Building a Better Health Service | Seirbhís Sláinte Níos Fearr á Forbairt

National Quality Improvement Team

By all, with all, for all: a strategic approach to improving quality 2020-2024

National Quality Improvement Team
working in partnership to lead innovation and lasting quality improvement to achieve better and safer care

Champion
Partner
Enable
Demonstrate

January 2020

Reader Information

Acknowledgments: With thanks to all those who use and deliver health services for their insight and engagement in the development of this strategic approach.

Developed by: National Quality Improvement Team with health services staff and patient representatives

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Subject: This document sets out the strategic approach for the National Quality Improvement (QI) Team and the health system. We will use this plan as we work with you, to support you in your quality improvement work.

Revision Date: This document will be updated in 2024 unless an urgent need for revision is identified before this.

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Version control

Date	Version	Created By	Reviewed By	Final Document approved by
09.01.2020	V1.0	National QI Team	National QI management team	Dr. Philip Crowley, National Director

Welcome

Dear colleagues,

I am pleased to share with you the National Quality Improvement Team's "By all, with all, for all: a strategic approach to improving quality 2020-2024". We will use this plan as we work with you, to support you in your role in improving quality.

When we started this work, we wanted to develop:

1. a shared understanding of how best to support sustained quality improvement (QI) in frontline services,
2. a plan to partner with people using and delivering health services to address current and future needs to improve the experience and outcomes of care.

We discussed this strategic approach to quality with many of our partners. These included patients, colleges, delivery organisations, frontline staff and international experts. It has also been discussed with the HSE leadership.

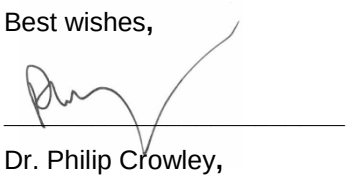
This process was very positive, productive and important. It is clear that there is a strong determination from you to continuously improve our health service. We will do our utmost to support you and our collaboration seeks to make improvement more effective and sustainable.

We will work across all levels of our health service to champion, partner, demonstrate and enable lasting quality improvement. We have started working through seven strategic programmes and five priority QI projects. Our conversations with you informed this work and the choice of the five core priority projects. We describe these targeted approaches in the plan. We know that the future will bring new and emerging challenges and we will support services to respond to those as we have done in the past.

We will work together with the full Chief Clinical Officer team, national divisions, delivery organisations, patients and frontline teams to create a network of improvement activity throughout our services. We will also to work to integrate with Sláintecare, the Patient Safety Strategy, People's Needs Defining Change and Values in Action.

We fully commit to partnering with the people who work in and use our services to achieve measurably better and safer care.

Best wishes,



Dr. Philip Crowley,
National Director Quality Improvement.
January 2020.

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Glossary

Health services	Where the words “health service” are used, it refers to all of the services provided by the Health Service Executive or the health system globally. This may include for example, health care, social care, primary care and mental health or community services. It is often broader than health.
Quality improvement	The Kings Fund (2019) defines QI as "the systematic use of methods and tools to try to continuously improve the quality of care and outcomes for patients".

Abbreviations

CCO	Chief Clinical Officer
CD	Clinical Director
CCD	Chief Clinical Director
ECD	Executive Clinical Director
HSE	Health Service Executive
MDT	Multidisciplinary team
National QI Team	National Quality Improvement Team
NCAGL	National Clinical Advisors and Group Leads
NDTP	National Doctors Training and Planning
QI	Quality Improvement
RCPI	Royal College of Physicians Ireland
RCSI	Royal College of Surgeons Ireland
SPC Chart	Statistical Process Control Chart
The Framework	The Framework for Improving Quality in Our Health Service

The National QI Team

What do we do?

We work in partnership with teams and organisations delivering health services. We want to support frontline services in improving the quality of care and experiences they provide to people who use their services.

How do we do it?

We do so by supporting the right conditions for improvement and systematically applying QI methods and tools to improve practice. Partnering with people is central to all that we do.

It means everyone in our health service committing to:

- supporting staff to access QI learning and development opportunities,
- creating time and resource to drive improvement, and
- developing cultures that enable all staff and people who use our services to act on their ideas for improvement.

Why do we do it?

International evidence demonstrates how important QI is to effectively improve care. Our services struggle to achieve the outcomes we seek for people when we do not systematically apply improvement methods or support a culture of improvement.

Why is this work important?

Only by working together will we be able to tackle the many challenges we face in healthcare.

Core elements of a QI focused health service

To become a quality focussed health service we must:

1. Develop real partnerships with people
2. Collaborate and share learning across our system
3. Invest in QI and create QI posts in all our organisations
4. Commit to QI learning and development for all staff
5. Work on relationships and culture so that staff feel valued and their input is encouraged
6. Work with our leaders and managers to create a work environment where staff are enabled to work on improving care
7. Use measurement for improvement approaches to understand our data better
8. Ensure we have quality at the centre of our management and governance of health care
9. Work to integrate services
10. Partner with communities so that we contribute to improving the social issues that profoundly affect health outcomes

Figure 1: The National QI Team

Figure 2: Core elements of a QI focused health service

What are Quality and Quality Improvement (QI)?

"Quality improvement (QI) is the combined and unceasing efforts of everyone - healthcare professionals, patients and their families, researchers, commissioners, providers and educators - to make the changes that will lead to:

(i) better patient outcomes,
(ii) better experience of care, and
(iii) continued development and supporting of staff in delivering quality care"

(adapted from Batalden, Davidoff QualSafHealth Care, 2007)

The Institute of Medicine, USA defines quality in six domains: person centred, safety, effectiveness, equity, timeliness and efficiency. Juran describes QI as "The organised creation of beneficial change; the attainment of unprecedented levels of performance."

If something is a good idea, it does not mean it will work. Many excellent ideas implemented without testing have not worked. Quality improvement methods provide a scientific approach to testing good ideas. The approach builds from small to larger tests of change and then to implementation cycles. This is to ensure that changes implemented are very likely to work. Measuring for improvement then tracks the effect of the change(s) over time.

If something works in one setting, it does not mean it can be simply transferred to a different setting. The culture, environment and the players may be different.

We know that there is no standard way to support successful change and improvements in care without variation. **There is a need for a scientific approach to implementing health services improvement.**

We can use many different and complimentary QI methods. Some examples of QI methods include Microsystems, Lean, Six Sigma and the Associates in Process Improvement's Model for Improvement. Most are based on Edward Deming's work in industry and with Toyota. There is a long track record in health services of successful change implementation.

QI in practice

- Start small
- Invite people to get involved
- Test your change idea
- Modify your change idea from what you learn from your test
- After retests implement at scale when you have confidence that your change achieves the improvement you are measuring
- Celebrate the success of our team

Figure 3: What are Quality and Quality Improvement?

1. Introducing our strategic approach 2020 - 2024

Improving the quality of care and practice is a valued responsibility of staff within the Irish health service. The many improvement activities undertaken by local and national teams reflect this commitment. Yet, it can be an everyday challenge for teams to commit to and deliver on this responsibility. This can be due to the pressurised environment in which many staff work and the demands placed on them. The knock-on effect can be the creation of work environments where it is difficult to do our best job.

The level of harm reported in the Irish health service is comparable to other developed countries (approximately 12%). However, there is considerable room for improvement. Similarly, while the interactions of most people are positive, a minority report a negative experience.

Our purpose, in the National QI Team, is to work with people who use our services, delivery organisations and frontline teams to support and enable lasting improvements across our health service. In this strategic approach, we present our goals and strategic objectives for the next five years. We aim to set out how we will:

- share our experience, knowledge and skills to support people to innovate and sustainably improve quality of care and practice, and
- support a co-ordinated and prioritised approach to improvement work within the Office of the Chief Clinical Officer (CCO). Our goals align with the overarching priorities of the Office of the CCO's for the period 2020 - 2022. Those goals are improving the patient experience, improving clinical expertise and improvement and assurance.

2. Putting QI at the centre of our health service

The expanding demand for services, increasing complexity, raised expectations and new treatments absorb spending and other precious resources. We rooted our planned approach to improvement in an appreciation of the challenging environment you deliver services in.

We will use this plan as we work with you, to support you in your role in effectively improving quality. For this strategic approach to be successful, we will need support from leadership at all levels of our health service. This support includes:

Figure 4: Organisational commitment for QI

3. Our vision and mission

Having a clear vision and mission for the future is important. It helps focus our energy and it keeps us on track. As staff working in the Health Service Executive, our vision is…

Figure 5: Our vision and mission

Our vision is one where quality, and its measurement, is central to health service delivery. Our work will support our services commitment to meeting the National Standards for Better Safer Healthcare and Sláintecare priorities.

Every member of staff in the health services must have the skills to drive improvement, efficiency and eliminate waste. We must all understand that waste in one area reduces our ability to fund vital services in another. We see the National QI Team as part of a QI network. We will create a network of alumni of QI trained people to support each other in continuing to improve service delivery.

We want all local organisations to have access to their data in formats that support learning and drive improvement. In working with the delivery system and the frontline we will simplify and improve our use of information, mindful of the data burden on the frontline.

We will work together with the delivery system to:

- develop job descriptions and job plans for their staff already trained in QI that enable them to continue improvement work.
- deliver QI programmes to meet their learning needs. This will include developing, coaching and enabling staff to improve their part of the health service.
- continue to promote the use of safety huddles and other methods to enable staff safety awareness.

To achieve our mission we will work across all levels of our health service to champion, partner, demonstrate and enable for sustainable QI.

Figure 6: Achieving our mission

4. The Framework for Improving Quality

The Framework for Improving Quality in Our Health Service (the Framework) (HSE, 2016) shares six drivers of quality improvement. We will use this Framework to underpin all work to deliver on our goals and objectives set out in this strategic approach and to underpin the Patient Safety Strategy and our work to promote Sláintecare. You and your team can use the Framework to influence and orientate the planning and delivery of quality care.

A culture of person-centredness is the foundation of the Framework. Person-centredness is central to continuous quality improvement. It applies to every person, whether they use or provide the service. We need to work using all six drivers to create an environment and culture where quality and safety can thrive.

The six drivers for improving quality are:

1. leadership for quality,
2. person and family engagement,
3. staff engagement,
4. use of improvement methods,
5. measurement for quality, and
6. governance for quality.

Figure 7: Extract Framework for Improving Quality in Our Health Service

The Framework has been tested with many health services. The findings showed positive benefits, learning and recommendations which support our future work.

5. Principles underpinning our work

Our work is underpinned by ten core principles:

1. We embrace and foster the HSE values of care, compassion, trust and learning.
2. We commit to a person centred approach and respectful collaboration with all services within the health service.
3. We believe that partnering with people who work in and use our health service is vital to all our work.
4. We strive to improve care, improve efficiency and reduce waste.
5. We apply the six drivers of the Framework to support the achievement of a culture of person centred quality care and practice to facilitate sustained improvement.
6. In encouraging upstream strategic thinking we support efforts to drive disease prevention, the promotion of health and partnering with communities to tackle the key health determinants.
7. We organise ourselves in a flexible manner to respond effectively to agreed priorities.
8. We commit to transparency and an evidence-based approach in all our work.
9. The impact of inequality on healthcare access and health outcome informs our work.
10. We commit to placing sustainability at the core of what we do.

What works to improve quality? (The Kings Fund, 2019)

The Kings Fund published a comprehensive review of the literature on what works to improve the quality of care. The document called 'Making the case for Quality Improvement", points to several key messages:

- **At a time when all health care systems are struggling to meet demand with existing resources, it is imperative to focus on quality improvement to achieve better value care.**
- **Leadership need to put QI at the centre of all that they do.**
- **Seek to reduce unwarranted variation and apply QI consistently and systematically across the whole system.**

The literature points clearly to 10 key lessons for quality improvement:

1. **Relationships and culture are critical.**
2. **Enable all staff to use QI to improve their work - free some staff time, train them.**
3. **Involve people using our services - they identify problems and solutions.**
4. **Work as a system - learn across organisations, share knowledge, work together.**
5. **Make QI a priority for boards.**
6. **QI must be seen as a responsibility for leaders at all levels.**
7. **Don't look for quick fixes or magic bullets - it takes time.**
8. **Develop skills and capabilities.**
9. **Have a consistent proven method for pursuing QI.**
10. **Use data effectively - avoid excess data burden and targets that are gamed.**

Figure 8: What works to improve quality?

6. Key recent achievements in Quality Improvement

There have been hundreds of highly innovative and successful improvement initiatives presented around the country at Hospital group, Hospital, National Ambulance Service and CHO quality days.

Pressure Ulcers to Zero (PUTZ) Collaborative:

- Phase 1 (2014): 21 Teams - 73% reduction
- Phase 2 (2015): 26 Teams - 49% reduction
- Phase 3 (2017 -2018): 23 teams - 67.5% reduction

VTE Collaborative

Over third increase in appropriate blood clot prevention

(from median 61% to 81%)

Medication safety

Intensive training course provided to 100 acute hospital staff.

Know check ask medication safety campaign

Decontamination Programme

26 acute decontamination teams, 2 primary care dental, QI masterclasses to 420 participants

Board on board projects

Mater, Temple St, Children's Health Ireland and HSE Directorate

CHO Quality and Safety Committee development.

Quality and Safety Walk-rounds

Clinical Directorate Team

Leadership Development - 3 cohorts, 96 participants

QI Talktime

Twice-monthly improvement webinars

Clinical Microsystems Collaboratives

RCSI Hospital Group, Dublin Mid Leinster Hospital Group

Frontline staff in busy Emergency Departments trained in QI and all staff led significant care improvements

Enhancing Cultures of Person Centredness

18 hospitals, programmes in 2017 and seven programmes in 2018 - 2019

Global Health

National QI partnership to promote QI with the Ministry of Health Mozambique and with the Ministry of Health Ethiopia

Clinical audit training to 1,858 staff in 3 years

National clinical audits and QI programmes (major trauma, ICU, hip fracture, orthopaedics hospital mortality, GI endoscopy, radiology and histopathology)

Staff Engagement

Schwartz Rounds - 26 teams

Leadership skills for Engaging Staff in QI Toolkit

Over 1,500 staff participated in learning sessions

Partnering with People who use Health Services

Established Patients for Patient Safety Ireland and the National Patient Forum.

Recruited 61 members for the National Patient Representative Panel.

Facilitate the Networking Group for Patient Liaison and Quality and Patient Safety staff

HSE/RCPI Diploma in Leadership and Quality in Healthcare (489 People - 183 Projects).

Examples of work done as part of this training programme:

- Decrease waiting time for lung cancer surgery to < 30 days from referral (previously some patients waiting > 75days)
- Reduction in broad spectrum antibiotic use from 45% to 16.8% in Out of Hour GP co-operative in Cork
- Frail older person care pathway redesign. Median length of stay reduced from 12.6 days to 9.7 days yearly saving €3 million
- Reduced the waiting times for access to pulmonary rehabilitation service from 22.4 months to 4.3 months

Figure 9: Key recent achievements in Quality Improvement

7. Our aims for supporting improvement in our health service

Our learning and experience of improvement projects and programmes within the Irish and international health services informs our aim to support sustainable quality improvements.

Our commitment:

- We will partner with people who use and work in our health services to achieve measurable and lasting improvements in quality.
- We will proactively enable a culture of person centredness. This is essential to continually improve the quality of care, practice and experience.
- We will promote learning and development.
- We will make connections between those trained in QI, research and continual evaluation of improvement work.

The National QI Team have seven programmes of work to achieve these aims. We will deliver on these programmes through the combined work of the National QI Team. This work will include QI projects, initiatives, events, networks, campaigns and learning sessions.

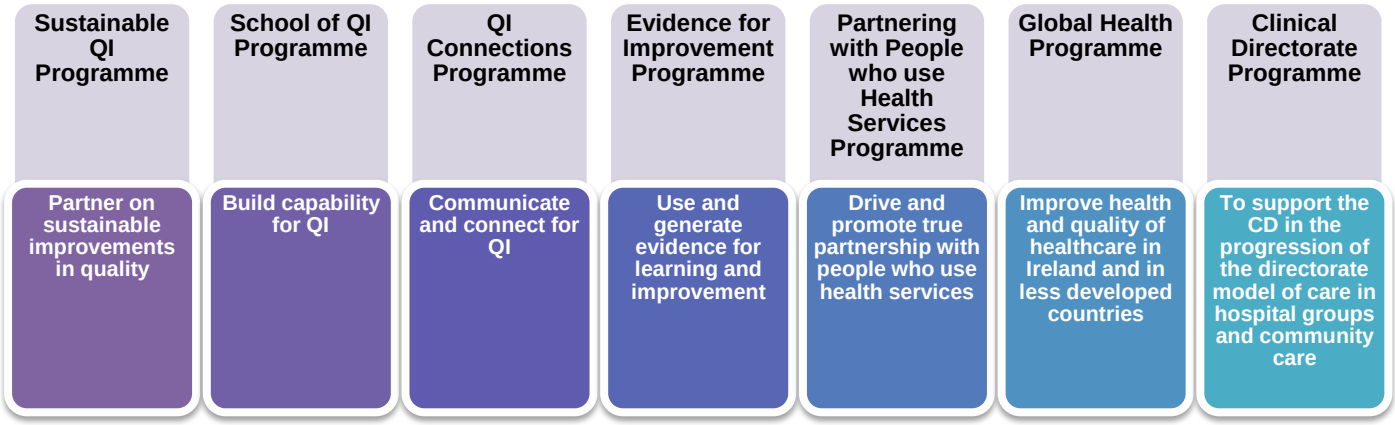


Figure 10: Our objectives and our programmes of work

8. Support to the health service in times of challenge

The skills of the team mean we have and continue to play a role in strategic support for emerging issues. We have responded with significant commitment to several high priority needs. The National QI Team has a track record of working with other teams and divisions when significant challenges have presented:

1. Our work with the Social Care Division post the Aras Attracta Prime Time programme, led to a QI approach being developed in partnership with social care and a joint QI/Social care team being formed to support Intellectual disability services across the country. This led to significant improvement in HIQA inspection outcomes.

2. As part of the recent organisational response to the cervical check review, we provided a team to work with staff to manage the process of cytology review being conducted through the Royal College of Obstetricians and Gynaecologists (UK).

9. Our programmes of work

In the following section, we share the purpose, approach and key processes for the seven key programmes of work:

1. Sustainable QI Programme (our central support to the patient safety strategy)
2. School of QI Programme
3. QI Connections Programme
4. Evidence for Improvement Programme
5. Partnering with People who use Health Services Programme
6. Global Health Programme
7. Clinical Directorate Programme.

In addition to the above areas, the National QI Team also provides support for emerging organisational issues. The work of the National QI Team is often strategic in nature. We proactively work to support the needs of the health service focused on improvement.

9.1. Sustainable QI Programme

Lead: Ms. Maria Lordan Dunphy

Purpose

Enable a culture of improvement by supporting sustainable QI work within the Irish health service.

Approach

We will achieve this through on-going engagement and partnerships with health services, communities and national agencies. We will co-design and provide support to apply sustainable improvements. We will target five agreed priority projects. They are

Figure 11: Five key safety issues

We recognise these priority projects as key to improving safety issues across all health settings. The HSE Patient Safety Strategy and the Sláintecare implementation plan will be central to this work. Our aim is to support staff trained in QI to utilise their skills to systematically integrate quality and safety into their daily work and to advance large scale improvement. We will use varied approaches to connect people across the country and internationally. This will include QI collaboratives, QI learning sets, site visits, masterclasses and webinars. This programme will continue to use the best methods together to achieve quality improvement.

We will also provide advice on using a QI methodology and toolkit. The purpose of this is to enable organisations, in particular middle managers, to support staff and develop an organisational approach to QI.

Key processes (actions)

1. Deliver and evaluate outcomes of the QI partnerships to achieve improvement across the five priority areas. Examples include collaboratives and learning sets with multidisciplinary teams.

2. Create and support learning networks to enable services to share and spread good practice in priority areas leading to sustainable improvement.

3. Support people who enable frontline staff to deliver improvement to further develop skills to support and spread QI. Examples include coaching skills or sustainability masterclasses for staff (line managers, heads of department, quality and patient safety leads, nurse managers and others).

4. Develop a suite of QI Tools to support services. An example of this is a QI Toolkit to support an organisational approach to implementing The Framework for Improving Quality (HSE, 2016). This will provide practical information on QI interventions and assist services when implementing the six drivers of the Framework.

9.2. School of QI Programme

Lead: Dr. Mary Browne

Purpose

Enable a culture of learning and development that is person centred and inspires individuals, teams and services to make a positive difference across our health service.

Approach

We will partner with people who use and deliver services to develop a culture of improvement, innovation and continual learning. We will provide and commission QI learning and development opportunities. In all our work we will engage with key stakeholders including people who use and deliver health services, colleges and academic bodies and the many educators and advocates working within our services.

Key processes (actions)

1. **Support all staff to have up to date improvement knowledge and skills which they can use in their day to day work.**
    - Provide tailored programmes of learning with services to meet improvement needs. This includes staff, patients, service users and health services leadership (executive and board).
    - Partner with academic bodies to provide education programmes to support the continual development of individual and team skills on their improvement pathway. Make online QI learning and development resources accessible to all.
    - Provide individuals and services with on-going coaching and mentoring to support them to sustain QI.
2. **Engage with champions, facilitators and educators to support the development of a culture that is person centred and seeks to continually improve and innovate.**
    - Partner with academic bodies to strengthen the improvement content of their under and postgraduate programmes.
    - Provide opportunities to share learning and celebrate achievements across our services.
3. **Align, influence and integrate the School of QI learning programmes with other HSE programmes that build quality, safety and leadership capability**
    - Engage with our colleagues to establish the necessary arrangements to support alignment and integration.
    - Engage with academic bodies, national and international QI leaders:
        - to share learning on current thinking and practice,
        - to advise on the direction and approach to building sustainable improvement capability within the health service, and
        - to support the organisation to understand the alignment and differences between existing programmes, resources and methods to help people maximise engagement with the right intervention, at the right time.

9.3. QI Connections Programme

Lead: Dr. Maureen Flynn

Purpose

Help people to communicate, connect, collaborate and network to further QI development and learning. This will help sustain the improvement work of those interested in and trained in QI.

Communication and networks play many roles in health services improvement. Networks may benefit people who use and deliver services, commissioners, regulators and policy makers. They are a way to:

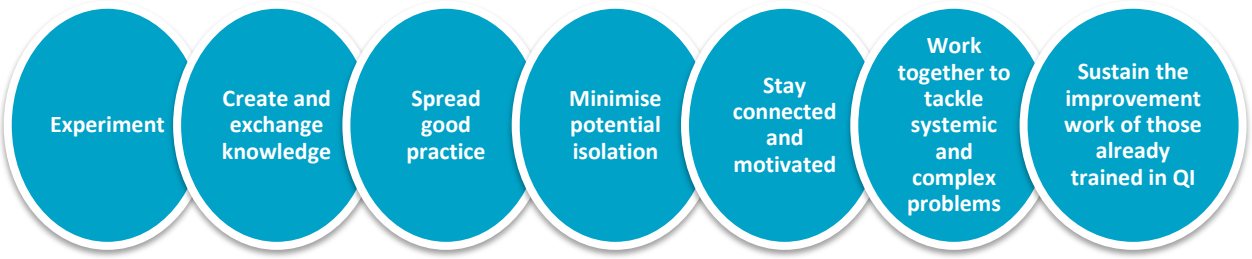


Figure 12: Why are networks important?

Approach

We will use an inclusive, innovative and collaborative approach to underpin our work.

Key processes (actions)

1. **QI Talktime (a fortnightly webinar on QI related topics)**
   - Provide QI Talk Time webinar series.
   - Plan roadshow events.
   - Share access to resources that connect people interested in QI across healthcare.

2. **QI communications**
   - Develop communications that are accessible, engaging and create opportunities for knowledge sharing.
   - Enhance awareness of available QI resources and programmes.
   - Facilitate ongoing development of the National QI Team's communications capacity and capability.

3. **QI networks and communities of practice**
   - Map QI networks for connecting and supporting those with an interest in or already trained in QI.
   - Identify and achieve a greater level of connection across existing and emerging networks.
   - Test approaches to supporting QI network development and exchanges. An example of this is connecting graduates of the School of QI.
   - Test and support the creation of communities of practice by connecting members of the National QI Team's sustainable QI projects.

4. **Schwartz Rounds (a structured process for staff to share the emotional impact of their work)**
   - Learn from the recent evaluation and initial rollout of Schwartz Rounds. This work is a collaboration with The Point of Care Foundation.

9.4. Evidence for Improvement Programme

Lead: Dr. Jennifer Martin

Purpose

Support the use of evidence to identify opportunities for improvement and measure and evaluate the impact of QI initiatives. Promote measurement for improvement approaches to using our data.

Approach

We will focus on championing and promoting the use of evidence to demonstrate when QI initiatives are needed and their impact. We will support others to develop their capability to use evidence to do this.

Key processes (actions)

1. Design, test and make widely available measurement tools and techniques to support staff in using measurement for improvement to produce and analyse data in a meaningful way. This includes the development of resources such as guidance notes, run charts and statistical process control templates and funnel plots.

2. Embed effective analysis, display and use of information at all levels from frontline to national level. This will help identify the need for, and impact of improvement initiatives, through:
    a. the development of an online interactive quality profile dashboard in QlikSense. This will provide organisations with access to key quality indicators analysed using measurement for improvement techniques.
    b. partnering with teams/programmes to support them embed measurement for improvement in how their organisation oversees and improves quality.
    c. coaching staff who have a role as measurement lead for improvement projects or organisational lead for quality information.

3. Support staff to build knowledge and skills in measurement for improvement through facilitating training programmes and masterclasses and making a purposefully designed measurement curriculum easily accessible.

4. Develop an online QI Evidence Hub for improvers with access to relevant evidence from Ireland and abroad on what QI initiatives work and why.

5. Develop a systematic approach to evaluation of National QI Teamwork to identify which initiatives work. This will help ensure that future QI work (by National QI Team and throughout the system) delivers value improvements in care and costs.

6. Work in partnership with health service improvers and academics, to contribute to improvement science evidence base and support QI research.

9.5. Partnering with People who use Health Services Programme

Lead: Greg Price

9.5.1. Partnering with people who use health services

Purpose

Drive and promote true partnership with people who use health services. A true partnership involves engaging people from the start in the planning, design and delivery of services. It involves supporting, mentoring them and valuing their input.

Approach

We believe that partnering with patients and families is the right thing to do. We believe it is an approach to care that shows respect and value for patient and family insights and experience. It also encourages patients and families to take an active role in their care.

The primary purpose of the Partnering with People who use Health Services Programme is to espouse true partnership approaches with patients and families in all areas of service delivery. This begins at the first point of care through the planning, design, delivery and evaluation of care and continues to include decision making at the highest level. This engagement can also bring new, innovative approaches and offer unique perspectives to decisions about:

- patients own health and treatment,
- the design of care processes in their local health organisations,
- policy decisions that shape the healthcare system,
- improvements in care quality and accountability in the system, and
- community participation in integrated service delivery on key health determinants.

Partnering with People who use Health Services is enabled and promoted through each National QI Team programme of work. It is also supported from the expertise within the Partnering with People who use Health Services Programme.

Key processes (actions)

- Support patient representatives as members of the National QI Management Team.
- Provide guidance, support and advice on partnering with people who use health services.
- Further develop online resources.
- Support and promote Patients for Patient Safety Ireland (PFPSI), National Patient Forum and National Patient Representative Panel.
- Further develop networking opportunities for staff who work on partnering with people who use health services.
- Embed partnering with people who use health services in all QI programmes.
- Network with international colleagues to share examples of best practice and learning resources.
- Manage service level agreement with Sage Advocacy and Supporters of Unique Narcolepsy Disorder (SOUND).
- Manage reimbursement of expenses to patients with narcolepsy.

9.5.2. Open disclosure

Purpose

To build the capacity and capability of HSE staff and services to improve the implementation and practice of Open Disclosure for all patients, clients and service users.

Key processes (actions)

- Work in collaboration with patients, patient representatives, staff, organisations and external stakeholders.
- Provide support and guidance to frontline services.
- To enhance training capacity in the HSE by providing a train the trainer programme and support leads and trainers across the system.
- Support the implementation of relevant legislation.
- Develop resources to support patients, staff, trainers and organisations in the implementation of the national policy, develop e-learning programmes, webinars and targeted training to respond to training needs of staff.
- Provide reports about performance across the system.
- Gain feedback from patients and families regarding their experience of the open disclosure process.

9.5.3. Assisted decision making, Consent, and Human Rights Policy and legislation

Purpose

To build the capacity and capability of HSE staff and services to achieve compliance with the HSE National Consent Policy, the Assisted Decision Making (Capacity) Act 2015, Part 3 of the Disability Act 2005 and the Irish Human Rights and Equality Act 2014.

Key processes (actions)

Work in collaboration with key stakeholders. These include service users and patients, staff, representative groups, families and advocates, organisations and external stakeholders.

In the areas of consent, assisted decision making and human rights policy and legislation provide:

- standardised support and guidance to frontline services,
- a standardised national training and education programme,
- standardised national resources to enhance compliance with relevant policies and legislation, and
- evidence about performance across the system.

9.6. Global Health Programme

Lead: Dr. David Weakliam

Purpose

Develop a global approach by Irish healthcare services to improve the health and quality of healthcare in Ireland and less developed countries.

Approach

We will engage with staff across the health service:

- to build their skills, and
- to collaborate with other Irish and international organisations.

We will link with Irish Aid and the Department of Health. We will also work in partnership with health services in low and middle-income countries.

Key processes (actions)

- Build capacity and strengthen health services and systems through partnerships with low and middle-income countries.
- Contribute to humanitarian action in other countries as part of Ireland's response to global health crises.
- Strengthen Ireland's health security through global health emergency preparedness and response. This involves taking action both in Ireland and in affected countries.
- Strengthen the Irish healthcare services through reciprocal benefits from global engagement and working with less developed countries.

9.7. Clinical Directorate Programme

Lead: Dr. Ethel Ryan

The purpose

Improve the quality of healthcare delivered to patients by developing a Clinical Directorate model. Support the Clinical Director (CD) in their role.

Approach

There is a relationship between clinical leadership in hospitals and hospital group and hospital performance and clinical outcomes. To influence this positively, we will:

- work with the Clinical Directors to support them to implement the Clinical Directorate model
- engage with relevant stakeholders in Hospital Groups and CHOs. This includes hospital management teams and community based clinical teams.

Key processes (actions)

1. We will develop both clinical leadership and directorate structures to assist the implementation of the CD role. We will do this by working through the CCO office in collaboration with key senior leaders in the HSE. These include Executive Clinical Directors (ECD), Chief Clinical Directors (CCDs), Clinical Directors (CDs), National Clinical Advisors and Group Leads (NCAGLs) and external partners for example, the Irish Postgraduate Training Bodies (Royal College of Physicians Ireland (RCPI), Royal College of Surgeons Ireland (RCSI).

2. At an operational level the CD Programme will work to support the CD in their role through:
    a. Masterclasses/workshops to provide networking and training opportunities. These will be with international, national and international quality experts promoting best practice.
    b. Provision of a CD and multidisciplinary team (MDT) training course that includes leadership skills and QI methods. A key focus will be to enhance networks between the CD and MDT to improve delivery of patient care through the directorate model.
    c. Develop and provide a CD Executive Skills course for CDs and consultants who aspire to leadership roles. This will support them to develop the Clinical Directorate model of care. Content will include human resources, finance, leadership skills and QI methods. This programme will extend to acute hospital clinical leaders and mental health services.

    The CD program offers a unique opportunity:
    - to gather senior clinical leaders together, and
    - provide a platform for networking across boundaries in an educational setting.

3. Foster and develop leadership across the board in all trainee doctors. We will do this by reconvening the CD Steering Group (Joint HSE/Forum of Irish Postgraduate Training Bodies) in conjunction with the National Doctors Training and Planning Unit (NDTP).

10. What we will achieve

In our engagement with services, we asked: "What can we achieve together?". Collectively these programmes have agreed expected outcomes for:

1. People who use health services
2. People who deliver health services
3. Health service organisations
4. The health system.

We identified the following outcomes for this work.

Figure 13: Outcomes for this work

On the following pages, you will see the key outcomes we have identified for each individual programme of work for the period 2020 - 2024.

10.1. Key outcomes for our work

Partnering with People who use Health Services Programme

Partnering with people who use health services

1. Building collaborative relationships between people who use and deliver health services.
2. Partnering with people who use health services embedded in the culture of organisations.
3. The health system is more responsive to the needs of people who use health services:
    - Opportunities for people who use health services to partner with healthcare staff in the planning, design and delivery of services.
    - Resources are used where they are needed most and will make the most impact on people who use health services.
    - Health services are planned and designed around patient needs and are more person centred.
4. The health system will enjoy improved trust and confidence in the health system.

Open disclosure (as above and…)

5. People who use health services:
    - Improved experience of communication, reduced fear and anxiety, improved recovery and improved patient safety.
6. People who deliver health services:
    - A culture of open communication at all levels of the organisation.
    - Increased accountability in our health system.

Assisted decision making, Consent, and Human Rights Policy and legislation (as above and…)

7. For people who use health services: greater autonomy, improved decision making, improved health outcomes and reduced risk from non-compliance.
8. For people who deliver health services: greater collaboration, improved health service delivery, improved health outcomes and reduced risk from non-compliance.

Evidence for Improvement Programme

1. People who work in our services see the relevance and are confident to produce and analyse data in a meaningful way.
2. Evidence generated from QI work will support learning and improvement.
3. Collaborations with academic partners and organisations to produce QI research.

Sustainable QI Programme

1. Priority areas of falls, pressure ulcers, early warning score and medication safety.
    - Strengthen relationships with effective partnership approaches to reduce harm.
    - Improve the experience of care across the priority areas.
2. Priority area of governance:
    - Evidence of collective leadership and a person-centred continuous quality improvement culture in organisations that govern for QI.
3. Reductions at scale in key outcome measures, for example, a reduction in the numbers of adverse events (falls, pressure ulcers).
4. Maintain and make available a repository of tools, case studies, templates and materials for training and education to any person or health service wishing to apply sustainable and continuous QI.

QI Connections Programme

1. Establish open access platforms for Quality Improvers to facilitate greater connectivity and sharing of learning with a focus on:
    - An active QI network /community of practice where those interested and /or trained in QI are communicating, sharing information, and learning new ideas in the area of quality.
    - Firm and accessible coalitions with international networks for improvement e.g. Q Community, IHI network.
    - Further development of the QI TalkTime Webinar service.
    - Increased online activity via twitter/website platforms to make QI information available.

School of QI Programme

1. A suite of QI Learning programmes available for people who use and deliver our health services.
2. An increased number of people who work in the health service with QI capability and capacity.
3. An Improvement Knowledge and Skills Guide to support individuals and organisations to identify and address their learning needs.
4. Fully trained QI staff/faculty (blended expertise).
5. A national function with base and geographical mobile facilities.

Global Health Programme

1. People who use health services
    - People who use health services will receive improved quality of care. This is through reciprocal learning by Irish healthcare institutions working with other countries.
    - People (non-Irish nationals) receive more culturally appropriate health care.

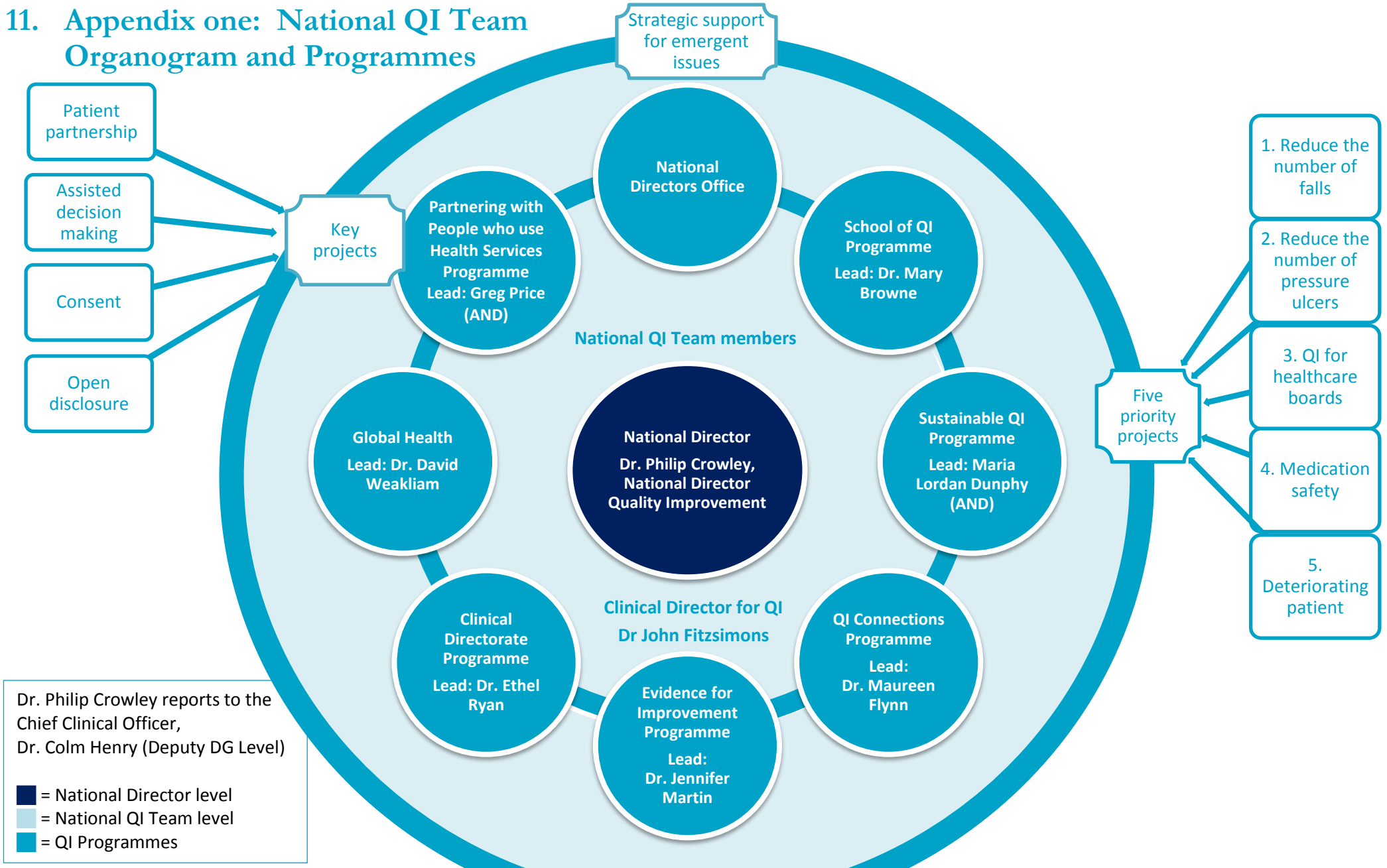
2. People who deliver health services
    - People trained in global health will be more competent in providing inclusive, culturally sensitive health care.
    - People engaged in global health projects demonstrate increased leadership, innovation and quality in their work.

3. Organisational benefits
    - Improved organisation, quality and efficiency of health services through learning from less developed countries.
    - More globally-oriented health system, with better mitigation and preparedness for responding to global health threats.
    - Better management of outward and inward migration of health professionals.
    - Effective contribution to health systems strengthening in low-income countries, towards:
        - fulfilment of Government's International Development Policy, and
        - commitment to the Sustainable Development Goals.

Clinical Directorate Programme

1. Continue to support Clinical Directorate model development nationally with site visits, masterclasses, workshops and bespoke programmes.
2. Support the development and the progression of clinical governance with the Hospital Groups, CEOs CHOs as required.
3. Successful tender and delivery of the CD Executive Skills programme 2020 - 2023.
4. Develop an online Clinical Director networking forum to facilitate networking and online 'think tanks' outside the CD Executive Skills programme.
5. Develop an online database of CDs and ECDs who have completed the CD programme.
6. Continue to support the senior Clinical Fora, e.g. the Chief CD Forum and the Executive CD Forum, as required.

11. Appendix one: National QI Team Organogram and Programmes



12. Appendix two: National QI Team Logic Model

National QI Vision: To support and enable more person centred, effective and safe health services and better health and wellbeing for people who use our services. This is achieved by partnering with people who deliver and use our health and social care services, using communication, collaboration, leadership and systems thinking approaches.

Monitoring and evaluation: Self-evaluation and independent evaluations, performance reporting, KPIs, service plans

Situation Analysis

- Health service priorities driven by incidents rather than a focus on improvement
- Fragmented services and staff shortages limiting capacity for partnership, collaboration and QI training
- There are varying degrees of patient engagement
- Limited number of staff with skills and expertise in QI
- Staff survey shows we need to ensure they can make improvements in their own work environment
- Limited staff time to undertake QI
- Sustainability and spread of successful QI initiatives limited
- Gaps in governance, leadership and resources for QI
- Health services not linked to untapped community capacity to act on health determinants

National QI Team

- National QI Team supporting integrated approach to QI
- National QI Team newly constructed with new strategy
- Huge demand but limited capacity for National QI Team to respond to needs
- Limited data to evidence impact and cost-effectiveness of QI

Inputs

National QI

- National QI Team knowledge, skills and experience
- Framework for Improving Quality
- National QI Team self-evaluation framework
- QI tools and resources

Key HSE stakeholders and partners

- Acute and community health services
- Health and social care professionals
- HSE Board
- HSE leadership and EMT
- Office of the CIO
- Office of CCO
- Communications
- HR, Finance

Key external stakeholders and partners

- Department of Health
- Colleges and academic bodies / institutions
- QI educators and advocates
- Professional leadership groups
- Patient advocacy groups
- QPS groups
- External experts
- International colleagues
- Regulatory bodies, e.g. HIQA
- Unions / IR
- SLAs with contractors incl. RCPI
- Communities of practice

Infrastructure / Other

- ICT platforms and software
- Data systems and sources
- E-learning

Actions / Outputs

Making connections and building networks

- Connect and partner with people across the system
- Use and support networks and communities of practice to spread QI and sustain those already trained in QI
- Set up and support patient engagement groups and campaigns
- Promote access to QI supports and resources for a wider range of staff

Deliver education and learning supports

- Co-design, test and share a suite of accessible and user-friendly QI resources and tools, making use of service user and staff experience and knowledge
- Commission, co-design and provide learning and development opportunities
- Develop a QI competency framework / curriculum
- Deliver 'QITalktime' webinar services
- Use online platforms to share QI learning resources
- Support teams using face-to-face interactions and current/new technologies (e.g. QI project clinics)

Develop and deliver sustainable QI projects

- Coordinate and programme manage priority QI projects - falls, medication safety, governance, PUTZ,
- Co-design and support implementation of QI projects, including standardisation of norms and processes, e.g. EWS
- Provide opportunities for a wide range of staff to get involved in QI projects

Support use of evidence for QI

- Enable and support teams from frontline to national level to produce and analyse data in a meaningful way
- Generate evidence from National QI work to support learning and improvement
- Synthesise and make readily available online t international evidence on QI
- Collaborate to produce QI research

Communication and dissemination

- Develop a communications strategy to raise awareness and co-ordinate information sharing
- Develop user-friendly internal and external QI communication forums
- Embark on communication and awareness campaigns bout QI and initiatives / events

Develop and improve NQI Team actions

- Establish National QI Team governance structures, systems and processes

Short-term outcomes

People who use our services

- Enhanced awareness of QI initiatives
- Improved engagement with the development and delivery of QI initiatives

People who deliver our services

- Increased proportion of staff trained in QI
- Increased staff knowledge and competencies in QI
- Improved engagement with priority QI initiatives
- Increased delivery of high quality care

Organisational

- Improved governance and implementation structures for QI
- Better use of data and measurement to inform service development and to evaluate QI initiatives
- Better identification of opportunities for improvement
- Improved visibility and supports for QI
- Improved inter-dependence between and within teams
- Engagement with patients

System level

- Improved awareness of QI to support healthcare quality
- Improved QI leadership
- Improved connections and more spaces for sharing learning across networks
- Greater demand for QI learning and development
- Better co-ordination and alignment of QI learning and development
- Improved access to evidence to support improvement initiatives
- Greater use of and access to National QI tools

Long-term outcomes

People who use our services

- Better experience
- Improved outcomes
- Reduced harm
- Greater participation
- Improved trust in the health system

People who deliver our services

- Increased capacity, capability and confidence to use QI
- Improved collaboration and team work
- Opportunities to lead improvements
- Self-supporting QI networks
- Joy and meaning at work

Organisational

- Improved quality, safety and efficiency of services
- QI embedded in strategy and governance systems
- Intelligent use of information and peoples' voices
- A person centred culture of learning and improvement

System level

- Improved care and quality of services
- Collective ownership for QI
- Sustained QI leadership
- Aligned and consistent use of improvement methods
- Greater connectivity and sharing of learning

Evidence: For example internal and external evaluations, staff and service user engagement, after action reviews, case studies, research literature

13. Appendix three: Evidence for a QI approach

The decision to place quality and continuous improvement at the core of an organisation's purpose is a recognised strategy for success in business for over 60 years. Industries have defined themselves through their pursuit of quality. Examples include manufacturing (Toyota), IT (Apple) and transport (aviation). Moving away from inspection alone, these successful industries focused on learning, experimentation and the development of highly reliable processes. There is increasing acceptance and evidence of the benefits of adopting these concepts to meet health service challenges of increasing demand, cost and complexity.

An improvement culture is evident in the success of organisations that have managed significant improvement despite being faced with the same challenges as health (McCaughey, Dalton). The work of Hugh McCaughey (CEO of the Southern Health Care Trust in Northern Ireland and recently appointed National Director of Improvement in the new NHS Executive Group) has shown that a commitment to training all staff in QI science and enabling them to act on their own improvement ideas leads to a significant improvement in service delivery and outcomes (McCaughey, H). The work of David Dalton, as laid out in Salford's Quality Improvement Strategy 2015-2018 sends us a similar message.

Training all staff in QI and committing to collective leadership transforms the efficiency and effectiveness of service delivery (Dalton, D). We know that all areas of health can benefit from the influence of QI thinking, for example in the design and implementation of public health interventions. We are mindful that achieving quality necessitates equity of service provision. When economic deprivation or minority group status prevents people from fully accessing health services, this is a priority for quality improvement. We can increase our commitment to disease prevention through intervening opportunistically when:

- people present to our services (make every contact count) and
- through targeted interventions to promote health and make the healthy choice the easy one.

A strategic approach to quality necessitates commitment across every level of the health service to ensure that there is a constancy of purpose. We also need to pay close attention to quality planning, improvement, assurance and control and the creation of a learning system.

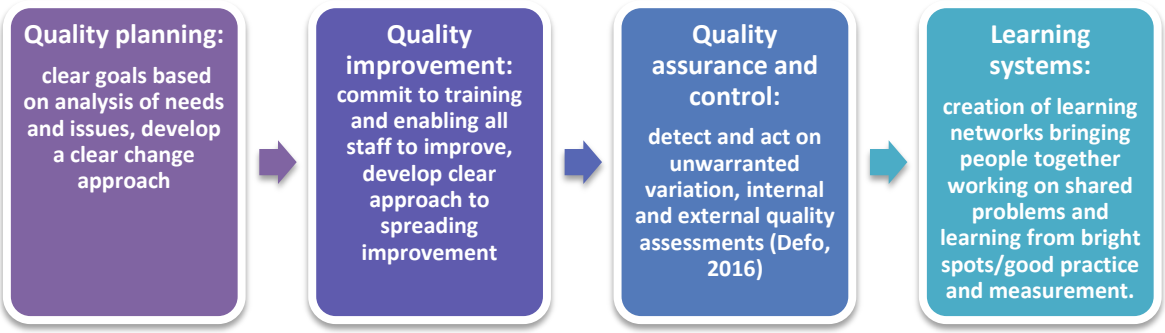


Figure 14: A strategic approach to QI

This is all underpinned by a learning system with measurement using statistical process control charts (SPC) / funnel plots, qualitative measurement and the creation of learning networks bringing people together working on shared problems and learning from bright spots/good practice (Harden, 2019).

A very recent Health Foundation review summarises the evidence on building improvement capability drawing on 15 years experience (The Health Foundation, 2015). The report sets out the enabling factors that contribute to the success of an organisational approach:

i. leadership and governance,
ii. infrastructure and resources,
iii. skills and workforce, and
iv. culture and environment.

A real commitment to partnership with patients and those who use our services is crucial. This leads to measurable improvements in performance. Many other organisations have demonstrated the evidence for this (McCaughey, Dalton).

Globally, many organisations who placed quality and QI as their guiding principle have shared evidence of their success. Several organisations attribute their progress to fostering a culture of continuous improvement to investment in training and developing staff in QI. These include hospital systems such as Cincinnati Children's Hospital, Intermountain in Utah (Bohmer et al, 2002) and Virginia Mason Hospital System in Seattle, Jönköping in Sweden and NHS trusts such as Salford in Manchester (Dalton, D) and the East London Foundation Trust (Shah, 2018)

Internationally many health care systems arrived at the same conclusion to achieve a high level of performance we must: bring quality improvement central to our overall strategic planning, build real partnerships with patients and service users and spread good practice through collaborative methodologies (Canadian Foundation for Healthcare Improvement).

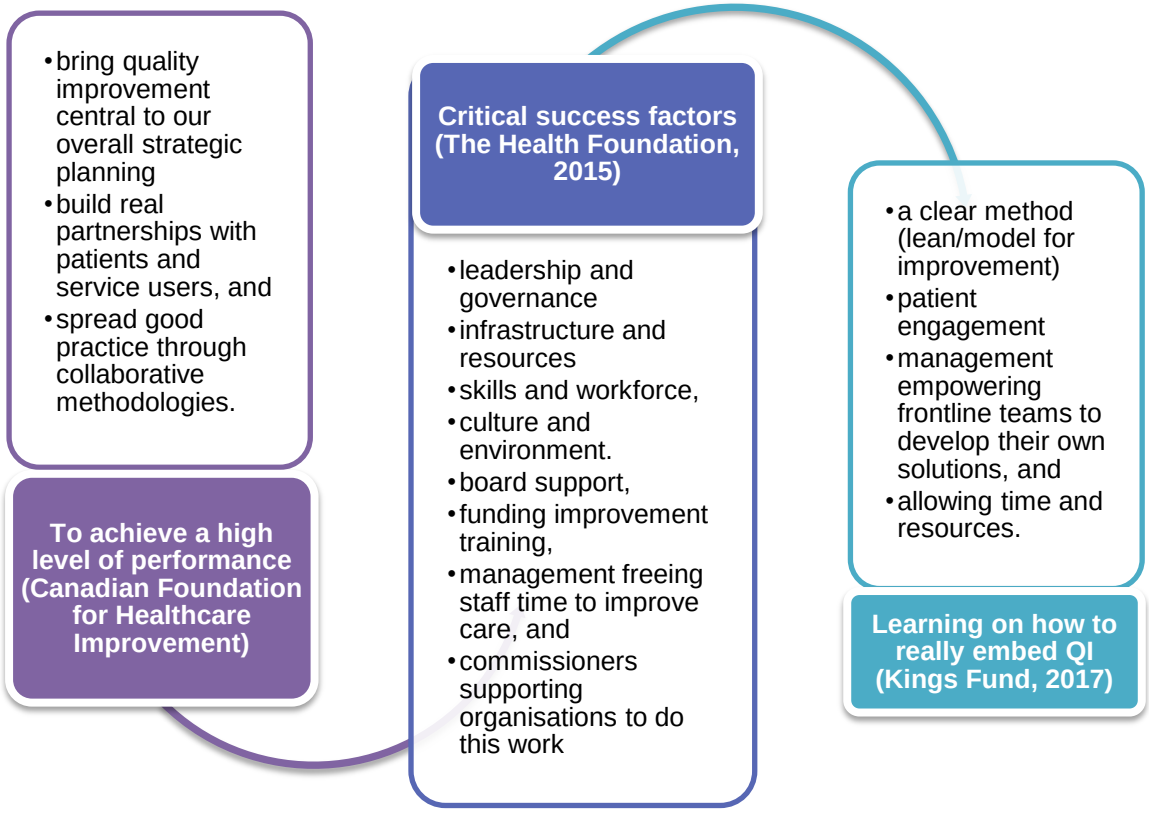


Figure 15: Success factors for QI

NHS Improvement recently committed to building capacity for QI across the NHS (NHS Improvement, 2017). The Health Foundation in the UK reviewed five of the top-performing hospital trusts and found that building QI capability throughout the Trust achieved measurable improvements in performance across the board.

The Health Foundation (2015) found the critical success factors were board support, funding improvement training, management freeing staff time to improve care and commissioners supporting organisations to do this work.

The Institute for Healthcare Improvement in Boston some time ago underlined the importance of establishing oversight and learning systems to drive the achievement of improved care (Institute for Healthcare Improvement).

In 2017, the Kings Fund published a review of their learning on how to embed QI. They found the following were key to success: a clear method (lean/model for improvement), patient engagement, management empowering frontline teams to develop their own solutions and allowing time and resources.

They underlined that QI takes time and represents a culture change in leadership style from problem-solving to enabling change (West et al, 2015). This is reflected in a global recognition that quality must be built into the foundations of all health service development (Kieny et al, 2018).
Central to any health service culture with quality at its core is a commitment to “collective leadership”. Michael West et al reviewed all the published evidence on which leadership approach achieves the best outcomes in health care for the Kings Fund (West et al, 2015). He found that health care delivery has become so complex that any central command and control approach has not been successful. He summarises the considerable evidence base concluding that new approaches to managing frontline staff are required. This includes building staff capacity in QI. It also involves middle management creating opportunities for frontline staff to act on their ideas for improving their part of the care process. This is collective leadership. There is a clear commitment to this in our People Strategy 2019 - 2024.

14. Appendix four: References

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Champion
Partner
Enable
Demonstrate

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