

# Scottish Quality and Safety Fellowship

## Programme Outline

### Cohort 8

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# 1. Introduction

The Scottish Quality and Safety Fellowship was initially developed to support the delivery of the Scottish Patient Safety Programme (SPSP) by developing clinical leaders with the advanced knowledge, technical ability and essential leadership skills to deliver improved health and healthcare for the people of Scotland.

Over the intervening seven years, Fellows have broadened their contribution to Quality and Safety Improvement activities reflecting the wider national ambitions described in Scotland's 2020 Vision.

The Scottish Quality and Safety Fellowship Programme is managed by NHS Education for Scotland (NES), working in partnership with Healthcare Improvement Scotland and NHSScotland.

Cohort 8 of the Fellowship will be building on the successful seven years of the Scottish Patient Safety Fellowship, during which over 100 Fellows have taken part in a tailored programme to enhance their individual capacity for leadership in Improvement.

All Fellows require the explicit, strong support of their sponsoring organisation. Organisations must support the leadership of a significant improvement project lead by the Fellow, co-develop the Fellow as an improvement champion with the Fellowship coaching team and enable full participation in all aspects of the programme and in applying their skills in their workplace. It is expected that following completion of the programme Fellows will continue to devote a significant part of their work to improving the quality and safety of care.

The Fellowship promotes active collaboration with other organisations or agencies sharing similar aims within Scotland, the UK and internationally.

## **2. The Fellowship Programme**

### **Aims**

The Quality and Safety Fellowship aims to develop and strengthen clinical leadership and improvement capability in NHSScotland.

### **Objectives**

To develop clinical leaders capable of improving the Quality and Safety of health and healthcare for the people of Scotland.

To enhance knowledge of the science and methods for improvement amongst clinicians who have enthusiasm, experience and skills to:-

- support the development of safety programmes
- spread improvements both within their organisation and nationally.
- establish a learning support network for transformational leadership for Quality Improvement.
- complement wider improvement capacity building programmes within NHSScotland while supporting NHSScotland workforce development.
- strengthen cooperation and collaboration with important overseas healthcare providers in Europe and beyond.

### **Programme characteristics**

The Fellowship is built on the experience of successful quality improvement initiatives such as the Institute for Healthcare Improvement (IHI) Quality Improvement Fellowship and the Improvement Advisor Professional Development Programme and is aligned with other NHSScotland plans to enhance clinical leadership.

### **Participation**

The Fellowship is open to healthcare staff who currently undertake clinical practice and have a direct influence on improving the delivery of safe patient care, as well as staff in clinical professions (e.g. medical, nursing, pharmacy, AHP, healthcare scientists, ambulance) who do not currently deliver hands-on care but do have a role in improving patient care or safety.

Individuals participating in this programme will need the full support of their employing organisation and explicit sponsorship from their line manager, Patient Safety/Quality Manager, Executive Clinical Lead and Chief Executive.

Participants should be able to demonstrate an interest in service improvement and should already be actively involved with patient safety in their workplace. A full Person Specification is available as part of the Application Pack for the Fellowship.

Please note that there is the expectation that Fellows will be involved in supporting the Healthcare Quality Strategy at local and national level after completing the Fellowship programme. This may include mentoring, technical advice, teaching and other quality improvement activities. We expect sponsoring organisations to release (Scottish) Fellows for up to 10 days per year to support national level work to support our National Quality Strategy for five years following completion of the Fellowship Programme.

## Programme Delivery

The Fellowship is built and delivered using principles of adult and action learning and delivered using a blended learning style.

The programme is delivered over a period of approximately ten months, commencing in September 2015.

All Fellows are required to undertake their own improvement project as part of the programme.

The delivery of the programme will be a combination of:

- Self-directed distance learning supported by teleconference and web-based communication, for example WebEx and NHSScotland Knowledge Network.
- Mentoring delivered by previous Fellows, or others working in patient safety or quality improvement roles.
- Formal education delivered through a series of three-day residential courses.
- A variety of workshops, networking events and project surgeries.
- Additional educational and networking opportunities.

Fellows will be expected to present a report of their learning and achievements to their sponsoring organisation's Executive Team and Board. They may also be asked to submit reports of their work for presentation at national and international conferences and peer-reviewed publications.

## Curriculum

### Improvement theory, methods and tools including:

- a. **Grounding in theory of improvement science** from Shewhart, Deming to present day theory and best practices.
- b. **Practical tools to effect change for improvement** including: the API Model for Improvement, proactive risk assessment tools, Lean Process Improvement, theories of flow, capacity and queuing. Building, expressing and using aims. Selecting appropriate measures and selecting changes for testing.
- c. **Planned experimentation** Hypothesis setting, test design and execution, observation and analysis of results; feedback into the next experimental cycle. Running small cycle change programmes at the bedside or in frontline clinical environment.
- d. **Project planning and execution** including Quality Improvement planning tools.
- e. **Advanced measurement for improvement** including knowledge of statistical process control and related methodologies to describe and understand variation and change mathematically.
- f. **Human and organisational factors in patient safety** including the science of human error, Human Factors applied to healthcare and other industries and systematic approaches to understanding, developing learning organisations and 'just' safety culture in healthcare.

### **Leading clinicians through change including:**

- a. Leading a specific improvement project of importance to their sponsoring organisation as a recognised, integrated and supported member of their organisations Quality Improvement team. The Fellowship coaches and QI/Clinical Leads will work together to develop the Fellow and enable them to demonstrate and share their newly acquired skills and achievements during the duration of the Fellowship.
- b. Learning about ourselves - styles, preferences, personality traits and coaching for success.
- c. Principles and differences of adaptive and technical change.
- d. Different methods of influencing and generating emotional intelligence.
- e. Engagement including dealing with loss.
- f. Building a compelling case for change using pull and push mechanisms, building urgency, use hearts and minds, working within the zone of productive distress. The “burning platform” metaphor and its development.
- g. Developing a shared vision for safety. Recognise and respond to varied priorities of stakeholders and different aspirations. “WIFM” in practice, influencing with integrity. How to move from projects to integrated programmes using collaboration and alignment.
- h. Sponsorship, champions, alignment and feedback mechanisms for teams and organisations. Role identification and responsibilities.
- i. Compacts and simple rules for teams and organisations. What are they, their usefulness and process for their development and review?

Facilitating organisational movement from a stable delivery model to an organisation capable of adaptability and growth

### **Communication, presentations and marketing skills:**

- a. Able to build and present compelling case for safety in your organisation.
- b. **Reliability theory, systems, design for safety** Systems for safety. How can you get to better than 80% reliability. Moving from reliance on vigilance and hard work to reliable design. Personal, system based and high performing hybrid focus. Ability to demonstrate achievement of reliable design for their improvement project.

### **3. Recruitment and Selection Process**

**Closing date for applications from Scotland and Northern Ireland for Cohort 8 is Friday, 26<sup>th</sup> June 2015 at 10.00am by signed delivery.**

Structured interviews for NHSScotland and Northern Irish candidates will be held in **Edinburgh week commencing 10 August 2015.**

**Applicants should keep these dates free as no alternative arrangements are possible.**

The interview panel will include the programme's Clinical Lead, and representatives from NHS Education for Scotland and Healthcare Improvement Scotland.

Applicants from outside NHSScotland must have funding (£13,000) identified prior to submitting their application. – see section 5.

Applications from strategic overseas partners outside the UK should be made via their national Quality Programme leads.

We strongly recommend that all other potential applicants outside NHSScotland should contact Samantha Smith, Quality Improvement Project Officer, NHS Education for Scotland, [qualityimprovement@nes.scot.nhs.uk](mailto:qualityimprovement@nes.scot.nhs.uk) to discuss their suitability and application guidance before they apply.

Participants will need the full support of their employing organisation and explicit sponsorship from their line manager, Patient Safety/Quality Manager, Executive Clinical Lead and Chief Executive.

#### 4. Provisional timetable

<b>Date</b>	<b>Activity</b>
24 September 2015	<b>Introductory WebEx</b>
27 – 29 October 2015	<b>First Residential Course</b> – Beardmore Hotel & Conference Centre
November 2015	Project Surgery 1
December 2015	Project Surgery 2
27 – 29 January 2016	<b>Second Residential Course</b> – Beardmore Hotel & Conference Centre
February 2016	Networking Event Project Surgery 3
15 – 17 March 2016	Third Residential course
7 – 9 June 2016	<b>Fourth Residential Course</b> – Beardmore Hotel & Conference Centre

**Please note that this timetable is provisional and there will be extra events added including a series of WebEx's.**

## 5. Funding

Participants will need the full support of their employing organisation and explicit sponsorship from the Executive Clinical Lead and the Chief Executive.

**Employing organisations will need to cover any costs associated with clinical release time and travel to educational activities in Scotland.**

The main costs of the Fellowship programme for NHSScotland applicants will be met by NHS Education for Scotland.

Non NHSScotland applicants are funded by their own healthcare system at a cost of £13,000, to be made in two payments of 25% on success of application, and 75% on 1<sup>st</sup> April 2015.

The costs of the programme will include (this list is not exhaustive):

- Venue, accommodation and faculty for residential courses.
- Attendance by any external or international faculty.
- Set reading list.
- Cost of maintaining and improving the fellowship shared space.