AQ IMPLEMENTATION FRAMEWORK

aqua
Shape Change Inspire Quality Transform Care

Q
ADVANCING QUALITY
GOOD BETTER BEST

NHS

Gain Consensus on Care Standards

What does good look like?

Key questions	What providers can do	Guidance on how to achieve
Executive sponsorship Is your organisation's medical director aware of AQ? Are divisional medical directors aware of AQ and do they see the monthly report? How do both support teams to engage with the programme?	• Ensure executive team, medical director, director of nursing and divisional clinical directors are aware of AQ performance and improvement opportunities	• Invite AQ to attend meetings with senior staff to explain the benefits of the programme and what this may mean for clinical teams
	• Include AQ data in relevant meetings to senior level. Reviewing data internally encourages responsiveness, support at meetings and understanding of barriers	• Invite AQ to Grand Rounds and other meetings to present and highlight resources to stakeholders (see appendix)
	• Establish ways to support improvement opportunities and allow clinical teams to feed back on challenges	• Develop an open line of communication with clinical and support teams, being curious about performance and capacity to make improvements • Encourage freedom to speak up about the changes that might be necessary and promote psychological safety • Encourage people to share experiences • Ensure staff are aware of their part to play
Clinical leadership Is this work clinically led? What is the clinical lead's involvement?	• Ensure strong clinical leadership from the offset to drive improvement and act as ambassadors for the programme	• Define a clinical lead for each focus area, ideally with knowledge of quality improvement • Include AQ in job descriptions to protect time for clinical leads to support improvement work Lead role: • Convene stakeholders (see appendix) and establish good working relationships to foster improvement • Take ownership of improvement actions • Use role modelling to show how using the data is important • Outline the benefits of the programme for efficiencies in care, outcomes for patients and the impact on the Organisation's expenditure (e.g. reduced LOS)

	• Ensure clinical leads are aware of their area's data and quality measures, AQ process, reporting and products	• Become familiar with AQ materials to develop understanding of the data and process – use AQ for support and training • Establish two-way communication with data gathering team to identify improvement opportunities
Knowledge and education How does the team know there are agreed care standards? How are the agreed care standards reinforced in organisational policy/practices? Are they owned and embedded?	• Identify and involve key stakeholders across the whole pathway (see appendix) in meetings, implementation and improvement	• As well as clinical teams directly involved in patient care, include coding, analytics and information departments to support data assurance and improvement • Include communications teams to ensure good practice is disseminated • Involve quality improvement teams to ensure initiatives align and reduce duplication of effort • Involve pathway coordinators in development to allow for inclusion of AQ measures
	• Raise awareness of AQ and quality improvement work across the organisation	• Use AQ resources for internal promotion, e.g. the AQ annual report, or case studies as examples of where this approach has worked • Invite AQ to support a focus area refresher session • Ensure teams can attend AQ events • Display posters in hospital corridors; set up awareness-raising days/stands to promote the programme and the associated improvement work • Use ward handover and clinical education sessions to explain AQ and the aim of the programme • Use internal communication channels
	• Embed AQ measures into routine practice	• Include AQ measures on internal systems and in care pathways and/or SOPs • Avoid duplication – use existing AQ measures to inform other returns e.g. KPIs or CQUINs.

Identify unwarranted variation

Where do we need to improve?

Key questions	What providers can do	Guidance on how to achieve
Data collection Is there an allocated person to input the data into PIQS? Do they have a consistent process? Do others know what they do? How are they supported?	• Ensure there is adequate staffing and dedicated time for data collection and entry to allow consistent coverage in case of absence	• Review the time taken for completion of each clinical focus area, including time dedicated to analysis and spotting improvement opportunities • Use wider AQ network to understand capacity & capability
	• Ensure the data collection and entry has a consistent approach across focus areas	• Bring team members together to go through the data collection and entry process, with support from AQ as required • Use the AQ data dictionaries to ensure data is robust and as outlined by the programme
	• Ensure clinical teams have an understanding of the data requirements to support collection and all staff understand the importance of accurate documentation	• Include clinical teams in training and awareness-raising around the AQ measure set • Include information on the data collection process in cross-pathway meetings
Quality assurance Is there a process in place to quality assure the data?	• Establish a process for clinical validation of the data collected	• Include data validation in clinical lead JDs • Build relationships between data entry team and clinical leads • Establish regular time for data entry team to liaise with clinical leads for any errors/queries and to validate a sample of data
Data review Do members of the team routinely review AQ data announcements/guidance? How do the teams use the data to identify variation and opportunities for improvement?	• Establish means for identified stakeholders across the whole pathway to discuss AQ performance	• Share AQ data with identified stakeholders across the pathway, or share stakeholder contacts with AQ to ensure reports are received directly • Set up a steering group or share AQ data in existing performance meetings, for example quality or mortality meetings, and make AQ data a standing agenda item • Invite AQ to attend meetings/be part of steering groups to support data discussions • Use clinicians' protected time to review and discuss AQ performance

Improve quality of care
How do we improve?

Key questions	What providers can do	Guidance on how to achieve
Capability What is the improvement capability of the team? How will capability be developed? Do staff have capacity/ time to implement change and improvement?	• Review QI skills within the team to determine improvement capability	• Use QI skills assessment tool with AQ support
	• Support teams to gain knowledge of QI methodology and how to apply it	• Allocate protected time and access to resources for QI skill building • Use AQ and Aqua QI materials and signposted resources (e.g. IHI, NHS Improvement) for skill building • Encourage attendance at AQ events (and Aqua training for member organisations) • Ask for AQ-led short training sessions • Involve organisational QI team
	• Ensure teams have time and support for improvement work	• Build in additional support where necessary to cover staff to allow time for improvement work to take place • Make improvement an organisational objective so that all are aware that they can be involved • Build use of AQ data and improvement work into internal professional development projects
Improvement How do the team use their skills to implement change ideas once they've identified unwarranted variation? Do you have regular mechanisms to foster continuous improvement?	• Support teams to investigate barriers to the achievement of perfect care	• Foster a culture of psychological safety enabling all involved to raise concerns and suggest areas to improve • Ask the AQ team to provide additional analysis to identify patterns and root causes of missed measures • Use QI diagnostic tools to understand barriers with support from the AQ team • Use user-defined fields in PIQS to collect additional data to support identification of barriers and improvement

Do clinicians know who to approach to discuss improvement opportunities? Are their opinions considered?	• Establish regular opportunities for stakeholders to come together to generate ideas, test changes and review improvement progress	• Provide an open forum across the organisation for ideas and encourage willingness to consider change • Use improvement steering groups or existing performance meetings to generate change ideas and define actions for tests of change using PDSAs • Use on-demand reports and data extraction available in the Patient Intelligence & Quality System (PIQS) alongside regular AQ reporting, including SPC charts and patient outcome data (length of stay, readmissions and mortality) to monitor performance on a regular basis
	• Ensure awareness and visibility of clinical and AQ leads	• Be visible within the organisation and at meetings and discuss the AQ programme and benefits • Use organisational comms team to create blogs discussing clinical leadership and pathways
Reporting structure Does AQ form part of your governance process? Is AQ used to report on quality?	• Build AQ reporting into the governance structure	• Create a reporting structure to cascade AQ performance and improvement progress to senior level meetings and organisational board • Include data and progress reporting on organisational dashboard
Sustainability Do you review sustainability as part of the AQ programme? Do staff have the opportunity and are there mechanisms in place to allow for discussions on sustainability?	• Assess likely sustainability of improvement initiatives and act on the findings	• Set aside time for the improvement team to complete the NHS Sustainability Model tool - for organisation or individual AQ focus areas • Use AQ to support completion of the tool and analysis of the findings to identify key areas to build sustainability • Work with key stakeholders to address key areas with support from AQ
	• Foster an organisational improvement culture to sustain change	• Use AQ and Aqua resources to develop stakeholder understanding of improvement and how this is relevant to everyday work • Ensure improvement is continuously monitored and is ongoing via channels as above

| Staff mobilisation

How do you recruit and engage staff to support the delivery of AQ? | • Promote the benefits of AQ improvement work for the whole system | • Within established steering groups or improvement teams (as above), develop defined improvement aims and lift speeches to engage stakeholders in specific improvement projects
• Be clear on 'What's in it for me?'
• Be open and transparent in inviting people to work with the team
• Invite staff to take some ownership of improvement projects
• Invite AQ to internal meetings to promote the programme |

Learn and Share Best Practice

What has worked?

Key questions	What providers can do	Guidance on how to achieve
Learning and sharing What has worked in other organisations? What can we learn from this? How could this be adapted in our organisation? Do you have case studies, presentations, newsletters or any materials that you've created to share both your processes and any improvements? Do you share your improvement work through networks and events? Do you present it internally?	• Consider successful initiatives from other organisations which could be tested and potentially implemented in your own	• Use AQ, Aqua and other NHS resources, e.g. case studies, to research potential interventions • Ask AQ team for advice on improvement initiatives in other organisations • Research change packages and consider how work can be replicated
	• Establish a mechanism to capture ongoing work and promote this within and beyond the organisation	• Use AQ, Aqua and IHI QI tools to document process changes • Work with AQ to capture improvement work in case studies • Build relationships with organisational comms teams to capture and promote work in internal communications, such as newsletters, blogs or quality bulletins • Be creative - create short videos, use the organisational website, newsletters, organisation screen savers, host pop-up events
	• Learn and share through the AQ network	• Attend AQ events and encourage other staff across the pathway to attend • Contribute to the sessions by sharing your experiences and issues • Be willing to present information about your improvement journey • Use the Hub virtual learning platform to access resources and share learning in discussion threads • Share contact details and use the AQ network for support

	• Share your work externally	• Look for other opportunities to present and share your work – via NHS England case studies, NICE shared learning, regional and national conferences/events such as the Patient Safety Congress • Work with the AQ team to produce promotional documents e.g. posters, presentations, case studies • Consider submitting successful improvement initiatives for awards with support from the AQ team
Spread and adoption Do they encourage other teams to use a similar approach?	• Encourage others within the organisation to adopt successful changes	• Develop change packages from successful improvement initiatives which can be replicated across the organisation, using AQ support and resources • Use existing internal meetings and networks to promote changes and encourage adoption • Establish a support mechanism for staff implementing changes

Appendix: Key stakeholders and roles

Trust Board & Executive Sponsors	Strategic insight, alignment to strategic objectives, drive for continued engagement and organisation wide commitment. Expert local support and advice to safely enact successful change and improvement
Governance, Patient Safety & Improvement	Ensuring the patient is at the heart of the programme, aligning to patient safety strategy and ensuring AQ is included in the improvement agenda enabling sustainable improvement
Clinical Effectiveness, Analytics & Business Intelligence	Support data collection, analysis and reporting processes for the organisation, provide local data quality and coding expertise and advice
Clinical & Operational Teams	Deliver high quality clinical care, champion and drive improvement activities, ensure patient satisfaction
Communications Teams	Timely cascade of programme communications, recognise and promote internal progress/improvement, spread and share best practice
Wider Teams	Everyone, whether clinical, nursing, managerial, administrative, or clinical support has a part to play in specific improvement efforts and sustained quality. Involve the patient experience team to ensure the patient is the priority