



Co-Lead

## ABOUT THIS MODULE



**SUSTAINING IMPROVEMENTS**



## SUSTAINING IMPROVEMENTS

### What is the goal of this module?

This module aims to provide space for reflection on what the Co-Lead intervention has meant for each person individually, for the team and for the organisation. Through this, the team will reach a shared agreement on how to plan for, and ensure, sustainability, and if an existing framework will be adopted to inform strategies to sustain changes that have arisen due to Co-Lead.

### What is the collective leadership focus of this module?

- **Shared mental models and shared understanding**
- **Cooperation and coordination between members**
- **Engagement of all team members**

### What areas of team behaviour does this module focus on?

- **Enhanced collaboration**
- **Coordination and effective team working**
- **Motivation towards goals**

### Who is this module for?

**All team members.**

### What is the patient safety impact of this module?

The adoption of new practices and tools from the Co-Lead toolkit will help reinforce teams' patient safety behaviours and help them to deliver the safest possible care. However, planning and structures are needed to ensure that positive changes are maintained in the long term.





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## SESSION OUTLINE



**SUSTAINING IMPROVEMENTS**



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### SESSION OVERVIEW

- Purpose:** The team needs to take time to reflect on what the Co-Lead intervention has meant for each person individually, for the team and for the organisation. This reflection process needs to be supported by the sessions and interventions already selected and completed by the team, as well as the team's priorities and progress to date on team goals.
- Timing:** 60 min.
- Setup:** Presentation > Group discussion > Session evaluation
- Outcomes:** The team will agree on how to plan for, and ensure, sustainability and if an existing framework will be adopted to inform strategies to sustain Co-Lead changes.
- Facilitators:** 1-2 team members to facilitate; 1 team member to act as flipchart scribe to record ideas, discussion points, and outputs.

### ADVANCE PREPARATION

- Equipment:** Flipcharts, markers, pens, paper, post-it notes.
- Materials:** Facilitator presentation.
- Room:** Configure for round table discussion or small groups for larger teams.
- Attendees:** If some team members cannot attend due to geographic location, they may participate remotely via teleconference. In such cases, session materials should be shared in advance via email.





## SUSTAINING IMPROVEMENTS

### START OF SESSION

#### 1) Introduction (10 min.)

Facilitators will guide participants through the presentation on sustainability.

#### 2) Group discussion (45 min.)

**Reflect on each of the seven Co-Lead intervention components completed by the team to date:**

- Team Values, Vision and Mission
- Team Goal setting
- Role Clarity
- Collective Leadership for Safety Skills
- Risk and Safety Management at Team Level
- Monitoring and Communicating Safety Performance at Team Level
- Targeted intervention selected by Team

**Facilitators should ask the group to reflect during this session on what has the Co-Lead intervention meant in terms of:**

- **Introducing the principles of Collective Leadership:** Does each person's voice count on the team? Does each person have a say? Are each person's skills and talents being recognised and nurtured? Are we sharing leadership roles and responsibilities where appropriate?
- **Improving team performance:** Are we working better as a team? Why? Have relationship among team members improved? Do we understand and communicate better with each other?
- **Improving safety culture:** Are we more aware of safety in the moment, do we realise the harm that has happened in the past and understand how to make our team prepared for any risks or safety threats that might arise, do we have greater shared situational awareness?

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## SUSTAINING IMPROVEMENTS

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### Questions for the team to work through

(Adapted from Lennox, Maher & Reed (2018). Navigating the sustainability landscape: a systematic review of sustainability approaches in healthcare. *Implementation Science*, 13:27.)

#### 1. What is it that you wish to sustain?

For example: the principles of Collective Leadership, continuing improvement in team performance, continuing improvement in safety culture, the regular team meetings, doing interventions together, the LIT meetings, continually improving as a team, sharing and monitoring of performance data, and/or individual Co-Lead intervention components (e.g. removing blockers, using CUSS words, using S.A.F.E. Huddles, ISBAR, monitoring safety/KPIs, etc.).

#### 2. How do you wish to view sustainability – as a process or an outcome?

For example: continuing with some or all elements of the Co-Lead programme (as a process) achieving an increase in collective leadership, team performance or safety culture (as an end goal). Can we monitor and measure this over time to ensure sustainability? How?

#### 3. What would sustainability mean to the team?

What would it look like to say that Co-Lead had been sustained? Would this mean continuation of the programme, continuation of the benefits to staff, continuation of the benefits to patients and patient safety, having educated staff and built capacity in terms of collective leader/team performance/safety culture, would it mean further development of aspects of the programme, would it mean cost savings?

#### 4. If you adapt an approach/framework to sustainability where would you use this approach/framework and who would use it?

For example, at the level of the team where the Co-Lead programme was implemented, the ward or across the organisation? Who will use the approach/framework? (researcher, practitioner, managers etc.)

#### 5. Does an existing approach meet your needs? If not, what needs to change or be adapted and why?

Please see the HANDOUT for examples of approaches to sustainability below. The team needs to decide on what you want to sustain and then take an approach and amend as necessary to your local needs and implement this approach. Ideally sustainability needs to be thought about from the beginning of the intervention.



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## SUSTAINING IMPROVEMENTS

### 3) Facilitator wrap-up (5 min.)

Facilitators will give a summary of what the team have agreed, about what they would like to sustain. Also highlight the shared sense of how sustaining these aspects would benefit the team, patients, staff and / or the organisation.

Participants should have reached agreement on how to plan for, and ensure, sustainability and if an existing framework will be adopted to inform strategies to sustain Co-Lead changes.

Give brief feedback on the session.





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# HANDOUTS



**SUSTAINING IMPROVEMENTS**





**SAMPLE APPROACHES/FRAMEWORKS TO SUSTAINABILITY  
(A) Peoples’ Needs Defining Change, Health Services Change Guide (2018)**

Available at: <https://www.hse.ie/eng/staff/resources/changeguide/>



**Figure 59: Sustain Improvement**

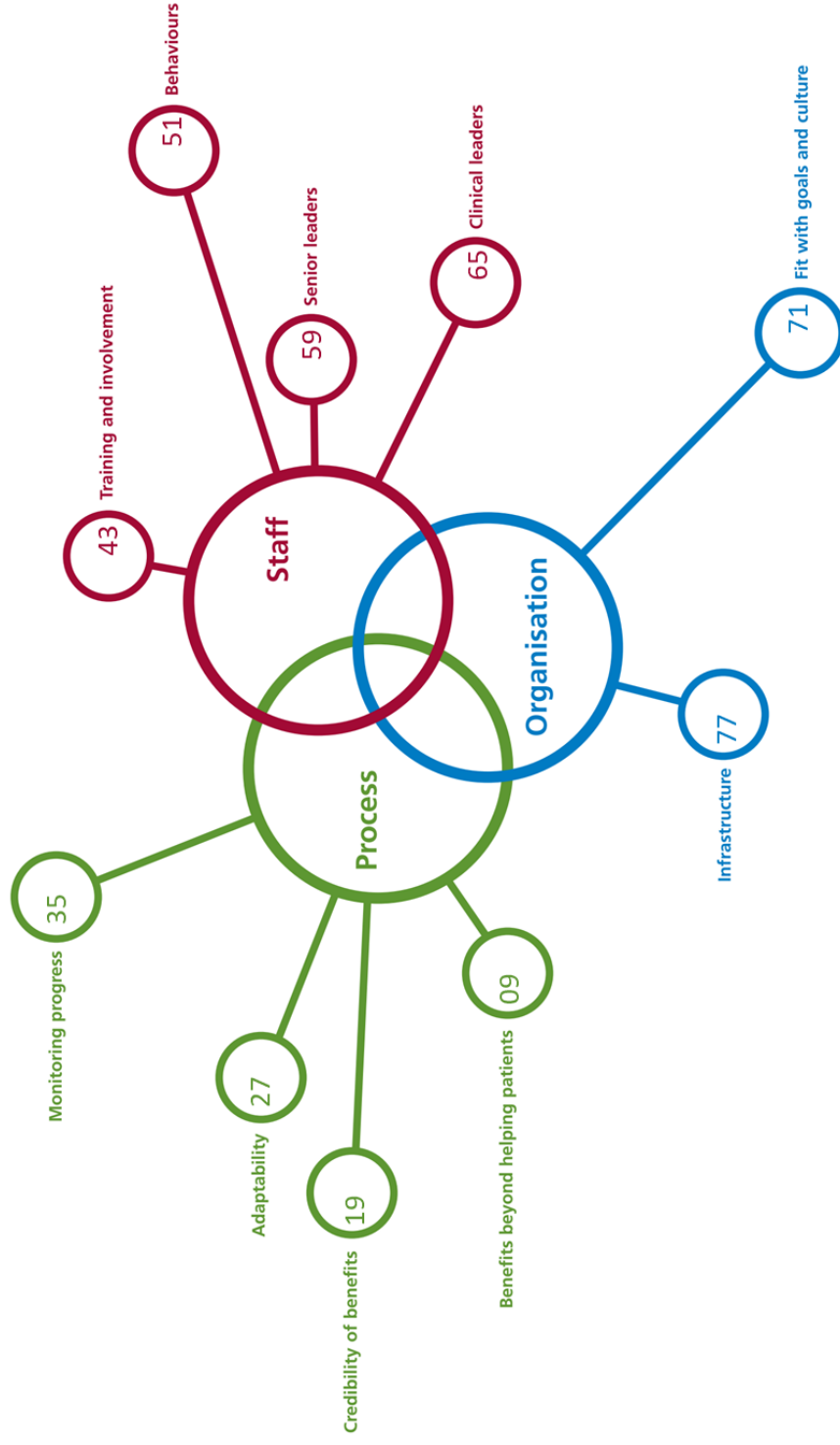
- ▶ Explicitly **reinforce responsibility** for ongoing leadership, monitoring and reporting.
- ▶ Remain alert to **changing contexts** and emerging data that require you to agree ‘course correction’ to keep the change on track. Remain connected to frontline service delivery to be in tune with implementation challenges and new drivers for change.
- ▶ Build in **‘review/learning points’** during implementation or when scaling-up, where key partners can review the roles and resources needed at different phases, and consider changes.
- ▶ Monitor how well the changes have been **integrated and embedded** into the broader continuum of services or practices within the service. Are key leaders reinforcing this alignment – if not, what action is needed?
- ▶ Clear and consistent means of **monitoring** need to be incorporated into the delivery process, with agreed outcome measures and indicators.
- ▶ Support the use of **new skills and practices** into everyday activities to enable real behaviour change.
- ▶ Use **feedback loops** to inform what is needed (e.g. people, infrastructure) for sustainability, and proactively address these factors.
- ▶ Consider if improvements are dependent on individuals or groups, on technology or finance. Could it keep going if these were removed? **Succession planning** may need to be reviewed so that the change is not dependent on any one individual or group of individuals.
- ▶ Scan for any remaining dual systems and **decommission** appropriately.
- ▶ Attend to the **end stage of projects**. When a dedicated change project is finished, steering groups or other governance arrangements may need to be ‘stood down’, contracts ended, etc. Where project leads are in place, these posts may need to be discontinued or redesigned to integrate into existing services. Documentation may need to be archived or stored, learning documented and organisational ‘intelligence’ shared.



**SAMPLE APPROACHES/FRAMEWORKS TO SUSTAINABILITY**

**(B) NHS Institute for Innovation and Improvement Sustainability Model and Guide**

This model presents 10 factors that are important for sustainability and a way of scoring how your intervention would do on each of the factors. The model and scoring sheet are available at: [http://webarchive.nationalarchives.gov.uk/20160805122935/http://www.nhsiq.nhs.uk/media/2757778/nhs\\_sustainability\\_model\\_-\\_february\\_2010\\_1\\_.pdf](http://webarchive.nationalarchives.gov.uk/20160805122935/http://www.nhsiq.nhs.uk/media/2757778/nhs_sustainability_model_-_february_2010_1_.pdf)



**The model helps teams:**

- Plan for sustainability of improvement efforts
- Recognise and understand key barriers for sustainability, relating to their specific local context
- Self-assess against a number of key criteria for sustaining change
- Identify strengths in sustaining improvement
- Monitor progress over time.