Our World to Outstanding Quality Care
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Vision

To uplift the visibility of nursing and midwifery professions as we move into an Integrated Care System

Inner Core of ICS System Quality

Safe

- Delivering safe care in top quality environments
- Fostering a learning and just culture
- Fostering a culture of safety

Effective

- Delivering evidence based care which is benchmarked nationally
- Delivering recovery focused care and clinical outcomes
- Continuously improving quality

Experienced

- Responsive and accessible services
- Embedding shared decision making
- Co-production at the heart of service development
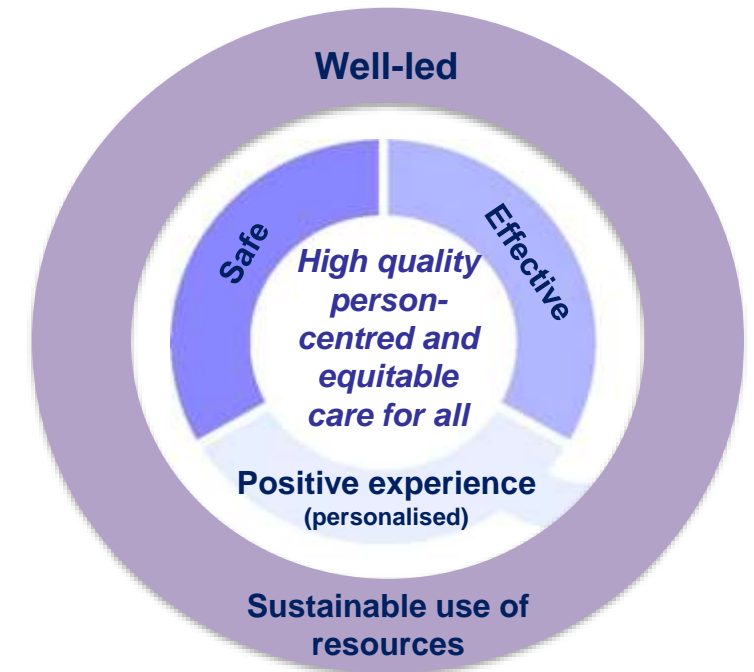
Population Health Management

Approach to Quality Management System

- We must have a consistent approach, using QSM tools that is part of our routine and gives us an opportunity to compare and learn across the organisations until it becomes business as usual (ICS/Place levels)

- It supports reducing unwarranted variation and identifying areas for support or share areas of success (Place level)

- Interventions for improvement lies as close to the services as possible (Place level)

- Encouraging openness and honesty: processes should promote openness and honesty over issues and risks, and the support needed. No surprises

- It triangulates information (soft and hard data intelligence) and direct observation

Quality system

Quality Planning

Quality Management

Quality Assurance

Quality Improvement

The National Quality Board (NQB) definition of quality

Well-led

Safe

Effective

High quality person-centred and equitable care for all

Positive experience (personalised)

Sustainable use of resources

Approach to Quality Management System

Quadruple Quality Aims

- Improving patient experience of care – satisfaction/risk reduction
- Improving health of the population (population heath management/prevention)
- Reduction of workforce burnout- staff well-being & psychological safety
- Risk reduction/management & a learning Culture

Expected Outcomes

- Reveal areas of which interventions could improve care
- Identify variation of care
- Provide evidence about interventions that work best for certain patient under certain circumstances
- Compare the effectiveness of various treatment and procedures to drive research/innovation
- Reduce unnecessary healthcare cost- High quality cost effective care

Embrace Quality Improvement as part of our ways of doing business

Continuous Quality Improvement

Programme of Works- Quality Indicator Metrics

- Prevention Quality Indicators (PQI)
- Inpatient Quality Indicators (IQI)
- Patient Safety Indicators (PSI)
- Paediatric Quality Indicators (PdQI)
- Patient Experience Indicators (PEI)
- Maternity Quality Indicators (MQI)
- Mental Health Quality Indicators (MHQI)
- Community Quality Indicators (CQI)
- Primary Care Quality Indicators (PCQI)

System (ICS) & Place

System (ICS) & Place Measurements (QI)

Seven Top System Outcome Measurements

- Mortality e.g. acute/community/health inequalities
- Safety of care e.g. pressure sores
- Readmissions e.g. Frail and elderly
- Patient Experience e.g. Los vs Pt. satisfaction
- Effectiveness of care e.g. compliance with best practice
- Timeliness of care e.g. RTT
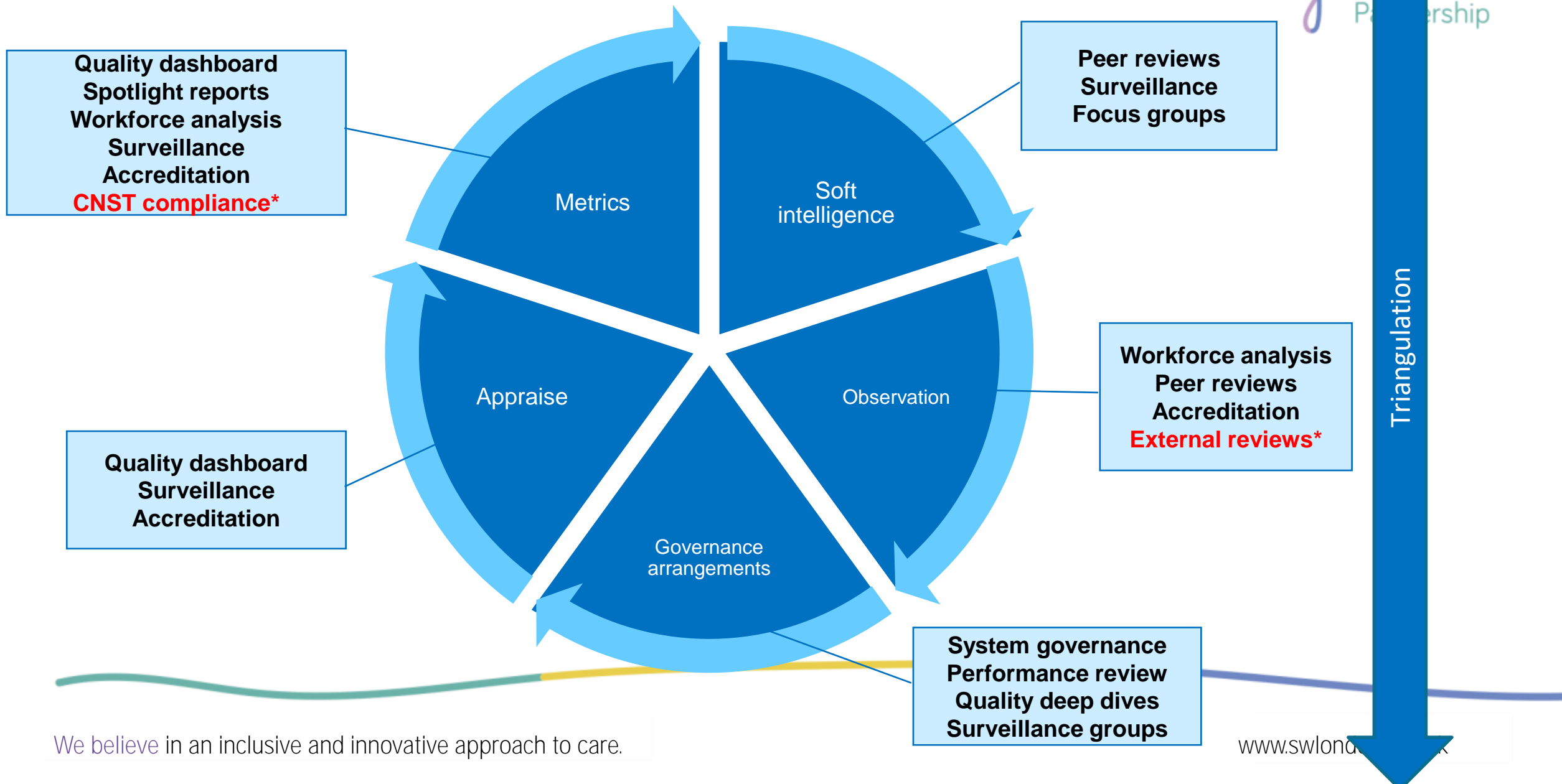- Efficiency of care e.g. use of diagnostic (imaging)
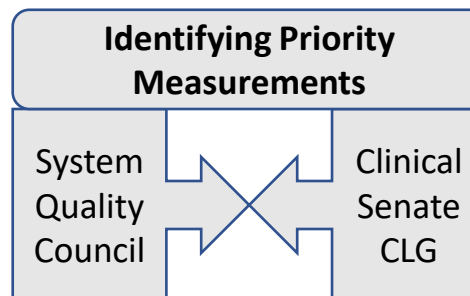
Place Level: Process Measurements

- Medicine management e.g. medication reconciliation
- Performing to patient fall risk assessment
- Using skin assessment tool

Identifying Priority Measurements

| System Quality Council | Clinical Senate CLG |

- The key enabler to QI success is by implementing co-ordinated programmes of work by leveraging our data analytic platforms to improve the accuracy and timeliness of data for informing decision and monitoring performance

- This involves moving from data collect to intelligent use of data surveillance to drive quality improvement.

Continuous Quality Management System- Tool

Quality dashboard
Spotlight reports
Workforce analysis
Surveillance
Accreditation
CNST compliance*

Peer reviews
Surveillance
Focus groups

Metrics

Soft intelligence

Observation

Workforce analysis
Peer reviews
Accreditation
External reviews*

Appraise

Governance arrangements

Quality dashboard
Surveillance
Accreditation

System governance
Performance review
Quality deep dives
Surveillance groups

Triangulation

We believe in an inclusive and innovative approach to care.

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Three Common Barriers to Quality Improvement

- Logistical- Workflow, organisational/clinical process

- Technical- Access to healthcare data:
    - putting information into the right hands
    - at the right time
    - for the right usage

- Cultural- **Integrating change across the system's** (ICS/Place) workflows and sustaining it.

Change Management Transformation programmes

Force Field Analysis

Driving Forces

Restraining Forces

Goal

Workforce

- Multi-skilled
- Recruitment & retention
- International recruitment
- HCA
- The role of allied professional
- Training & development
- Research and Innovation

Multi-disciplinary Clinical Professionals

- Allied Professionals
- Doctors (Medics)
- Midwives
- Nurses
- Support workers

For quality to be embedded and sustained across the system there is a need for a shift of mindset that truly believes in inclusiveness and that recognises that everybody has a role to play as SWL journey to become an outstanding ICS.