

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?

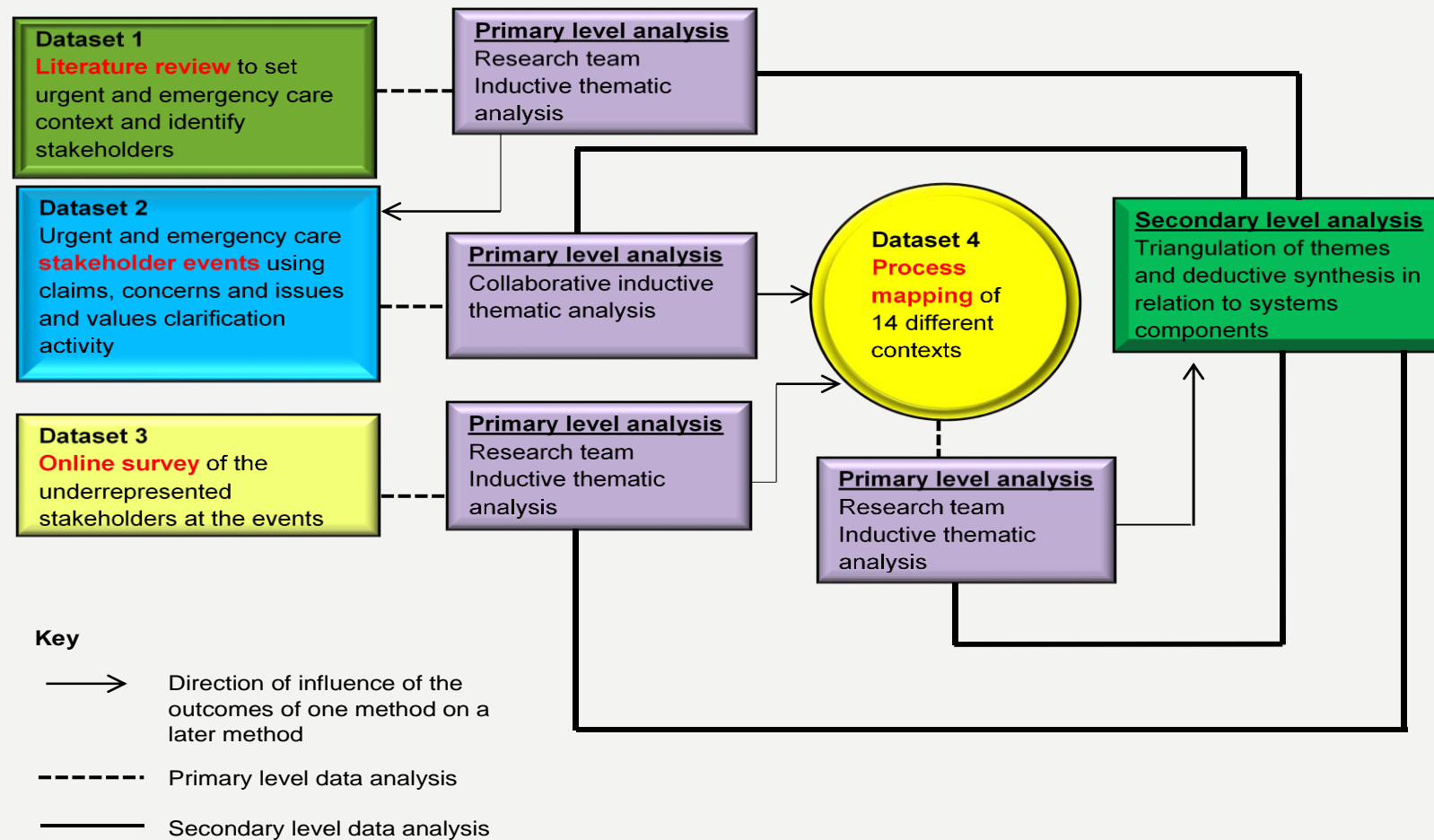
Systems perspective to transformation:



- Structures
- Processes
- Patterns e.g. values, trust, how various groups communicate with one another, etc.

(Plsek 2003)

SYNTHESISING A FRAMEWORK FOR TRANSFORMING URGENT AND EMERGENCY CARE WORKFORCE



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



**Integrated urgent and
Emergency care
(Whole System
Any place, any
context)**

Feedback

Outputs

Outcomes

- Timely care at time of crisis in the right place
- Urgent and high dependency care prevents loss of life or on-going 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

CLINICAL SYSTEMS LEADERSHIP

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

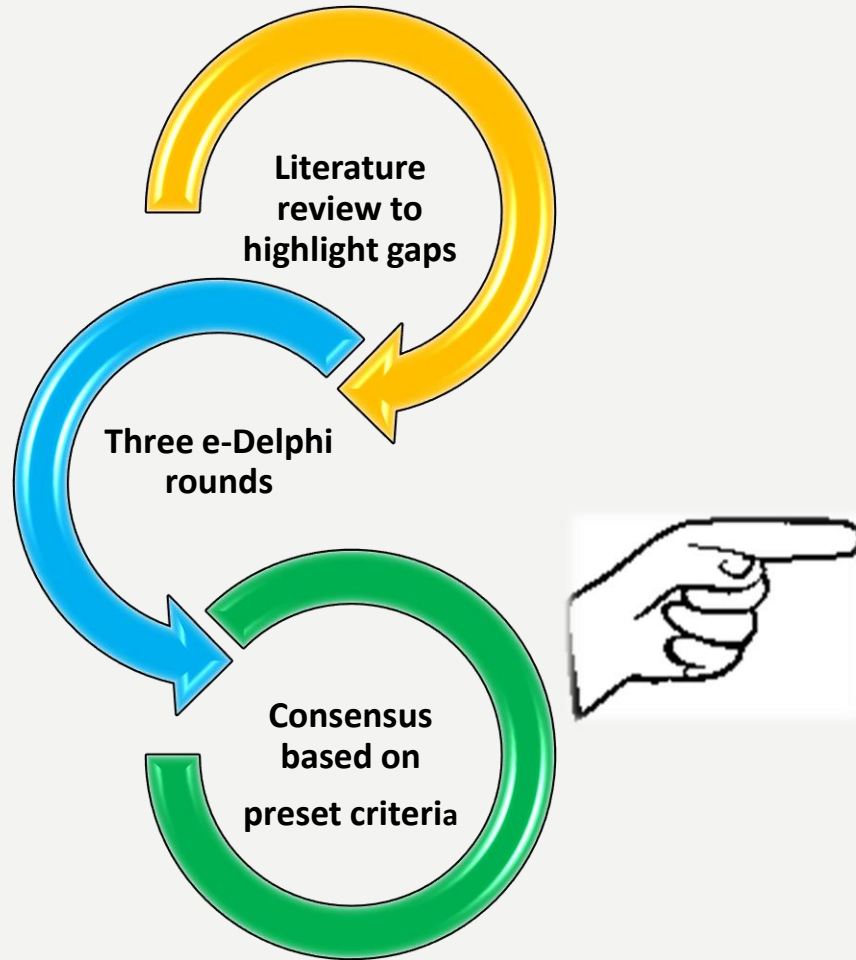
- To develop a set of standards that could be used to guide an integrated approach to facilitation in and about the workplace

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



Criterion	Score
1. A composite score (CS) on the top 2 items on the scale	$CS \geq 75\%$
2. A standard deviation (SD)	$SD \leq 1$
3. A mean score	$Mean < 3$
4. An interquartile range (IQR)	$IQR \leq 1$

DEVELOPING THE STANDARDS FOR INTEGRATED FACILITATION

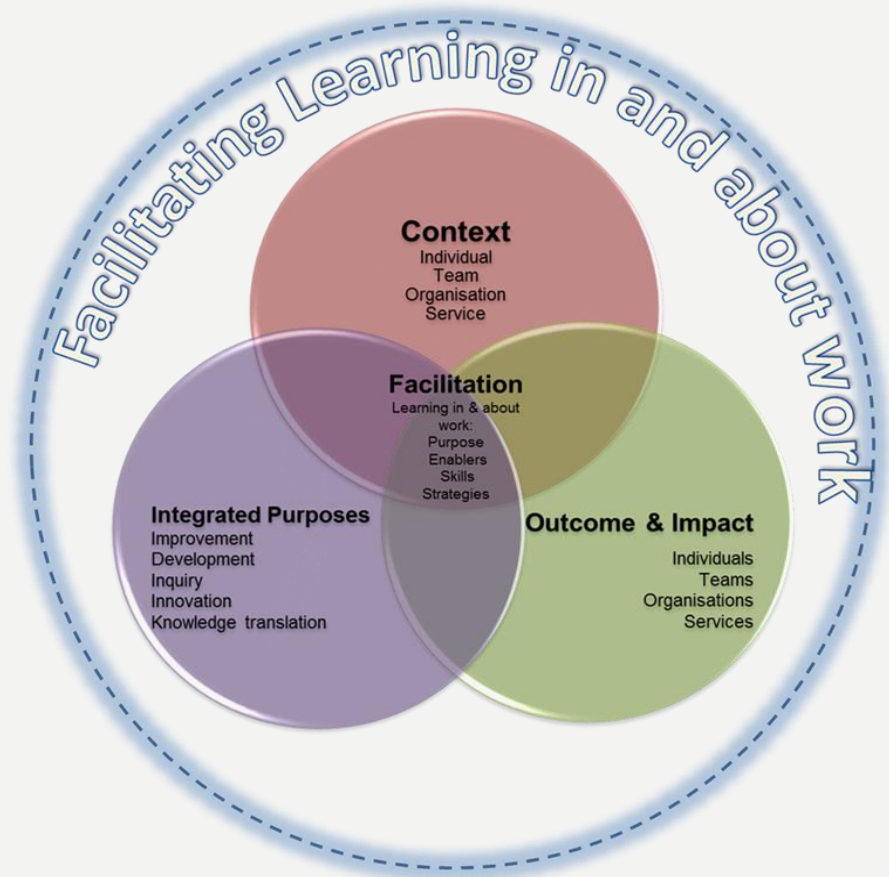
What is integrated facilitation?

‘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)**

Components of an Integrated Facilitation Approach in and about Work



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.



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RESEARCH ARTICLE

Open Access



Using systems thinking to identify workforce enablers for a whole systems approach to urgent and emergency care delivery: a multiple case study

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Abstract

Background: Overcrowding in emergency departments is a global issue, which places pressure on the shrinking workforce and threatens the future of high quality, safe and effective care. Healthcare reforms aimed at tackling this crisis have focused primarily on structural changes, which alone do not deliver anticipated improvements in quality and performance. The purpose of this study was to identify workforce enablers for achieving whole systems urgent and emergency care delivery.

Methods: A multiple case study design framed around systems thinking was conducted in South East England across one Trust consisting of five hospitals, one community healthcare trust and one ambulance trust. Data sources included 14 clinical settings where upstream or downstream pinch points are likely to occur including discharge planning and rapid response teams; ten regional stakeholder events ($n = 102$); a qualitative survey ($n = 48$); and a review of literature and analysis of policy documents including care pathways and protocols.

Results: The key workforce enablers for whole systems urgent and emergency care delivery identified were: clinical systems leadership, a single integrated career and competence framework and skilled facilitation of work based learning.

Conclusions: In this study, participants agreed that whole systems urgent and emergency care allows for the design and implementation of care delivery models that meet complexity of population healthcare needs, reduce duplication and waste and improve healthcare outcomes and patients' experiences. For this to be achieved emphasis needs to be placed on holistic changes in structures, processes and patterns of the urgent and emergency care system. Often overlooked, patterns that drive the thinking and behavior in the workplace directly impact on staff recruitment and retention and the overall effectiveness of the organization. These also need to be attended to for transformational change to be achieved and sustained. Research to refine and validate a single integrated career and competence framework and to develop standards for an integrated approach to workplace facilitation to grow the capacity of facilitators that can use the workplace as a resource for learning is needed.

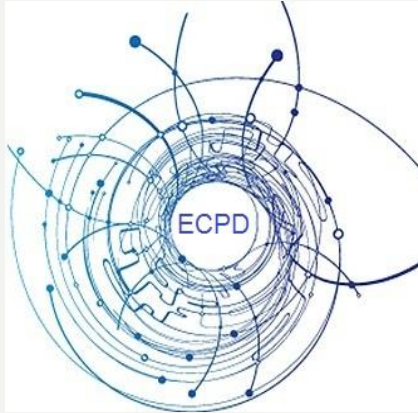
Keywords: Urgent and emergency care, Whole systems working, Leadership, Workforce development, Multiple case study, Facilitation, Work based learning, Integrated competence framework

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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?

