

Designing a critical friend visit

The *Building a QI Infrastructure* programme was developed to help NHS boards assess the current state of Quality Improvement (QI) in NHSScotland. Through giving space and time for reflection and strategic discussion, it also led NHS boards to consider their arrangements to support QI moving from a set of activities to “the way things are done around here” (culture) to ensure their QI activity is sustainable.

The programme was led by the NHSScotland QI Hub. It was supported by leaders for QI in Scotland who co-designed the methodology, providing regular advice and feedback particularly in the design and testing stages.

The methodology had two key steps:

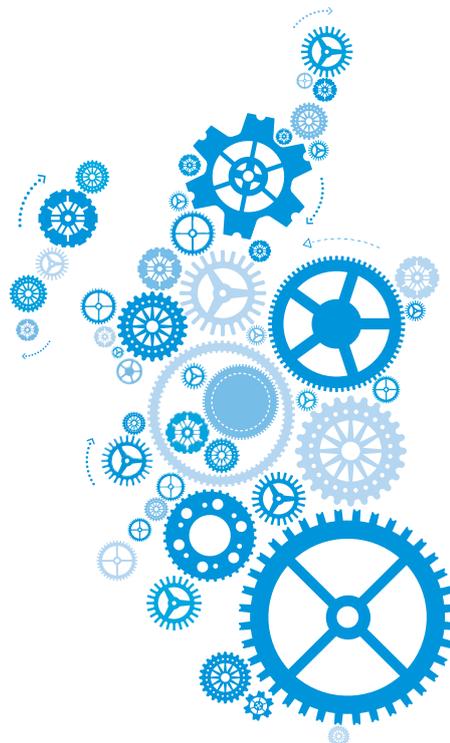
1. the completion of a self-assessment at NHS board level, using the QI diagnostic tool, and
2. subsequent discussion at a critical friend visit.

Critical friend visits were developed as part of this programme to allow strategic leaders in boards to:

- delve deeper into areas of strength and opportunities for improvement
- conduct supportive and reflective exercises that take an action-learning, appreciative inquiry, and two-way learning approach, and
- provide an opportunity to invite critical friends to collaborate, coach and challenge the NHS boards in their thinking and planning (but not to scrutinise, report on or pass value judgement).

The flow chart on pages 2 and 3 shows the critical friend visit design process and has been developed to help others use this methodology.

Aspects of the Scottish QI context and the way the programme was promoted are described on page 4.



Designing a **critical friend visit**

Early informal discussion with QI Executive Lead in NHS board

- NHS board completes QI diagnostic tool
- Internal discussion on QI and scope of critical friend visit

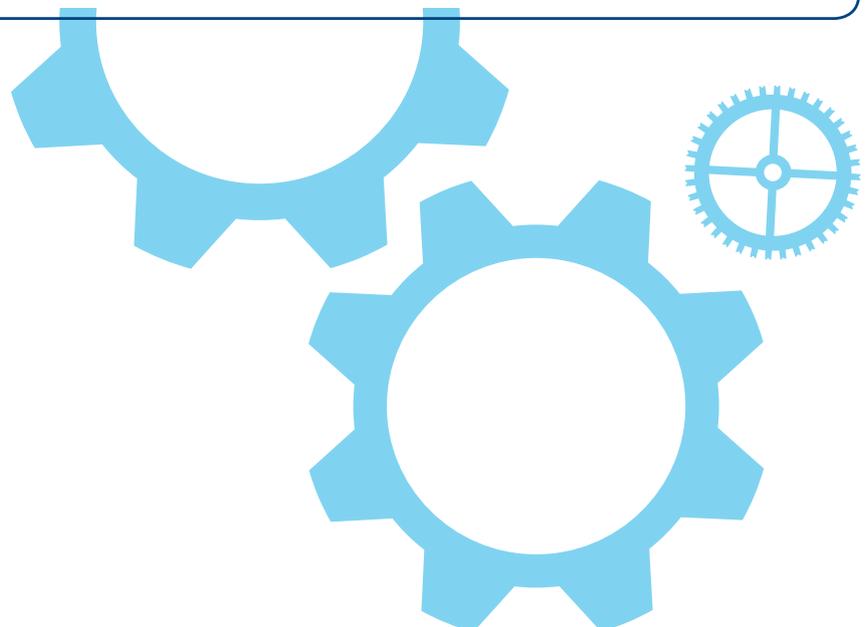
QI Hub and NHS board co-design critical friend visit

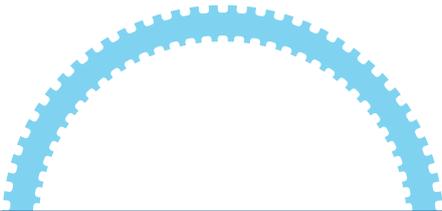
Dialogue with QI Hub to agree bespoke requirements:

- Date
- Areas of focus
- Expertise required – NHS board suggests and QI Hub sources
 - critical friends (maximum number = 3)
 - Chair
 - QI strategic partners (maximum number = 3)
- Maximum size of team = 6
- Agenda design
- Preparation for visit

At least 2 weeks before critical friend visit:

- NHS board submits self-assessment and its desired areas of focus to QI Hub
- Minimal supporting information sent at the NHS board's discretion





Chair hosts team call - introductions and ethos of visit described

Brief team pre-meeting to discuss visit and self-assessment - not shared beyond visit

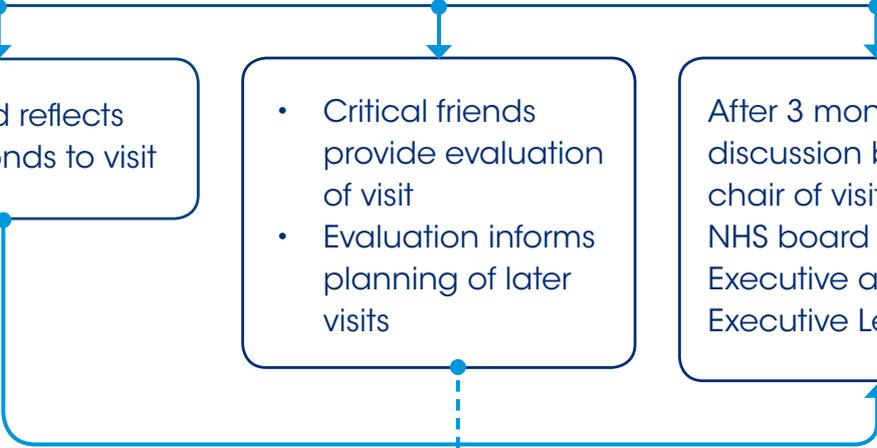
Critical friend visit hosted by NHS board

- A confidential environment
- Ethos of appreciative inquiry
- Space and time for reflection
- Support and challenge
- No report from visiting team to foster NHS board ownership and self-direction

NHS board reflects and responds to visit

- Critical friends provide evaluation of visit
- Evaluation informs planning of later visits

After 3 months – discussion between chair of visit, NHS board Chief Executive and or QI Executive Lead



The QI context in NHSScotland: December 2015

In 2011, the Institute for Healthcare Improvement (IHI) invited NHSScotland to become a strategic partner in a global network for QI, suggesting the use of its QI diagnostic tool could assess NHSScotland's current state of QI. This tool was tested and refined and, in September 2013, the NHSScotland Chief Executives' Group commissioned the QI Hub to lead and develop the *Building a QI Infrastructure* programme for its use. The QI executive leads in each NHS board suggested an approach: the completion of a board-wide self-assessment, using the QI diagnostic tool, followed by a critical friend visit. The methodology was developed using an emergent approach; evaluation after each visit shaped the next.

Particular to the programme was the ethos of engagement: NHS boards elected to be involved; the self-assessment was 'by the board for the board'. The NHS board owned the process and its response to the coaching style critical friend visit, which was not documented by the visiting critical friends.

The programme was conducted in NHSScotland in 2014-2015 and was supported by a national event in May 2014 which presented the concept to strategic leaders. Intelligence from two test site visits shortly after this event and subsequent visits was used to modify the design of the critical friend visit.

To support further promotion of the programme

- a series of information sheets (available [here](#)) was developed including a description of the wider context of the Triple Aim
- a description of high performing organisations (available [here](#)) was developed following research to respond to the challenge to describe 'what good looks like' in an organisation, and
- a role description of the critical friend (available [here](#)) was developed to provide guidance to the team.

After 12 critical friend visits, the themes were collated and presented to the NHSScotland Chief Executives' Group. The programme found that as QI moves from being a series of projects or activity to becoming the culture, there is a need to hold together the many QI initiatives. A board-wide approach, leadership, a clear intent and a plan for QI will support this movement from activity to culture.

An information sheet on high level findings was prepared (available [here](#)). A longer, reflective report on the programme is available [here](#).

In addition to the findings, the methodology has been the focus of much interest and has been evaluated positively by NHS board participants. The diagram on page 3 and 4 showing the critical friend visit design process was developed to help anyone involved in QI to use this methodology.

Practical and project documents can be found [here](#).