GenerationQ: The Organisational and Personal Impact of the Programme:

An Evaluation Report based on data from Fellows of Cohorts 1, 2, 3 and 4 prepared for Will Warburton, Director, The Health Foundation.

By Lee Waller, Director, Centre for Ashridge Research in Executive Development with input from Brian Marshall, Janet Smallwood and Liz Wiggins

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ASHRIDGE business school

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Ashridge Business School Berkhamsted
Hertfordshire HP4 1NS, UK www.ashridge.hult.org

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The latest research evidence suggests that GenerationQ is making a statistically significant difference to participants' ability to improve the quality of patient care before after their participation in the programme. Fellows were very positive indeed about their GenerationQ participation and experience resulting in a mean score of 9.7 out of 10. An overwhelming majority (92.7%) of participants indicated they were very likely to recommend the programme to others. Awareness and skills were significantly improved across all four leadership domains (technical, contextual, relational and personal). Three quarters of Fellows continue to be involved in improving quality through the Ambition into Practice they began on the programme, chosen in conjunction with their sponsor to deliver relevant and practical organisational impact. In addition, two thirds of Fellows see their influence on quality going beyond their Ambition into Practice. 65% are in new and bigger roles. The words increased confidence, life changing and a sense of gratitude and privilege at being part of the programme feature strongly in the qualitative comments.

1. BACKGROUND

The Health Foundation have funded 6 cohorts of GenerationQ, the masters-level leadership in quality improvement programme delivered by Ashridge Business School in partnership with Unipart Expert Practices. The objectives of the programme are to create:

- Skilled and effective leaders for quality improvement in health by enabling them to provide leadership and improvement interventions which are effective, based on academic knowledge and grounded in research in both leadership development and improvement science.
- Leaders who have the skills to enhance their health organisation's capability for quality improvement, developing its culture and environment into one that is more conducive to improvement

Cohort 1 began the programme in 2010;

Cohort 2 at the end of 2011; cohort 3 in 2012; Cohort 3 in 2013 and cohort 4 in 2014. Cohorts 1 – 4 have now completed the 18 month programme. Cohort 5 are currently (September 2015) half way through and Cohort 6 will be recruited in the autumn 2015. Whilst on the programme, data from each cohort has been systematically gathered to monitor Fellows' experience and to ensure the quality and relevance of the programme content and delivery remained high. The Health Foundation also gathers end of award reports from each individual. However, this is the first time that the long term impact of the programme has been evaluated. The evaluation survey was designed and carried out by Ashridge Research supported by Aurora Research on behalf of The Health Foundation.

The survey carried out in August 2015 looked systematically at:

- The organisational impact of Fellows: what they have done to improve patient

quality in their organisations and health systems as a result of their participation in the programme?

- The personal impact of GenerationQ on Fellows as individuals; what knowledge, skills and awareness and motivational shifts have occurred as a result of being part of GenerationQ?
- Fellows' assessment now on the usefulness of all aspects of the curriculum and key design elements in order to help identify which aspects of the programme made the difference.
- Views were also sought on potential new dimensions to a refreshed programme, were the Board to decide to continue to fund further cohorts.

1. Fellows were very positive indeed about their 6. GenerationQ participation and experience resulting in a mean score of 9.7 out of 10.
2. An overwhelming majority (92.7%) of participants indicated they were very likely to recommend the programme to others. 7.
3. There was a statistically significant difference in Fellows rating of their ability to improve the quality of patient care before and after their participation in the programme, a rise from a mean score of 2.98 (SD = 0.93) to 4.16 (SD = 0.83) after the programme.
4. 95% of respondents are still working in the Health System, and 65 % are now in a new role, the majority with significantly increased influence. 70% of those in new roles said that their decision to apply had been influenced by their participation in the programme to either a great, or very great extent.
5. 76% of Fellows had been able to make progress on their Ambition into Practice. (The Ambition into Practice (AiP) is a significant piece of improvement work chosen by the Fellow in consultation with their sponsor. It is specifically designed to ensure that there is organisational benefit from an individual's participation in the 9.

programme). The original programme design intention was that Fellows' work begun on the AiP during the programme would be sustained afterwards. The fact that 74% reported that their progress and involvement was ongoing is very positive evidence that this hope has been realised and that participation is leading to long term, sustainable differences.

The majority of Fellows believe that their ability to lead or influence quality improvement goes beyond their AiP, with 69% reporting this to a great or very great extent.

Fellows believe the programme curriculum is relevant to the current healthcare context with between 86% and 93% of Fellows ranking the importance of each GenerationQ leadership challenge to the leadership of quality improvement as great or very great. (The leadership challenges inform the detailed curriculum of the programme.) The survey thus provides strong endorsement of the six leadership challenges identified as essential for a leader of quality improvement. Fellows have also suggested a number of possible developments for any future programmes.

The personal learning and skill development impact is high with between 67% and 98% of Fellows either agreeing or strongly agreeing with a number of capability statements regarding the development of their awareness and skills since the programme.

The qualification element of the programme adds perhaps surprisingly high value, with between 86% and 93% stating the key academic elements benefit their learning either a lot or a great deal. In addition, 55% stated that the opportunity to complete a master's qualification was either important or very important to their decision to apply to GenerationQ.

10. A strong GenerationQ network exists although there is potential to strengthen further. Over half (57%)of fellows see their direct GenerationQ network as consisting of between 11 and 50 members (total current alumni is 72). 57% of Fellows are still active members of action learning sets, self-facilitated and self-funding. Given the geographical spread of Fellows, and the demands of their working lives, the fact that so many action learning sets are continuing is a mark of the strength of the personal contact and support provided by the relationships made on the programme.
11. Quotations allow the voices of Fellows to

    be heard in ways that support and enrich the quantitative data. Their responses are enthusatsic and thoughtful. One is included in this headline summary to illustrate a commonly held view about the coherence of the programme content and design and the importance of technical and relational skills.

3. EVALUATION OBJECTIVES IN MORE DETAIL

"For me it is the combination of all the different elements so I wouldn't take any of them out as I think each bit you take out will impact more than the individual element. For me it is how the learning sessions, essays, action learning sets, site visits and individual coaching all interface that has made the real difference. Also the focus on the interface between the four different domains - QI is not just about the technical and many other courses make that mistake and hence we have individuals who are really frustrated as they have the technical know-how but not the skills on how to engage people and inf luence the context."

fore exploring the findings in more detail, we share the detailed evaluation objectives of the research study, as commissioned, and approved, by The Health Foundation.

Impact

To understand what difference the programme has made to GenerationQ fellows personally

and to their organisations and health systems

- To understand the longer term impact GenerationQ Fellows have had on improving the quality of patient care, in their context, through their Ambition into Practice and other leadership acts
- To understand the longer term personal impact of the programme on the way that GenerationQ fellows lead, their behaviours and attitudes as leaders.

Influence and networking

To explore the type of influence Fellows believe

they now have following their participation in the programme

- To understand who has changed jobs with what impact
- To explore Fellows own sense of their networking and influence pre and post the programme
- To understand their level of current networking with GenerationQ alumni and The Health Foundation
- To explore their appetite to be more formally and regularly connected as a leadership cadre.

Key elements of the programme current and future

- To understand the relevance of their learning against the 6 leadership challenges
- To understand what has stayed with them from each of the four leadership domains that comprise the curriculum, namely contextual, technical, relational and personal leadership
- To understand the impact of having had a qualification element to the programme
- To understand the long term impact of the various teaching components (leadership fora, coaching, action learning sets, reading, writing etc.)
- To explore the appetite and interest for new elements, for example, international, more specific system leadership etc.

4. RESEARCH METHOD

An electronic survey was undertaken from July 27 to August 24 2015. The survey was sent to all 72 Fellows from cohorts 1 -4. The reports were anonymised. Despite the survey being sent out in the holiday period and having a relatively short window for replies, there was a 79% response rate of fully completed surveys. Two further Fellows contacted the Foundation to say they would have liked to participate but were away during the survey period. The survey comprised both quantitative and qualitative questions, the latter inviting Fellows to respond with free from text and to illustrate their experience with examples and stories.

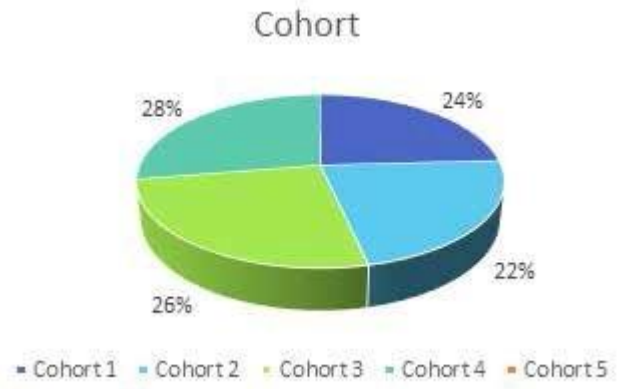
The survey was self-reported only and took about an hour and half to complete. As part of the survey, Fellows were asked whether they would be willing to engage in a conversation with a writer to solicit and record their experiences and stories in more depth and an over-whelming majority responded with 'yes'. It is clear from the responses to the survey, supported by anecdotal feedback, that there is significant rich material to be gathered from undertaking a more narrative based research, were the Foundation wanting to pursue this for wider knowledge dissemination.

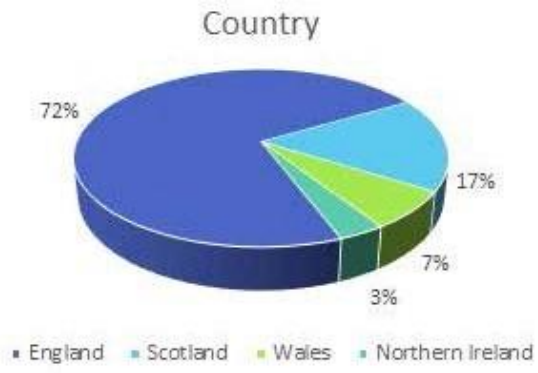
5. DEMOGRAPHIC AND PROFESSIONAL PROFILE OF FELLOWS

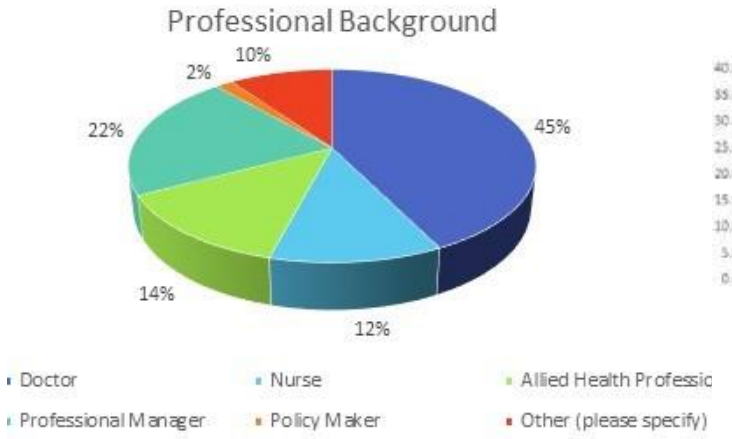
The charts below provide details of the demographic profile of respondents.

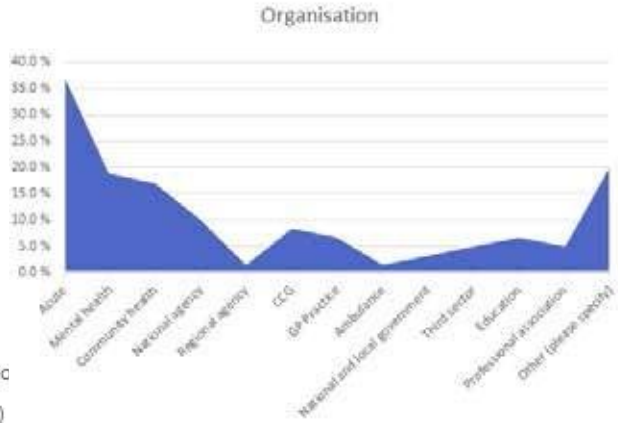
The respondents were fairly evenly split across the four cohorts.

The majority were doctors (45%) and the majority of participants were from England (72%). The respondents are currently employed in a wide variety of organisations, the largest group working in acute care (38%).









6. OVERVIEW OF PROGRAMME IMPACT

GenerationQ seeks to attract senior leaders in a broad spectrum of health roles who have the potential to lead significant improvements in the quality of patient care, as articulated in the programme objectives. We were therefore interested to learn about the Fellow's sense of impact, career progression and ability to influence since graduating from the programme. These are important indications as to whether the objectives of the programme have been met. In addition, we were interested in their experience of the personal impact of the programme.

Increased impact on quality of care

Fellows reported a significantly higher level of impact on quality of care through being part of GenertaionQ. Fellows were asked to rate the impact they believe they had on improving quality of care before and after their participation in the programme. The mean score for impact on quality of care before joining the programme was 2.98 (SD = 0.93) and 4.16 (SD = 0.83) after the programme. The difference

between the mean level of impact on quality of care before and after the programme was examined using a paired samples t-test, and revealed that the impact on quality of care after the programme was significantly higher than before the programme, $t(57) = 7.91$, $p<0.001$. The nature of this increased impact, achieved through both fellows' Ambitions into Practice and beyond, is explored in more depth in subsequent sections.

Significant career progression

95% of fellows who responded are still working in the Health System and many have sought new, more influential roles. 65% (37 respondents) are now in a new role from that which they occupied during their time on the programme.

Whilst acknowledging that role titles can be ambiguous, 78% of the respondents are now directors (or equivalent) within a broad spectrum of roles and organisations of which 69% are new posts and/or promotions. Of interest, the majority of clinicians are now either medical directors or clinical directors (some with specific responsibility for quality and/or medical leadership) and GenerationQ fellows now hold director level positions in a number of significant national and regional bodies (including The Health Foundation, Monitor, TDA, CQC, HIS, AHSNs).

Fellows in a new role were asked to what extent GenerationQ influenced their decision to apply. 70% said the decision to apply for that role had been influenced by their participation in the programme to either a great, or very great extent. Increased confidence and self- belief was repeatedly mentioned, along with an encouragement to think differently.

"At the beginning of GenQ I was a clinical director, and was not sure what the next step in my career should be - I was very ambivalent about taking on the responsibilities of a Medical director role - I now feel confident in this role."

"I would not have had the confidence to apply for such a role, without having GenerationQ training. It provided a strong theoretical framework, but also through the extensive discussions, action learning sets, and assignments gave me the confidence that I could do the role. The assignments in particular made me "braver" in trying new approaches with my teams."

Increased confidence was also repeatedly mentioned as a key way that GenerationQ helped Fellows secure improvement. The size of the word in the word cloud indicates how frequently it was used in the responses

new roles, along with increased credibility and increased connection. *"It gave me the confidence to take a risk and move out of my clinical area of expertise to start to use QI skills in other healthcare settings."*

"It gave me academic and technical credibility in terms of my CV (I completed the masters). It also enabled me to hold conversation at the interviews stage which I would not previously been able to have."

"I could demonstrate that I had a sound knowledge base and also practical experience in leading improvement. The links to the Health Foundation also helped."

Greater system-wide influence

Fellows were asked to specifically comment on the implication of their new roles in terms of their opportunity to lead and influence quality

All but two fellows cite greater system-wide influence and impact, either within their own organisations or, frequently, beyond.

"Since joining Generation Q I was asked to take the lead on Quality improvement for our organisation - this has involved direct responsibility for writing our QI strategy, more mentoring others; increased teaching of QI; increased system-wide impact through AHSN and Patient Experience networks, greater budgetary responsibility, greater people responsibility - team has tripled in size, opportunity to influence policy; monthly opportunities to present nationally."

"Now have a role as Head of Medical Leadership development for

organisation - part of quality improvement steering group for the Trust, part of learning and organisational development steering group for the Trust so much greater influence on strategy for both for organisation and on greater numbers of individuals within the organisation."

"I have moved from a mental health Clinical Director to being Divisional Medical Director for one of three trust divisions (divisional annual operating budget £160m). I am leading a series of programmes of service transformation. I am also now the Trust's R&D director (trust annual operating budget £450m) and advising on a new strategy with a greater emphasis on growth in research activity, expansion of the R&D workforce and greater emphasis on linking research to service innovation and quality improvement.''

"I now work at a regional/national level where I have the opportunity to directly influence quality of care through regulation, but more importantly have the ability to influence the regulatory approach (bringing my QI perspective into conversations)."

"I have a far greater span of influence and authority in this role than in my previous one. I am responsible for creating a new integrated health and social care service for the city of xxxx and have an operational responsibility for around 2,000 staff in house and for significant services that we commission. This is a new and significant role in Scotland developed under the Public Bodies Act. The ambition is to create services that are seamless, integrated and person centred and we are basing our planning and development work on that, building in quality and quality improvement at the heart of the new organisation."

In addition to having greater influence through formal role position and increased people and budgetary responsibility many fellows also cite mentoring and teaching as a key aspect of achieving greater influence.

"My role has not yet formally changed, but informally it has changed massively and could well change formally soon. I have trained a first cohort of quality improvement champions and through this programme and through other more direct impact have made changes to the culture of the hospice which now has begun to recognise the value of placing improvement, not just quality, at its central core. In several clinical services and in some of the non- clinical services this has been quite a shift. The use of measurement not merely for accountability but to help recognise the current quality and drive possible improvements has been very noticeable. As a postgraduate educator I have mentored 4 doctors on improvement projects and succeeded in supporting the acute trust to pass its CQC inspection on the end of life care domain with the highest mark achieved by any domain in the trust. New business cases have also been approved based on some of the improvement work in the acute trust."

"My role has enlarged to take on more clinical areas; my team has grown commensurately both in terms of directly reporting managers and also the clinicians whom I lead in their commissioning roles. My role has also embraced the professional development of those clinicians, with whom I now lead a variety of QI and leadership teaching and training sessions. My system wide impact has increased considerably, and as a result of the work I have led my team in achieving, we are right now engaged in public consultation to dramatically change and implement improvements to our whole health and social care system."

Considerable personal impact

Participants were asked to rate, on a scale of 1-10, how positive they now feel about their GenerationQ participation and experience. The overall mean score for this was a remarkable 9.7 out of 10.

It is difficult to give a fair representation of the incredibly positive sentiment expressed by the participants about the programme. A word cloud is shown below with the size of the text representing the frequency with which a certain word was used in the responses:

It is good to see frequent mention of both work and impact, but also worth noting that "life-changing" and, once again, "confidence" are two words which are also frequently used in the responses. GenerationQ fellows feel that the programme has significantly impacted their working lives, giving them greater confidence to lead change and Quality Improvement:

"Life-changing. It has helped me to become a significantly more confident leader of QI who is able to now confidently inhabit a leadership space that previously I had been reluctant to enter."

"Hugely impactful. It has changed my life... for the better. Many programmes like EGA have copied this, but GenQ is a stronger curriculum in my view."

"A life-changing experience that has allowed me to develop the skills to lead quality improvement in healthcare with confidence"

Generation Q and am immensely proud and grateful to have been a part of it."

"Immeasurable and huge. I would not be in my current role, I would not have my current understanding of organisations, influence, power and politics, and I would not be looking at the wider healthcare picture and considering how I can improve that. I feel that I am in a completely different position personally and professionally than I would have been without

"I have achieved a level of confidence and expertise in leading improvements that I could never have imagined. I feel I have been supported and nurtured towards this end."

"This has been a life changer for me personally and professionally. It has me to be more focused on quality care and to teach quality improvement at every opportunity. It

has given me the privilege to join collaboratives that are interested in quality improvement like Patient safety collaborative Northeast, being part of Cumbria Learning collaborative and being an assessor for health foundation and national institute of health research"

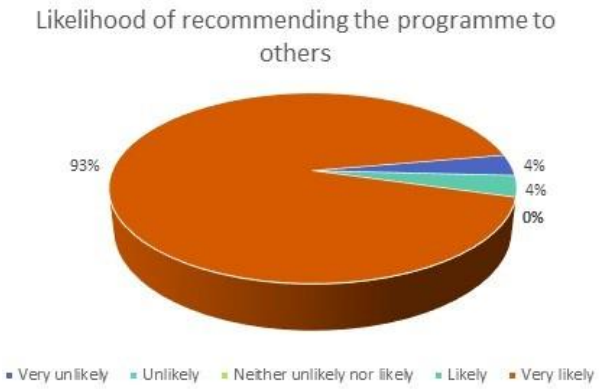
"I cannot under estimate the impact Gen Q had on me - it was the single most important thing I have ever done both academically and professionally. It seemed to me that there was a perfect mix of academic rigour and exposure to other learning. Being able to complete an MSc was important to me however the support I received when I was ill was fantastic I am so envious of the next cohort - can I come back??!!??"

"The experience was excellent and the impact has been transformational for me, for my team and how we do our work, and also I'd argue for the CCG as a whole in terms of how we understand what we are doing and why. As we have implemented programmes which have improved care demonstrably for many thousands of patients. Would these changes have happened without GenQ? It's hard to say but my feeling is not - the resistance would have been too great and the engagement and methodology we used beyond my capabilities to lead."

"The Generation Q programme is - by far - the best leadership and learning experience I have had in my career. The impact on me personally has been profound - I am more knowledgeable, more skilled, more self-aware, more confident and capable as a leader and a person."

The impact of the programme on Fellow's specific leadership skills and attributes is evaluated in depth in subsequent sections.

Finally, participants were asked to rate how likely it was that they would recommend the programme to others now, as detailed in the graph below. An overwhelming majority (92.7%)* of participants indicated they were very likely to recommend the programme.



*This may be understated, as the one respondent who said previously rated it 10 out of 10, so this response may have they were "very unlikely" to recommend the programme had been an error

7. ORGANISATION AND SYSTEM-WIDE IMPACT

Intention of 'The Ambition into Practice'

All Fellows are expected to undertake an Ambition into Practice (AiP) whilst participating in the programme. The AiP is a significant piece of improvement work chosen by the Fellow in consultation with their sponsor. It is specifically designed to ensure that there is organisation benefit from an individual's participation in the programme and is conceived to be 'more than a project', rather a challenging endeavour to lead a sustained improvement in quality which might well continue beyond the time boundaries of the programme.

"The AiP has become my day job. The whole transformation programme in my CCG relates back to the learning from my AiP'.

Pleasingly, 76% of Fellows report having been able to make progress on their Ambition into Practice, 74% report that their progress with it is ongoing and 72% reported that their AiP has developed further from their original intentions as expressed during the programme. In many cases, given the number of role moves and promotions, continuation of the AiP has required Fellows to delegate to and develop others.

"The plan is still there (improved flow in emergency general surgery) and I am at an early stage. Unfortunately, my new role has taken me away from the arena in which I can directly influence so I am having to redevelop my approach, engaging others who can take this forward…I am now running a project to improve theatre utilisation across the whole Division. This will have the impact of reducing waiting lists, improving patient experience and engaging staff in the QI process."

Outcomes from Ambition into Practice

Fellows were invited to share the story of their AiPs in the survey. Whilst the responses are relatively brief they point to rich stories of achievement, challenge and learning which potentially merit further exploration and representation by a professional writer- researcher. We have analysed the stories-as-told, however, to identify seven categories of outcome each of which is illustrated with a brief example. With so many AiPs to choose from inevitably we cannot do justice to all the stories told in the survey. The examples as told also might

include some of the knowledge faculty have of individual Fellows' leadership acts and therefore go beyond the material explicitly made available in the survey.

The six generic outcomes are:

1. Increased organisation and system-wide QI capability
2. Integration across system boundaries
3. Changed policy and improvement approach
4. Improved clinical engagement
5. Improved efficiency and patient experience
6. Innovative service provision
7. Improved clinical outcome

At a meta-level, each and every one of these outcomes, and in particular the nature of the Fellow's leadership approach to bring the outcome about, also has a significant impact on shifting local culture to be more conducive to quality improvement as well as directly improving the quality of patient care. These are the common threads in all of the AiPs.

1. Increased organisation and system-wide QI capability

Several Fellows have lead AiPs to introduce a Quality Improvement Academy in their organisation and/or further develop the capability of an existing academy.

In a mental health trust a manager from

Cohort 1, with colleagues' support,

3.

has established a Quality Improvement Academy with four key work-streams agreed with the Board to focus upon and evidence impact. The QI academy acts as an internal consultant to all clinical and non-clinical directorates and has helped to introduce new ways of working (for example using LEAN and human error frameworks). Projects have included reducing waiting times for assessment from an average of 31 days to more than 90% being completed in 10 days or less with the remainder within the national 28 day timescale. The academy is currently supporting an £18m improvement project and has just met again with the CEO, DN and MD to agree the next steps in developing the Trust's Quality Strategy. The Trust has been short-listed for a number of national awards and has secured additional funding and support from The Health Foundation.

2. Integration across system boundaries

There are several examples of Fellows leading improvement in relationships and working practices that cross traditional organisational boundaries. For example, more effective working

practices between primary and secondary care, and between acute care/community and social care. The story we choose to share also involves the third sector.

A Hospice CEO from Cohort 3 has succeeded in demonstrating that both acute and primary care providers can learn from and partner with the third sector, even from troubled beginnings. A 'hospice in the hospital' is now operating and facilitating cultural change in the acute hospital, which in turn is leading to improvement in palliative and end-of-life care. A formal partnership now exists between the hospice, CCG, acute hospital and primary care. 60% of patients are now coming directly from the community compared with 20% at outset and the majority of patients now receive continuity of care from their own GP rather than a rota-GP as had been previously the case.

Changed policy and improvement approach

A manager from Cohort 4 has played a key role in the redesign of how national improvement support is provided.

Her original intention was to change the way improvement support was provided across national healthcare in Scotland by moving away from top down initiatives using breakthrough series collaborative approaches and promoting the Model for Improvement as the main approach to one that was much more about creating the conditions that enabled Boards to create a prioritised programme of QI work that addressed their key issues, "pulling" support nationally when they needed it. She also wanted to move from an approach of employing individuals full time nationally to one where the national support had a mixed staffing model, with a lot more emphasis on sharing the skills and experience of those working within Boards.

During the early stages of the AiP process, an agreement was reached to merge three existing national improvement bodies, including that of the Fellow and one that worked across the integrated health and social care space. This then created the vehicle to progress a redesign of how national improvement support is provided, not just in health but in health and social care as well

The leadership team of the newly merged entity, including the GenerationQ Fellow, is now in the final stages of agreeing the purpose, scope, functions and approach of the new body, embracing the Fellow's original ambitions. For example, the new underpinning principles include a preference for bottom up requests and a concept of skills transfer in everything that is done. The new team is also clear that the new organisation will run both large scale change programmes and also customised support using a mixed-methods approach, recognising the need to match approach to context, and also the importance of both technical and relational approaches working together.

The Fellow hopes over the next couple of years to see an increase in the pace and scale of QI work across health and social care in the country as this new body works with the 31 newly integrated health and social care partnerships to support them in the vital work of redesigning health and social care for the 21st century.

4. Improved clinical engagement

There are many inspiring stories of improved clinical engagement amongst the AiPs, typically led by clinicians, either as the primary intention and outcome of the AiP or, sometimes, as a primary enabler and unexpected but welcome secondary outcome.

The latter is the case in this story of a clinician who, with no prior leadership role or

experience, competed for and took up the role of Medical leadership development for a large teaching hospital. In her own words 'part of the reason for taking on the job was to offer something of GenQ opportunities to other colleagues in the organisation'. Since taking on the role she has succeeded in stimulating an organisational review of structure and decision making (particularly focussing on how these impact medics) rather than 'just developing a course for colleagues – although that has happened as well.'

She is now also part of a risky project looking at medical productivity with the aim of developing service level (rather than individual) job plans. Through increased engagement and data sharing the hope is that this will improve efficiency and quality of care by reducing variability across the trust. It will require services determining together what each aspect of their work really needs and takes as well as a significant shift in mind-set from that of individual practitioner to being a member of a service.

5. Improved flow and patient experience

At the heart of many AiPs is the objective to improve patient flow and patient experience; putting the full range of QI methods to the test, including Experienced Based Co-Design (EBCD). In line with recent NHS strategic priorities the chosen context for the work has included emergency departments (ED), care of the frail elderly and dementia care.

A clinician elected to put LEAN and his own developing engagement skills to the test in his own ED. This was a personally brave ambition not least as an earlier attempt had not been successful and this second attempt required him to reflect deeply upon the part his prior leadership style played in the earlier failure. The work and his new found leadership approach had results beyond expectation. As a local commissioner said to him 'I don't know what you are doing over there but whatever it is, just keep on doing it'. In a four week trial period results included:

- The national 4-hour target being met on each day of the trial, previously unheard of in the department
- Percentage of patients admitted to hospital fell from 21.5% to 9%
- The 30-day mortality of all patients attending ED fell from 4.1% to 0.6%, equating to 2000 lives per year.

6. Innovative service provision

A number of Fellows have led the development of innovative service and business models, including a 'pop-up' recovery college and a number of social enterprises. The story shared here is that of a pharmacist who introduced a hospitalowned subsidiary company to run an outpatient pharmacy service.

The venture required the Fellow to skilfully negotiate and engage with the Board of his acute trust, in his words, 'I managed to bring the Board on a QI journey with me and they signed-off a large investment on the grounds of improvement in service for patients irrespective of the financial benefits. The fact I also saved large amounts of money for the trust was immaterial; the case was written and signed-off from a QI perspective which was so pleasing. Although I left the trust a year ago, the company is still running incredibly well and has been my legacy'. Monthly KPI reports are available to show the improved level of service.

The same Fellow is now Chief Pharmacist in a prestigious London hospital where, again in his own words, 'in my new trust, I have to start the QI

conversation from the beginning again and the effort required for that is big'. Watch this space.

7. Improved clinical outcome

Improving clinical outcome has been the ambition of several Fellows including stroke, dietetics, hip-fracture, reduced healthcare associated infections (HCAI) and the care of the frail elderly. The story shared here is a passionate, ambitious and ongoing one of an ambulance paramedic.

The ambition of the Fellow is for Scotland to become an international leader in the management of Outside Hospital Cardiac Arrest (OHCA) with an aim to increase the survival rates after OHCA by 10% across Scotland within five years. This would equate to saving 300 lives every year compared with recent years. Increasing the incidence of bystander CPR is the cornerstone of the work as prompt bystander CPR can increase the likelihood of survival after OHCA 2-3 fold. The aim is therefore to equip half a million people with CPR skills by 2020. The Fellow's work has required skilful and political stakeholder agreement. He now has daily access to NHS Scotland CEO, political and clinical support and has succeeded in gaining prominent international interest and support, including the setting-up and orchestration of a highly successful conference. He is having breakfast with the First Minister and Health Minister in October, the type of influence and access he would never have thought possible prior to participating in GenerationQ.

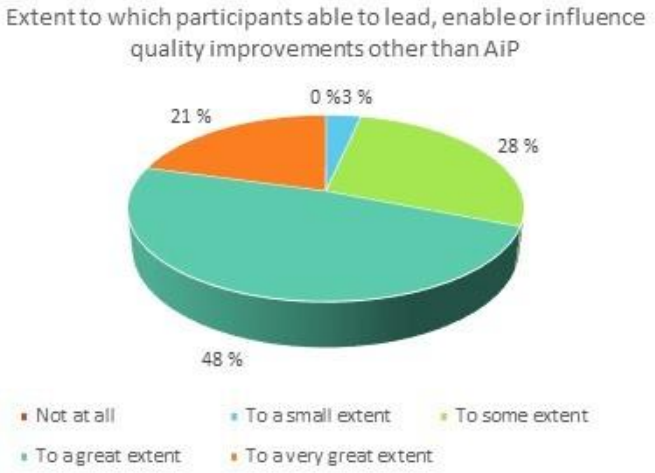
Influence beyond the AiP

In addition to impact and influence on outcome through the AiP, Fellows report that they are able to lead, enable or influence quality improvements outside of their AiP, with 69% reporting this to a great or very great extent.

By way of example, a GP shares his story of successful service re-design achieved through improved team leadership. There are many other stories that could have been told.

'The heart of the improvement I have led (beyond my AiP) has been in the performance and function of my team. The Clinical Transformation team when I started to lead them was a disparate group not working well together, poorly engaged with other CCG functions and teams, and widely considered as a marginal function of the CCG. We have worked together to become one of the highest performing teams within the CCG, with an excellent reputation across the system and wide networks of influence. As a result we have delivered some really challenging improvement and transformation projects including:

- An out- of- hospital pilot and closure of a Community hospital based upon a collaborative design of a new model of care. In the first year of operation the new model achieved a simultaneous reduction in admissions to the acute hospital of 7% overall, and 10% in the over 75s, a decrease in the cost and volume of care packages in Social Care and reported 90% satisfaction rates for patients and carers, and also by the local GPs.



- Implementing and embedding the Eclipse Live system which facilitates safer prescribing via the use of alert messages to prescribers about trends within their population. The team negotiated agreement with all our practices that they would implement and adopt this system, and are one of the few CCGs in England to have 100% practice signup. This has materially increased medicines safety for our population.

- Implementing a new model of diabetes care acknowledging that we as a CCG have (had) poor outcomes in diabetes compared with similar areas.

  The model was piloted last year but was rapidly swamped as 100% of practices signed up to the new service. This year we have agreed to roll out the implementation and

The curriculum of GenerationQ is informed by the analysis and subsequent articulation of:

- Learning from the experience, feedback and input of Fellows in each cohort. (

  increase the capacity in the community team by integrating with the secondary care service. We are seeing early signs of better results in our diabetic patients as well as noting a decrease in spend on drugs in this group. There are other projects that could be mentioned but these are good examples to be going on with.'

8. RELEVANCE AND PERSONAL IMPACT OF GENERATIONQ

- Six key generic challenges leaders in health face when attempting to improve quality
- Four leadership domains representing the range of leadership skills, capabilities and qualities needed to be able to respond effectively to the challenges identified, recognising the full range of situational complexity

The curriculum has and continues to evolve from the first cohort).

We were interested to learn about the relevance of the curriculum to leaders now, particularly given the continuous and ongoing pressure and change in the health sector. We were also curious about the personal impact of the programme in terms of understanding, skill development and impact across all areas of the curriculum.

Relevance of Leadership Challenges

Challenge 1. Brokering sufficient multi-stakeholder participation and agreement
Sufficient and effective engagement with multiple stakeholders is needed to clarify and agree intentions, to ensure ownership and buy-in, to secure access to necessary resource (time, money and expertise) and to avoid the pitfalls of derailment as power structures, both formal and informal, inevitably begin to be challenged.

Challenge 2. Recognising and using the power of ambiguity and uncertainty

With change comes uncertainty, particularly where the sought improvement requires new and novel ways of thinking and acting (adaptive or second order change). The challenge for the leader is not to close down the ambiguity and uncertainty too soon, to rush to a premature vision or way forward, to 'seek the answer'; rather to use the uncertainty as a source of creativity and innovation.

Challenge 3. Making informed and explicit choices about when and how to act (from the full range of possible improvement interventions)

Leadership is about what we do, with others. At the same time as living with and holding uncertainty, leaders need to be able to be decisive, to make a move.

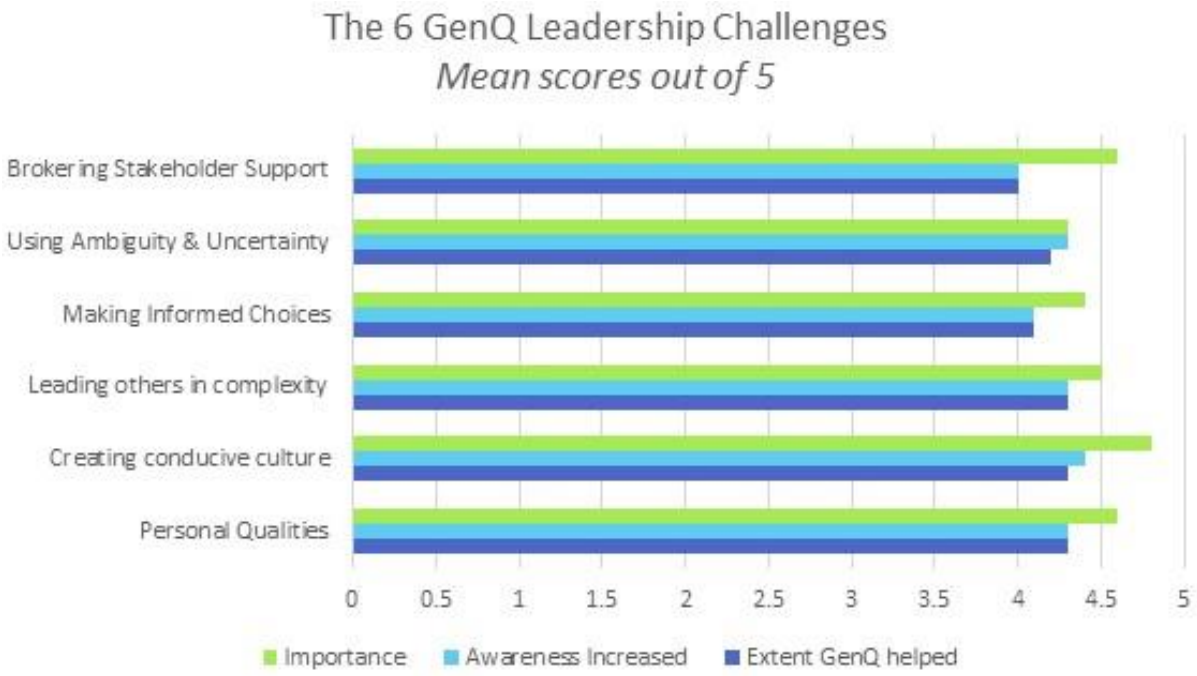
Challenge 4. Leading others in complex change

Improving quality, whether through incremental or transformational improvement involves leading others well through change. Challenge 5. Creating the culture and conditions conducive for local improvements in quality

Improvement can happen where people, at a local level and at all levels in the hierarchy, take the personal responsibility, initiative and risk 'to do the right thing' – often in the moment- for patient care. Culture and leadership can be either a significant enabler or block to locally-led improvement.

Challenge 6. Embodying the personal qualities that sustain self and others How do we recognise and 'know' a great improvement leader when we meet them – and how do we know that they are resourced to sustain the challenges that they and others will face?

Fellows reported the six generic leadership challenges to be highly relevant. Fellows were asked to rate the importance of each leadership challenge to the leadership of quality improvement, the extent to which their awareness of the challenge has increased due to participation in the programme and the extent to which the programme has helped them to deal with the challenge. For all 6 challenges, at least
86% reported to a great or very great extent (scoring 4 or 5 out of 5) that the challenge was important as a leader of quality improvement, that their awareness had increased and so had their skills as a result of participation in GenerationQ.



It is encouraging to see that the survey provides strong endorsement of the six leadership challenges identified as essential for a leader of quality improvement. When asked if there was anything outside the 6 challenges which Fellows had experienced as particularly challenging, the majority felt that the six covered their experience more than adequately.

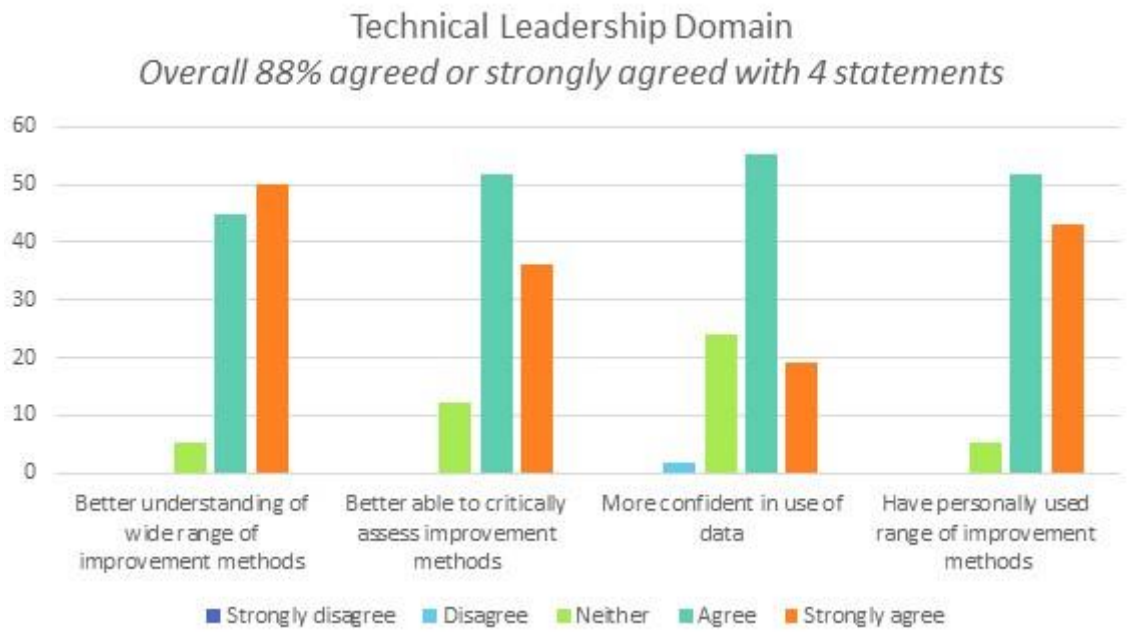
'No. Anything I could come up with (e.g. leading improvement during times of financial challenge or when external changes impact your intent (national policy, local leadership changes etc.) actually sits within these six and to pull them out would dilute the impact and clarity of the six challenge framework'

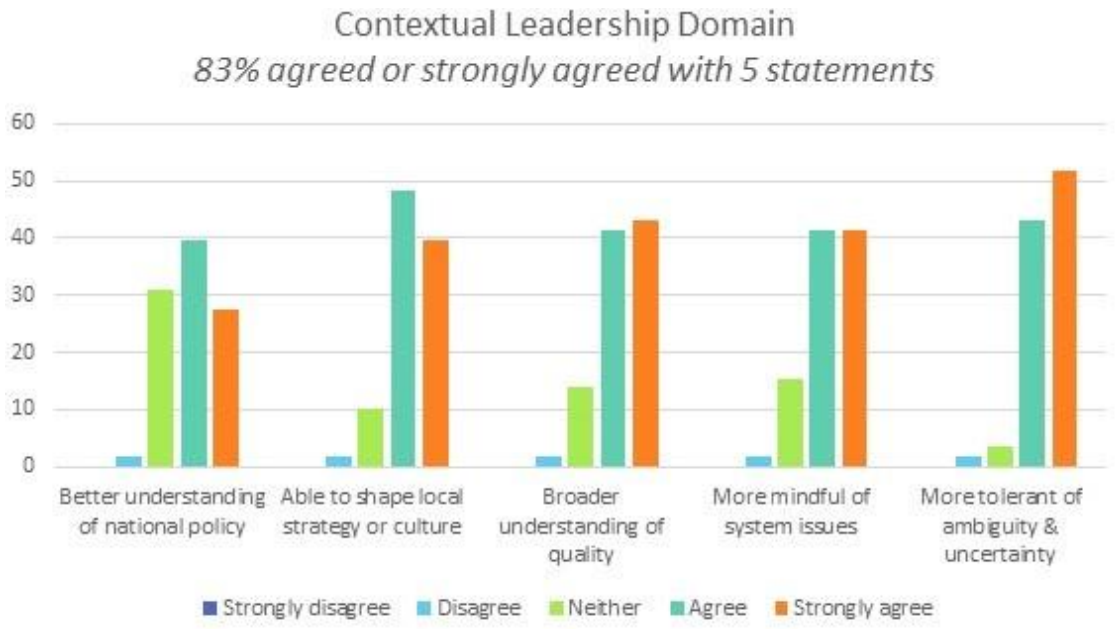
'I feel the six challenges have covered all the difficulties in my organisation'

'No the challenges you have identified are sufficiently broad to cover the main challenges I have faced'

Personal learning and skills development

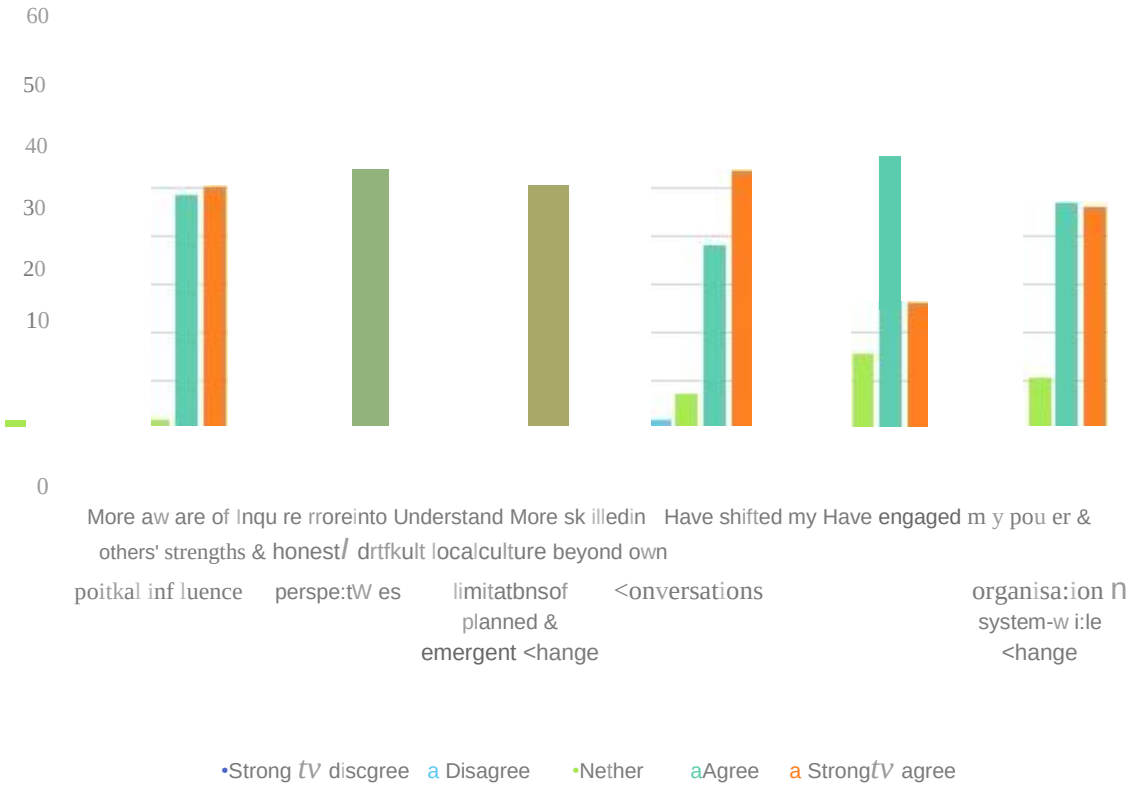
In order to understand the impact of the programme in terms of personal learning and skills development Fellows were asked to indicate to what extent they agreed with statements regarding their abilities since the programme. In all cases, between 67% and 98% either agree or strongly agree at an individual statement level and between 83% and 98% when totalled by domain. The statements reflect the curriculum and learning objectives for each of the four leadership domains.




Contextual Leadership Domain
83% agreed or strongly agreed with 5 statements
60
50
40
30
20
10
0
Better understanding of national policy
Able to shape local strategy or culture
Broader understanding of quality
More mindful of system issues
More tolerant of ambiguity & uncertainty
Strongly disagree
Disagree
Neither
Agree
Strongly agree

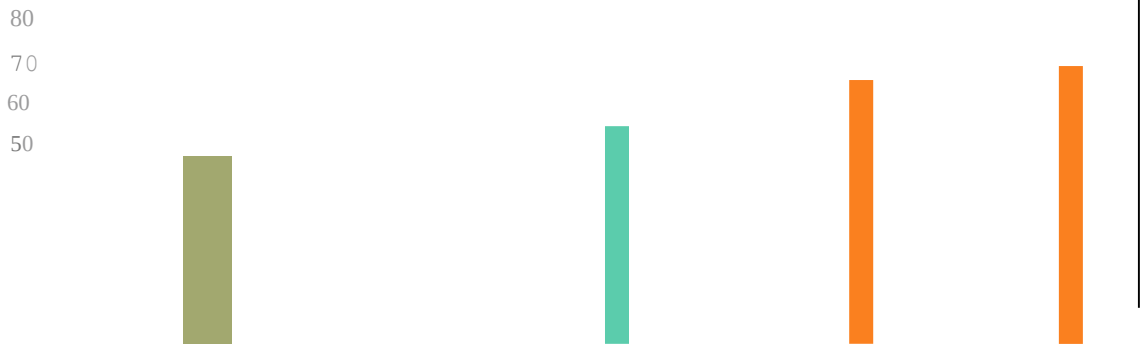
Relational Leadership Domain

92% agreed or strongly agreed with 6statements



Personal Leadership Domain

98% agreed or strongly agreed with 5 statements



Leadership Domains and Curriculum Content

Contextual leadership	Technical leadership
Enhancing local conditions (formal and informal strategy, culture and environment) to be more conducive for quality improvement in the context of the macroeconomic agenda (Including national policy and politics, opportunities and constraints) • Defining quality and value • Policy and strategy for healthcare • The nature of organisations • Views on leadership and innovation • Organisation culture (conducive to quality improvement)	Making informed choices about how to go forward based on awareness, understanding and some experience of the full range of improvement philosophies, approaches, methods and tools • Improvement science philosophies, methodologies, approaches and tools • Quantitative and qualitative data methods • Approaches to sustaining improvement • Developing improvement capability
Relational leadership	**Personal leadership**
Leading change and engaging skilfully with others, at all hierarchical levels, in the complex and challenging environment of the wider system • Organisation and individual change • The nature of groups and teams • Power, politics, influence and conflict • Engagement and communication • Dynamics of relationships • The patient experience	Being highly self-aware and authentic; knowing one's own strengths, motivations, patterns, needs and limitations • Theories of learning, including reflective practice, personal growth and change • Personal psychology (as relevant to a leader in healthcare) • Self-awareness as a leader (impact, patterns, needs and motivations) • Personal resilience

A key informing principle of GenerationQ is to value and place equal emphasis on Fellow's development in all four leadership domains.

"GQ has helped me to value more the time spent building relationships and to get a better balance between 'doing the technical job well' and 'doing the relational work well'. Prior to GQ I was overly reliant on being a good technical change and QI leader and now I have a much better appreciation of the networking and political aspects"

There were a few curriculum areas that Fellows indicated may be worth considering strengthening in any future redesign. These include increased exploration of systems leadership and exploration of working with power and politics. Whilst not mentioned by many, a couple of quotes are included to illustrate these specific points.

"Maybe could include a greater focus on the system and how it can thwart (and facilitate) improvement. I've been learning about systemic constellations and it's opened up a whole new way of working with the system - fascinating!'

"Politics (small p) and power was covered briefly in the programme, but

I suspect I would have benefitted from more coverage. I have probably been naive in dealing with these issues and been less effective as a consequence. I've noticed that many of my management colleagues are more skilled in this, and notice that sometimes it is beneficial to the success of a project, though sometimes compromises genuine success."

In a few others cases, specific learning needs were mentioned that the Health Foundation may be well placed to support in terms of offering to alumni and possible future cohorts. These included greater access to national policy makers and policy insight (this will be further expanded upon in Section 6) and using digital media to influence and communication.

"Yes, communication and marketing. How best to network, present your findings, build the case for change, sell yourself and your work."

Discussion of the six challenges led many Fellows to reflect further on their current experiences of leading quality improvement. Their comments support much of the work that we understand the Foundation is now engaged in around shaping the wider policy, cultural and strategic context.

A flavour of these comments is included to conclude this section.

- The ongoing tensions between cost and quality, short and longer term

"Pressure experienced within the system between cost and quality, lack of time, pressure from above to get delivery numbers, desire to get simplicity at all costs, focus on data over and above people and perspectives"

"Tension with financial pressures and a target driven system balanced against the need for cultural change"

"Six challenges provide the framework to facilitate improvement but I have / do struggle with how to manage the increasing tension regarding finances that stop investment that enables flow and how to encourage working with ambiguity when there is a continued emphasis on contract sanctions rather than a focus on helping others deliver quality"

- The specific challenge of bringing senior leaders on board

"I have found that I have had to be very patient in trying to get the senior staff to take on board new approaches. It has sometimes taken 9 months from the initial discussions with senior staff and reframing the information indifferent ways before they begin to see its relevance. I often find that when the new approach hits its first speedbump that senior staff want to default back to more comfortable and understood ways of working. It is also interesting to note that senior managers need little convincing to invest time and funding into the more technical aspects of change but struggle to see why they should invest in the more human/adaptive challenges. I have also noted that central departments/CCGs often require approaches which are out of date and are not evidenced based i.e. have no real understanding of data or common or special cause variation."

"The fact that it takes a great deal of time to do well and that does not sit well with the target driven quick fix nature in the NHS. I use the term strategic patience to describe leadership that provides the time for QI to yield results."

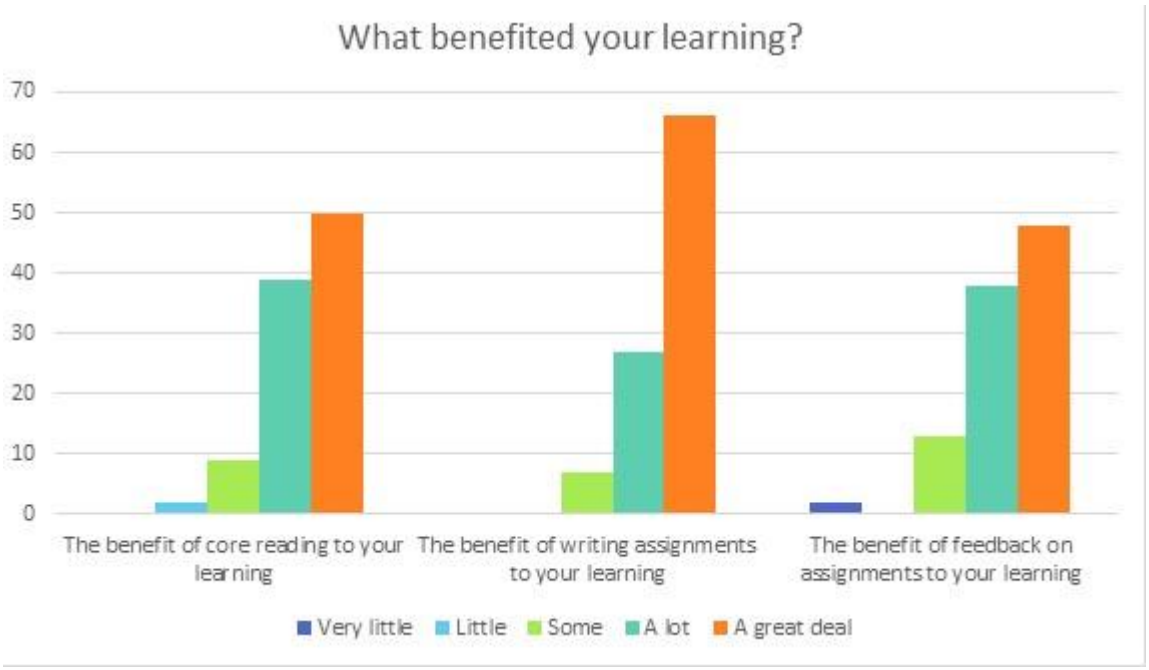
"Working with senior leaders who don't understand QI and who assume quality is a given if they are doing ok against national targets. The ability to influence this was a key challenge for me especially as my (then) employer was ranked highly."

"One additional barrier that I find very challenging is breaking down the resistance to or lack of understanding of quality improvement in certain parts of the NHS. There remains a large and often vocal group of senior clinicians and managers who "do not get QI" and see it as "a bit fluffy and non-scientific". There is for me a feeling that there are those that are part of the QI club, but significant others who feel alienated by it. One of my challenges to taking this work forward in my local health board and more broadly in Wales is to simplify the language and jargon and try to move improvements forward almost without labelling it as QI."

"Biggest challenge is to start the conversation in an organisation that doesn't believe it needs to do QI!"

9. THE VALUE OF THE QUALIFICATION ELEMENT

A key decision taken early on in the development of Generation was to offer an academic qualification, accredited by Ashridge, alongside the emphasis on leadership practice. All Fellows are required to complete the post graduate certificate. The programme is unusual in that Fellows can then to choose whether to undertake the diploma and masters. The latter are not funded by the Health Foundation as core but many use their bursary to meet much of the costs. 68% of respondents had elected to continue to masters.



The increased academic work adds to the time-demands required of Fellows as it includes extensive guided reading and challenging assignment writing. The results suggest a perhaps surprisingly high added value, with between 86% and 93% stating the key academic elements benefitting their learning either a lot or a great deal. In addition, 55% stated that the opportunity to complete a master's qualification was either important or very important to their decision to apply to GenerationQ.

"It enabled me to deepen my experience of reflective practice - and helped to ensure I was embedding it as a key part of my ongoing practice. By focusing in-depth on an issue it has also given me the time to really think in- depth about the application of some of the core theory into practice'

"It is also supporting the delivery of my ambition into practice and crucially for me, my leadership development. This is vital as conversations are underway to spread my AiP across the whole NHS and Social Care System and my behaviours as a leader in each of the four domains are critical to success.'

"The MSc was crucially important for me in terms of personal and professional career development. It allowed me to demonstrate that I had some expertise in the area, with a great qualification from a superb institution. It wasn't easy, in fact it was a huge challenge but was worth the effort."

Several Fellows are also choosing to continue their academic study and to contribute to the body of academic knowledge. For example, one Fellow is already embarked upon a PhD in Improvement Science and another is actively pursuing the opportunity to pursue a

professional doctorate. One of the clinicians has enrolled in post-graduate study in health economics and another Fellow is co-authoring a book on change and engagement. Several Fellows also report having published the work of their AiPs.

'Taking a little longer and going a lot deeper - I think I would not have had the same degree of personal change had I not been pushing myself to engage to master's level. It was hard, but really necessary.'

'I was able to learn at a greater depth. I have complimented the reading I had started and it has provided the impetus to continue to actively pursue my ambition into practice. I am examining still further how I lead and can lead better. I am getting to understand my assumptions still better. It has provided further challenge as I work best to deadlines. It will provide personal satisfaction and increase my personal sense of credibility. On my CV it will improve my employability. It has also provided the opportunity to continue working with my colleagues on the GenQ programme and observing how they work.'

So, in summary, a wealth of positive and encouraging insights have been gained from the systematic evaluation survey undertaken in summer 2015 to evaluate the organisational and personal impact of participation in GenerationQ.

The survey provides strong evidence of

- The organisational impact of Fellows, giving quantitative and qualitative indications of their influence on improving patient quality in their organisations and health systems as a result of their participation in the programme. It also shows that two thirds have moved jobs into positions of greater influence, many now operating at Board and national level to influence QI.

- The personal impact of GenerationQ on Fellows as individuals has been shown to be significant with increases in their knowledge, skills and awareness across the four leadership domains. The majority also spoke of increased confidence and an ability to understand the relational aspects of engaging others in quality improvement, as well as the technical.

- The survey provides encouraging endorsement of the design and curriculum of the current GenerationQ programme. The comprehensiveness, coherence and integration of the current design is well appreciated. The opportunity to gain a Masters is seen as very important as is the inclusion of Fellows from multiple disciplines and the four countries of the UK.

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Research Department
Ashridge Business School

ASHRIDGE
business school

Berkhamsted
Hertfordshire HP4 1NS United Kingdom

Tel: +44 (0)1442 841178

Email: research@ashridge.org.uk www.ashridge.org.uk/research