



# *Q member webinar: In conversation with Hugh McCaughey*

**Poll and comments summary report**  
*Matthew Hill, January 2020*

This short report summarises the comments and poll results from the Q member webinar held on Monday 9 December 2019.

In total, 122 members joined the webinar from across the UK with a diverse range of organisation types and roles represented, and a roughly even split between those working locally, regionally and nationally. Sixty comments were received and the polls saw good engagement. A subtitled recording of the webinar and a blog drawing Q members to the content was published alongside this report.

Themes that came through clearly in the comments are highlighted below. However, there are limits to the conclusions that can be drawn from what is a relatively light touch and informal insight activity. It is hoped there will be opportunity to follow up with richer mechanisms for drawing out collective insights from the Q community as the new improvement framework is developed. Indeed, the webinar suggests Q members are keen to engage.

## **Why a new improvement framework for the NHS in England**

The first section of the webinar focused on the overarching rationale for an improvement framework in England. The results of the poll relating to this section are shared in figure 1 in percentages (n=90). Members were asked: what do you think is most important in encouraging people to take a more improvement focused approach? As can be seen below, three-fifths (59%) selected creating an aligned and enabling culture that supports those on the frontline to improve, which suggests support for the emphasis on culture and alignment in Hugh's presentation of the rationale.

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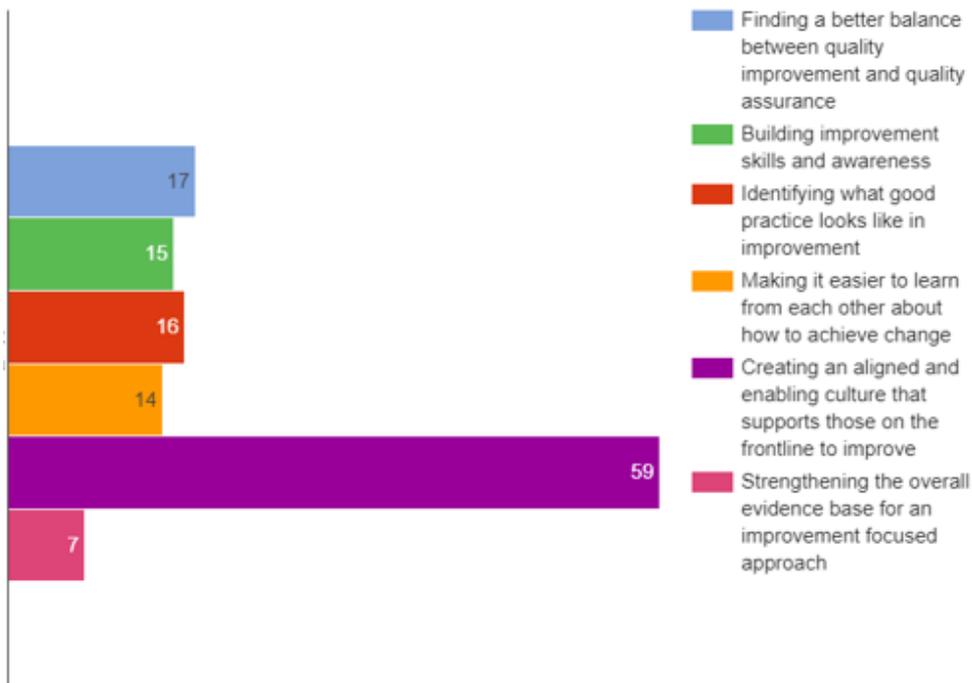


Figure 1: What do you think is most important in encouraging people to take a more improvement focused approach? (%)

## Shifting the balance of improvement and assurance: support and questions

The most substantive comments related to the ambition to move beyond a perceived overemphasis on quality assurance. Generally, the comments supported this aim – sometimes strongly – with one arguing a Quality Management System (QMS) will “ensure we build quality into our processes” and another supporting the need to “drive behaviour change from command/ control/ punishment to [...] more supportive and enabling”. One supportive member suggested that it could also encourage an improvement-focused approach to “make the journey [of improving quality] less of a set of tasks and more of a process”. However, comments also offered some interesting questions and challenge around this including:

1. *Fears that the framework could be used for quality assurance:* three raised the possibility of the framework being ‘misused’ as a form of quality assurance. For example, one commenter felt this could be used as “a stick to beat organisations and systems with” and another asked that as “CQC have improvement integral to their assessment of organisations, including in the Well-Led domain, [how will] you ensure the CQC won't use this framework in the way you hope to avoid?”
2. *Questions about senior leader understanding of appropriately balancing improvement and assurance:* two felt that if the framework is insufficiently aligned with or focused on quality assurance then it may lack buy in from senior stakeholders. For example, one asked “I work in an organisation where QI [is] not seen as a priority. How will you get boards to sign up to this and take it seriously as it [QI] is seen as something done for CQC only[?]” and another acknowledged that the evidence for an assurance-based approach is weak but asked how does NHSE/I see this framework “helping our most

senior leaders and politicians... to understand the role that assurance plays and not rely on it as a panacea for improvement?"

3. *How NHSE/I will shift their culture and behaviour in this regard: two commenters felt this was a necessary and related part of achieving the overarching rationale with one arguing that “the prevailing culture within NHSE/I is one of activity, performance and finance. Quality and improvement often takes a back seat in discussions with systems, providers and internally” and they therefore asked “How will the framework [...] help transform the culture within E/ I to one where continuous improvement is seen as a key part of developing/ improving performance?”*

## The content and potential of the framework

The results of the poll on the potential usefulness of the framework are shared in figure 2 in percentages (n=74). Members were asked: *Based on what you have heard today, in what way might the development of such a framework be most useful to you in your work?* As can be seen, the top answer selected by a third of respondents (36%) was encouraging organisations and systems to be more joined up and aligned again highlighting alignment as a central rationale and potential benefit of the work.

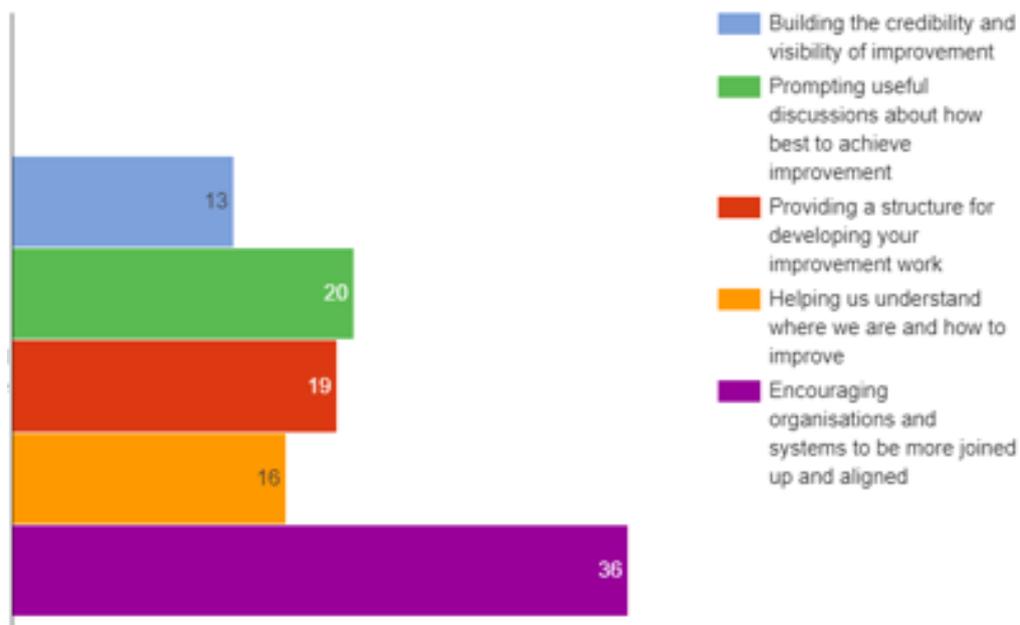


Figure 2: *Based on what you have heard today, in what way might the development of such a framework be most useful to you in your work? (%)*

## Alignment with work already being undertaken

While the poll suggested support for the potential of the framework to increase alignment, there were questions about how it would connect with other work. Four comments asked how the framework would align with and support wider system initiatives including the National Patient Safety Improvement programme, NHS Safety Strategy, the current work being undertaken by NHSX and NHS Digital and the various improvement capability frameworks that have been created (including one by the Q community). There were also comments relating to broader questions

of alignment across improvement with one asking “*digital and QI specialists should be natural allies in improvement. Do you have ways of connecting across these communities?*”

There were then four comments relating to how the framework would align with what is already being undertaken in individual organisations or local systems. Two of these commenters felt that, based on what they had heard in the webinar, there would be broad alignment. Whereas two asked how this alignment would be ensured. In response, Will Warburton commented that the framework has a clear role in supporting and accelerating both wider initiatives and local activity and ensuring that an improvement approach is embedded within them. Will drew a parallel with discussions at the start of Q and its relation to existing work.

### **Specific comments on the framework**

Five commenters raised the potential challenges of implementation due to wider system dynamics. For example, one asked if the framework would directly address barriers at the system-level, one argued for the need to shift away from year on year targets which drive fire-fighting behaviour and another questioned how the framework would “*support the creative thinkers wanting to test ideas (on how to improve for the future) while the system is focusing on reorganising itself structurally?*”.

Additionally, one commenter asked if the framework just applies to NHS services and wondered how it would relate to and what the benefits would be for the wider health and care system.

### **The implementation process**

There were two comments (from the same commenter) related to implementation. Firstly, they asked if the framework will be linked to ISO9001 accreditation and if not, why not? and, secondly, they asked if NHS Trusts will be required to develop their own QMS framework? They argued that they would prefer this to be centrally developed to avoid variation.

Another comment suggested creating organisational links, including a buddy system for organisations at different stages of the improvement journey and another suggested the need for regional champions.

### **Next steps for the framework**

Judging by attendance and the comments there is an appetite for substantial engagement from the Q community, with offers for individual and collective engagement. Indeed, one commenter felt that Q could and should be more actively involved in NHSE/I work generally. Commenters were keen to know more about the plans for engagement and how they could get involved.

Some specific questions and pointers were given around the next steps:

- One asked how other existing networks will be utilised e.g. Patient Safety Collaboratives/ Academic Health Science Networks (AHSNs). These were felt to be existing safe spaces to come together and share and learn from each other.

- Three commenters argued for the importance of substantial patient and public engagement with the framework at development, implementation and in ensuring that the rationale for the framework is clearly and meaningfully communicated to those groups.
- One stated the need to give plenty of notice for workshops: especially to secure clinical engagement.
- Attendees also had suggestions for the process including the need for:
  - Substantial engagement that allows open two-way discussion and progression, with a preference for face-to-face sessions
  - One commentator felt twitter chats can be frustrating
  - One suggested the potential of a survey to “*key leads*” to get a detailed picture of what is going on nationally

### **Direct offers of help**

As well as individual Q members being keen to get more involved, a number of specific links/ offers of engagement were given and connections were suggested to Q groups and projects:

- Healthcare Quality Improvement Partnership’s (HQIP) learning round the QA / QI tension through their work commissioning national clinical audits for NHSE/I.
- The potential power of a Sustainable Quality Improvement (SUSQI) lens was suggested.
- A recently funded Q Exchange project focused on [improving improvement](#), especially focused at the project/ service design level.
- Sussex Community NHS Foundation Trust are looking to develop a QMS and they have written a Board proposal which they would like to share.
- One commenter mentioned the existing Royal College of General Practitioners (RCGP) network of a national clinical lead, regional leads and local leads.