TRANSFORMING THE WORKFORCE THROUGH SYSTEMS LEADERSHIP AND WORKPLACE FACILITATION OF LEARNING DEVELOPMENT AND IMPROVEMENT

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AIM

- Context
- The PD processes and research methods
- The three golden nuggets
  - Clinical systems leadership
  - Integrated facilitation standards for learning developing and improving
- Implications for practice
CONTEXT

• How do we solve the current workforce crisis in emergency departments creatively to promote sustainable transformational change?
• What does the future workforce look like?

Systems perspective to transformation:

(Plsek 2003)
SYNTHESISING A FRAMEWORK FOR TRANSFORMING URGENT AND EMERGENCY CARE WORKFORCE

Dataset 1
*Literature review* to set urgent and emergency care context and identify stakeholders

Dataset 2
Urgent and emergency care stakeholder events using claims, concerns and issues and values clarification activity

Dataset 3
*Online survey* of the underrepresented stakeholders at the events

Primary level analysis
Research team
Inductive thematic analysis

Primary level analysis
Collaborative inductive thematic analysis

Dataset 4
Process mapping of 14 different contexts

Secondary level analysis
Triangulation of themes and deductive synthesis in relation to systems components

Key

→ Direction of influence of the outcomes of one method on a later method

--- Primary level data analysis

--- Secondary level data analysis
Framework for achieving whole systems urgent and emergency care delivery

**Inputs**

- **System Enablers**
  - Whole pathway commissioning-integrated information & funding systems
  - Interdependent partners across primary, secondary & tertiary care
  - Leadership, expertise and collaborative ways of working
  - Staff recruitment and retention
  - Strategies that attend to competence, role clarity, empowerment and support
  - Public information for navigating the system

- **Specific Workforce Enablers**
  - Clinical systems leadership
  - Single career & competence framework (Assess Treat SORT)
  - Work based facilitators of learning, development & improvement
  - Curriculum content for High Education Institutions and Further Education Colleges

**Outputs**

- **Outcomes**
  - Timely care at time of crisis in the right place
  - Urgent and high dependency care prevents loss of life or ongoing illness
  - Consistent approach to care delivery experienced across regional communities and population
  - Positive work based culture enables person-centred, safe and effective care
  - Improvements in mortality and quality outcomes
  - Effective use of financial resources through reducing duplication of effort

- **Feedback**

- **Integrate urgent and Emergency care (Whole System Any place, any context)**
What it is?

• “the leadership approach that drives integration across boundaries based on specialized clinical credibility working with shared purposes to break down silos and deliver person-centered, safe and effective care with continuity” (Manley et al. 2016).

• Draws on different expertise from across partners to work together towards a shared purpose and create a culture that values and retains staff.
WHY IS CLINICAL SYSTEMS LEADERSHIP IMPORTANT?

• ACHIEVE INTEGRATED WAYS OF WORKING AND EFFECTIVE TEAMWORK ACROSS PARTNER ORGANISATIONS

• DISSEMINATE EXPERTISE TO AS MANY PEOPLE ACROSS THE SYSTEM THROUGH ADVANCED CONSULTANCY APPROACHES

• CREATE A LEARNING CULTURE
  • Uses the workplace as the main resource for learning, development, improvement and develops competences in others through rotation of learning opportunities

• EVALUATE EFFECTIVENESS AND FOSTERS INQUIRY
  • Developing, improving and evaluating person centred care
  • Research, Inquiry and practice based evaluation of effectiveness
FACILITATION IN AND ABOUT THE WORKPLACE – A DELPHI STUDY

Aim

• To develop a set of standards that could be used to guide an integrated approach to facilitation in and about the workplace

Assumptions

– Learning, improvement and knowledge translation duplicate similar processes and to be consistent with the whole system approach should be integrated

– Previous standards tend to be uni-professional or focus on one of the processes or purposes

– Need to pay attention to evaluating effectiveness and impact
PROCESS OF DEVELOPING THE STANDARDS

- Literature review to highlight gaps
- Three e-Delphi rounds
- Consensus based on preset criteria

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Score</th>
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<tbody>
<tr>
<td>1. A composite score (CS) on the top 2 items on the scale</td>
<td>CS ≥ 75%</td>
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<tr>
<td>2. A standard deviation (SD)</td>
<td>SD ≤ 1</td>
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<tr>
<td>3. A mean score</td>
<td>Mean &lt; 3</td>
</tr>
<tr>
<td>4. An interquartile range (IQR)</td>
<td>IQR ≤ 1</td>
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DEVELOPING THE STANDARDS FOR INTEGRATED FACILITATION

What is integrated facilitation?
‘Bringing together different purposes (learning, development, improvement, knowledge translation, inquiry and innovation) … to achieve a holistic approach to person centred care and improving public health outcomes’.

Three key foci to achieve higher order learning in and about the workplace:

– Purpose
– Context
– Effectiveness (outcome & impact)
STANDARDS FOR INTEGRATED FACILITATION IN AND ABOUT THE WORKPLACE

1. **Negotiate, agree and sustain clarity of purpose** for facilitation activity at the individual, team or organisational level in the context of developing person-centre cultures and improved health outcomes.

2. **Optimise external enablers and values** necessary for successful facilitation practice.

3. **Draw on qualities necessary to build effective relationships** for facilitation practice.

4. **Demonstrate skills required for integrated facilitation** practice in health and social care.

5. **Commence facilitation journey with confidence at different starting points** depending on where individuals and teams are at.

6. **Use common strategies appropriately** for effective facilitation practice.

7. **Monitor and maintain effective facilitation practice** using a range of methods.

8. **Evaluate and evidence process outcomes, intermediate outcomes and impact** that individuals or teams may experience using a range of approaches.
HOW CAN THE STANDARDS BE USED?

• To guide the content and processes of workplace and education programmes that focus on facilitation practice for multiple purposes.

• To provide individuals with a framework for developing portfolios of evidence to support professional revalidation, career progression and academic accreditation.

• To support clinical leaders, clinical educators and clinical systems leaders with the skills required to enable others to be effective.
REFERENCES


THANK YOU FOR LISTENING

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REFLECTIVE QUESTIONS

• What influencing strategies will ensure the integrative resource of practice development is recognised and used as a cost effective approach for addressing multiple agendas?

• How can the skillset of practice development be positively aligned with the qualities required for effective clinical systems leadership to influence commissioners?