QI TALK TIME
Building an Irish Network of Quality Improvers

Collective Leadership to enhance team performance and safety culture

Tuesday 8th January 1pm – 2pm

Connect   **Improve**   **Innovate**

Speakers

Eilish Mc Auliffe

Is Professor of Health Systems at UCD working with a team whose research activity is focused on systems and implementation science, using participatory and co-design principles. Prof McAuliffe was awarded a Health Research Board Research Leader's award in 2015 and is the Principal Investigator on the Collective Leadership and Safety Cultures (Co-Lead). This 5-year programme is developing and evaluating a collective leadership intervention on team performance and patient safety.

Dr Aoife De Brún

is a Research Fellow in the Health Systems Group in the School of Nursing, Midwifery and Health Systems in University College Dublin. She is a registered Chartered Psychologist with the British Psychological Society. Since joining the UCD Health Systems in January 2016, she has been working on the HRB-funded Collective Leadership and Safety Cultures (Co-Lead) research programme.

Instructions

- Interactive

- Sound:

Computer or dial in:

Telephone no: 01-5260058
Event number: 845 044 354 #

- Chat box function
  - Comments/Ideas
  - Questions

- Keep the questions coming

- **Twitter: @QITalktime**
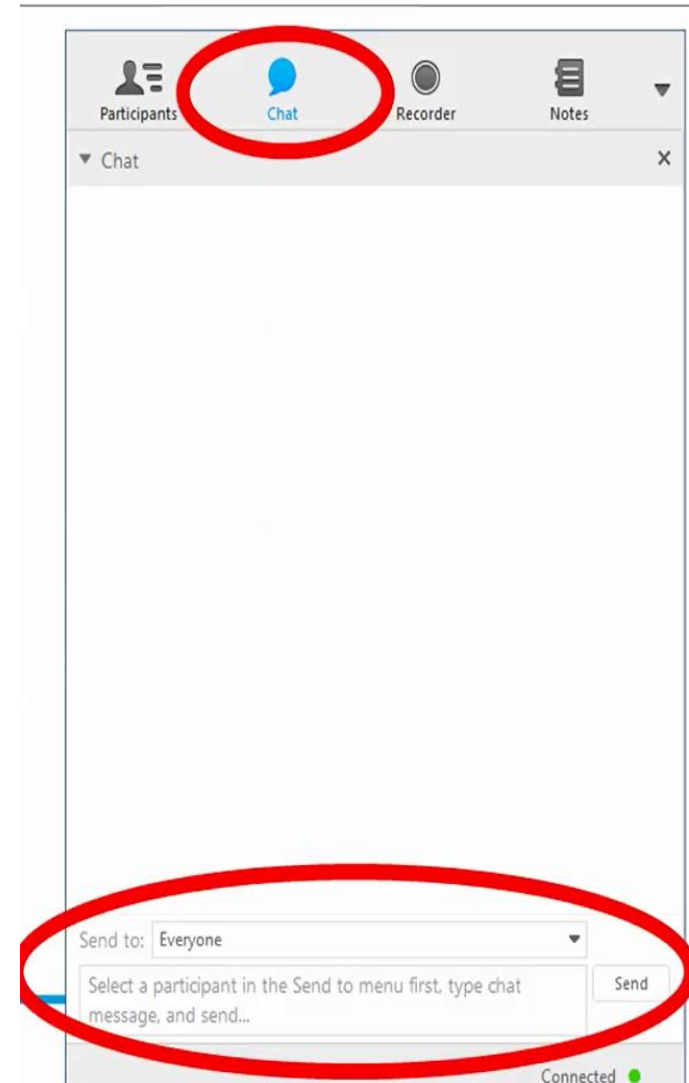
Collective Leadership and Safety Cultures (Co-Lead)
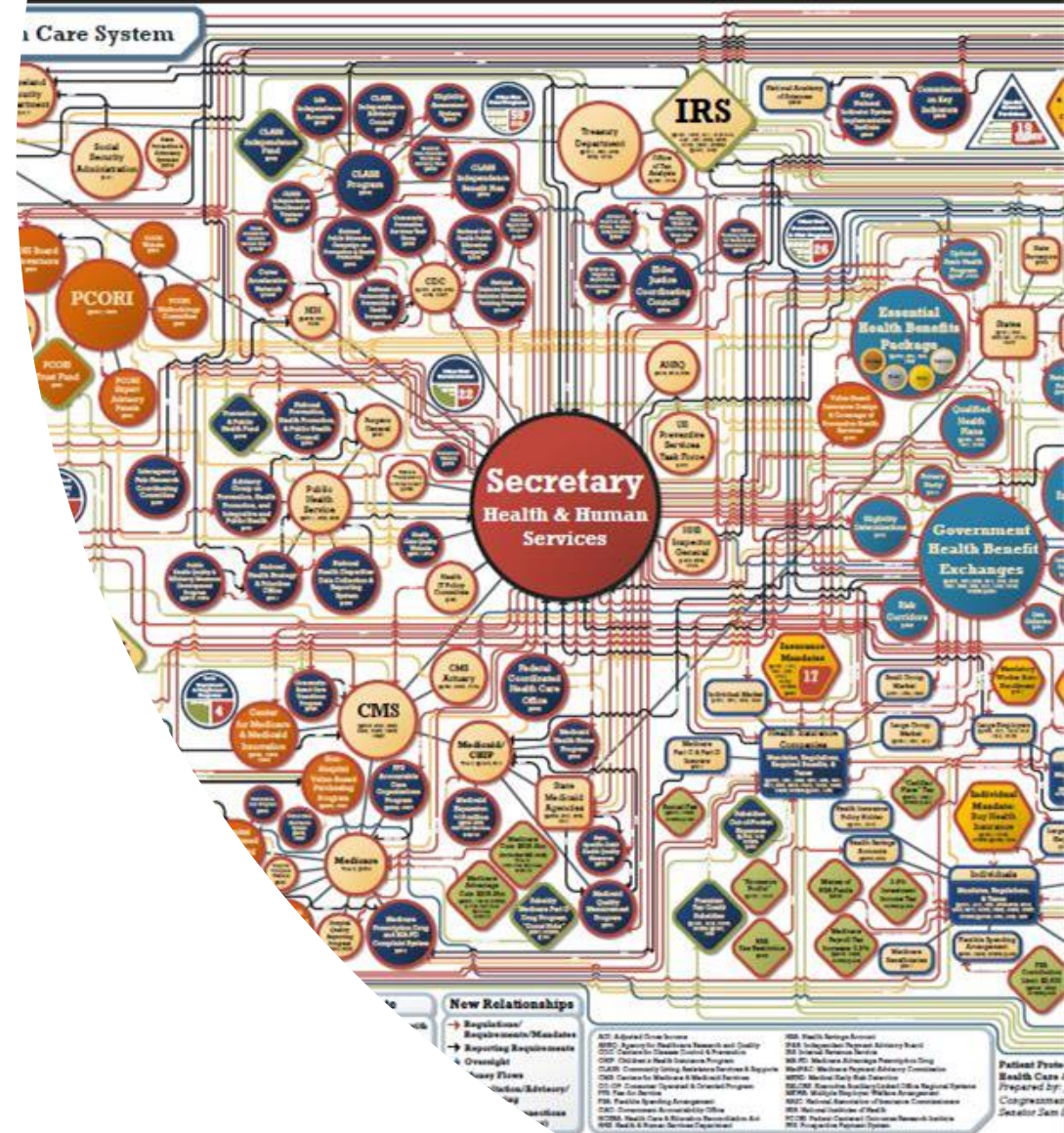**UCD School of Nursing, Midwifery and Health Systems**

COLLECTIVE LEADERSHIP AND SAFETY CULTURES (CO-LEAD)

QI Talktime Webinar

Tuesday 8th January 2019

Co-Lead

The Complexity of Health Systems

Healthcare is a classic pluralistic domain, involving divergent objectives and multiple actors) linked together in fluid and ambiguous power relationships. (Denis, 2001; Van de Ven, 1998; Scott, 1982).Expertise can be highly distributed

- formal leadership and team membership changes often

- leadership styles differ among formal leaders

- communication across specialties often informal, unstandardized, and fragmented.

- Care evolves over days, weeks or months.

- Core team of clinicians providing bedside care. Greater number of consulting clinicians who join the care team for brief episodes centred around specific tasks or for specific purposes

Is leadership failing?

- *There was a lack of leadership and of teamwork (P1)*

- *Poor teamwork demonstrates a lack of effective clinical leadership (p4)*

- *There was power but no leadership (p5)*

- *Others showed a lack of leadership and insight. (p10)*

The Report of the Public Inquiry into children's heart surgery at the Bristol Royal Infirmary 1984-1995

Learning from Bristol

The Bristol Royal Infirmary Inquiry

THE MID STAFFORDSHIRE NHS FOUNDATION TRUST
PUBLIC INQUIRY

Chaired by Robert Francis QC

Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry

Volume 1:
Analysis of evidence and lessons learned (part 1)

3 Volumes not to be sold separately

HC 898-I

- *failed to tackle an insidious negative culture .. tolerance of poor standards ..**disengagement from managerial and leadership responsibilities** (Sir Robert Francis, 2013)*

- *suggestive that there are places where unhealthy cultures**, poor leadership**, and an acceptance of poor standards are too prevalent. (p31)*

- *it revealed a state of affairs **that required remedying by strong leadership** (p69)*

- *Although some of this non-compliance might arguably be overlooked as the standards were to some extent developmental, ...lack of.. clear policies should have been seen as **signs of serious deficiencies in leadership,** management and governance (p76)*

- *findings of this report would or should have **called into question the competence of senior management and leadership** at the Trust (p89)*

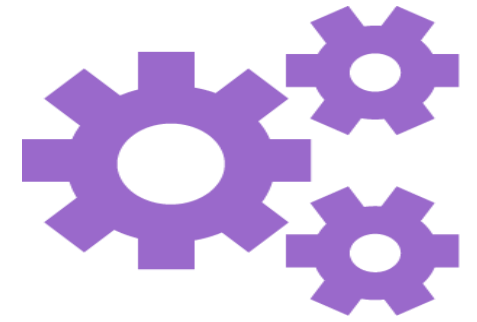Scoping Inquiry into the CervicalCheck Screening Programme

Dr Gabriel Scally
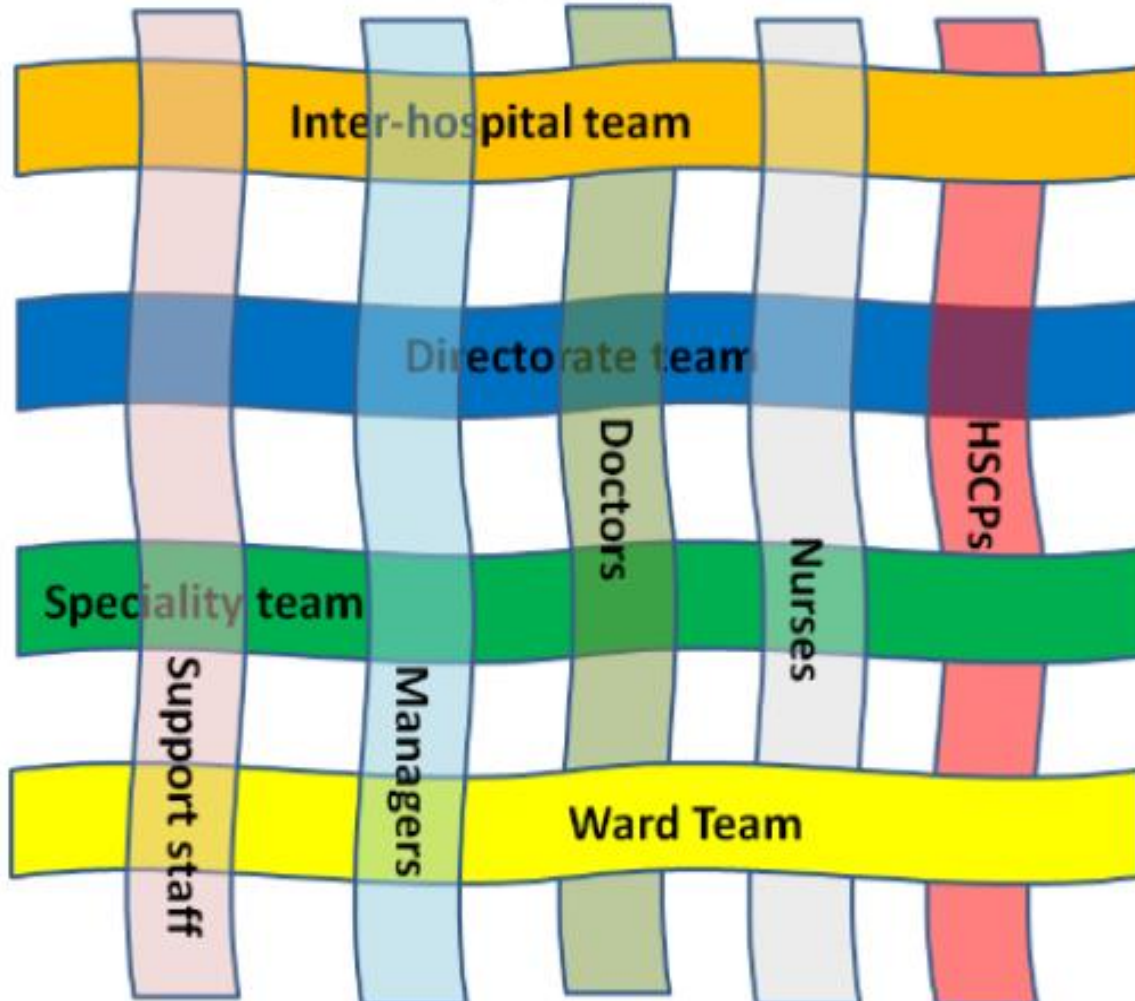
Final Report
September 2018

- *there appears to have been a lack of clear governance and adequate reporting lines between CervicalCheck, the NSS, and the HSE management structures (p38)*

- *There is no evidence in the notes of clear leadership and expertise in the clinical interpretation and relevance of data in the screening context (p127)*

Are we expecting too much…

- The desire to identify a universal set of traits, styles or behaviours of "great men" and "great women" still defines much scholarship. (Ospina & Hittleman, 2011)

- Focus has been on the characteristics of leadership rather than the "work of leadership"

- Recognising the social and historical contexts in which the work of leadership takes place matters not only to how leadership is carried our but to *how it is constituted and understood.* (Ospina & Hittleman 2011)

The reality of leadership..

- No one individual can know and be accountable for all actions and behaviours at all times in every part of the organisation

- No one individual can assure a patient receives the highest standard of care, nor can he or she protect the patient from all potential harms stemming from increasingly complex and powerful therapies (Rosen et al, 2018).

We cannot reach the change we seek one leader at a time

The Complexity of Teams

Inter-hospital team

Directorate team

Speciality team

Ward Team

Support staff

Managers

Doctors

Nurses

HSCPs

What is a team?

- (a) two or more individuals who
- (b) socially interact (face-to-face or increasingly, virtually);
- (c) possess one or more common goals;
- (d) are brought together to perform organizationally relevant tasks;
- (e) exhibit interdependence with respect to workflow, goals, and outcomes;
- (f) have different roles and responsibilities; and
- (g) **are together embedded in an encompassing organizational system, with boundaries and linkages to the broader system context and task environment**.

Kozlowski, S. W. J., & Ilgen, D. R. 2006. Enhancing the effectiveness of work groups and teams. Psychological Science, 7: 77-124

Co-Lead

The evolving healthcare landscape

- Shift to team-based healthcare delivery – but healthcare education and leadership development have (largely) <u>not</u> adapted to this shift

- In 1970, the number of doctors a patient at a hospital was seen by, on average, was 2. By the end of the 20th century, it was 15 (Gawande, 2012).

- Gawande: "We have trained; hired; and rewarded people to be cowboys, but it's pit crews that we need, pit crews for patients."

The Silos really aren't for mixing...

NURSING   MEDICINE   ALLIED HEALTH PROFESSIONS

@eoinkr

HEALTHCARE EDUCATION

Co-Lead

Changing MIndsets

Traditional Leadership Mindset
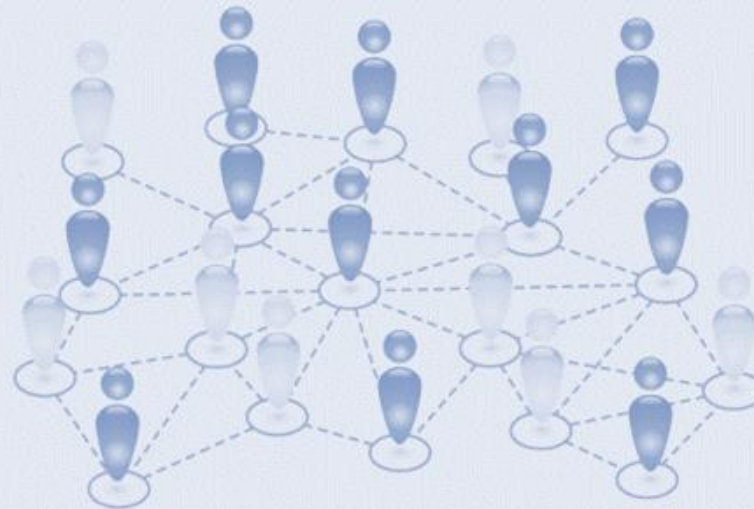
NEW Collective Leadership Mindset

What is collective leadership?

"A dynamic leadership process in which a defined leader, or set of leaders, selectively utilise skills and expertise within a network, effectively distributing elements of the leadership role as the situation or problem at hand requires" (Friedrich et al., 2011:1)

Requires "flexibility from leaders engaging alternatively in moments of 'give and take' and occasionally stepping back from decision-making and allowing the team to find solutions." (Klinga et al., 2016)

Co-Lead

Individual Vs. Collective Leadership

Individual Leadership
Leader of Followers
Setting Vision & Directing
Control and Planning
Exercising Power
Leadership Hierarchy
Centralized Decision Making
Personal Claim or Blame
Individual Responsibility
Individual Intelligence

Collective Leadership
Self as Leader
Aligning Purpose & Actions
Adaptive Action Learning
Transparent Power Sharing
Relational Shared Leadership
Collective Input & Process
Group Reflection/Learning
Group Accountability
Group Creativity & Wisdom

Source: Leadership Learning community

Leadership Invested in the Individual	Leadership as the capacity of the team or collective
Individual visionary	**Knowledge and expertise of collective creating shared vision**
Leadership distinguished from followership	**Leadership in all team members** **Leadership and followership interchangeable**
Leader makes decisions based on knowing the answers	**Using collective knowledge and input of the team, leader makes the ultimate decision**
Focus is on individual impact/competition	**Focus on collective impact/collaboration**
Individual leader oversees operational requirements to achieve goals	**Collective oversees operational requirements to achieve goals**
Leader alone is accountable	**Collectively responsible and accountable, thus assisting the leader in ultimate accountability**

Why Collective Leadership?

Breaking down silos
Sharing expertise
Target power structures that obstruct change

Greater identification with team/organisation goals
Greater staff commitment & engagement
Ownership and acceptance of change and innovation

Collective responsibility and mutual accountability
More integrated, co-ordinated care with better outcomes
Safer and more responsive healthcare

What is collective leadership?

Collective leadership is not the role of the formal leader, but the **interaction of team members to lead the team by sharing in leadership responsibilities**

Image via leadershiplearning.org

Recent research consistently indicates that, across sectors, shared leadership in teams predicts team effectiveness

(D'Innocenzo et al., 2014; Wang et al., 2014, West et al., 2014).

Co-Lead

Evidence for Collective Leadership

- Collective leadership predicts team effectiveness (D'Innocenzo et al., 2014) and is a better predictor of team performance than vertical leadership (Ensley et al., 2006)

- Leadership with a strong emphasis on hierarchy can inhibit a positive safety climate due to fear of blame and repercussions for reporting safety issues (Hartmann et al., 2009)

- Best performing hospitals in UK characterised by high staff engagement in decision-making & widely distributed leadership (McKee et al., 2010)

- Leadership is described as **'the most influential factor'** in shaping organisational culture... with good evidence of links between leadership, culture, climate and outcomes in healthcare (West et al., 2015)

Co-Lead

Collective leadership in healthcare – systematic review

Review question

What interventions are the most effective for the development of collective leadership in healthcare teams, what outcomes have been measured, and what evaluation approaches have been adopted?

Methods

- 5 major databases and grey lit searches

- 21 studies included following review of 4,448 papers

- Studies included service improvement, co-design, team training and team development interventions

De Brún, O'Donovan & McAuliffe (2019). BMC Health Services Research, in press

Co-Lead

Systematic review: Key findings

- All studies demonstrated at least moderate success in developing CL in practice, with positive outcomes reported for staff, patients, teams and organisations

Collective leadership was associated with:

- Improved communication and role clarity

- Enhanced mutual respect, trust and support

- Greater willingness to adopt leadership roles and 'give and take' by leaders, who became more willing to share leadership responsibilities

- Increased staff engagement, staff satisfaction and empowerment

- Reduced stress; reduced turnover

De Brún, O'Donovan & McAuliffe (2019). BMC Health Services Research, in press

Co-Lead

Characteristics of effective teams

- Research conducted with individuals across 4 different teams in Ireland (n=25); identified by expert opinion as working collectively

- Culture of collective leadership: leadership described as "democratic" & "inclusive"; team leaders described as "approachable" & "accessible"

- Strong, supportive interpersonal relationships; team-based approach to care delivery: Colleagues "rally around" others; process of "give and take" where team members were "venturing into each other's spheres" to help one another.

Co-Lead

- Inclusive communication and collaborative decision-making

    "I mean, no matter what grade you are at, everyone kind of has a say and everyone has an opportunity to get their opinion across, rather than it being very hierarchical."

- Culture of psychological safety: *"this is a no blame team. It is being able to actively reflect on something rather than 'Why didn't you?' or 'You should have' – dialogue is quite different"*

- Effective conflict management

    - Mitigated by placing the patient at the core of all decision-making and by having knowledge of each others' role and expertise.

Co-Lead Research Programme

Aim: To positively impact patient care, quality, and safety cultures through the development of a new model of collective leadership that is associated with effective team performance in healthcare.

| Collective Leadership | Employee engagement Team performance | Quality & Safety Culture |

Can we improve patient safety culture by introducing collective leadership to healthcare teams?

Lack of knowledge of **HOW** to do this – **first need to develop intervention**

Co-Lead
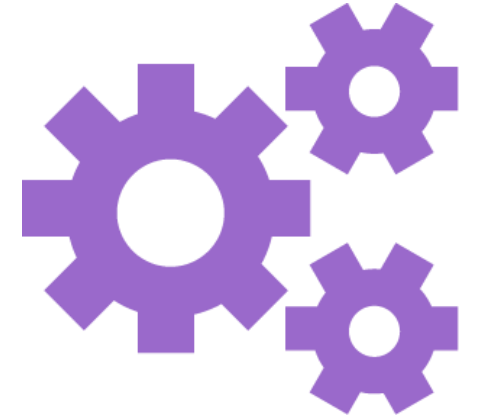
Co-design of the collective leadership intervention

- Co-production / participatory design, developing a **collective solution**

- Defining feature of co-design is its **emergent nature**; detailed pre-specification of interventions and outcome measures is impossible

- Based on principle that those with **lived experience of working within systems** are best placed to help: design, refine and improve them

Co-Lead

Co-design Team

Physiotherapist

Health Systems Researcher

Researcher & Hospital Manager

Medical Registrar

Patient

Health Systems Researcher

Consultant & Risk & Change Specialist

Health Systems Researchers

Consultant with National Quality & Safety remit

Physiotherapist

Occupational Therapist

Care Co-ordinator

Business Manager

Assistant Director of Nursing

Health Systems & Human Factors Researcher

Co-Design Process

Identify challenges to working collectively as a team

Develop an understanding of the supports teams need

Explore the utilisation of data to improve team performance

Methods within Co-design process:
Word association, Stickies, Paired conversations, group discussions

Co-Lead
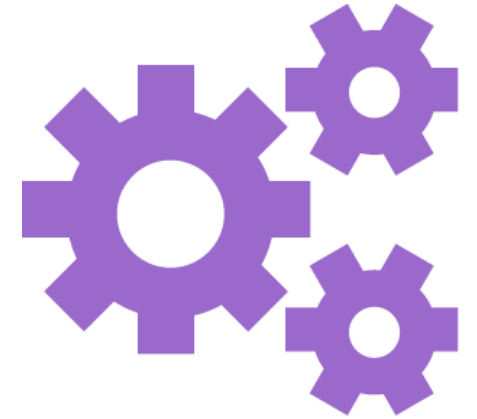
Inputs for Co-Design

Case studies of interventions from international healthcare	Evidence/ knowledge from literature	Experience of leading and working within teams	Case studies of effective teams

Co-design of collective leadership intervention

Co-Lead

Through Co-design, we...

- Developed better understanding of the nature of healthcare teams

- Considered the shift required to practice collective leadership in teams

- Developed sense context and of barriers and enablers

- Identified target areas for intervention

- Designed inputs, prioritised and organised content

- Selected appropriate outcome measures

- Designed and adapted Co-Lead intervention on the basis of this knowledge

Co-Lead

Patient rep Alan's experience of the Co-Design process

Patient Rep Alan English: UCD Co-Lead Co-design workshop

https://www.youtube.com/watch?v=ewCdm6_wlCs

Co-Lead

What we learned about healthcare teams

- Some more stable membership than others, some know each other, some do not

- Initial uni-disciplinary definition of team

- Patient perspective on team membership very different

- Individuals not sure of own role within the team; unaware of the skills/expertise of others

- Lack of clarity of team role and purpose and how it fits within goals of the organisation

- Not aware of whether they are performing well – lack of transparency of how performance is measured

Co-Lead

Interventions to Promote CL for Effective Team Performance (Core/Foundation components)

Team Values, Vision and Mission setting

Team Goal setting

Role Clarity on the team

Co-Lead

Next steps

- Finalising Co-Lead intervention Toolkit components and open source hosting via website: **www.ucd.ie/collectiveleadership**

- Post-intervention data collection and evaluation on-going in teams that have completed testing of Co-Lead

- Cross case comparison to explore unique effects of specific contexts and what is common across implementation settings

- Late 2019 – Further large-scale testing of Co-Lead in two major hospitals

by @coleadproject

Lead Project
@coleadproject

relevant to healthcare
...e of speaking up

CONTACT

What are the aims/expected out comes of this intervention?

What is involved?

1-2 team members can facilitate discussions and ensure everyone has the opportunity to contribute. One facilitator can act as whiteboard/flip chart scribe to collect ideas and identify common themes from discussions.

The session is structured as follows with more detailed information for facilitators and facilitators notes available in these documents: 'Session Outline' and 'Team Vision' (PDF).

1. Welcome to all and ice-breaker activity (10 minutes)
2. Discussion of values and what are the values we want our team to embody (5 minutes)
3. Discuss and develop a team vision statement (20 minutes)
4. Discuss and develop a team mission statement (20 minutes)
5. Close of session, short feedback if possible give topic and date of next session (5 minutes)

What is the evidence for this intervention?

ets by @coleadproject

Co-Lead Project
@coleadproject

lly relevant to healthcare
mportance of speaking up
ing diverse perspectives and
e on the team
logicalsafety #teamwork

19h

Co-Lead Project Retweeted

IHI
@TheIHI

To improve #patientsafety, improve workforce safety, says former

Funders and Partners

Co-Lead Team

Prof Eilish McAuliffe
Principal Investigator

Dr Aoife De Brún
Research Fellow

Marie O'Shea
Strategy Development Officer

Sabrina Anjara
Post-Doc Research Fellow

Kirsten Siig Pallesen
Research Assistant

Lisa Rogers
PhD Student

Mr. Tony O'Brien
PhD Student

Una Cunningham
PhD Student

Zuneera Khurshid
PhD Student

Sylvester Rohan
PhD Student

Sharon Gorman
PhD Student

Collective Leadership and Safety Cultures (Co-Lead)
UCD School of Nursing, Midwifery and Health Systems

Thank you

🐦 **@coleadproject**

colead@ucd.ie

www.ucd.ie/collectiveleadership

Prof Eilish McAuliffe: eilish.mcauliffe@ucd.ie

Dr Aoife De Brun: aoife.debrun@ucd.ie

Co-Lead

Follow us on Twitter 🐦 @QITalktime

Missed a webinar – Don't worry you can watch recorded webinars on HSEQID QITalktime page

<div style="border: 2px solid orange; background-color: #FCE4D6;">

Next Webinar:22nd January 2019

Topic – Building a network of improvers in your organisation – top to bottom

Speaker: Anne Kilgallen
Chief Executive Western HSC Trust N. Ireland

</div>

Thank you from all the team @QITalktime
Roisin.breen@hse.ie
Noemi.palacios@hse.ie

QI TALK TIME
Building an Irish Network of Quality Improvers