

Building capacity and capability in Public Health Wales

Situation

Organisations need to create the conditions and support required to produce results (improvements)—that is, providing staff with (1) dedicated time to apply their new knowledge and skills, (2) access to structures and processes that support quality and safety improvement initiatives and (3) a learning organization that values continuous learning and improvement, and ongoing development and growth. This includes developing the capacity and capability for the organisation.

Public Health Wales has started the process of strengthening the organisations operating system and approach to quality and improvement in response to the Health and Social Care (Quality and Engagement) (Wales) Act (2020) and beyond.

To enable Public Health Wales to deliver strategic improvements and innovations and reap the gains from the Quality as an Organisation Strategy approach, an Improvement and Innovation Hub (I&I Hub) is being developed that will deliver quality improvement training across the organisation to help drive strategic changes to the way we work and improve the outcomes of our work.

Background

Dosing was first applied to the Science of Improvement (SOI) over 12 years ago by Dr Robert Lloyd at the Institute for Healthcare Improvement. The dosing approach is designed to strengthen both individual and organisational capacity and capability. The dosing approach establishes targeted levels of knowledge and skill with improvement concepts and tools. It is a progression of learning, starting with awareness throughout all roles in an organisation and culminates with a few individuals developed with deep expertise. The key point of dosing is that not everyone in an organisation needs the same depth of knowledge about QI concepts, methods and tools. The deployment of improvement knowledge and practice must be fully aligned with the organisation's strategic aims, leadership approach and culture.

The specific doses of SOI for each group are not determined by a strict mathematical formula. Individuals are assessed in terms of their current knowledge of SOI concepts, methods and tools, and their demonstrated ability to improve a process or problem and produce the desired improvement results. Such analyses enable an organization to develop a dosing strategy specific to its context, goals, assets and needs.

Doses vary depending on characteristics, including: size of organisation, geography of an organisation, the mix of services provided, organisation history and current status of its quality journey, resources committed to learning and employee development, commitment of senior leaders to making quality the organisation's business strategy, staff turnover rate.

Bearing in mind these characteristics, NHS Improvement offer a few general guidelines for different groups in an organisation

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- Everyone needs an awareness of QI concepts, tools and methods to facilitate a shared understanding.
- Board members need to understand the organisation’s QI approach and its components, and the strategic outcomes expected for QI projects.
- Senior leaders will sponsor QI initiatives and need a working knowledge of QI
- Middle managers/ supervisors will sponsor and/or lead an improvement and will need to apply QI
- Improvement experts need the deepest knowledge of the QI and should be able to teach individuals at all levels of the organisation (0.5% of employees).
- Quality coaches are skilled in the human side of change and QI and coach colleagues to test new ideas and support teams with implementation and spread. (5% of employees).

Figure 1 illustrates how a dosing strategy might be applied. The rows indicate sample SOI content domains and the columns identify groups in the organisation that need a particular dose of the SOI. The shades of blue represent the intensity of the dose delivered to each group. The darker the blue, the deeper the required dose of the SOI.

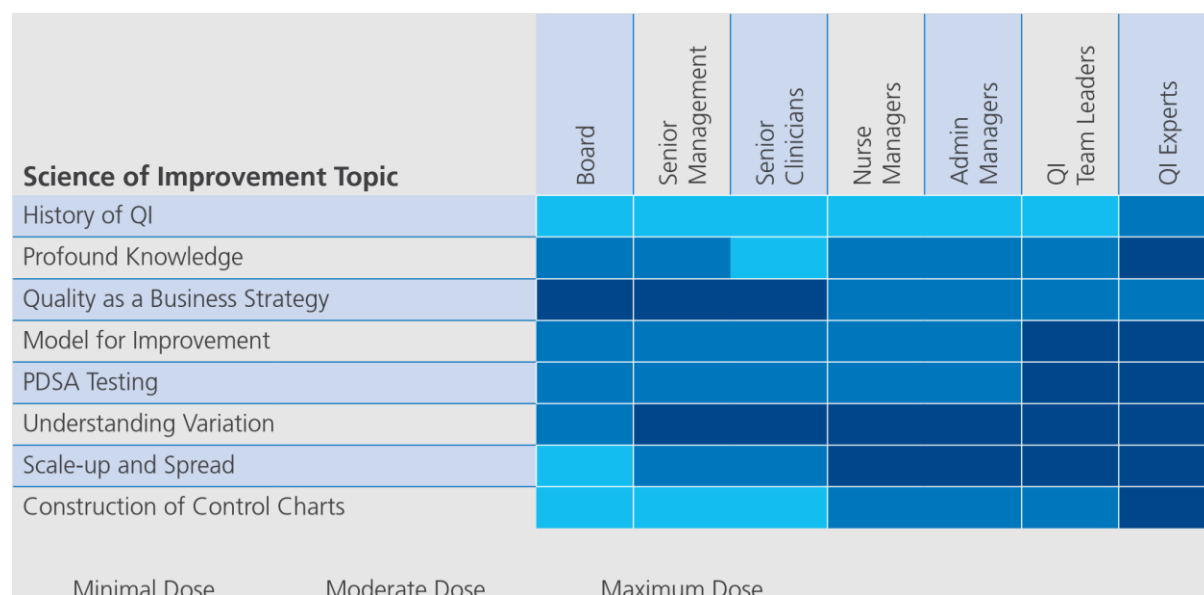


Figure 1: Applying the dosing principle to an organisation

Note the intensity of the colour reflects the ‘dose’ of the science of improvement knowledge and skills that would be administered to each respective group.

Source: Lloyd R (2017) *Quality Health Care: A Guide to Developing and Using Indicators*, 2nd edition, Jones & Bartlett Publishing.

NHS Improvement advocates that when an organisation starts its QI journey the ‘doses’ described are administered gradually and over a period of time and recommend organisations plan to gradually ‘dose’ key individuals throughout the

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organisation. Transforming an organisation into a centre for quality excellence requires gradually building improvement skills throughout the organisation.

East London Foundation Trust is held up as an example of good practice. The organisation developed four pillars to illustrate its approach: Engaging, encouraging & inspiring, Developing improvement skills, Embedding into daily work, QI projects.

East London NHS Foundation Trust's quality journey began in 2014 in partnership with IHI. Figure 2 shows the first iteration of this work

2014

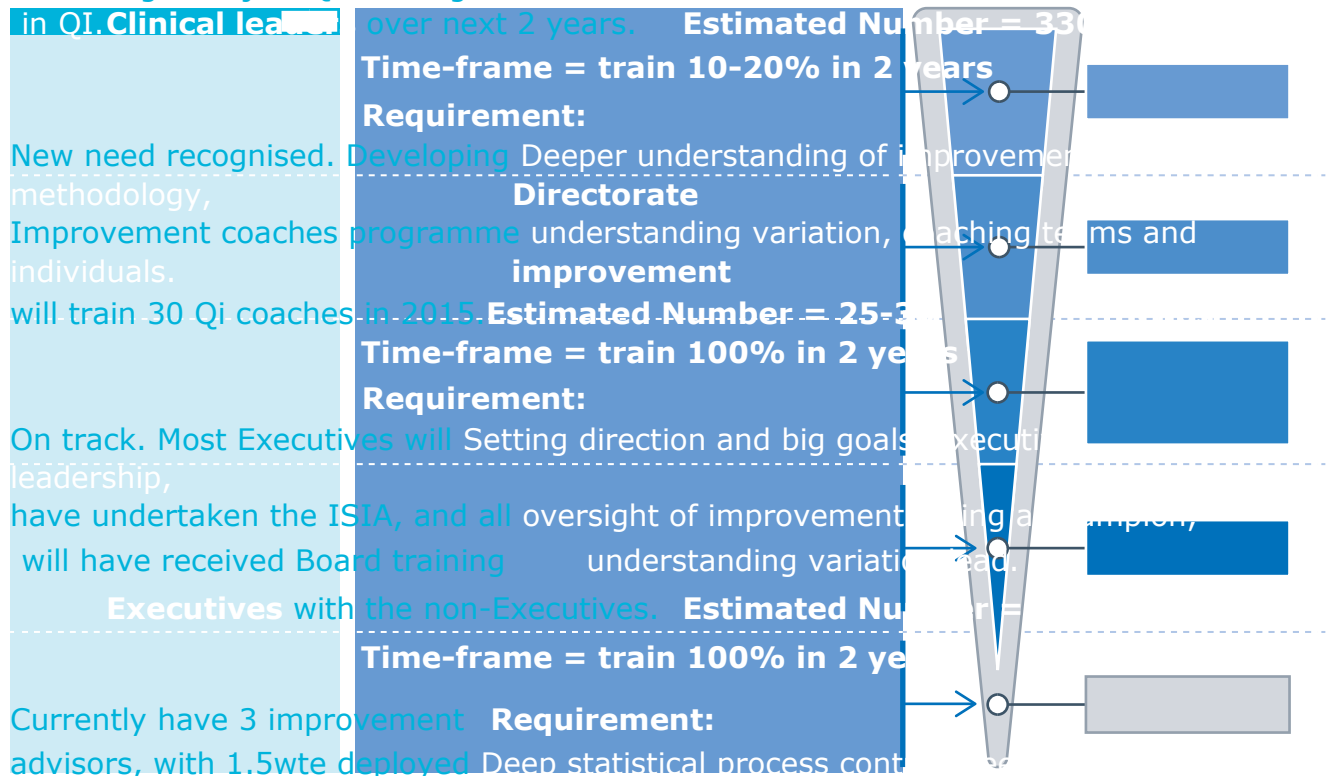
On track to train over 400 people through 5 six-month waves of

learning between

2014-16. First 3 waves delivered with the IHI.

On track. All senior staff being

encouraged to join QI training



to QI. Will need to build more **Experts** capacity at the level.



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Figure 2: East London NHS Foundation Trust: building capacity and capability for improvement: draft strategy 2014

Building capacity and capability at East London is an ongoing, dynamic progress with changes in the number of people receiving different doses and plans are adjusted as necessary. Figure 3 shows the updated 2017 version of the dosing strategy

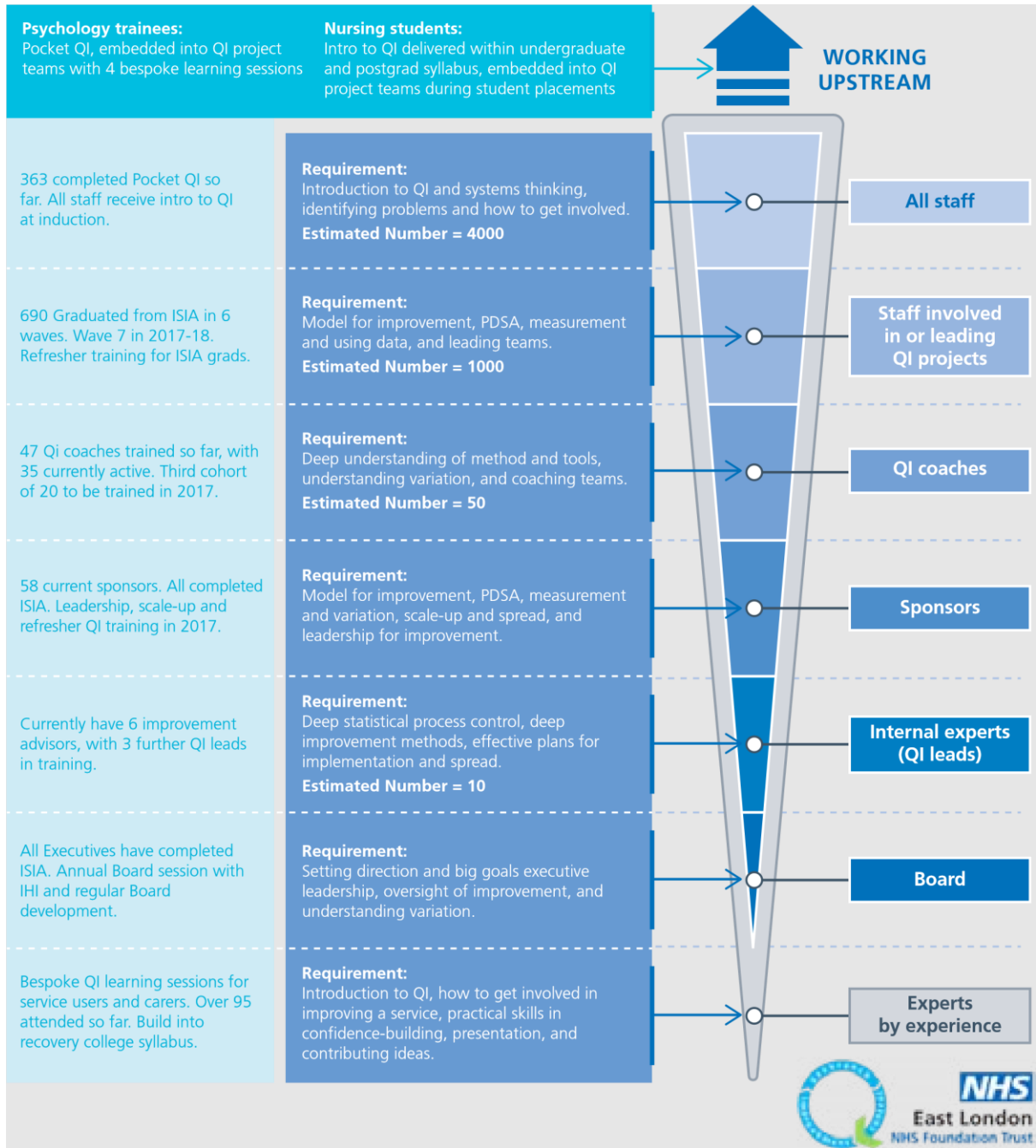


Figure 3 East London's follow up dosing strategy 2017

Ashford and St Peter's Hospitals NHS Foundation Trust (ASPH) began its QI journey in 2015, focused on developing capability for teams to make improvements as well as improving organisational culture and leadership. Recognising that building improvement capability at every level of the

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organisation would be key, ASPH created a dosing strategy to equip staff with the tools and coaching to make improvement a reality. They developed a deployment, that includes - strategy Leadership development for QI and creating the conditions to allow QI to flourish; Develop QI skills in 'Core Leaders' by embedding QI objectives in their personal development; 'Going where the energy is'; supporting bottom-up QI and building skills through 'Be the Change'.

Assessment

There are approximately 2,500 staff employed by the organisation, with approximately half of these in Health Protection and Screening Services. A skills assessment was undertaken by QNAPS team in Oct 2021 which identified the SOI training across the organisation:

- All staff have access to Improvement Cymru Academy for Improvement Training
- Basic level – 2037 of 2255 staff have completed/in date with training 90.3% of the organisation are currently compliant (dates taken from ESR on 21 Oct 21)
- Practitioner level – 157 attended training/have skills knowledge; 8 trained with no project submitted as yet, as they are within their 12 month submission timeline; 34 have submitted projects and secured the practitioner level award.
- Expert level – 14 Trained, completing training end of 2021 and 3 commencing 2022

It is worth noting the gap in Improvement Coaches within the organisation. This potentially results in a small number of experts having to support a large number of individuals or teams who have completed improvement in practice with improvement projects. Improvement Cymru is launching Improvement Coach later this year.

When an organisation starts its QI journey the 'doses' described above need to be administered gradually and over a period of time. Organisations that succeed in embracing QI as a central business strategy, design a system of learning and application throughout the organisation. NHS Improvement recommend organisations plan to gradually 'dose' key individuals throughout the organisation.

Structure of QI training in Wales

Improvement Cymru Academy has built a spiral core curriculum of improvement science, shaped by improvement expertise across Wales. Each layer of the curriculum builds upon the last and provides deeper learning and development opportunities for teams and individuals. It also provides an integrated and supported approach to building improvement capability.

The concept is that the whole of a team involved in improvement does Basic/Foundation, a few in the team do Practice together, a few of these teams doing Practice are supported by a Coach; a few of the Coaches are supported by

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an Expert. Improvement Leaders facilitates senior leaders and managers involved in these areas to help create the conditions for improvement.

However, QI training is not enough to embed quality throughout an organisation. Structures, process and a change in culture is needed to create the wider conditions for improvement within the system and to maximise the potential for improvement skills deployment, by connecting, developing mature improvers through wider networks and peer learning.

Whilst a strong foundation for QI training has been in place for some years and has gone from strength to strength, a number of challenges remain:

- Improvement capacity and capability is not spread across Public Health Wales
- Improvement capacity and capability development is not consistent across the system
- Improvement skill development is not accessible and often not recognised
- Improvers are not supported in their roles to use their developing improvement skills
- This lack of recognition, support and alignment of improvement-capability to organisational priorities has resulted in skills not being deployed to best effect, leaving improvers disconnected and isolated. This has been compounded by the Covid -19 pandemic and the ensuing pressures faced by the system.

To ensure the improvement skills built within Public Health Wales are applied to their best effect, alignment of those skills to the organisational priorities is essential. Too often those embarking upon improvement skills development are either focusing in areas of improvement away from the key priorities within the system, and/or have limited support in terms of improvement mentoring and coaching locally, to ensure these skills are further developed, embedded and sustained.

Currently, those trained at Improvement Advisor level within Public Health Wales, have limited opportunity to use their skills as part of their core role, or are, supporting a large number of teams and individuals who are undertaking their first improvements. This is not sustainable, or making best use of this specialised resource.

Improvement Cymru Academy

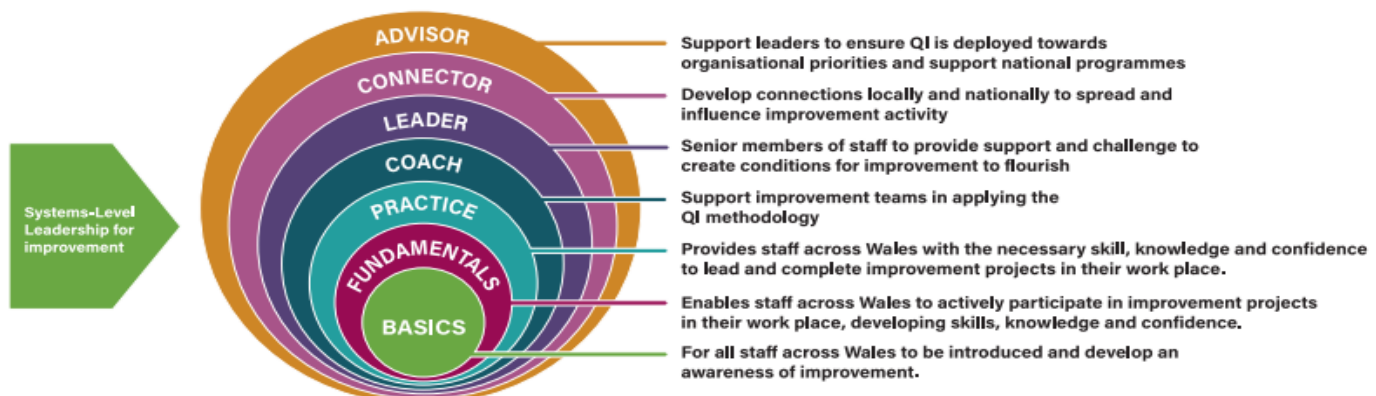


Figure 4 Improvement Cymru Academy spiral approach for quality improvement training

The image in figure 4 describes the spiral approach that aims to develop a tiered and coaching model of improvement skills within teams, directorates and the organisation, which when combined, will ensure these skills are embedded in core practice. This approach replaces the Improving Quality Together approach previously developed by Improvement Cymru.

In addition, at Board level, awareness sessions are being delivered to facilitate a system level approach to QI.

Recommendations

Application of the guidance provided by the IHI and NHS Improvement would make best use of the existing QI resources within the organisation and facilitate a more targeted approach to QI training, with individuals receiving training being well supported throughout their training.

Additionally, the approach requires an organisational approach to staff who are trained as Improvement Practitioner, Coach or Expert having protected time for supporting and implementing improvement locally with their teams.

The following would provide all of the QI training that Public Health Wales is likely to need. Whilst this doesn't offer training in specific innovation methods, innovation and improvement are part of the same spectrum and additional innovation tools and techniques will be included in the training curriculum as required to meet organisational needs. Additional training that is broader than QI would also be provided as required.

- Executives - Setting direction and strategic goals, executive leadership, oversight of improvement, being a champion, understanding variation.
Estimated Number = 10 Timeframe = train 100% in 2 years
- Senior Leaders – Sponsor improvement and have a deeper understanding of improvement methodology, understanding variation, coaching teams and individuals.
Estimated Number = 25-30 Timeframe = train 100% in 2 years
- QI Expert - Deep statistical process control, deep understanding of improvement methods, effective plans for implementation and spread.
Estimated Number = 12.5 (0.5% of employees) Timeframe = train 40% in 2 years; this takes account of the 3 existing experts and 3 in training, within the organisation
- Coach – Nominated individuals representing all divisions of the organisation proportionately – Leading teams in QI projects with a deeper understanding of improvement methodology, measurement and using data, leading teams in QI. These employees will have already achieved practitioner level. Typically, a quality coach who has protected time of

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20% to 25% as a coach can support three to four teams; protected time of 10 – 12% would facilitate support of 1 -2 teams.

Estimated Number = 125 (5% of workforce) Timeframe = train 20% in 2 years

- Practitioner – employees who have a robust understanding of QI and have applied the methodology on at least one occasion during training. A Practitioner with protected time of 10% would be expected to deliver a minimum of two completed QI improvements annually. Implementation should be focused in one area, testing out the structure and support and learning if more is needed in specific levels to support one directorate for example.

Estimated Number = 250 (10% of workforce) Timeframe = train 60 i.e. 25% in 2 years. This equates to 6 cohorts of training over this period and excludes 34 employees who already have this award.

- Fundamentals - Introduction to quality improvement, identifying improvement, identifying problems, change ideas, testing and measuring change. Employees with limited QI knowledge and skills would support Practitioners and Coaches to deliver a minimum of two completed strategic improvements annually. Again, implementation should be focused in one area.

Estimated Number = 500 (20% of workforce) Timeframe = train 100 i.e. 20% in 2 years. This equates to 7 cohorts of training over this period

Summary

The dosing approach establishes and deploys targeted levels of science of improvement knowledge and skills and will enable Public Health Wales to build improvement capacity and capability and to produce results that matter to the patients being served and align to strategic priorities. The key point of the dosing approach is that not everyone in the organisation needs to have the same depth of knowledge about science of improvement concepts, methods and tools.

Increasing QI capacity in isolation will not deliver significant improvement to services. Building capability - with staff at Coach and Expert level having protected time for supporting and implementing improvement locally with their teams, will drive and support improvement that is important to both staff and the organisation, and supports the delivery of strategic objectives.

Executive support for the approach will enable Public Health Wales to create a sustainable infrastructure by developing QI capability that makes quality an organisational priority and the accepted approach to daily work.

References

Appendix 3: I&I Hub Dosing Approach

Lloyd R (2017) *Quality Health Care: A Guide to Developing and Using Indicators*, 2nd edition, Jones & Bartlett Publishing. Used with permission of R Lloyd and Jones & Bartlett Publishing.

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