The Regulation and Quality Improvement Authority

Healthcare Improvement Scotland

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

NHS IMPACT
Improving Patient Care Together

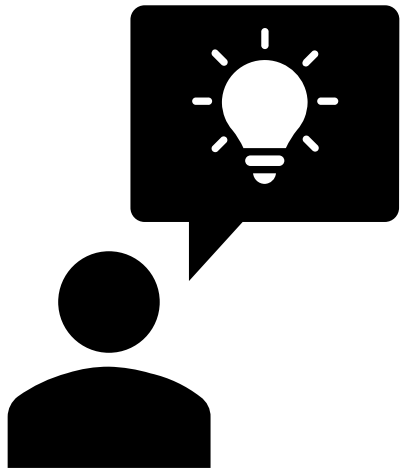
IMPROVEMENT CYMRU

Improving together

Association of Ambulance Chief Executives

How would you know?

If your organization was outstanding in its approach and delivery of improvement?



It starts with senior leaders……

What training have you had as a board in improvement in the last 2 years?

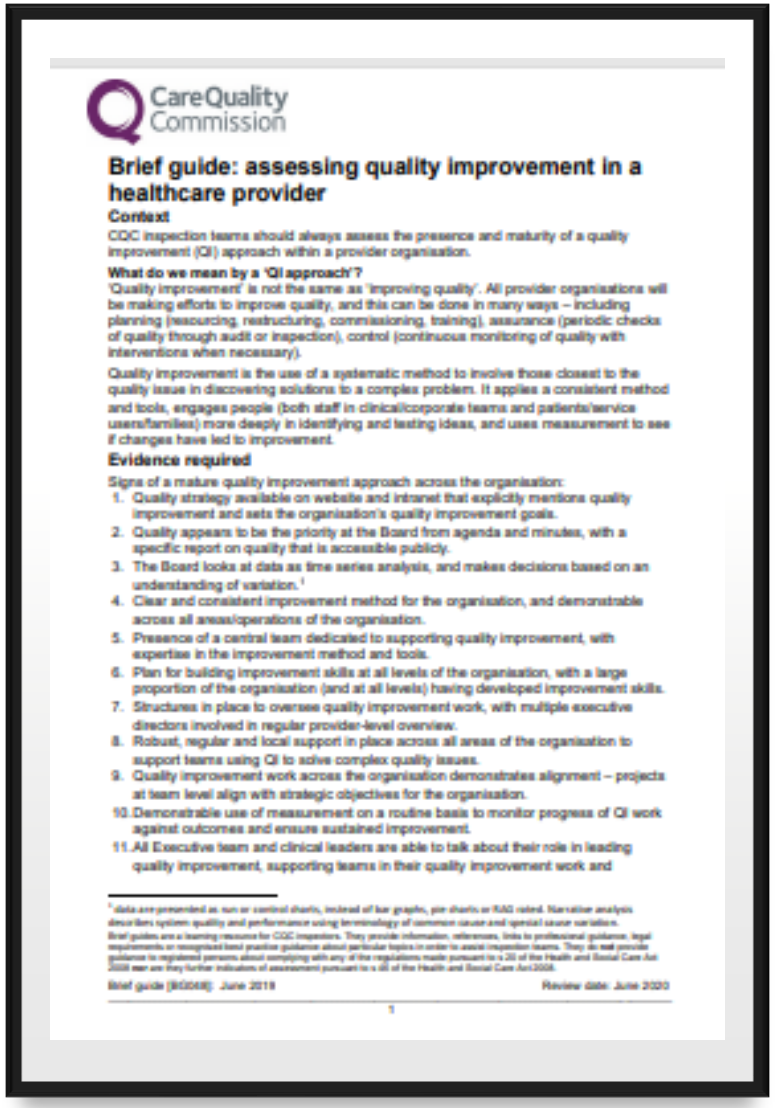
Do you have a named executive with responsibility for improvement?

How does improvement support strategy deployment?

What is your organisational approach to improvement?

How does the board learn about improvements?

Do you have an improvement maturity assessment and a plan for developing improvement capability?



Care Quality Commission

Brief guide: assessing quality improvement in a healthcare provider

Context

CQC inspection teams should always assess the presence and maturity of a quality improvement (QI) approach within a provider organisation.

What do we mean by a 'QI approach'?

'Quality improvement' is not the same as 'improving quality'. All provider organisations will be making efforts to improve quality, and this can be done in many ways – including planning (resourcing, restructuring, commissioning, training), assurance (periodic checks of quality through audit or inspection), control (continuous monitoring of quality with interventions when necessary).

Quality improvement is the use of a systematic method to involve those closest to the quality issue in discovering solutions to a complex problem. It applies a consistent method and tools, engages people (both staff in clinical/corporate teams and patients/service users/families) more deeply in identifying and testing ideas, and uses measurement to see if changes have led to improvement.

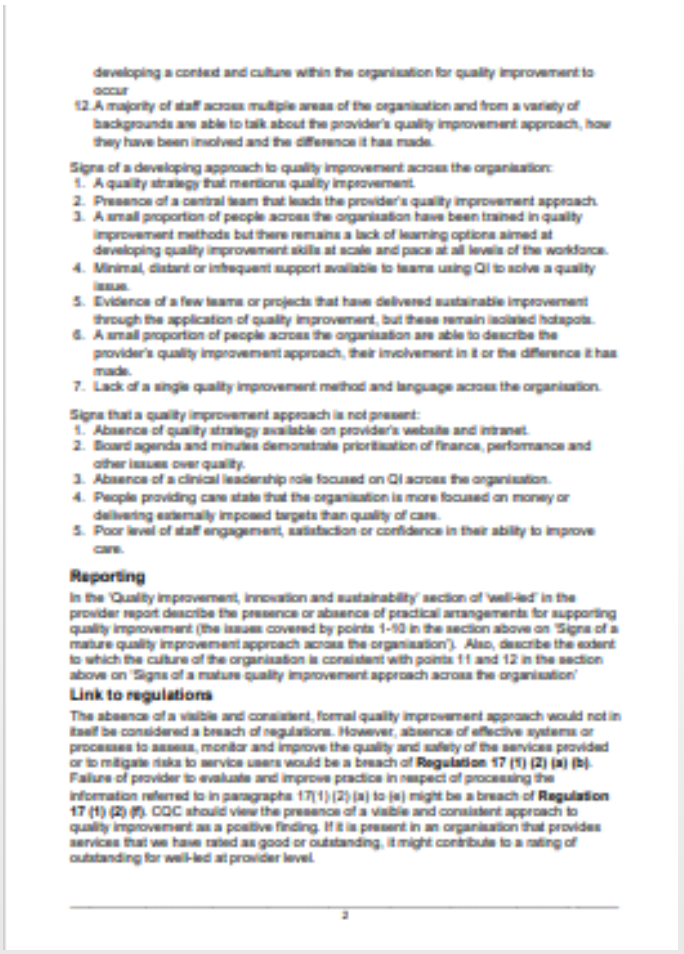
Evidence required

Signs of a mature quality improvement approach across the organisation:

1. Quality strategy available on website and intranet that explicitly mentions quality improvement and sets the organisation's quality improvement goals.
2. Quality appears to be the priority at the Board from agenda and minutes, with a specific report on quality that is accessible publicly.
3. The Board looks at data as time series analysis, and makes decisions based on an understanding of variation.[1]
4. Clear and consistent improvement method for the organisation, and demonstrable across all areas/operations of the organisation.
5. Presence of a central team dedicated to supporting quality improvement, with expertise in the improvement method and tools.
6. Plan for building improvement skills at all levels of the organisation, with a large proportion of the organisation (and at all levels) having developed improvement skills.
7. Structures in place to oversee quality improvement work, with multiple executive directors involved in regular provider-level overview.
8. Robust, regular and local support in place across all areas of the organisation to support teams using QI to solve complex quality issues.
9. Quality improvement work across the organisation demonstrates alignment – projects at team level align with strategic objectives for the organisation.
10. Demonstrable use of measurement on a routine basis to monitor progress of QI work against outcomes and ensure sustained improvement.
11. All Executive team and clinical leaders are able to talk about their role in leading quality improvement, supporting teams in their quality improvement work and developing a context and culture within the organisation for quality improvement to occur
12. A majority of staff across multiple areas of the organisation and from a variety of backgrounds are able to talk about the provider's quality improvement approach, how they have been involved and the difference it has made.

[1] data are presented as run or control charts, instead of bar graphs, pie charts or RAG rated. Narrative analysis describes system quality and performance using terminology of common cause and special cause variation.

Brief guides are a learning resource for CQC inspectors. They provide information, references, links to professional guidance, legal requirements or recognised best practice guidance about particular topics in order to assist inspection teams. They do not provide guidance to regulated persons about complying with any of the regulations made pursuant to s 20 of the Health and Social Care Act 2008 nor are they further indicators of assessment pursuant to s 46 of the Health and Social Care Act 2008.



Signs of a developing approach to quality improvement across the organisation:

1. A quality strategy that mentions quality improvement.
2. Presence of a central team that leads the provider's quality improvement approach.
3. A small proportion of people across the organisation have been trained in quality improvement methods but there remains a lack of learning options aimed at developing quality improvement skills at scale and pace at all levels of the workforce.
4. Minimal, distant or infrequent support available to teams using QI to solve a quality issue.
5. Evidence of a few teams or projects that have delivered sustainable improvement through the application of quality improvement, but these remain isolated hotspots.
6. A small proportion of people across the organisation are able to describe the provider's quality improvement approach, their involvement in it or the difference it has made.
7. Lack of a single quality improvement method and language across the organisation.

Signs that a quality improvement approach is not present:

1. Absence of quality strategy available on provider's website and intranet.
2. Board agenda and minutes demonstrate prioritisation of finance, performance and other issues over quality.
3. Absence of a clinical leadership role focused on QI across the organisation.
4. People providing care state that the organisation is more focused on money or delivering externally imposed targets than quality of care.
5. Poor level of staff engagement, satisfaction or confidence in their ability to improve care.

Reporting

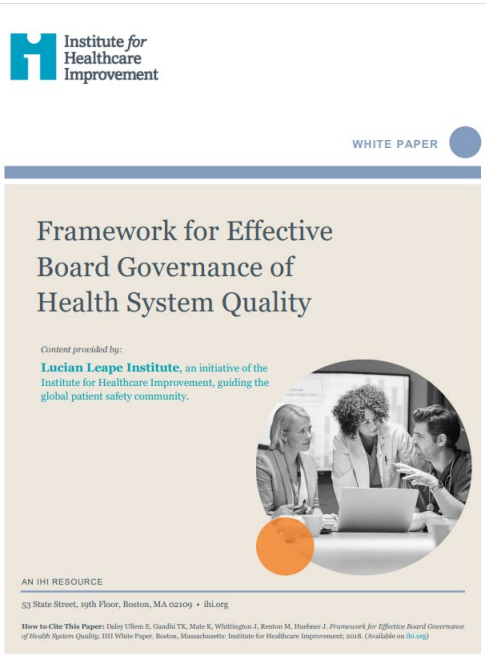
In the 'Quality improvement, innovation and sustainability' section of 'well-led' in the provider report describe the presence or absence of practical arrangements for supporting quality improvement (the issues covered by points 1-10 in the section above on 'Signs of a mature quality improvement approach across the organisation'). Also, describe the extent to which the culture of the organisation is consistent with points 11 and 12 in the section above on 'Signs of a mature quality improvement approach across the organisation'

Link to regulations

The absence of a visible and consistent, formal quality improvement approach would not in itself be considered a breach of regulations. However, absence of effective systems or processes to assess, monitor and improve the quality and safety of the services provided or to mitigate risks to service users would be a breach of **Regulation 17 (1) (2) (a) (b)**. Failure of provider to evaluate and improve practice in respect of processing the information referred to in paragraphs 17(1) (2) (a) to (e) might be a breach of **Regulation 17 (1) (2) (f)**. CQC should view the presence of a visible and consistent approach to quality improvement as a positive finding. If it is present in an organisation that provides services that we have rated as good or outstanding, it might contribute to a rating of outstanding for well-led at provider level.

- ✓ Quality Strategy
- ✓ Quality Account
- ✓ Time Series Data
- ✓ Improvement Method
- ✓ Specialist Support
- ✓ Capability Building
- ✓ Executive oversight
- ✓ Regular Review
- ✓ Shared view

June 2019



Interpreting the Overall Governance of Quality Assessment Score

Total Score	Board Performance Level
40 to 60	Advanced board commitment to quality
25 to 40	Standard board commitment to quality
25 or Fewer	Developing board commitment to quality

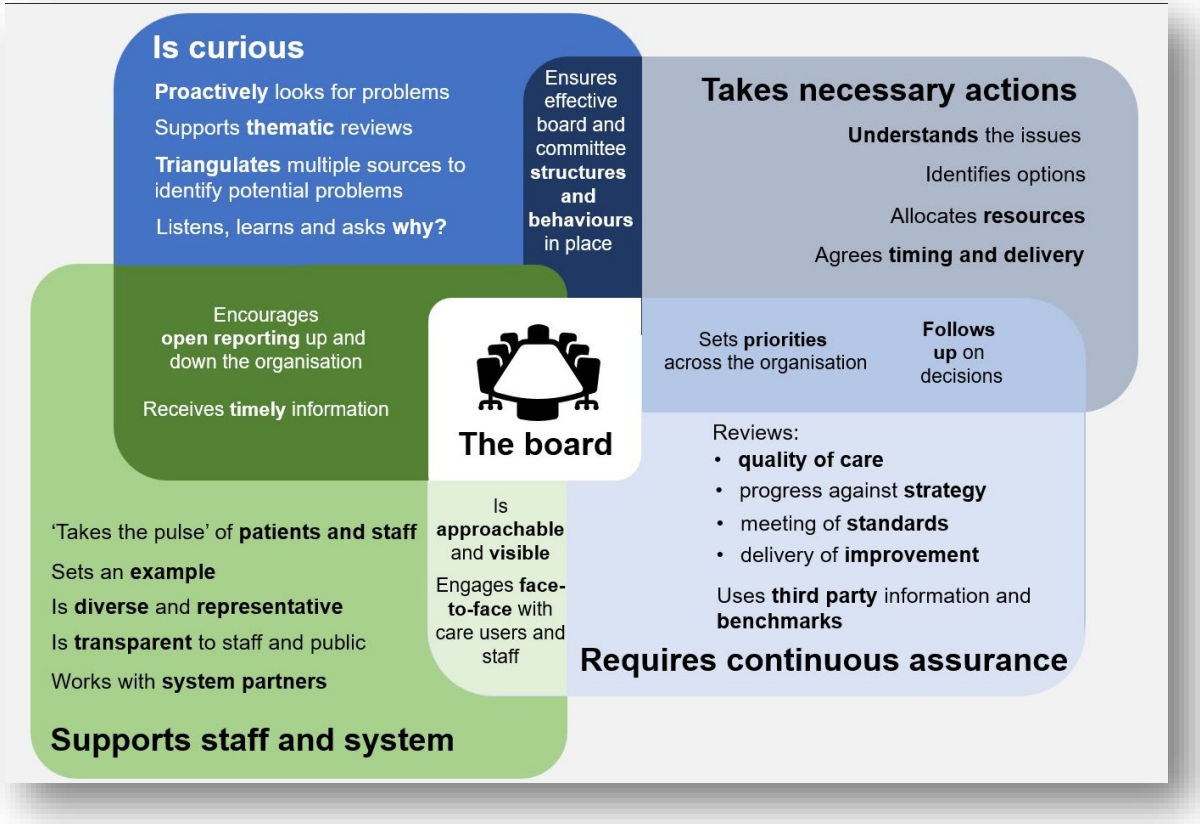
The GQA takes an average of 10 minutes to complete.

Score	Description
0	**No activity:** The process is not currently performed by the board, or I am unaware of our work in or commitment to this area.
1	**Infrequent practice:** The board currently does some work in this area, but not extensively, routinely, or frequently.
2	**Board priority:** The board currently does this process well — regularly and with thought and depth.

Not just one conversation.....

December 2024

The Insightful Provider Board



Improvement Maturity Assessment

Organisations or cross sector learning??

- Building a Shared Purpose and Vision
- Investing in People and Culture
- Developing leadership behaviours
- Building improvement capability and capacity
- Measuring Success

Key actions from NWAS Board NHS IMPACT session

NHS
North West Ambulance Service
NHS Trust

Building a Shared Purpose and Vision

Score 2 = Developing

- 1 Clarity around quality improvement and continuous improvement in NWAS and how it will be delivered
- 2 Linked measurement and metrics with consistent methodology
- 3 Agree and share understanding of the priorities including lived experience of all our stakeholders

Investing in People and Culture

Score 2 = Developing

- 1 Board oversight and assurance
- 2 Improvement as a golden thread in leadership development
- 3 Improvement skills programme for staff (sequencing/leadership issues)

Developing leadership behaviours

Score 2 = Developing

- 1 Senior leadership – expectations/skills/narrative
- 2 Quality assurance visits structured around improvement
- 3 Clear narrative on improvement driving change – language of improvement embedded

Building improvement capability and capacity

Score 2 = Developing

- 1 Develop a plan/programme
- 2 Corporate fist capability – capacity in front line
- 3 Faculty – peer/partner IHI, Universities (bronze, silver, gold, platinum)

Embedding Improvement into management systems and processes

Score 2 = Developing

- 1 Using data to drive improvement
- 2 Open and flexible process for prioritising improvement
- 3 Governance to support delivery

Our NHS Impact Assessment

NHS South East Coast Ambulance Service NHS Foundation Trust

On the 7 March 2024, a QI session was held at the Board development day. The Board reviewed the NHS IMPACT self-assessment tool and highlighted in green, the level where they feel SECAmb is currently delivering organisational improvement for each of the five impact areas.

Whilst there were areas where we felt we were only 'starting', other areas, there was evidence of 'progressing' and 'spreading'. **Overall, SECAmb feel we are 'developing'.**

	Starting	Developing	Progressing	Spreading	Improving & Sustaining
BUILDING A SHARED PURPOSE AND VISION					
Board and executives setting the shared purpose and vision	We are starting to develop a shared vision aligned to our improvement methodology, although only known by a few and not lived by our Board. Our organisational goals are not yet aligned with the vision and purpose in a single, strategic plan.	Our Board, executive leaders and senior management team can describe a shared vision and purpose that is the start of the process to align these with our organisational goals.	Our Board, executive leaders and senior management team are active and visible in promoting the shared vision and translating it into a narrative that makes it meaningful and practical for staff. We assures have been agreed and defined with a small number of key metrics (for example, operations, quality, financial and people/workforce)	Our vision and shared purpose inform our journey and plans, and operational and clinical leaders and teams across our organisation know how they are contributing to, and own, our organisational goals. All employees have been communicated with and understand our shared vision in a way that means something to them.	Our vision and shared purpose is well embedded and often referred to by the board and all leaders, who can bring it to life and make the link between the breakfast priorities and improvement plans and the agreed organisational goals. Most of our staff can describe our vision and shared purpose in their own words and what they can do in their role to contribute.
Improvement work aligned to organisational priorities	Our organisational purpose, vision, values and strategic priorities are in development, but not yet widely communicated to staff. Organisational goals are yet to be defined in a way that enables them to be cascaded to all our teams.	Our organisational purpose, vision, values and strategic priorities are understood by some within our organisation, but generally seen as organisational goals rather than something which is directly meaningful to them.	Our organisational purpose, vision, values and strategic priorities have been translated into agreed organisational goals, and measurement systems have been established. The priorities are well understood by most leaders and managers, which is helping to create organisational alignment.	Our organisational purpose, vision, values and strategic priorities are visible and understood by leaders, managers and most staff. Our organisational goals have been agreed and measurement systems have been established and are being used across most areas.	Our organisational purpose, vision, values and strategic priorities are role modelled and actively reinforced and communicated by leaders and managers, widely understood by most staff across our organisation and translates into improvement activity at team level.
Co-design and collaborate - celebrate and share successes	We are at the early stages of working out what quality or continuous improvement means in our context and how we will apply it systematically. So far engagement has been largely focused at Board level.	The Board has set a small number of bold aims with measurable goals for improvement, and a communications and engagement plan ensures that staff have at least heard about these goals.	Our improvement goals are developed and refined through a collaborative engagement process, which at least involves senior leaders and most managers and a two-way feedback process.	We have an agreed plan for delivery at organisational level which is cascaded through line managers down to team level, based on an established engagement and co-development process and a common approach to improvement. Celebration and learning events are used to recognise and share improvements.	Our senior leaders and managers model collaborative working as part of the organisation's continuous improvement approach. We have an agreed plan for delivery at organisational level that we can systematically track to team level. Celebrate and learning events are an established practice to recognise and share improvement widely.
Lived experience driving this work (patients, staff, communities)	There is an aspiration or stated commitment to engage people using services, unpaid carers, staff and the community in further design of our shared purpose and vision, but it is not yet fully worked through or systematic.	People using services, unpaid carers, staff and the community are involved in the design and communication of our shared purpose and vision and may have a role in setting improvement priorities.	Patients, carers, staff and public are actively engaged in co-designing organisational purpose, vision, values and setting strategic priorities for improvement.	Patients, carers, staff and public are actively engaged in setting improvement priorities, including at service, pathway or team level, and in evaluating the impact of improvements from a user perspective.	Patients, carers, staff and public have a voice which influences the strategic improvement agenda and decision making at Board level, including setting the strategic direction of the organisation and any working with the wider system.

Several actions were identified from the Board development session:

- Invest in and scale up capability and skills in improvement.
- Build abstraction plan for QI training for frontline staff into the Education and Training Plan for 2024/25 to support reaching target of 20% of all staff to be trained in Introduction to QI.
- QI to be actively involved in the implementation of the Trust strategy and QI to be used as an effective vehicle for delivery of this.
- The Board to identify a NED sponsor for QI to advocate this approach across the Trust.
- Head of QI to meet with each Board committee chair to discuss how a Quality Management System (QMS) structure can be utilised within their committee meetings to place quality at the centre of everything we are doing and to drive improvement across the organisation.
- QI team to develop a QI Ambassador programme across the Trust to ensure that all directorates have a QI champion to support engagement in QI across the Trust
- Commission a Dragons Den approach to engaging our people across the Trust in improvement activity and support of improvement ideas from the frontline.


History and context

Characteristics of a continuously learning health care system

Science and informatics

- **Real-time access to knowledge**—A learning healthcare system continuously and reliably captures, curates, and delivers the best available evidence to guide, support, tailor, and improve clinical decision making and care safety and quality.
- **Digital capture of the care experience** — A learning healthcare system captures the care experience on digital platforms for real-time generation and application of knowledge for care improvement.

Patient-clinician partnerships

- **Engaged, empowered patients** — A learning healthcare system is anchored on patient needs and perspectives and promotes the inclusion of patients, families, and other caregivers as vital members of the continuously learning care team.

Incentives

- **Incentives aligned for value** — A learning healthcare system has incentives actively aligned to encourage continuous improvement, identify and reduce waste, and reward high-value care.
- **Full transparency** — A learning healthcare system systematically monitors the safety, quality, processes, prices, costs, and outcomes of care, and makes information available for care improvement and informed choices and decision making by clinicians, patients, and their families.

Continuous learning culture

- **Leadership-instilled culture of learning** — A learning healthcare system is stewarded by leadership committed to a culture of teamwork, collaboration, and adaptability in support of continuous learning as a core aim.
- **Supportive system competencies** — A learning healthcare system constantly refines complex care operations and processes through ongoing team training and skill building, systems analysis and information development, and creation of the feedback loops for continuous learning and system improvement.

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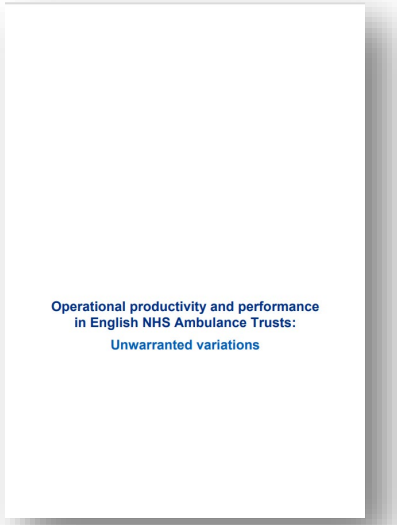
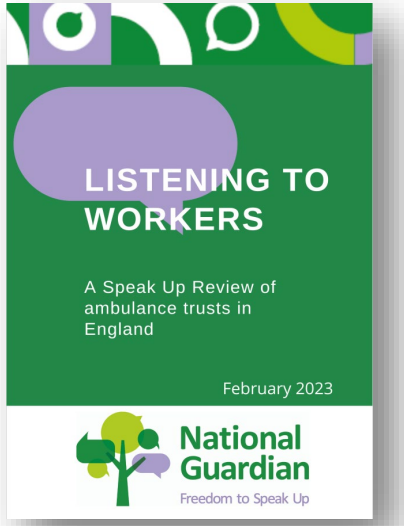
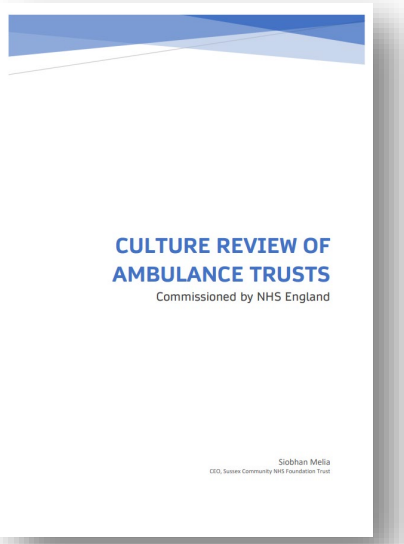
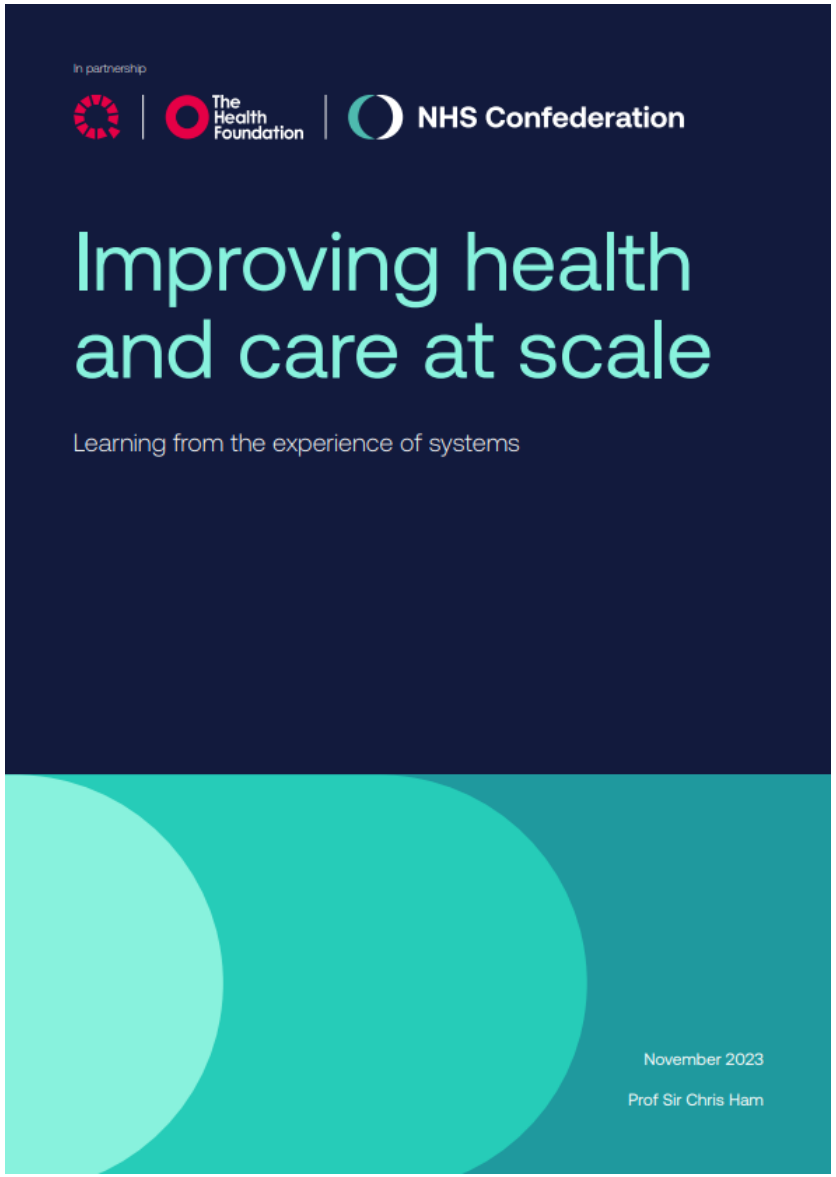
Organisational Culture & Improvement









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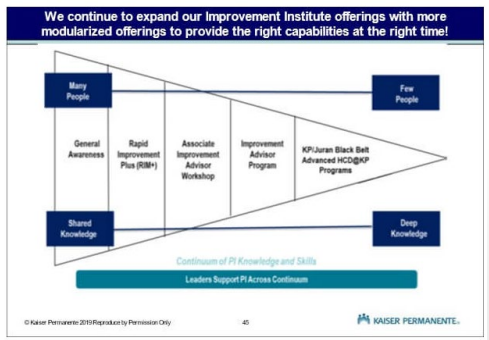
Science of Improvement Topic	Board	Sr. Mgmt.	Sr. Clinicians	Nurse Mgrs.	Admin Mgrs.	QI Team Ldrs.	QI Experts	Com Ldrs.
History of QI								
Profound Knowledge								
Quality as a Business Strategy								
Model for Improvement								
PDSA Testing								
Understanding variation								
Scale-up and Spread								
Construction of control charts								

Legend: Minimal Dose — Moderate Dose — Maximum Dose

Note that the intensity of the color reflects the "dose" of the science of improvement knowledge and skills that would be administered to each respective group. The row and column headings will change for each organization



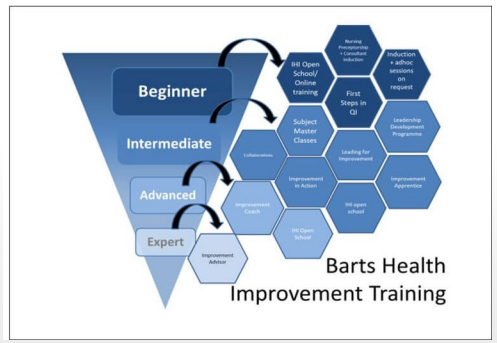


Diagram 1: Driver diagram showing how the QI programme is being implemented

AIM
To provide the highest quality mental health and community care in England by 2020

Build the will
1. Launch event and roadshows
2. Microsite
3. Using the power of narrative
4. Celebrate successes
5. Network of champions/ambassadors
6. Learning events

Build improvement capability
1. Initial assessment of alignment and capability
2. Recruiting central QI team
3. Online training
4. Face-to-face training
5. Follow-up coaching on projects
6. Develop in-house training for 2016 onwards

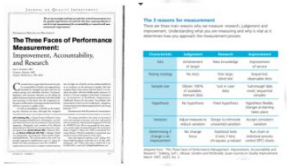
Alignment
1. Align all projects with improvement aims
2. Align team/service goals with improvement aims
3. Align all corporate and support systems
4. Patient and carer involvement in all improvement work
5. Embed improvement within management structures

QI projects

Reducing harm by 30% every year
1. Reduce harm from inpatient violence
2. Reduce harm from falls
3. Reduce harm from pressure ulcers
4. Reduce harm from medication errors
5. Reduce harm from restraints

Right care, right place, right time
1. Improving patient and carer experience
2. Reliable delivery of evidence-based care
3. Reducing delays and inefficiencies in the system
4. Improving access to care at the right location

Why are we measuring?



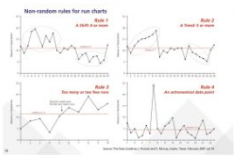
Accountability & Improvement!

Measurement for Improvement

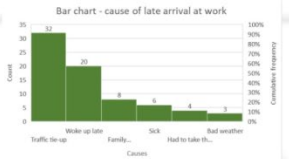
A vital few!

Over time

Anaylsed Well



What and why?



999 IPR Key Exceptions - December 24

Indicator	Target	Actual	Variance	Assurance
999 - Answer Mean		00:00:03		
999 - Answer 95th Percentile		00:00:23		
999 - AHT		00:06:21		
999 - Calls Ans in 5 sec	95.0%	91.8%		
999 - C1 Mean (T < 7 Mins)	00:07:00	00:08:14		
999 - C1 90th (T < 15 Mins)	00:15:00	00:14:17		
999 - C2 Mean (T < 18 Mins)	00:18:00	00:41:15		
999 - C2 90th (T < 40 Mins)	00:40:00	01:32:52		
999 - C3 Mean (T < 1 Hour)	01:00:00	02:05:48		
999 - C3 90th (T < 2 Hour)	02:00:00	04:39:13		
999 - C1 Responses > 15 Mins		1,020		
999 - C2 Responses > 80 Mins		5,915		
999 - Job Cycle Time		02:03:07		
999 - Avg Hospital Turnaround	00:30:00	01:01:57		
999 - Avg Hospital Handover	00:15:00	00:37:15		
999 - Avg Hospital Crew Clear	00:15:00	00:24:04		
999 - Total lost handover time		11,473		
999 - Crew clear over 30 mins %		29.5%		
999 - C1%		17.8%		
999 - C2%		61.6%		

Exceptions - Comments (Director Responsible - Nick Smith)

Call Answer - The call answer figures are for Trust level only and do not change based on the area selection. The mean call answer was 3 seconds for December, an increase from November of 1 second. The median remained the same at zero seconds and the 90th, 95th and 99th percentiles all increased. The 90th increased from 0 seconds in November to 1 second in December, 95th increased from 15 seconds to 23 seconds, and 99th increased from 1 minute 11 seconds to 1 minute, 22 seconds.

Cat 1-4 Performance - The mean performance time for Cat1 worsened from November by 1 second and the 90th percentile improved by 11 seconds. The mean performance time for Cat2 worsened from November by 3 minutes 57 seconds and the 90th percentile worsened by 8 minutes 55 seconds. Compared to December of the previous year, the Cat1 mean improved by 33 seconds, the Cat1 90th percentile improved by 1 minute 2 seconds, the Cat2 mean improved by 4 minutes 41 seconds and the Cat2 90th percentile improved by 11 minutes 41 seconds.

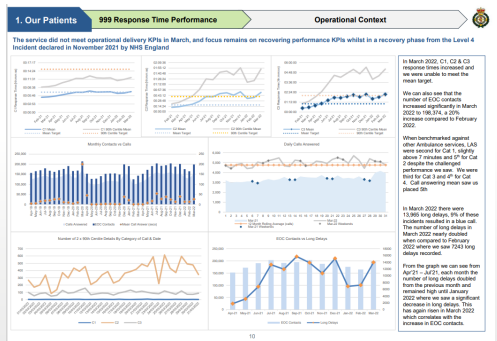
Call Acuity - The proportion of Cat1 and Cat2 incidents was 79.4% in December (17.8% Cat1, 61.6% Cat2) after a 1.0 percentage point (pp) increase compared to November (0.7 pp increase in Cat1 and 0.3 pp increase in Cat2). Comparing against December for the previous year, Cat1 proportion increased by 0.5 pp and Cat2 proportion decreased by 1.7 pp.

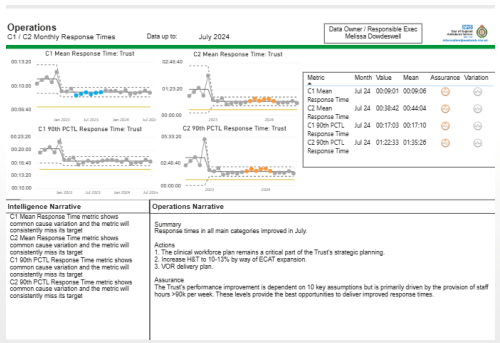
Responses Tail (C1 and C2) - The number of Cat1 responses greater than the 90th percentile target increased in December, with 1,020 responses over this target. This is 44 (4.5%) more compared to November. The number for last month was 17.1% lower than December 2023. The number of Cat2 responses greater than 2x 90th percentile target increased from November by 1,487 responses (33.6%). This is a 17.2% decrease from December 2023.

Hospital & Job Cycle Time - Last month the average handover time increased by 6 minutes 19 seconds and overall turnaround time increased by 6 minutes 41 seconds. The number of conveyances to ED was 3.1% higher than in November. Overall, the average job cycle time increased by 6 minutes 16 seconds from November.

Demand - On scene response demand was 0.9% below forecasted figures for December. It was 5.9% higher compared to November and 2.0% higher compared to December 2023. All response demand (HT + STR + STC) was 7.1% higher than November.

Outcomes - Comparing incident outcome proportions within 999 for December against November, the proportion of hear & treat increased by 0.9 percentage points (pp), see treat & refer increased by 1.2 pp and see treat & convey decreased by 2.1 pp. The proportion of incidents with conveyance to ED decreased by 2.0 pp and the proportion of incidents conveyed to non-ED decreased by 0.2 pp.





Variation in weekly response times 23/24

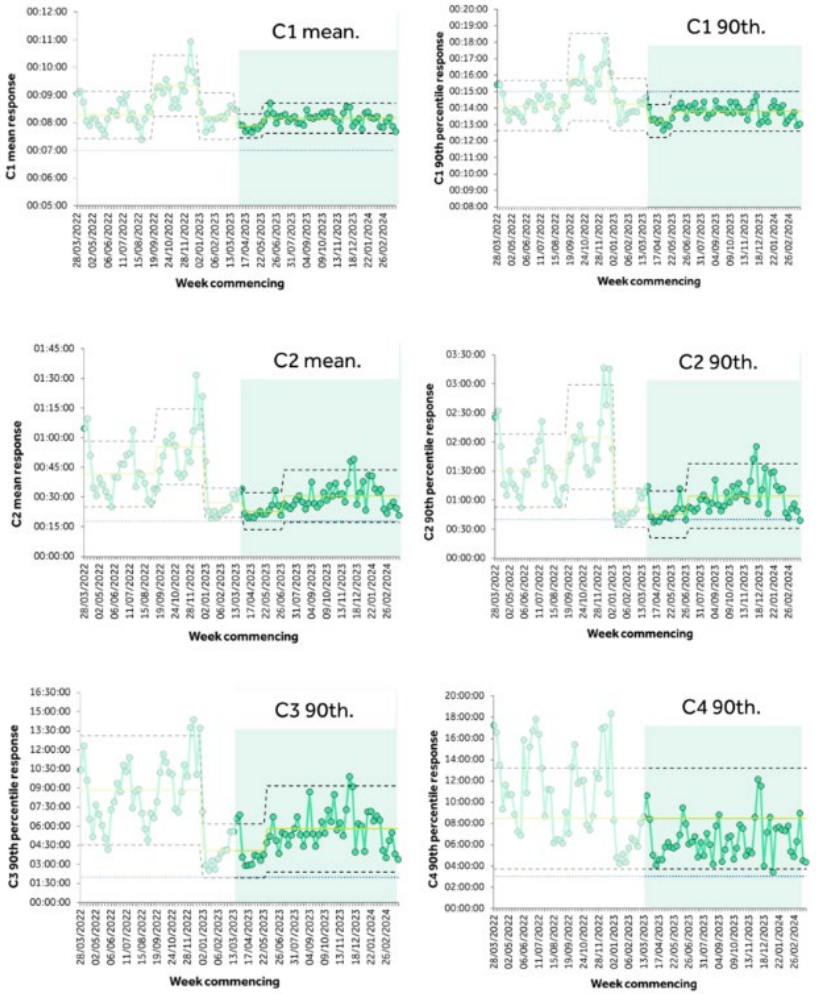
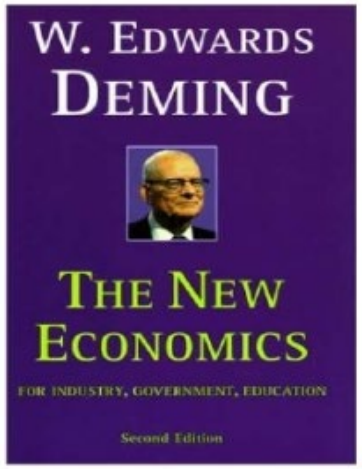
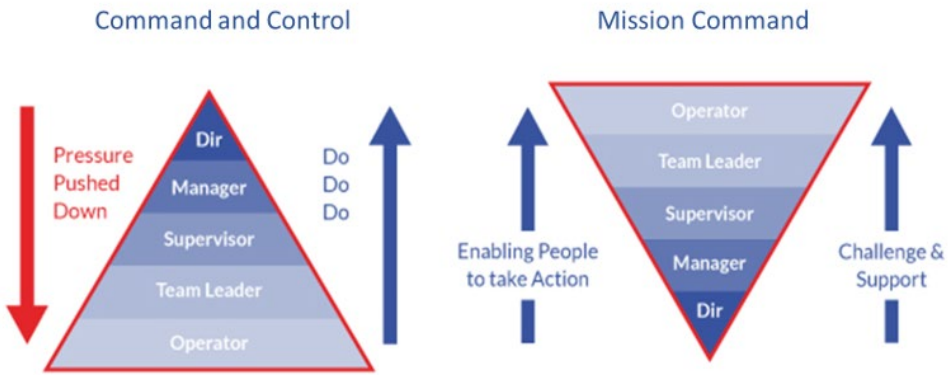
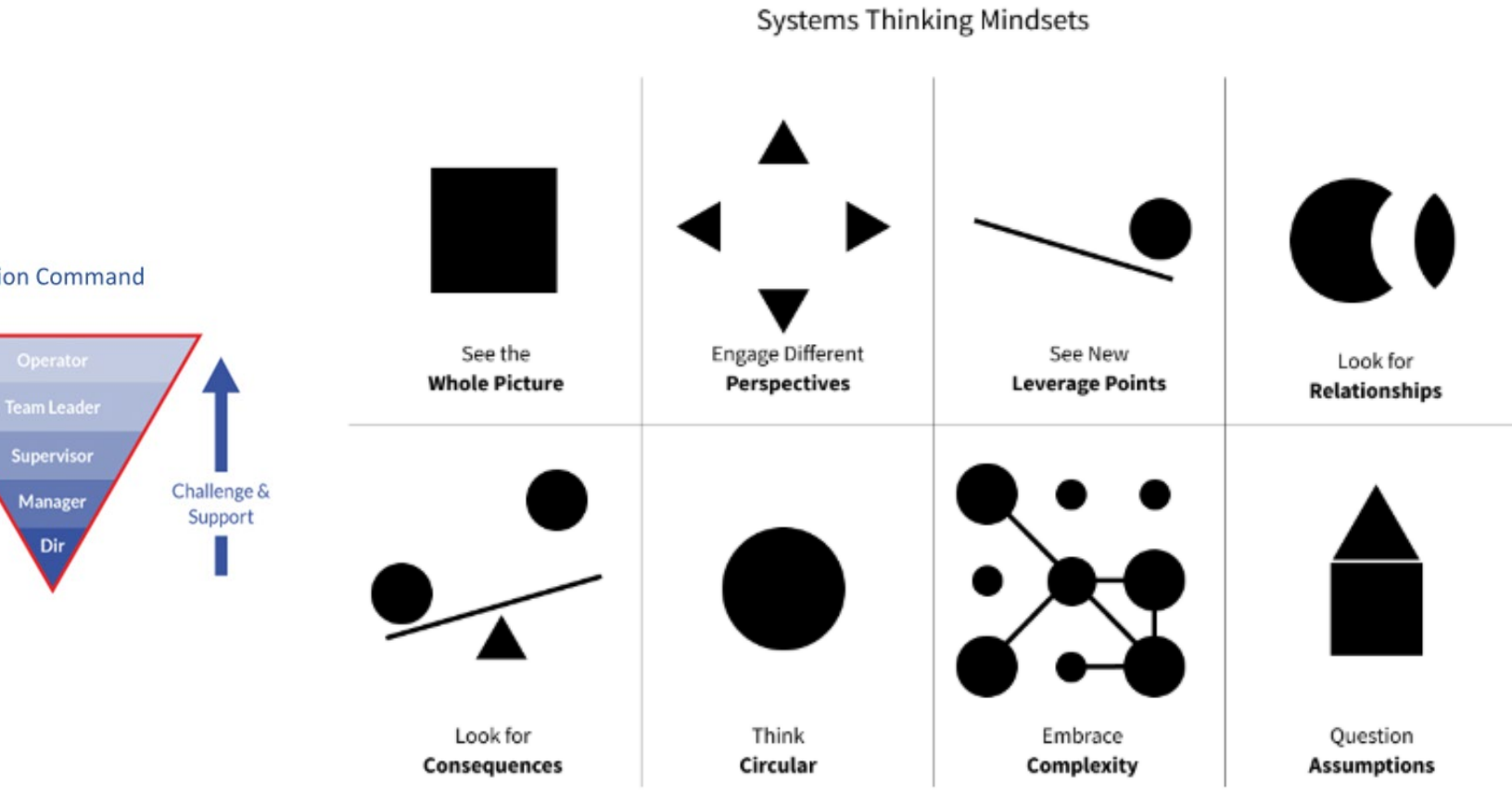


Figure 7: ARP response times 23/24.

Deming's System of Profound Knowledge




Command and Control
Pressure
Pushed
Down
Dir
Manager
Supervisor
Team Leader
Operator
Do
Do
Do
Mission Command
Enabling People
to take Action
Operator
Team Leader
Supervisor
Manager
Dir
Challenge &
Support


Systems Thinking Mindsets
See the
Whole Picture
Engage Different
Perspectives
See New
Leverage Points
Look for
Relationships
Look for
Consequences
Think
Circular
Embrace
Complexity
Question
Assumptions

In summary……

- Lots of information
- Lots of different models

- Choose An approach and Link to Strategy
- Be bold
- Measure what Matters - clearly
- Assess, Learn and Re-assess
- Build Capability Strategically
- Command & Control AND Mission Command
- Network and Align

Building Improvement Leadership, Capability and Capacity

- Networks and network support
- Time bank for individuals & projects
- Training Programmes – individual & teams
- Fellowships
- Peer review
- Accreditation - e.g. Baldridge
- Consultancy Support
- NIHR
- Sponsorship and Funding (governments)