

Brief guide: assessing quality improvement in a healthcare provider

Context

CQC inspection teams should always assess the presence and maturity of a quality improvement (QI) approach within a provider organisation.

What do we mean by a ‘QI approach’?

‘Quality improvement’ is not the same as ‘improving quality’. All provider organisations will be making efforts to improve quality, and this can be done in many ways – including planning (resourcing, restructuring, commissioning, training), assurance (periodic checks of quality through audit or inspection), control (continuous monitoring of quality with interventions when necessary).

Quality improvement is the use of a systematic method to involve those closest to the quality issue in discovering solutions to a complex problem. It applies a consistent method and tools, engages people (both staff in clinical/corporate teams and patients/service users/families) more deeply in identifying and testing ideas, and uses measurement to see if changes have led to improvement.

Evidence required

Signs of a mature quality improvement approach across the organisation:

1. Quality strategy available on website and intranet that explicitly mentions quality improvement and sets the organisation’s quality improvement goals.
2. Quality appears to be the priority at the Board from agenda and minutes, with a specific report on quality that is accessible publicly.
3. The Board looks at data as time series analysis, and makes decisions based on an understanding of variation.¹
4. Clear and consistent improvement method for the organisation, and demonstrable across all areas/operations of the organisation.
5. Presence of a central team dedicated to supporting quality improvement, with expertise in the improvement method and tools.
6. Plan for building improvement skills at all levels of the organisation, with a large proportion of the organisation (and at all levels) having developed improvement skills.
7. Structures in place to oversee quality improvement work, with multiple executive directors involved in regular provider-level overview.
8. Robust, regular and local support in place across all areas of the organisation to support teams using QI to solve complex quality issues.
9. Quality improvement work across the organisation demonstrates alignment – projects at team level align with strategic objectives for the organisation.
10. Demonstrable use of measurement on a routine basis to monitor progress of QI work against outcomes and ensure sustained improvement.
11. All Executive team and clinical leaders are able to talk about their role in leading quality improvement, supporting teams in their quality improvement work and

¹ data are presented as run or control charts, instead of bar graphs, pie charts or RAG rated. Narrative analysis describes system quality and performance using terminology of common cause and special cause variation.

Brief guides are a learning resource for CQC inspectors. They provide information, references, links to professional guidance, legal requirements or recognised best practice guidance about particular topics in order to assist inspection teams. They do **not** provide guidance to registered persons about complying with any of the regulations made pursuant to s 20 of the Health and Social Care Act 2008 **nor** are they further indicators of assessment pursuant to s 46 of the Health and Social Care Act 2008.

developing a context and culture within the organisation for quality improvement to occur

12. A majority of staff across multiple areas of the organisation and from a variety of backgrounds are able to talk about the provider's quality improvement approach, how they have been involved and the difference it has made.

Signs of a developing approach to quality improvement across the organisation:

1. A quality strategy that mentions quality improvement.
2. Presence of a central team that leads the provider's quality improvement approach.
3. A small proportion of people across the organisation have been trained in quality improvement methods but there remains a lack of learning options aimed at developing quality improvement skills at scale and pace at all levels of the workforce.
4. Minimal, distant or infrequent support available to teams using QI to solve a quality issue.
5. Evidence of a few teams or projects that have delivered sustainable improvement through the application of quality improvement, but these remain isolated hotspots.
6. A small proportion of people across the organisation are able to describe the provider's quality improvement approach, their involvement in it or the difference it has made.
7. Lack of a single quality improvement method and language across the organisation.

Signs that a quality improvement approach is not present:

1. Absence of quality strategy available on provider's website and intranet.
2. Board agenda and minutes demonstrate prioritisation of finance, performance and other issues over quality.
3. Absence of a clinical leadership role focused on QI across the organisation.
4. People providing care state that the organisation is more focused on money or delivering externally imposed targets than quality of care.
5. Poor level of staff engagement, satisfaction or confidence in their ability to improve care.

Reporting

In the 'Quality improvement, innovation and sustainability' section of 'well-led' in the provider report describe the presence or absence of practical arrangements for supporting quality improvement (the issues covered by points 1-10 in the section above on 'Signs of a mature quality improvement approach across the organisation'). Also, describe the extent to which the culture of the organisation is consistent with points 11 and 12 in the section above on 'Signs of a mature quality improvement approach across the organisation'

Link to regulations

The absence of a visible and consistent, formal quality improvement approach would not in itself be considered a breach of regulations. However, absence of effective systems or processes to assess, monitor and improve the quality and safety of the services provided or to mitigate risks to service users would be a breach of **Regulation 17 (1) (2) (a) (b)**. Failure of provider to evaluate and improve practice in respect of processing the information referred to in paragraphs 17(1) (2) (a) to (e) might be a breach of **Regulation 17 (1) (2) (f)**. CQC should view the presence of a visible and consistent approach to quality improvement as a positive finding. If it is present in an organisation that provides services that we have rated as good or outstanding, it might contribute to a rating of outstanding for well-led at provider level.