Quality Management System: 90-day innovation cycle

Expert interview themes

Supporting better quality health and social care for everyone in Scotland
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Introduction

This report explains the learning identified by Healthcare Improvement Scotland from speaking with expert practitioners in quality management as part of a 90-day innovation cycle. The purpose of the cycle was to explore the concept of an effective and coordinated framework for quality management across health and social care that could be applied at national level. The cycle was informed by the Institute for Healthcare Improvement’s “90-day innovation process” that follows a phased approach to developing an innovation for testing as a result of learning from theory and practice. Interviews with expert practitioners form a key part of the learning phase of a 90-day cycle, with the purpose of leveraging knowledge and experience from the field. In this cycle in relation to quality management, the aim was to explore and understand best practice in this area from the perspective of different industries, including how the key components of quality management are implemented and sustained, and how an approach may work at a national level. The results from analysis of the interviews provide a picture of quality management practice and mechanisms.

Methodology

Twenty-two subject experts across a range of industries were recruited by the project group using a snowball approach. A semi-structured interview guide was developed and interviews were conducted by members of the project group that lasted up to an hour. Detailed notes were taken to form transcripts for review by the project team and analysis by a health services researcher. A thematic analysis of the transcripts was conducted using the qualitative data analysis software package Nvivo. Thematic analysis was chosen because it is a method of analysis that is theoretically flexible and focuses on the identification of broad themes. The analysis followed the principles of Braun and Clarke’s approach which aims to identify prevalent patterns in interview transcripts that explain what is common and also different around central concepts. Although prevalence of patterns across a dataset does inform theme identification, thematic analysis does not seek to quantify the data.

Key learning

Broad themes were identified in relation to how effective quality management is applied in practice and the mechanisms that are key to implementing and sustaining a quality management approach. These are summarised as follows:

Quality planning and prioritisation

- Taking time to conduct robust quality planning in order to really understand and plan for what customers need, and orientating an organisation towards achieving that.

- Changing the narrative about quality management to include quality planning considerations rather than relying on a focus on assurance and improvement.

Structuring for purpose

- Structuring functions and ways of working according to the purpose and activities of quality management, and in ways that overcome key barriers of fragmentation and bureaucracy.

- Ensuring full corporate service involvement.

Staff engagement

- Using language in a clear and consistent way that avoids jargon and creates the conditions for staff engagement.
Accountability
- Supporting understanding and clarity in relation to individual responsibilities and behaviours for ensuring quality, which is linked to job satisfaction and wellbeing at work.

Culture and systems of learning
- Continually reinforcing quality management values and behaviours as part of a culture of learning and openness, using practical and systematic measures such as investment in training and flattening hierarchies.

Empowerment and collaboration
- Creating the conditions for quality management through empowering staff to make decisions.
- Developing a relational approach over a transactional one that places people that use and interact with services at the centre of everything.

Continuous and embedded improvement
- Embedding standard processes and tools for quality and consistency in day-to-day work.

Meaningful measurement
- Using measures that are meaningful for understanding whether there is improvement for the end user and not just improvement in relation to targets.

Findings

Quality management components and their implementation

Defining quality management
There was agreement that quality management is fundamentally about having a single and whole system for managing and producing high quality products or services. The underlying principles of quality management were viewed as being the same for any industry, and the key purpose and focus described as being to meet customer requirements. Furthermore, most experts defined and explained their approach to quality management in relation to the three domains of Juran’s trilogy. Best practice was viewed as being taken from examples outwith healthcare.

The following broad themes were identified in relation to how quality management is implemented and sustained in practice.

Quality planning and prioritisation
Quality planning and prioritisation, that is based on customer or service user needs and informs a clear purpose and vision, is understood to be a key component of quality management across a range of industries. However, this component is also understood to be traditionally weak in healthcare quality management efforts. From an NHS board perspective, it is recognised that there is a need to spend more time understanding individual needs beyond just the clinical encounter. In the housing sector, this requires willingness to stop doing things and take time to identify and develop priorities for the future. A third sector approach to quality management emphasises the importance of an inclusive, person-centred and continuous approach to quality planning, where the needs of individuals, families and communities inform current and emerging priorities. It is also viewed as a process for considering how to help facilitate success in the lives of service users and target populations, and providing services that are needed and wanted.

However, this approach from the third-sector is also understood to require emergent strategy and vision, that allows for priorities to be adapted and refined as it is better understood what is and is not working. Having
adequate time and focus for quality planning is understood to require a change in narrative towards quality improvement being understood as one element of quality management. Furthermore, setting vision and aims using quality planning is also viewed as being a prerequisite of understanding what infrastructure and organisational conditions should be in place.

**Leadership**

From a healthcare perspective, a key barrier to implementation can be a lack of understanding about how quality improvement fits as part of a broader quality management approach. This is where leaders and champions are seen to play a key role, as experienced and knowledgeable people that can support the necessary shifts in thinking required towards a mature quality management approach. At the same time, this may require leaders to acquire new knowledge and mental models to achieve this. A tendency for leaders to neglect critical meso-level improvements is also described, due to attention being focused on problems at an advanced system level. Orlando Health and Macleod South Carolina are examples shared where good practice has been achieved in this area. From a manufacturing industry perspective, leaders are responsible for a number of mechanisms as part of quality control and quality improvement; working closely with staff to ensure operational standards but also recognising when there is a need to escalate issues to become quality improvement activities.

**Structuring for purpose**

How organisations and functions are structured for ensuring consistency and coordination of quality management, and reducing fragmentation and bureaucracy, was highlighted as an important consideration. From a health and social care perspective, structure needs to relate to the whole of quality management, rather than just having an emphasis on quality improvement. From a NHS trust perspective, structure is important for separation of responsibility for assurance and improvement, while still retaining leadership and oversight for both. Distinction between assurance and improvement was also seen as being important for an effective approach in Scotland. The most challenging part of structuring and organising for quality management, from the perspective of a number of NHS boards in Scotland, is finding a way of ensuring adequate involvement of corporate services: ‘The most challenging part of the work is getting corporate services to recognise that they have a role to play in improving quality.’

There was a common understanding expressed that integrating improvement approaches into a wider quality management system will be new in Scotland and one that requires thinking about how to structure around the key components of quality management. From the experience of NHS board testing a similar approach, this has required reorganising programmes of work to allow integration of the six dimensions of quality. This has resulted in teams working together on strategic projects that focus on multiple dimensions of quality such as safety and patient-centredness.

**Staff engagement**

From a health governance perspective, avoiding the use of jargon and ensuring consistency of language and communication about quality management is important to ensure that all staff feel able to engage with quality management. Encouraging championship is another mechanism for influencing staff engagement through peer influence, as is ensuring that staff feel valued and appreciated. From a housing sector perspective, engagement requires commitment to demonstrate appreciation to staff for their efforts, taking the form of incentives or awards. The importance of celebrating, rewarding and demonstrating success was common across a range of public and private sector perspectives. Examples of strategic human resource practice are also described in the approaches taken to enabling staff engagement in quality management. In a retail industry example, selection and recruitment of engaged individuals is supported through the explicit and consistent use of the organisational values that underpin quality management. From a public sector perspective, staff may need to be asked to reflect on their readiness and willingness to engage with change as part of implementing quality management.
Accountability

From an NHS board perspective, clear expectations about behaviours is important for having accountability for quality management. This is perceived to be more of a strength of other industries than has traditionally been in healthcare. Accountability can be supported when staff feel they have responsibility for what is within their control to improve which is also linked to job satisfaction and wellbeing at work. A business management perspective emphasises how there is a need to understand differences in accountability depending on functions and roles within an organisation. Key performance indicators (KPIs) were an example of how to ensure staff are continuously and meaningfully engaged in working towards improved quality that is relevant to different areas of work. From the perspective of a multi-national firm, frequency of appraisal is an important mechanism for accountability, which is used to ensure staff understand their continuous contribution to quality. A different perspective was offered from social care, in relation to professional regulation’s role in ensuring accountability.

Standardisation

Activities and mechanisms for standardisation were described as being a key component of quality management across a number of industry perspectives. A manufacturing industry perspective emphasises the role of standard operating procedures providing the framework for understanding and measuring performance against expectations: ‘If you don’t measure the performance against the process then how can you know if the process is performing?’ From a public sector perspective, clear standards are seen as being required to ensure that everyone knows and understands what quality looks like, and for consistency and transparency in terms of what staff are being expected to deliver. However, a different perspective was offered from social care around the use of standardisation, in that there is seen to be less need for a singular or prescribed approach and more emphasis on ensuring outcomes are being improved based on agreed frameworks: ‘We’re looking at a common understanding of outcomes for people rather than compliances with processes.’

Continuous and embedded improvement

The importance of continuous rather than step-based improvement that is embedded in day-to-day work was highlighted across a number of industry perspectives. For example, a multi-national perspective is that continual change has to be supported through consistency and by being embedded in the work of teams and operations. A barrier to implementation to continuous improvement was described as relating to change fatigue and apathy in a perspective from healthcare. From a manufacturing industry perspective, rather than seeing quality as something additional, there is a need to embed processes and tools for quality in day-to-day operations, as part of a systemised approach to quality management. This was also the perspective shared by national government and from business management, that quality management should be integrated and embedded using tools and routine practices.

Empowerment and collaboration

Mechanisms of empowerment and collaboration were also highlighted as being important. From an NHS board perspective, this has been a key lesson taken from the US healthcare system Intermountain Healthcare and something very different to the culture traditionally seen in the NHS. In an example of practice in retail, employees at every level are empowered to make decisions as part of a purposefully flattened hierarchy. An important factor related to empowerment from a third sector perspective, was whether staff have clarity about their roles and responsibilities as part of ensuring standards of work and quality improvement. The manufacturing perspective offered highlights how an empowered and collaborative workforce is essential for quality management alongside the necessary technical standardisation of work practices. The third sector perspective offered describes the importance of an environment where everyone feels included, valued and respected but that this also requires a flattened hierarchy and senior management to be comfortable with risk taking. Similarly, a perspective from the housing sector is that it can require a fundamental change in
approach in order for an organisation to let go of control; but that empowering staff to make decisions is central to being able to offer more responsive and person-centred services to customers. As part of this approach they promote staff building relationships with customers rather than relying on a transactional approach.

Culture and systems of learning

For some organisations nurturing the values and behaviours required for quality management starts at recruitment and is further emphasised at the moment an individual joins an organisation as part of their induction. From the perspective of a multi-national firm, recruitment and training are key ways of reinforcing the values and behaviours of a quality management culture. Opportunities are also targeted and tailored for staff by dedicated learning teams, based on an understanding of key competencies but also emerging trends and ideas. From an NHS board perspective offered, there is also a need to develop improvement capabilities at a system level, as part of creating the conditions for quality management. The perspective from a health system in the US is that training is integral to enabling consistency of purpose for quality management. In their case, a strategic approach involves consistently and continuously teaching staff about quality management concepts in their role, particularly when there is a turnover of people: ‘There is a need to ensure that everyone is well versed in our approach.’

Learning about performance is described as requiring a number of different mechanisms, such as regular collaboration and networking externally that includes strategic partnerships in relation to research. Reinforcing quality management values and behaviours is also carried out through more practical measures such as routine peer review of work. In the example given, peer reviewers are senior professionals at director level who have expertise often from a different industry perspective. Reflective practice as part of a learning culture was also highlighted. This included the need to reflect on how learning is making an impact in relation to day-to-day work, including whether the correct knowledge and capabilities are being developed. From a housing perspective, a learning culture is also one that is open and honest, avoiding blame and opening up opportunities for discovery in relation to what does and does not work. A blame culture is found to result in people hiding information and avoid planning for improvement because of a fear of recrimination. A perspective from the aviation industry is that senior leadership has a key role in demonstrating and reinforcing these values as part of a learning culture.

A perspective from retail offered is that a bottom-up approach is required for successful implementation, which emphasises personal interaction and strong relationships, and promotes ownership for improvement and information sharing. At the same time, there was the public sector view that culture and empowerment alone is not enough and senior leadership buy-in is key which may not feature as strongly as it should in healthcare. The perspective offered from the public sector also emphasises the importance of having a positive and inclusive culture for implementation, as otherwise staff engagement can act as a key barrier to implementation. It is suggested that a distinct lack of communication within the traditional healthcare system, and comfort with honest and transparent feedback because of fear of blame or criticism, can act as a significant barrier to implementation. From a multi-national firm’s perspective, a culture of transparency is also a key mechanism for how staff interact with each other on a daily basis to ensure standards. The visibility and proximity of leaders is also important for enabling this through simple things like office layout. From a number of industry perspectives, communication and use of plain language without jargon is also an important enabler for transparency.

Meaningful measurement

A move away from traditional measurement practices to using more in-depth qualitative analysis was described as being needed to understand the dynamic experience of customers and service users. Organisations outside of healthcare were perceived to be better at this kind of analysis. The approach outside the UK from innovative health systems, such as Jonkoping, was described as one example. Understanding the experience of customers is also highlighted as being important in the experience of quality management
outside healthcare, with one example demonstrating how dedicated resource can be used to ensure that there is continuous capacity for collecting customer feedback that is seen as being independent and reliable. The importance of systematic and routine measurement was also shared from an NHS board perspective. Dashboards are seen as a key component of this approach where data can be automated and linked across areas of work, and to ensure greater reliability and completeness. This approach used by Intermountain is also highlighted as a way for ensuring teams have ownership for change: ‘Because they have the culture of people feeling empowered, then the people want to make the changes and are able to do that.’

A more relational way of working, described from a housing and third sector perspective, requires more fluid and qualitative use of measurement and audit as opposed to more traditional measures. This approach has helped to inform the direction of change and outcomes in the emergent and complex experience of developing strategic quality management. Measures being linked strategically to health and wellbeing outcomes are seen as being key for ensuring that there is no overreliance on performance targets, at the expense of meaningful change in people’s lives: ‘People aren’t there to manage targets but there to manage quality.’ Similarly, from a health and social care perspective, meaningful measurement is described as ensuring that staff are not working to targets at the expense of making real and sustainable improvements in their practice, based on customer experience and needs. From an NHS board perspective in Scotland, there can be a struggle to meet unrealistic targets which risks the will and motivation of the workforce for continually improving practice: ‘There is a force to get things done, but at any cost.’ Finding ways to coordinate the collection and analysis of health intelligence across teams in order to address these issues is also highlighted.

Coordinating a national approach

The fundamentals of quality management at national level were described as being the same for any other approach, although it was noted that there are few examples of successful quality management at this scale. The following themes relating to considerations shared in relation to how an approach at this scale and complexity should be developed were identified.

Quality planning and assurance at scale

From an NHS board perspective, a national approach requires the government and national organisations to be working together in a cohesive way to address fragmentation of quality improvement efforts. There is also the perception that assurance functions are being emphasised because people are more familiar and comfortable with this over other elements of quality management. Furthermore, corporate services are seen as having a central role in ensuring a coordinated approach at a national level. From the perspective of an NHS trust, a national approach requires the same fundamental principles but coordinated at a larger scale which places emphasis on key enablers such as communication and data systemisation. The importance of looking at the system and the services being delivered from a population perspective was also highlighted, which requires broader and deeper understandings of the social and financial dimensions of performance. The challenges this presents also requires there to be adequate time and space for leaders to think and develop. A planned approach was also highlighted as being important for developing a framework for establishing behaviours and accountability. Benchmarking was highlighted as being key for a national approach to continuous improvement, from both the public and private sector perspectives offered. By making comparisons with other organisations – ‘This is what other organisations do’ – this is seen as a key way of ensuring there is national recognition and validation.

Developing a system of learning

From the perspective of a US health system’s approach, a national system requires time and patience to develop and is not something that will happen rapidly. Key to developing the vision at scale for them has been the use of learning and education to reinforce the concepts and theory that underpin how quality will be managed, and what this means for individual roles and responsibilities. From the perspective of quality
management in retail, giving people knowledge and tools alone is not enough; traditional boundaries and hierarchies need to be flattened and leadership, as part of this structure, needs to be personal and supportive. This is also seen as requiring an emphasis on there being no boundaries or restrictions on who an individual can speak to or share ideas with – including employees being able to share their ideas directly with the Chief Executive – creating a unique working environment for continuous improvement.

**Health and social care integration**

There were a number of challenges but also benefits that health and social care presents for quality management development. The following themes in relation to health and social care integration were identified.

**Unified thinking and language**

An NHS board perspective is that there is a need for unified thinking and use of language to support integration of people between health and social care, and that quality management principles should help to create better cohesion and consistency as part of this. A public sector perspective offered was that reassurance and reiteration is required to ensure consistency of approach as the expected shifts of health and social care integration are experienced by staff. Learning and sharing knowledge was also emphasised to ensure that staff are supported and empowered rather than placing emphasis on what may be felt as scrutiny and critique. From the perspective of a national organisation supporting learning and evaluation, there is an appetite for finding solutions in Integration Joint Boards and partnerships and a national coordinated approach is important for harnessing this.

**Holistic approach to quality**

An NHS board perspective offered is that, although the different ways of working in social care could be seen as a barrier to quality management, there are a number of strengths that a coordinated approach with social care would bring to quality management. These include their approach to risk management and building customer relationships, as well as their experience with coproduction and person-centred approaches. A third sector perspective was that their strengths and ways of working need to be recognised and valued as part of integration. For them, there is also an emphasis on finding solutions that ensure that the voices of lived experience inform how quality is being managed for performance. These values also extend to activities such as recruitment, where more time needs to be spent on understanding the values that an individual will bring to a role. Understanding the values that underpin the motivations and behaviours required for quality in health and social care is seen as being vital. A social care perspective is that quality management should have a holistic focus to include the range of pathways which ensure people’s lives are healthier, rather than only focusing on current service provision.

**Collaboration and relationship building**

Collaboration and working together effectively is identified as a key learning need for efforts to integrate; otherwise differences in experience and knowledge may act as a barrier rather than acting as something to be valued and embraced. Sharing good practice by forming strong integrated networks, such as those seen in the Health and Social Care Alliance, is recommended. A housing perspective given was that a national approach to managing quality needs to take a broader view and work more closely with key partners, such as the Care Inspectorate, drawing on their already strong working relationships with social care providers.
References

