



QI TALK TIME

Building an Irish Network of Quality Improvers

**The Relationship Economy – The natural
successor to the Knowledge Economy?**

Dr Mark Roberts

20th June 2018

Connect

Improve

Innovate

Speaker

Dr Mark Roberts

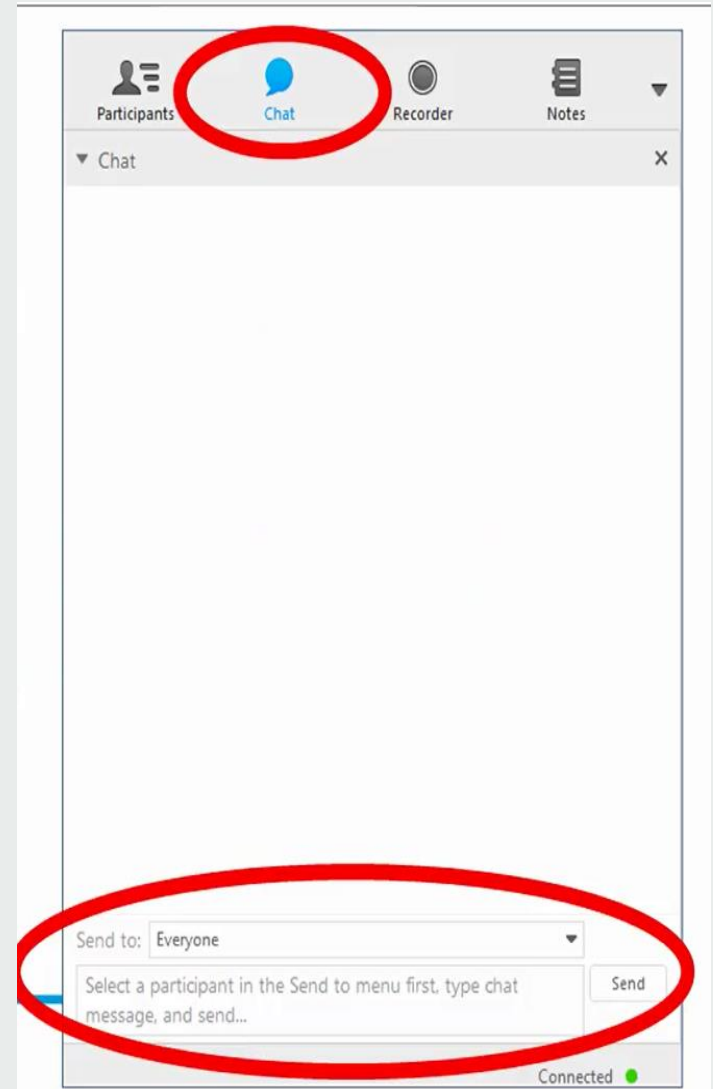
Graduated from the University of Aberdeen in 2000 and spent his postgraduate training years in Manchester, Leeds and Northern Ireland. This included a period in Public Health Medicine, which culminated in completion of the Membership Exam and Masters in Public Health before returning to Clinical Medicine training.

Consultant in Acute and Geriatric Medicine since 2011, and during that time he has additionally been a Training Programme Director for Acute Medicine, Clinical Information Officer for the Southern Trust, elected to Fellowship by the London Royal College of Physicians and completed the Scottish Patient Safety Programme Fellowship.



Instructions

- Interactive
- Sound:
Computer or dial in:
Telephone no: 01-5260058
Event number: 843 492 251#
- Chat box function
 - Comments/Ideas
 - Questions
- Keep the questions coming
- **Twitter: @QITalktime**



The Relationship Economy – the natural successor to the Knowledge Economy?

Mark Roberts

Clinical Director HSC Safety Forum

QI Talktime 20th June 2018

Declaration

- We all have cognitive biases
- Generalist perspective
- Width > Depth
- Heavy dependence on team > individual

On the menu...

- Consider the limitations of the knowledge economy
- Consider the role relationships plays in promoting or inhibiting safe and effective care
- Highlight the need to more clearly understand social capital



>



A little about me

I'm Mark, an 'annoying' Dad

I'm Mark, an enthusiastic but mediocre windsurfer

I'm Mark, Clinical Director for the HSC Safety Forum in Northern Ireland

My route so far

- Undergraduate then postgraduate period
- Left Clinical Medicine for Public Health



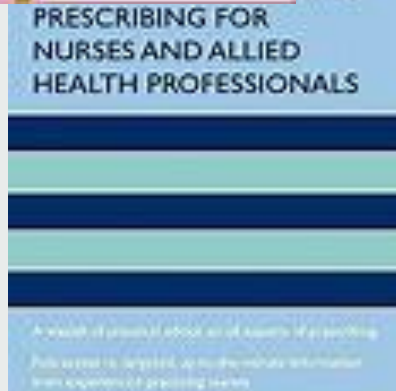
- Went back to Acute Care, now bit of both

Our big challenges

- Relative decline in health and social care spending
- Increasing complexity in individuals
- Increasing complexity in our care systems
- Increasing expectation from patients and the public that 'avoidable harm' is...

...avoidable

Knowledge economy



Knowledge Economy

- Intellectual capital is key
- Enables a move away from collectivism to individualism
 - I > We
 - The hero leader

Knowledge Economy

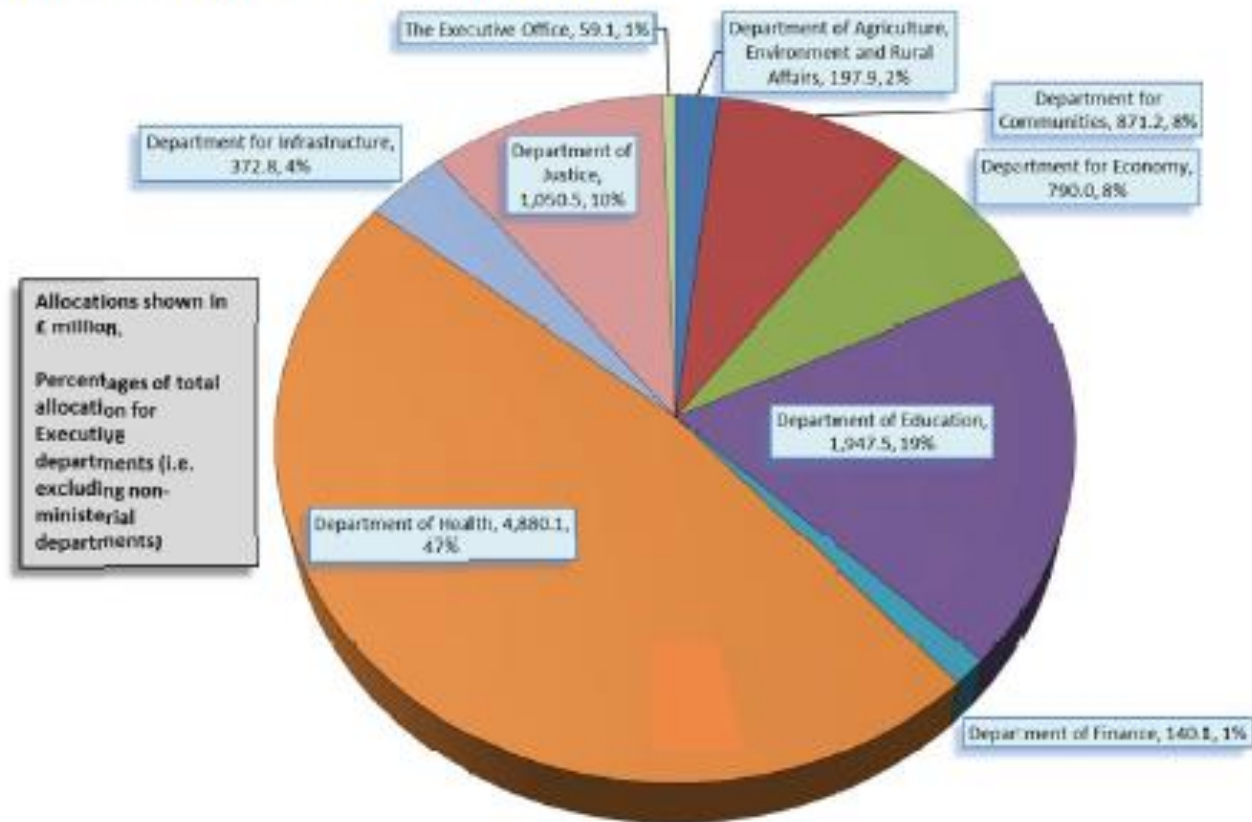
Our core belief?

*If I work hard enough, and am clever enough,
mistakes won't happen*

Knowledge is not enough

A new burning platform? – NI public sector

Figure 1: Non-ringfenced Resource DEL⁶



HSC Budget & NI Public Finances

Year	HSC Budget (millions)	NI Public Finances (millions)	Proportion
2015/16	4,542.70	10,232.60	44.40%
2016/17	4,751.40	10,233.70	46.40%
2017/18 Estimates	5,144.80	10,612.80	48.50%
....			
2023/2024	? 7,820.80	? 13,033.80	? 60.40%

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A hungry health and social care system





Endangered species?



Knowledge isn't sufficient

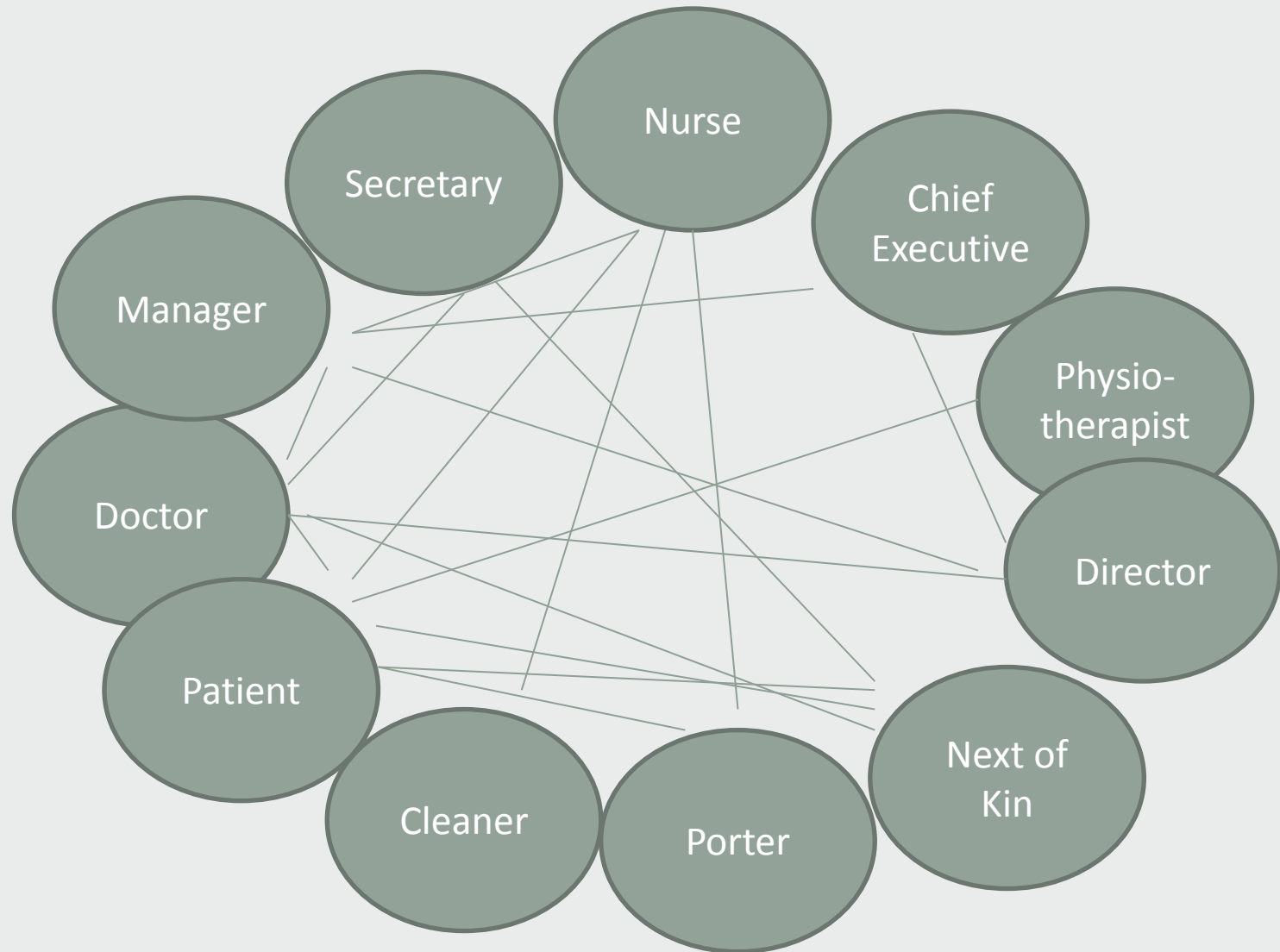
Financial capital isn't enough

Where do 'relationships' sit in amongst all this?

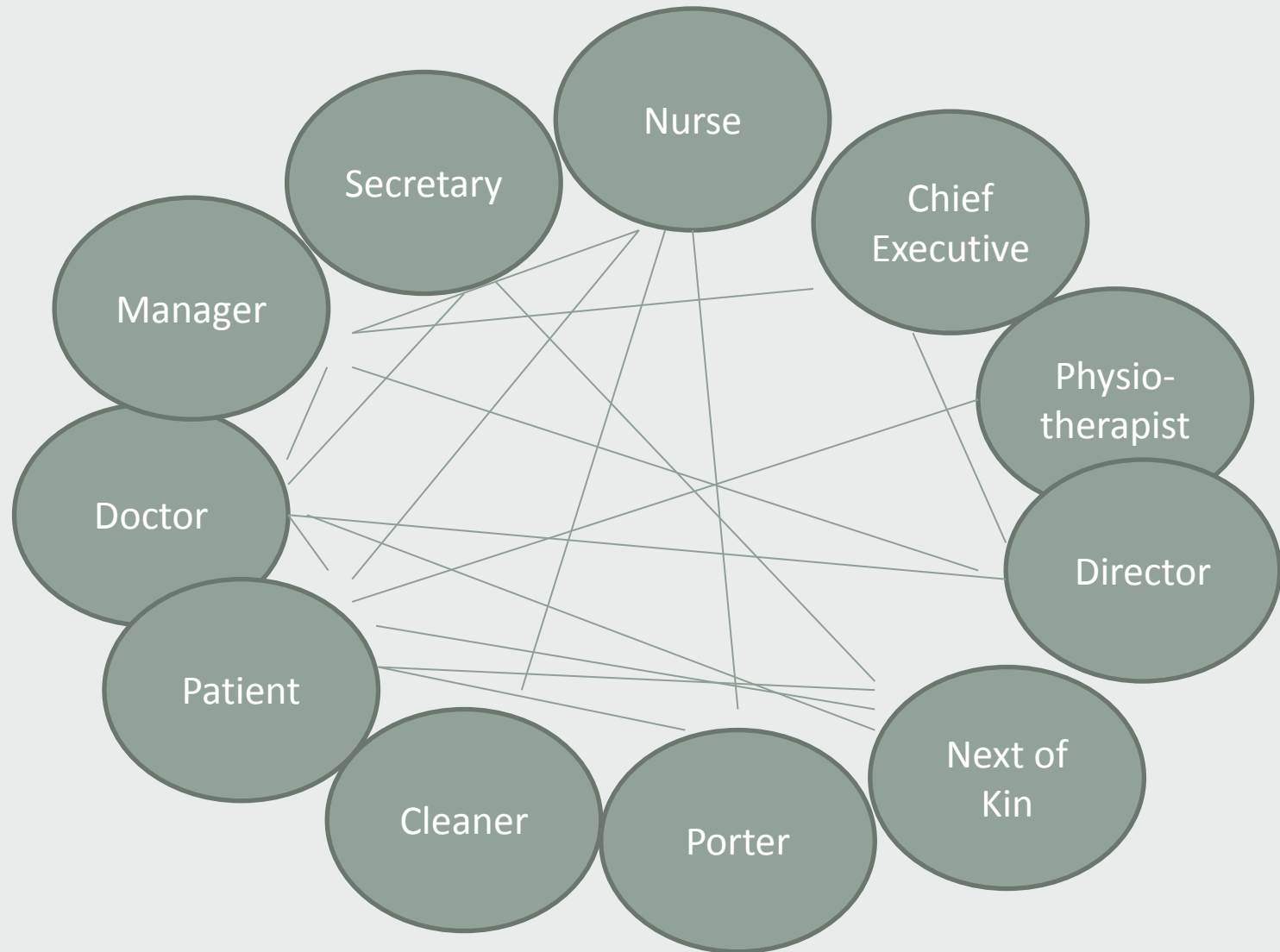
Health & Social Care = people business



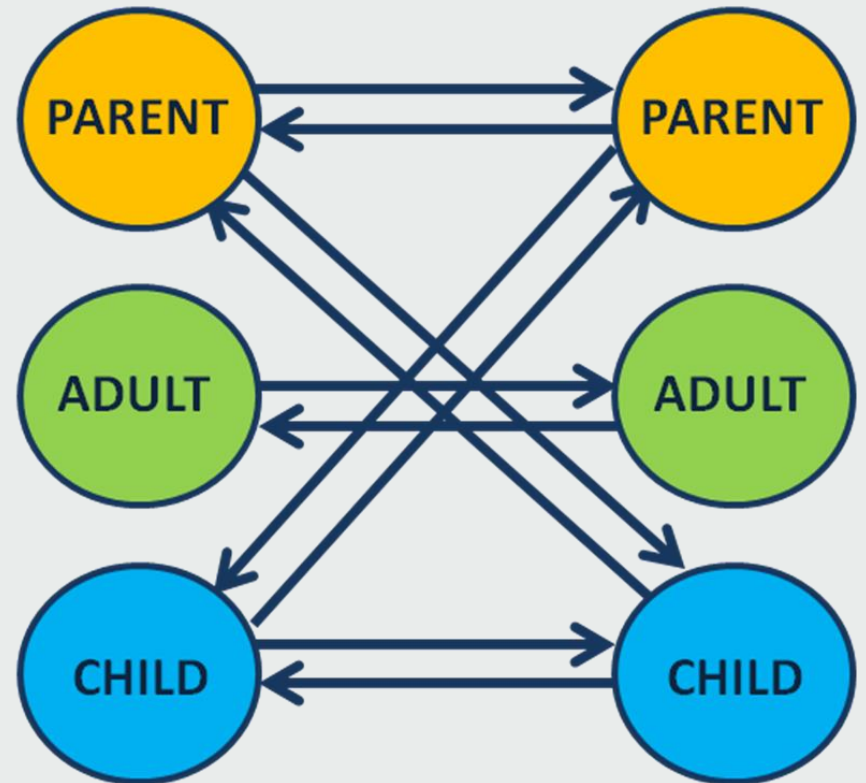
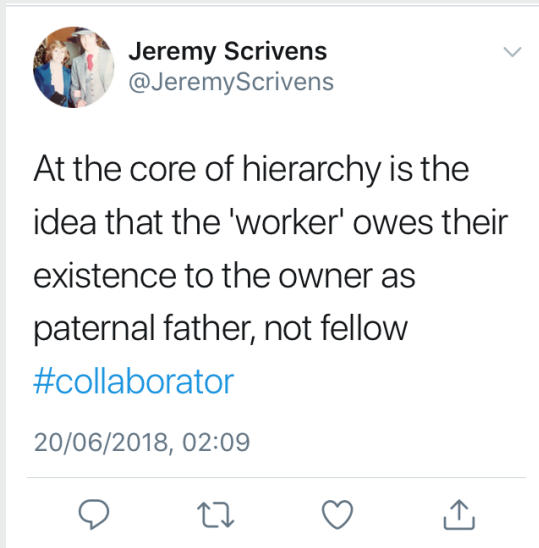
Relationships oil the machine



Relationships humanise the machine



Accept hierarchy but acknowledge its limitations



So, just be nicer and enjoy work more?

What about safety – decision making?

System 1 Thinking



Fast, Automatic

System 2 Thinking



Analytical, Slower

Case study

- Severely ill 20 year old
- Very wheezy
- Being treated for Asthma proactively in Emergency Department
- Single team member identified no asthma history
- Suggestion in notes of cardiac problem
- Condition mimics asthma
- Treatment was worsening condition

Case Study

- Proposal to switch therapy
- Agreed by team
- Improvements and stabilisation followed
- Only Knowledge at play here?



A team is not a group of people that work together. A team is a group of people that trust each other.

Simon Sinek

If you invest equally in relationships as in knowledge

Do you start to:

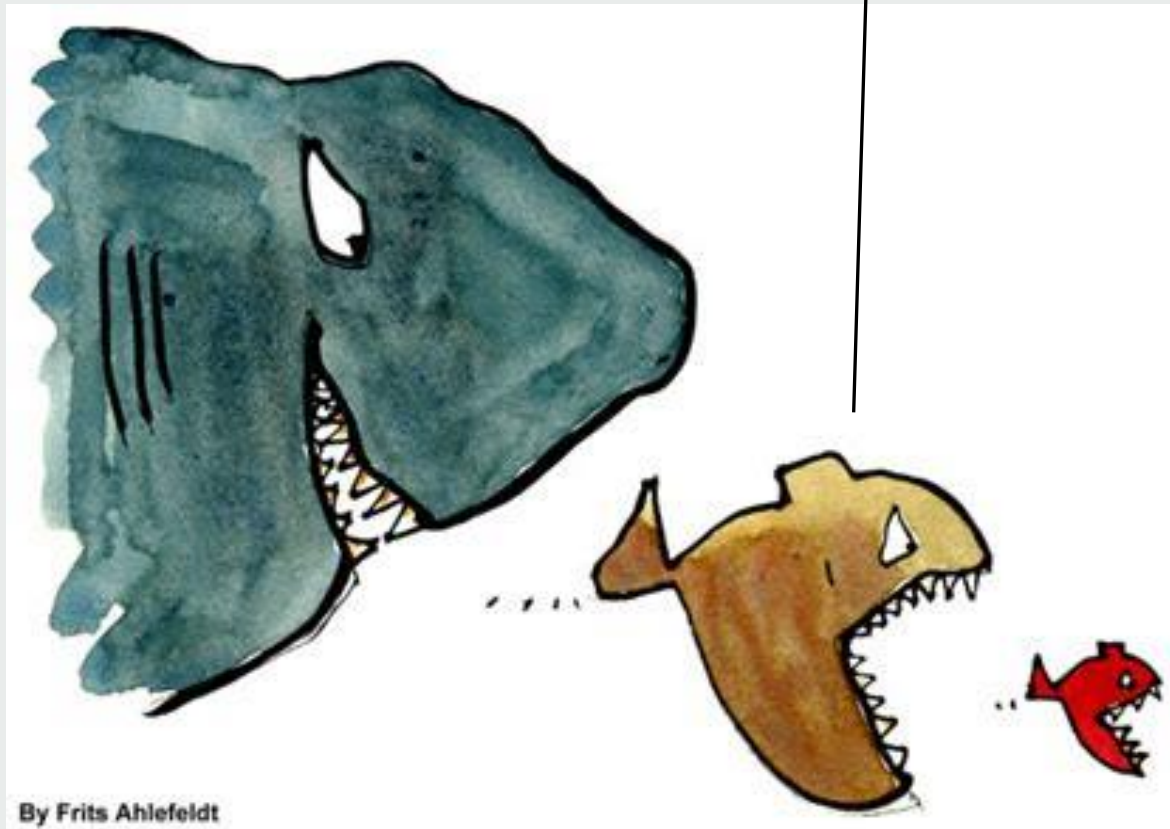
- Be more patient
- Empathetic
- Re-invest in connection and trust than intellectual function
- Build a network for you and others
- More receptive to constructive challenge



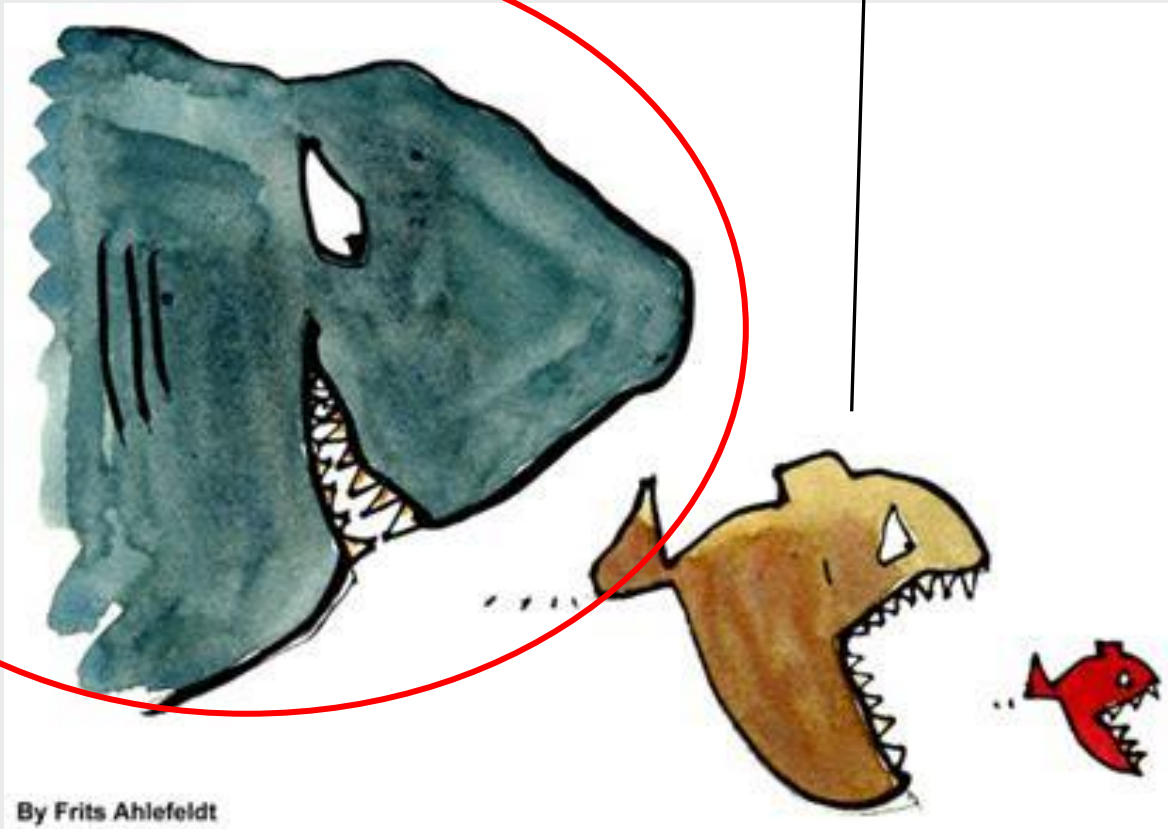
‘A group of professionals,
who trust each other, who
operate in a meritocracy’

Leonard Nimoy 1931-2015

Rethinking culture



Rethinking culture



Systems

Strategy

Do our systems support relationship building?

- Silo'd organisationally
- Disconnected physically – shared spaces
- Who eats together?
- Bias to action erodes opportunities for reflection
- Insufficient opportunities for team building – despite rather than because?

Social Capital

- Social networks are central
- Transactions are marked by reciprocity, trust, and cooperation
- Market agents produce goods and services not mainly for themselves, but for a common good

Maximising social capital

- Getting 'big' relationships right
- Getting 'small' relationships right
- Building trust
- A spirit of generosity
- Agreeing on common ground / broader aims

Learning from Serious Adverse Incidents

The little things
are the big things.

The power of
'thank you'



Summary

Sufficient knowledge and sufficient financial capital are not going to meet the challenges we all face in health and social care.

Social capital – actively nurtured, valued and sought - is key to building and sustaining relationships that will improve care and the staff experience.

Thanks for participating

Email

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Twitter

@*markvignesha*

Helpful links

Framework for Improving quality

www.qualityimprovement.ie



**Improvement Knowledge
and Skills Guide**



<http://www.hse.ie/eng/about/Who/QID/aboutQID/>

Follow us on Twitter @QITalktime

Watch recorded webinars on HSEQID QITalktime page

**Please give us some feedback on survey monkey link
in chat box**

Last webinar b4 summer break:

**Tuesday 3rd July: Professor Lloyd Provost
(Measurement for improvement)**

Thank you from all the team @QITalktime
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