

No money, no problem!

Quality improvement with financial constraints

Authors: Bernie McCulloch, Improvement Advisor, and Catriona Vernal, Senior Project Officer

Introduction

The national Scottish Patient Safety Programme (SPSP) Maternity and Children Quality Improvement Collaborative (MCQIC) aims to reduce harm in maternity, neonatal and paediatric settings.

NHS boards were struggling with capacity and capability to deliver this programme. We had to consider how we could support NHS boards to deliver their quality improvement (QI) activity in a fiscally challenged environment with many competing priorities.

What we did

Collated and analysed qualitative and quantitative data on QI activity across Scotland to identify national priorities

Rationalised the programme content

Established bespoke partnership (win-win) agreements between the national team and each NHS board (figures 1 and 2)

Adopted a two-pronged approach – discussing with frontline staff and management to ensure both top-down and bottom-up engagement

Assisted with identification of local priorities by issuing explanatory briefs and templates to each board

Aimed for quality and effective partnerships, which resulted in an iterative process with individual meetings and communications with NHS boards to finalise agreements



Figure 1: Sample partnership agreement and feedback from the staff



Figure 2: Collaborative discussions with teams, including (from top to bottom) NHS Ayrshire & Arran, NHS Forth Valley, NHS Highland and NHS Grampian

Results

Our aim was to improve engagement with the MCQIC programme through a mutual commitment to improve day-to-day practice within the unique existing culture and context of each NHS board.

We were able to implement a team-centred, collaborative approach, where both parties truly work to the mutual benefit of one another.

All 14 NHS boards engaged with this approach, ensuring a shared and agreed understanding of challenges and opportunities, making best use of staff, avoiding duplication and waste in the system and facilitating best value to the service user.

The impact of this approach resulted in an approximate 20% increase in data returns across the country. Additionally, more NHS boards are now reviewing and analysing their progress which involves local staff in the quality improvement activity and helps inform next steps for improvement.

Win-win

This process confirmed that there are new ways to engage and deliver QI at scale with financial constraints, with the following key learning points:

- understand the importance of working co-operatively with key stakeholders, and
- appreciate that relentless focus is key to staying the course of quality improvement.

This approach generated mutually beneficial partnerships, shared understanding and decision-making, collaboration and commitment for the MCQIC programme.

Reference:

1. Covey, SR (2013) 'Habit 4, Think Win-Win, Principles of Interpersonal Leadership' in *The 7 Habits of Highly Effective People* (Simon & Schuster).