Q All-Ireland COVID-19 Learning: Visioning for the Future

Virtual workshop write-up
26 August 2020

Introduction

This is the write up of the "Q All Ireland COVID-19 Learning: Visioning for the future" virtual workshop, hosted and delivered by Q in partnership with Health and Social Care QI (HSCQI) Northern Ireland and HSE National Quality Improvement team, Ireland. There were over 190 participants from across Northern Ireland and Ireland.

The workshop explored **practical ways to navigate the uncertainties** from the COVID-19 pandemic, with **ideas to help teams develop a clear vision for the future**.

In this write up we have included:

- An introduction to practical tools and models from **futures and foresight**
- Themes from **break out group discussions** about current problems and future possibilities in health and care post COVID-19.

This write up is produced for people who did and didn't attend the workshop.

Approach to the workshop

Introduction

- Participants were provided with a reading and an activity in advance
- The workshop commenced with a welcome and introduction from Dr. Aideen Keaney (Director of HSCQI Network and Hub in NI) and Dr. Philip Crowley (National director Quality improvement division Ireland).
- Levette Lamb opened and Maureen Flynn closed the workshop with ice breaker activities (Fun at the fayre)
- Libby Keck and Zarina Siganporia introduced Q, gave an overview of Futures and Foresight thinking and the introduced breakout activities

Aideen Keaney

Philip Crowley

Libby Keck

Zarina Siganporia

Workshop activities

Introduction to Q → Futures and foresight → Break out group discussions → Sharing back and individual reflection → After action review and next steps

Benefits and application process

Practical tools and models

Exploring current problems and future possibilities

Hear what people are taking away from their conversations

An overview of Q

An overview of Q

- The Q community is a network of over 3500 people working across the UK and Ireland to improve health and care.

- Q is free to join. It is led by the Health Foundation and supported by partnerships across the UK and Ireland.

Our aim

- Q's aim is to make it easier for people to **share, learn and collaborate**.

- Q offers collaborative spaces to exchange ideas, learn and gather insight quickly; saving time, reducing duplication and providing practical tools to support the health and care service.

Q offers a range of opportunities for members

Q provides opportunities and support for people to learn and build skills together.

We offer a range of opportunities such as:

- Large scale networking opportunities

- Learning and development packages

- Grant funding offers for members and their organisations

Join Q

- While some of the offers and learning from Q are open source, there are lots of benefits that you will only get if you join the community.

- Joining Q will enable you to connect, share and learn with people from different disciplines and sectors, from across the UK.

[Find out more](#)

Futures and foresight

Sharing practical tools and methods
Presented by: Libby keck

Led by

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Building a Better Health Service | Seirbhís Sláinte Níos Fearr á Forbairt
National Quality Improvement Team

HSCQI
Inspire • Connect • Improve

What do we mean by futures and foresight?

Futures and foresight methodologies encourage and support us to think about and plan strategically for the future.

- **They are less about predicting the future:** though they are based on the fact that the future is not predetermined, and actions taken now will help shape what comes next.

- **They are more about helping us to make sense of the present:** to identify trends, map alternative futures, and come up with plans for how to reach the future that we most desire.

Participants were introduced to three tools.

- **Three horizons model** (analysis stage)

- **The iceberg model** (interpretation stage)

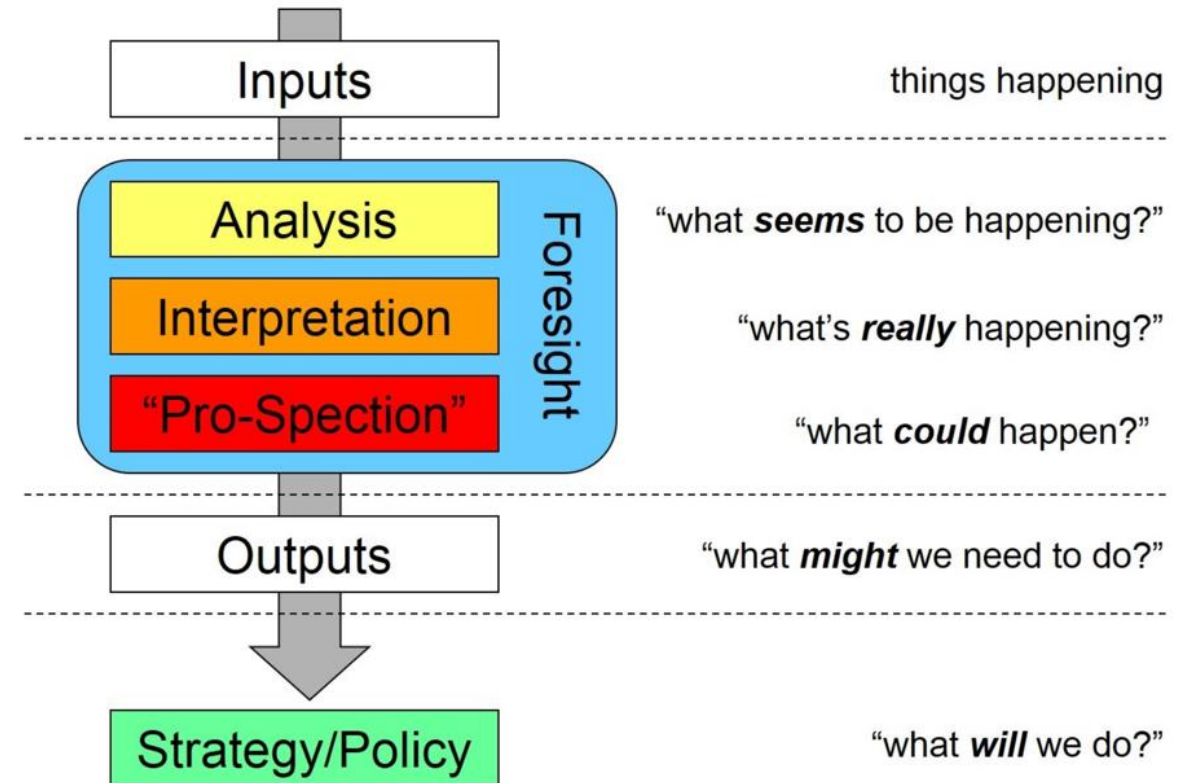- **Developing scenarios (4Ps)** (prospection stage)

Generic foresight process

- One of the most common models is the **generic foresight process**, from Joseph Voros.

- It shows the phases you need to move between and, in particular, the questions that need to be explored at each stage.

- On the next slide we've provided a bit more detail on each phase and the tools that might be helpful as you work through.
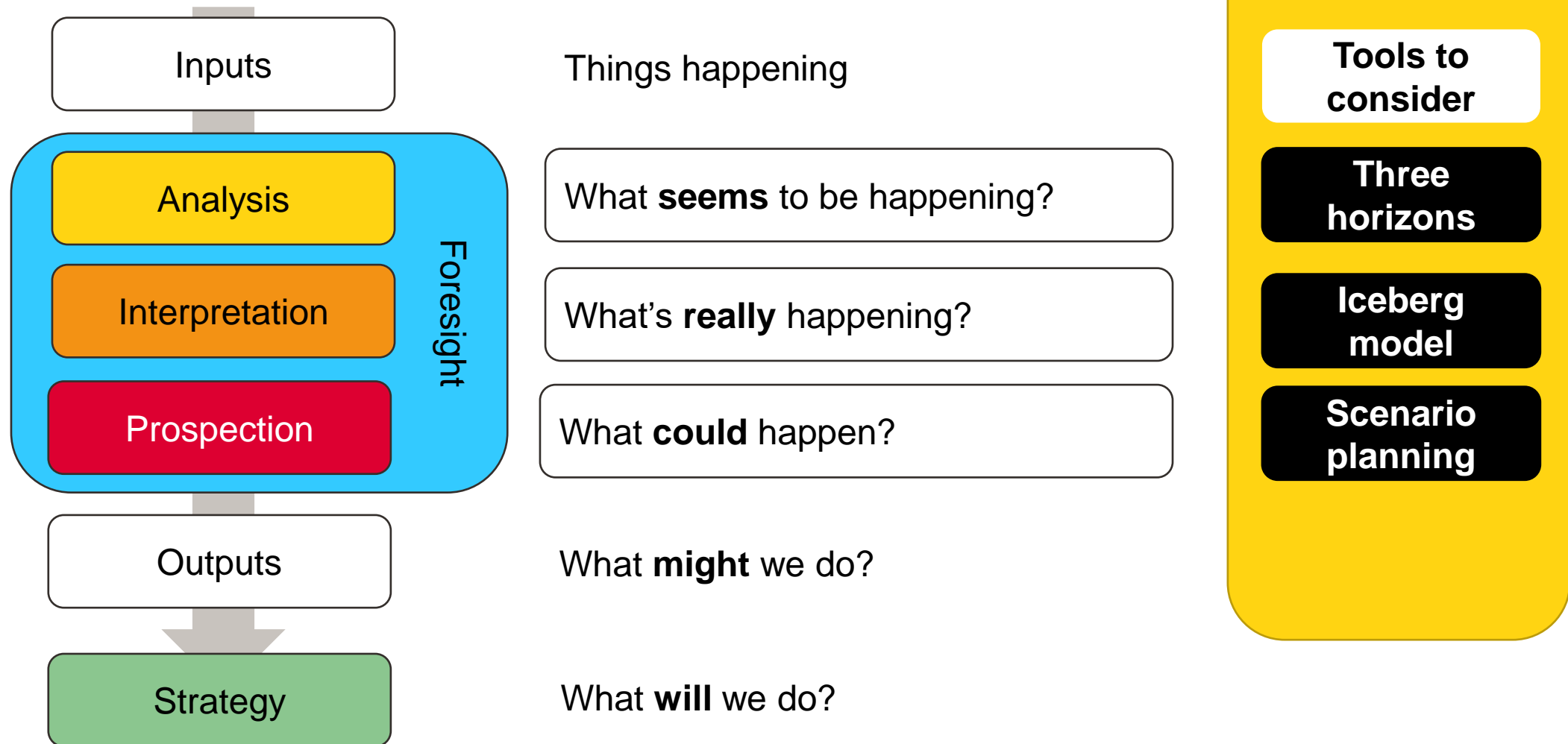
Find out more:
- Joseph Voros - A generic foresight process framework
- Thinking Futures - foresight approaches
- Joseph Voros, The futures cone use and history

Inputs — things happening

Analysis — "what **seems** to be happening?"

Interpretation — "what's **really** happening?"

"Pro-Spection" — "what **could** happen?"

Foresight

Outputs — "what **might** we need to do?"

Strategy/Policy — "what **will** we do?"

Joseph Voros, Generic Foresight Process, 2003

Generic foresight process

Inputs	Things happening
Foresight — Analysis	What **seems** to be happening?
Interpretation	What's **really** happening?
Prospection	What **could** happen?
Outputs	What **might** we do?
Strategy	What **will** we do?

Tools to consider
- Three horizons
- Iceberg model
- Scenario planning

Joseph Voros, Generic Foresight Process, 2003

Generic foresight process: the phases

Inputs	Analysis	Interpretation	Prospection

Inputs

This phase can include scanning the external environment to identify changes with potential to shape the future of your organisation.

Tools can include: PESTLE, STEEP

Analysis

This phase includes analysing what you have seen, spotting patterns or major shifts, to understand the one that matters for your organisation.

Tools can include: Trend analysis tools, Three Horizons

Interpretation

This phase encourages a deeper understanding of forces for change, surfacing unquestioned assumptions and biases.

Tools can include: Causal layered analysis

Prospection

This phase includes purposefully looking forward to explore alternative futures: potential, possible, probably, plausible, preferred.

Tools can include: Scenario planning
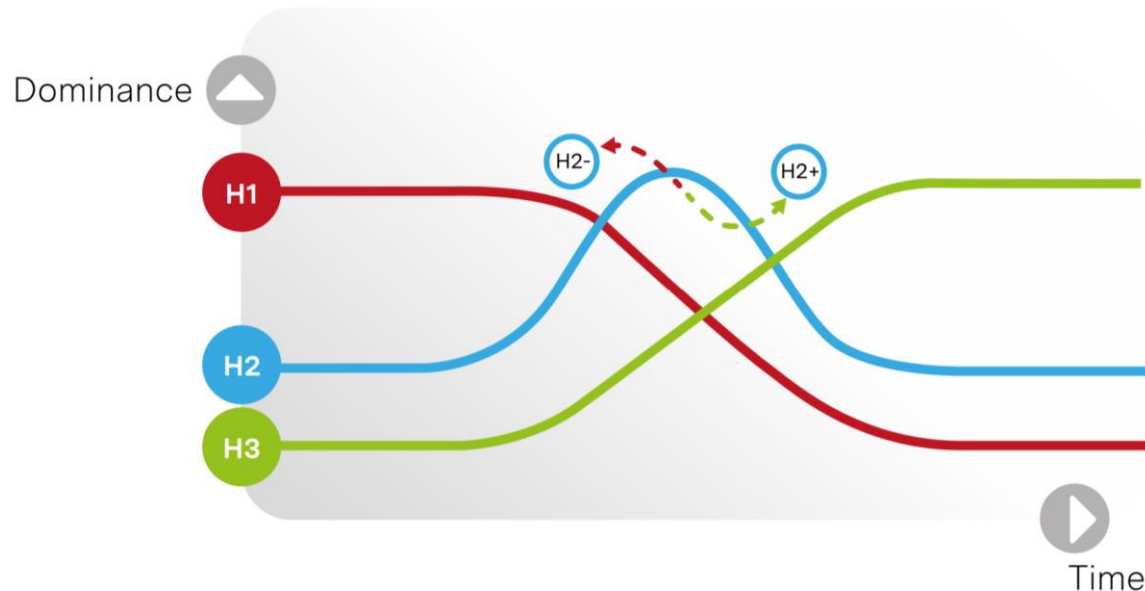
Three horizons model

The **three horizons model** was developed by Bill Sharpe at International Futures Forum. It is a visual model that can work well to support group discussions.

Bill Sharpe, Three horizons: The patterning of hope
Graphic by Public Health Wales, Three horizons: A toolkit to help you think and plan for the long-term

The **vertical axis** is about dominance and the **horizontal axis** shows time.

The model shows that in most scenarios there is a dominant way of doing things right now (horizon 1).

In the future, this will be replaced by a completely different way of doing things (horizon 3).

Changes and innovations that take place between them can both speed up and slow down this change (horizon 2).

On the next slide we have described each of the horizons in more detail.

Find out more:

Bill Sharpe - Three Horizons: The patterning of hope

Three horizons: the phases

Horizon 1

Horizon 3

Horizon 2

- This is the most dominant way of doing things right now: the current situation.

- The model assumes that eventually the way we do things now will be superseded by new, better ways.

- The systems and processes that are working fine at the moment, will become less and less fit for purpose as the context changes.

- This is the way we want things to work in the future.

- It represents a completely different way of working. This will in time become it's own H1 or new normal.

- It points out that there will be some pockets of H3 happening now, in the fringes, even though it's nowhere near a dominant model.

- This means thinking about the future doesn't need to be about predicting the future, rather being able to spot emerging trends.

- These are the innovations that help make the transition between the two different world views.

- Innovations can either help to maintain the status quo, by making H1 successful for longer, or they can help speed up the process for reaching H3.

A worked example from Public Health Wales

- This example is about transport

- **Horizon 1:** The dominant transport model right now includes slow and congested commutes, with high levels of traffic and pollution.

- **Horizon 2:** Electric cars, while feeling innovative, may reinforce many of the current problems. Most electricity is still being made by burning fuels and roads are still being built to prioritise cars. More ambitious changes relate to infrastructure changes towards cycling and public transport, and increased remote working as we're seeing at scale during COVID-19.

- **Horizon 3:** To move away from a car-dominated society we will need to embrace flexible working, encourage active travel and the wider decarbonisation agenda.
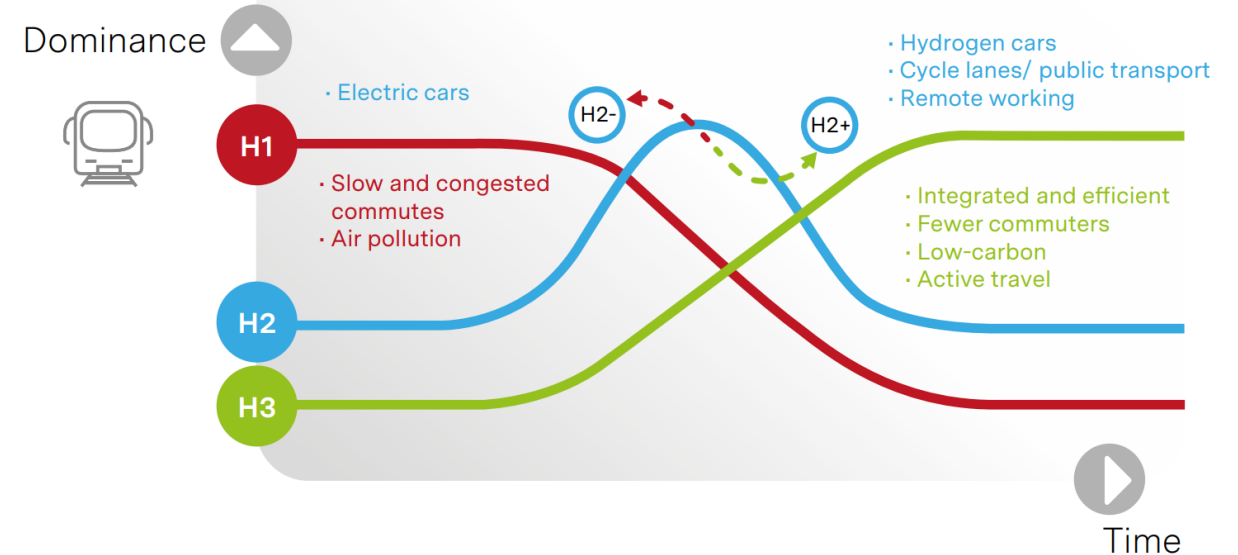
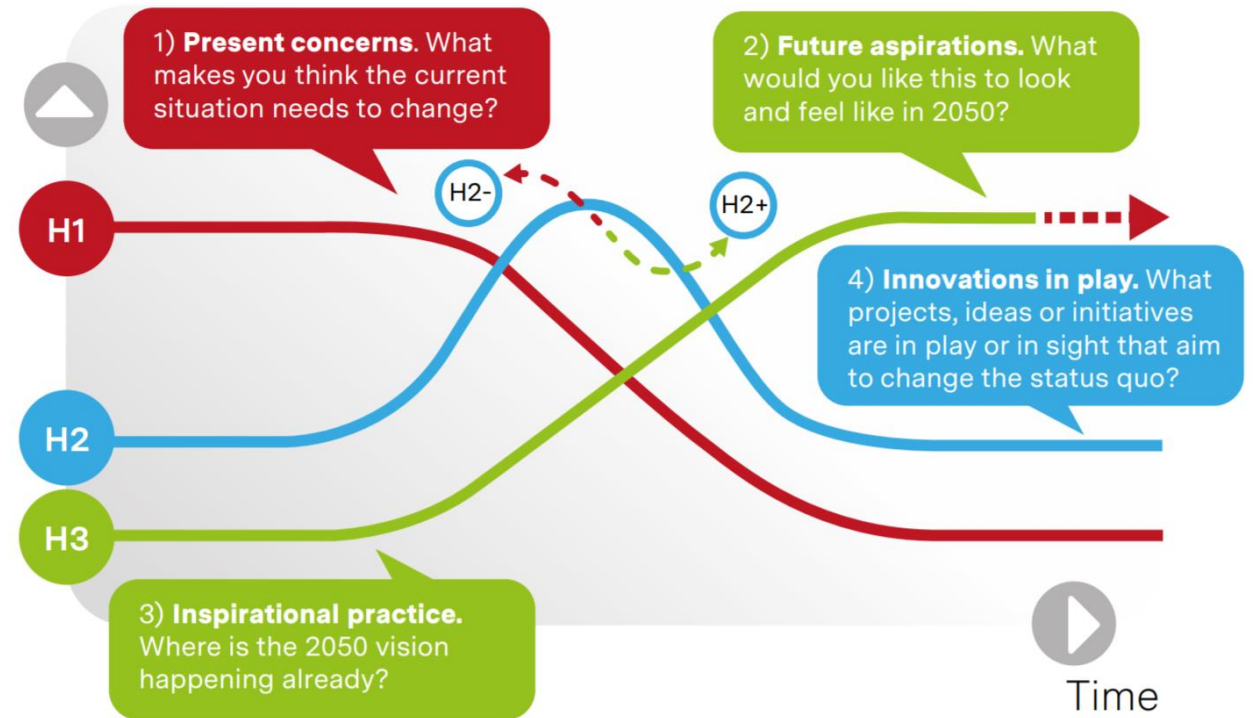Public Health Wales, Three horizons: A toolkit to help you think and plan for the long-term

Using the three horizons model in teams

Three horizons can be used in lots of different ways, including:

- Helping you to make sense of trends and emerging changes

- Helping you to understand different perspectives about change
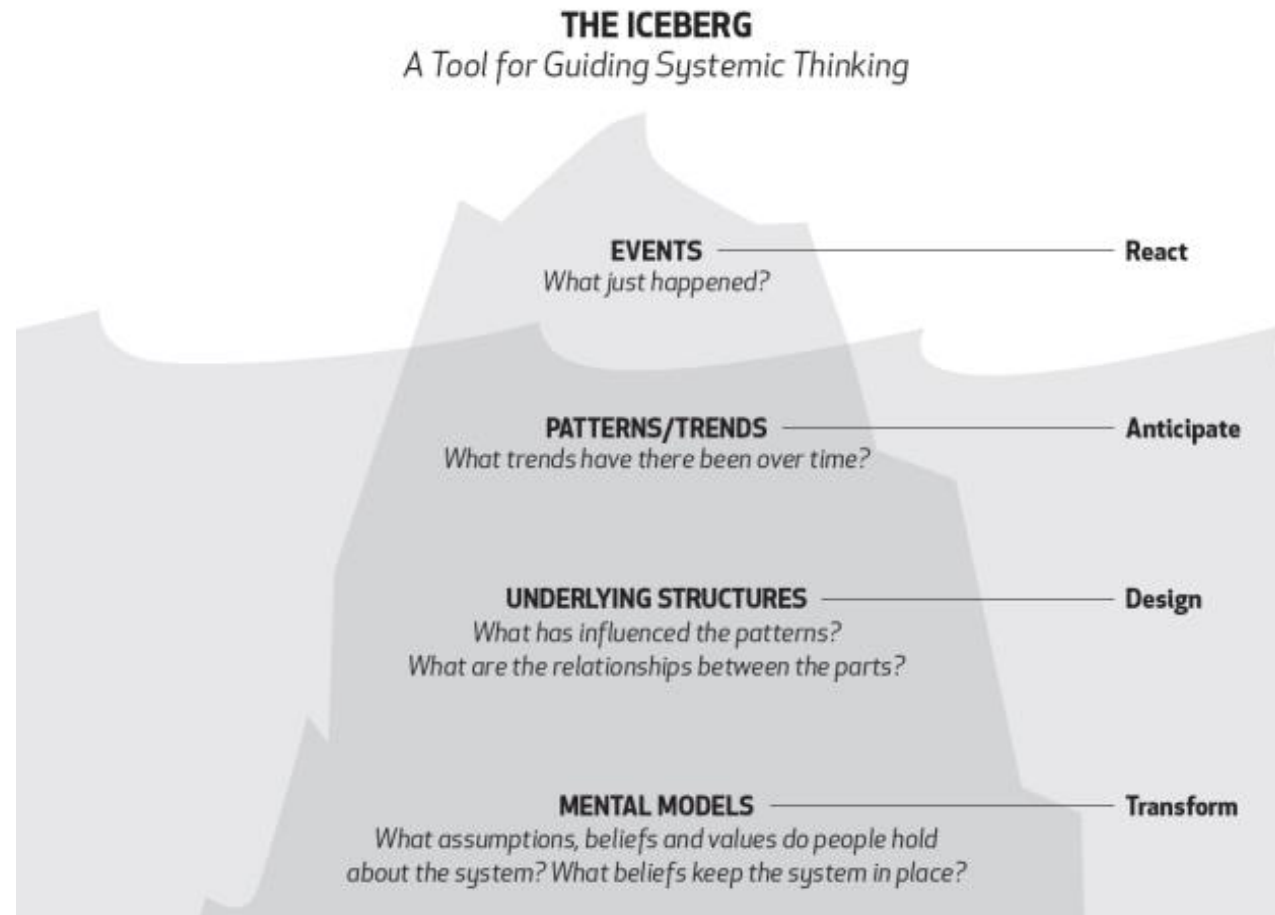
- Coming up with ideas for innovations

There are lots of activities in the Public Health Wales toolkit including this simple activity exploring four key questions about the horizons.

You can find other resources in the International Training Centre - Foresight toolkit

1) **Present concerns**. What makes you think the current situation needs to change?

2) **Future aspirations.** What would you like this to look and feel like in 2050?

4) **Innovations in play.** What projects, ideas or initiatives are in play or in sight that aim to change the status quo?

3) **Inspirational practice.** Where is the 2050 vision happening already?

Time

Exercise from Public Health Wales, Three horizons: A toolkit to help you think and plan for the long-term

The Iceberg model

THE ICEBERG
A Tool for Guiding Systemic Thinking

EVENTS — React
What just happened?

PATTERNS/TRENDS — Anticipate
What trends have there been over time?

UNDERLYING STRUCTURES — Design
What has influenced the patterns?
What are the relationships between the parts?

MENTAL MODELS — Transform
What assumptions, beliefs and values do people hold about the system? What beliefs keep the system in place?

Scenario planning using the 4 Ps

If your team is planning to identify potential futures, you may find it helpful to discuss which of them is possible, plausible, probable, and preferable. This is a very common model in foresight that can be used in lots of different ways. Here we've pulled out some of the main questions for you to explore.

Possible
What might happen?

- Focus on **divergent** thinking. What futures can you imagine?
- What is the best and the worst case?

Plausible
What could happen?

- Focus on **convergent** thinking. What is feasible from the scenarios you've already identified?

Probable
What is likely to happen?

- Focus on **analytic** and **systems** thinking. What events would need to happen to make this future a reality? What assumptions are we making?

Preferable
What do you want to happen?

- Focus on the preferred **future state.** What do you want to happen and what choices can you make now?

How we ran this session

- We had 40 minutes in small breakout groups, of around 10 people, to do a fast-paced futures activity.

- We asked the participants to complete an activity in preparation of the session to enable more future focused conversations during the session.

- Participants had the opportunity to revisit their notes in activity sheet completed in preparation for the session.

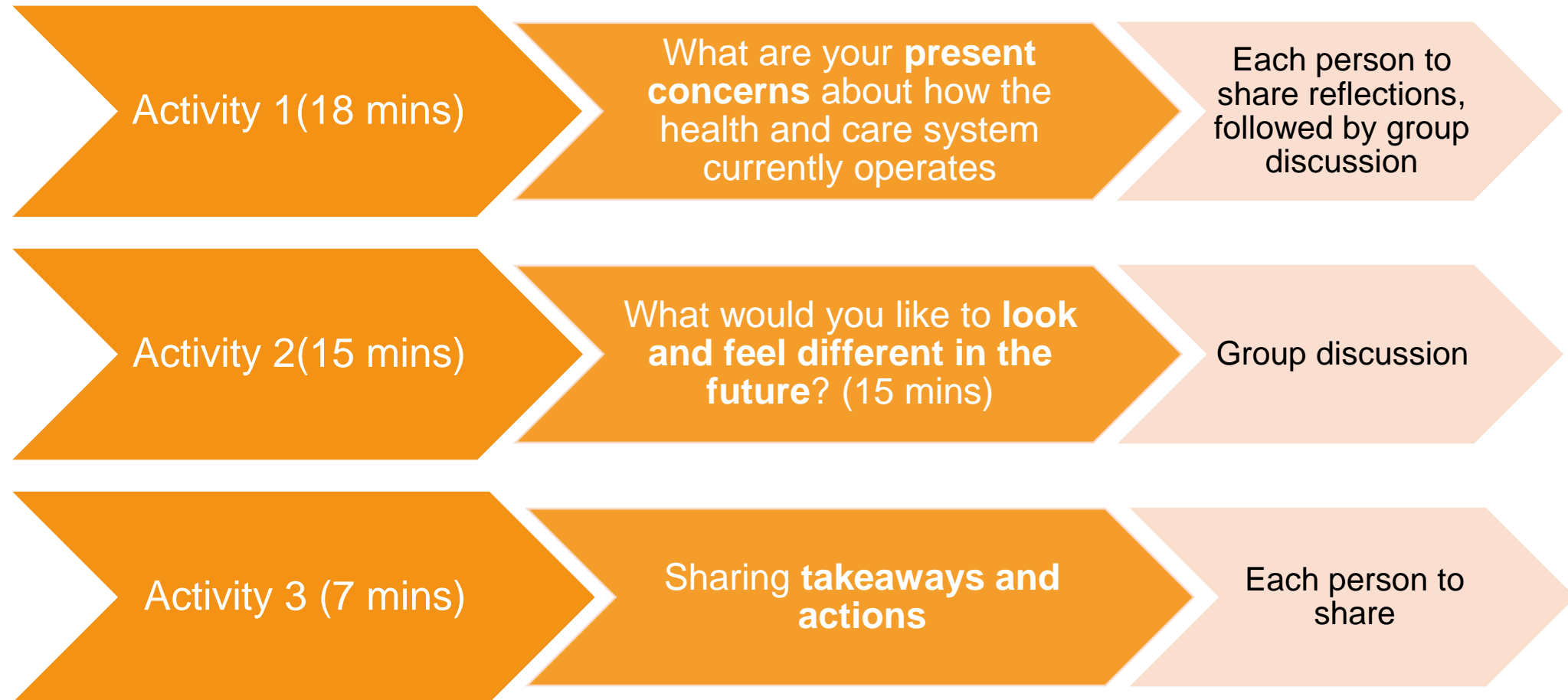- The breakout group sessions were based on 3 activities.

The purpose of this activity was to provide time and space for:

- People to reflect on their present concerns and current state of play

- Future focused discussion on changes that people want to see and actions they can take.
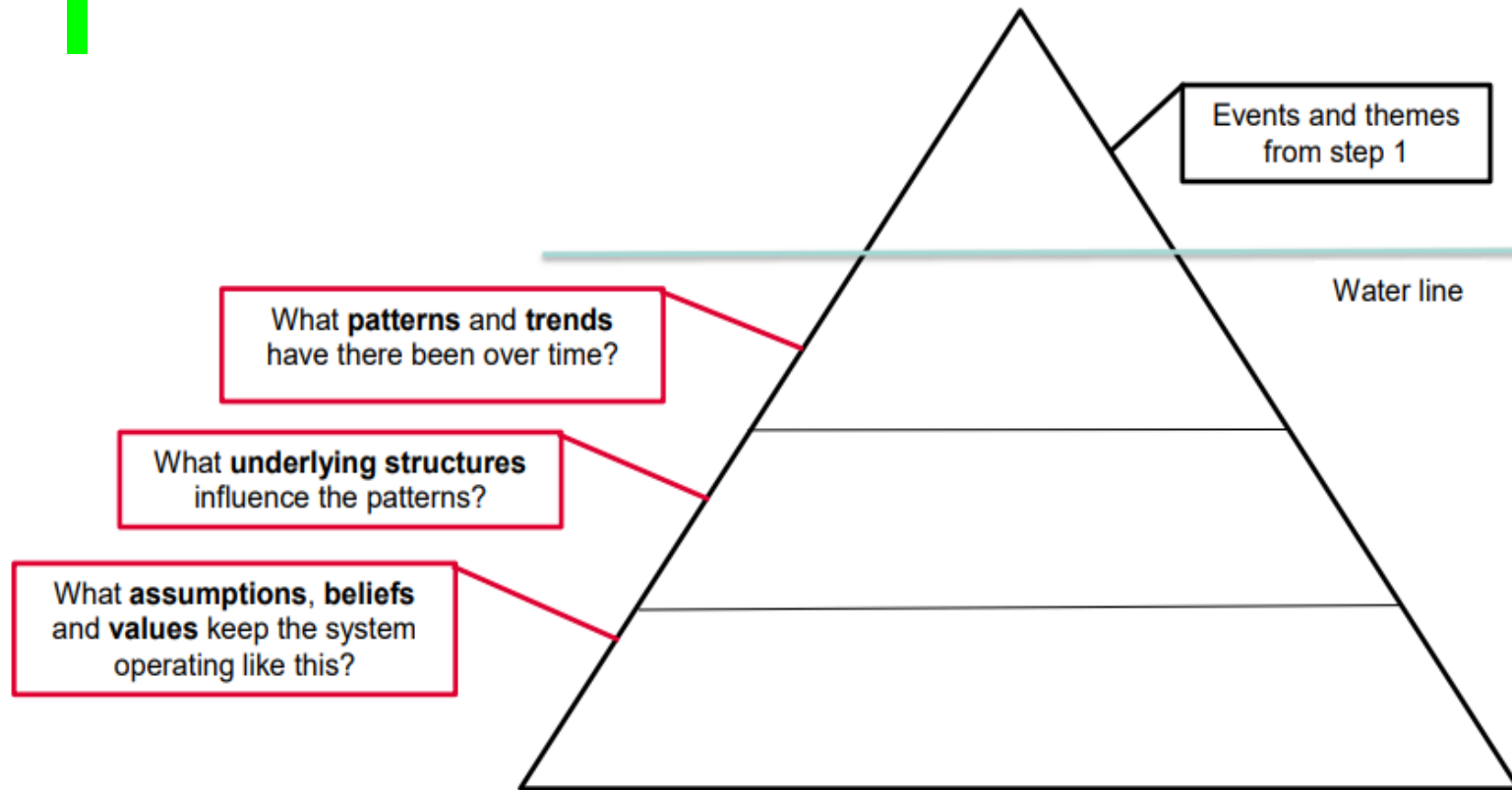
- Individual reflection and group discussion

Activity Sheets:

The Activity sheets can be used by people in the future with their own teams. Find out more about activity worksheets on the All Ireland COVID-19 section of our websites.

Breakout groups activity

Activity 1 (18 mins)	What are your **present concerns** about how the health and care system currently operates	Each person to share reflections, followed by group discussion
Activity 2 (15 mins)	What would you like to **look and feel different in the future**? (15 mins)	Group discussion
Activity 3 (7 mins)	Sharing **takeaways and actions**	Each person to share

Activity 1– What are your present concerns about how the health and care system currently operates

Step 1

- Facilitators invited each person in their group to verbally share their present concerns about how the health system operates (i.e. Horizon 1) in one minute each. We asked participants to pay particular attention to the things they have observed during the pandemic. This was based on the preparation participants were asked to do in advance.

- We kept this topic broad so that it would work for a diverse group of participants. A more focussed topic would work better if this is being done in an organisation or system.

- The goal of the conversation was to **think about the problems that people see happening (above the surface) and what this tells them about what's going on below the surface** (i.e. Iceberg model).

Activity 1: What are your present concerns about how the health and care system currently operates

Events and themes from step 1

Water line

What **patterns** and **trends** have there been over time?

What **underlying structures** influence the patterns?

What **assumptions**, **beliefs** and **values** keep the system operating like this?

Step 2 :
Facilitators invited each person in their group to verbally share what they thought are the underlying structures and patterns that cause the issues highlightedd in step 1 to happen (i.e. Iceberg Model).

Facilitators then conducted a short, group discussion on the themes emerging from the group.

Activity 2: What would you like to look and feel different in the future?

For the second activity, we asked people to think about the transformational changes that they want to see and actions they can take.

Step 3

We explored the following questions:

- *What would you like to look and feel different in the future?*

- *Can you think of some specific examples of the changes you'd like to see?*

Activity 2: What would you like to look and feel different in the future?

Once the group had surfaced some ideas for the future, we asked people to think about examples of this aspirational future that exists already.

Step 4

We explored the following questions:

- *Can you think of examples of where this vision is happening already?*

- *Does this help you to think about actions we can and should be taking now?*

Activity 3: Sharing takeaways and actions

Participants were asked to share what they are taking away from this conversation, and what action they plan to take as a result of what has been discussed?

Responses were invited through the chat box

What we learnt in this activity

Summary of themes from all breakout groups

Themes: My biggest present concern about health and care system is?

Fostering Staff wellbeing : Overworked, exhausted, Uncertainty, lack of support for staff, competing demands, stress, fatigue, changing roles, redeployment, demotivation, losing kindness.

Maintaining Continuity of Care: Disruption of essential services, waiting lists, managing illness, lack of resources, inequality, expecting a second wave

Reversion to command and control: Lack of communication, re-establishing of hierarchies, reversion to command and control leadership

"Keeping staff morale up and prioritize staff wellbeing and self care"
"That our staff will begin to fall or leave"

"Protecting my service during COVID-19 and managing patients and clinics".
"Balancing pandemic with normal business"
"Keeping our staff and service users safe in light of second wave or flu season"

"Culture shift from partnership with public to dictating to our patients – need to challenge this".

Use of technology: Limits of technology, new ways of working and limitations, elderly patients' lack of technological know-how

Learning from COVID-19: Inconsistent approaches, not learning from COVID-19, Innovation may be lost, rapid change, sustainability

Avoiding siloed working: Slow decision making, increased bureaucracy, abandoning new ways of working together.

"Maintaining the pace for digital innovation and evidencing which ones work best"

"that the opportunities that COVID-19 has given us to change to an improved way of working will be lost"

"Opportunities to move from silo working to creating a more integrated system may not be built upon"

Themes: What assumptions, beliefs and values underpin these structures?

Scepticism about the new ways of working

- Beliefs and assumptions that hierarchy is the best way of working and rapid decision making can lead to a loss of control

- A preference for in-person delivery of care over virtual and that the new way of working can be detrimental to services

- Rapid changes and quick learning was viewed by some participants as an additional responsibility

> "Phone surveillance is not enough – they can tell you everything is fine when it is something serious, and a nurse would know better if she met in person"

> "It is agreed that it is worse not to make decisions because of fear than to make decision and have to justify at later date"

> "'Rapid decision making – loss of control"

> "Org hierarchy – that this is the best way of working."

> "additional responsibility and adapt to changes."

> "damage to existing services"

Themes: What underlying structures influence these patterns?

Structures can include physical things, organisations, policies, or behaviours. They can be written or unwritten, physical or invisible. Culture, behaviour and attitudes were seen to be prominent underlying structures influencing these patterns, as well as:

Fit between new ways of working and leadership styles:

- Examples of **command and control**
- **Hierarchical structures** within organisations and teams

> *"Return to Command and Control styles."*

> *"Fear of returning to the Old and a potential underlying cynicism of how healthcare really operates*

Less engagement with service users and carers

- Limitations of virtual service delivery

> *"Failure to recognize deteriorating patients at every level of their care"*

> *"Patient concerns - restriction on visitation and consequences on grief and bereavement."*

Restoration of services

- Lack of clear plan and structure for transition to original roles

> *"Regular work v. Contact Tracing work"*

> *"Complex system with not enough forward planning"*

> *"teams not fully back but services are gearing up again"*

Themes: In the future a change I want see is?

Collaborative/Collective Leadership: Importance of a team approach to decision making. Flattening of the hierarchies, less "red tape".

"Truly listening and acting on the suggestions of frontline staff in service delivery decisions"

Staff Wellbeing: Need for awareness of the pressures on staff, staff want to feel valued & supported, need for kindness and compassion

" Awareness of everyone's emotions and feelings"
"More creative occupational health for staff"

Learning from COVID-19/ QI approaches and embracing innovation: implementing and sharing the learning and knowledge

"Using the key learning from COVID-19 to benefit future planning" *"Sustainability of improvements"*

Changes to Services (use of technology) / Equality of care: use of virtual technology to be strengthened and matched to patient requirements

"Support for service users to access telehealth and support for staff in flexible working arrangements".

Greater service User Input/co-design: a need to involve service users in changes to services through true co-production

"Co-design new systems with staff and patients/families"
"Service users and family carers as co-creators of the COVID-19 continuum provision".

Better resourcing/funding: Resource allocation to the areas where they are needed the most.

"More investment in community services to keep people well at home for longer".

Themes: At its very best the health and social care sector is?
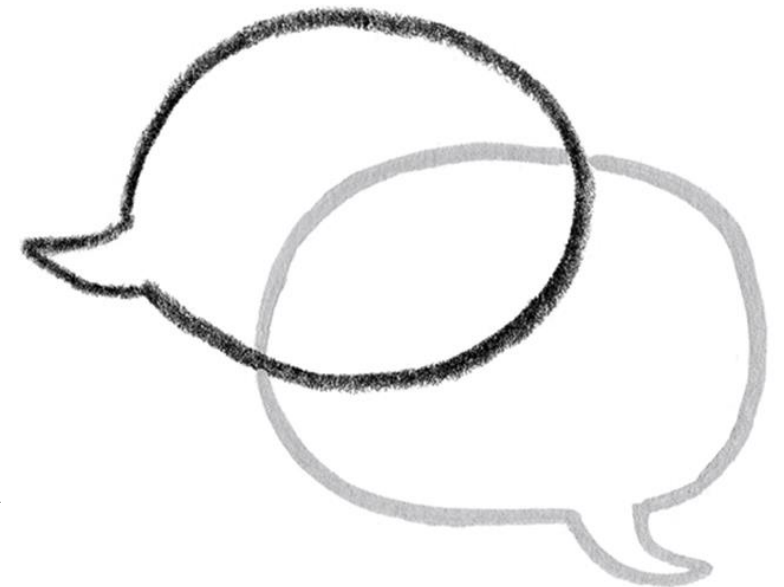
Section 3:
Session feedback

Led by

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At the end of the session we asked participants for feedback to the following 3 questions:

1) In this session I have valued...

2) An action I'm going to take is...

3) I'd like to connect with other people about...

Participants shared their feedback through the chat box

Themes: In this session I have valued ….

"Validation, the power of stories."

"Excellent session, many thanks to all. I am optimistic for our Q Community"

"Feeling we're in the same space, no matter where we work or live"

"Time for reflecting."

"The great diversity and expertise within our Health Service."

"I have valued having the head space for blue sky thinking again."

"Sharing experiences"

Themes: An action I'm going to take is …

"Share locally the experiences and methods."

"Build on my networks and learning from colleagues at the front."

"Connecting and learning with the Q Community."

"use the positivity I have witnessed today to re energize my work in the virtual health space"

"Incorporate lived experience voices into every piece of work"

"Continue to share the learning and embed in our reset programme."

"Build on teams developed during COVID-19."

"Educate myself on futures and foresight approaches."

Themes: I'd like to connect with other people about...

"Staff wellbeing initiatives."

"New technologies and successful projects."

"How they link with patients and carers."

"Evaluating and measuring the effect of change."

"Sustaining the capacity to deliver rapid change with patients at the centre of our care."

"Cross border collaboration in health."

"Ways of working and comparing experiences."

"Networking, shared learning, co-design."
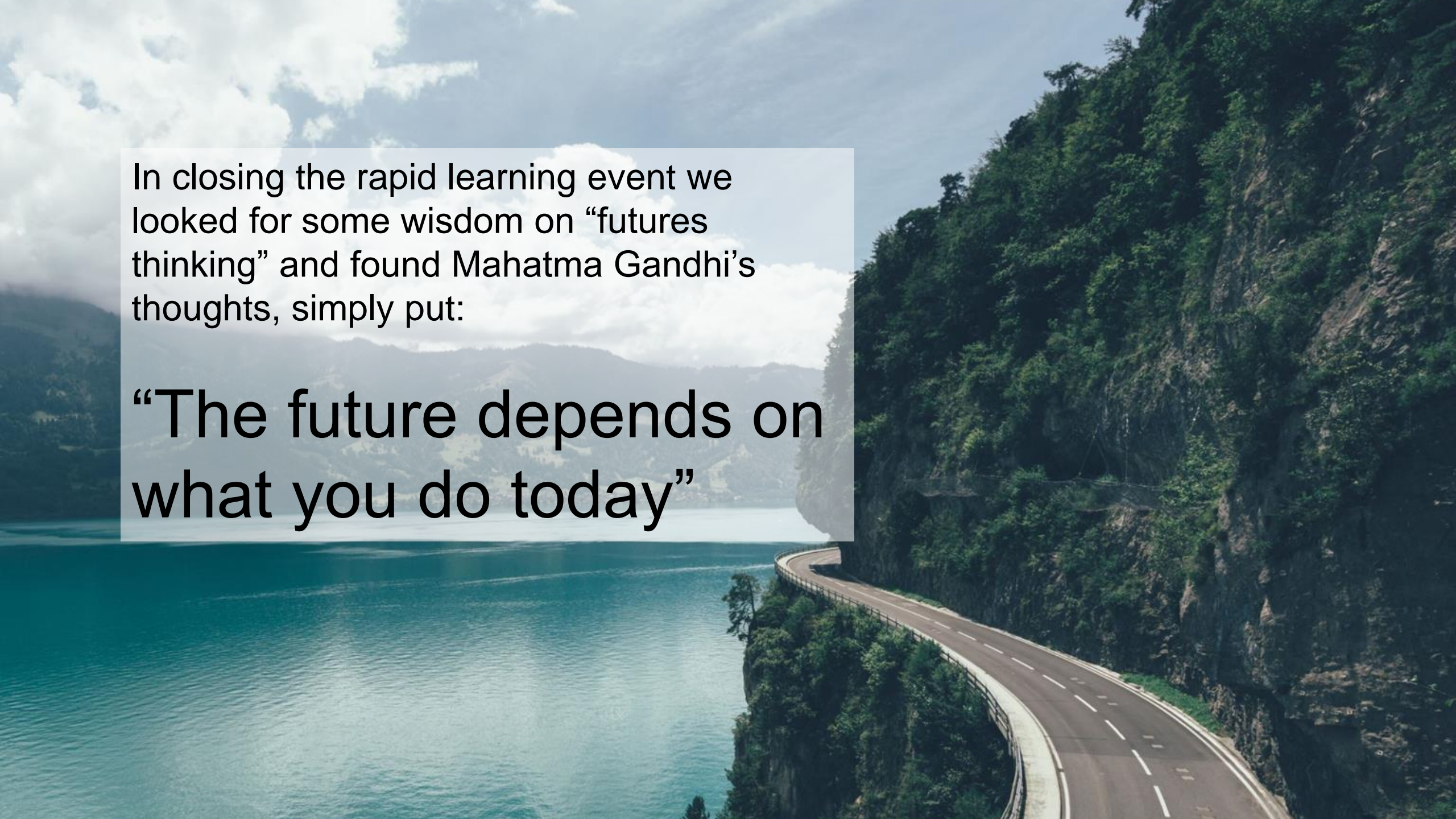
"Coaching QI virtually"

Our survey says...

In a final poll we asked all participants
"Overall, how would you rate this webinar as a use of your time."
The result shows that 100% of participants answered, 'very good' or 'good'.

Keeping connected…

- We are sharing the write up, slides and videos of keynote speakers' on:
  www.qualityimprovement.ie and https://qi.hscni.net/

- Continue your conversations and share your experiences on Twitter:
  @theQcommunity @NationalQI @HSCQI #RapidQIreland #Qireland

- Get in touch with feedback to:
  QLab@health.org.uk

- Apply to become a member of Q community:
  https://q.health.org.uk/join-q/

In closing the rapid learning event we looked for some wisdom on "futures thinking" and found Mahatma Gandhi's thoughts, simply put:

"The future depends on what you do today"

Q

Thank you

We would like to express our gratitude to all participants, facilitators, speakers, and the team at Q for their contributions, and in helping us to make this a successful and enjoyable event.

Q is led by the Health Foundation and supported by partners across the UK and Ireland