F7: An enterprise approach to quality: understanding roles and structures for dedicated quality teams

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BMJ

An enterprise approach to quality:

Understanding roles and structures for dedicated quality teams

Jeff Rakover

Dr Amar Shah

Learning objectives

01

Understand the role of quality specialists

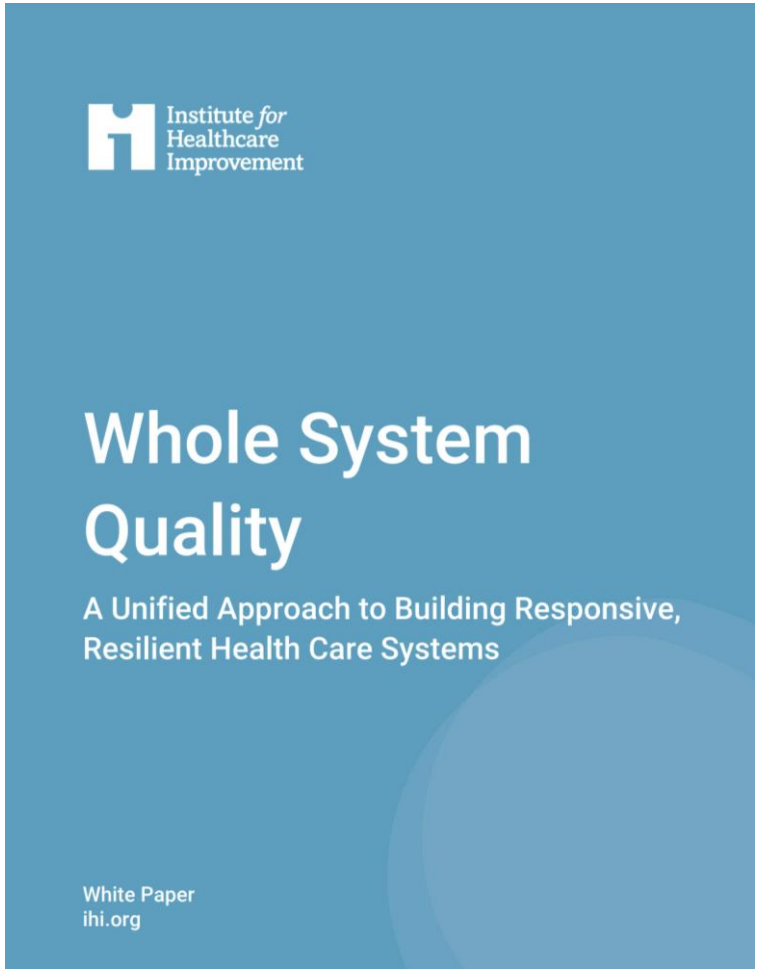
02

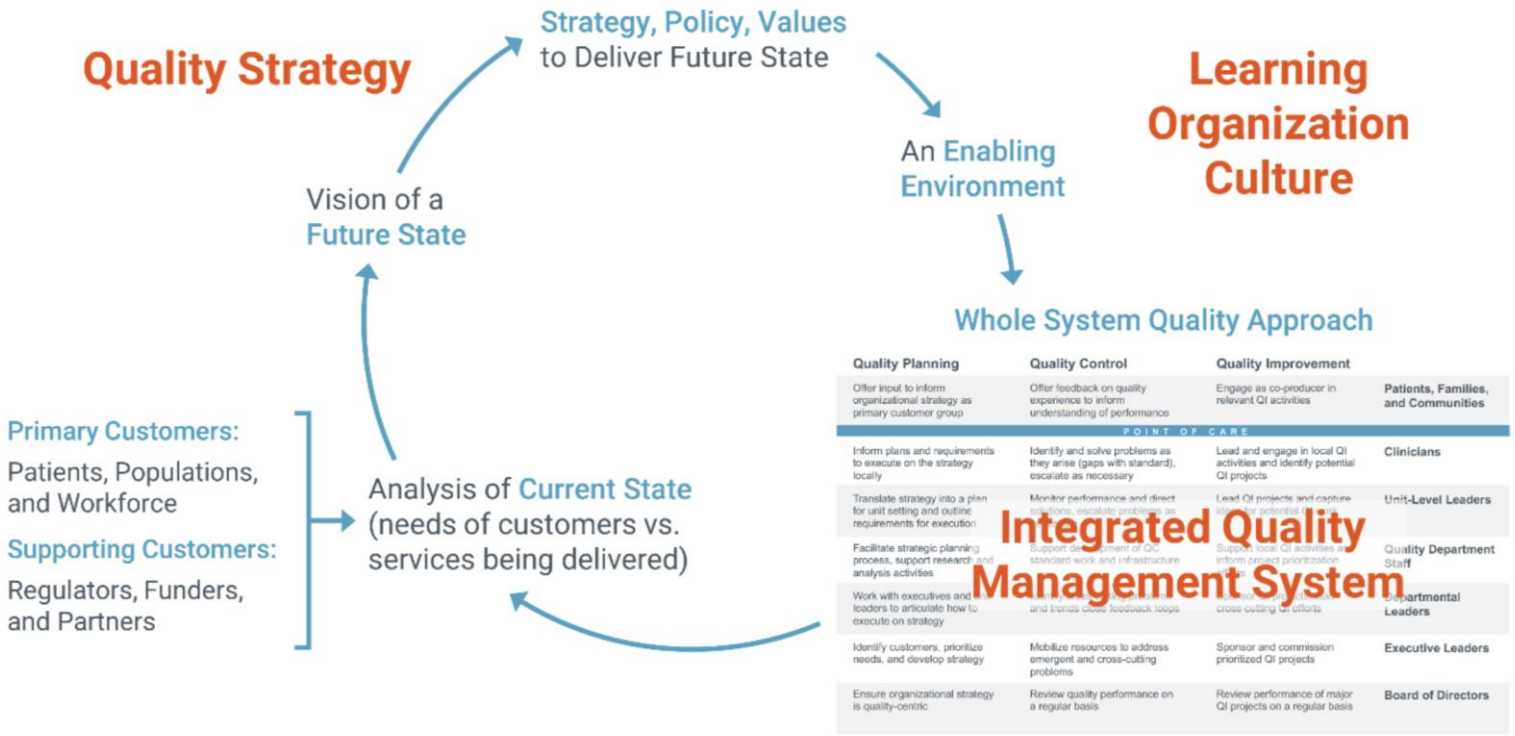
Outline key considerations for the structures of quality departments.

03

Identify innovations in quality specialist roles

An enterprise approach to quality





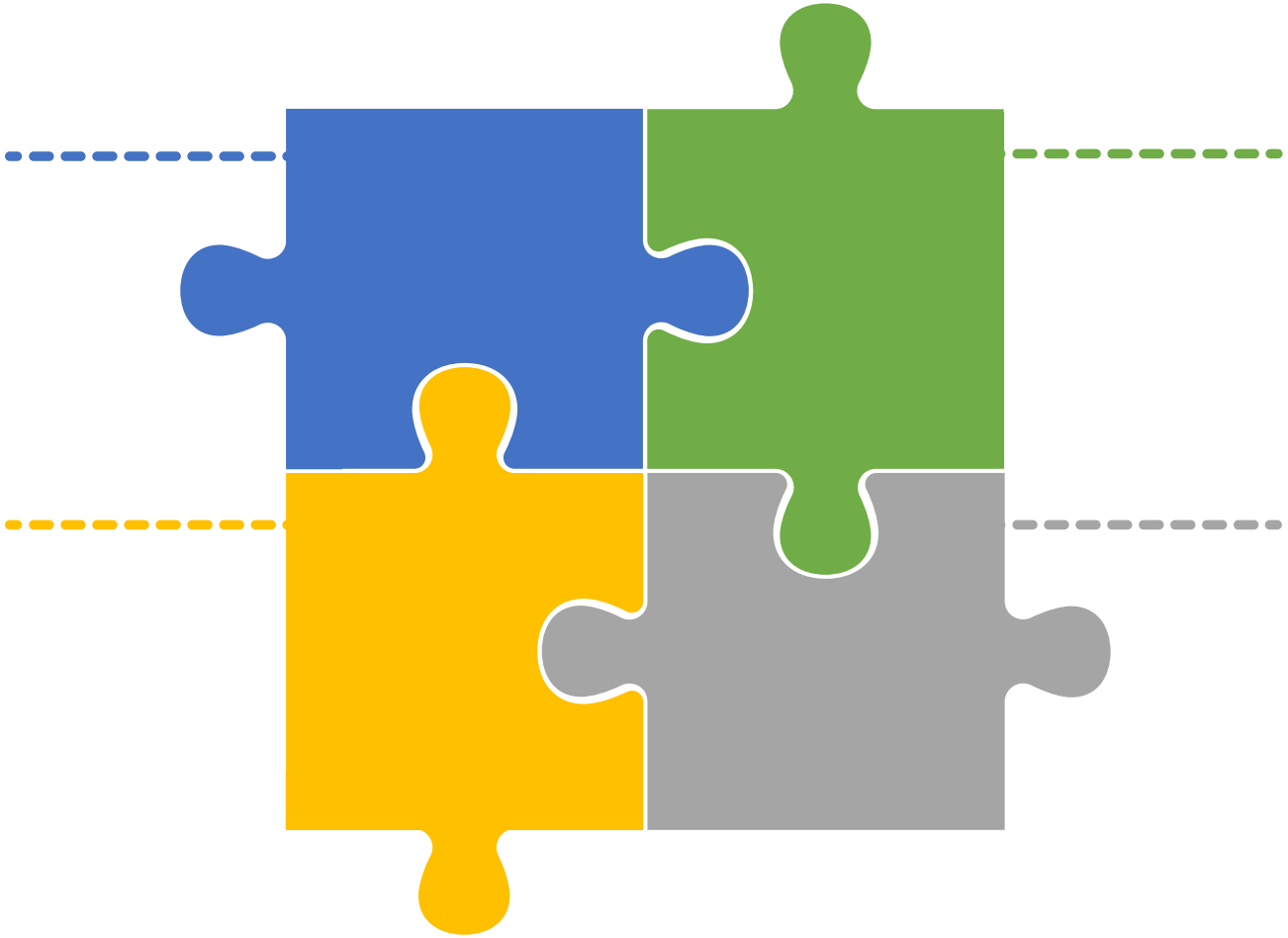
An enterprise approach to quality

Quality planning

Identify the needs of the customer & population
Develop service models to meet the need
Put in place structures & process to manage the service

Quality improvement

Identify what matters most
Design project and bring together a diverse team
Discover solutions through involving those closest to the work, test ideas, implement and scale up



Quality control

Identify clear measures of quality for the service and monitor these over time.
Take corrective action when appropriate.
Internal vigilance to hold gains made through improvement

Quality assurance

Periodic checks to ensure the service is meeting the needs of the customer & population
Actions to address gaps identified

From Shah A. Moving beyond quality improvement projects. BMJ 2020

Our learning plan to explore this topic…

Learning from a prospective research project

Explore an organisational case study

Develop some key principles for designing quality departments

Identify some innovations in the field

Common questions…

Single leadership		Shared leadership
Combine with executive clinical leadership		Discrete leadership with technical expertise
Centralised system		Distributed system
Generalism		Specialism
Leading the work		Enabling the work

A case study from East London NHS FT…

NHS
East London
NHS Foundation Trust

2010

Trust Board Scorecard Q4 2009/10

KEY MONITOR, NATIONAL, PARTNER AND LOCAL TARGETS	2009/10 Target	2008/09 Actual	2009/10 Q3	2009/10 Q4
Monitor Targets				
Annual number of MRSA bloodstream infections reported	0	0	0	0
Reduction in C. Diff	0	0	0	0
CPA inpatient discharges followed up within 7 days (face to face and telephone)	95.0%	99.5%	99.0%	99.1%
Patients occupying beds with delayed transfer of care	7.5%	3.5%	1.8%	1.8%
Admissions made via Crisis Resolution Teams (end of period)	90.0%	98.3%	99.0%	96.7%
Number of Crisis Resolution Teams	7.1	7.3	7.3	7.3
Other National/CQC Targets				
Completeness of Ethnicity Coding – PART ONE. Inpatient in MHMDS (Year to date)	85%	98.1%	97.3%	97.3%
Completeness of Mental Health Minimum data set – PART ONE (As per 2008/9)	99%	97.6% Underachieved	99.4%	99.4%
Completeness of Mental Health Minimum data set – PART TWO (New – confirmed 22/12/2009)	TBA	Not Used	45.0%	45.0%
Patterns of Care – assignment of Care Co-ordinator within Mental Health Minimum data set	80%	99.6%	93.2%	93.2%
CAMHS - National Priorities - Six targets graded 1 (lowest) to 4 (best)	24	22	22	24
Annual Staff Survey (Job Satisfaction)	Benchmarked	Satisfactory	N/A	TBC
Patient Survey	Benchmarked	Below Average	N/A	TBC
Drug Misusers in effective Treatment	90.0%	95.5%	92.9%	92.9%
Access to healthcare for people with a learning disability – report compliance to CQC	Yes	Not Used	N/A	Yes
Best practice in mental health services for people with a learning disability – Green Light Toolkit Score	48	40/48 Underachieved	42	46
Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge	98.0%	97.5%	98.3%	98.3%
PCT Contract and Mandatory Targets				
Number of Early Intervention Services Teams	3	3	3	3
Early Intervention Services Caseload	511	569	534	544
Newly diagnosed cases of first episode psychosis receiving Early intervention Services	176	243	199	248
Number of patients receiving Adult Crisis Resolution Services (Episodes for Year to date)	2280	2,346	1874	2552
Specialist Addictions – % of discharges retained 12 weeks or more	85.0%	96.1%	92.9%	92.9%
Specialist Addictions - Number of drug misusers in treatment (snapshot at period end)	678	710	780	776
CAMHS Service protocols	12	12	12	12
Mixed Sex accommodation breaches	0	0	0	1
Patient Experience - Community				
Assessment within 28 days of referral	95%	Not Used	88.2%	92.8%
CPA patients - care plans in date	95%	93.1%	93.3%	94.2%
Patient Experience - Inpatients				
Adult Acute Inpatient Bed Occupancy Year to Date (excluding home leave)	95%	95.3%	98.3%	97.3%
Information Governance/Assurance				
Information Governance Toolkit score	90.0%	87.0%	87.0%	90.9%

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Mental health

Three patients die on psychiatric ward

Three patients have died within 12 months on the same ward following warnings from unions about budget cuts

Mark Gould

Tuesday 12 April 2011
13.10 BST

This article is 4 years old

Save for later

Spike in mental health patient deaths shows NHS 'struggling to cope'

2012

Started consolidating **quality assurance** functions

Clinical audit, patient experience, NICE guidance etc into a single team

Reviewed all QA processes to remove non-value adding work

Starting building the will and the plan for introducing **quality improvement**

Board development
Building technical expertise
Engaging staff and stakeholders
Business case

2014

Use of data to guide decision-making

Stop solving problems at the top

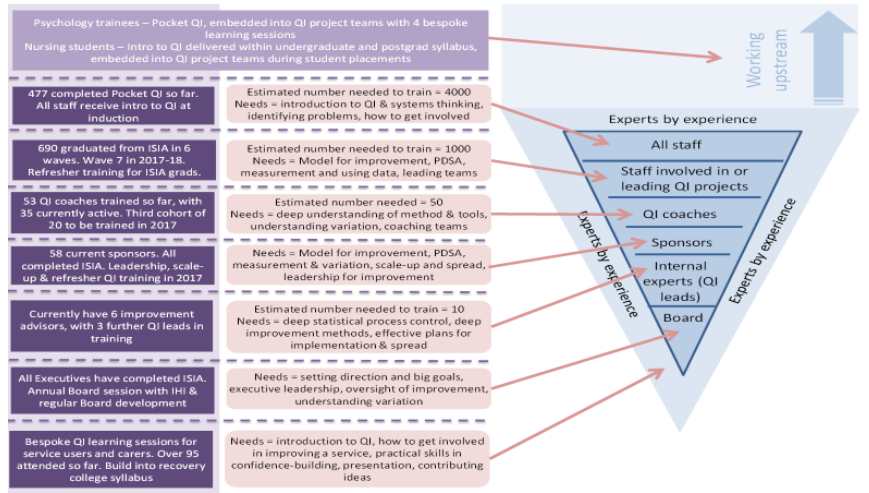
Give people time and space to solve complex problems

Manage the expectations

Paying personal attention

"Go see"
"Gemba"
Executive WalkRounds

Change in leadership behaviours



BIG I
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Support around every team

2016

Innovating our quality assurance approach

Reducing waste

Greater patient involvement and leadership

More local ownership

Peer-review

2017

Developed a new Chief Quality Officer role on the Board

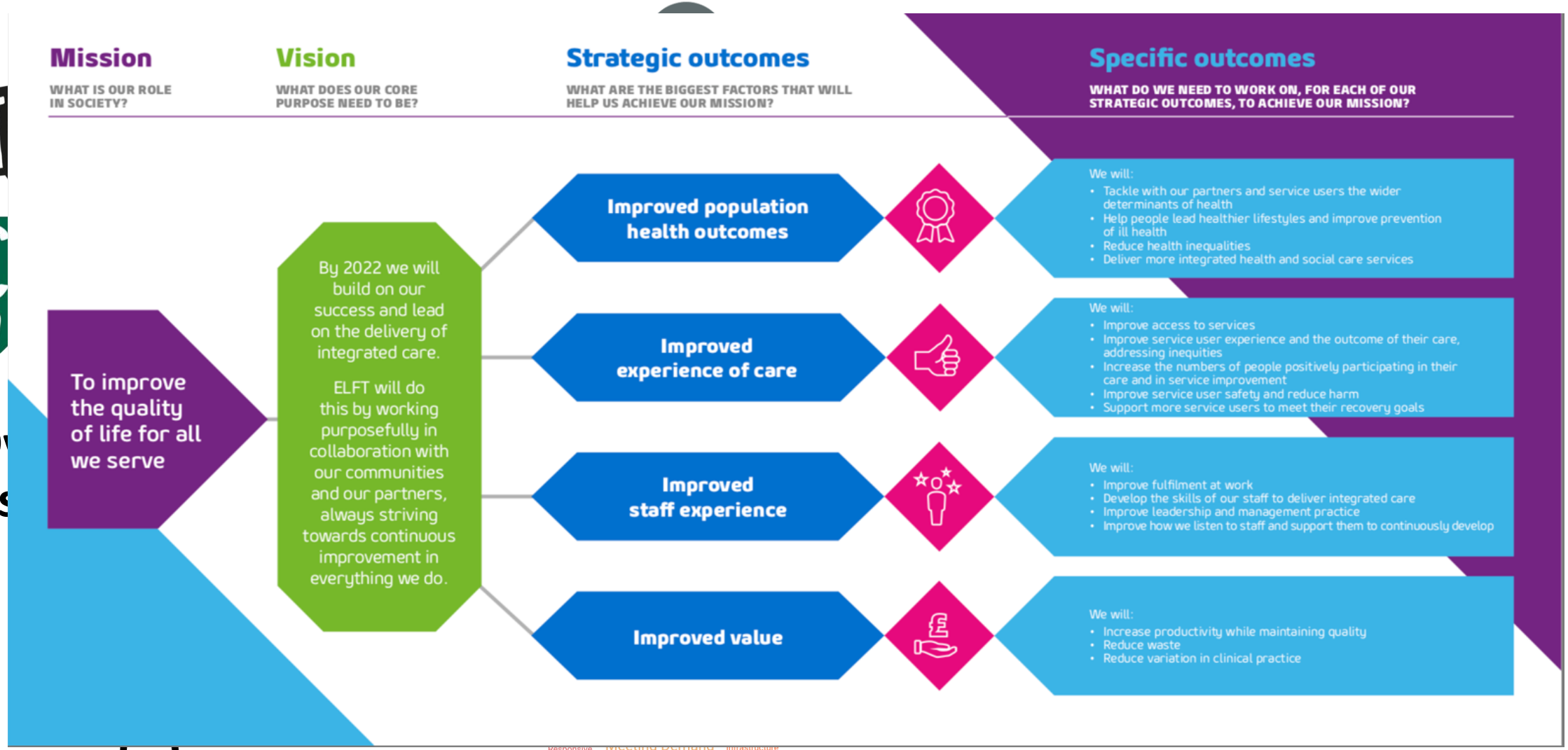
Quality assurance

Data and analytics

Quality improvement

Strategy and planning

Performance



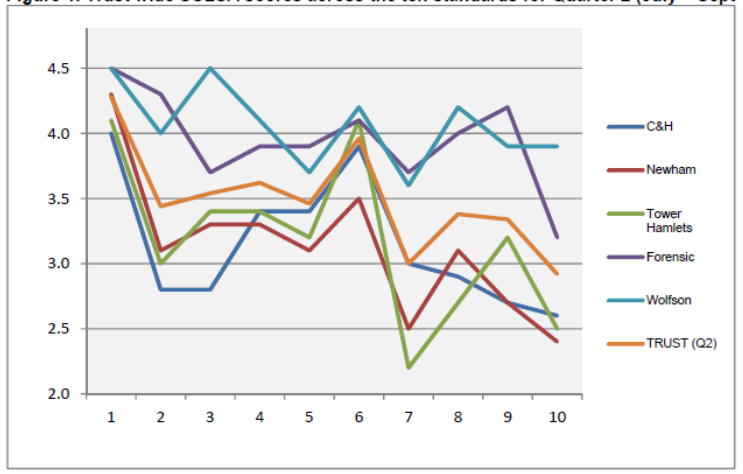
Responsive
Make a Difference
Mental Health Assessment
Improve the Lives of Service Users
Supporting the Community
Positive Experience
Equitable

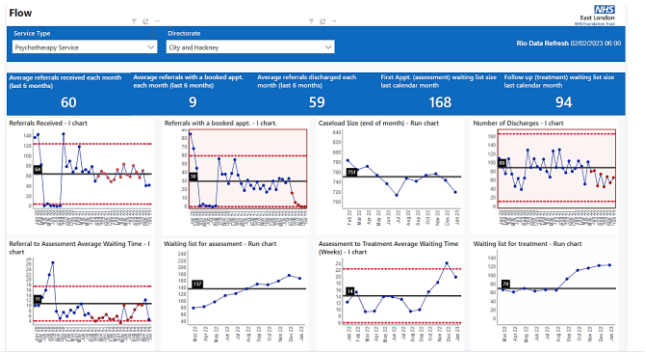
2018

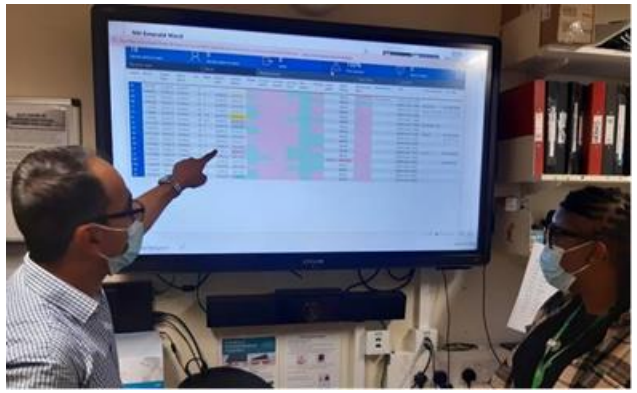
Table 1. All medication errors per directorate for Quarters 1 and 2 (2012)

Directorate	Quarter 1 2012/13 (harm)	Quarter 2 2012/13 (harm)	Quarter 3 2012/13 (harm)	Q3 High risk medication (harm)
City & Hackney	17 (0)	17 (1)	11 (0)	0
Newham	13 (1)	9 (0)	6 (0)	1 (0)
Tower Hamlets	11 (0)	18 (1)	16 (0)	0
Forensic Services	11 (0)	14 (0)	7 (0)	1 (0)
MHCOP	6 (0)	6 (0)	6 (0)	2 (0)
Specialist Services	2 (0)	4 (0)	2 (0)	0
Community Health Newham	3 (0)	3 (0)	2 (0)	0
Total	**63** (1)	**71** (2)	**50** (0)	**4** (0)

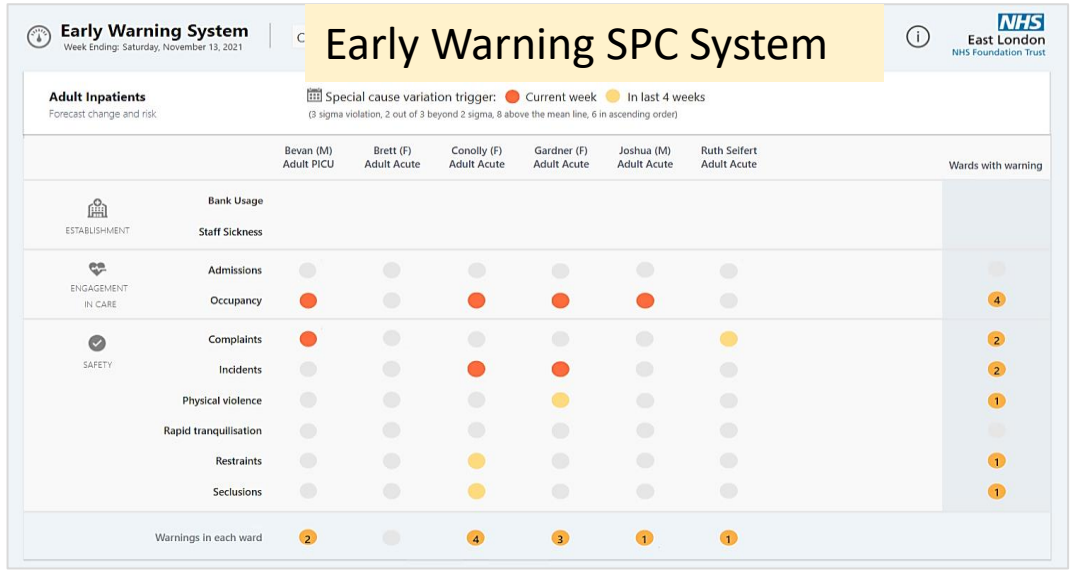
Figure 1. Trust wide SULSA scores across the ten standards for Quarter 2 (July – Sept '



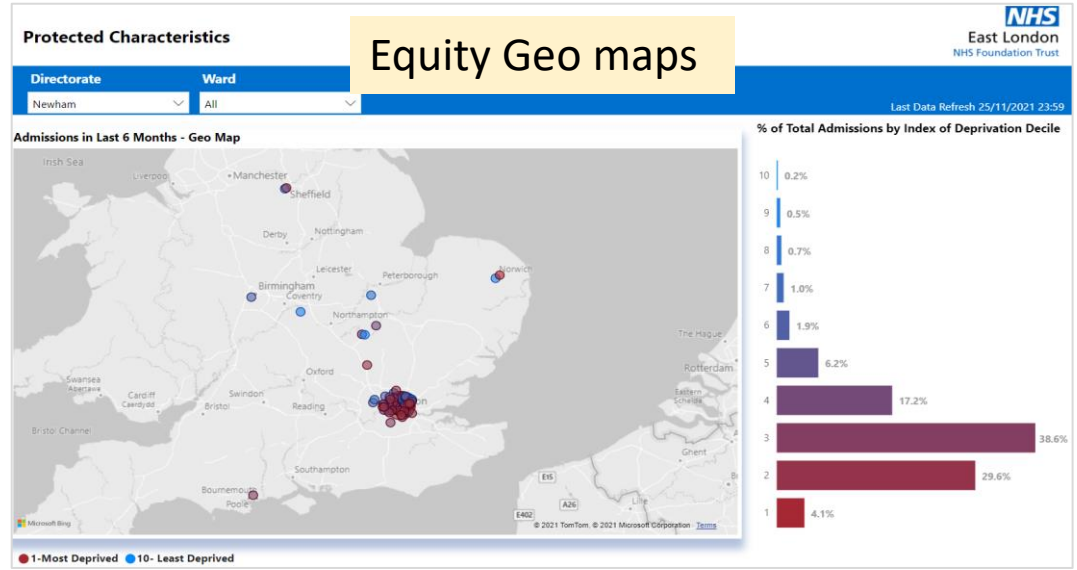




Early Warning SPC System



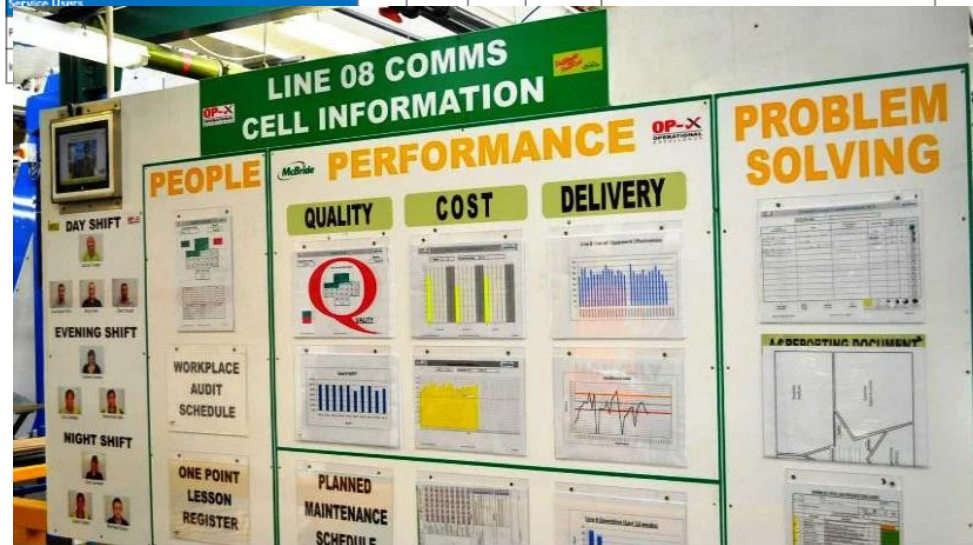
Equity Geo maps

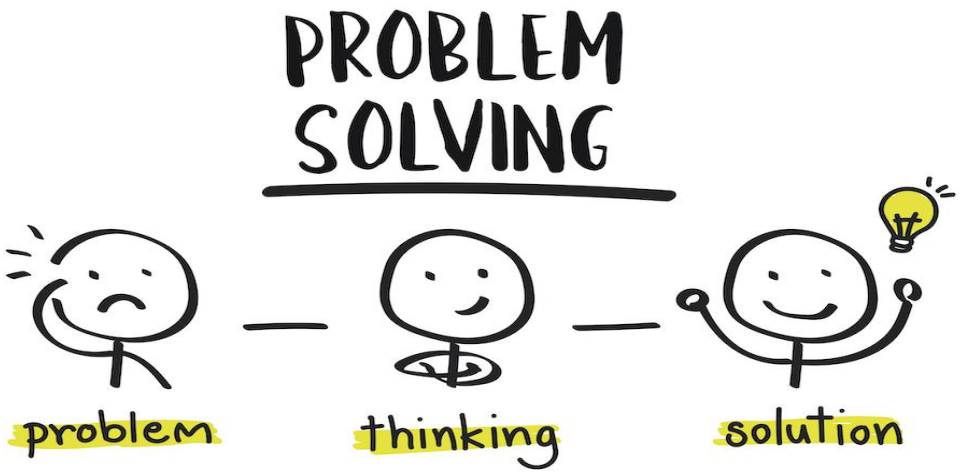


Elements of best practice Quality control

Everyone's Responsibilities					
Task	**Daily**	**Weekly**	**Monthly**	**As required**	**Tools required**
Put dots on the safety cross as an incident happen on the ward	x				Red/Orange/Green/Purple dots or pens Definition of incident types (colour dots)
Change the safety cross (frequency depends on type of safety cross used by the ward)	x		x		Printed copies for daily or monthly safety crosses
Call/Participate/record safety huddle at least twice a day	x				Safety Huddle book
Follow up on safety huddle plans/actions	x				
Active/Lead/Guide/participate in safety discussion in community meetings		x			Bring safety cross to meeting
Participate in patient led safety huddles		x			
Have access to LifeQI for violence reduction data		x			LifeQi log ins
Induct new starters				x	Welcome packs

Specific Responsibilities					
Modern Matrons/Ward Managers					
Allocate who will input LifeQi data		x			
Present and interpret data to MDT/community meetings			x		LifeQi log ins
Allocate time in away days to discuss performance (review), compare to standards (reflect), and any actions required (react) to prevent deterioration			x		Data
Service Users					





Mission
What is our role in society

To improve the quality of life for all we serve

Strategic Outcomes
What are the biggest factors that will help us achieve our mission?

- Improved population health
- Improved experience of care
- Improved staff experience
- Improved value

Specific Objectives
What do we need to work on, for each of our strategic outcomes, to achieve our mission?

- Prioritise children and young people's emotional, physical, social and learning development
- Support service users, carers and the communities we serve to develop skills & to access meaningful activity and good quality employment
- Support service users, carers and the communities we serve to achieve a healthy standard of living
- Contribute to the creation of healthy and sustainable places, including taking action on climate change
- Champion social justice, and fully commit to tackling racism and other forms of prejudice
- Prioritise prevention and early detection of illness in disadvantaged groups

- Address inequalities in experience, access and outcomes in our services
- Deliver on our commitment to integrated care, including multidisciplinary teams working around neighbourhoods
- Get the basics right through reducing waiting times and increasing access to services, meeting existing and new demand
- Continue to build our approach to coproduction, people participation and programmes such as peer support and befriending
- Build on the innovation that we saw during the pandemic to transform and improve our clinical delivery, strengthening our ability to adapt and remain flexible and resilient to future challenges and opportunities

- Develop and embed trauma-informed approaches into clinical practice and in our work with communities and partners
- Prioritise quality of care and develop our patient safety approach, applying quality improvement to all that we do
- Enhance our digital and data infrastructure so it works effectively in service of our teams
- Get the basics right through supporting our staff and teams to thrive and be happy and healthy, including work-life balance
- Develop and grow our workforce, offering lifelong learning, professional development and creating new and exciting opportunities for staff, service users, carers and local communities

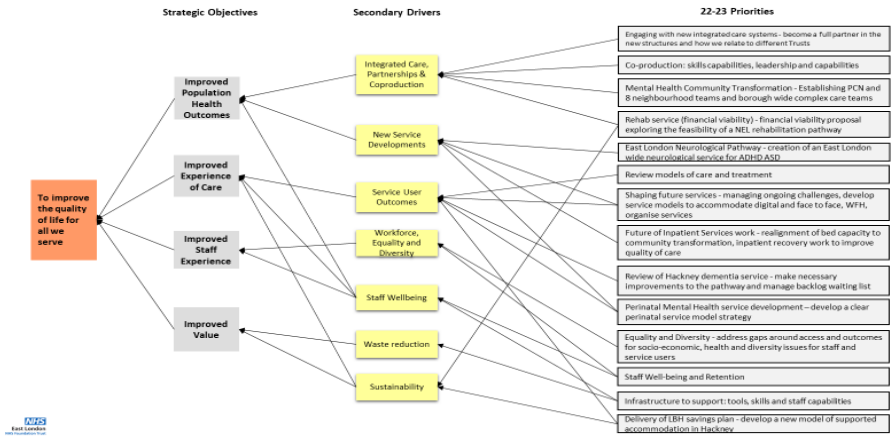
- Extend the financial viability programme, engaging all in reducing waste, improving financial and environmental sustainability
- Work collaboratively across the system with our partners to improve value and reduce waste

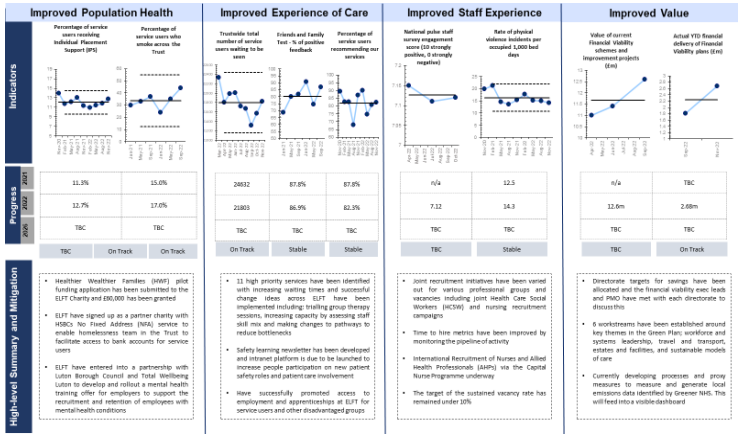
One strategy

Annual planning process

- Quality
- Performance
- Operations
- Workforce
- Finance
- Digital
- Patient involvement

Tracking progress, learning and adapting





Learning about roles and structures…

Quality assurance

- Bring together disparate functions / people who support quality assurance work – eg clinical audit, NICE guidance, patient experience, regulatory compliance etc
- Redesign – remove non-value adding QA, make it more meaningful
- Patient and family/carer involvement – in designing and running meaningful assurance programmes
- Coordinate; support local teams; triangulate; deep dives; action-planning; reporting

Learning about roles and structures…

Quality improvement

Teams need support within easy reach -> focus on local infrastructure

Clarity of role – improvement specialists guide, advise, coach, teach

Central team function – communications & storytelling; capability building; infrastructure; large-scale programmes

Central team roles – programme management; events & communications; data analysis; improvement specialists (IAs)

Learning about roles and structures…

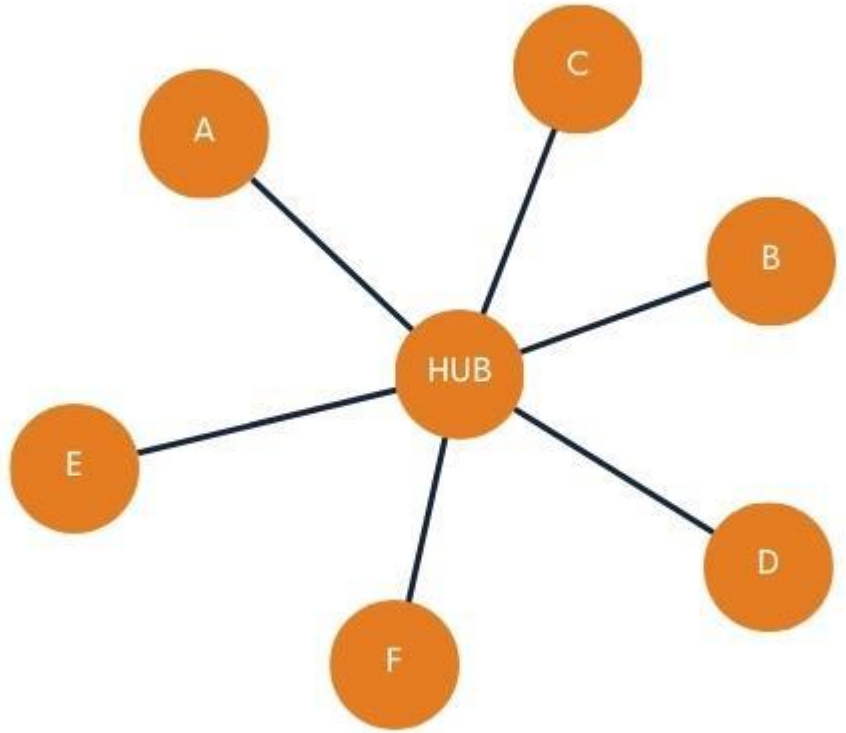
Local structures

QI forum

Improvement advisor from central team

QI coaches

People participation lead



Central structure

Capability building

Design and delivery of large-scale QI programmes

Improvement advisors

Programme management

Data analytics

Communications & story-telling

Learning about roles and structures…

Quality control

- Influencing daily operations
- Availability and accessibility of data
- Application of problem-solving techniques

Learning about roles and structures…

Quality planning

Supporting the co-design of long-term strategy and integrated annual planning by each part of the organisation

No central team. A matrix function with support and coordination drawn from different teams

Bring it to life – focus on purpose – help prioritise – support with measurement, report-out and story-telling

Key learning…

Evolution, as the context is ready

Importance of language and coherence

Clarity of roles

Influence beyond quality – eg data, operations

Being intentional with design and deployment

Senior technical expertise at the Board

Reinforce a single, coherent approach in multiple ways

Fallacies that we can avoid…

If we had a bigger central QI team, we would make more progress

What's the right size for the work that needs doing?
Focus on local support around teams as much as central structures

Leadership for quality can be held by any senior clinician

Recognise the technical skillset needed to build an integrated approach to quality and design for results

Quality is everyone's job, so we don't need specific roles allocated

Shifting behaviour and culture takes time. Quality specialists are key in supporting, guiding, coaching and enabling this transition

Thank you

jrakover@ihi.org

amarshah@nhs.net