C8: The infrastructure of improvement

Building Infrastructure Around Improvement

@ELFT_QI
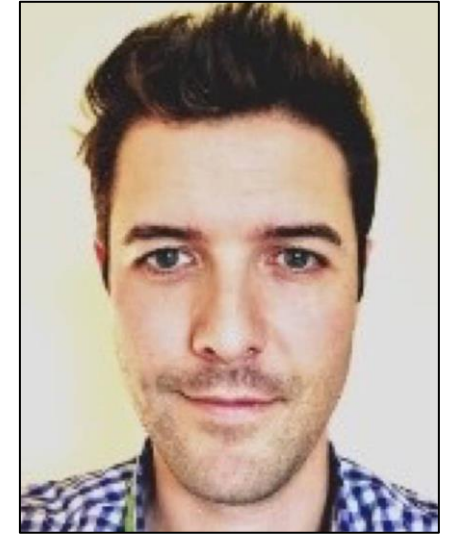
qi.elft.nhs.uk

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Amar Shah
Chief Quality Officer

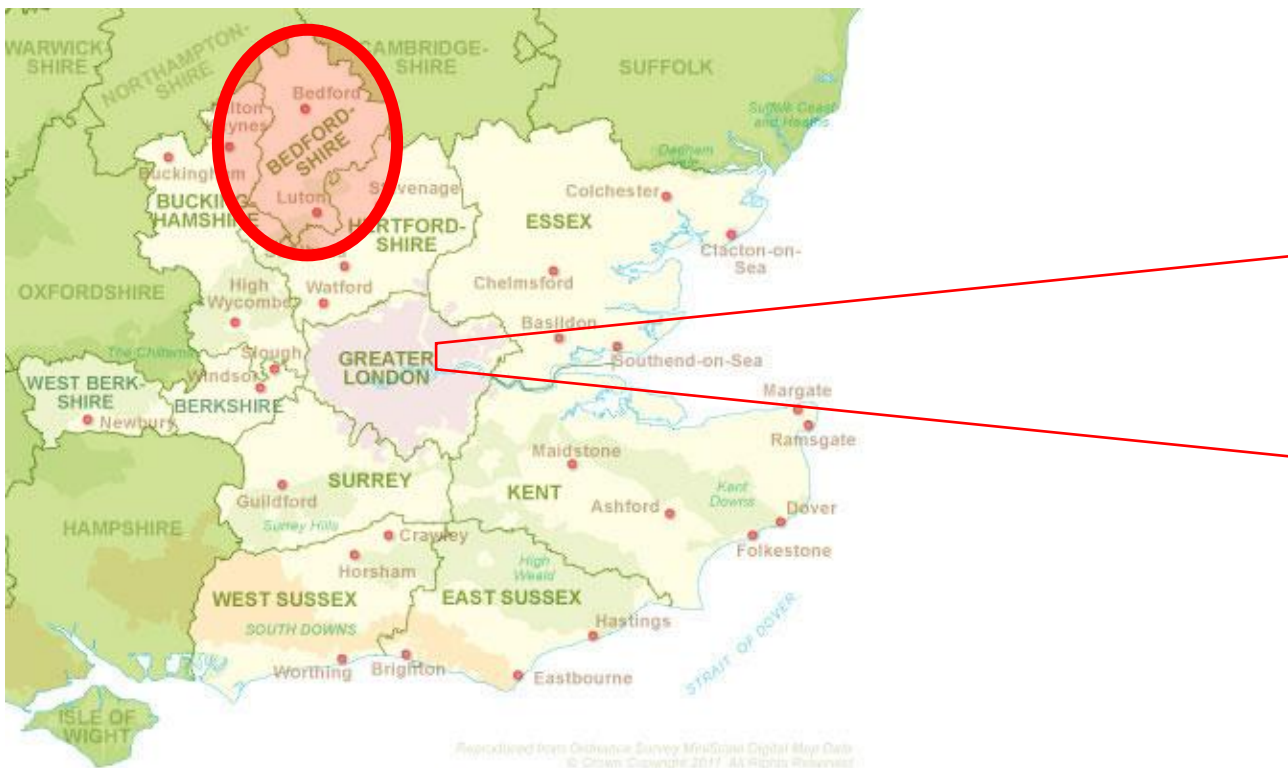**Auz Chitewe**
Associate Director of
Quality Improvement

George Chingosho
Borough Lead Nurse

Bailey Mitchell
Borough Director

Mental health services
Newham, Tower Hamlets, City & Hackney, Luton & Bedfordshire

Forensic services
All above & Waltham Forest, Redbridge, Barking, Dagenham, Havering

Child & Adolescent services, including tier 4 inpatient service

Regional Mother & Baby unit

Community Health Services
Newham, Tower Hamlets & Bedfordshire

Four primary care psychology services (IAPT)

Six Primary Care practices, including three specialist services for homeless people

Learning Objectives

- Explore key ingredients in building an infrastructure for quality improvement.

- Identify some practical tips to nurture and strengthen QI infrastructure within routine operations

Allocating QI to one executive to lead

Simply incorporating the words of QI into plans, priorities, values

Appointing people without expertise in quality improvement to lead the work

A (bigger) central improvement team

Training large numbers of people

WARNING
COMMON MISTAKES !

What are the key support structures that enable a system to improve, at scale?

The motivation and agency to lead change
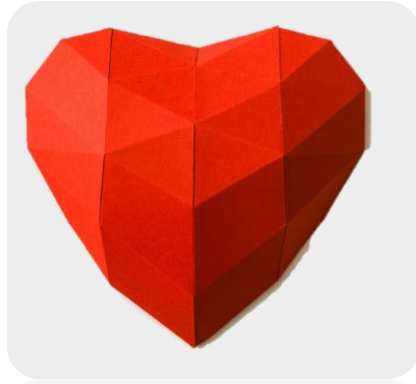
The skills and time needed

The right support wrapped around the team

Aligned and integrated with daily work and leadership priorities

NHS East London NHS Foundation Trust

The motivation and agency to lead change
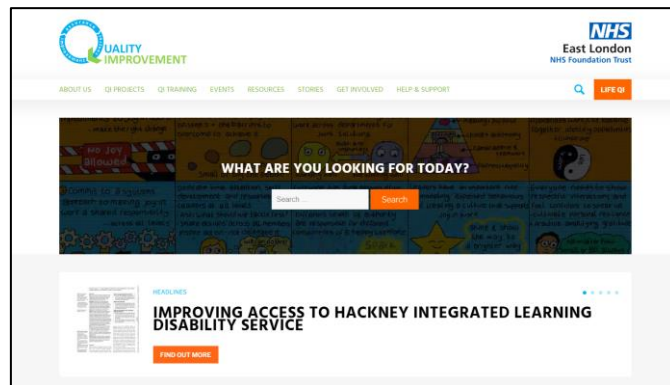

Patient & Leadership
Support

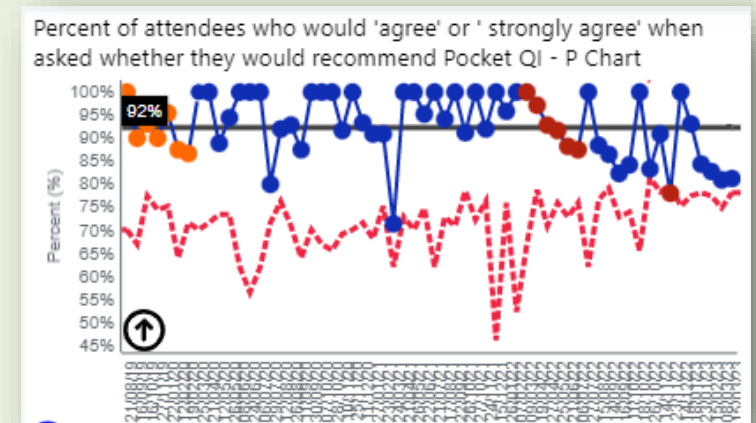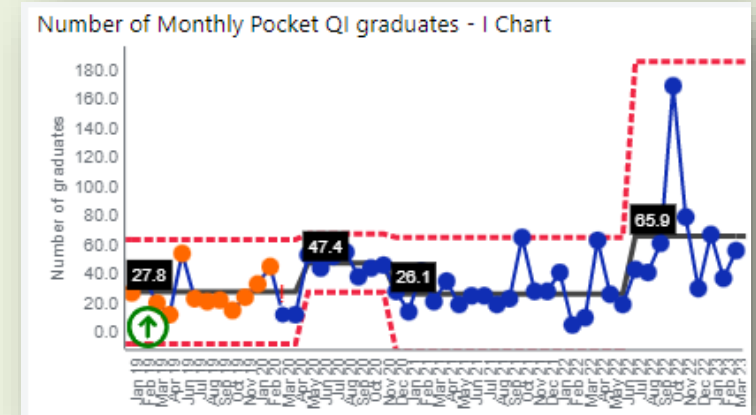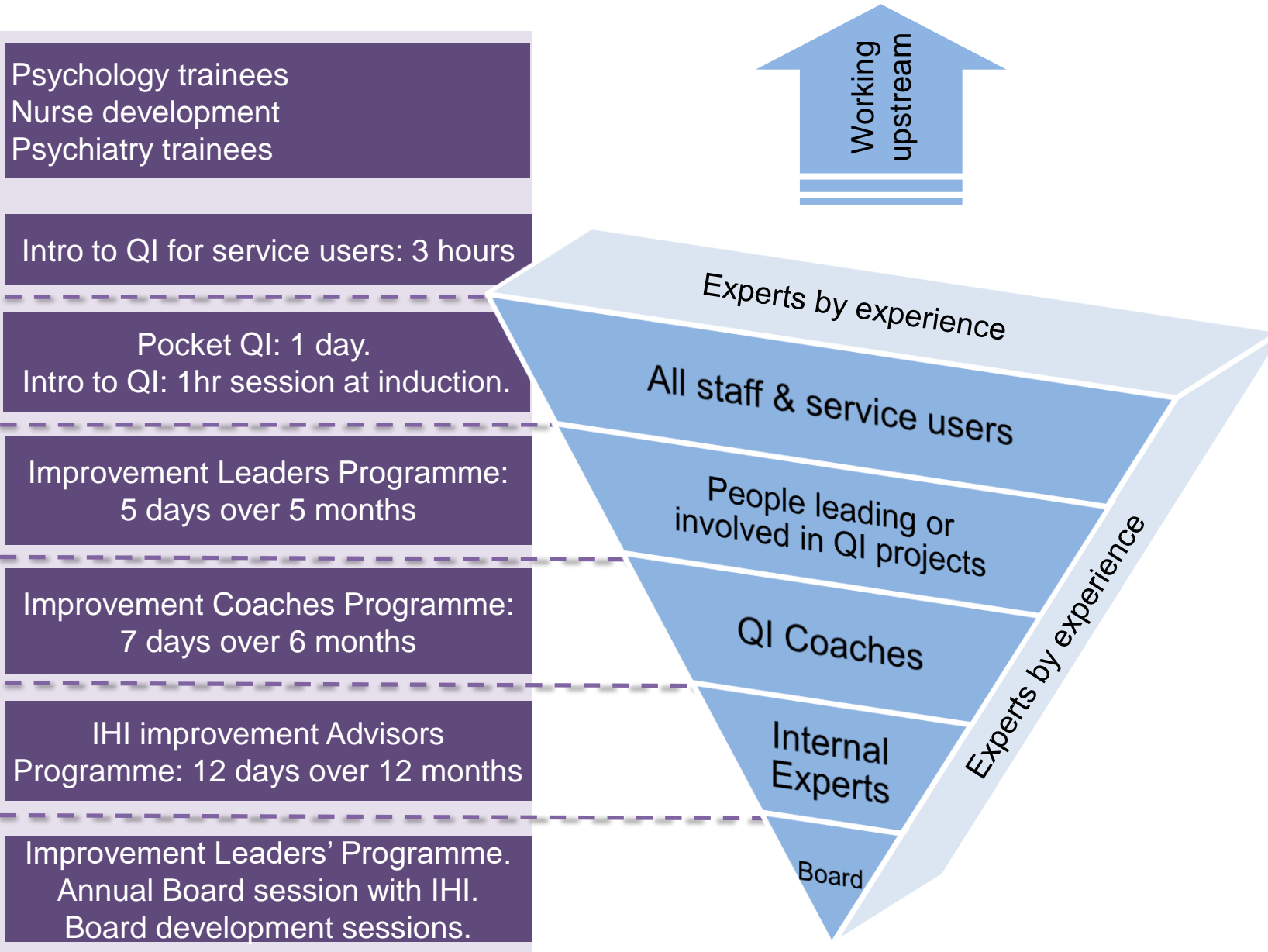Frontline & System-wide
Ownership

Transparency

Collaboration &
Communication

Recognition &
Incentives

Stories &
Publications

The skills and time needed

Psychology trainees
Nurse development
Psychiatry trainees

Intro to QI for service users: 3 hours

Pocket QI: 1 day.
Intro to QI: 1hr session at induction.

Improvement Leaders Programme:
5 days over 5 months

Improvement Coaches Programme:
7 days over 6 months

IHI improvement Advisors
Programme: 12 days over 12 months

Improvement Leaders' Programme.
Annual Board session with IHI.
Board development sessions.

Working upstream

Experts by experience

All staff & service users

People leading or involved in QI projects

QI Coaches

Internal Experts

Board

Experts by experience

Total People Trained in QI

6080

Improvement Leaders' Programme • Pocket QI • Improvement Coaching Programme • Service Users & Carers
Nurses, Nursing Students and Psychology Trainees • Masterclasses

Number of Monthly Pocket QI graduates - I Chart

27.8   47.4   26.1   65.9

Percent of attendees who would 'agree' or ' strongly agree' when asked whether they would recommend Pocket QI - P Chart

92%

The right support wrapped around teams

Aligned and integrated with daily work and priorities

Bottom Up
Top Down

Pursuing Equity

WHAT MATTERS MOST

FLOW

BIG I little i
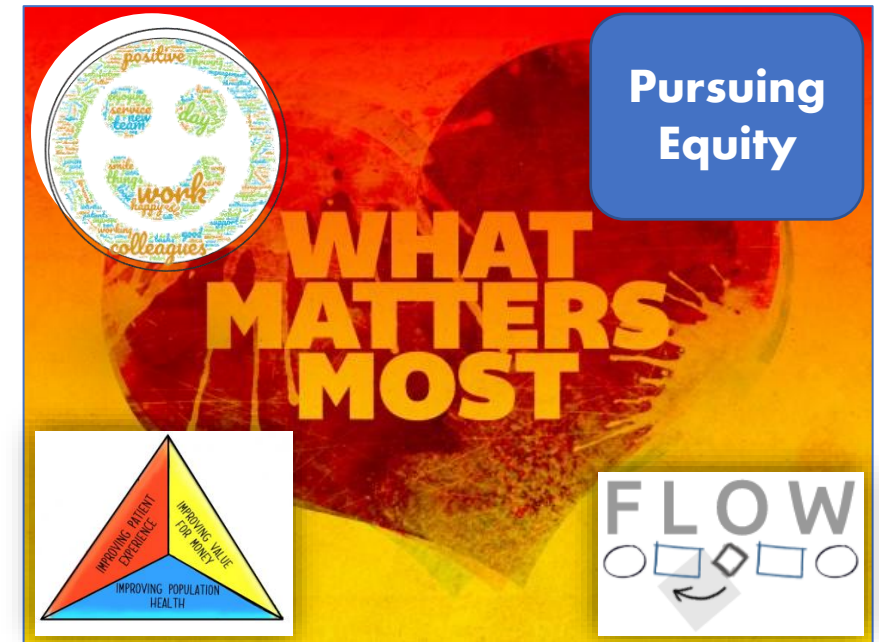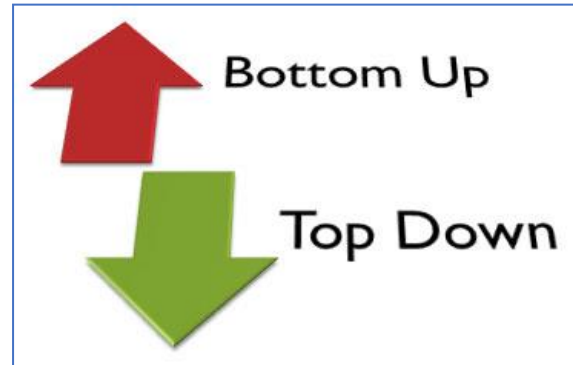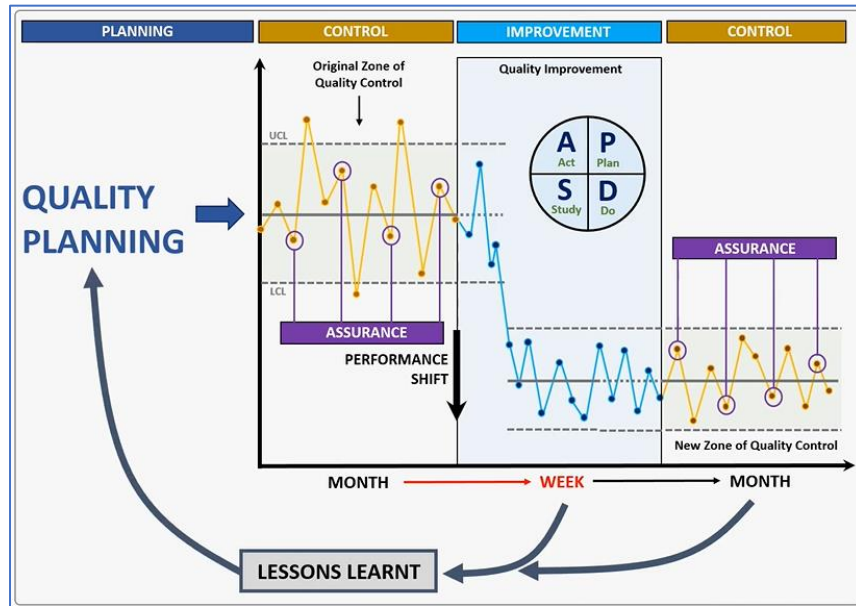
Enabling co-production
with communities

LifeQI

Making doing a QI project
easier & visible

Changing the way ELFT
looks at data

For your local setting, how would you rate the expected effort and impact towards building an infrastructure around improvement?

Mentimeter
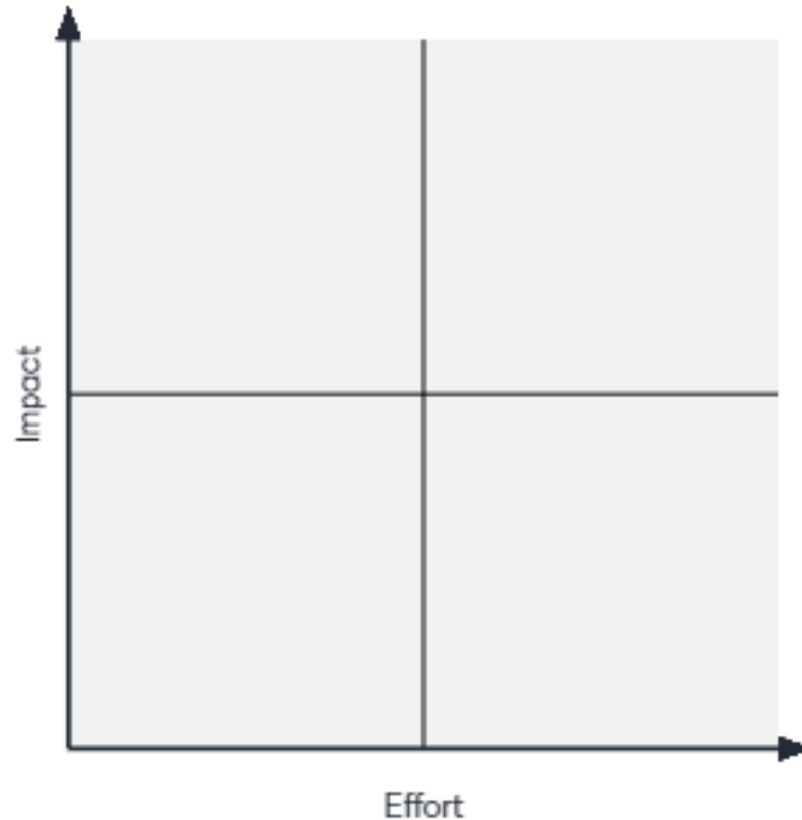
1 Activating the motivation and agency to lead change

2 Building skills and time needed

3 Organising the right support wrapped around the team

4 Aligned and integrated with daily work and leadership priorities

Reflections on building and strengthening this infrastructure in practice

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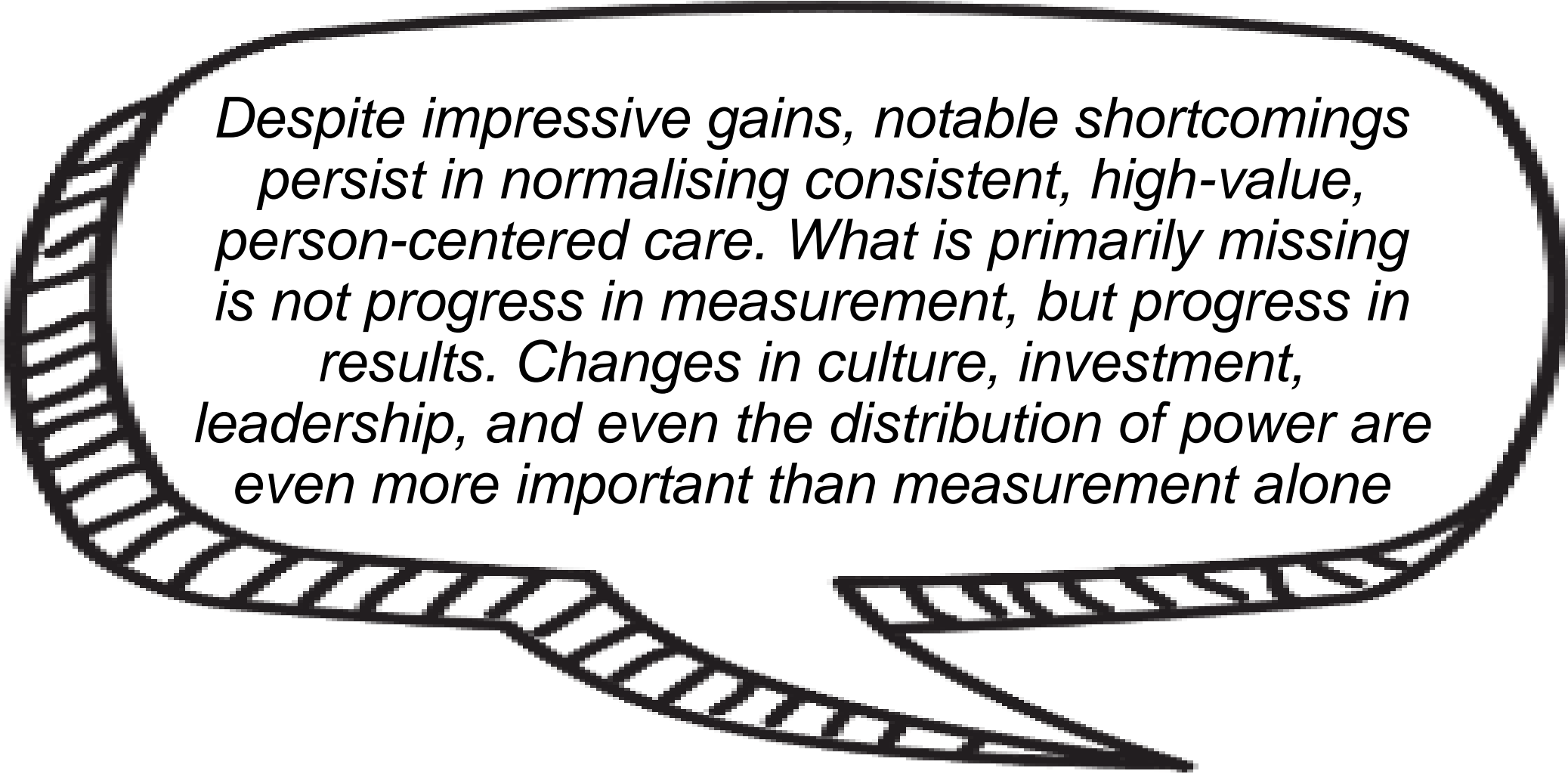
Learning objectives

- Explore recent work to better understand how continuous improvement can be embedded and sustained across the National Health Service (NHS) in England.

- Consider some of the paradigm shifts that may be required to embed and sustain a single, shared approach to improvement across a complex health and care system.

NHS IMPACT
Improving Patient Care Together

Despite impressive gains, notable shortcomings persist in normalising consistent, high-value, person-centered care. What is primarily missing is not progress in measurement, but progress in results. Changes in culture, investment, leadership, and even the distribution of power are even more important than measurement alone

D'Avena A, Agrawal S, Kizer KW, et al.: Normalising High-Value Care: Findings of the National Quality Task Force. 2020

#Quality2023

The evidence base

Every NHS provider that has achieved a rating of "outstanding" from the national quality regulator (the Care Quality Commission) has a systematic approach to quality improvement

Done well, organisation-wide or system wide quality improvement leads to sustainable improvements in:

- The quality, experience and outcomes of care
- Use of resources
- Health equity
- The wellbeing of people who work in the system
- Levels of engagement
- Connections and collaborations for better outcomes

Sources of evidence:

- Braithwaite (2019) *Health systems improvement across the globe: success stories from 60 countries*
- Burgess (2022) *Leading change across a healthcare system: How to build improvement capability and foster a culture of continuous improvement*
- Fulop and Ramsay (2019) *How organisations contribute to improving the quality of healthcare*
- Institute for Healthcare Improvement (2021) *Whole system quality: a unified approach to building responsive, resilient health care systems.*
- Shah and Course (2018) *Building the business case for quality improvement: a framework for evaluating return on investment*
- *The Health Foundation (2021) Quality Improvement made simple*
- The Strategy Unit (2022) *What matters when waiting? – involving the public in NHS waiting list prioritisation*
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Example: the NHS-VMI partnership

A five-year collaboration between the English National Health Service and Virginia Mason Institute (VMI), a not-for-profit consultancy to build Lean-based improvement

In 2015 five NHS hospital systems were selected to create local versions of the VM "Production System"

Goals of the partnership:

1. foster a sustainable culture of continuous improvement capability within each of the five NHS systems

2. derive lessons about how NHS leaders can foster continuous improvement capability across the wider healthcare system.

Participating NHS organisations:
1. Surrey and Sussex Healthcare NHS Trust
2. The Leeds Teaching Hospitals NHS Trust
3. University Hospitals Coventry and Warwickshire NHS Trust
4. The Shrewsbury and Telford Hospital NHS Trust
5. Barking, Havering and Redbridge University Hospitals NHS Trust

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System 1: "Outstanding"
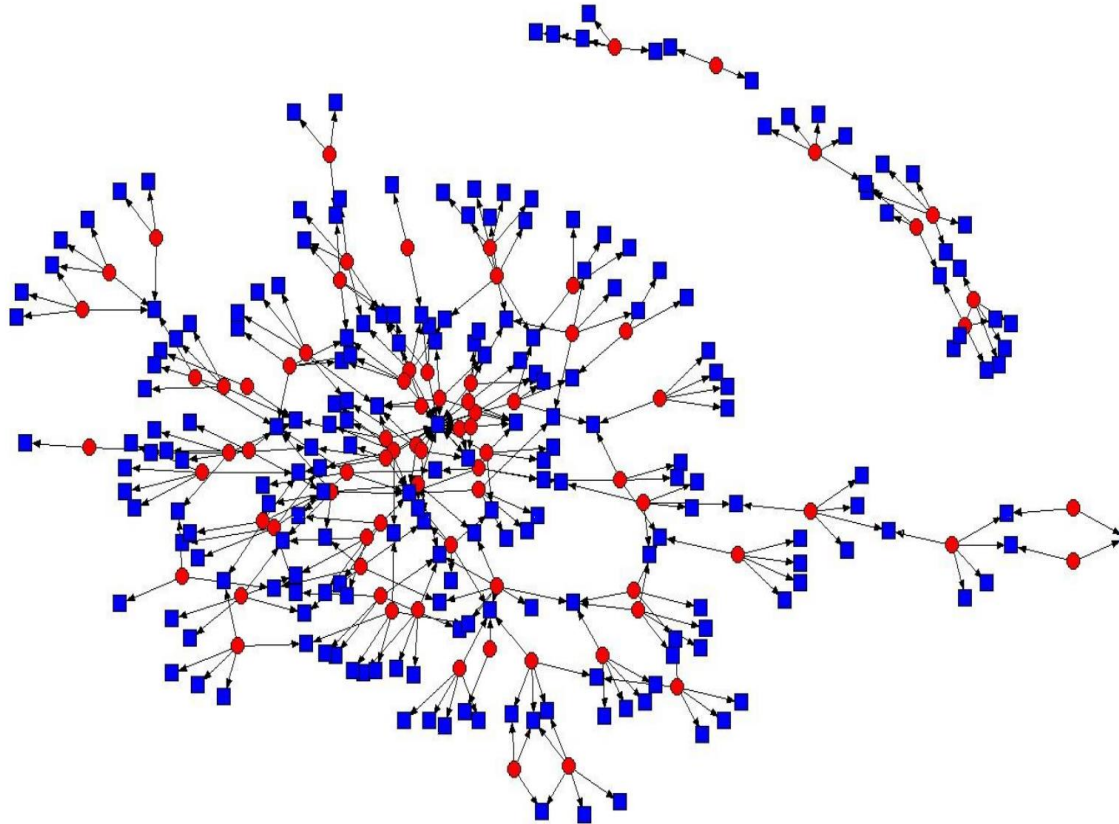
- A distributed network with a high degree of connectivity
- High degree of interaction – everyone is talking to one another
- Dense clusters and groupings also indicate a high degree of collaboration
- High degree of connectivity associated with high capacity to facilitate knowledge exchange and learning

Warwick Business School

wbs.ac.uk

Source: Nicola Burgess, Warwick Business School

System 5: "Special measures"
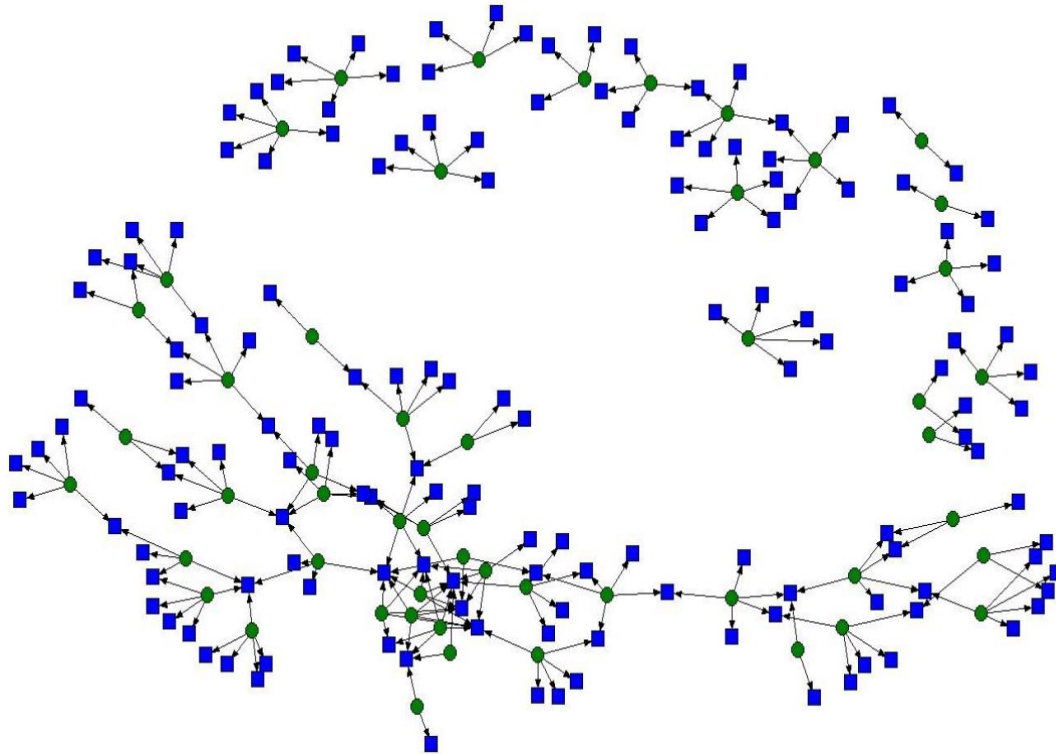
- Two thirds of the core network is decentralised and has chain-like characteristics
- Only one small dense cluster
- A third of the network is disconnected with isolated components
- Low to moderate connectivity indicates low/moderate capacity to facilitate knowledge exchange and learning

Warwick Business School

wbs.ac.uk

Source: Nicola Burgess, Warwick Business School

The Delivery and Continuous Improvement Review

Delivery and Continuous Improvement Review led by Anne Eden, Regional Director for the South East (NHS England) – findings and recommendations now published on NHS England's website.

Engaged more than 1000 people including patients, clinicians, improvement specialists and leaders from partner organisations (including local government), integrated care systems and NHS organisations.

NHS England

NHS delivery and continuous improvement review: recommendations

How can improvement-led delivery enhance the quality of outcomes for our patients, communities and our health and care workforce?

19 April 2023

Publishing ref: PRN2137

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Three recommendations

NHS
Improvement
Approach

1. A single, shared **NHS Improvement Approach** across England (***not*** a single method). Co-develop that approach through and with the service.

Leadership
for
Improvement
programme

2. Focus on **leadership for improvement** across all providers and integrated care systems (ICSs).

National
Improvement
Board

3. Use the focal point of a **National Improvement Board** to support coordinated cross-service progress towards delivering our standard work through a culture of continuous improvement.

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A single, shared approach

Five components form the 'DNA' of all evidence-based improvement methods, which underpin a systematic approach to continuous improvement:

1. **Building a shared purpose and vision**

2. **Investing in people and culture**

3. **Developing leadership behaviours**

4. **Building improvement capability and capacity**

5. **Embedding improvement into management systems and processes**

When these five components are consistently used, systems and organisations create the right conditions for continuous improvement and high performance, enabling better care for patients and better outcomes for communities.

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NHS England's leadership

Role-model a focus on NHS Impact's five components

Change the way **priorities** are set and communicated

Visualise and share **data** in a way that aligns with organisations and systems

Build on 'brownfield'

Incentivise **peer-support** across local systems with 'light touch' national guidance

Invest in **NHS organisations and collaboration** to provide the capability-building support needed

Regulatory approach

Reassess the service's **regulatory approaches** (CQC well-led and Oversight) with a focus on continuous improvement

Leaders seek mutual trust, mutual respect and the **space ('autonomy') to 'get on with it'**

Capability-building and support

Design a support approach (including resources) to promote autonomy and local ownership – e.g. readiness assessments, buddying, access to training

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Inward mindset

Silos
Focus own outcomes
Justified blindness
Politics
Keep control
Use of official power
Blame
Circular meetings
Reliance on rules,
processes, structures
Lots of inertia

Inward Mindset Organisation

Outward mindset

Outward Mindset Organisation

Systems thinking
Care about their impact
Psychological safety
Trust
Give up control
Transparent conversations
Art of possible
Innovation
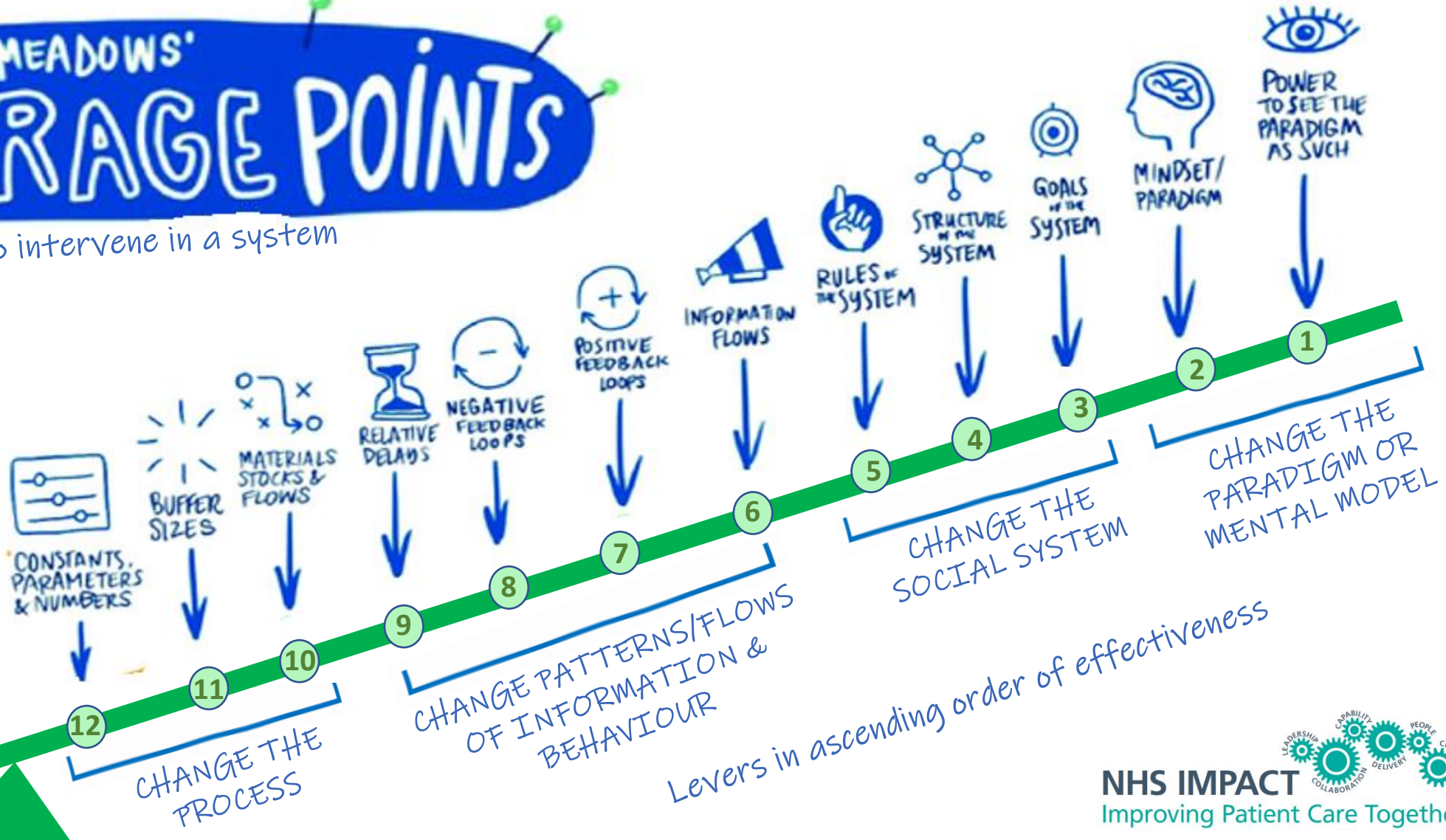Collaboration
Accountability
Resilient/Motivated

Source: The Arbinger Institute

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Developing how we think about health and care improvement:

Quality 1.0

Thresholds

"How might we establish thresholds for good healthcare service?"

Illustrative themes:
- Development of standards
- Inspection to assess
- Certification
- Guidelines

Quality 2.0

Organisation-wide systems

"How might we use 'enterprise-wide systems' for best disease management?"

Illustrative themes:
- Systems, processes
- Reliability
- Customer-supplier
- Performance measurement

Quality 3.0

Coproduction of health

"How might we improve the value of the contribution that healthcare service makes to health?"

Illustrative themes:
- Logic of making a "service"
- Ownership of "health" Kinship of coproducing people
- Integration of multiple knowledge systems
- Value-creating system architecture

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Developing a whole-service approach to improvement

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Director of Improvement Capability-Building and Delivery
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