

Quality Improvement


26th June 2024 10-11am

This event will start at 10am



Part of Clinical Audit Awareness Week 2024,
featuring the Clinical Audit Heroes awards

Introduction

- Please introduce yourself in the chat
- Your microphones are currently de-activated to help with background noise
- Please put your cameras on if possible
- We will be recording the session 
- Q&A with speakers at the end, microphones will be re-activated



Clinical Audit Awareness Week 2024, featuring the Clinical Audit Heroes awards

nqican.org.uk www.hqip.org.uk/clinical-audit-awareness-week



HQIP

Healthcare Quality
Improvement Partnership

Speakers

What is NHS IMPACT and why is it important?

- **Ailsa Brotherton**, Improvement Director for NHS IMPACT, NHS England

Case study: Use of NDA Dashboards to drive improvement

- **Diane Robinson**, NHS England
- **Sam Dottin**, Diabetes UK
- **Caroline Jowett**, NHS England: North East & Yorkshire

Case study: Influencing Organisational Change

- **Amy Baker**, Cambridge University Hospitals NHS Foundation Trust



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HQIP

Healthcare Quality
Improvement Partnership

Session goals

This session will help us all reflect on

- **What it takes to encourage effective improvement across organisations and systems**
- **Learning shared by leaders who have led their own improvement work**

Support conversations about the future for Clinical Audit

- **As an integral part of your organisation's 'approach' to improvement**
- **As a crucial methodology for clinical pathway improvement & Quality Control**
- **How can we as a Clinical Audit Community influence change?**



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HQIP

Healthcare Quality
Improvement Partnership

NHS IMPACT

Improving Patient Care Together

What is NHS IMPACT and why is it important?



The evidence base

Every NHS provider that has achieved a rating of “outstanding” from the CQC 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*



NHS IMPACT (Improving Patient Care Together)

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, responding to today's challenges, and delivering better care for patients and better outcomes for communities.





People own what they help create.
Real change happens in real work.
Those who do the work, do the change

“No country in the world has done what NHS England are trying to do...no country in the world has attempted improvement at the scale of a population of 50million plus.....”

Sir Chris Ham, November 2023



2024/25 Priorities and Operational Planning Guidance

NHS IMPACT will support delivery of clinical and operational excellence, helping to develop the leadership and organisational capacity, capability and infrastructure to create the conditions for improvement.

It will also deliver a small number of centrally led national programmes to drive adoption and local adaptation of operational processes and clinical pathways that are proven to improve quality and productivity. The focus for 2024/25 will be interventions that improve patient flow.

[2024/25 priorities and operational planning guidance](#) (page 6)



What CEOs asked for in April 2023



Lead by example, move from performance management to performance improvement.



Change leadership behaviours and make sure to use quality improvement methodologies



Have a smaller but high-quality resources that support improvement



Align our regulatory framework, the system oversight, the well-led framework and work jointly with the CQC.



Develop a simple, jargon-free self-assessment for improvement



Find ways in which organisations can leverage their assets and support those who are the most challenged.



Where we are now



Launch of NHS IMPACT and awareness and engagement activity including NHS IMPACT series of events, FutureNHS and bulletin



NHS IMPACT Self-Assessment and Baseline for Improvement launched



Established the National Improvement Board



Leadership for Improvement development in collaboration with NHS England's Workforce Training and Education



NHS England Executive workshop on own improvement journey



Implementation Framework in development



Procurement Framework in development



National Improvement Board Members



Vin Diwakar, Interim National Director of Transformation, NHS England



David Fillingham CBE – Chair of the National Improvement Board



Professor Andy Hardy – Deputy Chair of the National Improvement Board



Ailsa Brotherton – Improvement Director for NHS IMPACT



Dr Amar Shah - National Clinical Director for NHS Improvement



Aidan Fowler, National Director of Patient Safety and Deputy Medical Director, NHS England



Angela Stevenson, Chief Executive Officer, Surrey & Sussex Healthcare Trust



Bob Klaber, Director of Strategy, Research & Innovation, Imperial College Healthcare NHS Trust



Caroline Clarke, Regional Director – London Region, NHS England



Professor Charlotte McArdle, Deputy Chief Nursing Officer, NHS England



Chris Hopson, Chief Strategy Officer, NHS England



Professor Claire Fuller, Medical Director for Primary Care, NHS England



Clare Panniker, Regional Director- East of England Region, NHS England



Dr George Findlay, Chief Executive Officer, University Hospitals Sussex NHS Foundation Trust



Jacqui Rock, Chief Commercial Officer, NHS England



John Ashcroft, Director of NHS IMPACT & Pathway Transformation, NHS England



Sir Julian Hartley, Chief Executive Officer, NHS Providers



Mark Radford, Deputy Chief Nursing Officer, Policy, Research and System Transformation, NHS England



Maria Kane, Chief Executive Officer, North Bristol NHS Trust



Meghana Pandit, Chief Executive Officer, Oxford University Hospitals NHS Foundation Trust



Ming Tang, Chief Data & Analytics Officer, NHS England



Dr Navina Evans CBE , Chief Workforce, Training & Education Officer, NHS England



Nick Broughton, Chief Executive, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board



Philip Wood, Chief Executive Officer, Leeds Teaching Hospitals NHS Trust



Richard Mitchell, Chief Executive Officer, University Hospitals of Leicester NHS Trust



Samantha Allen – North East & North Cumbria Integrated Care Board Chief Executive

National Improvement Board Priorities FY23/24

The ambition of the NIB is to build local systems and culture so that in 5 years' time every place and system will have its own management system, culture and all staff are focussed on improving their work – with a robust methodology behind it.

Five priorities:

1. Promote NHS IMPACT vision aims and framework
2. Inspire and encourage trusts, places, systems on improvement journeys
3. Strengthen delivery of key priorities (including safety) using an improvement led focus
4. Mobilise network of support partners
5. Engage, support and encourage NHS England's improvement journey



NHS IMPACT |

If we ...

... inspire NHS systems and organisations to adopt NHS IMPACT so that quality improvement becomes the primary method for addressing clinical, operational and financial challenges.

Then ...

... we will mainstream improvement to create the optimal conditions for continuous improvement and high performance so the NHS can respond effectively to today's challenge.

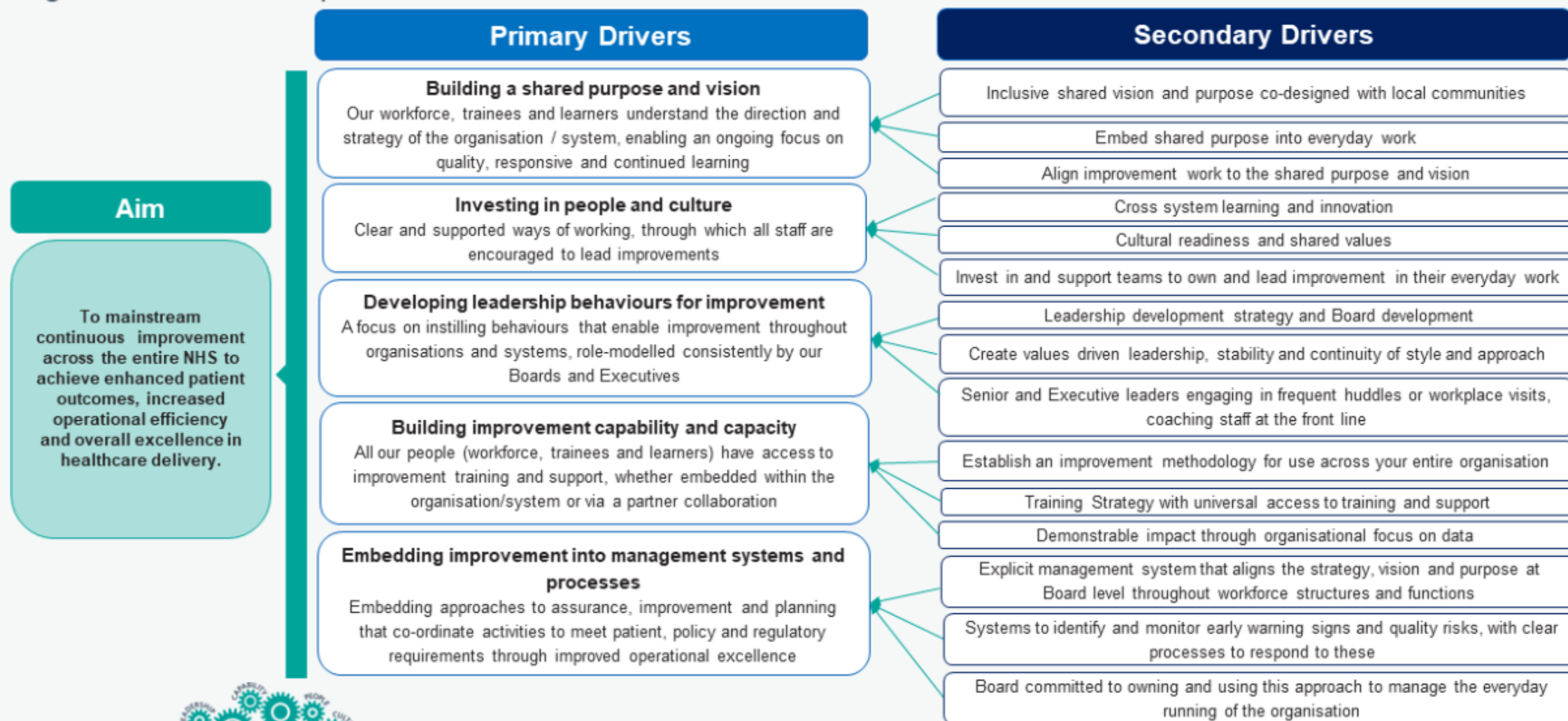
As a result ...

... we will have a healthcare system that demonstrates sustained improvement in its operations, service delivery and overall performance, providing high quality healthcare services that meet the evolving needs of patients, delivers better care and improved outcomes.



NHS IMPACT | Driver Diagram

Aligned to the five components of NHS IMPACT



NHS IMPACT Events

www.england.nhs.uk/nhsimpact/events

NHS IMPACT sharing events

Find out more and register: www.england.nhs.uk/nhsimpact/events

- [Embedding improvement: 16th May](#)
- [Evaluating success: 10th September](#)
- [Sustaining, scaling and spreading improvement: 3rd December](#)

These virtual events are for anyone who's curious about improvement. Hosted by Ailsa Brotherton, Improvement Director on the National Improvement Board and Director of Continuous Improvement at Lancashire Teaching Hospitals NHS Foundation Trust. Guest speakers include members of the National Improvement Board and wider NHS, visit the event page to find out more.



Ailsa Brotherton
Improvement Director for NHS IMPACT
NHS England



Dr Amar Shah
National Clinical Director for Improvement
NHS England

These sessions are for all NHS staff wanting to find out more about improvement.
Register for the below events here <https://www.england.nhs.uk/nhsimpact/events/>

Lunch and Learns

- **Building a shared purpose and vision – a deep dive** - Thursday 9 May
- **Investing in people and culture – a deep dive** - Thursday 6 June
- **Developing leadership behaviours – a deep dive** - Thursday 4 July
- **Building improvement capability and capacity – a deep dive** - Thursday 8 August
- **Embedding improvement into management systems and processes** - Thursday 5 September

Masterclasses

- **Engaging and involving people in QI** – Friday 14 June
- **Storytelling** – Wednesday 14 August
- **Quality Management Systems** – Thursday 10 October
- **Improvement and the role of the Board** – Wednesday 4 December

Find out more



NHS IMPACT

NHS IMPACT (Improving Patient Care Together) is the new, single, shared NHS improvement approach. By creating the right conditions for continuous improvement and high performance, systems and organisations can respond to today's challenges, deliver better care for patients and give better outcomes for communities.

FutureNHS
NHS IMPACT (Improving Patient Care Together)

NHS IMPACT (Improving Patient Care Together)

6 members
Only visible to registered users. Memberships must be approved.
Contact the workspace manager
To co-produce and collaborate on NHS IMPACT, implementing the five components and sharing good practice examples

NHS IMPACT Website
Contact us
Blogs

NHS IMPACT (Improving Patient Care Together)
NHS IMPACT (Improving Patient Care Together) has been launched to support all NHS organisations, systems and providers at every level, including NHS England, to have the skills and techniques to deliver continuous improvement.
NHS IMPACT is a single improvement approach to support organisations, systems and providers to shape their strategy underpinning this with continuous improvement, and to share best practice and learn from one another.

Integrated Urgent and Emergency Care Improvement | Elective Care Improvement | Focus on Diagnostics Month
Primary Care Improvement | Evidence Scans | Discussion Forum

NHS IMPACT's five components for

- Building a shared purpose and vision
- Investing in people and culture

Latest news and updates
National Improvement Board
We are delighted to announce the appointment of David Fillingham CBE as Chair and Professor Andy Hardy as Deputy Chair of the newly established National Improvement Board to underpin the ongoing work of NHS IMPACT.
David and Andy will take up their positions on the National Improvement Board from September, where they will lead and support the identification and delivery of national



About NHS IMPACT



Resources and materials



Real time data



Integrated urgent and emergency care improvement



Elective care improvement



Primary care improvement

The latest news and updates from NHS IMPACT (Improving Patient Care Together)

[Join our Futures page](#) | [NHS IMPACT webpage](#)

A message from David Fillingham CBE, Chair of the National Improvement Board

It has been a very busy three months since my appointment as Chair of the National Improvement Board. I am delighted to share with you the headlines from our discussion at the latest National Improvement Board meeting as well as updates and insights into NHS IMPACT.

NHS IMPACT is a single approach to improvement for the NHS. This doesn't mean that every Trust or system has to adopt the same improvement method.

It isn't a rigid blueprint being imposed on the NHS by NHS England and the way in which

<https://www.england.nhs.uk/email-bulletins/nhs-impact/>

<https://www.england.nhs.uk/nhsimpact/>

<https://future.nhs.uk/NHSIMPACT/groupHome>

Use of NDA Dashboards to drive improvement

Presented by:

Diane Robinson,
Clinical Projects Manager, NHS England

Sam Dottin,
NDA Engagement Lead, Diabetes UK

The ask

- 23/24 National Priority was for ICB's to: **Restore the identification, monitoring and management of all types of diabetes** as impact of Covid19 led to a significant decrease in diabetes annual 8 care process delivery and in the number of people with diabetes meeting the 3 Treatment Targets.
- ICBs were facing the challenges of reducing funding and needed to target their remaining funding for the purposes of improving patient outcomes by using data.
- We were already looking at the various data available and identified that NDA were doing a lot of great work on the dashboards and became apparent ICBs could use independently.
- Our role was to support them in raising an awareness of the dashboards and importance of ICBs to use them.

How did we support our systems?

Data analysis on Treatment Targets and Care Processes

- Provided 1 personalised data pack for each ICB in Yorkshire & the Humber. Refreshed data pack also provided 6 months later.
- Each pack told a story from region level to ICB, Place, PCN and Practice level.
- At each level the pack displayed in visual form the current position towards recovery of the 8 care processes and achievement of the 3 treatment targets.
- Using the data displayed, the pack included an analysis of data using graphs and a summarised interpretation indicating increasing/decreasing performance.

Worked closely with the NDA and Diabetes UK to deliver a Diabetes Data Learning Event

- Event demonstrated how the NDA Dashboards could be used using a real-time scenario.
- Understanding gained of how and why delegates were currently using the data for the purposes of improving the dashboards and increasing the usage.
- Opportunity to sense check the data projected against real life experiences.
- Opportunity to ask for other any other requirements.



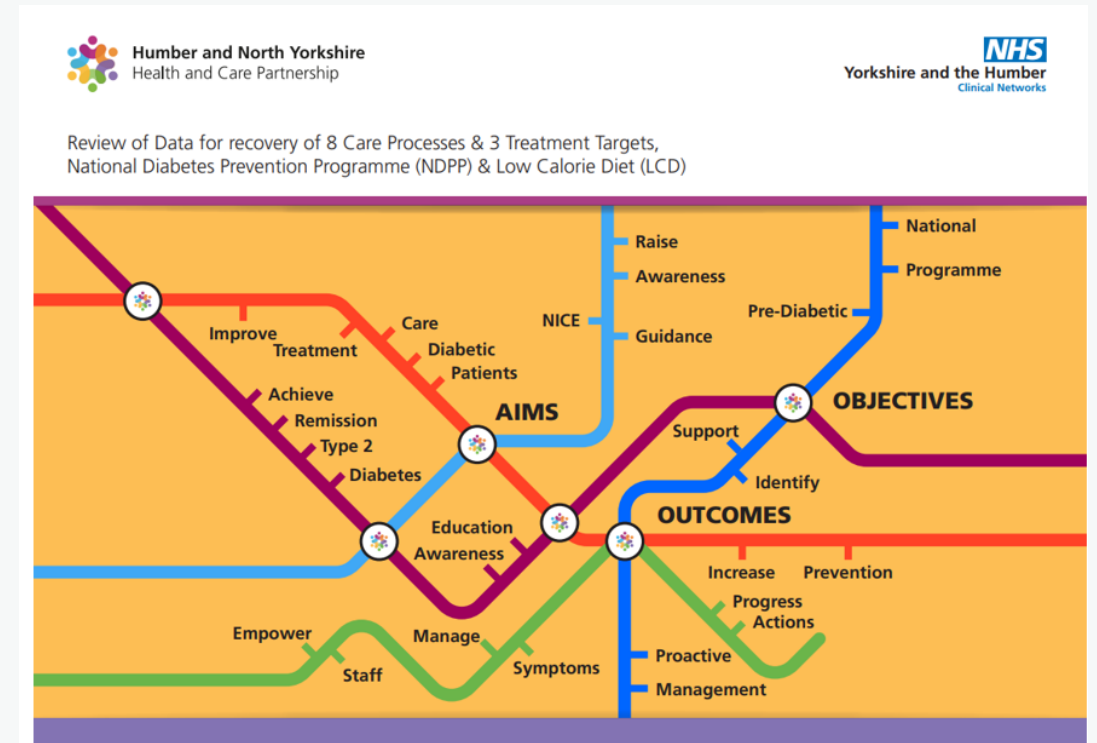
The Impact

Data Packs:

- All Systems used the data to reflect on their recovery and identified areas of challenge.
- Humber & North Yorkshire ICB professionally printed their pack for use within their Diabetes Nurse face to face event.

Learning event:

- Over 200 people registered to attend the session
- Mix of roles across ICB, Place, PCN, Hospital and General Practice
- 100% of those that left feedback said the event met their expectations and they would like to attend further training.
- Request for more training in specific areas for specific dashboards.
- Services are continuing to improve since and acknowledge the importance of data.





Summary

- ICBs recognise that data is a game changer.
- ICBs understand National Diabetes Audit Dashboards are easily accessible and useable.
- To be used alongside own local intelligence, which can be more real time.
- This work has promoted independence in pulling ICBs own data to analyse and answer own questions.

Next Steps



What is the NDA?

- Pulls data relating to diabetes care
- Reports on diabetes care across England and Wales
- Manage a series of diabetes related audits and a Quality Improvement programme
- Encourages and supports services to improve by using the data

Who is involved with the NDA?

- Health care professionals, people living with diabetes, NHS England, HQIP and DUK work together to shape the NDA
- Provides different perspectives to make sure that the recommendations are realistic and impactful



What can you do?

Understand the NDA

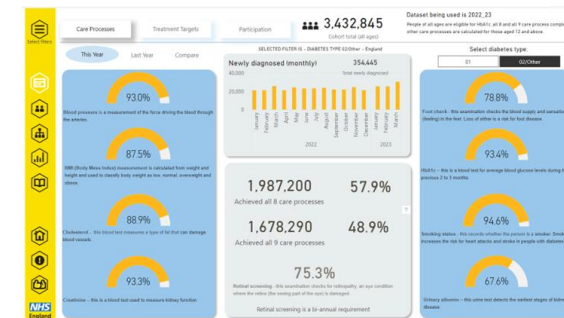
- Check out the NDA webpages at Diabetes UK – get more understanding of the NDA; access the NDA reports and find out about our quality improvement work

Check out your data

- Don't be afraid to look. Knowledge is power. You might be surprised with what you see.
- Good Practice - Use the data as a carrot and not a stick.
- Use the data to celebrate the wins and make support improvement like Yorkshire and Humber have

Support

- Videos - to understand how to use the dashboards and how others have used data to improve services
- Get involved in our Quality Improvement Collaboratives – peer to peer support
- Contact us for further information or if you have any questions





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Influencing Organisational Change

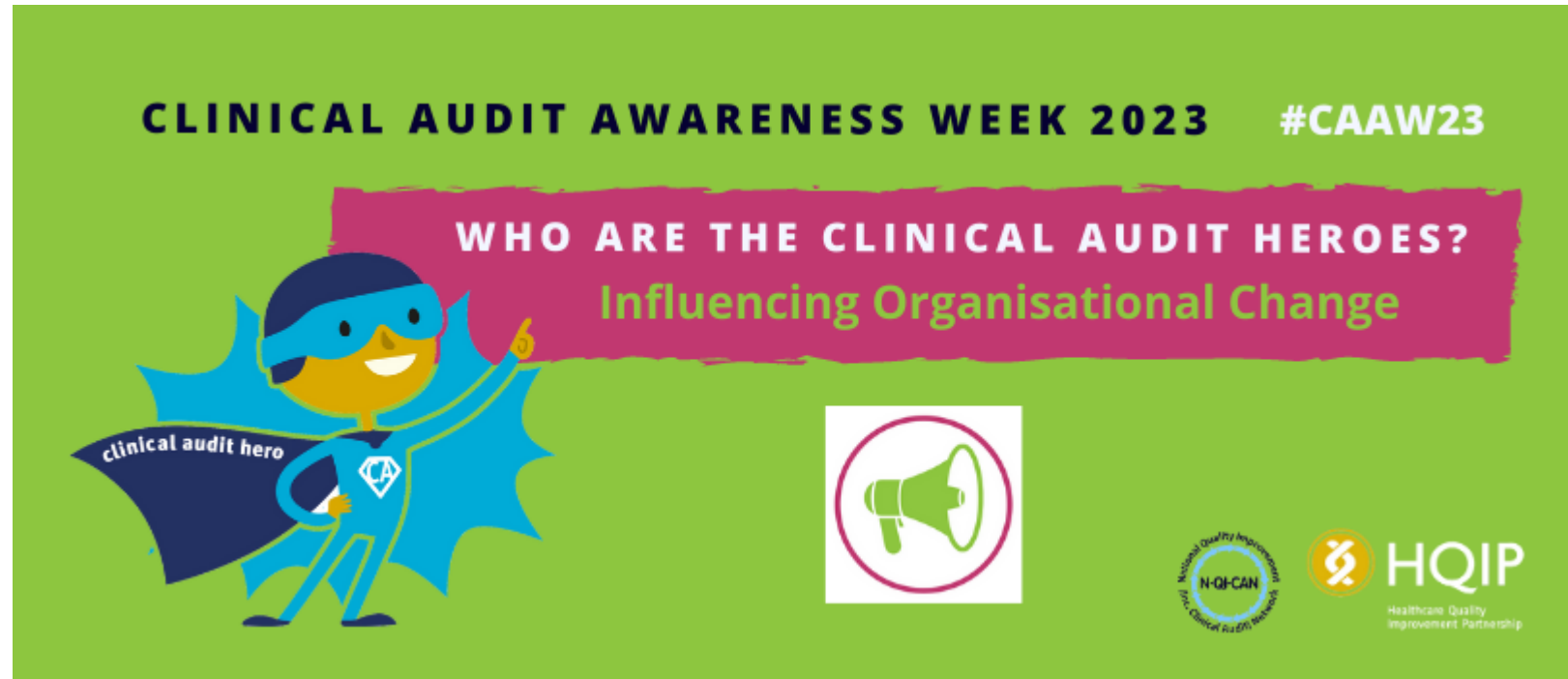
Changing mind-sets and creating engagement



Mrs. Amy Baker
Patient Outcomes Manager
Cambridge University Hospitals NHS Foundation Trust



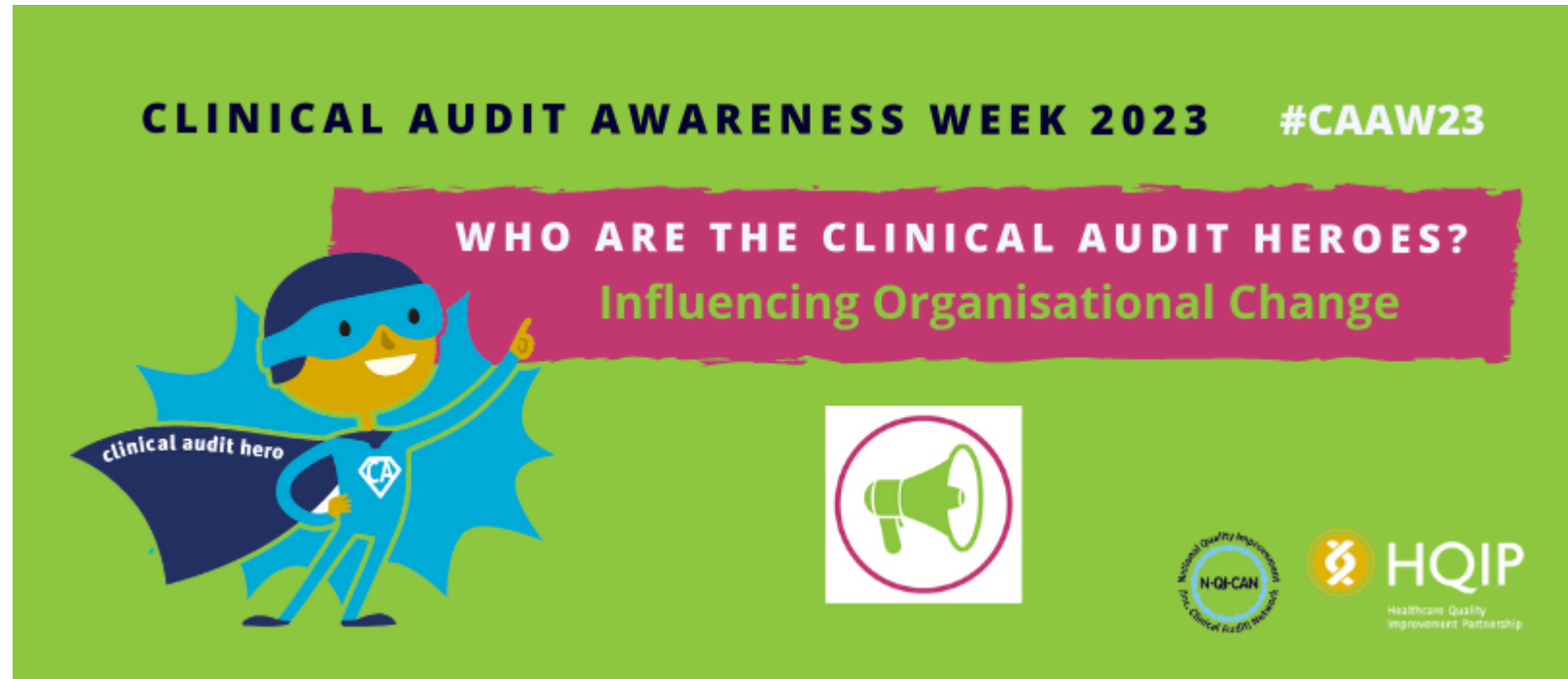
Introduction



“The team was recognised for designing and populating a National Clinical Audit Benchmarking (NCAB) database, to record whether clinical teams have performed better, worse or similarly to the national average performance for all important clinical outcome measures. Presented as a dashboard with charts, this allows the hospital’s teams to easily compare and learn from peers across the country.”



Introduction



“The team was recognised for designing and populating a National Clinical Audit Benchmarking (NCAB) database, to record whether clinical teams have performed better, worse or similarly to the national average performance for all important clinical outcome measures. Presented as a dashboard with charts, this allows the hospital’s teams to easily compare and learn from peers across the country.”



Creating the time and focus for development



- Very lucky to be able to propose own opportunities in the department.
- Raised this as a key focus for an identified gap.
- Got backing and engagement within the team and from key senior managers.
- Added this to our strategy so updates where clear and timely.



Linking development to local priorities

Chose to
make the
change

Wanted to
do for our
staff better
and be
better

Focused on
the skills we
had as a
team

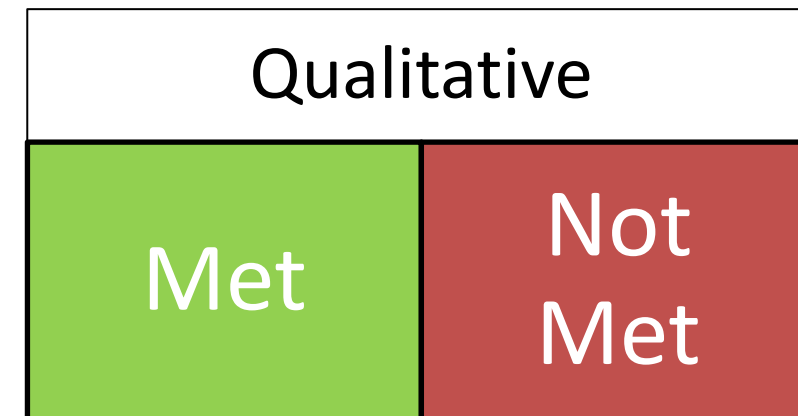
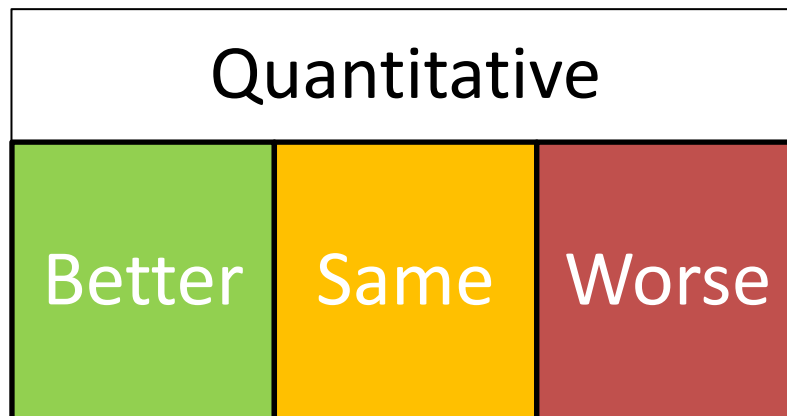
Understood
the bigger
picture

- We made the decision to imbed this into our priorities.
- Had spent time evaluating the use of potential software/other methods to obtain the data.
- Excitement was focused on development and on understanding the impact this change would have.



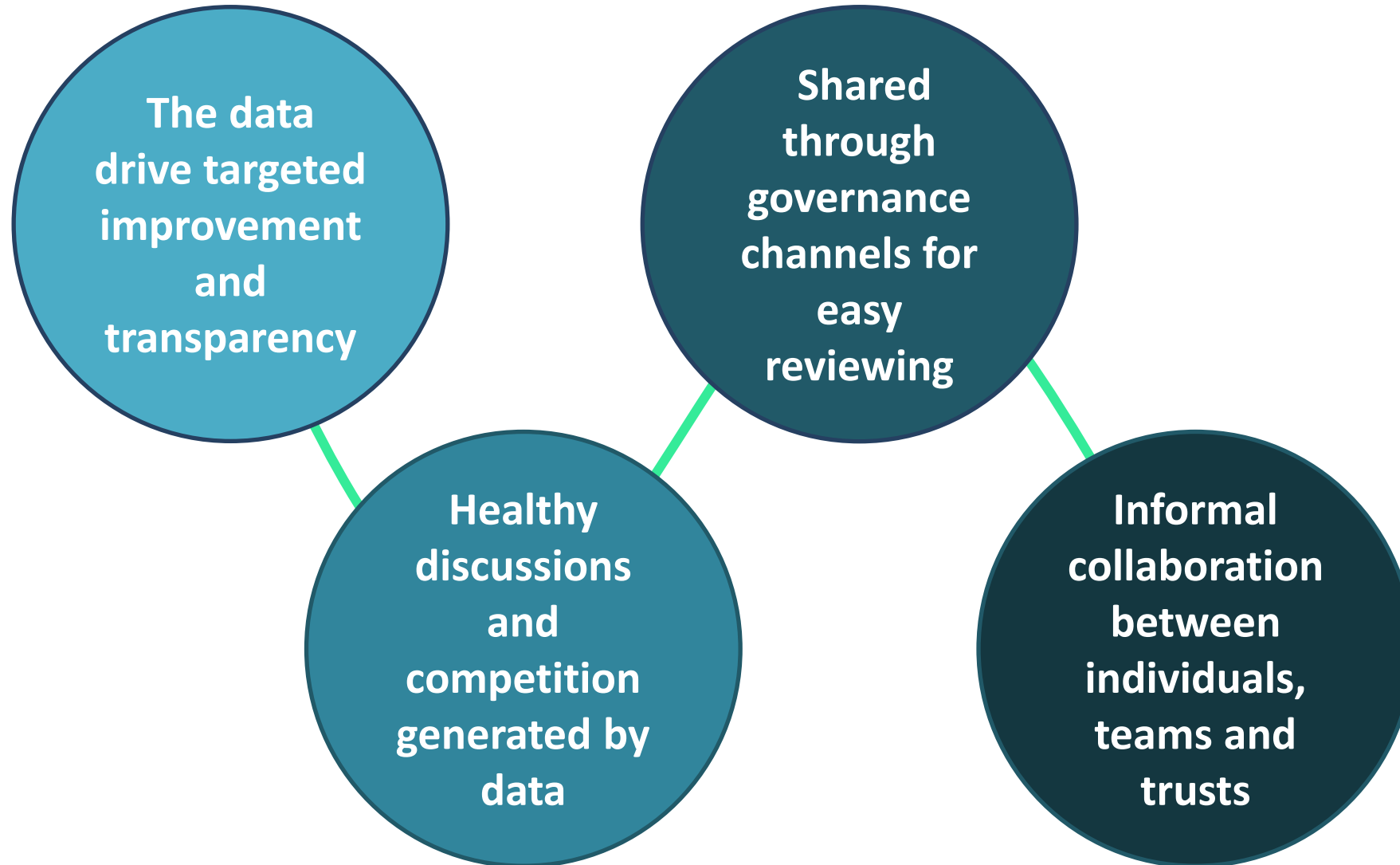
Getting clinical staff on board

- Created non-negotiable 'golden rules' that were followed throughout development.
- Kept main impact simple - did the Trust achieve better, the same or worse than the national standard
- Brought drafts back and forth to clinical audit meetings to discuss what elements they required most.
- Kept clinical staff updated and involved increasing engagement.





Feedback by clinical teams





Any questions?

- Mrs. Amy Baker
- Patient Outcomes Manager
- Cambridge University Hospitals NHS Foundation Trust
- Amy.baker22@nhs.net

- Read the case study in full [here](#)
- YouTube video available [here](#) (starting 27:30)

Q&A

This is your chance to ask a question of the speakers.

- **Enter them in the chat**
- **'Like' questions so we can see which are most popular**

If we don't have time for your question, we will answer them after the event.



and finally... Resources you may find helpful

- On our CAAW website, being added all week www.hqip.org.uk/clinical-audit-awareness-week/
- **NHS IMPACT Website** www.england.nhs.uk/nhsimpact/about-nhs-impact/
 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](#)
- **What does it take to create an ever-improving organisation? Or encourage effective improvement across organisations and systems?**

[Briefing: Improvement as mainstream business](#)
[Improving across health and care systems: a framework](#)
- **Integrating quality planning, quality control, and quality improvement activities**
[Whole System Quality: A unified Approach to Building Responsive, Resilient Health Care Systems, IHI white paper 2020](#)
[Developing learning health systems in the UK: Priorities for action](#)



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HQIP Healthcare Quality Improvement Partnership

Thank you



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