



Leading for improvement:

Sharing ideas and learning from approaches in engaging and leading teams to communicate and use data for improvement in patient outcomes.

HQIP Clinical Leadership Seminar, London 29th September 2017

Key speakers :

- Professor Sir Bruce Keogh (Medical Director NHS England)
- Dr Gillian Leng (Deputy Chief Executive NICE)
- Professor Danny Keenan (Medical Director HQIP - also chaired the day)
- Dr Sarah Hare and Professor Mike Grocott (NELA -National Emergency Laparotomy Audit)
- Professor Mick Peake and Dr Ian Woolhouse (NLCA - National Lung Cancer Audit)
- Professor Pippa Tyrrell (SSNAP - Sentinel Stroke National Audit Programme)

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Executive summary

In managing the National Clinical Audit and Patient Outcomes Programme (NCAPOP), the National Clinical Audit Benchmarking (NCAB) project and the Clinical Outcomes Publication (COP) programme, the Healthcare Quality Improvement Partnership (HQIP) links with many national clinical leaders. HQIP hosted a clinical leadership event on Friday Sept 29th for NCAPOP clinical leaders. The speakers shared their challenges and successes around leading national improvement initiatives.

Some of the key messages that were reiterated across the speakers were:

1. A good leader leads with compassion and fairness
2. The behaviour exhibited by a leader follows principles of self discipline and perseverance, integrity, respect and responsibility (for the good and not so good)
3. Teams need clarity of vision and a leader to keep on reiterating it
4. Change is difficult - and not all change is an improvement.
5. You need personal resilience as a leader.
6. It is a lonely place and you need a good number two
7. The best leaders are those who have important front line experience
8. It is not just about engaging but actually involving people to be part of your team or to come on your improvement journey. This includes patients and staff that may not have frontline clinical roles but are equally pivotal to the success of your work.
9. National audit providers do not have the full responsibility to bring about local improvement but can influence local clinical teams using clinician to clinician interactions.

Presentation slides from the day can be accessed on the HQIP website using the links below:

- [Using data to drive improvement in stroke care](#)
- [Leading for improvement](#)
- [Leadership – a NICE perspective](#)
- [Leading the National Lung Cancer Audit for Improvement](#)
- [The National Emergency Laparotomy Audit](#)

Delegate feedback post seminar

The following themes were discussed on the day and submitted via feedback after the seminar:

- Clinical leads and teams to consider issues around speed and frequency of reporting versus completeness
- Managing succession in long term projects such as national clinical audits is key
- Sharing inspiring local stories of quality improvement is influential to others that follow
- What is it about local teams that drive and sustain these improvements; can this be spread?
- Focus more on sustainability
- Focus more on patient outcomes

HQIP actions post seminar

The following were identified:

- Improve lines of communication and learning across NCAPOP
- Signpost to resources on quality improvement including more training/events/networking
- Focus on sustainability in light of current finances

Introduction

HQIP holds the contract to commission, manage and develop the NCAPOP on behalf of NHS England. The programme comprises more than 30 clinical audits (and 11 other national improvement projects) that cover care provided to people with a wide range of medical, surgical and mental health conditions. The audits measure healthcare practice on specific conditions against accepted standards, providing patients, the public and clinicians with a clear picture of the standards of healthcare being achieved. They give healthcare providers benchmarked reports on their performance, with the aim of sharing best practice in support of improvement in the care provided.

Effective clinical leadership is key to ensuring these national clinical audits are able to drive quality improvement and work successfully in partnership with their respective specialist societies. Audit clinical leads also need to have a good understanding of the challenges for local clinical leadership in ensuring effective engagement with national clinical audit.

Following from 2016's clinical leadership seminar and the feedback we have received, HQIP organised a 2017 seminar aimed at supporting sharing ideas and approaches when leading for improvement.

Aims of the seminar

The aim of the seminar was to share and learn about ideas and approaches in engaging and leading teams to communicate and use data for improvement in patient outcomes. The seminar had the following objectives:

- 1. Understanding the ideas, experiences and approaches taken by clinical leads to improve patient outcomes**
- 2. Understanding how clinical leadership can influence motivation and drive to get the clinical community and delivery teams to invest in measures that focus on improvement**
- 3. Through sharing and learning take away actions to try out across the next year in attendees teams**

The speakers were asked to share some of their experience to answer the following questions:

- Based on your experience to date, what one key piece of advice would you give to other leads/peers who are about to embark on a similar leadership journey?
- What behaviours do you think are important for clinical leaders to demonstrate?
- How do you overcome challenges within your team and within your organisation?
- What has helped you the most to develop as a clinical leader?
- How do you motivate teams and individuals to work effectively?

Seminar format

The key presentations of the seminar are outlined (see Appendix 1 for the seminar agenda and appendix 3 for the delegate list) and in the following pages we provide detail on the key messages for each of these sessions.

Presentations and Q&A:

- Professor Sir Bruce Keogh, medical director, NHS England
- Professor Gillian Leng, deputy chief executive, NICE

- Professor Danny Keenan, medical director, HQIP

Reflections from teams:

- NELA - National Emergency Laparotomy Audit
- NLCA - National Lung Cancer Audit
- SSNAP - Sentinel Stroke National Audit Programme

Summaries of guest speaker presentations from session 1: leadership perspectives

Professor Sir Bruce Keogh – “Lead with compassion and fairness, following principles of discipline, integrity, respect and responsibility.”

Professor Sir Bruce Keogh is a surgeon and physician who specialises in cardiac surgery. He has been Medical Director of the National Health Service in England since 2007 and National Medical Director of the NHS Commissioning Board (NHS England) since 2013.

Prof Sir Bruce Keogh discussed his career where compassion and fairness were the values that have guided him in his leadership journey. He described the following leadership principles that he believes are pivotal to leadership across the NHS:

1. Discipline *‘self-discipline and perseverance, keeping up to date with the evidence base, never ever speak ill of your colleagues’*
2. Integrity *‘it’s not about where you sit on an academic paper ie authorship, climbing up the ladder should not be a priority for leaders’*
3. Respect *‘recognising that everybody has something to bring into the party, key ingredient to effective teamwork with arrogance being a common enemy. However when the going gets tough then arrogance comes into play. This makes us lesser people - stops you achieving your potential from teams’*
4. Responsibility *‘you should never hide from your mistakes and errors. Take responsibility for other people’s mistakes.’*

Sir Bruce also highlighted that clinical leadership takes on many forms and what is most important in being a great clinical leader, is that one is also a great clinician - you cannot run a good healthcare without good clinicians. He also mentioned that as a clinical leader he would not have struggled to lead without a good manager. The talk was summarised by Sir Bruce stating that leaders influence a group of people to common goals, whilst managers provide simplicity to complex systems.

Professor Gillian Leng – “Leadership means vision, passion, determination, hard work and support for those around me. Having a good ‘number two’ to support you on your journey is very important.”

Gillian is the Deputy Chief Executive at NICE, the Director of Health and Social Care, and a visiting professor at King's College London. Gillian trained in medicine at Leeds, and then spent several years researching the epidemiology of peripheral vascular disease at Edinburgh University.

Professor Leng presented some overarching recommendations from her leadership experiences which were to provide consistent leadership from the top, ensuring the organisation actively supports a positive approach to employee health and wellbeing. She also mentioned that this should be part of the everyday running of the organisation, as well as being integrated in management performance reviews, organisational goals and objectives.

Professor Leng then discussed leadership for managers and in particular to display the positive leadership behaviours such as spending time with people at all levels in the organisation and talking with employees. She highlighted that managers should act as a role model for leadership and should proactively challenge behaviour/actions that may adversely affect employee health and wellbeing.

Professor Danny Keenan – “Honesty and transparency make you vulnerable. Be honest and transparent anyway.”

Consultant Cardiothoracic Surgeon at the Manchester Royal Infirmary and nationally he chairs the Clinical Reference Group, advising NHS England on setting standards for adult cardiac surgery. He chairs for NICE, the Clinical Commissioning Group Outcome Indicator Set Committee, which is translating the NICE Quality Standards into outcomes for the Commissioners to assess the quality of the services they are commissioning. He has been appointed as part-time medical director of the Healthcare Quality Improvement Partnership (HQIP) leading on the development of clinical audit and in particular, the use of audit to improve our services.

Professor Keenan highlighted that a good clinical leader must at all points involve clinicians and have the leadership approach that quality improvement must be done by clinicians and not to clinicians. Some tips he shared were to look for leaders/champions to be the early adopters, to articulate the vision again and again, and if a strategy is not working then to change it. He also suggested in order to make improvement easy clinical leaders can ensure that data can be presented in a way that most can understand such as using run charts showing trends over time as an example. Institutional financial rewards were also discussed and these were identified as levers that clinical leaders could also harness on their improvement journey with their teams and NHS Trusts.

Professor Keenan also shared some personal clinical leadership lessons learned and mentioned that being a clinical leader is at times very challenging as it can get very personal and be a very lonely place. He mentioned that if the tribe goes against you there may be nowhere to turn. He highlighted that your vision must be secure and it only works if you “walk the walk” as a leader. He summarised that clinical leaders need to remember that it’s all about patients, as well as reminding others of this point too.

Professor Keenan concluded by discussing how to drive improvement through the NCAPOP by asking the right questions which should be focused around quality improvement and focused on important audiences such as patients, clinicians, managers, regulators and commissioners. He also stated that getting the audit results out to these audiences in a timely fashion is very important including quality assurance that the data is valid and therefore can be trusted.

Summaries of guest speaker presentations from session 2: leadership perspectives from national clinical audit teams

NELA - Sarah Hare and Mike Grocott

Sarah Hare, NELA clinical lead, consultant anaesthetist and Patient Safety Lead for Anaesthesia, and Course Director of Medway’s bespoke leadership and quality improvement training for Junior Doctors course (MediLead) at Medway Maritime Hospital

Mike Grocott, Professor of Anaesthesia and Critical Care Medicine, Head, Integrative Physiology and Critical Illness Group, CES Lead, Critical Care Research Area, Southampton NIHR Respiratory BRC

Sarah and Mike discussed elements of what it takes to be a clinical lead with the following being specifically highlighted: collaboration, persistence, creativity, challenging current practice, being supportive of others as well as trying to enjoy your leadership tasks whilst at the same time being nice. They discussed that when building your team you need to get help from the CEO and MD of your NHS trust, as well as the executive board, programme and directorate boards, QI teams and clinical leads. Also as you will have a mix of 'influencers', 'mavericks', 'non-conformists', 'role-models', and the 'trusted' all will have their specific requirements in terms of how you engage and communicate with them. It's important to identify those who want to contribute to engage and encourage them to share the vision of great patient care that you wish to provide.

Sarah and Mike concluded their session through sharing the following 5 tips in sustaining quality improvement:

1. Establish the correct team
2. Make sure your change has a clear advantage to previous state of affairs
3. Make the benefits of your improvement highly visible to everyone
4. Enable staff to deliver the high quality care for patients that they want to provide
5. Always bring it back to the patient

NLCA - Mick Peake and Ian Woolhouse

Mick Peake is an Honorary Professor in Respiratory Medicine in the University of Leicester and Clinical Director of the Centre for Cancer Outcomes in University College London Hospitals Cancer Collaborative.

Ian Woolhouse consultant in respiratory and general internal medicine at the University Hospital of Birmingham, and clinical director of national clinical audit and accreditation programme, Royal College of Physicians

Mick and Ian shared some tips in setting up a national clinical audit from their own perspectives. First defining and focusing on a specific problem, then defining the data set from the key clinical issues relevant to that problem was very important. This also helped in *identifying what data are already available as well as getting multi-disciplinary clinical buy-in at the audit conception stage*. This occurred through the *establishment of an Inter-Collegiate Lung Cancer Group which supported us as clinical leads in taking every opportunity to speak at relevant local, regional and national meetings about our work*. Mick and Ian were very aware that people/staff/clinical teams are often resistant to change and engaging the early adopters was crucial to set the scene for clinicians and teams to not take change and the audit personally. Feeding audit data back as rapidly as possible in the early stages was vital, as it is now, as well as being open about data quality issues and getting clinical ownership of the audit data. They also described that clinical leaders should ensure that audit outputs clearly articulate the benefits to patients and NHS staff.

Mick and Ian had the following leadership tips to sustaining and driving improvement through the audit:

- Set a clear vision
- Set ambitious but achievable goals
- Provide supportive feedback
- Share good practice
- Challenge poor practice

Please see Appendix 2 for further reflections from Mick and Ian on leadership.

SSNAP - Pippa Tyrell

Professor of Stroke Medicine and an Honorary Consultant in Stroke Medicine at the Comprehensive Stroke Centre, Salford Royal Foundation Trust.

Pippa described using drivers for change when setting up, implementing and developing the national stroke audit. The drivers highlighted were research evidence, national clinical guidelines, drivers from government such as best practice tariff, clinical peer review, drivers from stakeholders such as the Stroke Association, and the audit data itself at local and national levels benchmarking expected and unexpected performance. She described that clinical leaders need to take ownership and understanding of your own data as well as that of others. She also described that you need to be prepared to lead by example, be prepared to listen and engage meaningfully with people who use the services you are auditing. This is important as you are constantly persuading teams to engage with data but at the same time providing teams with the data they need.

Pippa highlighted peer support, mentorship, engagement with service users and working with senior leads such as CEOs, leads from Trust Boards, CCGs, and stroke networks as important connection when you are a clinical leader. She described having a parallel career as a research leader also helped as well having a connection to your professional society, in her case working with RCP Stroke Programme.

Pippa mentioned that being part of the team and actually doing the work helped her to motivate teams and individuals to work effectively. She was able to and still is able to do this by listening and understanding where team members are coming from and also knowing that data can feel like a threat. She highlighted that engaging people with data that is meaningful to them is vital in agreeing a vision and sticking to it. She also highlighted that championing and bringing in the patient voice is crucial for sustained improvement focus. Her end of presentation reflection to the delegates was the need to think about the future and consider the following question - how do we continue the improvement journey to longer term better health and financial savings in the face of short term "savings" and staff shortages?

Appendix 1: Agenda

HQIP Clinical Leadership Seminar 2017: Leading for improvement

#hqip17 

St Martin's Hall, St Martin in the Fields, Trafalgar Square, WC2N 4JJ London

Wifi network: STMHALL

Wifi password: TSFha11!

29th September 2017

Agenda

09.30 – 10.00	Coffee & Registration
10.00 – 10.05	Introduction to session 1 Danny Keenan, medical director, HQIP
10:05 – 10:35	Leadership perspective Bruce Keogh, medical director, NHS England
10:35 – 10:55	Leadership perspective Gillian Leng, deputy chief executive and director of health and social care, NICE
10:55 – 11:15	Leadership perspective Danny Keenan, medical director, HQIP
11:15 – 11:35	Discussion Panel
11:35 – 11:45	Morning Coffee
Session 2 chaired by Danny Keenan	
11:45 – 12:05	NELA – National Emergency Laparotomy Audit Sarah Hare, consultant anaesthetist, NELA clinical lead, Medway Maritime Hospital Mike Grocott, professor of anaesthesia and critical care medicine, head, integrative physiology and critical illness group, CES lead, critical care research area, Southampton NIHR Respiratory BRC
12:05 – 12:25	NLCA – National Lung Cancer Audit Mick Peake, consultant and senior lecturer in respiratory medicine, University Hospitals of Leicester, Glenfield Hospital, Leicester Ian Woolhouse, clinical director of national clinical audit and accreditation programme, Royal College of Physicians, consultant in respiratory and general internal medicine, University Hospital of Birmingham
12:25– 12:45	SSNAP - Sentinel Stroke National Audit Programme Phillipa Tyrrell, professor of stroke medicine and an honorary consultant in stroke medicine, Comprehensive Stroke Centre, Salford Royal Foundation Trust
12:45 – 13:15	Discussion & feedback
13:15 – 13:20	Close
13:20 – 14.00	Lunch and networking

Appendix 2: Reflections from Mick and Ian about leadership

- 1. Based on your experience to date, what one key piece of advice would you give to other leads/peers who are about to embark on a similar leadership journey?**
 - Be very clear on the rationale and vision for the audit – make it ambitious but set realistic goals.
 - Clearly articulate how the audit is centred on improving outcomes for patients.

- 2. What behaviours do you think are important for clinical leaders to demonstrate?**
 - A strong drive, indeed passion, to improve healthcare outcomes for patients – and the ability to communicate this
 - Ability to listen to the views of others but then being able to make difficult decisions
 - Empathy with the challenges many front line healthcare workers face
 - Ability to see the bigger picture and engage key decision makers at high level
 - Taking a long term view, acknowledging that not everything will be achieved at once and that there will be set backs

- 3. How do you overcome challenges within your team and within your organisation?**
 - Open and honest discussion
 - Clear feedback – ensuring this is supportive as well as development
 - Referring back to the key vision and purpose – improving care for patients
 - Do not shy away from difficult discussions and decisions

- 4. What has helped you the most to develop as a clinical leader?**
 - Learning from other leaders both within and outside of healthcare
 - Establishing a team that is committed and supportive
 - Formal leadership coaching
 - Seeking feedback
 - Regular reflection

- 5. How do you motivate teams and individuals to work effectively?**
 - Set a clear vision that they can align to
 - Set ambitious but achievable goals
 - Provide regular feedback
 - Share good practice

Appendix 3: Delegate list

First Name	Last Name	Job title	Audit / CORP	Organisation
Marco	Adamo	clinical lead	Bariatric	Association of Upper Gastrointestinal Surgeons
Andrew	Askey	GP clinical lead	NDA	NHS Digital
Sebastian	Aspinall	lead clinician	Thyroid	North Umbria NHS Trust
Sarah-Jane	Bailey	clinical fellow		NHS Improvement
Paul	Beckett	clinical lead	NLCA	Royal College of Physicians
Stephen	Cooper	clinical lead	NCAP	Royal College of Psychiatrists
Mike	Crawford	clinical lead	Dementia, NCAAD & NCAP	Royal College of Psychiatrists
Emma	Doyle	head of data policy		NHS England
Richard	Driscoll	chair		Healthcare Quality Improvement Partnership
Colin	Dunkley	clinical lead	Epilepsy12	Royal College of Paediatrics and Child Health
Rodney	Franklin	clinical lead	CHD	Barts Health NHS Trust
Elizabeth	Frost	clinical lead	NCAP	Royal College of Psychiatrists
Mike	Grocott	clinical lead	NELA	Royal College of Anaesthetists
Patricia	Hagan	deputy chief executive		British Association of Urological Surgeons
Sarah	Hare	clinical lead	NELA	Royal College of Anaesthetists
Jane	Hawdon	senior clinical lead	NMPA	Royal College of Paediatrics and Child Health
Pauline	Heslop	programme manager	LeDeR	University of Bristol
Sasha	Hewitt	associate director		Healthcare Quality Improvement Partnership
Jane	Ingham	chief executive		Healthcare Quality Improvement Partnership
Kassim	Javaid	clinical lead	FFFAP	Royal College of Physicians
Antony	Johanson	geriatric medicine clinical lead	FFFAP	Royal College of Physicians
Carolyn	Johnston	quality improvement lead	NELA	Royal College Anaesthetists
Robert	Johnstone	chair		Service User Network, HQIP
Danny	Keenan	medical director		Healthcare Quality Improvement Partnership
Kevin	Kelleher	national professional advisor medical specialities		Care Quality Commission
Bruce	Keogh	medical director		NHS England
Gillian	Leng	deputy chief executive and director of health and social care		National Institute for Health and Care Excellence

Jose	Lourtie	clinical lead	NELA	Royal College of Anaesthetists
Marisa	Mason	chief executive	Child Health & Medical & Surgical	National Confidential Enquiry into Patient Outcome and Death
Eleanor	Mitchell-Heggs	programme support officer		Healthcare Quality Improvement Partnership
Sam	Oddie	clinical lead	NNAP	Royal College of Paediatrics and Child Health
Kieran	O'Flynn	president	Urology	British Association of Urological Surgeons
Dharmintra	Pasupathy	senior clinical lead for obstetrics	NMPA	Royal College of Paediatrics and Child Health
Shruti	Patel	clinical lead		NHS Improvement
Mick	Peake	consultant and lecturer in respiratory medicine		University Hospitals of Leicester
Gerry	Rayman	clinical Lead	NDA	NHS Digital
Mike	Roberts	clinical Lead	COPD	Royal College of Physicians
Shradha	Sharma	clinical fellow		Healthcare Quality Improvement Partnership
Yvonne	Silove	associate director		Healthcare Quality Improvement Partnership
Mirek	Skrypak	associate director		Healthcare Quality Improvement Partnership
Neil	Smith	deputy chief executive	Medical & Surgical	National Confidential Enquiry into Patient Outcome and Death
Jill	Stoddart	operations director		Healthcare Quality Improvement Partnership
Lynne	Turner-Stokes	clinical lead	NCASRI	London Northwest Healthcare NHS Trust
Pippa	Tyrrell	chair in stroke medicine, medical vice chair		University of Manchester, The Stroke Association
Robert	Wakeman	orthopaedic surgery clinical lead	FFFAP	Royal College of Physicians
Douglas	West	audit lead	Thoracic Audit	Society for Cardiothoracic Surgery
Kirsten	Windfuhr	associate director		Healthcare Quality Improvement Partnership
Ian	Woolhouse	senior clinical lead	NLCA	Royal College of Physicians
Tasneem	Hoosain	project manager		Healthcare Quality Improvement Partnership