



Healthcare  
Improvement  
Scotland



# SPSP Perinatal and SPSP Paediatric Programmes National Learning Session

Leadership to support a culture of safety

30 October 2024

Leading quality health and care for Scotland



# Welcome

**Tom McEwan**

Professional Lead Midwife

Healthcare Improvement Scotland



# Aims of the learning session

- Share progress, challenges and next steps for SPSP Perinatal and SPSP Paediatric collaborative teams
- Explore how leadership at all levels supports a culture of safety
- Provide a forum for teams working across maternity, neonatal, and paediatric services to share and learn together



# Who's here, online and in the room?



# Improving safety through SPSP

**Joanne Matthews**, Associate Director, Improvement and Safety, Healthcare Improvement Scotland

**Sonia Joseph**, Strategic National Clinical Lead (Child Health), Healthcare Improvement Scotland

**Jacqui Laurie**, Strategic National Clinical Lead (Obstetrics), Healthcare Improvement Scotland



**SPSP aims to improve  
the safety and reliability  
of care and reduce harm**

# HIS as a Quality Management System



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Please note: The QMS Framework is continuously evolving, for the most up to date version please visit: <https://ihub.scot>

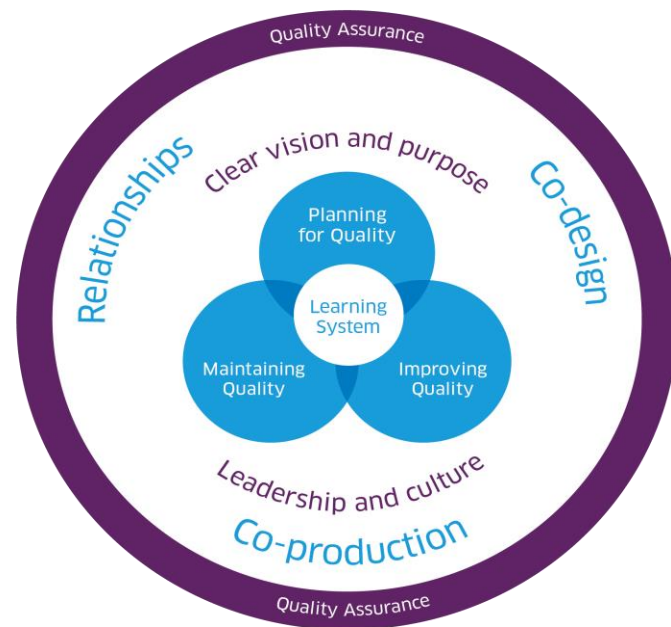
# Managing quality

**Planning** for Quality – identifying improvement priorities and designing appropriate changes.

**Improving** Quality– practical implementation of changes through testing and measurement.

**Maintaining** Quality– proportionate routine monitoring of ‘day to day’ quality of services.

**Assuring** Quality– independent assessment of the quality of care, and its enablers.





# Perinatal Quality Management

**Planning for Quality** - evidence, standards, guidelines, strategic planning

**Improving Quality** - SPSP Essentials of Safe Care, SPSP Perinatal programme

**Maintaining Quality** - Excellence in Care, Healthcare Staffing Programme

**Assuring Quality** - Safe Delivery of Care, responding to concerns, adverse events

**Learning System** - Sharing intelligence, SPSP Learning System





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of care and reduce harm**

## **Core Themes**

**Essentials of Safe Care**

**SPSP Programme improvement focus  
Maternity, Neonatal, Paediatric, Acute Care,  
and Mental Health**

**SPSP Learning System**

# Essentials of Safe Care

## Aim

To enable the  
delivery of  
**safe care**  
for every person  
within every  
system, every  
time



## Primary Drivers

**Person centred** systems and behaviours are embedded and support safety for everyone

**Safe communications** within and between teams

**Leadership** to promote a **culture of safety** at all levels

**Safe consistent clinical and care processes** across health and social care settings

**SPSP Perinatal** aims to improve outcomes for women, birthing people and families

**SPSP Paediatrics** aims to improve outcomes for children, young people and families

### Current focus

reduce **stillbirths**

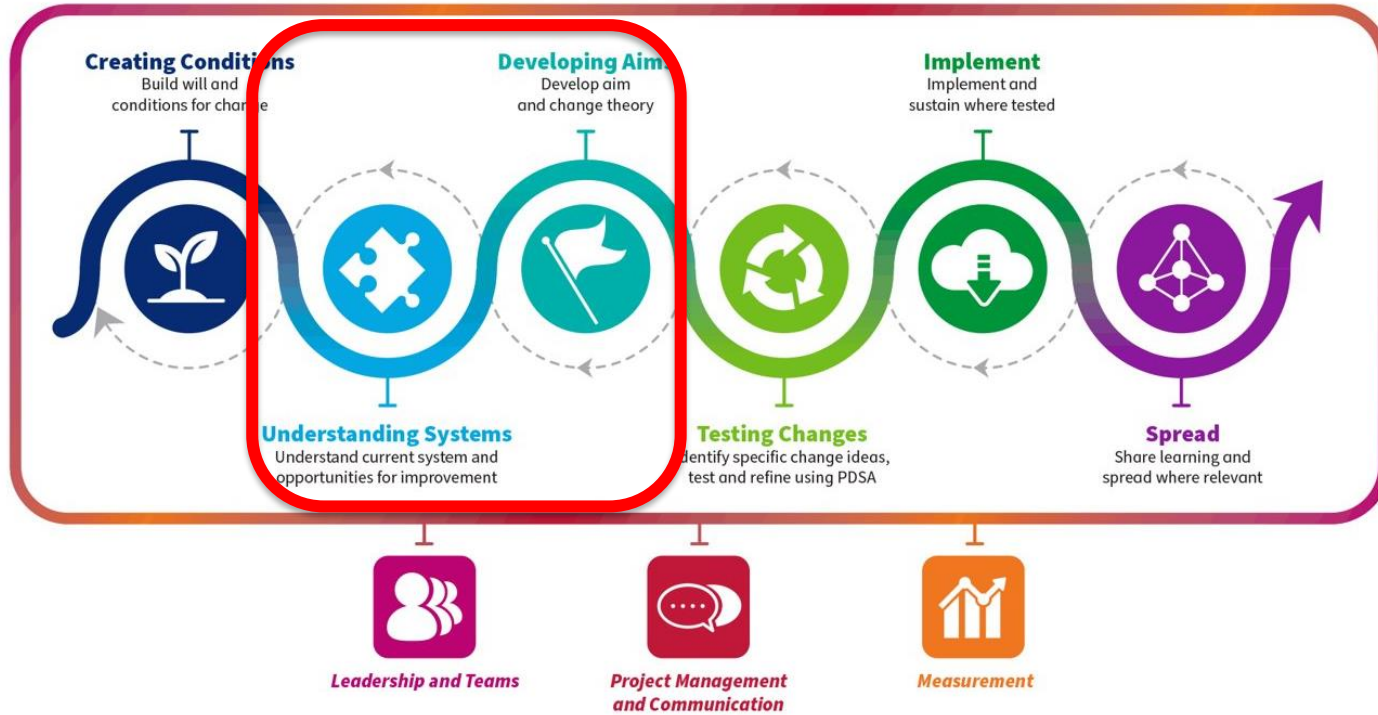
understand variation in **caesarean birth** rates

improve the recognition, response and review of the **deteriorating woman/birthing person**

reduce **neonatal morbidity and mortality**

To reduce harm from deterioration by improving the recognition, response and review of the **deteriorating child and young person**

# The QI journey





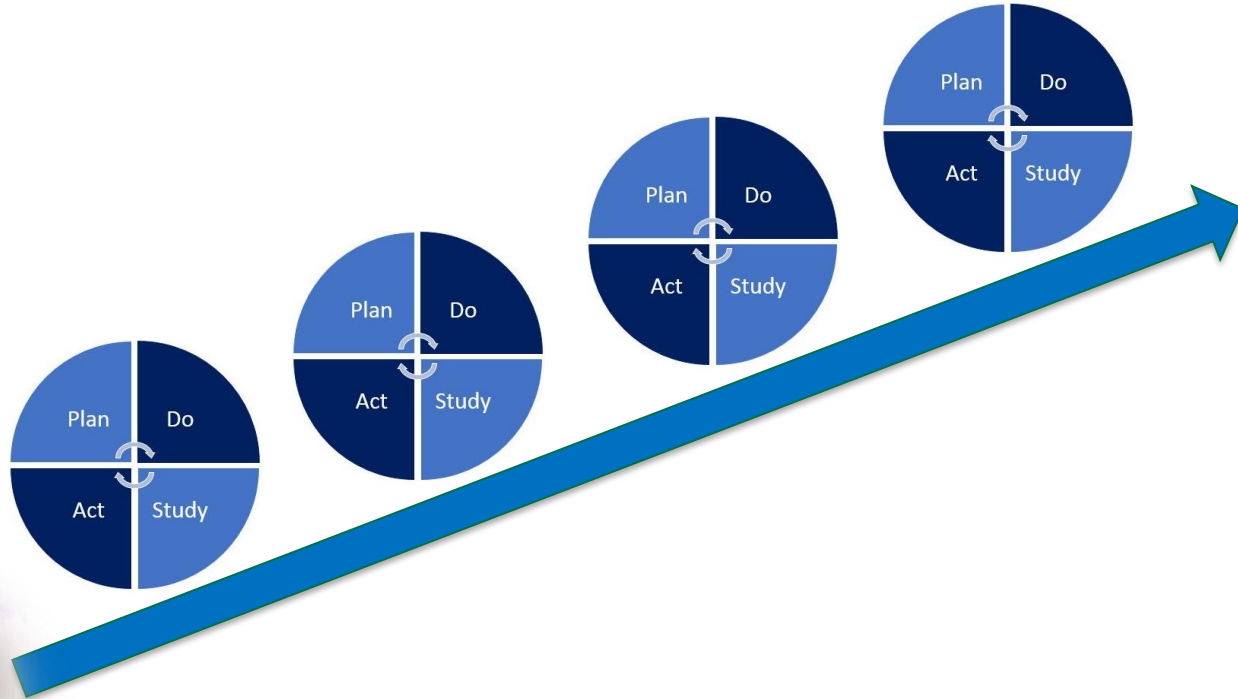
# Priority thickets and hairy beasts



# Testing your way to improvement



**Testing  
Changes**





**SPSP aims to improve  
the safety and reliability  
of care and reduce harm**



# Leading in challenging times

**Camilla Kingdon**

Consultant Neonatologist

Evelina London Children's Hospital

Guy's and St Thomas' NHS Foundation Trust





# Outline

- What is the challenge?
  - Workforce
  - Rising health needs
- How do we rise to the challenge?
  - 2 vital leadership ingredients
  - Working in complex health systems

# Global healthcare crisis

## Workforce constraints

- Massive shortfall in numbers of doctors and nurses globally
- Unprecedented levels of exhaustion and burnout
- Brave ambitions in UK to double undergraduate places and increase GP training

## Worsening health inequalities

- Rising levels of child poverty – 4.3 million in UK
- Rising non communicable diseases
- Impact of climate change is 'here and now'
- Dramatic increase in health inequities

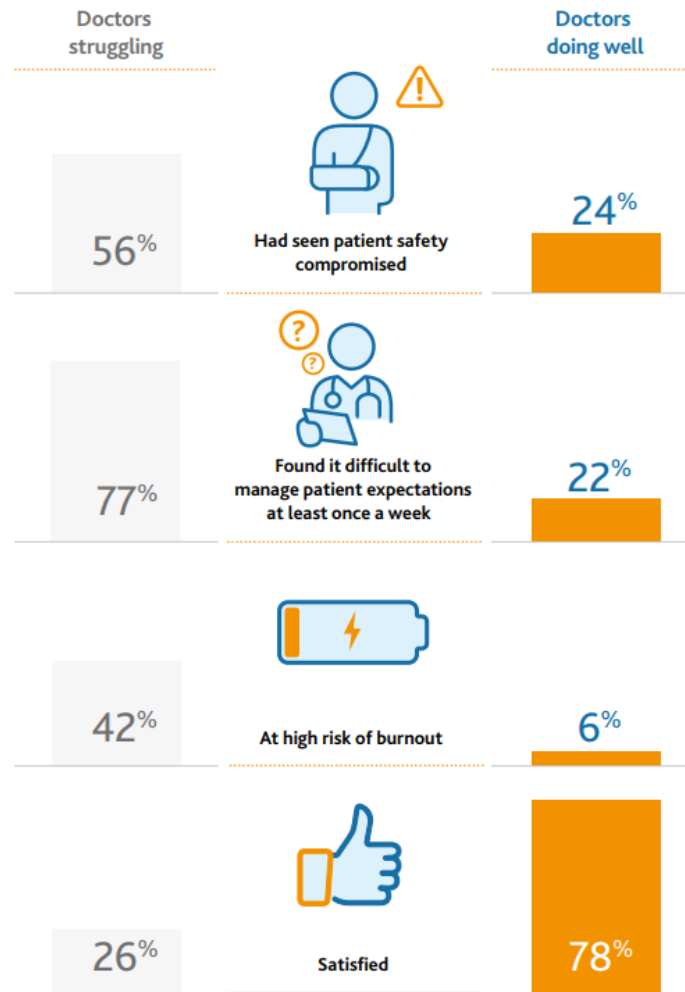




- 4<sup>th</sup> Global Forum on Human Resources for Health (2017 in Dublin) - global shortage of 18 million healthcare workers by 2030
- And that was before the pandemic ....
- 26 million shortfall?



# Why does it matter?



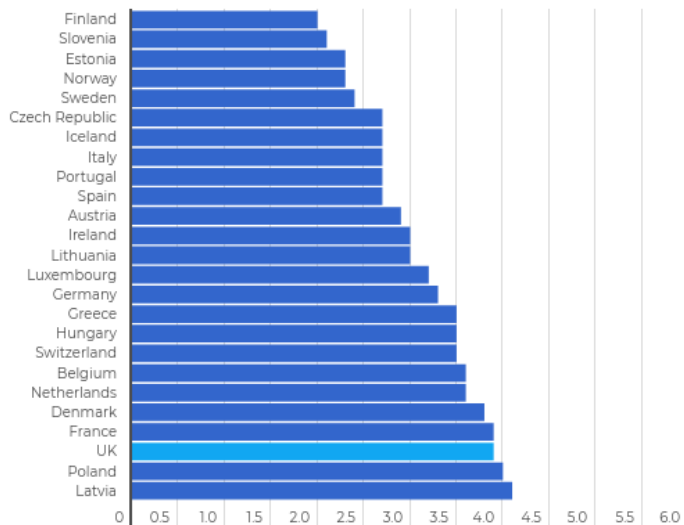
# Priority setting is challenging

- Adult cancer targets vs children's autism assessment waiting times
- Surges in need, esp in Winter, destabilise planned care
- Importance of joy in work
- Staff retention and burnout
- Our collective responsibility for addressing health inequalities
- Green agenda



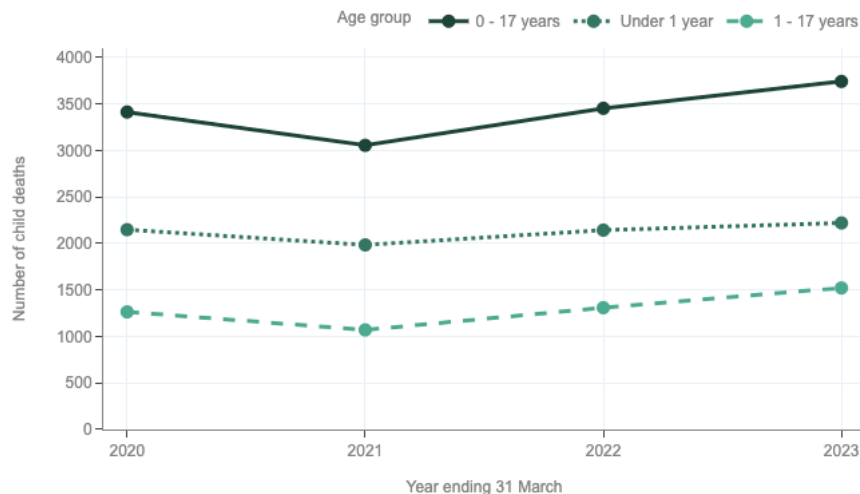
# UK child health outcomes

## Infant mortality rate per 1,000 live births in comparable countries



[Download data](#)

## Child death notifications up to 31/3/2023



Data Source: NCMD  
[www.ncmd.info/cdr23/](http://www.ncmd.info/cdr23/)

Source: OECD (2020), Infant mortality rates (indicator). doi: 10.1787/83dea506-en (accessed December 2019)





# Rising child health needs and inequalities

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Slow down in improvements in infant survival

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Rising mental health problems

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Rising non communicable diseases

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Climate change



# Don Berwick (Dec 2022)

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“It is not a smart investment for society to keep running health care as a repair shop without also moving upstream to the real generators of illness, injury, injustice, and disability.”

“We only have one life, and our kids have only one future.”

# The challenge

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- Need is now greater than ever been
- We need motivated healthcare professionals to step up and help
- Case for ensuring everyone has a voice
- A moral imperative - we need a different style of leadership if we are serious about tackling these problems





# Outline

- What is the challenge?
  - Workforce
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- How do we rise to the challenge?
  - 2 vital leadership ingredients
  - Working in complex health systems



# 2 vital leadership ingredients

- Inclusion
- Compassion

# What do the leadership academics say?

- Compassionate leadership is underpinned by inclusion
  - Inclusion will not happen in the absence of compassion
- 
1. Ruchika Tulshyan – leadership and diversity academic
  2. Michael West – organizational psychologist and leadership guru



**DELIVERED BY WOMEN,  
LED BY MEN:  
A GENDER AND EQUITY ANALYSIS  
OF THE GLOBAL HEALTH AND  
SOCIAL WORKFORCE**

Human Resources for Health Observer Series No. 24



World Health  
Organization





The image shows the front cover of the book 'Inclusion on Purpose' by Ruchika Tulshyan. The cover is white with a colorful vertical bar on the left side consisting of stripes in shades of purple, blue, red, orange, yellow, green, and teal. The title 'Inclusion on Purpose' is written in a large, bold, black sans-serif font. Below the title, the subtitle 'An Intersectional Approach to Creating a Culture of Belonging at Work' is written in a smaller, black sans-serif font. At the bottom of the cover, the author's name 'Ruchika Tulshyan' is printed in a bold, black sans-serif font, and below it, 'foreword by Ijeoma Oluo' is printed in a smaller, italicized, black sans-serif font. The book is shown at a slight angle, with its spine visible on the right. The background of the entire image is a photograph of a woman with long, dark brown hair, wearing a maroon top with a colorful floral pattern. She is looking upwards and to the right with a slight smile. The background behind her is a blurred field of pink and white flowers.

# Inclusion on Purpose

An Intersectional Approach  
to Creating a Culture  
of Belonging at Work

**Ruchika Tulshyan**  
foreword by **Ijeoma Oluo**



# Ruchika's 7 leadership lessons

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1. Relationships matter
2. Inclusion must be your guiding principle
3. “To walk fast, go alone; to walk far, go together”
4. Kindness should underpin all you do
5. Psychological safety is essential
6. Be curious
7. You may need to be brave – don't duck difficult issues



# Compassionate leadership

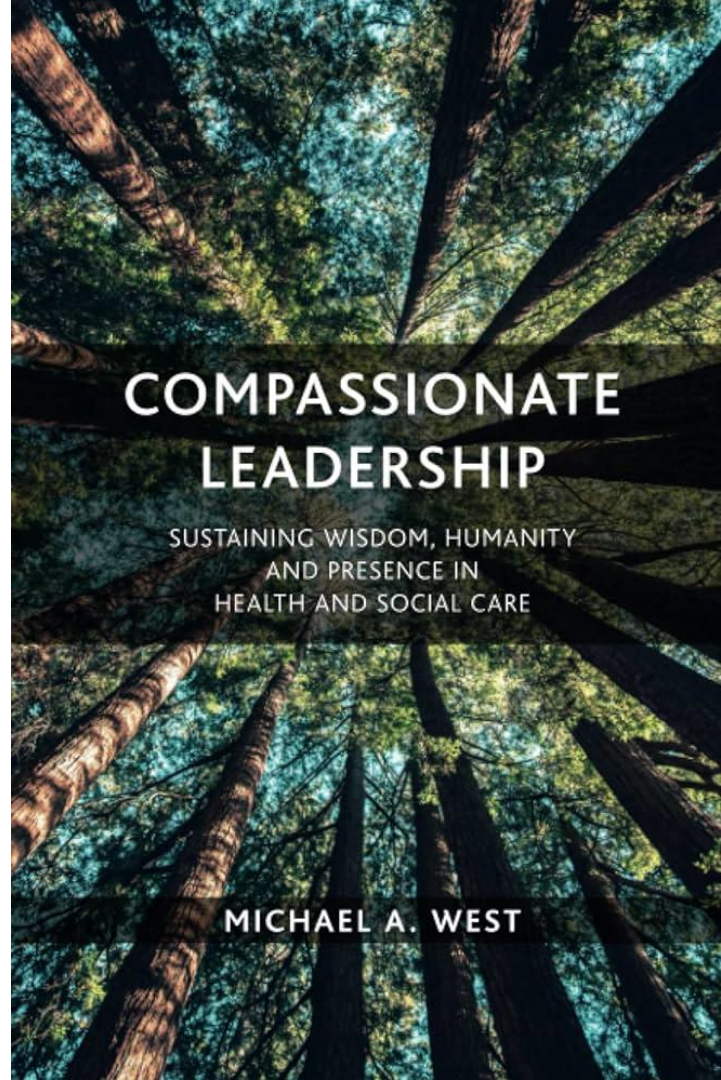
- Increasing evidence base showing kindness in healthcare improves patient outcomes and safety
- Kindness also increases retention and job satisfaction
- The case for kindness is now well established
- To deliver kind healthcare, we need compassionate leaders



# The case for compassionate leadership

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- We all work in complex healthcare systems
- Collaboration is vital -
  - Primary/secondary care
  - Mental/physical health
  - Health/social care/education
  - And so on
- We need to build cooperation to achieve integration
- This demands a different style of leadership





# **Leadership that crosses boundaries (Michael West)**

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Shared vision and purpose

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Commitment to collaboration

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Frequent positive personal contact

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Compassionate conflict management

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Altruism to cross boundaries

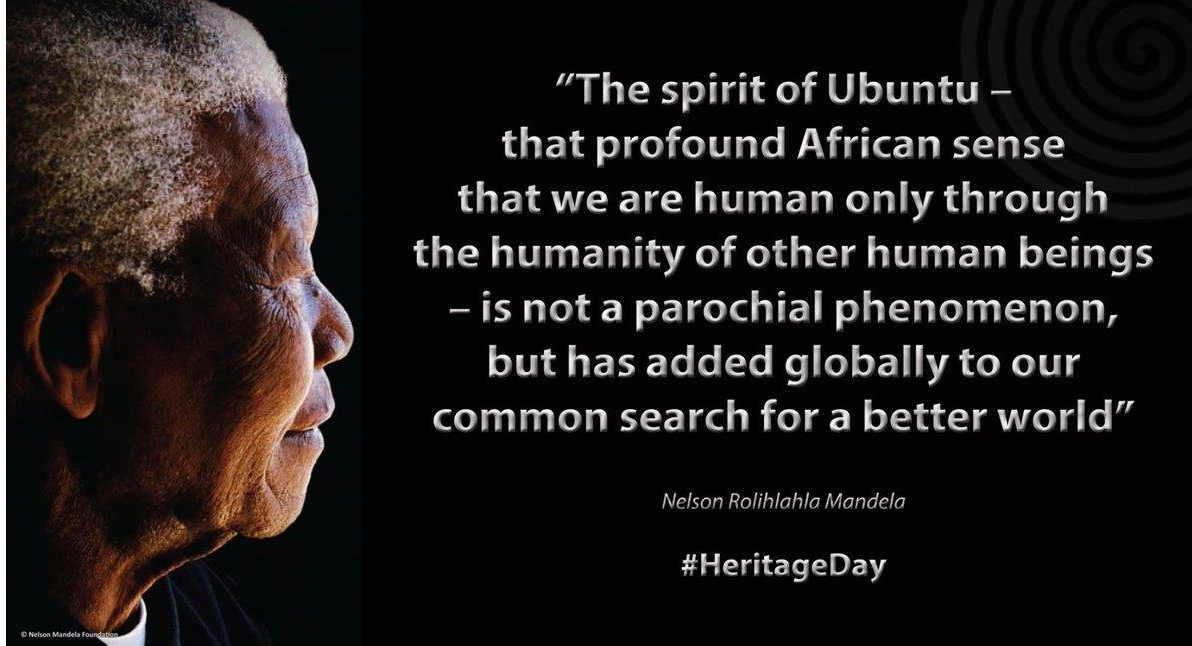


# Ubuntu

- “the essence of being human”
- No one exists in isolation
- “interconnectedness”
- “What you do affects the whole world ... When you do well, it spreads out for the whole of humanity.”



# Ubuntu: “I am because we are”



**“The spirit of Ubuntu –  
that profound African sense  
that we are human only through  
the humanity of other human beings  
– is not a parochial phenomenon,  
but has added globally to our  
common search for a better world”**

*Nelson Rolihlahla Mandela*

**#HeritageDay**

© Nelson Mandela Foundation

# Intelligent kindness

01

**Not** a soft and sentimental idea - includes principles of radical candor

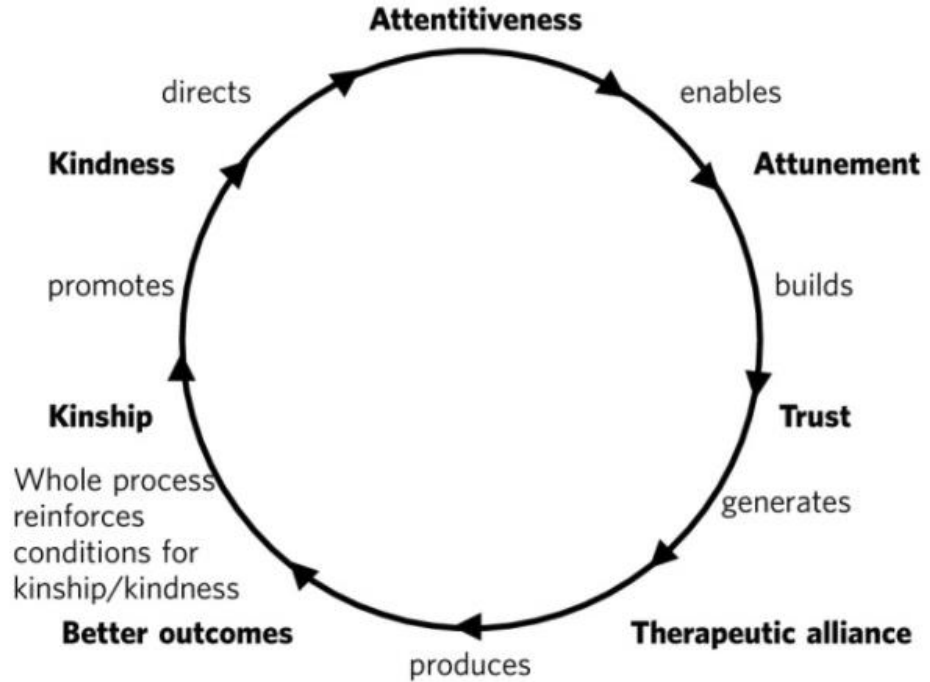
02

**Is** a binding, creative and problem-solving force that inspires and focuses imagination and good will

03

**Is** a force that inspires and directs attention towards building relationships and always seeks to treat others well

# A virtuous circle





# How do we do this?

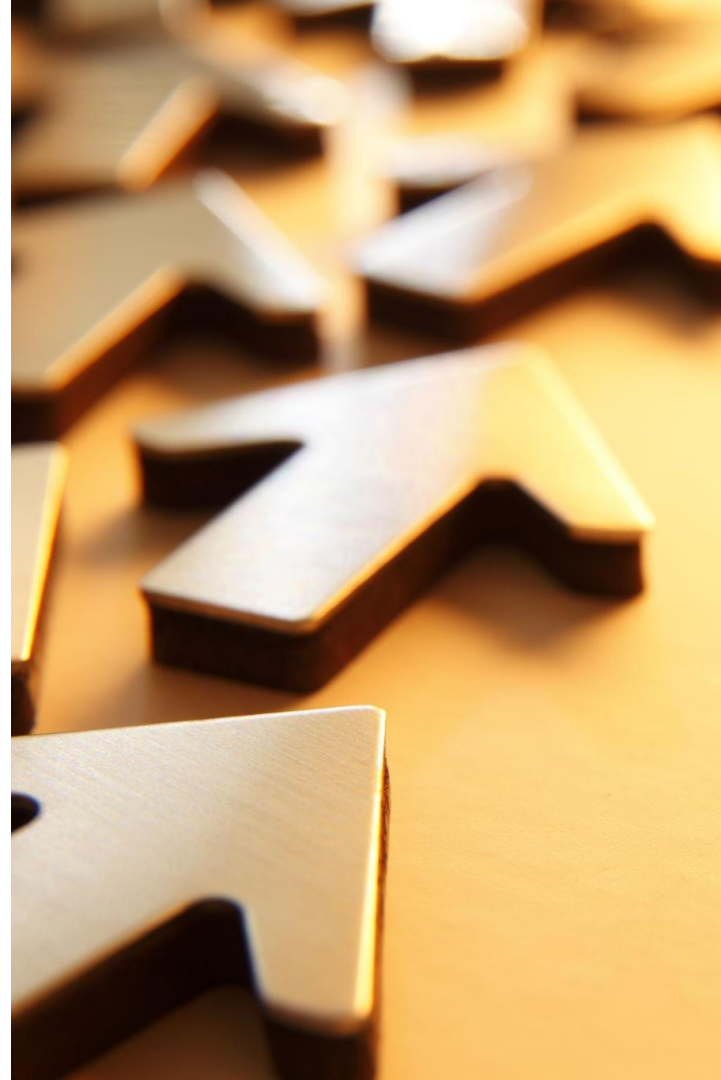
- Intentionality
  - The road to hell is paved with good intentions
  - Senior leaders need to commit to making this happen
  - Psychological safety is key
- Accountability
  - Need courage
  - Need to be prepared to get it wrong



# My 3 leadership lessons

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1. You aren't expected to be an expert – that isn't your role
2. You will make mistakes – learn to get comfortable with that
3. It takes a whole village to raise a child .....  
And support a leader





“I’m here to get it right,  
not to be right”

Brene Brown

# Conclusion

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- There is now an imperative to address the culture of the NHS
- The size of the challenge ahead in addressing health needs is massive
- A conscious focus on kindness, and leadership that is compassionate, is the secret to success





Theodore Roosevelt

IT IS NOT THE CRITIC WHO COUNTS...  
THE CREDIT BELONGS TO THE MAN WHO IS ACTUALLY

**IN THE ARENA,**

WHOSE FACE IS MARRED BY DUST AND SWEAT AND BLOOD,

**WHO STRIVES VALIANTLY;**

WHO ERRS, WHO COMES SHORT AGAIN AND AGAIN...

**AND WHO AT THE WORST,**

IF HE FAILS, AT LEAST FAILS WHILE

**DARING GREATLY.**



Damian Boyd  
Improvement Advisor

Healthcare Improvement Scotland



# What's the stone in your shoe?

Tim Shearman

Improvement Advisor

Healthcare Improvement Scotland



## SPSP Perinatal and Paediatric Learning Session October 2024

### *What's the stone in your shoe?*

NHS board / Unit:

Project contacts: *Name and email  
address for main project contact, so other  
boards/units can ask for more info*

Complete this section in advance

#### What are you trying to achieve?

This could be an aim or sub-aim, or the overall aim for all of your improvement work. Include the timescales.

#### What is your challenge?

Describe **one** challenge that is holding you back

#### What would you like the group to help you with?

Explain how other teams might be able to help



Complete on the day

#### Next steps

Note down three steps you can take to address your challenge (to be completed at the learning session)



# 10 minutes... GO!

## Proforma complete

- Stay at your table
- Designate a scribe
- Make sure everybody from your collaborative team understands your problem

## Proforma not complete

- Stay at your table
- Designate a scribe
- As a collaborative team or board, decide on one problem and fill in the proforma

## Not from a territorial health board?

- Stay at your table
- Listen in and seek to understand the problem



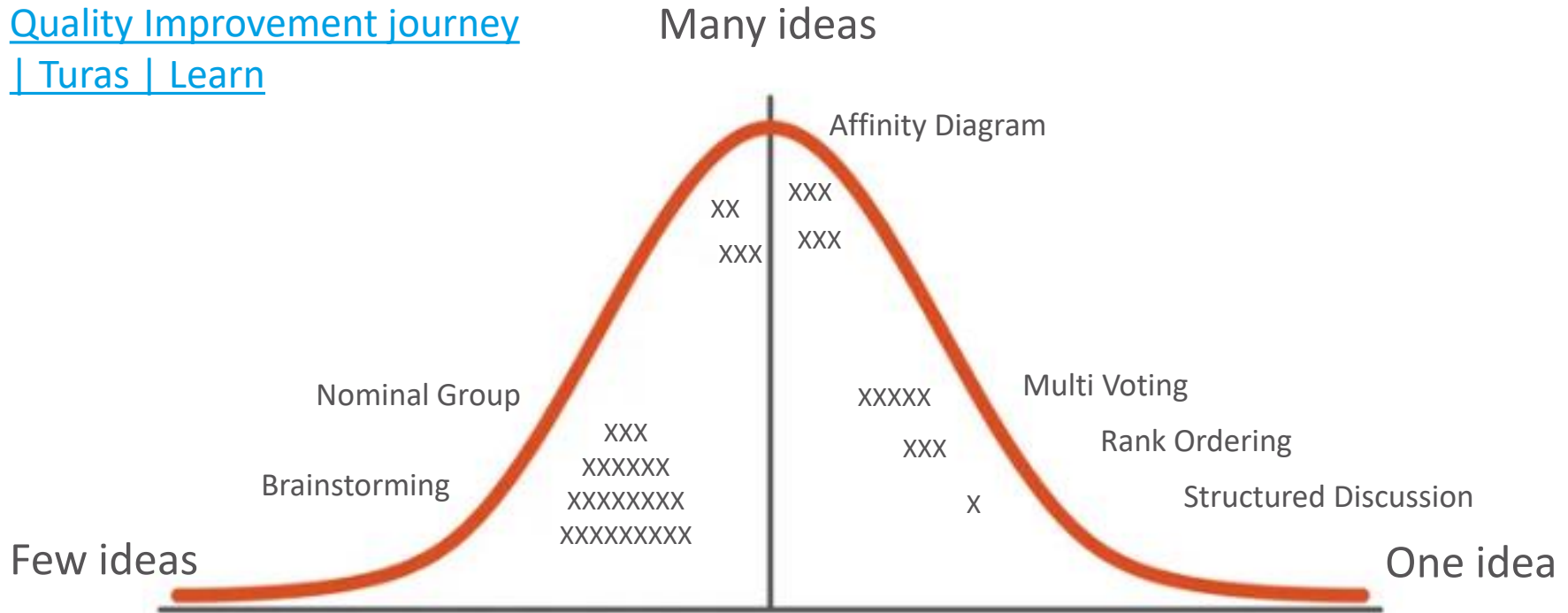
# Tools to help you problem solve...

- Generating ideas
- Theming those ideas
- Selecting which ideas to test
- Divergent and Convergent Thinking



# Divergent and convergent thinking

[Quality Improvement journey](#)  
[| Turas | Learn](#)

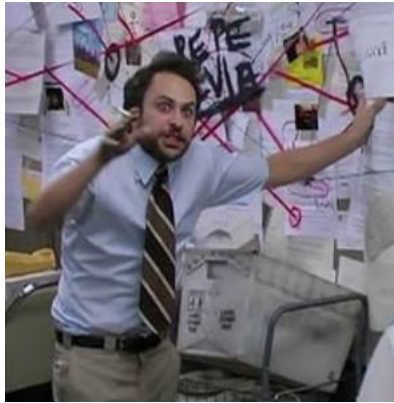


# Divergent and convergent thinking

Few ideas



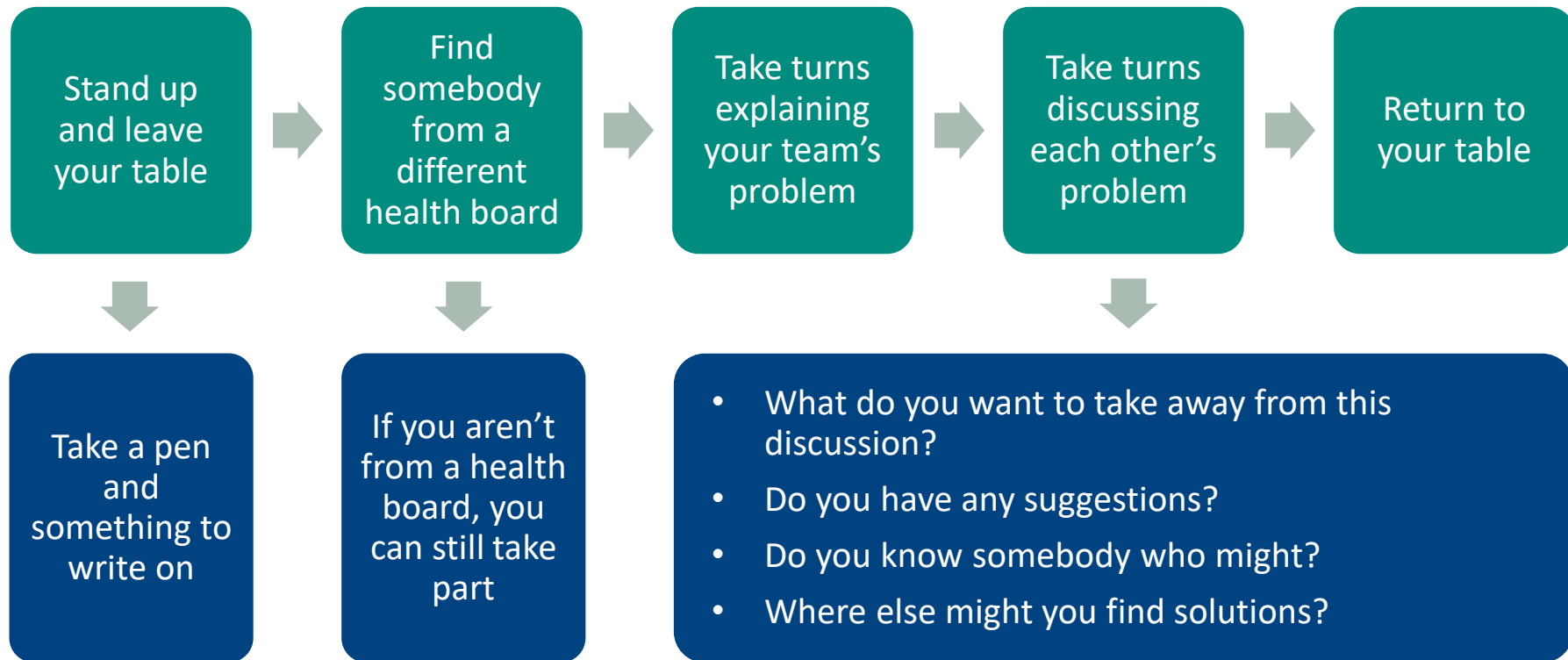
Many ideas



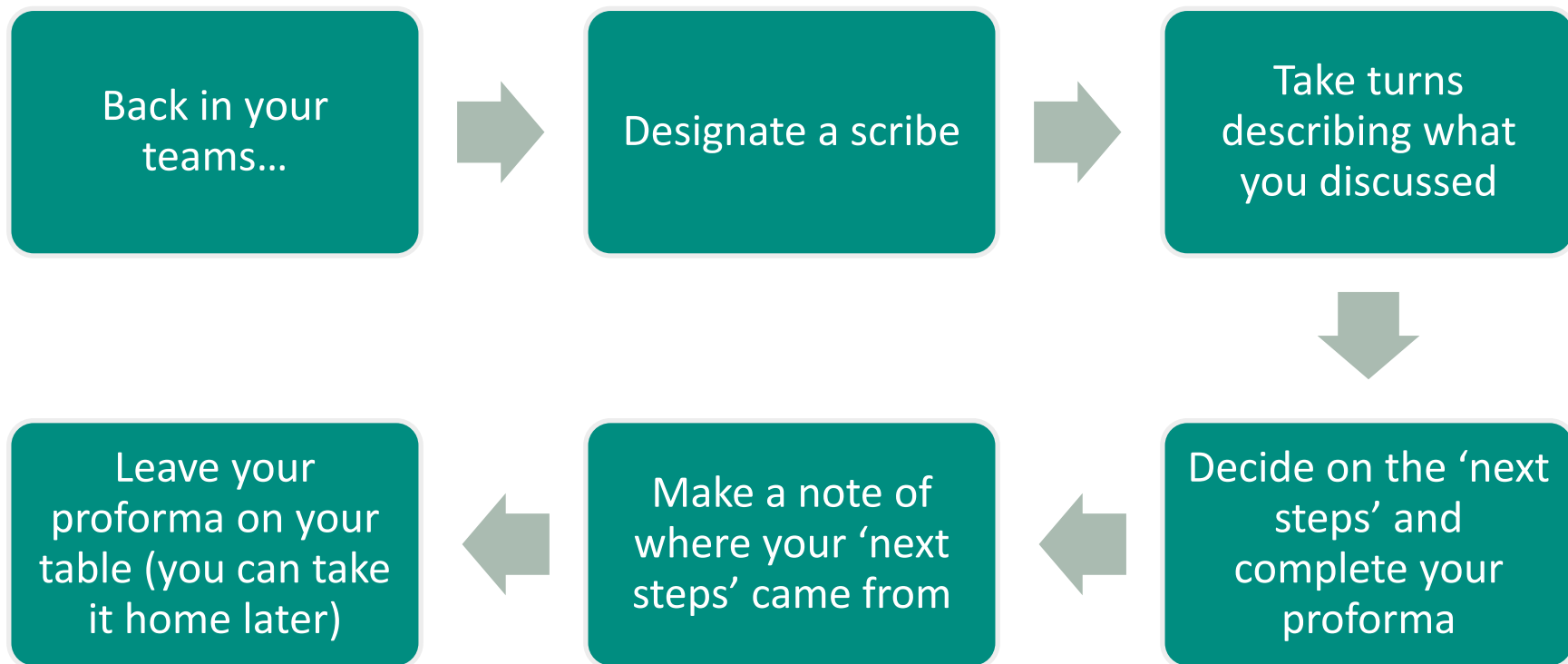
One idea



# 15 minutes... Time to meet your match!



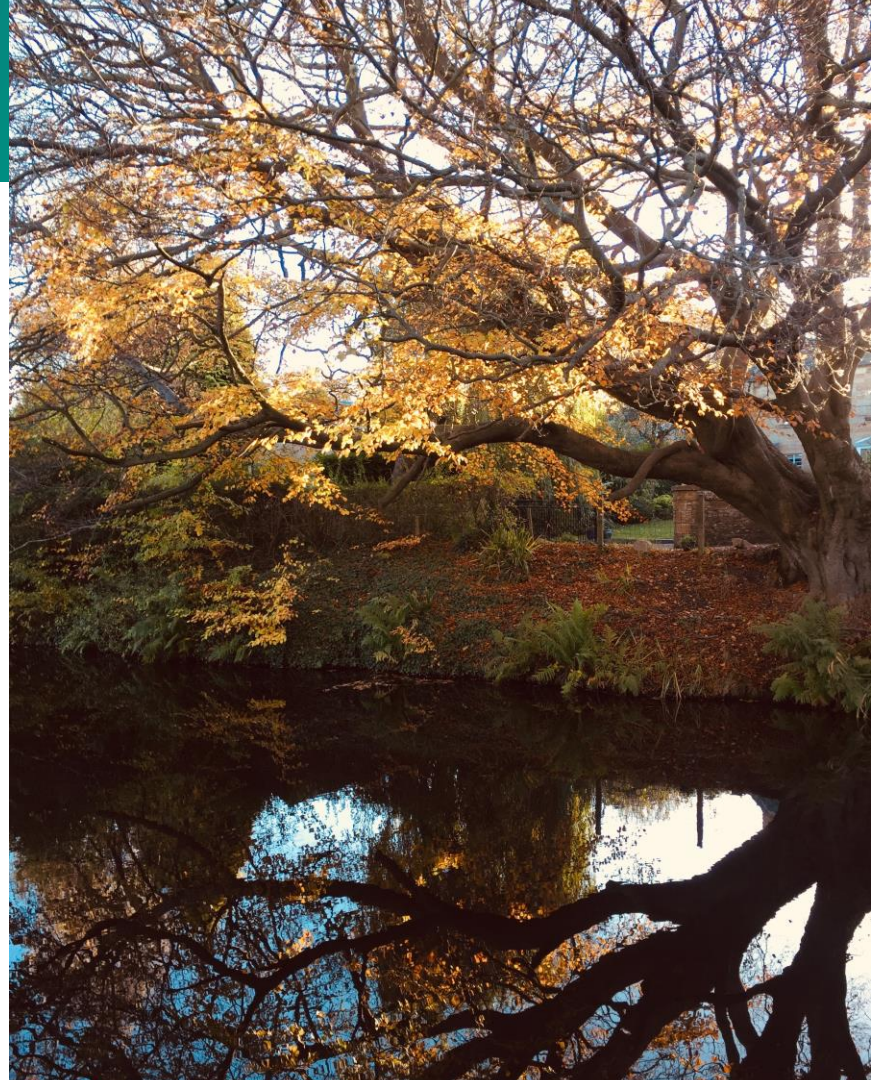
# 15 minutes... Sharing is caring!



# Team planning

# Team planning, reflections

- Share reflections from the event with your team.
- Note learning or examples that you or your team could explore
- Contact [his.spsppp@nhs.scot](mailto:his.spsppp@nhs.scot) if there is anything else you would like to learn more about.





# Team planning, next steps

- What are your next steps as a team?
- Who do you need to engage with?
- What action can you take tomorrow?

# Keep in touch

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**Email:** his.spsppp@nhs.scot

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