



# Quality Improvement in Nursing

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# Chapter 1

## What is quality improvement and why is it important?

*Gillian Janes and Catherine Delves-Yates*

### NMC Future Nurse: Standards of Proficiency for Registered Nurses

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This chapter will address the following platforms and proficiencies:

#### **Platform 1: Being an accountable professional**

- 1.1 understand and act in accordance with the Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates, and fulfil all registration requirements.

#### **Platform 6: Improving safety and quality of care**

- 6.4 demonstrate an understanding of the principles of improvement methodologies, participate in all stages of audit activity and identify appropriate quality improvement strategies.
- 6.6 identify the need to make improvements and proactively respond to potential hazards that may affect the safety of people.

#### **Platform 7: Co-ordinating care**

- 7.2 understand health legislation and current health and social care policies, and the mechanisms involved in influencing policy development and change, differentiating where appropriate between the devolved legislatures of the United Kingdom.

## Chapter aims

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After reading this chapter you should be able to:

- identify **key drivers** for quality improvement in healthcare;
- use **contemporary** quality improvement terminology appropriately;
- understand the role of stakeholders and the importance of engaging them from the start;
- reflect on the nurse's role in and nursing's contribution to quality improvement;
- apply the principles of **innovation** within your practice as a nursing student.

*I just don't understand why the last year of my nursing programme seems to focus so much upon quality improvement. Is it really relevant to my role as a nursing student and then as a newly qualified nurse – surely this information is for managers?*

(Jyothi, 3rd year nursing student)

*I am reading about quality improvement – but there are so many new terms to understand! How can I get to grips with them?*

(Dave, registered nurse)

## Introduction

Quality improvement is a topic that is frequently discussed in relation to many aspects of healthcare. As Jyothi tells us at the start of the chapter, it is also a subject that forms part of the learning in both pre-registration and post-registration nursing programmes. In this chapter we are going to consider why this is the case.

At the moment you may share Jyothi's difficulty in appreciating how quality improvement can be seen as an integral aspect of the knowledge needed to care for people effectively. It could also be that, like Dave, who we also heard from at the start of the chapter, you are struggling to understand the language of quality improvement. To help you build a strong foundation for your quality improvement knowledge, in this chapter we are going to outline the fundamental role quality improvement has in enabling you to deliver the best care possible to service users. Firstly, we will discuss what quality improvement is, and the reasons why it is important in healthcare. We will then consider how it is possible to understand the many new words you will encounter when reading about quality improvements. The importance of not working in isolation when undertaking quality improvement

will be highlighted, and finally we will identify how you can adopt an innovative approach to the care you deliver.

## Quality improvement in context: the strategic agenda

Quality improvement in healthcare is not new, having been propelled in the United Kingdom by various national health and social care policies and initiatives over the last 20–30 years. This is in response to examples of serious clinical performance issues like with children’s heart surgery at the Bristol Royal Infirmary; individual criminal cases and lack of oversight such as that of General Practitioner Harold Shipman; and the public inquiries that followed them. The latter example led to changes to the revalidation of doctors and health professions more widely, signifying a move from self to professional regulation with a focus on safety. Subsequent failings by health organisations and systems, for example in acute services (Francis, 2013), learning disability (Heslop et al, 2013) and maternity services (Ockenden 2022) have continued, however. Meanwhile, national health and social care policies have changed over this time, moving from an emphasis on improving the person centredness of care and developing service user-led services, to quality assurance, to improving service user safety. These changes continue today; for example, the Five Year Forward View (NHS England 2014) outlined three main areas in which the NHS needed to meet the changing needs of the population, one of which was improving the quality of care. This led to the development of sustainability and transformation plans across England to provide more detail on what local changes were needed in all parts of the NHS (Alderwick and Ham, 2017) to make this vision a reality (Ham et al, 2017).

What drives these policies is the need to respond to the societal and scientific changes that continue to result in an increasing demand for more complex and flexible care as well as increased organisational accountability and transparency. This is against the backdrop of an ageing population and increasing public expectations fuelled by advances in science and technology, despite the limited financial resources and serious workforce supply and skills gap facing the healthcare sector (MacDonald, 2020).

But why and how should high level government policy concern nurses? The relevance of quality improvement as a practical concept for busy nurses was highlighted almost two decades ago by the NHS Institute for Innovation and Improvement:

*Every single person is enabled, encouraged and capable to work with others to improve their part of the service.*

(Penny, 2003)

And it remains true today. This assertion, that all staff have a role to play in ensuring that healthcare services continue to improve, was reiterated more recently by The Health Foundation (THF) in *Quality Improvement Made Simple* (2021) and steps have been taken to make this a requirement for all healthcare staff. For example, quality improvement is a core dimension of the NHS Knowledge and Skills Framework (DH, 2004) and is an integral part of the nursing role that explicitly features in many job descriptions. This includes, for example, those for newly qualified practitioners, as employers seek staff who can not only do the job but can also contribute to improving that job for the benefit of service users, colleagues and the wider organisation. It should therefore come as no surprise to you that improvement is the focus of Platform 6 ‘Improving the safety and quality of care’ in the NMC Standards of Proficiency for Registered Nurses (NMC, 2018a).

Hindering progress in improving the quality of NHS services, however, is the lack of a single, coherent national strategy for how to implement improvement (Ham et al, 2016). Thus, while improving the quality of healthcare remains a priority, the implementation of this is feeble (Molloy et al, 2016) and patchy. While healthcare system-wide improvement is required but not often achieved, there are many examples across the NHS of successful, relatively small-scale quality improvement initiatives as illustrated by the Case study later in this chapter. These are often designed and implemented by teams working at the front line and have led to significant benefits for service users and staff, while also delivering better value (Alderwick et al, 2017).

It is therefore important that all nurses are engaged and equipped to undertake small-scale improvements as part of their normal everyday practice. The national improvement framework (NHS Improvement, 2016) goes some way to enabling this by outlining key steps and resources for supporting improvement capability building and leadership development in NHS services. This framework is designed to support the development of knowledge of improvement methods and how to use them at all levels of the NHS. It also emphasises the importance of developing leadership skills alongside improvement knowledge to achieve this. In our experience, the simultaneous development of these two skills is crucial for successful improvement. This explains why you will see that as you progress through these chapters, the key leadership skills associated with each part of the improvement process are also addressed and you are strongly advised to refer to the sister title in the TNP series (Ellis, 2019) to further develop your leadership knowledge. Thus, it is recognised that frontline staff engaged in improvement need to develop the skills required to identify quality problems, carry out tests of change, measure their impact and act on the results (Alderwick et al, 2017). Before going on to explore these skills in more detail, however, we must first define what is meant by quality improvement.

# Key definitions and terminology explained

Quality improvement focuses on

*making healthcare safe, effective, service user-centred, timely, efficient and equitable.*

(THF, 2021, p7)

and involves

*the systematic use of tools and methods to continuously improve quality of care and outcomes for patients.*

(Alderwick et al, 2017, p1)

But what is quality and how is this defined in terms of healthcare? The hugely influential framework proposed by the Institute of Medicine (IOM) Report (2001) identifies six domains of healthcare system quality, which are outlined in Figure 1.1. The acronym TEPEES (Timely, Effective, Person-centred, Efficient, Equitable, Safe) (The Health Foundation, 2021) may help you memorise them.

|                 |   |
|-----------------|---|
| Safe            | <ul style="list-style-type: none"><li>• Avoiding harm to patients from care that is intended to help them.</li></ul>  |
| Effective       | <ul style="list-style-type: none"><li>• Providing services based in scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding overuse and underuse respectively).</li></ul> |
| Patient-centred | <ul style="list-style-type: none"><li>• Providing care that is respectful and responsive to individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions.</li></ul>                          |
| Timely          | <ul style="list-style-type: none"><li>• Reducing waits and sometimes harmful delays for both those who receive and those who give care.</li></ul>   |
| Efficient       | <ul style="list-style-type: none"><li>• Avoiding waste, including waste of equipment, supplies, ideas and energy.</li></ul>   |
| Equitable       | <ul style="list-style-type: none"><li>• Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location and socioeconomic status.</li></ul>                                     |

Figure 1.1 The six domains of healthcare system quality (IOM, 2001)

Do these domains seem familiar to you? They are reflected in the aims of the NHS Constitution (DH, 2009), which include ensuring high quality, free NHS services, value for money for the taxpayer and the values that underpin this, such as a commitment to the quality of care. The IOM (2001) quality domains are also explicitly echoed in the NMC Code (NMC 2018b), particularly the standards, which require all nurses to prioritise people, practice effectively and promote safety.

The NMC Code (2018b) clearly outlines how we must prioritise people, practice effectively and promote safety. Read about Daniel's improvement – Improving person-centred care in General Practice in the case study below – to see how this can be done.

### Case study Improving person-centred care in General Practice

Daniel was on placement in a General Practice. It was very different to working in the hospital but he was enjoying the experience. The normally friendly atmosphere was spoiled one day when the community nurse was complaining about unnecessary multiple visits for Laurie, who had complex needs. Daniel discovered that community nurse visits had been requested on consecutive days for different blood tests when the samples could all have been taken at the same time. This would not only have reduced the community nurse workload but would have been much better for Laurie as he would only have needed one venepuncture; this was especially important as he had an aversion to needles and became very upset. Daniel had noticed that the practice team used a whiteboard to share information and community nurse visit requests, which helped the team co-ordinate visits. He was surprised, however, to find that this system was not normally used to request visits for blood tests. Daniel asked why the whiteboard wasn't used for this type of visit request – after all, the board was in a staff area and only visible to practice staff so there would be no confidentiality issue. His colleague wasn't sure, so together they raised it at the next staff meeting and discovered that the whiteboard had been introduced for a different reason and using it to co-ordinate venepuncture visit requests had never been suggested. Given the unnecessary distress caused to Laurie and the potential for saving community nurse time, it was agreed to trial collating visit requests for blood samples on the whiteboard to ensure all relevant samples could be taken at one visit, and to review how this new system was working at the weekly practice meetings.

As Daniel's case study illustrates, nursing and healthcare are **human-centric**, team-based endeavours and as such, rely on effective communication. The shared professional language of quality improvement we use is crucial for enabling the common understanding necessary for the complex interpersonal communication that underpins the delivery of high quality care. You will already be increasing your familiarity with much of the medical and technical terminology associated with nursing practice. This will encompass human anatomy, e.g. xiphisternum, clinical equipment, e.g. sphygmomanometer and clinical processes, e.g. percutaneous endoscopic gastronomy. In quality improvement it is common, however, for different terms to be used when referring to the same thing, even by colleagues in the same organisation: professional background further complicates this. In addition, you may come across specific improvement methods or approaches, e.g. Time to Care, Kaizen or service transformation without recognising these as such. As Figure 1.2 shows, one of the challenges of quality improvement is that it can seem like a whole new language at first; accessing and becoming familiar with the shared professional language of quality improvement can be a real challenge.



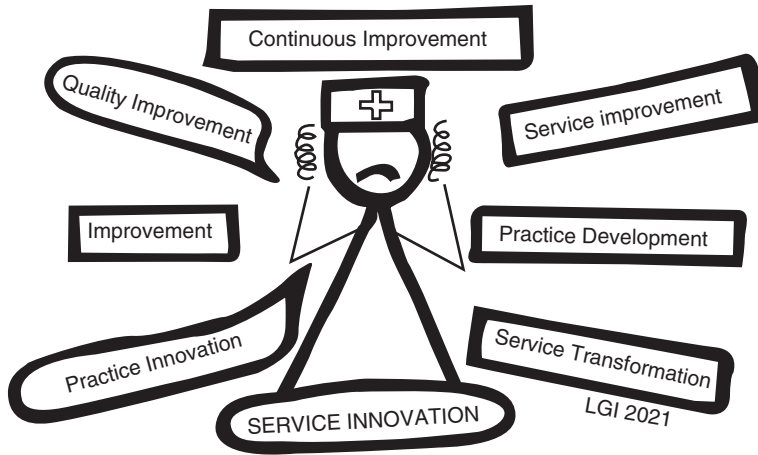


Figure 1.2 The same thing?

Often the terms highlighted in Figure 1.2 are used interchangeably, and this is not an exhaustive list. While there may be nuanced differences in meaning, all these terms broadly refer to a process of improvement outlined earlier. In the interests of clarity therefore, we will use ‘improvement’ as a general term representing the myriad of associated names. Referring to the glossary at the end of each chapter where necessary as you read will also help to develop your understanding of the meaning of improvement terminology. You will also find it useful to collate and refer to your own improvement vocabulary resource as you progress; Activity 1.1 guides you through this process.

### Activity 1.1 Building knowledge

Think about the improvement related terms you have come across in your placement(s), or the organisation(s) you have worked in, your reading or other sources.

Start recording these using your chosen method, by:

- jotting them down in a notebook;
- keeping a list on your laptop or phone;
- keeping an ‘Improvement’ vocabulary book;
- making an audio memo.

You will find it most helpful to record the term itself, what you understand the term to mean and an example of where/when you have seen it used. Discuss anything you are unclear about with your practice supervisor, university lecturer or someone with an interest or role in improvement. This might be a colleague who has led an improvement project in your placement area, a final year student completing an improvement project or a member of your organisation’s improvement/transformation team. Keep adding new terms to your ‘improvement vocabulary resource’ as you meet them and use it to remind yourself what the terms mean. This will deepen your understanding throughout your career as you develop your improvement expertise.

*As this activity is based on your own work, there is no outline answer at the end of the chapter.*

# Who does improvement involve?

We have considered what drives improvement, what the term means, its importance as a core nursing skill and the value it adds. But who does this added value benefit? The answer may depend upon the improvement in question and its context but, in general, there will be many more individuals and groups for whom a single improvement adds value than you might imagine! It is natural that those likely to experience immediate or direct benefit, e.g. service users and their families, staff or the local clinical area might first come to mind or be easiest to identify. It is also likely, however, that many others who might not be obvious could also benefit indirectly. For example, improving the way care is delivered for one service user has the potential to influence the care of others in the same or other wards or settings and eventually many others by influencing national policy change. Such changes also add value to the organisation, for example by enhancing effectiveness or organisational reputation in terms of service user satisfaction ratings or staff wellbeing. Eventually, such developments can add value at a higher level, impacting, for example, wider society in terms of general population health or public confidence.

You may already have come across the term stakeholders. Taken literally this simply means anyone who has a stake in a particular issue or the outcome. The first consideration concerns who the stakeholders are for any given improvement, before going on to analyse how they might most meaningfully be engaged in the improvement process. This second step is often termed stakeholder analysis and is important as it guides how we interact and communicate with these individuals and groups to achieve the most appropriate and sustainable outcome. It is well recognised that for the best chance of success, the widest possible range of people and groups that are either affected by the improvement idea being explored or would be required to behave differently for a change to be successful are at least consulted and at best involved from the very start.

## Activity 1.2 Reflection

Would you agree with the statement:

It is well recognised that for the best chance of success, the widest possible range of people and groups that are either affected by the improvement idea being explored or would be required to behave differently for a change to be successful are at least consulted and at best involved from the very start.

- If so, why is this?
- If not, what are your reasons for this?

Take a few minutes to reflect upon your view relating to these questions and what has influenced this, then talk to your peers or practice supervisor about what they think.

*As this activity is based on your own reflection, there is no outline answer at the end of the chapter.*

It is important to take a systematic approach and be as comprehensive as possible when identifying stakeholders; we may otherwise miss a specific perspective or some crucial information that could be the key to arriving at the best solution or smoothing the change process.

### Activity 1.3 Measuring

Look back to the start of Part 1 and Harry's reflection on the problem he identified with the service users' bedside records format. Harry did mention it to his practice supervisor, who was very supportive and suggested they could explore what could be done to improve matters.

To start the stakeholder analysis process, take a sheet of paper and write Harry's idea in the centre. Then jot down around this all the individuals or groups that Harry and his practice supervisor would need to consider if they are to take this matter forward. Perhaps start with the immediate team but don't forget to think more widely than this in terms of who might need to be involved in any change and/or who else might be interested in what they are doing. Then, think about the different levels of involvement and commitment required from each of these stakeholders and depict this on your paper – you can do this in any way you choose, for example, using thicker/thinner/dotted lines to connect each stakeholder to Harry's idea at the centre.

*Once you've done this compare your analysis with the activity answer at the end of the chapter to see if we agree.*

Each improvement idea and the environment it occurs in will be slightly different, but thinking in this way will help you to develop the habit of considering the potential stakeholders in any given situation, which will definitely increase your chances of improvement success. Successful stakeholder engagement has been identified as a core improvement skill (Lucas and Nacer, 2015) and, as such, can make all the difference to the success of your improvement efforts. It is closely related to your leadership skills and ability to work effectively with others, which we will consider further when we return to the topic of stakeholders in forthcoming chapters.

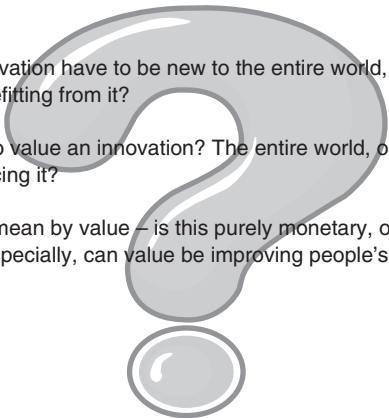
## 'Being innovative'

'Innovation' and 'being innovative' are words that we are used to hearing frequently in respect of many areas of our lives. If you question what the precise meaning of these frequently used terms is, however, it is very easy to become confused. Innovation is a word often used in connection with not only healthcare, but education, technology, business and much more. Often innovation is associated with scientific breakthroughs and ground-breaking research, but innovation encompasses more than just large-scale, life changing discovery.

The simplest way to think about innovation is as something new and original; the word ‘innovative’ originates from the Latin word ‘novus’, which means new. This provides a good starting point for consideration of the term – an innovation is something new, which changes the way we do things; although, there is yet further potential confusion, because if we define innovation in this way, how does it differ from an invention? There is a sound way to differentiate between the two, highlighting a really important aspect of innovation, or being innovative. To truly be described as an innovation, what we are referring to needs to ‘create value’. So, not only is there a difference between innovation and invention, but we can complete our simple definition by concluding that innovation is:

*something new, which changes the way we do things in a way that is valuable.*

While our simple definition is getting close to fully explaining the term, it is not yet perfect. As outlined in Figure 1.3, there are still a few questions to consider.

- 
- Does an innovation have to be new to the entire world, or just those who are benefitting from it?
  - Who needs to value an innovation? The entire world, or just those who are experiencing it?
  - What do we mean by value – is this purely monetary, or, in respect of healthcare especially, can value be improving people’s experience of healthcare?

*Figure 1.3* Questions to consider ...

### Activity 1.4 Reflection

Thinking about Figure 1.3 Questions to consider ... How would you fully define innovation? Make a note of your personal definition, then check the activity answers at the end of the chapter and ask your peers or practice supervisor, to see whether their thoughts are similar.

*There are outline answers to this activity at the end of the chapter.*

While finding a truly objective way to decide whether something is an innovation can cause a great deal of head scratching, there is a good source of guidance focusing upon healthcare innovation. The World Health Organisation (WHO) (2021a) defines innovation in healthcare as new or improved health policies, systems, products, technologies, services and delivery methods that improve health and wellbeing. So, while healthcare innovations come in many different forms, they all share the end result (or outcome) of improving health. WHO (2021a) also outlines that healthcare innovation can be in

response to unmet public health needs, which involve creating new ways of thinking and working to address the care required by vulnerable populations. So, innovations can be both improvements to current healthcare and/or new ways of delivering care, specifically to improve access to care for those whom current services do not reach. If we think back to the questions relating to creating value, WHO (2021a) provides us with an answer, by stating value is added by improving the efficiency, effectiveness, quality, sustainability, safety and/or affordability of healthcare. This clearly reflects the six domains of healthcare system quality identified by The Institute of Medicine Report (2001) presented in Figure 1.1; therefore, the WHO (2021a) and The Institute of Medicine Report (2001) both identify that:

1. innovation can happen in all areas of healthcare;
2. we can all be innovative in our practice by reviewing our actions and making changes that improve the outcome.

As we mentioned, innovation is often thought of as being life changing for the entire population. If we consider the introduction of the wheel, it most certainly changed travel across the globe, adding both monetary and social value to people's lives. For most of us, however, trying to introduce innovation upon a worldwide scale is not something we can achieve. Fortunately, it is also the case that innovation can occur upon a small scale. Just a slight change that improves a minor aspect of the care we deliver to service users on a ward, for example, not only qualifies as innovation, but is important.

Thinking further about 'being innovative' in our everyday practice, Thomas Edison (1847–1931) the American inventor, has some advice – 'There's a way to do it better. Find it.' Have you thought that there could be a better way to deliver care to service users? Whenever you think this, make the most of it, write it down and talk to the others involved in the situation. Gaining the perspective of others at an early stage is very helpful as they are likely to have relevant thoughts and experiences.

Working in this way, constantly thinking about how what you are doing could be better, enables you to 'be innovative' in all your activities. While innovation can be ground-breaking and have an impact across the whole globe, it can also occur in small steps in relation to everyday activities. Never underestimate the power of small. If we all constantly generate small innovations, when they are combined, the outcome is improvement upon a grand scale.

## Developing an improvement mind-set

The type of thinking outlined in 'Being innovative' could be described as an 'improvement mind-set'. A person's mind-set is their way of thinking and general attitude to things (Collins Dictionary, 2021). Mind-set theory, developed by Carol Dweck, is a way of understanding to what extent an individual perceives the factors associated with a concept as being instinctive and stable ('fixed' mind-set) or variable and potentially influenced ('growth' mind-set) (Wolcott et al, 2020). Investigating an individual's

mind-set reveals core beliefs about a concept or topic. Activity 1.5 encourages you to explore your current mind-set regarding improvement.

## Activity 1.5 Reflection

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Think about what improvement means to you and notice what comes to mind. Do you see it as:

- something that others (usually improvement specialists or the transformation team) do?
- just something else that nurses must focus on when the priority should be developing their core nursing and technical skills?
- a set of tools and frameworks – some of which, e.g. The Model for Improvement or the NHS Change Model, nurses are familiar with, while others, e.g. Lean Methodology or Complex Adaptive Systems, seem like management tools designed to save costs and are written in another language entirely?
- a different discipline that nurses might specialise in later in their career?
- something else ...?

*As this activity is based on your own reflection, there is no outline answer at the end of the chapter.*

The prompts in Activity 1.5 What does ‘improvement’ mean to me? Illustrate some of the attitudes and beliefs commonly expressed by nurses and other healthcare staff. As improvement capability has been considered a core skill for all healthcare staff for many years, however, it is important to reflect on how and by what your attitudes and beliefs have been influenced.

The strategic context of improvement outlined earlier in the chapter makes it clear that an improvement mind-set is considered a core aspect of being a good nurse and should be a routine aspect of everyday practice. This view is in line with the NMC Code (2018b), particularly in respect of Prioritising People, Practising Effectively and Promoting Safety. It also reflects the NHS values (DH, 2009), specifically those of ‘commitment to quality of care’ and ‘improving lives’ through enhancing people’s wellbeing and experiences of the NHS.

Your individual contribution to improvement will vary depending on your stage of professional development and the specific context in which you are working. As a nursing student, the improvement issues you choose to focus on would normally be at an individual service user level initially, but this small (micro) focus may widen to the team or service (meso) level or even an organisational, national or international (macro) perspective as you progress.

Of all healthcare staff, nurses spend arguably the most time in direct interaction with people accessing health services. We also work with a wide range of other multidisciplinary

team (MDT) members, so are in a unique position to identify aspects of care delivery that work extremely well or would benefit from improvement. Recognising and cultivating an 'improvement mind-set' is key to maximising the contribution of nursing to improving service delivery and the resulting experiences and health-related outcomes for people.

Nursing students particularly have a unique opportunity to develop and use an improvement mind-set to enable change and spread excellent practice. The temporary nature of practice placements means that nursing students experience each placement area with 'fresh eyes'. This is a key skill for improvers and, coupled with curiosity and a willingness to share with others what you notice, is the essence of an improvement mind-set. Within approximately six months of working in a clinical area, staff become accustomed to the local environment and work culture. This makes it much more difficult to notice aspects of the environment or care delivery that are good or would benefit from improvement. This is one reason why proactive, forward-thinking care teams value and support nursing students working in their areas, but also illustrates how you can use what can be a challenging situation, i.e. regularly joining and leaving different teams, for the benefit of service users, families, healthcare colleagues and your own skills development.

Developing an improvement mind-set starts with becoming alert to 'triggers for improvement'. This is achieved by using your core nursing skills of observation or listening, reflection and empathy to notice how and how effectively individual service users and family needs are being addressed. There are formal ways of identifying 'triggers for improvement', including audits, service user feedback or staff surveys. However, very impactful improvements can arise from just listening to service user or colleague experiences as you go about your normal everyday work. There is plenty of scope for this type of improvement. For example, the '15secs30mins' initiative involves healthcare staff identifying how they could spend a few extra seconds on a task to save someone else 30 minutes or more later and was begun by a clinician who came up with the idea while tidying up at home. This approach and the many examples of its application in practice has had a big impact on reducing staff frustration and increasing joy at work, which we know ultimately results in better service user care. To find out more visit <http://15s30m.co.uk/> for examples from real NHS staff. Activity 1.6 will also help you to identify triggers for improvement in your practice.

## Activity 1.6 Observation

### a. Listening to service user/carer stories

Talk to 2–3 service users or carers in your area about their views of the care/service they have experienced. Listen to their descriptions of their experiences of accessing/receiving care. What do these descriptions tell us about their experience? What positives that they identify should be maintained? What issues or areas of concern did they raise? What

*(Continued)*

(Continued)

themes emerge from these descriptions? What are the implications of this for practice and possible improvement?

**b. Observations of practice and listening to colleagues**

Be alert to what you see and hear around you. You might notice certain practices that seem to cause difficulty or frustration for staff – often they will comment on these in passing. You might notice something where another way of working, or of changing something quite simple, could have a useful impact.

Do any themes emerge from these activities in respect of ideas for improvement? Talk to your practice supervisor or university lecturer about how you might develop this.

**NB:** This is NOT an ‘interviewing’ or formal observation exercise but IS about taking notice of what you see and hear as you go about your everyday role. The focus is on service user/ carer and staff experience of receiving or delivering care.

*As this activity is based on your own observation, there is no outline answer at the end of the chapter.*

In Activity 1.6 Identifying ‘triggers for improvement’, the idea of looking for themes within information is considered. Read about Saraya’s improvement – Reducing ‘Did not attend’ (DNAs) in an outpatient clinic in the case study below to see how useful this can be.

### Case study Reducing ‘Did not attend’ (DNAs) in an outpatient clinic

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Saraya was on placement in outpatients. She was surprised by what seemed to her to be a large number of DNAs for one particular clinic, so she mentioned what she had noticed to her practice assessor one day when they were discussing how she had settled in. The assessor suggested she investigate further and put her in touch with a colleague who could help her access the attendance numbers for that particular clinic. The pattern she noticed in the figures surprised Saraya. What she discovered when she looked at the number of DNAs for each day of the week was that these were much more numerous on Mondays, Thursdays and Fridays. However, she also noticed that, week after week, the majority of DNAs on Mondays were younger people (20–30 years) and those at the end of the week were mostly older people (65+ years). Saraya shared her discovery with her practice assessor, who suggested they discuss what she had found with the manager and appointments lead. Together they decided to trial scheduling appointments for younger people later on in the week and older people at the start to see if that made any difference. To their surprise the number of DNAs dropped from approximately 30% to 10% and this was still the case a few weeks later.



In a busy clinic running every day, this improvement made a big difference. Appointments were therefore routinely scheduled like this from then on and they continued to monitor the numbers of DNAs, which stayed low. Saraya was asked to share what she had done at one of the Trust's regular 'improvement celebrations' and presented a poster outlining this improvement at the RCN conference, where colleagues facing similar challenges in reducing high DNA rates were keen to talk to her about what she'd done so they could try it.

Astonishment reporting is a tool used by many non-healthcare organisations to benefit from the 'fresh eyes' approach to identify valuable, current practices that should be maintained and support continuous improvement. This approach is now starting to be used by senior healthcare staff with their practice teams, students in evaluation of their nursing programme, to enhance the experience of new lecturers, and Vigier and Bryant (2009) used it to support student reflection upon their learning experience.

Astonishment reporting involves individuals identifying things that astonish them (about the team/organisation or their work) as being excellent or needing development. The format of an 'Astonishment Report' is flexible but should be succinct and specific – usually a bullet point list – which is then reviewed during an exploratory conversation between the new staff member and an established member of the team (ideally not the line manager), to ensure clarity and explore potential actions.

Collation of these reports enables teams/organisations to identify emerging themes and prioritise potential improvement activities. It also provides an opportunity to re-examine and perhaps reaffirm why some processes/procedures are as they are, which can be just as beneficial for the team/organisation as well as the individual completing the report.

### Activity 1.7 Measuring

Complete an 'Astonishment Report' based on a previous placement or as part of your contribution to the next one and explore with your practice supervisor or university lecturer how you might share this with the clinical team.

*A sample report is provided at the end of the chapter.*

Although identifying a potential improvement is important, this is only part of the mind-set needed to spread excellent practice and achieve improvement. You may now be able to see a better future, i.e. have a vision, but action will be required to turn this into reality. To achieve this you will need to draw on your personal qualities and leadership skills; such as being proactive, communicating effectively, working with and influencing others, gathering and evaluating data. These are transferable skills that you are already developing and using in other aspects of your nursing role such as working

as part of a multidisciplinary team or educating service users and families. Developing your improvement expertise is therefore integrated with other aspects of your development as a nurse.

Drawing upon personal qualities and leadership skills are important aspects of improvement. Read about Sherry's improvement – Improving choice – to learn why.

## Case study Improving choice

Sherry was on placement in a residential setting for people with a learning disability. She really liked the homeliness of the place but noticed that it was very difficult to involve the people she was caring for in choosing what they would like for their meals, as many had great difficulty communicating. Though the staff tried very hard, Sherry thought there must be a way they could better support the residents with choosing their meals. She noticed that pictures worked well when communicating for other purposes, so she devised a picture-based version of the menu and tried using it one day with Paul, who she often worked with. Once she explained to him that she wanted him to choose what he wanted to eat from the pictures, his eyes lit up! She wouldn't necessarily have put together some of the foods he had in one meal – but it wasn't her lunch after all! This method worked so well for Paul that Sherry decided to try using it with other residents to see if it made things easier for them too – which it did – so before long, there were picture-based versions of the menu in regular use.

## Chapter summary

The role of quality improvement in healthcare has evolved over the last three decades. This has been in response to many issues, but arguably most importantly where service users and those close to them were harmed by both individuals and organisations failing in their duty of care. This has resulted in quality improvement becoming a fundamentally important aspect of the role of all healthcare professionals, an approach to 'making healthcare safe, effective, service user-centred, timely, efficient and equitable' (THF, 2021, p7). Thus, quality improvement is a tool enabling nursing students and registered nurses to ensure that every service user, family and carer receives the best possible care. Further than this, it also ensures that health professionals themselves can influence practice and ensure they are working in the most effective manner.

Quality improvement involves working in partnership with a wide range of others, service users, their families, carers and other staff to name but a few, to add value to the care delivered. Developing an 'improvement mind-set' in respect of all actions we undertake is key. Working in this way, all nurses can undertake improvement as part of their normal everyday practice, constantly generating small innovations, which when combined result in improvement upon a grand scale.

## Glossary

**Contemporary:** current, up to date

**Human-centric:** focus upon human beings

**Innovation:** something new and original that creates value

**Key drivers:** the reasons why change is needed

## Answers to activities

### Activity 1.3 Measuring

Figure 1.4 identifies some of the key stakeholders that Harry may need to consider along with one way of visually depicting a basic analysis of how involved they will need to be in any change. The closer they are to the inner circle represents how closely involved they will be. It is also worth considering that some stakeholders may have a lot of power or need to give permission for an improvement idea to be tested but then have limited, or intermittent involvement at specific stages, rather than be heavily involved throughout.

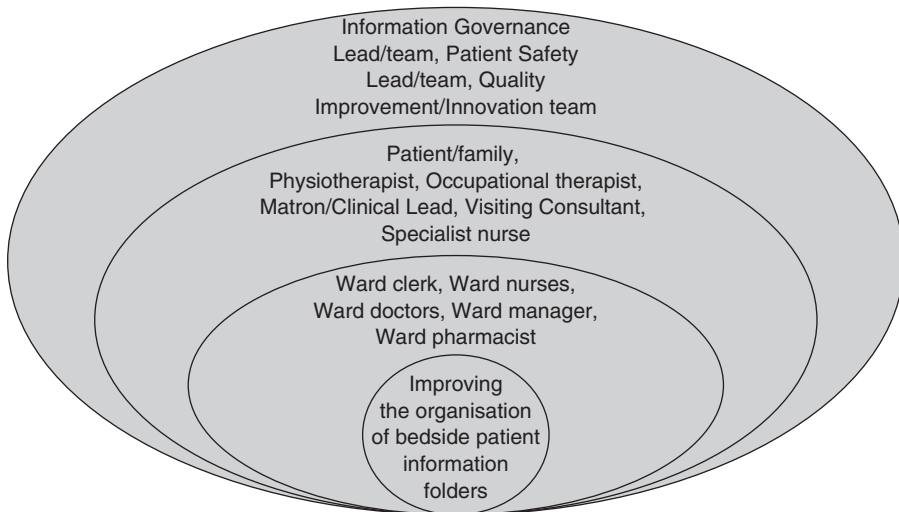


Figure 1.4 Identifying Harry's stakeholders

### Activity 1.4 Reflection

My personal definition of innovation is

*A change in the way I, or others work, which results in an increase in service user satisfaction with the care or services they receive.*

As we have discussed so far in the chapter, it can be difficult to find a definition that applies to all situations, but to my mind innovation means making an improvement for service users. In my practice I constantly question whether what I am doing is the best approach, and how satisfied the person or people receiving the care, or service, actually are.

As you read through the rest of the chapter, think further about your definition of innovation and mine, and see how they could be further improved.

## Activity 1.7 Measuring

This is an example of an ‘Astonishment Report’ from somebody attending a General Practice in which people are asked to identify aspects of their experience of the service that astonish them in terms of being excellent or needing development.

### Positives:

- A very warm welcome; engaging reception staff; smiling faces; passing staff noticed I wasn’t sure how to use the ‘booking in screen’ and offered to help.
- Quality of the environment – clean and tidy waiting room, comfortable chairs and a variety of styles – some raised seats making it easier to get up, clear signs and notices in large letters.
- Children’s area with good quality toys for different ages.
- ‘WOW’ moment – clinician was so patient and really made me feel like they were listening to me even though I know they had plenty of other people waiting.
- The receptionist anticipated my needs when I left the consultation room – and enquired whether I needed to book another appointment before I could ask – she must have noticed the slip of paper the nurse gave me in my hand! – excellent! – wish I had taken notice of their name.
- I was seen earlier than my appointment time – an added bonus – which meant I didn’t have to wait long for the bus home.

### Not so positives:

- No obvious way of letting anybody know I’d arrived for my appointment if I hadn’t been able to work the ‘booking in’ machine.
- No adult seating in the children’s area, caused me stress as my daughter wanted to play but I couldn’t stand for long or get up and down from the child size chairs.
- Great selection of kids’ toys but they didn’t look very clean and there was nothing there to wipe them with, so I didn’t really want my daughter to touch them.
- I was a bit overwhelmed by all the information – so many notices reminding me to ‘do this’ or ‘check that’ – I try to look after myself but it was just too much!
- The monitor to tell me where to go when it was my turn was quite small and I couldn’t really see it, so I was worried I’d miss my appointment – and my name wasn’t called so I don’t know how people who can’t see would manage.
- It took me six weeks to get my appointment – I couldn’t get through on the telephone and I haven’t been able to work the online booking system since I registered there.

## Further reading

**Ham, C, Berwick, D and Dixon, J** (2016) *Improving Quality in the English NHS: A Strategy for Action*. London: The Kings Fund.

Excellent summary of key policy reforms that have driven quality improvement in the UK and the introduction and subsequent disbandment of key national bodies designed to drive and support improvement.

**NHS England** (n.d.) *Improvement Leaders Guides*. Coventry: NHS Institute of Innovation and Improvement, available at <https://bit.ly/3u2vYkb>

Series of 15 easy-read mini-guides covering three themes: General Improvement Skills, Process and Systems Thinking and Personal and Organisational Development. Each contains practical improvement tools, exercises and real examples of application in practice.

**NHS Improving Quality** (2014) *First Steps towards Quality Improvement: A Simple Guide to Improving Services*, available at: <https://bit.ly/3NqDyvA>

Contains the key information needed to undertake a successful quality improvement project. Includes the most relevant tools with other resources signposted for further exploration.

## Useful websites

<https://www.england.nhs.uk/patient-safety/> NHS Patient Safety – resources to support prevention of unintended consequences or harm during healthcare.

<http://www.ihl.org/> Institute of Healthcare Improvement (USA) – resources and training to support the use of Improvement Science to enhance health and social care outcomes.

<https://www.improvementacademy.org/> Improvement Academy – work with healthcare services, people accessing services and the public to deliver practical, tried and tested theory-based approaches to improvement.

<http://www.patientvoices.org.uk/> Patient voices – reflective digital storytelling of healthcare experiences to provide insight and drive organisational change and growth.

<https://www.thisinstitute.cam.ac.uk/> THIS.Institute (The Healthcare Improvement Studies Institute) – resources to support creating an evidence base that supports replicable and scalable improvements.