

Self Improving Teams Toolkit Guide for ICs

Summary

Initially created using the concept of the Buurtzorg model of community healthcare in the Netherlands, the Self Improving Teams model drives improvement through peer review through the exchange of knowledge and creation of networks between clinical teams within the context of a standards based peer review.

The Self Improving Teams Toolkit allows teams to use an agreed set of Quality Standards (QS), and to be taught the principles of peer review using the agreed standards. This allows exchange of good practice, critical appraisal of neighbouring services and a process of improvement aimed at levelling up quality.

Team A reviews Team B which leads to both A and B improving with the learning from each other. Team B reviews Team C and takes the shared learning from A+B to achieve an improved outcome. Team C then takes the A+B+C improvements to review Team D etc. Ultimately, along the way, some good practice learned earlier is replaced with better ideas found later in the process.

Networks and collaboration created through the process allow services to exchange ideas after each review is completed.

Self Improving Teams has most potential when working across a number of health systems where variation in approach and practice will allow greater reflection on alternative models. It works best where a number of small multidisciplinary clinical teams work in proximity to each other. The ideal number of teams is 8-12 teams, although it can work well with smaller numbers. It does however mean that the incremental improvement through shared learning may not be as great.

Resources

A resource pack is available from grs@nhs.net which includes templates that should be customised to your individual approach and teams requirements.

Note: Any references to the Quality Review Service are now in screenshots of previous documents only and cannot be amended. All other material is now generic.

Resources include:

- a. Day 1 Slide Deck [File Name : Self Improving Teams Training Slides - Day 1]
- b. Day 2 Slide Deck [File Name : Self Improving Teams Training Slides - Day 2]
- c. Example Quality Standards [File Name : ICS QS D6 20201123 or Generic QS V2.4 20201123]
- d. Guide for giving feedback [File Name : Self Improving Teams Guide for giving feedback V1 20191105]
- e. Example visit timetable [File Name : Self Improving Teams draft timetable]
- f. Training Certificate of Attendance [File Name : Certificate of Attendance - Training]
- g. Prompts for reviewers [File Name : Reviewer prompts]
- h. Draft Immediate risk letter [File Name : Draft Immediate Risk Letter]
- i. Draft letter to host Caldicott Guardian for permission to review records. [File Name : Sample Caldicott Guardian Approval Letter]
- j. Sample planning check list [File Name : Sample Planning Checklist]

Peer Review

Peer Review is the opportunity for a team of 'peers' to review services against a structured framework. This framework is often a set of Quality Standards that are objective and measurable. The approach should be one of a 'critical friend', where feedback is both positive and also identifies areas for improvement. Improvement feedback allows the service to learn and improve; positive feedback allows other services to improve and learn. Peers should, where possible, have no direct relationship to the service being reviewed.

Peer review has a number of key steps:

1. Identify the teams to take part and the quality standards (QS) to be used. These should be clear and measurable by someone (a peer) who understands the service.
2. The service undertakes a self-assessment against the QS, identifying those that they meet and those that they don't. The service should also collect an evidence folder to demonstrate their compliance which will be considered by the review team.

Note the assessment is Yes (Meets the QS) or No (does not meet); for the purposes of peer review partial or nearly meets is not an option. In collating the evidence of compliance, the team should understand this is not a pass or fail test but rather an evaluation of the current progress of the service on its improvement journey.

3. In preparation for the review, the host team lead should also provide background information to help the review team assimilate the service vision and other factors. This should be seen as 'setting the scene' for the review. Traditionally this is 2-4 pages depending on the issues. This should be sent, along with the completed self-assessment, to the review team at least one week before the review.
4. On the day of the review, the review team lead should assemble the team for a pre-review brief, reminding the team of standards of behaviour, approach and impartiality. The review should proceed as per the timetable and training slides (see resource list above). Ideally, two reviewers should work together taking notes and supporting each other.
5. The review day starts with a team of trained peers from other services reviewing the evidence folders and considering any additional questions or areas of discussion that the self-assessment raises.

Note – further details on the training of peer reviewers can be found in **Appendix 1** below.

6. The peers then meet with services leads, operational teams and other nominated individuals. This will also include a visit to the facility or other work environment to understand the delivery process.

Note - this is not an assessment/validation of individual practice but of the way the service works and the service compliance with the QS. However, if a peer identifies practice of concern, they should raise this with the service lead.

7. The peers will then meet and evaluate all that has been learned during the course of the review: the evidence folder; meetings with the team; review of the facilities and any other evidence identified during the visit. They will then evaluate their own view of service compliance against the QS. Along with compliance, the peers will identify good practice (for sharing), concerns (for improvement) and further considerations (not relating to compliance, but other thoughts from the review team). Very occasionally, reviewers will see something that is a risk to patient safety or clinical outcomes in the service that must be addressed quickly; this is an 'immediate risk' and must be flagged quickly to a senior person in the service.
8. At the end of the review, peers will feedback their headline findings to the service lead in an end of review meeting. The lead should confirm with each member there are no immediate risks to patient safety or clinical outcome; if so, the immediate risk sample letter must be used (see resource list above). The service lead must inform the host team at the very beginning of feedback to ensure it is not missed.

Feedback should be brief but include all the key details for the service to focus on improvement. Feedback should also include examples of good practice to avoid it becoming a negative process.

9. The team lead should write up the review and agree its content with the rest of the review team. This should be shared with the host team. Where learning has been identified and good practice noted, this should be shared with other teams as part of the improvement opportunity. Any written report or findings should be shared with the service promptly.

APPENDIX 1 - Training

The Teams will need two days for training in the review process. The first session is aimed at understanding the principles and the importance of the quality standards and peer review. The second session uses practical demonstrations to test and practice review and feedback skills.

Note: in addition, time will also be needed between the two training sessions for preparing their evidence folder.

The sample slide deck (see resource list above) is based on the Quality Review Service Integrated Community Teams standard, however the QRS Generic Quality Standards are also enclosed. You should confirm that these standards remain valid and relevant before starting as they may have passed the date at which the authors expected them to be reviewed.

Day 1

Day 1 training is classroom based. This is a busy day. Regular breaks are needed. The Day 1 training slides are summarised as follows:

- Slides 8-18 introduce the concept of peer review and to help understand the key principles.
- Slides 21-25 are designed to encourage reflection on the principles of continuous improvement:
 - Slide 23 WD40 is the 40th iteration of Water Dispersant spray. Model T Ford is the 20th iteration of the cars design (models A–S came before it, not all made it off the design board). Change and development is a route to improvement.
 - The video (Slide 25) is a light hearted distraction to show how learning improves process. From the early days of pitstops where the driver got out for a walk, to the days when only one person could change the wheel to the highly polished 2.2 seconds (not the world record time for this). Note some healthcare ED teams have employed F1 pitstop teams to teach in A&E about teamwork and coordinated speed of response.
- Slides 27-35 talk about peer review models and what they achieve.
- Slides 38-71 introduce the group to Quality Standards and talk about how they work and measurement. The standards used here are the Integrated Community Teams QS. If you don't use these you will need to update the slides to the ones you use.
- Slides 73 – 92 describe the visit and the process used. They teach the use of questions, viewing and assessment of evidence and managing meetings with the team being reviewed.
- Slides 93-97 cover drawing conclusions and feedback.
- Slides 99 -108 cover the self-assessment process and recording of evidence.

The team should then use the knowledge learned from Day 1 to begin their own self-assessment. At this stage it will be rudimentary. As an early version; evidence may not yet be fully assimilated. However, this will be important for Day 2 of the training.

Day 2

Day 2 training is more practical. However, as Day 1 will have taken place a few weeks earlier, a recap of what was covered will be helpful. The contents of the Day 2 slides is summarised as follows:

- Slides 4 – 24 recap what was learned on day 1.
- Slides 27-62 cover the detail of the process used.
- Slides 64-68 discuss looking at evidence and assessment.

- Group work allows the team to test these skills on each other with their prepared assessment and evidence folders. See Step 5
- Slides 70-72 are a reminder of key points.

During Day 2 training, there is an opportunity to practice the skills learned during the training. Each team brings their self-assessment and evidence folder (in whatever stage of development it is currently) to the session. Teams present should be paired with another team and exchange evidence folders.

Teams should take some time to review the other evidence folder and develop some questions of clarification or assessment they wish to ask. Using the techniques learned, they should 'interview' the other team.

Each team may then want to practice giving some feedback on their findings.

Other information

The team now have the theoretical skills to undertake a peer review programme. These will improve with use and the Self Improving Teams reviews should begin as close to the end of the training days as possible.

Where members of teams have not been trained; the team lead should use the training slides to ensure the whole team is familiar with the process.

Teams will need support in planning the steps of the review. The draft timetable (see resource list above) will support this.