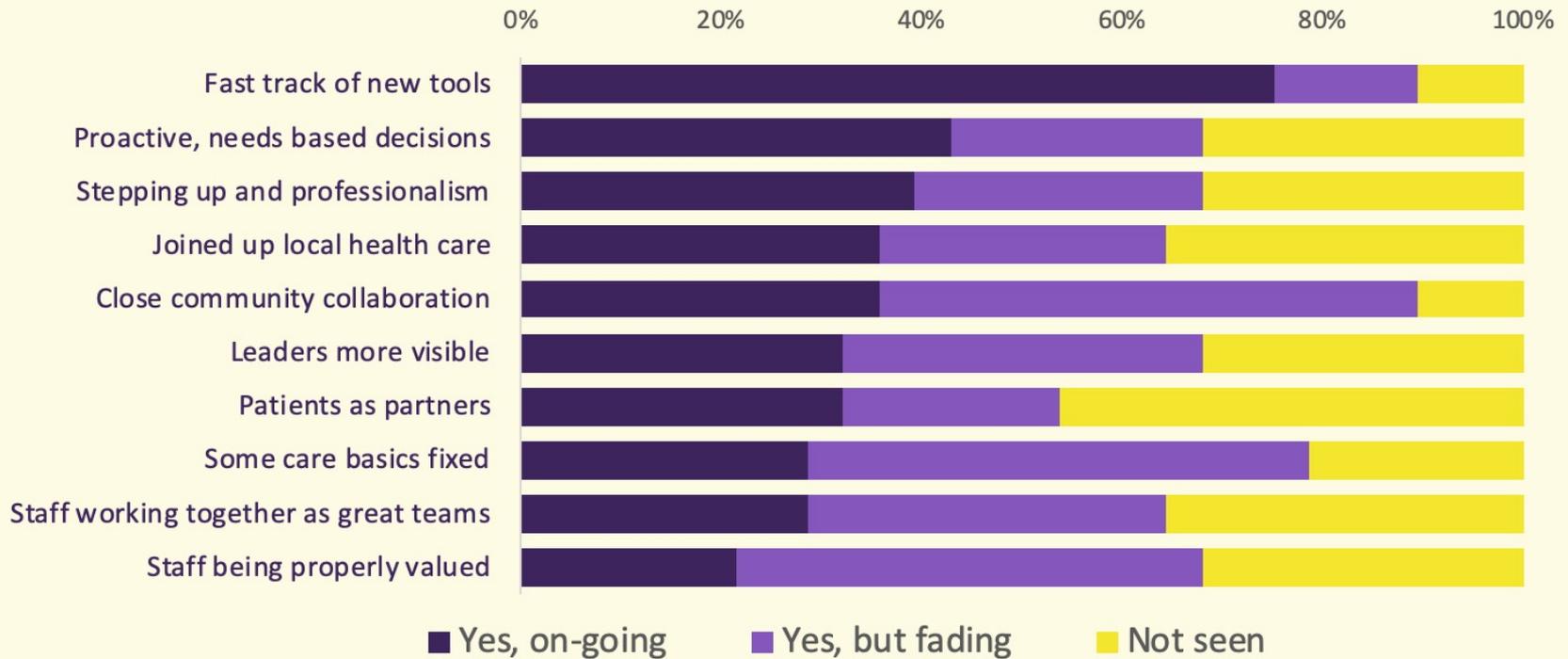
A: Although most were widely seen at first, the cultural change elements are fading fast and only the new tools seem to be sticking around



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## Which of the 10 leaps have you seen and have they stuck?



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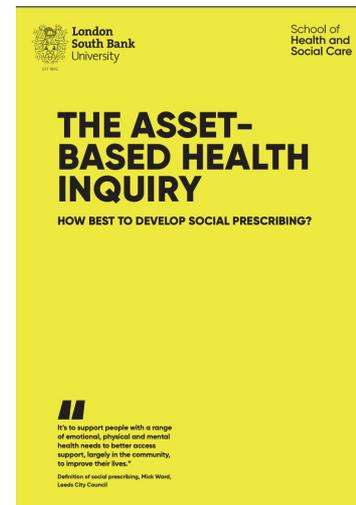
# ASSET BASED PARTNERSHIP WITH PEOPLE AND COMMUNITIES

Independent research by the University of Plymouth has shown a 17% fall in the cost to health and social care for the people we have worked with pre and post the introduction of our ecosystem. This equates to an average saving of £458 per person per year to the statutory secondary care health and social services.<sup>1</sup>

Self-reported visits to GPs have dropped by 32%, and loneliness rates have dropped by 46% across all the measures we use.

Furthermore, 59% of people report improvements in their mental wellbeing.<sup>2</sup>

*“Focusing on  
What’s Strong  
and not What’s  
Wrong”*



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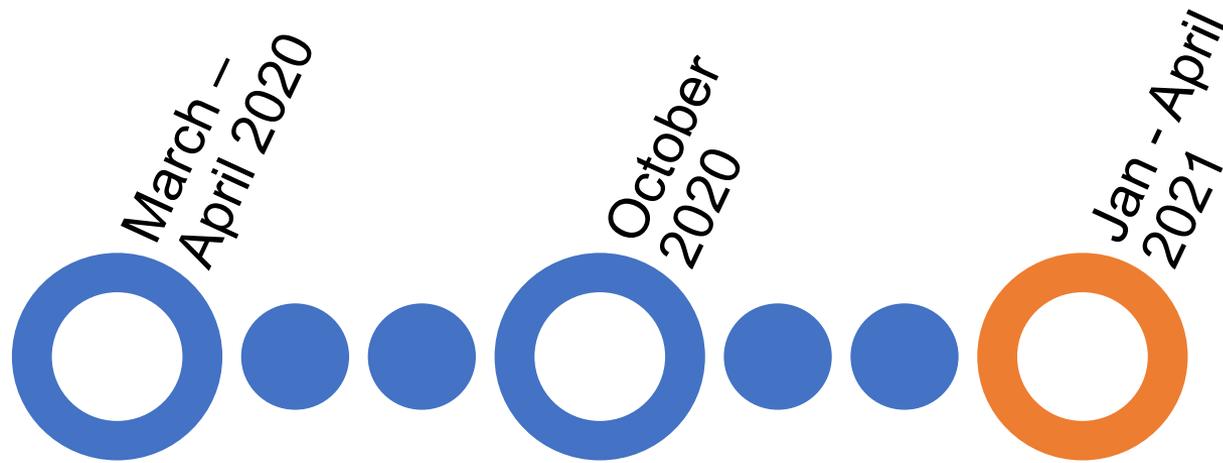
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# Time to reflect on the context



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# Looking After ourselves and our team

## From Moral Injury to Moral Repair

An Ethical response to harm

- Celebrating what we are proud of
- Being sorry
- Bearing witness to moral injury
- Creating space to heal



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'The impact of the intervention is dependent upon the internal condition of the intervener.'

Bill O'Brien

'Our steadiness matters'



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# The fatigue of the pandemic

Erodes our capacity for Clarity

Erodes our capacity for Compassion



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**Do we recognize this in ourselves? In our leaders?  
What helps?**



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**Who Does  
the Work?**

# What sort of work

	What's the work?	Who does the work?
Technical	Apply current know-how	Authorities
Adaptive	Learn new ways	The People with the Problem

Heifetz and Linsky 2002



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Do Well

Mechanistic

Control

Do Better

Participative

Improvement

Do Better Things

Relational

Coproduction

Adapted from Anderson-Wallace, Blantern and Boydell, (2000-2007) in Malby, R., and Anderson Wallace, M., (2016) *Networks in Healthcare: Managing complex relationships*. Emerald.



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# Where do we start?

*"I sit on a man's back, choking him and making him carry me, and yet assure others that I am very sorry for him and wish to ease his lot by all possible means-except by getting off his back"*

(Tolstoy, 1991).

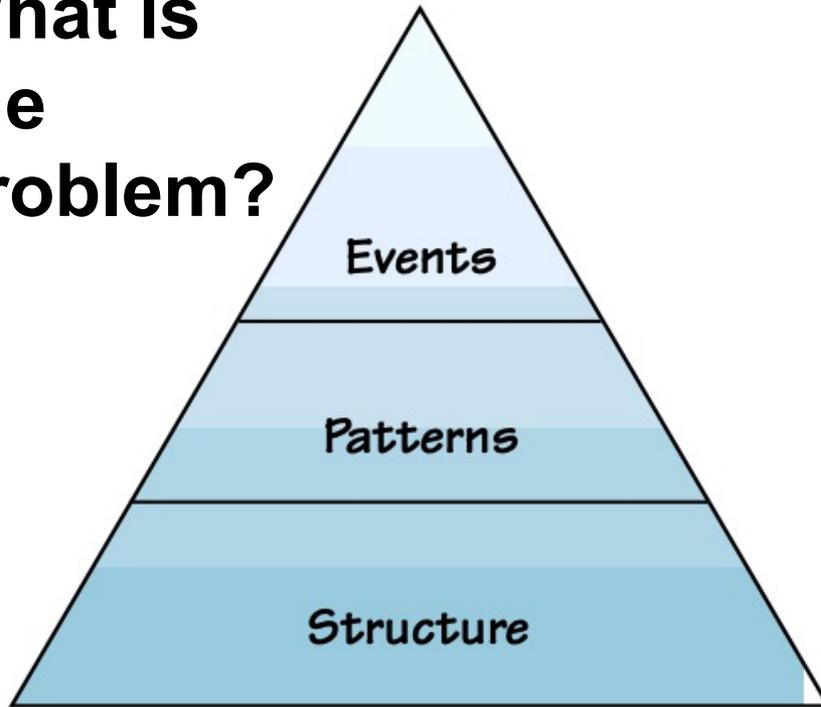


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## THE ICEBERG

### What is the problem?



Use the iceberg framework to discuss patterns and discover how different people see the same event. Ask the following questions in a group setting:

**Events:** What happened?

**Patterns:** What has been happening? What are the trends we have seen?

**Structure:** Why is this happening? What forces (including the underlying mental models) have created this behavior?

Goodman, M. (1997). Systems Thinking: What, Why, When, Where and how? *Systems Thinker*. Vol 8 No 2 p6-7 (provided on Moodle)



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# Professional Decisions Start with Data



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# Frequent attender review (top 100)

## Life situation:

Over half are known to be in a struggling or chaotic life style

Frequent attender patient review (top 100)

2. Life situation



Life situation

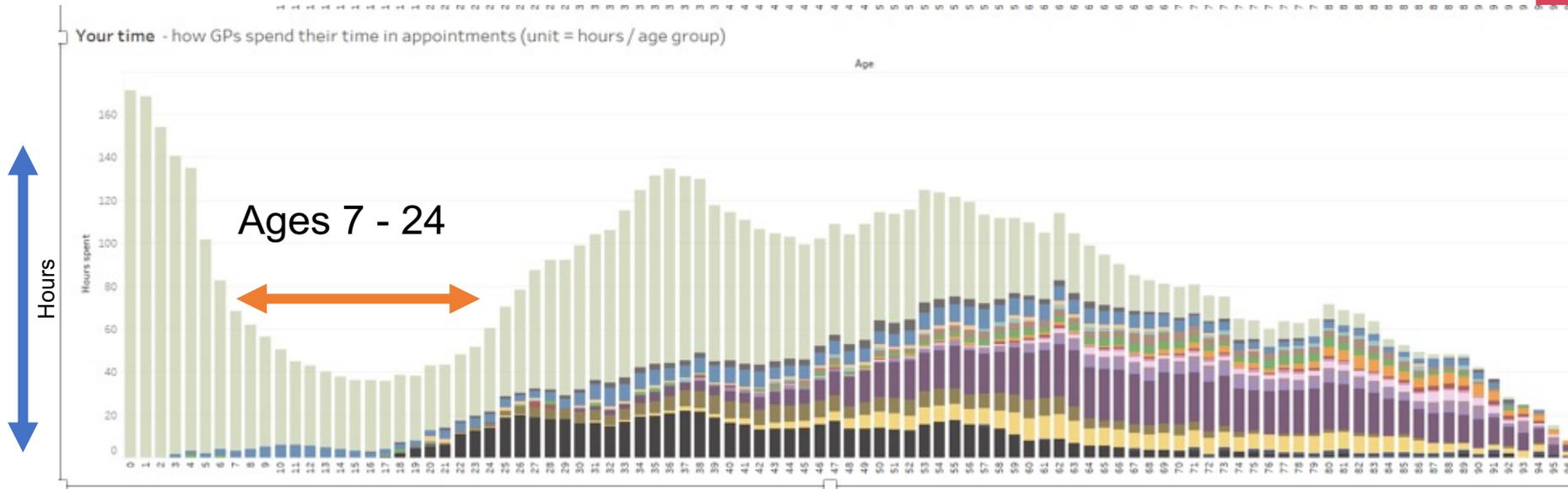
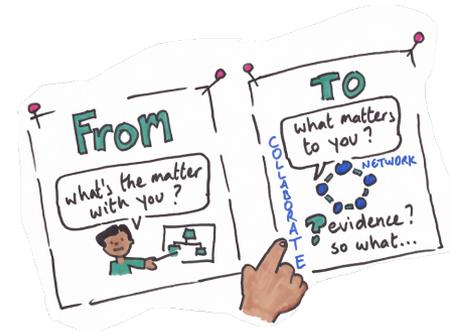
- We don't know
- Very poor
- Struggling
- In Control



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# Children & Young People



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*“We are not hard to reach but easy to ignore communities”*

Fatima Elguenuni



**FATIMA ELGUENUNI**

@FElguenuni



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# RAMADAN TWILIGHT Vaccination Hub

Get your COVID jab at the evening clinic during Ramadan

## Чего ожидать после введения вакцины от COVID-19

Доступная версия: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/expect/after.html>

Вакцинация от COVID-19 поможет защитить вас от заражения COVID-19. После введения вакцины у вас могут возникнуть некоторые побочные эффекты, которые являются нормальными признаками того, что ваш организм выстраивает защиту. Эти побочные эффекты могут повлиять на вашу ежедневную активность, но они должны пройти в течение нескольких дней. У некоторых людей...

# VAXI TAXI




A COVID CRISIS RESCUE INITIATIVE TO GET LONDON VACCINATED  
COVID CRISIS RESCUE FOUNDATION

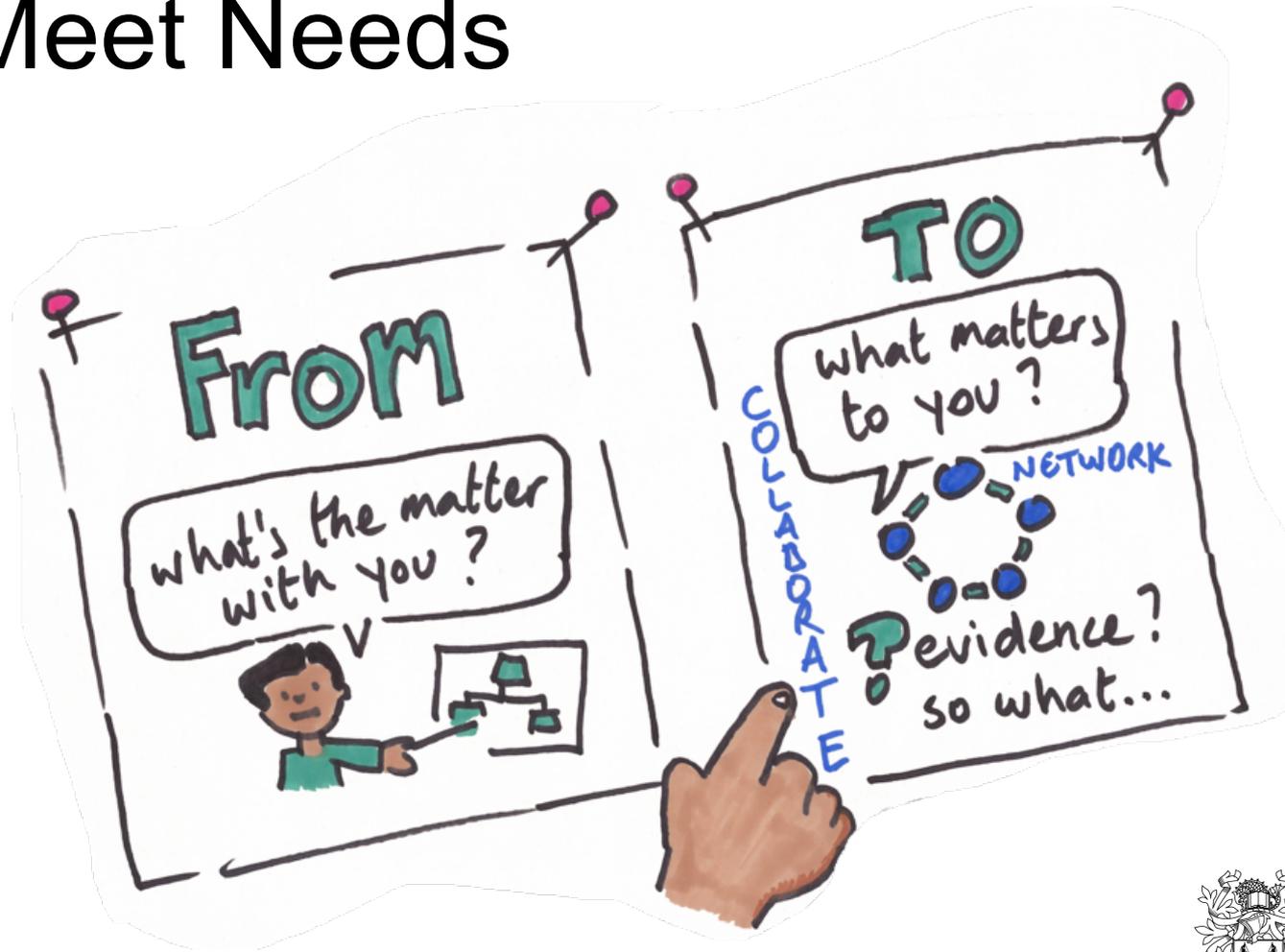


Covid-19 vaccination programme **NHS**

## Women's only Vaccination Clinic



# Proactively Design Healthcare to Meet Needs



“The future of health and care is in living well, not treating disease accelerated by poor social norms (poverty, investment in education...).”

[Marmot, M., Allen, J., Boyce, T., Goldblatt, P., Morrison, J. \(2020\) Health Equity in England: The Marmot Review 10 years on. London: Institute of Health Equity.](#)



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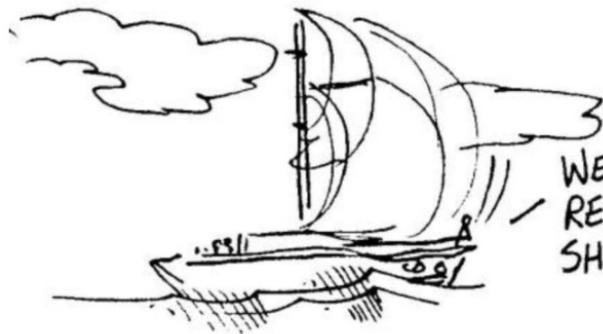


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**Proactive  
Leadership in  
a Connected  
System.  
Doing our best  
work through  
networks**



WE NEED TO  
REBUILD THE  
SHIP...

in the midst of COMPLEXITY & DANGER

- Maybe the  
answer is a  
FLEET...



<https://thesystemsthinker.com/building-communities-of-commitment/>



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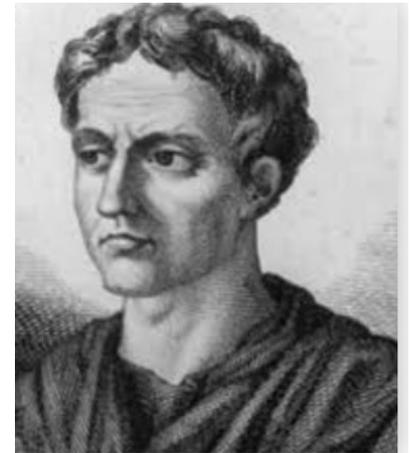
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# Leaders Historically Focus on Structure

“We trained hard, but it seemed that every time we were beginning to form into teams we would be reorganised. I was to learn later in life that we tend to meet any new situation by reorganisation; and a wonderful method it can be for creating the illusion of progress while producing confusion, inefficiency and demoralization”

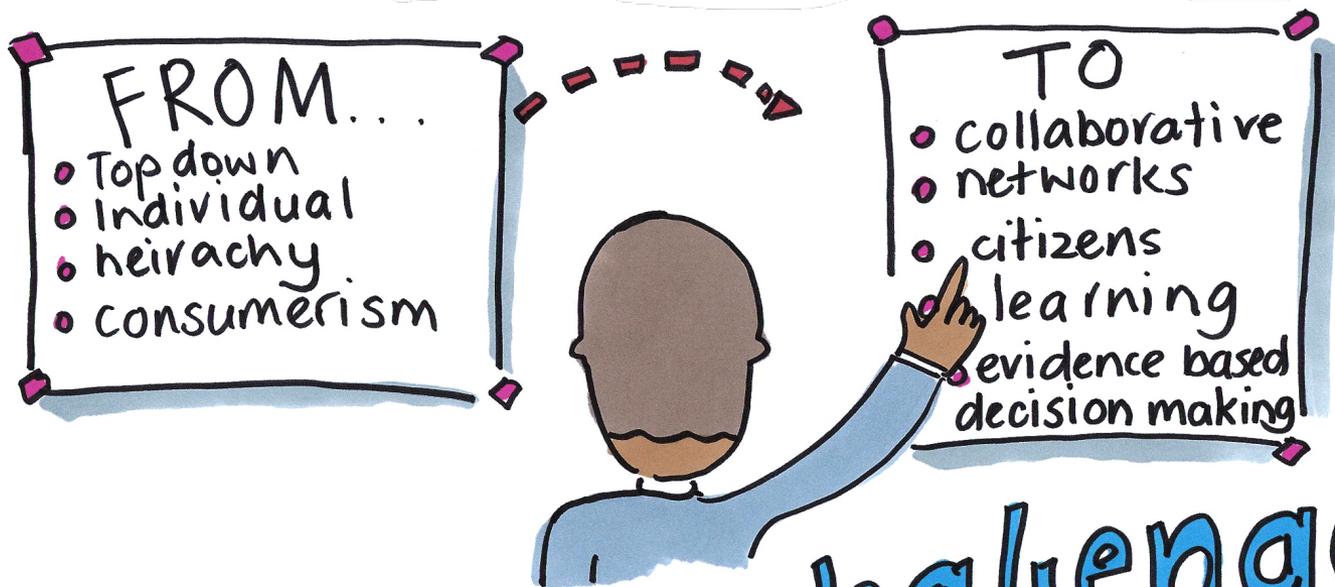
Gaius Petronius AD 66

Ordered by Nero to Commit suicide for being a troublemaker



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# Transition & challenges



# The Tipping Point

If you don't like the way that people are behaving, they are likely to be organising around a purpose that you don't support.

CIHM Manifesto 2014



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# Network Functions



**Community-building:**  
The network functions to promote and sustain the values of the individuals or groups



**Filtering:**  
The network functions to organize and manage relevant information for members



**Amplifying:**  
The network functions to help take new, little-known, or little-understood ideas and makes them public, gives them weight, or makes them understandable



**Facilitating:**  
The network functions to help members carry out their activities more efficiently and effectively



**Investing/providing:**  
The network functions to offer a means to provide members with the resources they need to carry out their main activities



**Convening:**  
The network functions to bring together different, distinct people, or groups of people with distinct strategies to support them

# Networks Fail Because

## Purpose

Fails to reach common understanding across members of purpose and direction.

No plan – its all 'here and now'

## Collective Agency

Over-management cementing relationships and structures that need to be dynamic and evolving & Institutionalisation

Over expectation of network member's willingness or ability to collaborate which damages creativity of the parts

Predicating some members over others,

Constraining network member's independence

Lack of trust between members and no shared architecture for collective action

## Impact and Agility

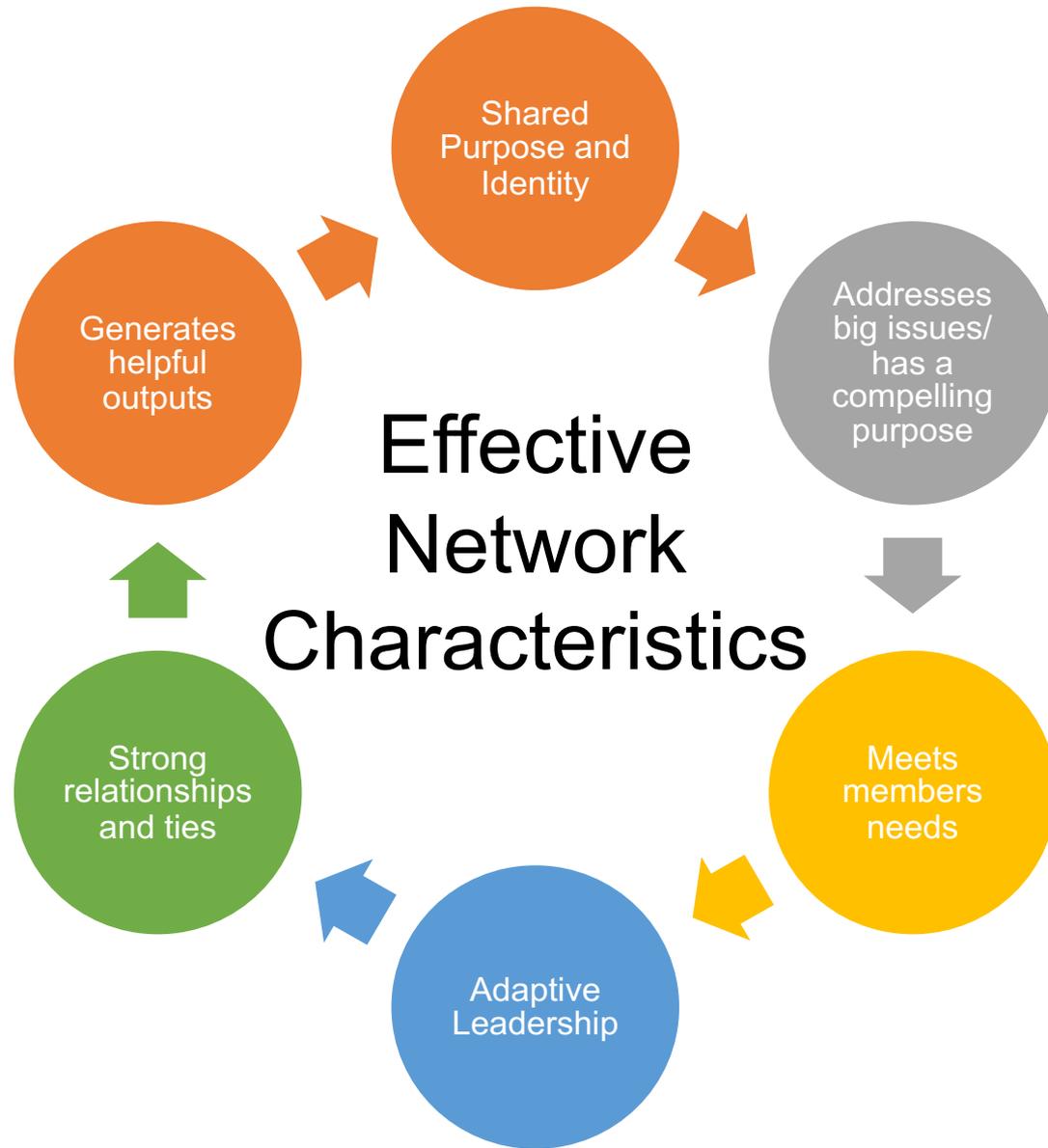
Not recognising when leadership needs to change / rotate

Lack of impact in terms of network member's purpose.



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# Strategic Purpose : can you answer these questions?

- Fundamentally, why does the network exist?
- For whose benefit are all our efforts being made?
- What, in our eyes, is the end that we are working to rather than a means?
- What is the worthwhile cause to which we are all contributing?
- At the end of the day, what is the real point of all our activities?
- Who are we really working for?
- What is of highest value for us?
- What is our higher purpose?

Andrew Constable, Associate LSBU 2017

**Become what you want to be**



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# NETWORK MATURITY MATRIX

	PURPOSE AND DIRECTION	GOVERNANCE AND STRUCTURE	LEADERSHIP AND FACILITATION	KNOWLEDGE CAPTURE AND REUSE	INTEGRITY AND VITALITY	LEARNING AND IMPROVEMENT	IMPACT AND VALUE	SUSTAINABILITY AND RENEWAL	
FIVE	<p>The network continually reviews its strategic focus, spanning additional groups to cover specific topics or actions as appropriate.</p> <p>Members share the same ambition for the network. They fully buy into the strategy and plans for the network, and are personally committed to its future.</p> <p>External drivers and influences on the network are fully understood.</p>	<p>Membership coverage is complete, providing well-balanced representation. Diversity and cultural/regional differences are well handled.</p> <p>Governance is fully effective, demonstrating a genuine strategic interest in the success of the network.</p> <p>Sponsors are proactive advocates who champion the cause and promote successes externally.</p>	<p>Leadership is shared seamlessly between several members, who have time and support to carry out the role effectively.</p> <p>There is good understanding of dynamic social processes (e.g. bridges and brokers, connectors and mavens) and how to facilitate the network to get the best from these.</p> <p>There is a virtuous circle of credibility and confidence in the network to respond and deliver.</p>	<p>Members bring new insights, analysis and content for inclusion as a matter of course. Discussions are regularly distilled into valued knowledge assets. They become essential reading for all members, and may spawn other products, guides and checklists for wider use.</p> <p>Mechanisms for capturing and sharing are well established, including live and virtual events.</p>	<p>High levels of trust and mutual respect enable passionate discussions. People are able to discuss their feelings.</p> <p>Conflict is handled professionally, openly and positively. People honour commitments to participate and deliver.</p> <p>Good range of contributions and unsolicited offers. Members regularly interact on a peer-to-peer basis as well as with the network as a whole. Where appropriate, interaction extends well beyond the boundaries (e.g. suppliers, partners, other networks).</p>	<p>The network regularly engages in formal and informal learning, (e.g. guest speakers, internal and external bench-marking, project reviews and visits) with strong participation.</p> <p>The network models reflective practice and seeks ways to improve its effectiveness through evaluation and feedback. Members openly share their learning from failures as well as successes.</p>	<p>The network is acknowledged by members and stakeholders alike for its impact.</p> <p>Members are proud of their accomplishments together, and tell stories of measurable impact and innovation.</p> <p>The network reviews the impact is it having in order to understand and repeat its successes.</p> <p>Specific external stakeholders and influencers are targeted with impact stories.</p>	<p>The network is not reliant on a specific individual to maintain momentum. Multiple channels (e.g. voice, data, email, webcast) are used innovatively. Dialogue is rich and varied, incorporating personal exchanges and business focus.</p> <p>There is an agreed strategy for growth, funding and recruitment of new members.</p>	FIVE
FOUR	<p>All members are clear about the purpose of the network and its role in convening, amplification, and advocacy or building community.</p> <p>Deliverables for the community are well known and plans to achieve them are underway.</p> <p>The network 'charter' is accessible to all, and used to induct new members</p>	<p>Network membership is well rounded, with actions in place to fill any gaps. Relationships with other networks are clear. They work to share and learn beyond the boundaries and with external stakeholders wherever appropriate. Governance is fully effective and is valued.</p> <p>Healthy membership turnover – few 'passengers'.</p>	<p>Leaders are engaged and have the requisite skills and dedicated time to fulfil the role.</p> <p>The network appreciates and values their input.</p> <p>A core team of committed participants supports the facilitation and leadership activities.</p> <p>Members have an expectation that questions and contributions will receive considered responses.</p>	<p>A dedicated portal provides a gateway to well managed information resources.</p> <p>The network has tangible products which go beyond FAQs to include, for example: top tips, examples, case studies, expertise, tools and templates.</p> <p>Examples of sharing and reusing knowledge are easily found and members regularly provide new material.</p>	<p>Leaders ensure regular, effective, animated virtual meetings and 'events'. People make this a priority and participation levels are high.</p> <p>Contributions come from the full of members. Members know about each other's expertise and experience.</p> <p>Diversity and cultural differences are well utilised. Leaders ensure that interactions stay focused and forward thinking.</p>	<p>Network members regularly share their insights and lessons learned without the prompting of the facilitator.</p> <p>Members make full use of the network to ensure that their projects learn from others, e.g. via Peer Assists. Plagiarism (with accreditation) is seen as a positive – "steal with pride".</p> <p>Curiosity levels are high: "Not invented here" is not observed here!</p>	<p>The network tracks, captures and shares success stories, with evidence of benefits and impact.</p> <p>These stories are celebrated and communicated to an external stakeholder.</p> <p>Stakeholders understand the impact the network is having, and actively promote this.</p>	<p>Newcomers rapidly feel welcome and involved and bring new energy to the group.</p> <p>Dialogue is stimulating and there is a sense of dynamism and interest.</p> <p>Fresh thinking is regularly brought into the network through external input. Sources of funding and support are understood.</p>	FOUR
THREE	<p>The network has an agreed charter, clearly stating purpose, scope, and ways of working.</p> <p>Most members have a good understanding of the purpose of the network and could articulate it to others.</p>	<p>Good coverage of potential membership and awareness of any gaps in representation.</p> <p>Sponsor is in place, understands what is required of them and is regularly active in the role.</p> <p>Governance has been considered and implemented at the appropriate level.</p>	<p>The network has a credible leader/facilitator in place, with dedicated time available for the role.</p> <p>Other members of the network support the leader informally.</p> <p>The network responds positively when the leader requests</p>	<p>Members pool and validate their most useful documents, and make use of the available material.</p> <p>Experienced members or subject experts regularly summarise discussion threads into FAQs, but largely out of goodwill.</p>	<p>The network makes use of voice, data-sharing and social media tools where possible. Contributions come from a wide range of members and people's expertise is appreciated.</p> <p>Most questions receive responses, but some go unanswered. Leaders sometimes work 'behind the scenes'</p>	<p>The network leader encourages members to reflect and share lessons.</p> <p>Members demonstrate an interest in learning from their peers and are willing to ask for help.</p>	<p>The network members have a shared understanding of the value they add. Some senior stakeholders visibly acknowledge this.</p> <p>Examples exist which clearly demonstrate clear impact, for example, on patient outcomes.</p>	<p>Membership grows organically at expected levels.</p> <p>Funding and support are discussed. Members talk about the future of the network and are ambitious for growth.</p>	THREE

<https://www.source4networks.org.uk/diagnostics>



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# And so

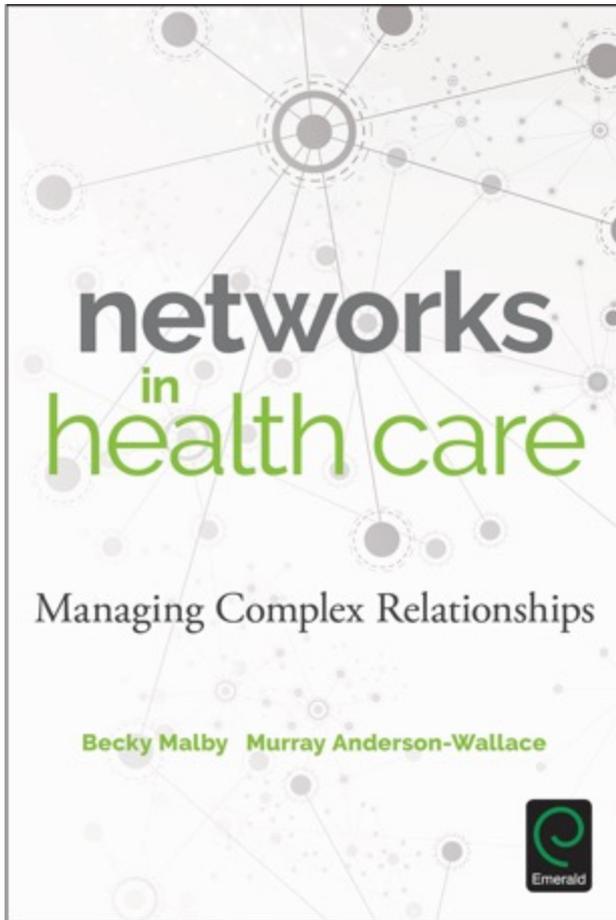
Proactive Leaders focus your effort to:

- Sustain the team and professional relationships (learning culture) that emerged
- Meet needs rather than demand
- Collaborate where interdependent based on needs &
- Secure the new collaboration with citizens / patients



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