

Appendix 1a

Care Quality Commission: Quality improvement in hospital trusts - Sharing learning from trusts on a journey of QI

This briefing summarises the Care Quality Commission report, *Quality improvement in hospital trusts - Sharing learning from trusts on a journey of QI*, published today. The report is aimed at senior leaders in healthcare organisations, particularly trust boards, considering adopting organisation-wide structured quality improvement (QI) as a strategic priority. It focuses on leadership alongside the behavioural and cultural aspects of hospitals that have built and embedded a QI and aims to share learning to inspire and encourage wider improvement in the quality of care delivered. There are many good examples from amongst trusts using structured QI approaches, and we encourage boards to read the report in full.

If you have any feedback or questions about this briefing please contact Cassandra Cameron, policy advisor, cassandra.cameron@nhsproviders.org.

Key messages

- CQC's report presents a concept of the processes for establishing an organisation-wide structured Quality Improvement (QI) program, based on evidence obtained through inspections and trust visits.
- CQC identified that when a culture of improvement is driven by the trust's leaders, QI becomes a frontline activity where staff, in consultation or collaboration with patients, deliver improvements focused on value and patient focused outcomes.
- Networks, peer support and shared learning including amongst board members and senior trust leaders are important elements of QI-driven culture change and emphasising learning as well as results.
- CQC found that QI implementation cannot be approached in a linear way, and that the processes outlined in this report towards building a QI culture are not sequential. Organisations that have implemented systematic QI adopt elements in a different order and often overlap them as appropriate to their local circumstances.
- CQC intends for the report to provide helpful insight to senior leaders of healthcare organisations considering adopting QI. It's not intended as a prescription but to offer insight. Examples from amongst trusts are provided to illustrate the different processes, their challenges and impact.

Clear Strategic Intent for Quality Improvement

- QI has to start at the top of the organisation with board members and senior leaders setting it as a long-term strategic vision— even though results can be delivered quickly, the organisational shift takes time.

- Senior leaders must explore and clarify the purpose and define the organisational approach to QI. It involves rigorously measuring and tracking progress linked to a strategic plan for improvement.
- The approach also involves leaders sharing quick wins from QI that build confidence as the process unfolds, engaging opinion leaders around the purpose, and modelling the improvement behaviours.
- The return on investment is cumulative and not linear, as learning comes from QI projects not working, as well as when they do work. Boards must be open, promote learning and maintain a long-term focus.
- Networks and shared QI learning experiences are important, including for senior leaders who are willing to look to the results of QI programs in other organisations and other sectors.

Leadership for Quality Improvement

- The strategic plan to adopt QI is supported by unwavering commitment from senior leaders, who model appropriate improvement-focused leadership behaviours and a visible and hands-on approach to QI. This reinforces the need for all those in leadership positions to undergo QI training.
- Common leadership behaviours for successful QI include: curiosity, humility, persistence, courage, challenge, transparency and a commitment to shared learning. A coaching model of leadership most effectively embodies these behaviours, aided by senior leaders being trained themselves in QI.
- Boards shift from an assurance model to an enabling improvement model, ensuring that all staff have time and opportunities to participate in QI activities and they also participate themselves in QI activities.
- It is difficult for boards to embed a culture of QI where finance, performance and other issues are prioritised over quality of care. Effective QI leadership is clearly aligned to the quality strategy.
- Board reporting is aligned through to frontline improvement, and connects assurance reporting to improvement reporting over time. Reporting allows insight into variation over time.

Building improvement skills at all levels

- Adopting QI at scale requires an appropriate infrastructure, including a robust framework for frontline teams, alongside mechanisms to share learning and scale improvement across the organisation.
- The framework also provides structure and alignment to organisational priorities, where projects at team level align with strategic objectives for the organisation.
- QI is best embedded where work is aligned to strategic objectives within the organisation.
- A clear and consistent improvement method is used and is demonstrable across all areas of the organisation. Commitment to the chosen methodology is key to a sustained and embedded QI culture.
- The commitment to a coherent, systematic improvement methodology anchored in improvement science is key; the common features of these methods include:
 - applying 'systems thinking' to understand the problem
 - experimentation as a discipline for improvement
 - hands-on, visible, enabling leadership as a fundamental practice
 - a focus on key improvement principles over the tools themselves.
- A central QI team or hub offers training, support, coaching, shares learning, expertise, skills and rigour.

Building a culture of improvement at all levels

- A culture of continuous improvement emerges as senior leaders commit to QI, model improvement behaviours and coach teams in delivering QI. In these organisations, staff are valued as individuals, and QI provides the technical skills to problem solve, aligned to the purpose and organisational priorities.
- The improvement culture comes when all staff understand the purpose of the organisation, actively focus improvement in 'value streams', which achieve that purpose, supported by systems and processes designed to support improvement.
- Organisations with strong systems for improvement, innovation and learning can articulate clearly and succinctly their improvement aims, their progress and their approach.
- Improvement is seen as the way to deal with performance and for the organisation to learn. This approach breaks down barriers between managers and clinicians, so there are no longer distinct clinical and managerial goals, but shared purpose and methodologies.
- The visible commitment of senior clinical leaders to QI is crucial in engaging clinical staff. Significant effort is needed to work with clinicians to move beyond clinical audit and research as the only means for improvement. Early engagement around the purpose of QI, aligned to core purpose of staff, helps.

Involving patients in QI

- Putting the patient at the centre of QI sharpens the focus on delivering high-quality patient care and aligning improvement activity to outcomes and experience for patients.
- Outcomes improve significantly when patients are involved and enabled as equal collaborative partners in studying the problem, experimenting with improvement and redesigning systems.
- As equal partners in QI, patients need to be recruited based on suitable skills and behaviours, and given necessary training and development to support improvement work.

The system view

- Many of the current challenges in healthcare relate to the relationships between multiple parts of the system, such as the links between health and social care and commissioning. QI methods recognise this, and help leaders and teams lead systematic improvement in this context.
- As improvement teams experiment and problem solve, the patient journey is understood across internal and external organisational boundaries and all parts of the system that influence the quality of care delivered for the patient, aiding collaboration and improvement across functional boundaries.
- The 'system' approach is key to embedding and maintaining QI in an organisation so that QI becomes the shared understanding of the 'way things are done' throughout the whole organisation.
- A systems approach also requires a shift in leadership perspective about where the 'value' lies, beyond the traditional organisational boundaries, such as a hospital trust. It has also led to learning being shared across sustainability and transformation partnerships, place-based collaborations, and improvement in non-traditional health settings, such as in prisons.

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