



Embedding a Culture and System for Continuous Improvement

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Introduction

Welcome to our practical guide to embedding a culture and system of continuous quality improvement.

For more than a decade we have worked as an improvement partner with health and care organisations committed to making quality central to their work. Since 2018, we have used the approach outlined in our **A Sense of Urgency, A Sense of Hope** publication to explore ways to successfully develop and sustain systems for continuous improvement.

This guide provides a tried and tested approach, distilled into this quick read publication, with links to find out more.

Our approach focuses on **FOUR** domains:

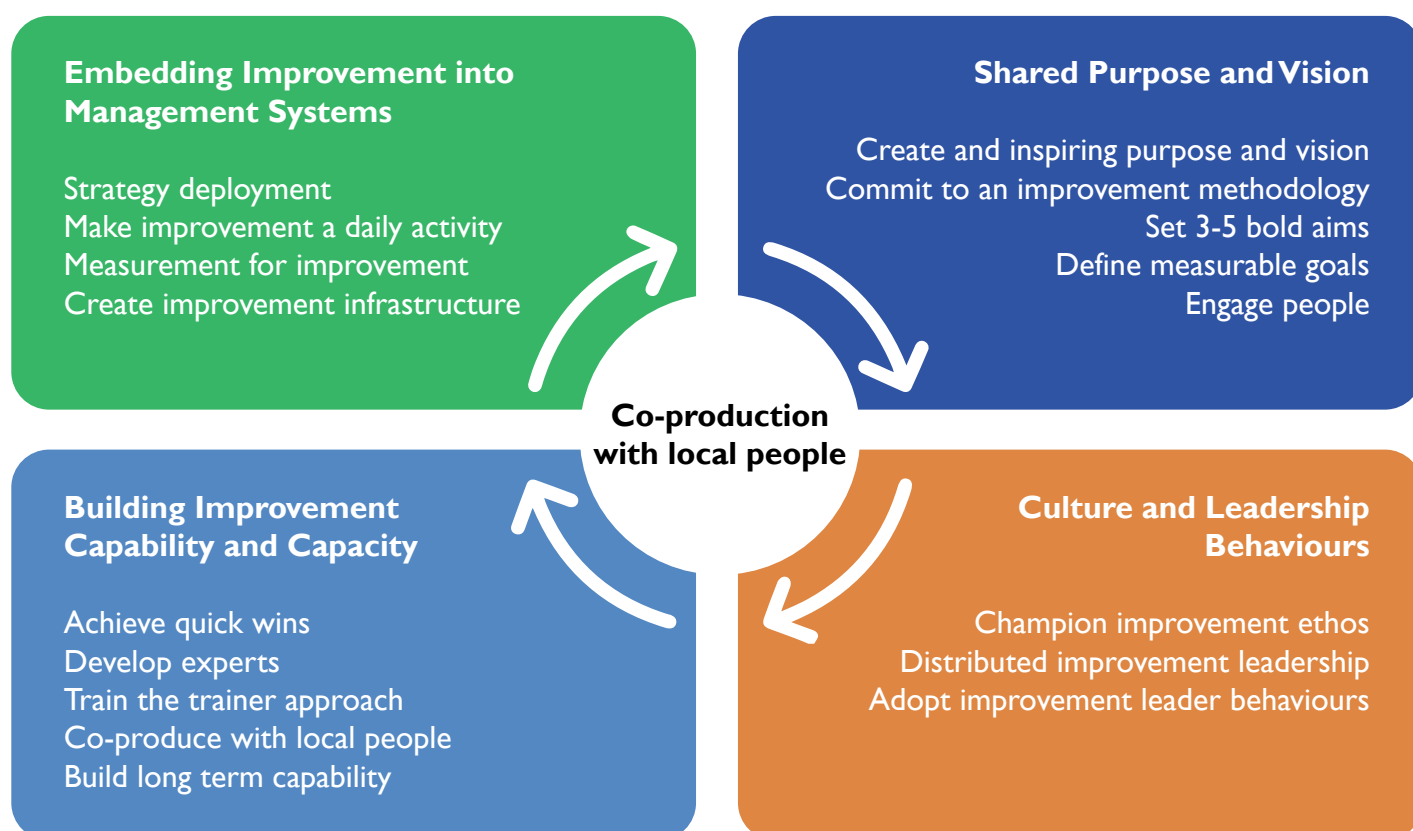
Shared Purpose and Vision

Culture and Leadership Behaviours

Building Improvement Capability and Capacity

Embedding Improvement into Management Systems

Each domain is equally important and interconnected, starting with shared purpose, and tailored to your context.



Who is this guide for?

- Board members and senior leaders in health and care organisations and integrated care systems who want to accelerate progress in building a culture and system for continuous improvement.
- Improvement leaders who want to embed a systematic approach to improving patient experience, health and care outcomes, best use of resources, and developing staff, which meets the requirements of **NHS IMPACT**.

Shared Purpose and Vision

The Board will set the ambition, provide direction, and allocate resources to develop an organisation-wide system and culture for continuous improvement. People at all levels across the organisation will align their work to this shared purpose, which should include:

Create an inspiring purpose and vision describing what high-quality care means for local people, how you define quality and your commitment to continuous improvement.

Set 3-5 bold aims for your continuous improvement approach which relate to your quality definition and include data from sources such as:

- Feedback from people including Friends and Family Test
- Regulatory inspections
- Staff survey results
- Cultural diagnostic assessments.

Define measurable goals for each aim focused on achieving aspirational breakthrough results which look to the best performance possible, not simple comparisons or benchmarking against similar organisations.

Ensure commitment to a continuous improvement methodology and how this will be embedded into management systems.

Engage people to ensure that the shared purpose is recognised and owned at all levels, with an explicit commitment to co-production with local people and staff.

Questions for the Board to consider when setting goals:

1. Do we know how good we are?
2. Do we know where our clinical warranted and unwarranted variation exists?
3. Do we know where we stand relative to the best?
4. Do we know how to measure improvement over time?



Putting Theory into Practice

We spoke to Craig Brigg, Director of Quality at Leeds Teaching Hospitals NHS Trust to find out how Trust staff were engaged in developing their strategic quality approach.

"What's really worked well for us is looking at how we construct our Board discussions, making sure that quality, safety and patient experience is really front and centre... When we talk about patient safety, patient experience and outcomes as a Board, staff really engage with that. Move away from the talk about money, standards and targets, and make sure patient experience is fully incorporated into a patient safety and quality discussion."

Craig Brigg, Director of Quality, Leeds Teaching Hospitals NHS Trust.

Culture and Leadership Behaviours

The single most important reason why attempts to build an improvement system succeed or fail is how leaders behave. The evidence shows that the following consistent leadership behaviours at all levels help develop and role model the organisational culture for continuous improvement.

Champion the improvement ethos using consistent language. Move beyond disconnected initiatives to a more strategic approach.

Distribute improvement leadership at all levels. Senior leaders develop their own and other's improvement skills and create a culture where everyone is accountable for making their part of the system better through the act of continuous improvement.

Visibly adopt improvement leader behaviours which illustrate that 'this is the way we do things round here'. Leaders should act as improvement coaches and acquire skills in continuous improvement, compassionate, inclusive leadership, and talent management.

Questions for your Board to consider about its leadership and culture:



1. Do our Board meeting agendas place priority on quality matters and are they given as much time and attention as finance or operational performance?
2. How does the Board know about and engage with the continuous improvement programmes and hear first-hand about quality performance issues?
3. If ten different staff were asked whether the organisation/system empowered them to improve their daily work, what would they say?
4. What does the hard data say about our continuous improvement culture e.g. staff survey, culture surveys and other HR instruments? How is this triangulated with what is seen in practice?
5. How is the organisation/system building widespread improvement leadership capability in its' people?

Case Study

Aqua has been engaged in a Strategic Partnership with Mid Cheshire NHS Foundation Trust since 2021. We have worked closely with the Board and Senior leaders to shape their continuous Quality Improvement (QI) ambition by developing their vision and key strategic aims that provide the golden threads through all of the QI training; the Trust leadership programme now includes an integrated QI module and we have co-designed a comprehensive suite of QI capability building including e-learning and a bespoke QI Champions programme.

The focus in years two and three shifts to providing coaching support to executives and senior leaders to develop their QI infrastructure including designing their in-house QI Coaches function and professional development for their QI faculty.



Building Improvement Capability and Capacity

Improvement capability across an organisation or system is multi-faceted and will include: improvement methodology expertise complemented by skills in Organisational Development (OD), leadership, personalised care, safety and business intelligence. This is a vital component of a culture of continuous improvement and ultimately should involve all people working in the organisation/system and local people as lived experience and citizen improvement partners.

Actions depend on your stage of maturity. For an organisation or system just getting started we recommend the following:

- **Achieve some quick wins.** Pick one or two high impact issues which are critical to safety and quality priorities and set challenging transformational goals to inspire and build commitment.
- **Develop a small team of experts** within the organisation or system, including improvement coaches, to accelerate adoption, provide training and support, connect otherwise isolated improvement initiatives, and support scale and spread of success.
- **Consider external improvement support** which can be helpful to develop the improvement team, and rapidly co-design execution of an organisational approach.
- **Utilise a train the trainer approach** to support knowledge transfer between the external improvement agency and local staff to build internal improvement and leadership capability and create a group of improvement leaders and champions who are credible with their peers.

For an organisation or system with a maturing approach we recommend:

Build capability for the long term

- Identify and harness staff with existing, though maybe untapped, improvement skills to support corporate/system continuous improvement goals.
- Align training to the competencies required at different levels using an improvement skills escalator.
- Improvement is everyone's job! Promote this to help achieve a cultural tipping point.
- Improvement coaching is invaluable and ensures that ongoing support and encouragement to improvers is embedded to sustain and spread improvements.



Co-produce with local people

- Aqua's Lived Experience Panels are formed of local people and those with lived experience who are trained in improvement so that they can confidently join point of care improvement teams ensuring that work is co-produced.

Questions to consider about your capability building approach:

1. Do we have a system to identify and engage people with capability in continuous improvement? Do we connect and support their work to maximise impact?
2. If an approach or methodology for continuous improvement has been agreed, is it reliably and consistently deployed within the organisation?
3. Do you have an organisation and/or system wide capability building system which includes a skills escalator and adapted 'dosing formula', working from Board to the front-line?
4. How do we identify improvement efforts, learn lessons, and celebrate successes, as a means of engaging and supporting our staff?
5. Do we engage local people in continuous improvement activities, and how could we move to further strengthen or develop their contribution as improvement partners?
6. How can people in enabling services such as HR, Finance, Business Intelligence, IT and Estates access training in continuous improvement with support to apply these skills?



Embedding Improvement into Management Systems

Organisations that have embedded a system and culture of improvement have made improvement part of their management/operating system. This is more than training and improvement projects, it is how they achieve their business objectives with a bottom-up drive to improve every day. From research, there are two key areas to achieve this, strategy deployment and making improvement a daily activity.

Strategy deployment

- **Align the improvement efforts of staff with your organisation's goals** through a process of engagement, goal-setting, review and improvement.
- **The development of a learning health system** adds value by using tools and technical skills to interpret organisational and system data to drive improvement gains.
- **Bring people together** to ask questions, interpret data, reconcile differing views and make decisions to successfully affect change in a complex, adaptive system.
- **Celebrate improvement success** in both the acquisition of improvement knowledge and skills, and the impact on care locally and across the whole organisation/system.

Make improvement a daily activity

The daily work of leaders is to coach point of care staff in the use of improvement methods to tackle the problems they face every day.

Two enablers of improvement as a daily activity are:

- **Measurement for improvement** equips people with knowledge and skills so that they can gather and interpret data and make decisions accordingly. There should be a direct line of sight between people delivering care and the Board.
- **Create an improvement infrastructure** and governance within an organisation or system, including roles, responsibilities, accountability, reporting structures, and escalation processes.

Questions to ask about your management system:

1. Have we aligned our chosen improvement approach with our organisational priorities and future system ambitions?
2. Have we engaged all staff in this process? Are the big aims widely understood and do people in operational roles see how they are contributing to achieving the organisational/system 'big aims'?
3. How are we embedding the principles of a learning health system in our operational DNA?
4. How are we making improvement part of our everyday work for point of care teams, people in enabling roles and leaders?
5. How well established is the operating/management system to support improvement?
6. Is the governance to support continuous improvement in place? Are decisions on where to focus improvement work based on evidence (measurement for improvement, audit, people and staff experience and ideas) and aligned with corporate objectives?



Our research shows...

In large NHS Trusts or Groups where a continuous improvement culture flourishes, there is a strong link between the corporate quality management approach, its deployment, and the improvement activity within each Care Group or Division. Improvement facilitators may be embedded in each Group or Division, growing local capability supported by the corporate leadership. In NHS Integrated Care Boards their relationship with place localities reflects a similar distributed approach with fidelity to the ICB quality priorities and framework, enacted and contextualised locally.

How can Aqua help you?

Since 2010 we have worked with organisations to explore ways to successfully develop and sustain systems for continuous improvement.

We are well placed to help embed common approaches to improvement across organisations and systems such as those recommended by NHS England. This builds on our extensive track record of supporting organisations and systems to shape change, inspire quality and transform care.

When you work with us, you have access to Aqua's expert team who will use our proven approach to provide bespoke support to:

Discover

Analyse data to provide insight into opportunities to improve and establish what 'good' looks like to you.

Improve

Co-design and co-produce implementation of evidence based approaches to your identified improvements.

Sustain

Embed and sustain the improvements and capture the impact for people and staff.

Get in touch with us for a conversation about how we can support you with your continuous improvement journey.

Acknowledgements

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