Summary report on Improving Quality in the English NHS

Executive Summary

The report outlines the need for the NHS to deliver better value by tackling unwarranted variations in clinical care, reducing waste, becoming more customer focussed and placing quality and safety at the centre of everything they do.

It argues that since the Francis Inquiry into Mid Staffordshire there have been “well-meaning attempts” to raise standards but that this has led to an over reliance on performance management, mechanistic targets and inspection which are described as “costly, weak and helping create toxic fear which stifles innovation and quality improvement”.

It recognises that inspection and regulation have a role to play in the NHS but argues that the NHS needs:

“A relentless focus on the needs of patients, families and carers, sophisticated use of data for learning and improvement, systems thinking, a commitment to engage with the workforce widespread use of rapid tests of change for continual learning, the removal of waste from processes, products and services and the pursuit of joy at work.”

It concludes that this is best done by supporting clinical leaders through education and training in quality improvement methods and developing organisational cultures in which leaders and staff focus on better value and quality as a primary goal.

Summary

The report makes a case for quality improvement to be at the heart of how the NHS responds to current pressures and delivers the transformational changes in care that are needed. It proposes that the NHS should become a learning organisation committed to continuous improvement.

It argues that the English NHS cannot meet the health care needs of the population without a coherent unifying and sustained commitment to quality improvement as its principal strategy. This means designing and redesigning work processes and systems that deliver health care with better outcomes and lower costs.
This will include the redesign of training, budgeting processes and information systems and requires leadership and cultures that both understand and value quality improvement and will require substantial and sustained commitment of time and resources.

The key features of a “learning” organisation which they envisage are:

- Cultures in which quality and safety of patient care are valued and leaders work together to bring about improvements in care
- Continual reduction of fear in the workplace and total engagement in the design redesign of work and processes
- Specific and quantified goals for improving care linked to compelling vision of the future
- Systematic transparent measurement and reporting of progress in delivering these goals
- The use of an established method of quality improvement supported by training all staff and all leaders in this method
- Clinical leadership, team work and engagement at all levels together with high quality management support
- Boards and senior leaders who accept personal responsibility for quality and safety and themselves develop deep expertise in quality improvement
- A commitment to listening to and learning from the experiences of patients and assuring their full participation in design, redesign, assessment and governance

To deliver this, the report suggests ten design principles:

1. Expect NHS Organisations to build in house capacity for quality improvement
2. Support NHS organisations through shared learning and regional support
3. Establish a modestly sized national centre of expertise
4. Integrate work on quality improvement with work on leadership development
5. Ensure that national bodies provide unified, co-ordinated support to the NHS as full participants in a single strategy
6. Involve frontline clinical leaders and the leaders of NHS organisations in developing the strategy
7. Ensure the voice of patients and the public is sought and heard in the design and implementation strategy
8. Be open to learning from other organisations at home and abroad
9. Work with organisations and experts outside the formal structures of the NHS
10. Reflect, measure and learn rapidly about what is and is not working to help implementation become more successful.

**Implications and opportunities for London**

The report’s recommendations and challenge resonate strongly with Healthy London Partnership’s Improvement Collaborative workstream.

A deliberative event will be held at The Tower of London on 20th April in partnership with London’s three AHSNs and Health Education England. It will be attended by commissioners, providers and improvement leads from across London, with leaders in the field of Quality Improvement, to reflect on and take forward our current state into the future of healthcare improvement in London.

It will showcase examples of best practice from healthcare and other industries and provide an opportunity to discuss what needs to be done to build leadership and cultures that understand and value quality improvement across London’s healthcare landscape.
Speakers will include Chris Ham from the Kings Fund, Mark Evans (GE Aviation) and Estelle Clarke (Chartered Quality Institute) with a broad set of case studies where quality improvement has led to significant changes.

The event will be used to inform the structure and approach we take going forward into 2016/17 and beyond to define what the future approach to Increasing London’s collective capacity for improvement should include and what the future support for improvement across London needs to address.